

# **Teaching Nursing as a Complex Emergent Discipline**

By

Tracey L. Clancy

Nursing Diploma, Foothills School of Nursing, 1988

Bachelor of Nursing, University of Calgary, 1996

Master of Nursing, University of Calgary, 2008

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**Supervisory Committee**

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Supervisory Committee

Dr. Marcia Hills, Supervisor

Faculty of Human & Social Development, School of Nursing, University of Victoria

Dr. Ingrid Handlovsky, Committee Member

Faculty of Human & Social Development, School of Nursing, University of Victoria

Dr. Simon Carroll, Committee Member

Faculty of Social Sciences, Department of Sociology, University of Victoria

### **Abstract**

My goal with this inquiry was to seek the meaning of teaching nursing from within the discipline, aligning pedagogy with what it means to become a nurse in addition to revealing what nursing is as an embodied practice and how it should be taught. I utilized Max van Manen's hermeneutic phenomenological human science research approach as the methodology for the analysis of this research. Five registered nurse educators with more than ten years' experience teaching undergraduate and/or graduate students, dedicated to the notion that there is a disciplinary perspective that supports nursing research, education, and practice, and who have engaged in philosophical reflection of nursing's disciplinary perspective participated in the study.

Relationality, becoming, and trusting were foundational concepts underpinning teaching practice as revealed within the lived experience of these nurse educators. Relationality was manifest as an embodied exchange within the dynamic and emergent nature of experience with oneself, with another, and with knowledge itself. Becoming was revealed through the lens of a process orientation. Articulating learning nursing through a process of becoming means fostering learning through embracing paradoxical and dialectical thinking and supporting students to engage in learning nursing as a process of navigating complexity, uncertainty, indeterminacy, difference, and paradox that characterize nursing practice. Participants shared that the invisible nature of a process orientation requires trusting learning as an ever-renewing relational process. The meaning of teaching nursing was revealed as a complex emergent discipline.

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## **Chapter 1**

### **Introduction**

Nursing is first and foremost about shared humanity, it is about human presence, critical consciousness, and commitment embodied within caring inquiry (Chinn & Falk-Rafael, 2018; Hills et al., 2021; Sellman, 2009; Watson, 2012). This is the foundation of nursing's disciplinary perspective. Cultivating practitioners who embody presence, critical consciousness, and commitment to provide nursing care that supports human flourishing, even amid suffering, calls for educational practices that value forms of learning "that straddles both the intellectual and moral domain" (Sellman, 2009, p. 85). Understanding the essence of teaching nursing from the disciplinary perspective of nursing gives voice to the knowledge, ways of being, values, and practices embodied within a humanistic approach to care. The purpose of this research is to seek the meaning of teaching nursing from within the discipline, aligning pedagogy with what it means to become a nurse in addition to revealing what nursing is as an embodied practice and how it should be taught.

### **Background to the Phenomenon of Interest**

Teaching nursing is a privilege, a joy, a challenge, and a profound responsibility. It is a commitment to honour the disciplinary knowledge that informs registered nursing's professional practice, while also honouring and serving students well through the creation of an environment that recognizes their capacity and vulnerability. It involves an intentional act that fosters an experiential space where students inquire deeply into their own understanding and find themselves in the center of their learning. This deep inquiry provides learners with a clear sense of the meaning of their education, ultimately

informing whom they are and will be as people and future registered nurses. I believe that the true purpose of education involves becoming a fully developed human being. Palmer and Zajonc (2010) challenge educators to “seek insight and the skillful means necessary to encourage forms of teaching and learning that honor the complexities of reality and our multiple ways of knowing, weaving it all together in ways that contribute to personal well-being and to the common good.” (p. 5). Being a competent, ethical registered nurse requires that students become fully developed human beings who have self-compassion and the capacity to share in the human experience.

The origin of the word educate comes from two Latin words, *ex* (out) and *ducere* (to lead), which evolved to become *educere*, literally translated to mean ‘bring out, lead forth’ (Harper, 2020). Introduced in the 1560’s, the word *educator* was defined as “one who nourishes or rears; tutor; or foster father” (Harper, 2020). In Latin, educator was a masculine noun, while *educatrix* was the feminine form, translated to mean “nurse; foster mother; she who nurtures/brings up; tutor/teacher” (World of Dictionary, 2020). From these definitions, one can conclude that the role of an educator is to draw forth the learner. Underlying this conclusion are a few assumptions, namely that ‘to educate’ involves intentionality and a willingness on the part of the educator to enter into relationship with a learner and create conditions that enable the learner to be drawn out, so as to share themselves and their knowledge. One might also assume that in the act of drawing out the learner that learners come with pre-existing knowledge of some kind. Socrates viewed learners as having innate knowledge, suggesting, “the teacher only provides a guiding role in the discovery of self” (Khisa, 2016, p. 6). Socrates’s assertions that learners come with innate knowledge and that the role of the educator is to lead or

guide learners to discover themselves, assumes that the purpose of education is self-discovery.

Reflecting on Socrates assertion that the purpose of education is self-discovery leads one to consider learning as an embodied space of becoming. This notion of the purpose of education as becoming is found in Nietzsche's (1979 [1908]) work in which he suggests, "The true end of education is the liberation of your true nature, the cultivation of the self as a form of self-education (*Bildung*)" (Stolz, 2018, p. 152). *Bildung* as self-education was understood as "a dynamic representation of our becoming" (Stolz, 2018, p. 152). In his consideration of embodied learning, Stolz (2015) explores philosopher Merleau-Ponty's conception of phenomenology, perception and embodiment and their role in learning, concluding that "we come to knowledge and understanding through human experience first before coming to understand abstract or intellectual concepts" (p. 481). Stolz (2015) contends that learning therefore, is an ongoing process of "exploration of the world from where one is" (p. 479) as an embodied subject that comes to "an understanding of something from our own point of view as a result of experiencing it" (p. 485) holistically. The nature of nursing as shared humanity, human presence, critical consciousness, and commitment enacted through caring inquiry calls for nurses whose practice is a manifestation of their embodied knowing and becoming.

The lived experience of learning as embodied self-discovery and human becoming requires a level of conscious awareness and a willingness to be drawn forth in a manner that enables one to engage in the messiness of learning. The messiness of learning asks us to enter into an embodied space of questioning, of seeking, of remaining still and dwelling for a time...of contemplation, of tentative discovery, of dawning

realization, of embracing new ways of being and thinking...and flourishing with the awareness of entering in again and cycling through the work of learning in the ongoing nature of becoming. Martin Heidegger reminds us that “teaching calls for this: to let learn” (Heidegger as cited in Krell, 1977, p. 356). Nurse educators need to embody pedagogical approaches that hold space for students to experience learning as embodied self-discovery and human becoming, to experience the meaning of human presence, critical consciousness, and commitment embodied within a caring, humanistic approach to nursing education, and to learn from nursing’s disciplinary perspective and honour the complex forms of knowledge that evolve from a relational and contextual stance. Sellman (2009) would suggest that developing the practical wisdom required for nursing means students’ understanding “the dynamic nature of their own development as a practitioner” (p. 86), in addition to “understanding that care can never be reduced to simple or prescribed responses to situations” (p. 86). Supporting learning as becoming as a foundational approach to teaching the discipline of nursing rests in paradox with current educational practices that exist in nursing education. The language of standardized outcomes in nursing education confines the way in which we enact teaching and learning, the way in which we conceive of practice, and diminishes our disciplinary knowledge and ways of being (Fawcett, 2018; Hills & Watson, 2011; Hills et al., 2021, Thorne, 2019; Thorne & Sawatzky, 2014; Turkel et al., 2018; Watson, 2008; Watson & Bremer, 2015).

### **Significance of the Inquiry**

Nursing has continued to struggle to gain credibility as a scientific discipline, a struggle that involves uncertainty as to exactly what nursing science is or should be? (Chinn & Falk-Rafael, 2018; Roy, 2019). The present discourse surrounding the

disciplinary perspective that supports registered nurses' practice suggests that "failure to define clearly the domain of nursing has contributed to...the profession at the crossroads" (Roy, 2019, p. 28). In response nursing scholars have heralded a call to action to engage in substantive debate and dialogue on the place of nursing's historical perspectives and the way forward (Barrett, 2017; Chinn, 2019; Fawcett, 2020; Fitzpatrick et al, 2019; Grace et al., 2016; Hills et al., 2021; Roy, 2019; Smith, 2019; Springer & Clinton, 2017; Thorne, 2019; Turkel et al., 2018). Theodoridis (2018a, 2018b) contends that it is time for a philosophical turn within the nursing discipline to engage in a critical discussion of values, theories, and methods used in nursing education and research, at both the abstract and philosophical level, but also the concrete level of nursing practice.

This call to action emphasizes the significant role of nursing education and highlights the responsibilities that nurse educators have in moving the discipline forward. The mandate of academic schools of nursing is to prepare the next generation of nurses. As such, nurse educators are called to shepherd the discipline. The pedagogical practices and curricular decisions made by nurse educators contribute to shaping who nurses are, how they conceive of nursing practice, what their understanding of nursing's disciplinary knowledge is, and how this informs the future of nursing science and professional nursing practice. Teaching from nursing's disciplinary perspective is more relevant than ever given the continued existential threat to the discipline of nursing and ongoing confusion about what distinguishes the discipline of nursing (Hills & Watson, 2011; Roy, 2019; Smith, 2019; Watson, 2012). Within the uncertainty to articulate what nursing science is or should be lies opportunity to question and engage in critical dialogue surrounding what it means to teach nursing from our disciplinary perspective (Chinn & Falk-Rafael, 2018;

Hills & Watson, 2011; Roy, 2019; Smith, 2019; Watson, 2012). Making explicit the meaning of teaching nursing from our disciplinary perspective remains a significant area of exploration within nursing. Exploring the lived experience and meaning of teaching nursing from our disciplinary perspective promotes awareness and creates opportunity for dialogue and consensus building concerning our disciplinary ways of being, knowing, and doing, in addition to revealing what nursing is as an embodied practice and how it should be taught.

Circumstances that have and continue to influence nursing education that contribute to a lack of disciplinary clarity include the historical shift in nursing from training to education, the curriculum revolution, and nursing's uncritical adoption of the evidence-based practice movement. Surveying the history of nursing education reveals contextual factors that have shaped and continue to influence the ongoing struggles to make explicit the pedagogical practices that foreground and clarify our disciplinary ways of being, knowledge, and approach to practice.

### **History of Nursing Education**

Considering the history of nursing education offers a lens through which to understand our current and future pedagogical practices, curricular decisions, disciplinary knowledge, and professional practice (Birchenall, 2003; Grypma, 2017). While the historical roots of nursing date back to the early 1600's (Wytenbroek & Vandenberg, 2017), for the purpose of this work, I will be exploring nursing education beginning in the 20th century.

### ***Hospital Based Schools of Nursing***

The structure and function of early nurses training was situated within hospital schools where an apprenticeship model of on-the-job training was employed (Benner et al., 2010; Bonin, 1977; Hermann, 2001; Rijord, 2010). This approach to training saw nursing students as the primary means of staffing hospitals compared with being engaged in a program of education, prioritizing service needs over educational needs (Benner et al., 2010; Saarinen, 2008; Wytenbroek & Vandenberg, 2017). Despite the value of learning through immersive lived experience in practice, perceptions of students' learning as service embedded within an apprenticeship model of training reinforced nursing as a vocation or calling. Within this educational paradigm, nursing knowledge would remain implicit and unarticulated and would have manifest as a form of experiential knowledge acquired through trial and error in practice.

Perceptions of learning as service and the consequent impact on the quality of students' training prompted the Weir Report of 1932, a survey of nursing education in Canada, which revealed insufficient classroom instruction and poor-quality education (Pijl-Zieber et al, 2014). Despite a recommendation to shift nursing preparation from hospital schools into provincially funded general education institutions, 95% of Canadian nurses were still being trained in hospital programs in the 1960s (Pijl-Zieber et al, 2014). Nurse educators and leaders were slow to embrace the shift of nursing education from hospital-based programs to higher education. There could have been a complex array of reasons influencing the slow response to shift nursing education into academia, including a dearth of qualified nursing faculty and a lack of consensus concerning nursing's disciplinary perspective.

### ***Accreditation***

The quest to legitimize itself as a credible profession through seeking accreditation is another factor that has impacted the way in which we conceive of and teach the discipline of nursing. Essentially at the infancy of our developing disciplinary perspective which was not communally embraced by members of the discipline, came the introduction of curricular and educational standards in the form of accreditation. In 1964, Dr. Helen Mussallem conducted another survey of nursing education in Canada, prompted by the Canadian Nursing Association's (CNA) interest in accreditation. The survey report entitled *A Path to Quality* (Mussallem, 1964) showed ongoing challenges associated with the quality of nursing education, indicating that only 16% of schools surveyed met the criteria for accreditation (Pijl-Zieber et al, 2014). In addition to revealing the inconsistent and poor quality of nursing education, the purpose of *A Path to Quality* report was to prepare a plan to re-develop nursing education programs within the context of higher education (Pijl-Zieber et al, 2014). Without a clear consensus surrounding nursing's disciplinary perspective, perceptions of credibility coupled with the introduction of curricular and educational standards served to foreground forms of knowledge focused on what nurses were required to know, compared with how nurses were required to be, thus reinforcing a behaviorist paradigm in nursing education.

### ***Baccalaureate as Entry to Practice***

The mandate of baccalaureate as entry to practice (BETP) was born from aspirations to establish professional legitimacy and to enhance the quality of nursing education in Canada to meet the demands of care within an increasingly complex healthcare system (Kergin, 1970; Kirkwood, 2005; McIntyre et al, 2006). Pijl-Zieber et al

(2014) suggest, that while many celebrated the BETP as “an affirmation of the value and complexity of nursing knowledge” (p. 29), for others, the shift of nursing education into universities represented “a privileging of theoretical knowledge over practical skills” (p. 29). Although the intent of the BETP mandate was to enhance the quality of nursing education, the implicit message again referred to the value placed on certain forms of knowledge and ways of teaching and learning nursing’s disciplinary perspective. Some nurse leaders expressed concern that baccalaureate prepared nurses would lack the skill necessary to function in the real world and be less competent (Bonin, 1977; Crowe, 1991; Kergin, 1970). Other leaders in nursing perceived that raising the standard of education for nursing would establish nursing as a profession and enhance its social legitimacy (Baumgart & Kirkwood, 1990; Hermann, 2001; McPherson & Stuart, 1994; Saarinen, 2008). Establishing the legitimacy of nursing through higher education afforded the profession leverage to control its own preparation and advance its own disciplinary knowledge (Kirkwood, 2005).

A challenge for nursing during this time of transition within nursing education was a lack of consensus about the disciplinary focus of nursing in addition to the establishment of a false dichotomy between theoretical and practical knowledge. In his consideration of nursing in the academy, Rolfe (2012) articulates the tensions that continue to plague the profession resulting from the establishment of nursing as an academic discipline. Such tensions involve a perceived separation between theory and practice and between those who teach nursing and those who practice nursing, resulting in questions surrounding the work of nurses and who is best suited to deliver care at the bedside (Rijord, 2010; Rolfe, 2012). Understanding the meaning of teaching nursing from

our disciplinary perspective will serve as a foundation from which to make sense of our disciplinary knowledge as a human science derived from practice and inform educational approaches to learning nursing that transcend perceived separations between theory and practice.

### ***Nursing Education in Academia***

Nursing progressed along the transition from a vocation to a discipline and a profession, influencing curricular planning and how learning and teaching in nursing occurred. As the discipline of nursing matured in an academic environment characterized as having its own distinct culture, language, values, behaviors and expectations, nursing began to develop its own academic faculty, ontological and theoretical perspectives, and research interests in a quest to establish disciplinary credibility (Levin et al., 2007; Rolfe, 2012). With the move of nursing education to institutions of higher learning, the apprenticeship approach to training nurses was replaced with an educational approach that foregrounded knowledge from the liberal arts and emerging theoretical nursing knowledge (Hermann, 2001; Paul & Ross-Kerr, 2011; Priest, 1970). It was felt that a liberal arts education combined with theoretical nursing knowledge would prepare nurses to navigate the complexity of an evolving healthcare system through cultivating critical thinking, promoting social consciousness and action, and positioning nursing within a humanistic imperative (Hagerty & Early, 1992; Hermann, 2001; Priest, 1970).

The evolution of nursing curriculum which intrinsically guides nursing education, shifted from an ordered curriculum designed and controlled by physicians and hospital administrators to an assimilated curriculum with the move to academia (Anthony & Landeen, 2009; Harker, 2017). Assimilated curriculum was so called because it followed

a behaviorist paradigm and its legitimacy was judged by educational standards that reflected a “behaviorist worldview” that privileged empirical forms of knowledge and approaches to teaching and learning that failed to reflect the complex nature of knowledge that informs nursing practice (Anthony & Landeen, 2009, p. 6). Curricular models and pedagogical approaches framed within an educational philosophy that valued an empirical and reductionist worldview left little space for ways of learning and being that also honored nursing’s holistic caring epistemology and an ontology that values multiple perspectives (Bevis & Watson, 1989; Falk Rafael, 1996; Hills & Watson, 2011; Kirkwood, 2005; Ou et al., 2017). The influence of behaviorist approaches to teaching and learning were magnified by the fact that as a disciplinary body, nurses themselves did not have a shared or common understanding of our philosophical and theoretical foundations.

### **The Curriculum Revolution**

Nursing leaders began to recognize the pervasive implications that the move to higher education was having on the erosion of nursing’s disciplinary knowledge and ways of being in professional practice. The curriculum revolution, as it became known, began as a fledgling conversation in the late 1980s among nurse educators in the United States to consider issues in nursing education (Tanner, 1990). The revolution gained momentum in the quest to ensure nurses were educated and equipped to face the healthcare challenges of the future (Allen, 1990; Bevis & Murray, 1990; de Tornyay, 1990; Diekelmann, 1990; Moccia, 1990; Tanner, 1990). This radical revisioning of nursing’s educational landscape called for a paradigm shift and courage in the face of challenging entrenched behaviorist approaches to nursing education (Allen, 1990;

Anthony & Landeen, 2009; Bevis & Murray, 1990; Hills & Watson, 2011). Nurse educators were challenged to reconsider the “tyranny of content” or content saturation (Allen, 1990, p. 314) and notions of expertise only associated with content knowledge.

Reconsidering the need for a humanistic approach to learning, nurse educators were encouraged to engage in relationship with students and foster learning through dialogue, partnership, and a sense of community (Diekelmann, 1990). The time of the curriculum revolution also saw generative discussions concerning feminist and critical theory and nursing’s responsibilities for actioning advocacy and critiquing health systems that marginalized vulnerable populations where access to care was denied or fragmented (Allen, 1990). In addition to the applicability of critical theory relative to patient care, it was also the philosophical foundations for an “emancipatory-educative-caring model” (p. 330) discussed by Bevis and Murray (1990) which stressed the importance of promoting autonomous, self-reflective learners through the lens of humanism. Reverby (1987) poignantly suggested that nurses are obliged to care in a society that does not value caring. Nursing theorists such as Watson (1988) suggested that the curriculum revolution was a response to the failure of nurse educators to attend to the issue of how to educate caring nurses. The true purposes behind re-visioning nursing curriculum, were that of endeavoring to support the education of nurses “whose practice was steeped in the values and ethics of caring as the moral obligation of nursing to society” (Hills & Watson, 2011).

Although there was momentum to support revolutionary innovations in curricular delivery models and pedagogical practices used within nursing education, the result was a rearrangement, and in some cases addition of traditional content (Hills & Watson, 2011).

Despite the curriculum revolution affording nursing education an opportunity to frame curriculum development and pedagogical practices within nursing's disciplinary perspective the pervasive lack of consensus of what constituted our disciplinary foundations plagued the movement in the United States. In Canada, however, nursing faculty were very successful in reforming curriculum through the introduction of a Caring Science curriculum in response to the curriculum revolution (Hills & Watson, 2011). For example, Lewis, Rogers, and Naef (2006) outline their experience of implementing a caring human science curriculum with a human educative caring paradigm as the pedagogical framework for nursing education. These authors describe teaching and learning within a caring paradigm as a "process of human discovery" and express that "Learning is fostered in a climate that embraces flexibility, dialogue, and deep reflection, as well as authentic caring and respect for each person's unique capacity for meaning-making, self-discovery, and knowledge creation" (Lewis, Rogers, & Naef, p. 32).

While there was faculty buy in relative to this paradigm shift, there were perceived tensions between the value of learning nursing through an emancipatory educational approach and trusting that students would meet the expected academic performance standards and professional competencies characteristic of the post-positivist paradigm (Schreiber & Bannister, 2002). The tension described by Schreiber and Bannister (2002) between trusting the education process embodied within a humanistic emancipatory approach where learning outcomes result through learner self-discovery and human becoming compared with educational approaches that support conceptions of learning that align with predetermined behavioral indicators is a significant point to ponder. This tension reveals important considerations for this work. Namely, that the lack

of trust in education outcomes from a humanistic emancipatory approach reveals the lack of awareness and/or consensus of nursing's foundational disciplinary perspective. The lack of awareness of nursing's disciplinary perspective perpetuates educational approaches in nursing that align predominantly with the behaviorist paradigm that serves to foreground empirical knowledge but is insufficient to capture the complex nature of knowledge required for competent nursing practice. Our absence of disciplinary clarity is also manifest in our adoption of and ongoing relationship with evidence-based practice, which further confounds efforts to reform nursing curriculum and discipline specific approaches to teaching and learning.

### **Evidence-Based Practice**

Discourse surrounding the evidence-based practice (EBP) movement suggests that the "shift towards EBP allowed health professionals to move from a culture of delivering care based on tradition, intuition and authority, to a situation where decisions were guided and justified by the best available evidence" (Leach, 2006, p. 248). As a modernist movement, it was thought that evidence-based healthcare would provide a means "to generate independent truths and objectively assess the certainty of facts" (Wieringa et al., 2017, p. 967) to inform the competent provision of care. Nursing uncritically adopted this rational and objective understanding of evidence and assumed educational approaches that value and measure understanding through a regurgitation of 'facts' that often fail to capture the complex forms of nursing's disciplinary knowledge encountered in practice. Grace et al. (2016) stresses the importance of critiquing the influence that current socioeconomic, political, and ethical environments have on informing accepted forms of evidence and how the EBP agenda shapes the future of

nursing's disciplinary perspective and practice. Similarly, Wieringa et al. (2017) contends that "evidence-based value free 'facts' turn out to be value laden" (p. 966) and suggest that research evidence in many disciplines remains highly disputed. Thorne and Sawatzky (2014) offer that, current conceptions of evidentiary knowledge understood as knowledge for which there is scientific proof, negate and deem unreliable, other forms of knowledge such as experiential clinical knowledge and wisdom that evolve from the iterative nature of the dialectic between practice and theory, or praxis that informs multiple ways of knowing in nursing.

Sustaining theoretical integrity and the disciplinary vision created by early nursing theorists is challenging given the competing imperatives in healthcare with an emphasis on accountability, efficiency, and population health that support the context of an evidence-based practice agenda (Bruce et al., 2014; Chinn & Falk-Rafael, 2018; Hoeck & Delmar, 2018; McCarthy & Jones, 2019; Ou et al., 2017; Sakamoto, 2018; Smith, 2019; Thorne & Sawatzky, 2014). In response to increasing calls for evidence-based practice, nurses' endeavor to frame their knowledge as coming from some form of evidence, while simultaneously struggling to articulate what the evidentiary knowledge is that supports nursing practice (Thorne & Sawatzky, 2014). Theodoritis (2018a) maintains that the EBP agenda "subscribes to the assumption that nursing knowledge requires various 'scientific frameworks' in order to acquire epistemic legitimacy" (p. 6). The disciplines commitment to holism and individualized approaches to care within context, reflect the diverse forms of knowledge that are required to address the complex range of domains that are of interest to nurses. These diverse forms of knowledge problematize the notion of evidence, both understanding and articulating the evidence that informs nursing

practice (Grace et al., 2016; Hills & Watson, 2011; Hoeck & Delmar, 2018; Lipscomb, 2015; Nairn, 2014; Thorne & Sawatzky, 2014; Thorne, 2017). In addition to nursing, other healthcare providers are beginning to recognize the limitations of evidence-based practice and affirm that conceptions of evidence as abstract, objectified, and decontextualized representations are inadequate to express a full understanding of individualized experiences of health (Wieringa et al., 2017).

Despite nursing's assertion of the importance of a holistic and individualized approach to care, nursing education continues to foreground forms of knowledge that align with best evidence as defined through an essentially empiricist lens with standardized outcomes in nursing education that limit conceptions of learning in nursing and therefore ways of being in practice. Embracing forms of teaching which call for learning as self-discovery and human becoming support nurses to practice in ways that embody caring inquiry through recognizing unique and individualized experiences of health and illness. While forms of evidence derived from diverse research approaches are important considerations for nursing practice (Ou et al., 2017; Pearson et al., 2012), nurses also need to attune to contextual knowledge that may be contradictory or rest in paradox to accepted evidentiary knowledge lending support for educational practices that hold space for students to learn to negotiate the complexity encountered in nursing practice. Revealing the meaning of teaching nursing from nursing's disciplinary perspective serves as an opportunity to move our disciplinary narrative beyond a dichotomous consideration of evidence-based healthcare and enact a leadership role among healthcare providers through our contributions to a richer awareness of the

complex forms of knowledge that frame an understanding of individualized experiences of health.

### **Purpose and Research Question**

Nursing is first and foremost about shared humanity, it is about human presence, critical consciousness, and commitment embodied within caring inquiry (Chinn & Falk-Rafael, 2018; Hills et al., 2021; Sellman, 2009; Watson, 2012). This is the foundation of nursing's disciplinary perspective. Cultivating practitioners who embody presence, critical consciousness, and commitment to provide nursing care that supports human flourishing, even amid suffering, calls for educational practices that value forms of learning "that straddles both the intellectual and moral domain" (Sellman, 2009, p. 85). Understanding the essence of teaching nursing from the disciplinary perspective of nursing gives voice to the knowledge, ways of being, values, and practices embodied within a humanistic approach to care. The purpose of this research is to seek the meaning of teaching nursing from within the discipline. Exploring what it means to teach nursing from nursing's disciplinary standpoint creates a space for critical examination of curricular frameworks, pedagogical practices, and ways of being as educators in nursing and promotes an understanding of how these influences shape nursing's disciplinary perspective and further define and direct the future of who we are as a discipline and a profession. This work is essential for preserving the disciplinary perspective of nursing that differentiates us and our practice from other healthcare disciplines.

The research question, 'What does it mean to teach nursing from the disciplinary perspective of nursing?' is written such that it expresses a sensitivity and desire to discover the essence of what it means to be a nurse educator. Phrasing the research

question as an open inquiry extends an invitation to nurse educators to contemplate their 'being in the world' as nurse educators, holding space for conscious awareness of and revealing ways of being, knowing, and doing embodied within the lived experience of teaching nursing. Anticipated contributions from this research involve foregrounding and making explicit the significance of a humanistic approach to sustain and advance the discipline and profession of nursing, informing discipline specific approaches to teaching and learning in nursing, informing curriculum development frameworks that support the value of a humanistic approach to knowledge development and utilization and serve as a language to express nursing's disciplinary perspective in interdisciplinary research, education, and practice.

### **Critique of Relevant Literature**

This summary of the relevant literature includes an exploration of the discourse on nursing's disciplinary perspective and knowledge, a consideration of the debate surrounding the value of nursing philosophies and theories and the place of nursing's metaparadigm, plus an overview of current educational approaches used in nursing education. Interpretivism, phenomenology, and humanism will be outlined as the philosophical and theoretical foundations that support this work. Consideration will also be given to Watson's (2010) Human Caring Science and Hills et al. (2021) Relational Emancipatory Pedagogy, as nursing theoretical frameworks that underpin this research. The literature presented highlights the significance of the need to make explicit nursing's disciplinary perspective in addition to foregrounding the importance of aligning pedagogical approaches that support a humanistic stance and learning as self-discovery and human becoming.

## **Nursing's Disciplinary Perspective**

Chinn (2008) contends that controversy and debate concerning nursing's disciplinary focus advance prior thinking and signal that nursing is not stagnant. In her keynote address presented at 'Nursing Theory: A 50 Year Perspective, Past and Future', Chinn (2019) expresses that this crossroads in our disciplinary history is an opportunity to examine our own assumptions and actions and make a clear commitment to the future of the discipline of nursing. A discipline has been defined as "a branch of knowledge typically one studied in higher education" (Oxford University Press, 2020). According to Newman, Sime, and Corcoran-Perry (1991) a professional discipline is distinguished by a shared belief among its members regarding its value orientation and social relevance, the nature of the service it provides and a common understanding regarding its domain of inquiry and area of responsibility for knowledge development. This fulsome definition speaks to both a disciplinary and a professional orientation, outlining the purpose of an expressed domain of inquiry.

Often the focus in nursing education is on the professional practice of nurses which clouds the differentiation between the terms discipline and profession and perpetuates the challenges associated with clearly delineating our disciplinary knowledge. In their seminal article, Donaldson and Crowley (1978) outlined that nursing is a professional discipline whose substantive knowledge informs and is informed by practice. The significance of their work delineated a distinction between the terms discipline and profession. Hills and Watson (2011) articulate that the discipline and profession of nursing are not synonymous, suggesting that the discipline provides the foundation for establishing and guiding our professional practice. The profession of

nursing, therefore, represents the ‘doing’ of nursing and is often associated with the practice of nursing, while the discipline “bridges the moral, philosophical, ethical and theoretical foundations with practice demands” (Hills & Watson, 2011, p. 11). The outward manifestations of our disciplinary knowledge are witnessed as the ‘doing’ of nursing, often silencing the ‘knowing’ of nursing (Barrett, 2017; Rogers, 1992). The hidden or taken for granted nature of nursing knowledge means that nurses themselves fail to think about or are unaware of nursing’s disciplinary perspective. The pervasive lack of awareness of the disciplinary perspective that guides nursing practice manifests in the uncritical adoption of behaviorist approaches to learning that reward the ‘doing’ of nursing which overshadow and render invisible the disciplinary foundations of the ‘being’ and ‘knowing’ of nursing and forms of knowledge that manifest from our lived experience as becoming nurses.

Another source of tension that has contributed to a lack of clarity associated with nursing’s disciplinary perspective is the debate surrounding nursing as a basic or applied science and the definition of nursing science (Chinn & Falk-Rafael, 2018; Roy, 2019). In her exploration of the terms nursing science and science of nursing, Malinski (2017) outlined that nursing theorists in the 1950s such as Hildegard Peplau and Dorothy Johnson identified nursing as an applied science. Johnson (1959) stated that “professional disciplines in general represent applied rather than basic sciences” because of the focus on action (p. 292). The conception of nursing as an applied science reflects nursing as action and practice as a manifestation of knowing. Conceiving of nursing as an applied science marginalizes the complex nature of knowledge that evolves from the dialectic

embodied within nursing practice rendering the knowledge itself implicit, unarticulated, and therefore undervalued.

In her questioning of what is nursing science, Barrett (2017) stresses that nursing will be undistinguishable from other health disciplines if it is not recognized as a basic science. Parse et al. (2000) also support conceptualizations of nursing science as a basic science. Fawcett (2020) maintains that as a basic science, nursing science is the discipline specific knowledge that is generated by nurse scientists with the goal of expanding knowledge about human health experiences. Recognizing nursing as a basic science is also supported in the work of Jean Watson (Hills & Watson, 2011; Watson, 2012). In her articulation of the theory of nursing as a basic human caring science, Watson (2012) contends that nurses need to embrace an expanded “world view of science as relational and relativistic and not an absolute separatist view of reality and phenomena” (p. 13).

Despite most scholars today defining nursing’s disciplinary knowledge as a basic science, predominant behavioral approaches to learning and conceptions of competence in practice obscure the relational and contextual knowledge derived from practice that inform our disciplinary perspective. Although we espouse nursing as a basic science, we educate as if nursing is an applied science. Our educational practices leave little room for learning that foregrounds an ontological understanding and forms of knowing essential for embodying nursing’s disciplinary perspective. In his consideration of reclaiming competence for professional phronesis, Sellman (2012) builds on the work of Schon (1983, 1987) and Race (2006) in suggesting that “competence requires some form of emergent self-awareness” (p. 115). Teaching and learning nursing as self-discovery and human becoming creates a way of thinking and intellectual integrity (Haack, 2005, 2013)

that enables nurses to attune to our disciplinary perspective in a manner that reveals the complex forms of knowledge required for humanistic caring inquiry and competent nursing practice.

It is time to move beyond the dichotomous way of conceiving nursing knowledge as either basic or applied. Roy (2019) maintains that “nursing needs a renovation of how the profession looks at knowledge” (p. 29). In her articulation of intermodernism, a philosophical perspective for the development of scientific nursing theory, Reed (2019) challenges us to consider a more inclusive view of nursing’s disciplinary knowledge development, one that incorporates both scientific and professional practice, and which situates “nursing practice as the context for theory discovery and theory validation” (p. 18). Discovering what it means to teach nursing from our disciplinary perspective will offer a beginning point for understanding pedagogical practices that support a more inclusive view of the complex forms of knowledge that evolve from and are embodied within nursing practice.

### **Nursing Disciplinary Knowledge**

Nursing clearly values the social relevance of the work that nurses do but the discipline specific domain of inquiry and knowledge that supports the professional practice of registered nurses has long been a subject of debate (Barrett, 2017, Fitzpatrick et al, 2019; Grace et al., 2016; Hills & Watson, 2011; Malinski, 2017; Newman et al., 2008; Parse, 2016; Roy, 2019; Sakamoto, 2018; Stajduhar et al., 2001; Theodoritis, 2018a; Thorne & Sawatzky, 2014; Thorne, 2019). Newman, Sime, and Corcoran-Perry (1991) defined nursing as “the study of caring in the human health experience” (p. 3). Fawcett (2018, 2020) suggests that the definition and disciplinary focus of nursing

continues to evolve and recently defined nursing as “knowledge of the phenomena of interest to nurses, which are why, when, and how nurses collaborate with other human beings as they experience wellness, illness, and disease, within the context of their environments” (Fawcett, 2018, p. 919). In her consideration of nursing knowledge in the 21<sup>st</sup> century, Roy (2019) maintains that facilitating humanization is the central unifying goal of nursing, understood through fostering meaning, choice, quality of life, and healing in living and dying and that it is this focus that provides for nursing’s ontological and epistemological basis. Hills and Watson (2011) offer that the foundation of nursing science is Caring Science which encompasses the meaning, relations, and context of human beings and the phenomena of human caring and human health-illness experiences.

Parse et al. (2000) contend that the substantive focus of nursing’s disciplinary knowledge is on the human-universe-health process. Fitzpatrick et al. (2019) suggest that the disciplinary perspective of nursing should reflect “Unitary human-environment-health processes: The dynamic and transformative changes manifested and experienced through living and dying” and “Healing relationship: Human environment intentions, expressions, behaviors, actions, and experiences that enhance well-being” (p. 2). The structure of nursing knowledge for science and practice according to Fitzpatrick et al. (2019) involve multiple types of inquiry from philosophical to practice generated, while the content of inquiry evolves from the disciplinary perspective and includes human-environment-health processes and healing relationships manifest in caring and mutual forms. The primacy of the relationship within the context of care is supported by Newman et al. (2008) who contend that the collective emphasis within nursing theory focuses on the caring relationship between the nurse and the patient in understanding the human health

experience. According to Newman et al. (2008), in order “to address the essence and dimensions of the nursing relationship” (p. 18), the concepts chosen as central to the discipline of nursing are “health, caring, consciousness, mutual process, patterning, presence, and meaning” (p. 18). The primacy of relationship and caring is also supported in the work of Sitzman and Watson (2018) who contend that purposefully enacting professional caring embodies the knowledge of self and others in support of our practice as nurses.

In her consideration of regenerating nursing’s disciplinary perspective, Marlaire Smith (2019) analyzed the literature on the focus of the discipline of nursing. Smith’s (2019) analysis identified four themes and nine areas of inquiry that serve as areas of knowledge development for the discipline. The four themes identified were “human wholeness, health/healing/well-being, human-environment-health relationship, and caring” (Smith, 2019, p. 3). Smith (2019) suggests that areas of inquiry in developing the knowledge of nursing include promoting health, well-being, and quality of living and dying, stress, coping, and adaptation throughout the life process, transitions in the life process, cultural care, human-environment energy field patterning, consciousness and health, health-related lived experiences, caring relationships, processes, and practices, and environments that facilitate health, healing, and well-being. Theodoridis (2018b) distinguishes nursing from other healthcare professions through what he describes as four attributes that come from a conception of nursing as concrete philosophy. The attributes described as “ethic of care”, “existential singularities”, “metaphysical complexity”, and “self-inquiry” contribute to nursing’s unique disciplinary lens (Theodoridis, 2018b, p. 5).

Within definitions of our disciplinary perspective the knowledge that informs nursing practice is reflected as both product or outcome and process or ways of being. Our disciplinary knowledge is complex and manifest within the embodied space between our ways of being and doing, and is informed by, within, and through interaction with others which shapes and is shaped by the context. Nursing's disciplinary knowledge is generated within and evolves from a relational and contextual stance. Teaching with an awareness of the complex nature of the disciplinary knowledge that is informed by and informs nursing practice requires a humanistic stance and willingness to hold space for learning as self-discovery and human becoming. Seeking the meaning of teaching nursing from nursing's disciplinary perspective will reveal the need for educational approaches that encourage forms of learning that honour the multifaceted forms of knowledge that are required to engage with the abstract domains of nursing practice manifest as shared humanity, human presence, critical consciousness and commitment embodied within caring inquiry.

### **The Value of Nursing Philosophies and Theories**

Chinn (2019) suggests that nurses' questioning associated with the value and worth of the foundational philosophies and theories developed earlier in the history of our discipline perpetuates our struggle to sustain the strong and enduring presence necessary to fulfill our role in serving the health needs of society. One strain that is evident in the current discourse on nursing's disciplinary perspective is the questioning of the value and place of foundational nursing philosophies and theories that initially guided nursing education, research, and practice (Chinn, 2019; Grace et al., 2016; Smith 2019, Thorne & Sawatzky, 2014). Abandoning nursing philosophy and theory leaves nursing adrift

without an anchor and subject to the complex systems changes within healthcare and academia (Chinn, 2019; Grace et al., 2016; Hills & Watson, 2011). Watson (1999) cautioned that without a language, nursing is invisible. The substantive theories and conceptual frameworks developed by nurses “are the unique language of nursing education, research, and practice” (Barrett, 2017, p. 130). As Chinn (2008) states, “The definition of the science, the phenomena of concern, the group’s collectively accepted knowledge, the accepted method and practices – all form a structure without which the discipline would be indistinguishable” (p. 1).

Although several authors have affirmed the importance of nursing as a distinct discipline shaped by nursing philosophies and theories (Barrett, 2017, Fawcett, 2020; Hills & Watson, 2011; Grace et al., 2016; McIntyre & McDonald, 2013; Mitchell, 2002; Parse, 2016), there are other nursing scholars who obscure nursing disciplinary knowledge and frame nursing science as a construct which encompasses a multitude of other sciences including biobehavioral, bioinformatics, omics/biomolecular, and health economics (Henly et al. 2015a, 2015b, 2015c; Hickman, 2019; Rijord, 2010). Henly et al. (2015a) question “What is the place of nursing theory in the emerging areas of nursing science?” (p. 406). This question itself suggests a lack of awareness and understanding of the role that nursing theory plays in advancing a unique nursing science. Even the use of plural language “emerging areas” relative to our disciplinary science, further clouds the differentiation of nursing’s disciplinary perspective. Rijord (2010) would describe the questioning of the place of nursing theory to inform practice and a unique disciplinary perspective as a relevance gap.

Questioning the significance of nursing theory and research to inform nursing knowledge evolves from consensus in the 1970s that nursing requires abstract generalizable theories to be a credible discipline (Rijord, 2010). Conceptualizing nursing theory as broad and generalizable challenges nursing's practice context as situated and relational, and confounds educational approaches used in nursing education. Despite the importance of disciplinary theory to guide nursing practice, Roy (2019) suggests that "theories have not answered clearly the questions of what kind of knowledge is needed for nursing in a rapidly changing world of science and how it will be created" (p. 30). Nursing theorist Jean Watson (2012) has consistently developed her Caring Science Theory to serve as nursing's fundamental philosophical, theoretical, and ethical foundation in response to clients' needs, but as a discipline, we have failed to embrace, build upon, and educate from this theoretical heritage in a manner that supports the development of our disciplinary ways of being, knowing and doing.

I wonder about our perceptions that the philosophical and theoretical foundations that were initially developed to explicate our disciplinary perspective are inadequate. I am also curious about nursing's fascination with the 'rapidly changing world of science', and how this mind set reflects that our discipline is somehow not equipped to navigate this complexity. The disciplinary perspective of nursing as shared humanity, human presence, and critical consciousness embodied in caring inquiry offers us a way of being in nursing that enables us to navigate within the changing world of science. Educating nurses for self-discovery and human becoming within a humanistic paradigm serves as a foundation to fulfill our fundamental purposes as nurses and prioritizes nursing's standpoint relative to advances in related disciplines.

In his consideration of the path forward relative to nursing theory and research, Hickman (2019) suggests that “nursing theory and research in the 21<sup>st</sup> century...should not solely focus on the expansion of disciplinary knowledge but also focus on the generation of new knowledge that transects disciplinary boundaries” (p. 86). Hickman (2019) further suggests that the way forward requires a paradigmatic shift in our philosophical orientation, the critical appraisal of existing theories and fruition of new theories, and the conduct of research that leads to the development of knowledge that has applicability to practice and transdisciplinary relevance. As nurses, we must first have an awareness and understanding of our discipline’s philosophical orientation and existing theories. Only when nurse educators recognize their accountabilities to educate nurses from our disciplinary foundations, will nursing be in a place to advance new disciplinary theories.

### ***Nursing Doctoral Education***

Current discourse associated with the future of nursing doctoral education reflects a lack of awareness of nursing’s disciplinary focus, and therefore inadvertently devalues nursing’s disciplinary knowledge. This is reflected in such questions as “Should training in science serve as a template for all PhD programs in the discipline? If not, are nursing scientists’ stewards of the science or stewards of the discipline?” (Henley et al., 2015a). In her quest to regenerate nursing’s disciplinary perspective, Smith (2019) challenges nursing leaders in education and administration to “assume responsibility for the existence of our discipline and the importance of claiming what nursing can offer” (p. 13). This is a powerful statement that clearly supports the need to explore and understand what it means to educate nurses from the disciplinary perspective of nursing. Smith

(2019) also contends that nursing scientific knowledge needs to serve as the foundation for socialization into the discipline, and that doctoral students' scholarship needs to be situated within nursing theoretical frameworks. Nursing scientists "need to embrace the value of nursing knowledge and advance it in their work" (Smith, 2019, p. 14). The lack of awareness of nursing's disciplinary perspective is manifest in graduate nursing education where theory that is critical to the development of nursing as a discipline of study is infrequently used to frame research problems (Yarcheski & Mahon, 2013). Nursing doctoral education needs to be founded upon nursing derived philosophy and theory to advance nursing's disciplinary knowledge.

The contention that the development of nursing knowledge evolves outside of core disciplinary knowledge suggests that nursing science is informed by other forms of scientific knowledge, which promotes the misconception and devaluing of what constitutes a distinct disciplinary perspective. Henley et al. (2015b) express the contributions of nursing theory in the past tense which suggests that nursing theory is antiquated and fails to meet the demands of "rapid advances in science, technology, and quantitative sciences" (p. 406). Henly et al. (2015a) contend that nurses in doctoral education require a full grasp of core nursing knowledge, but also claim that nursing theory and research methodology "in isolation do not constitute core disciplinary knowledge but rather support knowledge development in nursing science" (p. 404). This explanation clearly reveals a lack of awareness and the significance of the need to reestablish nursing's disciplinary perspective as the foundation for nursing science. It also supports the need for explicating the meaning of teaching nursing from nursing's disciplinary perspective.

Henly et al. (2015c) suggest that aligning nursing doctoral education with emerging areas in biological science, “redirect the traditional nursing doctoral program curricula in a manner reflective of the biological underpinnings of human disease and behavior” (p. 440). Henley et al.’s. (2015c) use of the word traditional implies that long held perspectives on the value of nursing knowledge are outdated. These authors also suggest that a focus on biological sciences “will align with bachelor of science in nursing programs and doctor of nursing practice programs, which rely on pathophysiological aspects of human biology for instruction about clinical management of health problems” (Henley et al., (2015c), p. 440). The emphasis in doctoral education on the study of biology-based foci shift nursing’s disciplinary inquiry to that of disease. This is distressing because it deconstructs human beings to parts and draws our attention away from the focus in nursing on holistic human health experiences and the cultivation of our own disciplinary perspective in serving the needs of those in our care.

Grace et al. (2016) in their commentary concerning the preparation of nurse scholars and leaders, call attention to disparities in doctoral education with a heavy focus on empirical knowledge at the expense of philosophical and theoretical dimensions of nursing’s disciplinary knowledge. These authors also questioned the influence of funding agencies and their role in determining the research focus for nursing scholars (Grace et al., 2016). Barrett (2017) addressed the most recent challenges to the survival of nursing science grounded in nursing frameworks and theories including a lack of opportunity for substantive study of nursing frameworks and theories in PhD programs. Nursing’s disciplinary perspective is further compromised by the recommendation of the National Research Council (NRC) (2005) in the United States who take exception to the current

practice of graduate students who lack a prior degree in nursing being required to complete course work in disciplinary knowledge. What other discipline would tolerate someone external to the discipline espousing to further disciplinary knowledge through their research without a theoretical grounding in the discipline itself?

Henley et al. (2015a) state that “it is time for PhD programs in nursing to rethink the preparation of nursing scientists who do not intend to enter practice or assume faculty roles in undergraduate or advanced practice programs in nursing” (p. 405). There are several assumptions expressed within this statement, namely that nursing scientists do not need to hold a degree in the discipline of nursing, that there is a disconnect between nursing research and practice, and that practicing nurses and nurse educators do not need to be prepared as nurse scientists. The conception of a false separation between nursing science, nursing education, and nursing practice serves to erode and further fragment nursing and the cultivation of nursing’s disciplinary knowledge. The purpose of research in nursing science is to inform nursing education and practice and advance nursing’s disciplinary perspective.

The demands of funding agencies that place a high value on interdisciplinary research and bio behavioral sciences also influence the research focus of doctoral scholars in nursing (Barrett, 2017; Grace et al., 2016). Smith (2019) stresses that “brilliant nurse scientists are conducting innovative research that contributes to discoveries in other sciences...to chase whatever is fundable over advancing nursing knowledge” (p. 4). If nurses were educated from our disciplinary perspective and learned to conceive of themselves as nursing scientists from undergraduate education into graduate education, nursing scientists would frame their research on disciplinary theories

and research methodologies. Conducting research as nursing scientists from our disciplinary foundations would shape the way questions are asked, resulting in innovative research that foregrounds and advances nursing knowledge.

Henley et al. (2015a) suggest that doctoral students need to be conversant in emerging areas of technology and quantitative sciences to conduct relevant and cutting-edge research. These authors also question the place of nursing theory in the emerging areas of nursing science and ask, “how can a focus on core knowledge in nursing science be maintained in light of the specialization that is critical to successful scientific careers?” (p. 406). It is clear from these questions that there is a fundamental lack of awareness and understanding of the relationship between disciplinary knowledge and theory development that informs nursing science. It is also apparent that these authors perceive that a nursing scientist who focuses on advancing core knowledge in nursing science is bound for an unsuccessful career as a researcher.

The understanding of nursing science as something distinct from the practice of nursing was also brought forth by Beckett (2014) who questioned if the doctoral education of nurses preparing for competitive careers as nursing scientists should be different from scholars who serve as nurse educators. The thinking that nursing scientists and nursing science are distinct from practice fragments and destabilizes the foundations of nursing as a practice discipline. The shift in attention to omics and the microbiome, biobehavioral science, big data, quantitative sciences, translation science, and health economics (Henley et al., 2015a) draw nursing’s disciplinary lens from holism and other forms of knowledge that inform the practice of nursing, and instead focuses on deconstructing and dehumanizing care of persons to parts.

### ***Interdisciplinary Research***

Although nurses need to be aware of trends in health-related research in other disciplines such as biology and medicine, and engage collaboratively with others, it is critical for the future of our discipline to understand and express this research through the lens of nursing's domain of inquiry. Instead of asking, for example, how do we utilize an understanding of advances in omics to inform nursing's disciplinary perspective? We should be asking, how does nursing's disciplinary perspective shape and advance an understanding of omics? How does nursing's disciplinary knowledge shape the use of technology in health care? What is the role of nursing's disciplinary perspective in making sense of and utilizing big data to inform health outcomes? If our future disciplinary leaders in doctoral programs fail to ground their scholarly work in nursing's philosophical and theoretical foundations, how will they be able to make sense of research from other disciplines within the context of nursing's domain of inquiry and advance nursing's disciplinary perspective.

A collaborative and interdisciplinary approach to understanding the complexity of health is in and of itself an important consideration. It is not collaborative research that dilutes nursing's contribution, it is nursing's failure to fully equip nurses through educating from our disciplinary perspective. If nurses are not educated from our disciplinary foundations, they cannot conceive of or articulate the value added of our disciplinary perspective within interprofessional research and educational opportunities. Parse (2015) suggests that when research becomes an amalgamation of disciplinary knowledge and one discipline resides over another, unique disciplinary perspectives become obscure. As leaders and shepherds of the discipline, nurse educators need to be

aware of, value, and teach from nursing's disciplinary perspective, which offers nursing a clear voice in interdisciplinary research, education, and practice.

The steady decline in the valuing and use of nursing theory to inform nursing education at all levels perpetuates the nagging questions that haunt the discipline of nursing. In their conclusion, Turkel et al. (2018) ask, "What is the basis of our profession (*discipline*) and our practice if not our own theories and research based in theory?" "Are we just applying the theories of other disciplines?" (p. 188). It is essential that nurses take a critical look at our discipline (Grace et al., 2016) and "reclaim our scientific and theoretical roots now or face a future where nursing is no longer an independent practice (Turkel et al., 2018, p. 189). These questions and considerations reflect the importance of exploring the meaning of teaching nursing from our disciplinary perspective.

### **Discourse on Nursing's Metaparadigm**

Smiths (2019) comprehensive historical analysis on the focus of the discipline reveals that "in an effort to attenuate the influence of the medical model in nursing education" (p. 7), nursing has attempted to distinguish the domain of nursing framed upon the concepts noted most prevalently within nursing's metaparadigm including persons, environment, health, and nursing. Despite the prevalence of the metaparadigm as an expression of nursing's disciplinary knowledge originally conceived by Fawcett (1984), there have been numerous critiques that suggest the need for nurses to critically examine the viability of the metaparadigm to inform the philosophical, epistemological, and ontological foundations necessary for nursing education, research and practice (Bender, 2018; Founds, 2018; Jairath et al., 2018; Morse, 2016; Paley, 2006; Reed, 2019; 2020; Thorne et al., 1998). In the early 1990s, a group of nursing scholars strongly

suggested that the concept of caring as a defining attribute of the discipline of nursing, identified by Leininger (1977) and Watson (1979) replace nursing in the metaparadigm. In her analysis Smith (2019) found that the concept of caring is foundational to nursing.

Containing nursing's disciplinary knowledge within the narrow confines of the metaparadigm as it is currently conceived limits nurses in their conceptions of our disciplinary perspective and serves to constrain how we conceive of teaching and learning in nursing. Enacting nursing education in a manner that embraces and celebrates epistemic diversity within nursing is supported by nursing theorists who encourage nursing to move beyond the metaparadigm. Sakamoto (2018) for example, suggests that nursing knowledge is enacted in "the middle space" (p.4) between dichotomous paradigms within the realm of everyday practice, and that nursing's epistemological diversity should be celebrated. In critique of nursing's metaparadigm, Reed (2019) has offered a philosophical perspective for the development of scientific nursing knowledge, a perspective she calls intermodernism. Reed (2019) contends that intermodernism offers a philosophical foundation for considering the development of nursing knowledge through scientific realism, suggesting a more inclusive view of knowledge development generated through an iterative process from the context of nursing practice. Teaching nursing as self-discovery and human becoming provides a means of accessing our disciplinary knowledge as it manifests within the relational and contextual space of nursing practice. Conceptualizing nursing knowledge construction as theorizing within relational context implies that the creation of nursing knowledge is fluid and responsive in the moment and produces actionable knowledge (Bender, 2018; Doane et al., 2015).

The fluid nature of nursing's disciplinary perspective is taken up by Bender (2018) in her offering of a reorientation of the metaparadigm, stressing that nursing/caring, person, environment, and health emerge and are made explicit through a relation-sensing performance from nurses' ontological orientation in the world. Bender (2018) builds on the work of Meleis and Trangenstein (1994) and their consideration of the concept of transition and nurses' process orientation and on the scholarship of Allen (2018) who contends that nurses have a distinct professional gaze that enables an awareness of diverse understandings of the patient. Bender (2018) suggests that the primary perspective of the discipline of nursing is found in the interdependent relations among people, including nurses themselves, within their context or health circumstance. Bender (2018) goes on to assert that "a nursing perspective that takes interdependence and relationality as its fundamental access point in the world" (p. 6) cannot be reduced to a static or fixed deterministic structure. Nursing's disciplinary perspective evolves from and is further informed by "nursing as a production, not a predefined construct" (Bender, 2018, p. 6). The fluid and evolving nature of nursing knowledge within the context of practice is further championed in the work of Purkis and Ceci (2016) who argue that nurses make sense of what is presented through a particular frame of reference, while simultaneously living in the awareness that alternative frames of reference exist that could reflect the given patient circumstance in a different light.

Bender (2018) acknowledges that conceptualizing the nursing metaparadigm-as-ontology blurs the distinction between ontology and epistemology in nursing, and instead suggests that "it makes visible the difficulties in defining nursing as a science" (p. 7). Bender (2018) goes on to indicate that nursing knowledge produced from an onto-

epistemic perspective “can be systematically examined – not as a distinct scientific object, but rather as an agentic subject” (p. 7) described in patterns that become actionable. Theodoridis (2018a) contends that a nursing standpoint fosters a “philosophic engagement with nursing reality, both in practice and in theory” (p. 8). Authors McIntyre and McDonald (2013) contend that ontology is central to nursing practice and further suggest that engaging in philosophical thinking enhances nurses’ ability to theorize and therefore provides nurses with “a way to think about their practice; a way to make sense of, to articulate, and to critique nursing practice” (p. 14).

Through their consideration of the “interdependence of philosophical and practical matters in nursing” Bruce et al (2014) offer an approach to capture and organize the complex forms of knowledge that are manifest in nursing practice through their discussion of philosophy as content, method, and a way of life. These authors suggest that philosophy as content correlates to how “nurses ontologically examine the nature of nursing, personhood, environment, health, and illness” (p. 68), while philosophy as method is described as the way in which nurses attune to “the development, identification, and validation of knowledge in, for, and about nursing” (p. 68), and finally, that philosophy as a way of life is manifest in how nurses’ enact their values within their practice, highlighting the “inseparability of theory and practice, personal and professional, knowing and doing” (Bruce et al., 2014, p. 68). Conceptualizing nursing practice as philosophical inquiry aligns with an onto-epistemic perspective and presents a cohesiveness that moves us closer to capturing the complex forms of knowledge embodied within nursing practice.

Conceiving nursing knowledge as fluid and transforming, evolving within and from context, and socially constructed contests conceptualizations of knowledge as rigid and fixed, and challenges behaviorist approaches currently used to measure learning within nursing education. Educating nurses for self-discovery and human becoming provides a way of being in practice that allows for responsiveness, flexibility and adaptability, and supports a more inclusive view of the complex forms of knowledge that evolve from and are embodied from an onto-epistemic perspective within nursing practice.

### **Teaching and Learning in Nursing Education**

Conceiving nursing knowledge as a product of an onto-epistemic perspective suggests that nurses negotiate and navigate a complex matrix of knowledge that inform their understanding within practice. When these diverse forms of knowledge contradict one another, nurses find themselves within the complexity of paradox. Seeking the meaning of teaching nursing from nursing's disciplinary perspective will reveal pedagogical approaches that hold space for learning how to negotiate and navigate within the complex and often paradoxical forms of knowledge that evolve from and are embodied within nursing practice. The origin of the word complex comes from the Latin word's *com* meaning 'with, together', and *plectere* meaning 'to weave, braid, entwine' (Oxford University Press, 2020). Literally translated, *complek* as an adjective means "composed of interconnected parts, formed by a combination of simple things or elements" (Oxford University Press, 2020). As a noun, *completus* means "surrounding, encompassing, to encircle, embrace" (Oxford University Press, 2020). Current definitions of complex as an adjective include, "consisting of many different and connected parts",

“not easy to analyze or understand; complicated or intricate” (Oxford University Press, 2020). As a noun, complex has been defined as “a group or system of different things that are linked in a close or complicated way; a network” (Oxford University Press, 2020). Our tendency is to want to simplify complexity. Behavioral and technically rational approaches to learning offer us a means of simplifying complex forms of knowledge which translates to enhancing feelings of certainty and confidence to inform decision making in practice. The challenge that can occur when we simplify complexity is that we potentially risk privileging certain ways of knowing over others which distorts perceptions of the whole. Nursing’s disciplinary perspective calls for educational approaches that enable nurses to recognize and acknowledge the complex forms of knowledge encountered within nursing practice, while also having the capacity to negotiate the paradox often found within the complexity and attune to the fluid nature of the knowledge that informs nursing practice.

Learning from a behaviorist approach means ‘getting it right’ and being rewarded for having the correct answer framed upon conceptions of evidentiary knowledge as observable and measurable (Bastable, 2019, Caputo, 1987). While some forms of knowledge lend themselves to a behaviorist approach to learning, conceiving knowledge from such a reductionist perspective fails to capture fully, the complex forms of disciplinary knowledge used to inform nursing practice. Within the messiness that is nursing, there is a need to have a conscious awareness of, intentional attunement to, and discernment around how complex forms of knowledge intersect to inform an understanding of the whole. Kenny (2012) likens nurse educators to shaman, an individual who knows and is comfortable to “move between different worlds” (p 532),

who has the capacity to see both sides of the tensions among conflicting forms of knowledge. Teaching nursing is characterized by an iterative process of moving within and between tensions that govern nursing practice (Kenny, 2012). In their hermeneutic phenomenological study of the lived experience of teaching and learning from nursing situations, King et al. (2015) discovered that guiding students through nursing situations was a pedagogical approach that created space for students to make sense of the multiplicity of disciplinary knowledge embedded within the caring encounter. Although she does not refer directly to the concepts of complexity and paradox, McCallister (2015) encourages transformative approaches to learning “*to move beyond...binary thinking as a habit of mind*” (p. 482). McCallister (2015) proposes educational approaches that promote “*dialectical reasoning, reflexive critique*” (p. 482) and openness to “*aesthetic ways of knowing*” (p. 482) as means to facilitate learning through differential forms of knowledge encountered in nursing practice. Learning to navigate complexity requires educational approaches that honour the diverse and by times, paradoxical forms of knowledge embodied within nursing practice.

Despite efforts to transform nursing education and support nurses to navigate within the complexity of practice, the literature reveals a lack of awareness of how to educate from nursing’s disciplinary perspective. Educational scholars in nursing such as Benner et al (2009) maintain the importance of recognizing salience within clinical situations and the need for clinical imagination which serve as ways to negotiate complexity within nursing practice. However, educational approaches with a heavy focus on standardized scientific content that foreground empirical knowledge and behaviorist approaches to learning (Benner, 2012) contradict learning for clinical imagination. The

lack of awareness of how to educate from nursing's disciplinary perspective is also evident in Kalb and O'Conner-Von's (2019) consideration of teaching in a holistic way. Instead of an emphasis on learning as self-discovery and human becoming, which fosters learning in ways that would honour nursing's disciplinary perspective and support caring inquiry and holistic practice, these authors' emphasis on curricular content aligned with best-practice standards and on educators' role modeling 'correct behavior', are expressions of approaches to learning that would hinder students' ability to learn to navigate the complex forms of knowledge encountered within nursing practice. Failure to ground students in and teach from our disciplinary foundations leaves students struggling when faced with complex forms of knowledge in practice situations and leaning towards ways of thinking and being that align with a reductionist conceptualization of knowledge akin to how they have learned. Over time, these approaches to teaching and learning in nursing have perpetuated the decline of nursing's disciplinary perspective (Chinn & Falk-Rafael, 2018; Hills et al., 2021; Kinsella, 2007; Yancey, 2019).

Nurse educators need to embody a humanistic approach in their teaching practice to create space for students to learn from our disciplinary perspective and honour complex forms of knowledge that evolve from a relational and contextual stance. A humanistic approach to teaching and learning transcends behavioral outcomes, and foregrounds ways of being as educators and learners that invite self-discovery and human becoming. Teaching and learning from a humanistic stance align with our disciplinary perspective and fosters ways of being, knowing, and doing that enable nurses to negotiate the complex and often paradoxical forms of knowledge that we encounter in the context of practice (Bergum, 2003; Chinn & Falk-Rafael, 2018; Doane, 2002; Hills & Watson,

2011; Kleiman, 2007; Letourneau et al., 2017). Humanistic approaches to teaching and learning have been championed in the ongoing work of implementing Caring Science research into nursing education and practice (Watson & Brewer, 2015). There remains a need to intentionally develop theoretical foundations that support humanistic curriculum frameworks that enable nursing education to address the paradoxical and complex forms of knowledge that inform our disciplinary perspective (Cara et al., 2020).

Recent considerations of the concept of phronesis and practice wisdom offer ways of conceiving teaching and learning in nursing that recognize and make explicit the complex forms of knowledge that evolve from the relational and contextual nature of nursing practice (Jenkins et al., 2018; Kinsella & Pitman, 2012; Russell Yancey, 2019). Smith (2019) stresses that an intentional and organized educational campaign is essential to clarify and maintain the integrity of the discipline, foreground the threat of undermining it, promote activities that advance nursing knowledge, and make evident its significance. The literature highlights the significance of the need to make explicit nursing's disciplinary perspective in addition to foregrounding the importance of aligning pedagogical approaches that support a humanistic stance and learning as self-discovery and human becoming.

### **Summary**

In this introductory chapter I defined nursing as shared humanity, human presence, critical consciousness, and commitment embodied within caring inquiry and expressed the purpose of education as self-discovery and human becoming. An exploration of historical circumstances within the 20<sup>th</sup> century that have and continue to contribute to a lack of disciplinary clarity included the shift in nursing from training to

education, the curriculum revolution, and nursing's uncritical adoption of the evidence-based practice movement. These contextual factors shaped and continue to influence nursing education in ways that challenge how we understand, represent, and teach nursing's disciplinary perspective. The significance of this inquiry is expressed through a critique of relevant literature that reveals the ongoing challenge of explicating and representing nursing's disciplinary perspective and identified the limitations of current educational practices to support a humanistic stance and learning as self-discovery and human becoming. The purpose of this inquiry and the research question were reviewed.

In chapter two, interpretivism, phenomenology, and humanism will be outlined as the philosophical and theoretical foundations that support this work. Consideration will also be given to Watson's (2010) *Human Caring Science* and Hills and Watson's (2011) *Relational Emancipatory Pedagogy*, as nursing theoretical frameworks that underpin this research.

## Chapter 2

### Philosophical and Theoretical Foundations

According to Crotty (2015), theoretical perspective constitutes the philosophical stance that underlies the methodology and provides the foundation for the research process. In my quest to explore nurse educators' awareness of and understanding of the essence of teaching from the disciplinary perspective of nursing, my curiosity lies in revealing the meaning embedded within their everyday practice as nurse educators. Thus, the purpose of this research is focused on human inquiry and understanding. This research is situated within the interpretivist paradigm which recognizes that all knowledge comes from experience and that true understanding is concerned with the recovery of meaning from the complexity of the individual. Serving the interpretivist paradigm is the philosophical tradition of phenomenology. As the study of essences, phenomenological research seeks to discover the very nature of a phenomenon, such as the meaning of teaching nursing from the disciplinary perspective of nursing, through description, interpretation, and expressions of embodied understanding. Humanism as a theoretical perspective, also aligns with the epistemological and ontological foundations associated with interpretivism and phenomenology, foregrounding the subjective and contextual nature of knowledge, and offers another lens through which to conceptualize the meaning of teaching nursing from nursing's disciplinary perspective. I will be considering how humanism has been conceptualized and taken up in nursing through the work of Martin Buber (1996), Carl Rogers (1961), and Milton Mayeroff (1971/2011). Nursing theoretical frameworks that I will be using to inform my thinking include Dr.

Jean Watson's (2012) Theory of Human Caring Science and Relational Emancipatory Pedagogy for nursing as expressed by Dr. Marcia Hills and Dr. Jean Watson (2011).

### **Interpretivism**

Interpretivism had its origins in the questioning of the suitability of the positivist approach to explain how human beings exist in the world within the context of social reality (Crotty, 2015; van Manen, 2016a; 2016b; West, 2010). Wilhelm Dilthey (1833-1911) differentiated natural and social reality and expressed that each reality required a different kind of investigative method (van Manen, 2016b; Watson, 2012; West, 2010). Regarding all knowledge as deriving from experience, Dilthey maintained that the rationality and objectivity associated with the natural sciences was inadequate to capture the fullness of human life (Watson, 2012; West, 2010). Dilthey expressed that true understanding was not concerned with explanations of causal relationships and generalizations, but with the recovery of meaning from the complexity of the individual; "We explain nature; man, we must understand" (Palmer, 1969, p. 115). Thus, social science research as human science, is primarily concerned with the exploration of cultural meaning found within the interpretivist paradigm (Crotty, 2015).

van Manen (2016a) contends that human science is distinguished by the understanding that research and theory are aligned "to the practice of living" (p. 15). This perspective is supported by Patočka (1989) who likewise suggests that meaning derived from human science research is seen within the practicalities of our everyday lives. Employing this theoretical perspective will offer the opportunity to align educators' lived experiences to their pedagogical practice as nurse educators. van Manen (2016a)

proposes that within human science, theory does not precede understanding but evolves from reflection on lived experience and serves to further illuminate our daily practices. Exploring the lived experiences of nurse educators, the essence of the meaning of teaching nursing from nursing's disciplinary perspective will be revealed, such that a conceptual understanding can be interpreted and communicated from the research. Although research from the interpretivist paradigm has been critiqued as ambiguous, subjectivist, and poorly generalizable, van Manen (2016a) offers that it is through reflection, interpretive insight, and dialogue that our lived experience can be made accessible and intelligible. Crotty (2015) outlines three traditions that serve the interpretivist paradigm, namely symbolic interactionism, phenomenology, and hermeneutics. In consideration of the purpose of this research and my intent to use Max van Manen's hermeneutic phenomenological human science research approach, I will focus on the philosophical tradition of phenomenology.

### **Phenomenology**

The root word of phenomenology is phenomenon. The origin of the word phenomenon comes from the Greek word *phainein* (to show) *phainomenon* (thing appearing to view) (Oxford University Press, 2020). The definitions of phenomenon include "a fact or situation that is observed to exist or happen, especially one whose cause or explanation is in question" and from a philosophical perspective "the object of a person's perception, what the senses or the mind notice" (Oxford University Press, 2020). As the study of essences, phenomenological research seeks to discover the very nature of a phenomenon. The word essence has been defined as "the intrinsic nature or indispensable quality of something, especially something abstract that determines it's

character” (Oxford University Press, 2020). The essence of a phenomenon is understood as the property or group of properties of some ‘thing’, without which it would not exist or be what it is (Husserl, 1982; Merleau-Ponty, 1962). Exploring the lived experience of teaching the discipline of nursing opens a window through which to look through and return to the world as we originally experienced it, gazing in wonder at the essential qualities and character of our disciplinary perspectives revealed there. van Manen (2017) reminds us that the central purpose of phenomenology is to return to the lifeworld, to the experience itself as we live it, pre-reflectively, before we conceptualize it. Exploring the essence of teaching the discipline of nursing is best accomplished through integrating the research paradigms of the disciplines of phenomenological philosophy and qualitative human science.

### ***Foundations of Phenomenological Philosophy***

Given that the understanding of phenomenology has evolved among philosophers, it is often referred to as a movement (Speigelberg, 1982). Although there have been differing philosophical and methodological interpretations of phenomenology, van Manen (2016b) contends that the dynamic nature of and evolving interpretations offers researchers a variety of alternatives when performing phenomenological inquiry. During the early 20<sup>th</sup> century, there was a growing philosophic orientation towards phenomenology (West, 2010). Philosophers Descartes, Kant, Hegel, and Nietzsche and their questioning associated with the search for knowledge and truth experienced through the phenomenal world, human consciousness, time, space, and embodiment, challenged the predominant rational approach to understanding and objectification of knowledge (van Manen, 2016b; West, 2010). Their work informed the thinking of Edmund Husserl,

generally considered the founding father of phenomenology, and served to enlighten the foundational perspectives of the philosophic discipline of phenomenology (van Manen, 2016a, 2016b).

**Transcendental Phenomenology: Edmund Husserl.** Husserl argued that the knowledge made explicit through the experienced consciousness of the 'life-world' should become the basis for all philosophical and scientific thought (Berghofer, 2020; West, 2010). The lifeworld, a notion conceived by Husserl, was not a reality in and of itself, rather, it was an experienced or phenomenal world, and the perceived consciousness, as subject, could not exist apart from the experienced lifeworld as object. Within the relationship between subject and object was the concept of intentionality. According to Husserl, intentionality meant that consciousness was always consciousness of something, that individual perception is impossible without external perception, and that individual thinking and interpreting are always and essentially about the world in which we live (Moules, 2003; van Manen, 2016a, 2016b; West, 2010). In his discussion on Husserl, van Manen (2016b) highlights that awareness or consciousness of the world is not experienced in isolation, but rather shared, and thus influenced through communication with others. This understanding speaks to the intersubjective and dialogical nature of lived experience. This conception of the lifeworld has implications for education, and the intersubjective and dialogical nature of educators and students teaching and learning the discipline of nursing. To reveal or make visible the meaning of our lived experience within the taken-for-granted, Husserl introduced the concepts of essences, intuiting, and phenomenological reduction (van Manen, 2017).

**Essences.** The work of phenomenology, according to Husserl, was to reveal what he termed the ‘essence’ of lived experience. Essences are elements derived from consciousness and perception that characterize the ideal or pure meaning of phenomena as they are universally experienced in everyday life (van Manen, 2016a). Phenomenology is discovery oriented relative to the essence of human experience at its deepest levels of awareness, and is therefore not concerned with validating, theorizing or taxonomizing data (Behal, 2020). Phenomenological inquiry seeks to discover the very nature or essence of a phenomenon; the ‘that’ which makes a some ‘thing’ what it is, and without which it could not be what it is (Husserl, 1982; Merleau-Ponty, 1962).

**Intuiting.** Another concept introduced by Husserl was that of intuiting. Intuiting or grasping the essence of phenomena was accomplished through descriptive analysis of instances of phenomena as they were encountered in everyday lived experience (van Manen, 2016a). van Manen (2016a) contends that phenomenological description can be nuanced as describing the quality of lived experience and understood as describing the meaning of the expressions of lived experience. For Husserl, phenomenological research is pure description, with followers of transcendental phenomenology claiming that the outcome of phenomenological description is solely achieved through a direct grasping or intuiting of the essence of phenomena as they consciously appear (Giorgi, 1985). The purpose of this research will be to engage with nurse educators in an intentional manner to explicate their pre-reflective experiences of the meaning of teaching nursing from our disciplinary perspective.

**Phenomenological Reduction.** The final concept introduced within Husserlian phenomenology was the concept of phenomenological reduction. Husserl’s intention in

introducing the concept of phenomenological reduction was a ‘returning to’ an understanding of ‘pure’ phenomena, original in description, to investigate the lifeworld as it appeared, as pure phenomena, apart from the ‘natural attitude’ which was representative of the relationship that the consciousness had with the taken-for-granted (van Manen, 2016a, 2016b). The origin of the word reduction in Latin translates to mean leading back to or restoration (Harper, 2020). According to Husserl, the pure nature or essence of lived experience becomes visible when we simply witness phenomena as they present themselves, pre-reflectively, and describe it as such. Phenomenological reduction enables one to capture lived experience in its original essence, free from interpretation, exploration, or theorizing (Behal, 2020; van Manen, 2016b). Reduction is the conscious act of choosing to bracket or suspend belief in the factual existence characteristic of the ‘natural attitude’ or taken-for-granted. When we bracket our pre-conceptions, this enables us to transcend objective reality, revealing pure phenomena. As a nurse educator myself, I will need to deeply reflect upon and make explicit my assumptions associated with this work and hold them open for examination, and then consciously set them aside in order to fully immerse myself in the lived experiences described by the nurse educators who will be involved in the study.

Bracketing or consciously setting aside conventional, theoretical assumptions is also known as epoché (Duignan, 2020). In Greek philosophy, epoché meant suspension of judgement, a principle espoused by philosophers and adopted as an attitude of non-involvement (Duignan, 2020). Understanding Husserl’s conception of epoché-reduction offers insight into how one can embrace phenomenological inquiry and consciously choose to attune to our lived experience in ways that invite us to pause, to be captivated,

and to dwell in wonder and discovery at that which we thought we knew. It has been suggested that phenomenological thinking is precipitated by a disposition of wonder, which serves as the antecedent to genuine inquiry (Heidegger, 1994). Husserl's epoché-reduction has been characterized in a variety of forms including the heuristic epoché-reduction which is said to awaken wonder manifest in bracketing taken-for-granted attitudes and preconceptions to willingly meet what is extraordinary in the most familiar. The deep wonder and quest to understand my own teaching practice is the starting point for willingly exploring and meeting what is extraordinary in the everyday practice of teaching the discipline of nursing. The hermeneutic epoché-reduction is a form of reduction that awakens openness manifest through bracketing all interpretation and openly, reflectively, and reflexively explicating assumptions. Awakening concreteness and living meaning through bracketing all theory and belief or disbelief in what is real or unreal is known as the experiential epoché-reduction. Lastly, the methodological epoché-reduction reveals an awakening to novel approaches by bracketing habitual ways of engaging in research (Massimi, 2018; Smith, 2018; van Manen, 2016b, 2017). Embracing an openness to 'not knowing', and 'unknowing' will serve as a way to consciously choose to embrace these multiple forms of epoché-reduction that will enable me to access the essence of the taken-for-granted practice of teaching nursing from our disciplinary perspective.

Husserl's work also included thoughts on the significance of language and its relationship to expression of the meaning of essences. In his works, Husserl states that language clothes descriptions of the essential nature of phenomena which serves to illustrate and provide clarity and unity of meaning (van Manen, 2016a). Husserlian

phenomenology serves as a foundation for understanding the descriptive component of van Manen's (2016a) human science approach. To appreciate the interpretive or hermeneutic aspect of human science phenomenology, consideration must be given to the philosophical stance of Martin Heidegger.

**Ontological Phenomenology: Martin Heidegger.** Heidegger's philosophical work had its origins in the work of Husserl, but deviated in the sense that, where Husserl was concerned with the 'conditions of knowing' and establishing a foundation of knowledge, Heidegger's philosophy sought understanding through ontological discovery, or the nature of being (Heidegger, 2002; Moules, 2003; van Manen, 2016b; West, 2010). Within Heidegger's work, a prominent theme was the concept of 'Dasien' which literally translated means 'being there'. This has been interpreted as a 'way of being in the world' (Moules, 2003; van Manen, 2016b; West, 2010). This concept of being in the world spoke to an existence that was different from the ordinary things of the world. According to Heidegger, the difference was that things of the world are fixed with distinct characteristics but being in the world as individuals manifested itself in a range of possibilities. Consequently, Heidegger believed in the uniqueness of perceived experience, arguing that no experience could be likened to another (Heidegger, 2002; van Manen, 2016b). Heidegger also believed that existence as being in the world 'knows itself' only in relation to others and objects of the world; that understanding evolved and was only possible through these relationships (Heidegger, 2002).

The notion of 'being' is therefore situated, 'being in the world', and intersubjective, 'being with others' (West, 2010). Interestingly, Heidegger contends that our relationship of 'being in the world' as involved participants is made visible as care

(West, 2010). van Manen (2016a) expresses that the intentionality of phenomenological inquiry rests upon the inseparable relationship the researcher has of 'being' in the world, to 'becoming' in the world. We do not encounter the world as a detached observer, as an isolated subject. Heidegger relates that "the world is always the one I share with others" (West, 2010). To inquire deeply regarding the essence of our lived experience as human beings becomes a caring act. Binswanger (1963) suggests that we can only understand something or someone for whom we care. Given the situated and intersubjective nature of our 'being' as researcher, the knowing involved in the intentional act of phenomenological inquiry is not purely a cognitive one. Perhaps it requires a deeper level of commitment, as suggested by Buytendijk (1947) when he expresses that love is foundational for all knowing of human existence. Where I meet someone in their lived experience, as researcher, I experience the undeniable presence of loving responsibility (van Manen, 2016a). I understand this expression of the relationship that the researcher has of 'being' in the world to 'becoming' in the world to align with an ontological becoming as both a researcher and as a nurse educator. Engaging in the research and the learning from the research will not only inform the lives of others, but my life on many levels as well. I also see that I have an ethical responsibility to engage in this work in a meaningful way; to inform my own understanding and the understanding of others. I also feel a profound sense of responsibility to the discipline of nursing.

The notion of temporality was another dominant theme in Heidegger's work. Temporal existence spoke to a continuous evolution of an individual, always moving into the future, 'on the way' from what one sought to be and actually was, towards what one would become, until the eventuality of death (Moules, 2003; van Manen, 2016a; West,

2010). Heidegger contends that 'being' in the world offers us the possibility of freedom to make and remake ourselves. He further suggests that within this freedom, we can choose to be authentic and engage authentically with ourselves and others. Embracing our freedom enables us to live in authentic existence. Heidegger also reveals that we can choose to live inauthentically with the 'they', which he refers to as the impersonal other. He goes on to articulate that when 'being' is "subjected to an impersonalized other, its own authentic self-hood is lost" (West, 2010, p. 111). According to Heidegger, falling into inauthenticity meant becoming absorbed "in the everyday, in the present and in the conformity of the 'they'" (West, 2010, p. 111). Interestingly, having an awareness of and embracing the freedom of 'being' as becoming even unto death produces anxiety, and Heidegger suggests that we find it easier to live within the conformist forgetfulness of the everyday, but in so doing miss the opportunity to live an authentic existence (Heidegger, 2002). The notion of temporality has implications for our lives as nurses and nurse educators. To embody our disciplinary perspective in practice requires us to embrace the freedom to live deeply into our disciplinary 'being' and becoming as nurses and nurse educators. As nurse educators, we need to hold space for students to embrace their own authentic self-hood and being and engage in educational approaches that celebrate learning as self-discovery and human becoming.

Like Husserl, Heidegger also emphasized the importance of the relationships between language and expressions of 'being' (van Manen, 2016a). Heidegger suggests that language unveils 'being' and brings it into the open; it becomes "the possibility of Being's unconcealment" (West, 2010, p. 113). Through language, individual subjectivity, consciousness, and existence are transcended (van Manen, 2016b; West, 2010). The

significance of Heidegger's work was the acknowledgement that individuals do not exist separate from the world, but instead are immersed within and shaped by the world. Thus, instead of separating ourselves from the world and describing it as Husserl maintained, Heidegger views our existence, not as phenomenon which requires explication, but as something in flux, that invites our interpretation. Although Heidegger did not necessarily embrace the word hermeneutics, his work serves as the foundation for interpretive phenomenology (Moules, 2003). Heidegger's philosophy serves to inform the hermeneutic or interpretive aspect of van Manen's human science research approach.

Another theme of significance in exploring lived experience through phenomenological inquiry is that of embodiment. As a noun, embodiment is defined as "a tangible or visible form of an idea, quality, or feeling", "the representation or expression of something in a tangible or visible form" (Oxford University Press, 2020). From a philosophical perspective it has been suggested that embodiment is a concept that pertains to the relationship between our phenomenal body and the role it plays in our subjective understanding and engagement with our world (Audi, 1999). Understanding the role of embodiment in phenomenological inquiry aligns with my perceptions of learning as embodied self-discovery and human becoming and serves as another means of exploring 'being in the world' as a nurse educator and revealing the lived experience of teaching the discipline of nursing. The philosopher most noted for influencing conceptions of embodiment within phenomenology is Maurice Merleau-Ponty.

**Embodiment Phenomenology: Maurice Merleau-Ponty.** Maurice Merleau-Ponty's contribution to phenomenology was a consideration of the intersection of perception and embodiment as a foundation for exploring the relationships between the

experienced world and the objective world and the mind and the body (Toadvine, 2018). According to Merleau-Ponty phenomenology is a ‘manner or style of thinking’, in essence, a consideration of how we perceive our experiences as we live them relative to space, time, and the world itself (Stolz, 2015). Like Heidegger, Merleau-Ponty’s phenomenological philosophy espouses an ontological orientation with an emphasis on perception, embodiment, habit, ambiguity, and relations with others (Toadvine, 2018; Wilde, 1999). The nuanced distinction in the work of Merleau-Ponty is his consideration that body and mind are always intricately intertwined and that our understanding of others and objects in the world is corporeal rather than intellectual (Stolz, 2015; van Manen, 2016b). Our knowledge of the world is experienced pre-reflectively through our embodied ‘being’ in the world. This implies that being and therefore knowing, as manifest through our personal embodied experience, transcends the cognitive domain and includes emotive, applied, aesthetic, and imaginative ways of being and knowing among others (Stolz, 2015). The significance of Merleau-Ponty’s position, according to Stolz (2015), has serious implications for conceptions of learning because “the world begins from the ‘phenomenal body’ and provides the means through which we can develop a sense of our own identity that is integral to coming to know the world through experience” (p. 2). This conception of learning as coming to know the world from personal experience aligns with my thinking associated with learning as embodied self-discovery and human becoming. Merleau-Ponty contends that understanding of lived experience is manifest through relationship, suggesting that “it is through my relation to others, and also through my relation to ‘things’ that I know myself” (Merleau-Ponty, 1962, p. 383). This has implications for how we manifest our disciplinary ways through

our teaching practice, and how students, through this embodied relationship, come to learn what it means to be a nurse.

For Merleau-Ponty, perception is an active form of “creative receptivity” and that our perceptions are fluid and dynamic through the “dialectical relation between the perceiving subject and the object being perceived” (Reynolds, n.d., *Early Philosophy*, Paragraph 15). Toadvine (2018) suggests that “We perceive others directly as pre-personal and embodied living beings engaged with a world that we share in common” (*Phenomenology of Perception*, Paragraph, 11). I interpret this to mean, for example, that when we are teaching others, our perceptions are active and embodied in response to them. This expressed understanding of teaching as an active form of mutual engagement reinforces my understanding that teaching and learning is experienced within an intersubjective reality. According to Reynolds (n.d.) Merleau-Ponty conceives that perception involves the “perceiving subject in a situation, rather than positioning them as a spectator...abstracted from the situation” (*Early Philosophy*, Paragraph 12). Reynolds (n.d.) further suggests that within Merleau-Ponty’s assertion of the mind-body relationship there is an interconnection of perception and action, and that “there is no meaning which is not embodied” (*Early Philosophy*, Paragraph 11).

For Merleau-Ponty, the body becomes our means of communication with the external world, and the active embodied nature of perception enables us to “construe a particular representation differently” (Reynolds, n.d., *Early Philosophy*, Paragraph 16). I understand this to mean that our perceptions are unique to ourselves, which enables us to perceive different situations in ways that are meaningful for us. I also perceive this to mean that our perceptions are embodied in the sense that they guide our actions, and that

our actions become a means to articulate our perceptions to the world around us. Another interesting aspect of Merleau-Ponty's philosophy of perception is his conception of embodied activity and the notion "...that our actions, and the perceptions involved in those actions, are largely habitual; learned through imitation, and responsiveness within an environment and to a community" (Reynolds, n.d., Habit, Paragraph 5). I am understanding this to mean that over time, through experience, we learn ways of being and doing that could perhaps be described as preperceptual that transcend our consciousness and inform our actions in an unconscious way. This means that teaching nursing from our disciplinary perspective could become, over time, a way of being and doing that almost takes on an unconscious form. From a philosophical perspective then, teaching could be described as a conscious awareness of 'being' in relation to the outside world, where perceptions are fluid and dynamic within a dialectical exchange between the subject and the other, and that they become manifest through our embodied response to the world around us. Over time and through experience, teaching may manifest itself in a preconceptual and habitual manner. This could explain why teaching nursing from our disciplinary perspective and perhaps nursing itself manifests as an elusive and hidden practice. This could also explain why learning from an essentially behaviorist perspective, which privileges certain forms of knowledge and ways of thinking, could manifest in forms of practice that become preconceptual and habitual in manner, that influence our ability to be consciously aware and attune to other forms of knowledge we encounter in practice.

Given his ontological orientation and conception of phenomenology as a returning to our bodily, primal, and preconscious experiences, it comes as no surprise that Merleau-

Ponty is not interested in absolute truth. According to Merleau-Ponty, knowledge and therefore understanding are always changing in response to our lived reality and are open to more than one interpretation and may present as contradictory. He contends that “there is no truth that can be written and established once and for all and always” (van Manen, 2016b, p. 130). In view of Merleau-Ponty’s sense of the ambiguous and ambivalent nature of knowledge, how do we cultivate a shared sense of the world? Stolz (2015) would suggest that our personal experiences of engaging with objects of the world may manifest in a variety of meanings, some of which may also have a shared meaning with others. How does the onto-epistemic nature of being influence perceptions of our disciplinary knowledge and ways of being as nurses and as nurse educators. Exploring the lived experience of nurse educators’ teaching nursing from nursing’s disciplinary perspective as an embodied practice may reveal shared meanings that inform discipline specific pedagogical approaches.

Like Husserl and Heidegger, Merleau-Ponty outlines the significance of language in phenomenological inquiry. For Merleau-Ponty, the inseparability between mind and body is reflected in the indistinguishable nature of thought and language, of meaning and word (van Manen, 2016b). Merleau-Ponty contends that “when I hear myself speak, I hear myself think” suggesting that “word and thought stand in a dialectical relation” (van Manen, 2016b, p. 129). According to Merleau-Ponty, language offers a reflection of one’s own embodiment received and interpreted through spoken words, emotive gestures, and tones (van Manen, 2016b). I am intrigued by Merleau-Ponty’s expression of the power of language to offer a reflection of one’s own embodied understanding and wonder

how this will manifest in this search for the meaning of teaching and learning nursing as embodied self-discovery.

### **Phenomenology and Nursing**

Madjar and Walton (2005) in their consideration of phenomenology and nursing discuss the role of phenomenological thinking in nursing and offer an intriguing way of describing nursing practice itself as a form of phenomenological inquiry. Madjar and Walton (2005) consider the “nursing gaze” (p. 2) as a means through which to reveal the familiar and unfamiliar, the simple and the complex. They suggest that “The understanding made possible through phenomenological inquiry help to put meaning in the everyday world of practice and human interaction” (Madjar & Walton, 2005, p. 2). While this text offers the relevance of phenomenology for nursing, the authors expressly articulate that the text itself is not a how to guide for conducting phenomenological research. Phenomenological thinking, referenced as our interests in the human, subjective, and holistic experience of health and illness, or the subjective experience of learning as self-discovery and human becoming, requires the same approach as phenomenological inquiry. As Madjar and Walton (2005) have alluded to, nursing’s purpose and standpoint serve as a natural means to “intentionally and consciously attune to the experience as it is lived in order to find new meaning” (Smith, 2018, p.1). Zahavi (2019) also contends that concerns arising from nursing practice “seem to fit rather naturally with the phenomenological approach” (p. 1). So, it would seem, that there would be a natural fit between phenomenological approaches to research and understanding the lived experience of our practice as nurses and nurse educators. Despite

this 'fit' of nursing and education to phenomenological inquiry, there are those who critique nursing's engagement in phenomenological research.

Thorne (2016) argues that the qualitative approaches, including phenomenology, that we use in nursing are borrowed from the social sciences and are not enough to explicate knowledge that is necessarily useful "to solve everyday problems of patients" (p. 27). I do not agree with Thorne's (2016) dismissal of the value of phenomenological inquiry to inform nursing education and practice. As I consider Heidegger's philosophy of phenomenology, I am reminded of his consideration that the point of phenomenology was not an epistemological one but rather an ontological one (Smith, n.d.). This makes me question the purpose of our phenomenological inquiry as nurses and wonder if we have misinterpreted some findings from phenomenological studies because we have not explicated the philosophical underpinnings of these methods in a critical manner. I am also considering the inherent value of a phenomenology of practice originally expressed in the work of Patočka (1989) and by van Manen (2016b) who suggests that phenomenological inquiry offers us the opportunity "to nurture a measure of thoughtfulness and tact in the practice of our professions and in everyday life" (van Manen, 2016b, p. 31).

Paley (1997) has also critiqued nursing's use of phenomenology arguing that while 'phenomenological' nursing research may have some legitimacy, the credibility of findings is questionable given the misinterpretation of the philosophical underpinnings as they inform phenomenological inquiry. In response to Paley's criticism of nursing's relationship with phenomenology, Petrovskaya (2014) suggests that nursing thoughtfully consider Paley's criticism and argues that nursing, as a discipline distinct from other

social sciences, needs to reconsider the methodological conventions of phenomenological nursing research. I would offer that human science research is an original activity that bears a conscious commitment to investigate our disciplinary experience as we live it with full awareness of the epistemological and philosophical foundations that inform the phenomenological perspective, we have chosen to use in response to our research question. This full awareness enables nursing scholars to engage in phenomenological inquiry in a manner that attunes to our lived experiences as nurses, compared with conceptualizing phenomenological inquiry and therefore the meaning of our lived experiences as practitioners through a preconceived social science lens.

In his consideration of nursing's relationship with phenomenological research, Zahavi (2019), a professor of philosophy at the University of Oxford and the University of Copenhagen, suggests that nurse researchers face three challenges relative to their current use of phenomenology. He contends that nursing scholars risk being too superficial, conceiving that simply paying attention to experience counts as phenomenology; risk overcomplicating phenomenological inquiry resulting in little clinical relevance; and finally, that they risk the integrity of their work through a misguided understanding of methodological requirements (Zahavi, 2019). What Zahavi (2019) offers nursing is a suggestion to take up phenomenological inquiry through an intentional disciplinary lens that is made explicit and contextualizes the findings within the realm of nursing education and practice. This research aims to meet this challenge. In their consideration offering new perspectives on phenomenology in nursing studies, Zahavi and Martiny (2019) outline the significance of what they discuss as applied

phenomenology and the relevance of phenomenological thinking and abstractions to clinical practice.

## **Humanism**

Humanism is a complex concept that has been heterogeneously described as a philosophical stance, an attitude, a mode of inquiry, or a belief system whose focus is on the value and agency of human beings and the centrality of the human experience (Grudin, 2020; Traynor, 2009). Oxford University Press (2020) defines humanism as “a rationalist outlook or system of thought attaching prime importance to human rather than divine or supernatural matters” (p. 1). Described as an intellectual and cultural movement associated with an intent to revitalize education in the humanities, the origin of the humanist movement evolved from the educational and political ideal known as *humanitas* (Grudin, 2020; Mautner, 2005). According to Grudin (2020), “*Humanitas* meant the development of human virtue, in all its forms, to its full extent” (p. 1). An individual who possessed *humanitas* qualities would have been characterized as benevolent and compassionate and would also have retained qualities such as fortitude, judgement, and prudence (Grudin, 2020). Striving for the ideal of *humanitas* would have involved a complementarity between contemplation and action to encourage the fullness of human potential (Grudin, 2020; Mautner, 2005). The period of humanism between the 14<sup>th</sup> and 16<sup>th</sup> century, often referred to as Renaissance humanism, maintained the belief that human beings were born with moral freedom and distanced man from the divine (Mautner, 2005; Traynor, 2009). The 17<sup>th</sup> and 18<sup>th</sup> century saw a resurgence of humanism during the Enlightenment. Central to the intellectual movement of the Enlightenment was human rationality for the purpose of achieving knowledge, freedom, and happiness

(Duignan, 2020). The Enlightenment saw the rise of “the development of a methodology of reasoning” (Duignan, 2020, p. 1) that would serve as the beginning of experimental science and scientific reasoning and a continued belief in the potential of humanity to attain knowledge. As a movement in the post-Enlightenment era of the 20<sup>th</sup> and 21<sup>st</sup> century, humanism has been characterized by a variety of perspectives that do not assign a common philosophical stance regarding existence, ethics, knowledge, and politics (Lamont, 1997; McCaffrey, 2018; Rummel, 2017). It is worth noting that contemporary perspectives of humanism are essentially synonymous with atheism, strict commitment to the scientific method as the only source of legitimate knowledge, and a host of moral sanctions to govern behavior (Gray, 2018; Miessler, 2019). McCaffrey (2018) outlines that, critics of secular humanism, “question the assumption of a universal humanity implied in any conception of humanism” (p. 5).

### **Humanism in Nursing**

Humanism has appeared in the nursing literature framed as holism, individualized care, and self-actualization (Playle, 1995; Nelson, 1995). Bleakly (2015) suggests that humanism is an approach that places “supreme value...upon the subjectivity of the patient, the reverence that attends their uniqueness, and the caring relationship” (p. 40). Humanism is often expressed as the art of nursing within a dualistic reference to nursing as an art and a science and juxtaposed against positivism and objectivity (Playle, 1995; Nelson, 1995; Traynor, 2009). In their analysis of caring theories through the lens of humanism, Letourneau et al (2017) outline a brief overview of the origins of humanism. These authors discuss Hebrew humanist Martin Buber’s (1996) ‘I and Thou Relationship’, humanistic psychologist, Carl Rogers (1961/1967) person-centered

approach, and the American philosopher Milton Mayeroff (1970) and his consideration of the humanistic elements of caring to characterize humanism in nursing as “therapeutic attunement between self and others” and “authenticity in one’s intentionality or commitment to care for others” (Letourneau et al, 2017, p. 37). Although it appears as an overarching theme in caring theories, the concept of humanism within the nursing literature is seldom defined (Letourneau et al, 2017). This vague understanding of humanism is also supported by McCaffrey (2018) when he suggests that although the conception of humanism as a person-centered approach to care aligns with nursing’s ethical and professional standards, there remains a general lack of “rigorous examination of the humanist tradition in relation to nursing” (McCaffrey, 2018, p. 5). In his questioning of how humanism can be understood and taken up in nursing, McCaffrey (2018) suggests that an awareness of the variability in the meaning of humanism creates a space “to start to articulate a version of humanism for nursing” (p.5).

For this research humanism will be conceptualized through an integrated understanding of the Hebrew humanistic philosopher Martin Buber and his thinking on dialogue, *I & Thou* (1996), the humanistic psychologist Carl Rogers (1961/1967) and his relational person-centered approach, and the American philosopher Milton Mayeroff (1970) and his consideration of the humanistic elements of caring. The theoretical perspectives of humanism as expressed within the work of Buber (1996), Rogers (1967), and Mayeroff (1970) inform Jean Watson’s (1979, 2012) Human Caring Science. The humanistic approach of Rogers (1961/1967) is also articulated as one the educational theoretical perspectives that inform Hills and Watson’s (2011) Relational Emancipatory Pedagogy.

### ***Martin Buber***

Martin Buber (1878-1965) was a Zionist philosopher whose work offered a consideration of our relation to others as twofold, *I-it*, and *I-Thou* (Mautner, 2005; Zank & Baiterman, 2020). The *I-it* relation was characterized as that occurring between self as subject and other as object, where the ‘other’ was objectified and “the central dimensions of human existence such as authenticity, are lost” (Mautner, 2005, p.88). In contrast, the *I-Thou* relation is expressed in self as subject and other as subject. The relationship where *I* stand alongside, *Thou* is characterized as mutual and reciprocal and enables one to see the other as a whole being (Buber, 1996; Zank & Baiterman, 2020). Zank and Baiterman (2020) state that Buber’s work “gives expression to the intuition that we need to withstand the temptation to reduce human relations to the simple...or rational” (p. 1). Buber (1996) contended that all experience is relational, dialogic, and experienced as an ontological reality. He further suggested that a genuine encounter in the *I-Thou* relation requires intentional presence, commitment, and openness to the transformative potential encountered within the mutual space ‘in between’ the subject and another (Buber, 1996; Zank & Baiterman, 2020). It should also be noted that according to Buber (1996), the ‘other’ could manifest beyond a person and include nature, a work of art, or a divine God.

What Buber’s (1996) interpretation of humanism offers nursing education and practice is a means of articulating the centrality of relationship and provides us a way to begin to understand the nature of the relationship as an expression of the value and agency of human beings through foregrounding the centrality of human experience and meaning making from one’s ontological reality. The *I-Thou* relation comes to represent a space of awareness and opportunity for transformative understanding for both the nurse

and patient, and the nurse educator and the student. The intentional nature of the engagement suggests the need for a willingness to embrace knowing that comes through the encounter. Nursing practice as relational, dialogic, and experienced as an ontological reality within the context of caring inquiry suggests that we need pedagogical approaches that enable students to learn in and through *I-Thou* encounters. Embracing learning experienced through an *I-Thou* relational stance creates space for learning as self-discovery and human becoming and reveals nursing's disciplinary perspective. Exploring the meaning of teaching nursing from our disciplinary perspective will support the need for a humanistic approach in nursing education and practice.

### ***Carl Rogers***

Humanistic psychologist Carl R. Rogers also shared the belief that an individual's capacity for self-discovery, growth, and personal development could be influenced by a relationship characterized by authenticity, unconditional acceptance and regard as a person, deep empathy, and an embodied sense of freedom (Rogers et al., 1967). Having drawn from Buber's humanistic philosophy, Rogers humanized counseling and later, education, through an approach that centered on the person as an individual with inherent worth (Rogers et al., 1967). According to Rogers et al (1967) an effective counselor and teacher is one who not only accepts others unconditionally but is also authentic and expresses congruence between personally held values, beliefs, and actions. Another essential characteristic of therapeutic relationships is the need for a genuine commitment to understand another expressed through a deep and sensitive empathy. Finally, authentic relationships require a space of freedom within which an individual can reflect on

thoughts and feelings, either consciously or unconsciously, and grow in their awareness and understanding.

Humanistic relationship as conceptualized by Rogers (1967) offers another dimension for nurse educators to explore, understand, and articulate the essence of nursing's disciplinary perspective and how this is manifest in nursing and pedagogical practice. Authenticity requires nurse educators to engage transparently with a full awareness of self as person, and as nurse. This modeling encourages forms of learning that begin with an understanding of self and a growing awareness for students of who they are becoming as nurses. Valuing, accepting, and trusting in a humanistic approach implies commitment and being present with students in ways that support them to reach their full potential. Nurse educators' role modeling valuing, accepting, trust, commitment, and presence embodies a way of being that communicates an openness to discovering others' perspectives and supports them to fulfill their potential. Finally, deep learning embodied within self-discovery and human becoming is actualized through empathic understanding and freedom. Teaching and learning from a humanistic stance reveal the multiple ways of knowing that inform understanding within nursing's disciplinary perspective and creates space to support learners to navigate within this complexity to inform their practice.

### ***Milton Mayeroff***

The American philosopher Milton Mayeroff (1970) in his considerations of the phenomenon of caring offered that the essential ingredients of caring support the humanistic elements of self-realization, growth, and meaning from a caring relationship

characterized by worthiness, receptivity, commitment, patience, trust, humility, hope, courage, freedom, and the primacy of process over product. Building on an understanding of humanism from both Buber (1996) and Rogers (1967), caring, according to Mayeroff (1971), is not “simply a matter of good intentions or warm regard” (p. 9) but requires knowledge. Mayeroff (1971) claims that ‘*Knowing*’ is the first ingredient required in caring, and that to care requires ‘knowing’ who the other is, their needs, desires, strengths, and limitations. One must know ‘how’ to respond to another’s needs and know themselves, their strengths and have an awareness of the limitations of their understanding (Mayeroff, 1971). Mayeroff (1971) suggests that “what we know in caring, we know in different ways” (p. 10). He captures the complexity associated with the knowledge required for a humanistic approach to care through his characterization of knowledge as both *general* and *specific*, as *explicit* ‘knowing’ that we can voice, and *implicit* knowledge that remains unarticulated (Mayeroff, 1971). Mayeroff (1971) further contends that knowing in caring can be described as *knowing that* and *knowing how* and speaks to *direct* knowledge we encounter and *indirect* knowledge we perceive, but do not directly experience. Navigating these complex and nuanced forms of knowing that inform humanistic caring is reminiscent of Sellman’s (2012) consideration of professional phronesis.

Mayeroff (1971) contends that caring is not habitual but learned in response to action or inaction in a caring relationship. This responsive *rhythm* is Mayeroff’s (1971) second ingredient essential to caring. *Patience*, as the third ingredient, is characterized as an active form of participation where we live in awareness of the need to enable another to go through the sometimes-messy process of growth in their own time and in their own

way (Mayeroff, 1971). According to Mayeroff (1971) patience is embodied in presence, respect, the provision of time and space, and through a belief in another's capacity.

*Honesty*, Mayeroff's (1971) fourth ingredient in caring, involves authenticity and courage to examine one's own and another's humanity. It is acceptance and openness to "see the other as it is...not as I would like it to be or feel it must be" (p. 13). For Mayeroff (1971), *trust* is another essential ingredient required to care for another to fulfill their human potential. Trusting another involves risk and uncertainty and requires courage. Trust also involves accountability and is ground in an environment of encouragement and support, and manifests in trusting one's own capacity (Mayeroff, 1971). The sixth ingredient essential to humanistic caring is *humility*. Humility is an awareness and openness to ongoing learning about another, oneself, and what caring involves regardless of the vastness of one's experience, as reflected in Mayeroff's (1971) words, "there is always something more to learn" (p. 16). Humility involves a reverence for the integrity of another and a gracious acceptance of one's own limitation and power (Mayeroff, 1971). As another essential ingredient in Mayeroff's (1971) expression of humanistic caring, *hope* is an expression of possibility in the present which fosters a sense of value, worthiness, and commitment. *Courage*, as Mayeroff's (1971) final ingredient for humanistic caring, is referenced within a reciprocal dance with the phenomenon of trust. Trust in another's capacity to grow and achieve their potential evokes courage to embrace an unknown future and vice versa.

Mayeroff's (1971) conception of humanistic caring provides a means for nursing to understand the complexity involved in navigating caring inquiry and aligns with nursing's disciplinary perspective understood as shared humanity, human presence,

critical consciousness, and commitment embodied within caring inquiry. Teaching and learning nursing through a caring humanistic approach as expressed through the interplay amongst the essential ingredients of knowing, responsive rhythm, patience, honesty, trust, humility, hope, and courage offers a way of making sense of and giving voice to the meaning of teaching nursing from nursing's disciplinary perspective.

### **Jean Watson's Human Caring Science**

Nursing theorist, Jean Watson (2008) defines Human Caring Science as “an evolving philosophical-ethical-epistemic field of study, grounded in the discipline of nursing and informed by related fields” (p. 18). Caring, according to Watson (2012), is the moral ideal of nursing and is essential for the discipline to fulfill its commitment to preserve human dignity and humanity. Positioned as the “disciplinary foundation of the nursing profession”, Human Caring Science serves as the “moral and intellectual blueprint for education, practice, research, and leadership” and is distinguished as “the starting point for a professional orientation” (Hills & Watson, 2011, p. 11). Practicing nursing through the disciplinary lens of Human Caring Science offers a space and time to engage in moments of shared humanity that evoke awareness and transformation of consciousness for both the nurse and the patient, or in the case of enacting nursing education, the teacher and the student (Hills & Watson, 2011). Watson (2012) further suggests that caring is a moral commitment to self and others, intentionally enacted through critical awareness. The values embodied within Human Caring Science are manifest in 10 Caritas processes (Appendix A) that characterize ways of being, knowing, and doing within an I-Thou relationship and transpersonal caring moment (Watson, 2012). Watson's (2012) Human Caring Science offers a nursing theoretical framework

that supports a humanistic stance and provides a language, and ways of being, knowing, and doing that support an understanding of the meaning of teaching nursing from nursing's disciplinary perspective.

### **Relational Emancipatory Pedagogy**

Relational Emancipatory Pedagogy for nursing as expressed by Hills et al. (2021) is grounded within philosophical perspectives and theoretical frameworks that support the essence of a humanistic approach to caring education, serving as an embodied approach to teaching and learning nursing. It has been defined as the transformation of consciousness through relational inquiry (Hills et al., 2021). In response to the ongoing need for nursing education reform, Hills et al. (2021) offer a vision for nursing curriculum framed upon Human Caring Science. The notion of nursing education as transformative within a caring emancipatory approach aligns with my thoughts associated with the experience of education as an opportunity to journey in becoming a fully developed human being. Education that is transformative is represented within our response to what we are learning, both as educators and as students. Our actioned response to learning then inherently involves a moral imperative, an ethical stance. The centrality of a caring relationship corresponds with Watson's (2008) premise that Human Caring Science is foundationally a relational connectedness, an ethical ontology of "Belonging as first principle" (Hills & Watson, 2011, p. 15). This ethical ontology supports a humanistic view of the relationship between the educator and the student, characterized by intersubjectivity, reciprocity, and mutuality (Letourneau, Cara, & Goudreau, 2017).

### ***Theoretical Perspectives***

In establishing the context for their relational emancipatory pedagogy, Hills et al. (2021) articulate key theoretical perspectives that have influenced their thinking, including a humanistic view as expressed by psychologist Carl Rogers. Rogers (1969) contends that ‘significant learning’ relies upon the nature of a personal relationship between the educator, who takes on the role of facilitator, and the learner. The qualities that define a personal relationship from a humanistic perspective involve authenticity, accepting, valuing, and trusting in the capacity of the learner in all their humanness, and engaging in a way of being that honors the other’s experience through a deep “empathic understanding” (Hills et al., 2021, p. 71).

Personifying a humanistic educational approach aligns with another theoretical foundation that supports an emancipatory relational pedagogy identified by Hills et al. (2021), that of a perceptual view as described by Combs (1982). Perceptual psychologist, Arthur Wright Combs (1982) advocated for a humanistic approach to education and counseling. Combs (1982) expressed that learning involves the discovery of personal meaning from experience and maintains that the quality of education is shaped by the beliefs held by the teacher. Through a perceptual view of teaching and learning, the educator’s responsibilities involve the provision of meaningful learning experiences within a safe environment that enables students to engage in the vulnerable work of self-exploration and deep learning (Combs, 1982). From a perceptual perspective, educators become facilitators that encourage learners to participate in their learning to discover deep personal meaning (Combs, 1982).

Hills et al. (2021) also contend that relational emancipatory pedagogy is informed by the work of educator and philosopher Paulo Freire and critical social theory. Freire (1972) asserts that a partnership approach to education creates a space for the recognition of power differentials within the educator student relationship. Awareness of power frees both the learner and the teacher to engage in the creation of shared meaning for the ultimate purpose of “Learning-to-learn” and “raising critical consciousness in order to transform society” (Hills et al., 2021, p. 72). Although one would consider Paulo Freire a pedagogical philosopher, Diaz (n.d.) reminds us that a discussion of critical theory would not be complete without a consideration of his influence on the emancipation of the oppressed through his belief surrounding the notion of conscientization. Crotty (2015) suggests Freire’s conscientization results from the “intentionality of consciousness...a reflection *upon* material reality. Consciousness is already an active intervention into reality. Critical reflection is already action” (p. 151). Hills et al. (2021) align Freire’s conscientization to the concept of human flourishing as an outcome of an emancipatory approach to nursing education.

The fourth theoretical lens through which relational emancipatory pedagogy is informed, is that of a transformational caring approach that aligns with Watson’s (2012) Human Caring Science (Bevis & Watson, 1989; Hills et al., 2021). The primary tenants of a caring pedagogical approach involve shared humanity between and among the educator and the students. Embracing a caring pedagogy as an educational approach to teaching nursing invites learners to cultivate personal capacities to realize their full human potential through the act of caring for another (Hills et al., 2021). Caring relationships are fundamentally a choice. The choice to engage in a caring, humanistic

pedagogy is an ethical one. An emancipatory relational pedagogy as expressed by Hills et al. (2021) has highlighted that caring within a humanistic approach to education is personified in an actioned response. This response is twofold. Firstly, the response is manifest as a moral imperative that we have as nurse educators to engage with and respond to students in their learning. Secondly, the response is manifest through a critical awareness related to the knowledge co-created within the educational encounter.

When I reflect on a humanistic approach to education, personified in an actioned response, I think of engagement with students in a manner that honours the process of learning which supersedes the content and context of teaching and learning. The outcomes of teaching and learning from a humanistic approach are inherently related to the process of learning and can therefore not be predefined. Within a humanistic approach, students are extended an invitation to actively participate and freely seek personal meaning from their learning. A relational emancipatory pedagogy supports students to focus on the process of learning as self-discovery and human becoming which enables them to be responsive to and negotiate complex forms of knowledge in practice.

### ***Extended Epistemology within Relational Emancipatory Pedagogy***

Hills et al. (2021) offer a participatory inquiry paradigm as the framework for an extended epistemology associated with relational emancipatory pedagogy that is informed by the interdependent nature of knowledge creation between and among the educator and the students. To fully appreciate this extended epistemology, we must begin with a consideration of Heron and Reasons (1997) participatory inquiry paradigm. Heron and Reasons (1997) contend "...that a fundamental quality of the participative worldview...is that it is self-reflexive" (p. 275). It is suggested that a participatory

paradigm allows for a self-reflexive understanding of reality within and through our relationship with the living world (Heron & Reasons, 1997). Our sense of self and other is created and understood within the context of the iterative transaction that characterizes the encounter we have with the living world around us (Heron & Reasons, 1997). The shared understanding that evolves from the co-presence of self and other within the encounter are created from and in turn create multiple ways of knowing (Heron & Reasons, 1997). Heron and Reasons (1997) call this a subjective-objective ontology. From a relational emancipatory pedagogical perspective, the ‘other’ within the subjective-objective encounter is the educator and/or the student(s) and/or the context (Hills & Watson, 2011), similar to Buber’s I-Thou relationship.

Heron and Reasons (1997) describe a “critical subjectivity” (p. 280) that results when we become critically conscious of how multiple ways of subjective knowing interact to form our personal and shared conceptions of reality. They contend that there are four subjective ways of knowing which include experiential, presentational, propositional, and practical (Heron & Reasons, 1997). Hills et al. (2021) embrace these four types of knowledge to inform their relational emancipatory pedagogy. Experiential knowing extends from a “direct encounter” in which an individual attunes to a “person, place, process or thing” and expresses their perceptual understanding of themselves and their encountered world (Heron & Reasons, 1997, p. 281). Presentational knowing evolves from our experiential knowing, symbolizing our “felt attunement” and “the primacy meaning embedded in” our subjective-objective encounter (Heron and Reasons, 1997, p. 281). Empirical or propositional knowledge is our conceptual understanding usually expressed in terms of facts and theories (Heron & Reasons, 1997; Hills et al.,

2021). Propositional knowledge is interrelated with our experiential knowing (Heron & Reasons, 1997). Practical knowing, or knowing how, is the result of the “synthesis of our conceptualizations and experiences” into an actionable form of knowledge manifest as practice (Heron & Reasons, 1997; Hills et al., 2021). The relational aspect of an emancipatory educational approach supports the transactional and interdependent nature of knowledge creation manifest through active participation within the iterative nature of the I-Thou encounter. Considerations of diverse forms of subjective knowing support an understanding of and a means to articulate the complexity of contextual and relational knowledge embodied within nursing education and practice.

Within their conception of extended epistemology associated with a relational emancipatory pedagogy, Hills et al. (2021) “endorse the primacy of practical knowing” (p. 78). Of significance within an emancipatory approach is the concept of praxis, or the relationship between theory and practice. Hills et al. (2021) stress that praxis is “a reflexive relationship in which both action and reflection build on one another” (p. 80). The reflexiveness associated with praxis reveals theoretical and experiential understanding that gain expression through dialogue. The communal knowing from praxis dialogue transcends a search for meaning as the purpose of education, and instead, informs education as “ethical action” (Hills & Mullet, 2000; Hills et al., 2021, p. 81). Nurturing a space for the I-Thou encounter and participating within the encounter to create a shared understanding requires a level of commitment. This commitment represents an axiological perspective and becomes an expression of value within an emancipatory approach (Hills et al., 2021). Participants within an emancipatory approach are intrinsically valued for being in the world. Human flourishing results when

participants within an emancipatory educational approach are personally fulfilled and respond to the needs of the human condition (Hills et al., 2021).

This conceptualization of an extended epistemology and the significance of having a ‘critical subjectivity’ calls for a presence, an attuned awareness of the diverse and complex forms of knowledge that create an understanding of ourselves within the relational and contextual practice of nursing. A relational emancipatory approach serves to enable students to make explicit this critical subjectivity and inform ways of understanding the complex forms of knowledge embodied within nursing practice.

### ***Enacting a Relational Emancipatory Pedagogy***

Caring relationships are central to an emancipatory approach and manifest within the creation of collaborative caring relationships between the educator and the student(s), in addition to being lived out within a culture of caring which values a way of being “that transcends education and becomes a conscious, articulated way of practicing nursing” (Hills & Watson, 2011, p. 64). Another touchstone within the enactment of an emancipatory pedagogy is engaging in critical caring dialogue (Hills et al., 2021). Noted as the most essential aspect of realizing an emancipatory educational approach, critical caring dialogue “encourages critical thinking, critical reflection, the creation of new knowledge, and the discovery of personal meaning” (Hills & Watson, 2011, p. 63). A central aspect required to engage in critical caring dialogue is reflection-in-action (Hills et al., 2021). Reflection-in-action is articulated as the “development of mindfulness...in the moment...of critiquing oneself” (Hills & Watson, 2011, p. 64). Torbert (1991) would suggest that reflection-in-action is called action inquiry, or a conscious knowing at the point of action rather than a reflective thinking about the action. This understanding of

conscious reflection-in-action is also supported within the work of Schon (1983) and is outlined in Sellman's (2012) consideration of reclaiming competence for professional praxis. Hills et al. (2021) Relational Emancipatory Pedagogy offer a conceptual and theoretical framework for curricular planning and articulates an approach for teaching nursing in ways that embody a humanistic stance in support of nursing's disciplinary perspective.

### **Summary**

Within this chapter, I presented the theoretical perspectives and philosophical foundations that support the purpose of this research focused on human inquiry and understanding the meaning of teaching nursing from within the disciplinary practice of nurse educators. This research is situated within the interpretivist paradigm which recognizes that all knowledge come from experience and that true understanding is concerned with the recovery of meaning from the complexity of the individual. The philosophical tradition of phenomenology, which seeks to discover the very nature of phenomenon was articulated through description, interpretation, and through expression of embodied understanding as per Edmund Husserl's transcendental phenomenology, Martin Heidegger's ontological phenomenology, and Maurice Merleau-Ponty's embodiment phenomenology respectively. Phenomenology as it relates to nursing was discussed with particular emphasis on the significance of applied phenomenology and the relevance of phenomenological thinking and abstractions to clinical practice.

The complex concept of humanism was outlined beginning with an historical overview and was discussed relative to how it has been taken up in nursing, with the challenge to articulate a version of humanism for nursing. For the purposes of this

research, humanism will be conceptualized through an integrated understanding of the theoretical perspectives of humanism as expressed within the work of Buber (1996), Rogers (1967), and Mayeroff (1970) as they inform Jean Watson's (2012) *Human Caring Science*, and Hills et al. (2021) *Relational Emancipatory Pedagogy*, presented as nursing theoretical frameworks used to support understanding relative to this inquiry. Within chapter three, I will introduce and discuss Max van Manen's hermeneutic phenomenological human science research approach as the methodology used in this inquiry.

## **Chapter 3**

### **Methodology**

Crotty (2015) describes methodology as the planned process for conducting research to achieve the desired outcome. Method as defined by Crotty (2015) is “the techniques or procedures used to gather and analyze data related to some research question or hypothesis” (p. 3). The choice of methods needs to align with the methodology. For van Manen (2016a) methodology means “pursuit of knowledge”, while a particular mode of inquiry is implied in the notion of “method” (p. 28). To address questions surrounding methodology and method, I will discuss phenomenology as viewed by Max van Manen through a consideration of his hermeneutic phenomenological human science research approach.

### **Max van Manen’s Hermeneutic Phenomenological Human Science Research**

#### **Approach**

Van Manen’s (2016a) interest in the study of pedagogy inspired his hermeneutic phenomenological approach to human science research. Aspects from the German tradition of ‘human science pedagogy’, with its interpretive or hermeneutic methodology, and the Dutch movement of ‘phenomenological pedagogy’, with its descriptive or phenomenological orientation, influenced van Manen in the understanding and development of his hermeneutic phenomenological human science research approach (van Manen, 2016a). According to van Manen (2016a) hermeneutic phenomenological human science research is an interpretive methodology that positions human situatedness as central and is based on the belief that human beings are best understood from the experiential reality of their life-worlds. Underlying assumptions that characterize van

Manen's human science research approach are the focus on everyday lived experience, the reflection on concrete experiences, with less emphasis on abstract theory; a normative orientation versus the ideal of a value free social science; and the belief surrounding the necessity of reflective scholarship and writing insightful texts (van Manen, 2016a). van Manen's conception of human science research aligns with Schwandt's (1996) understanding of social science inquiry as a form of practical philosophy that seeks an enriched understanding of praxis.

I am particularly drawn to van Manen's reflection on concrete experience as it is lived which will help to orient my engagement with my participants. The goal of phenomenology is to gain a richer understanding of the essence or meaning of our everyday lived experience through a systematic interpretation of lived experiences (van Manen, 2016a). van Manen (2016a) states that, "phenomenology is the study of the life-world – the world as we immediately experience it pre-reflectively rather than as we conceptualize, categorize, or reflect on it" (p. 9). Phenomenology is a seeking of the very nature of the phenomenon; "for that which makes a 'something' what it is – and without it, it could not be what it is" (van Manen, 2016a, p. 10). The researcher works as an interpreter who moves beyond the given descriptions to grasp a richer understanding of the phenomenon as experienced by the participants. Understandings of phenomenology as pre-reflective, that is, gaining insightful descriptions of our everyday practical concerns as they are lived without categorizing or abstracting it, is the uniqueness that distinguishes this methodology apart from all other forms of scientific inquiry (van Manen, 2017). The orientation on everyday practical concerns as lived will serve as a unique way to elicit the essence of teaching nursing from our disciplinary perspective of

nursing because participants will be able to explore the concreteness of their everyday practice.

Elements of both descriptive and interpretive or hermeneutic phenomenology are embedded within van Manen's methodological approach, the origins of which are revealed in the foundational work of philosophers Edmund Husserl and Martin Heidegger (Heidegger, 2002; Lopez & Willis, 2004; Moules, 2003; van Manen, 2016a). For van Manen (2016a) his human science approach is phenomenological, hermeneutic, and language oriented which is reflective of his belief that pedagogy requires a phenomenological sensitivity to lived experience. Van Manen (2016a) speaks to his approach as fundamentally, a 'textual reflection' on lived experiences and 'practical action' within everyday life. van Manen (2016a) articulates that "the human science researcher is a scholar", whose purpose is to engage in "a conversational relation" (p.111) through the creation of a "phenomenological text" (p. 111). Phenomenology is characterized as attentive thoughtfulness, a caring attunement, and mindful wondering of what it means to live a life (van Manen, 2016a).

Although van Manen's interests and concerns revolve around pedagogical issues, he notes that the phenomenological concerns of other disciplines such as psychology, nursing, or medicine can incorporate the features of his phenomenological approach (van Manen, 2016a; 2017). Van Manen (2016a) is a firm believer that regardless of the discipline a strong and oriented relation of the researcher to the phenomenon is essential for human science research. Critics of this methodology (Paley, 2017) argue that phenomenological knowledge has no practical value; van Manen (2016a) responds to this with a paraphrase of Heidegger's by stating "the more important question is not: Can we

do something with phenomenology? Rather, we should wonder: Can phenomenology, if we concern ourselves deeply with it, do something with us?” (p. 45).

Phenomenology is human science research; scientific in that it is characterized as systematic, explicit, self-critical, and an intersubjective study of its subject matter, our lived experience (van Manen, 2016a). It uses specific, practiced ways of questioning, reflecting, focusing, and intuiting. It is explicit in that through the content and form of text, it attempts to articulate the structures of meaning rooted in lived experience.

Phenomenology is self-critical as it continually examines its method and goals to identify with the strengths and shortcomings of its approach. Finally, it is intersubjective in that the researcher needs to develop a dialogic relation with the phenomenon through the reader and thus validate the phenomenon as described (van Manen, 2016a).

### **Methodological Themes**

Van Manen’s (2016a) research approach is described as discovery oriented, involving a dynamic interaction among six methodological themes including:

1. Turning to the nature of lived experience.
2. Investigating experience as we live it rather than as we conceptualize it.
3. Reflecting on the essential themes which characterize the phenomenon.
4. Describing the phenomenon through the art of writing and rewriting.
5. Maintaining a strong and oriented pedagogical relation to the phenomenon.
6. Balancing the research context by considering parts and whole. (pp. 31-34)

I will briefly outline each theme as an articulation of the procedure offered by van Manen (2016a) that aligns with his hermeneutic phenomenological human science research approach, which will include a consideration of the accompanying method.

### ***Turning to the Nature of Lived Experience***

Phenomenological questioning is only possible when a researcher has identified their interest a selected human experience (van Manen, 2016a). Van Manen (2016a) discusses remaining true to phenomenological inquiry by revealing how the question itself should take us back to the lifeworld, where knowledge sought “speaks through our lived experience” (p. 46). van Manen (2016a) offers that phenomenological inquiry “is a being given over to some quest” (p. 31) that involves intentional thoughtfulness and a deep commitment to attune to an abiding concern. The challenge that arises with phenomenological inquiry is that beliefs, preunderstandings, assumptions, and awareness of existing conceptual and theoretical knowledge, predispose the researcher to interpret the nature of the phenomenon, even before its significance is drawn from the research question itself (van Manen, 2016a). It is not that we know too little about the phenomenon we wish to investigate, but that we know too much (van Manen, 2016a). The question, originally posed by Husserl, is how to best suspend or ‘bracket’ our prior knowledge and beliefs about the phenomenon in question. It is essential to first make explicit my understandings, biases, beliefs, assumptions, and theories about the meaning of teaching nursing from nursing’s disciplinary perspective, and in so doing, expose them, and hold them before me and challenge them (van Manen, 2016a). The result of van Manen’s interpretation of the concept of phenomenological reduction parallels Husserl’s, in that stripping away our understandings enables us to find a deeper, richer

understanding of lived experience. Interestingly, van Manen (2016b) contends that the uniqueness of each phenomenon requires a sensitivity in terms of the approach and application of the epoché and reduction. I find that there is a certain freedom that the researcher must embrace the uniqueness of each phenomenon.

### ***Investigating the Experience as Lived Rather than Conceptualized***

van Manen (2016a) acknowledges lived experience as both the object of phenomenological inquiry, as well as the source of all ‘data’ concerning the phenomenon under inquiry. Gathering “lived experience material” (p. 53) or data that reveals the meaning of our lived experience relative to the phenomenon of interest, may come from a variety of sources beginning with personal experience (van Manen, 2016a). van Manen (2016a) offers that a place to begin gathering lived experience material comes from reflecting on experiential descriptions of our lives in relation to the phenomenon of interest. Tracing the origin of language that we reference in discussions of the phenomenon are also significant for providing understanding of phenomena in relation to historical and cultural contexts. van Manen (2016a) also suggests attuning to and searching what he describes as idiomatic phrases that come from lived experiences and have been accepted over time as characteristic of phenomenon. Gathering a variety of lived experience material relative to the phenomenon of interest creates a multilayered text about the meaning of the life experiences that are being studied (Cohen et al., 2000). It is in this theme of gathering lived experience material that we can turn our attention to a brief discussion of method.

**Method – The Conversational Interview.** It has been argued that to reduce phenomenological inquiry and human truths to a method, is to inevitably objectify what

is being studied (Gadamer, 1975; van Manen, 2016b). van Manen (2016a) contends that phenomenology is a principled form of scholarly inquiry, a philosophic method for questioning. He further suggests that “the term method refers to the way or attitude of approaching a phenomenon” (p. 26), and as such, “is more a method of questioning than answering” (van Manen, 2016b, p. 27). Van Manen (2016a) expresses the need for conversational interviewing, which he describes as serving two distinct functions. Firstly, this style of interviewing can function as a means for gathering experiential material which serves as a resource to enhance understanding of human phenomena. Secondly, the conversational interview may be viewed as a means to develop a “conversational relation with a partner” or interviewee to explore the meaning of an experience (van Manen, 2016a, p. 66). In their consideration of framing a phenomenological interview, Hoffding and Martiny (2016) suggest that there is reciprocity between the interviewer and the interviewee, which could be likened to van Manen’s conversational relation. Hoffding and Martiny (2016) stress that regardless of the approach taken, that the researcher never comes to the interview as neutral. The quality of the interview and the lived experience material produced relies on the researcher remaining close to the fundamental research question and eliciting responses that reveal experiences as lived (van Manen, 2016a). The nature of the relationship with my participants will involve inquiry as dialogical, practical reasoning to attain new meaning (Carr, 1995; Schwandt, 1996). See Appendix B for a sample of research questions.

### ***Reflecting on the Essential Themes which Characterize the Phenomenon***

Hermeneutic phenomenological reflection is a process whereby one tries to clarify and make explicit the meaning or essence of lived experience through reflection

(van Manen, 2016a). This intention of ‘seeing’ a phenomenon beyond the taken-for-granted has its origins in Husserl’s philosophy and the concept of essences (Crotty, 2015; van Manen, 2016a, 2016b). The purpose of reflective analysis then becomes a process of discovering, drawing out, and revealing essential themes from the participants lived experiences that enable us to see the essence or meaning of phenomena. According to van Manen (2016a) the essence or meaning of phenomena are multidimensional and can therefore never be captured within a single description. Engaging in phenomenological reflection, transitions occur through the following states: conducting thematic analysis, uncovering aspects of the theme, and isolating thematic statements to determine incidental and essential themes.

According to van Manen (2016a), conducting thematic analysis begins with an understanding that the process of discovering the essence of lived experience is “a free act of ‘seeing’ meaning” (p. 79). Phenomenological themes are likened to ‘structures of experience’, merely threads that only hint at aspects of the full, richness of the phenomenon as it is lived. Given his philosophical origins in the work of Heidegger, van Manen (2016a) reveals that the concept of theme is essentially irrelevant, as it is not possible to isolate the essence of lived experience in a single definition. Theme instead serves as a means through which to organize research and writing. van Manen (2016a) outlines three possible approaches for uncovering or isolating thematic statements from lived experience material. Attending to the text as a whole and expressing the fundamental meaning through a single phrase to capture its significance, is called the holistic or ‘sententious’ approach. The selective or highlighting approach refers to identifying partial or whole sentences within the text that speaks, fundamentally, to the

essence of the phenomenon as it is lived. The essential meaning is then expressed in a phrase (van Manen, 2016a). The final detailed or line-by-line approach refers to explicating the nature of the phenomenon of interest within each sentence of the descriptive text. Like the selective approach, the researcher then attempts to articulate a thematic statement, reflective of the meaning of the lived experience (van Manen, 2016a). My preference relative to analysis will involve the selective approach where I will be identifying partial or whole sentences within the text that fundamentally speak to the essence of the meaning of teaching nursing from our disciplinary perspective. I plan to transcribe my interviews, as I find the act of listening and transcribing interviews a rich reflexive exercise that deepens my understanding.

van Manen (2016a) offers what he refers to as lifeworld existentials as guides to reflection. The fundamental lifeworld themes suggested as “productive categories for the process of phenomenological question posing, reflecting, and writing” (p. 102) include *lived space* (spatiality), *lived body* (corporeality), *lived time* (temporality), and *lived human relation* (relationality or communality)” (van Manen, 2016a, p. 101). These lifeworld themes provide a means to reflect on the themes revealed through the analysis of participants’ lived experiences of what it means to teach nursing from our disciplinary perspective.

### ***Describing the Phenomenon through the Art of Writing and Rewriting***

The significance of language as an expression of the essence of lived experience resonates throughout the phenomenological movement. For van Manen (2016a), creating a “phenomenological text” (p. 111) is the purpose throughout the inquiry process and involves being attuned to language, especially through the act of listening and writing.

van Manen (2016a) is eloquent in his expressions concerning the phenomenon of silence and in his consideration of the power and limitations of language to communicate the meaning of human experience. To 'reawaken' one's experience of the phenomenon, attention should be given to tone, inflection, language, and the use of a variety of experiential examples in communicating the essence of live experience (van Manen, 2016a).

The expression of the essence of lived experience through writing enables us to see meaning and requires the reader to engage with the written work in such a way as to attune to what is said 'in' and 'through' the words (van Manen, 2016a). Writing is a form of reflection which shows itself in phenomenological text as a process of writing and rewriting to create a depth of meaning that speaks to a certain level of understanding; revealing truths yet also leaving one with a sense of ambiguity and a questioning for an even greater depth in the quest to understand human experience (van Manen, 2016a). In consideration of a critique that his phenomenological writing does not reveal meaning, van Manen (2017) argues that it is not a case of "how to get from text to meaning, but how to get from meaning to text" (p. 2). As life is experienced in the present and the meanings that arise through our lived experience can only be reflected upon and studied after the fact, it becomes necessary to preserve lived experience in a form that will allow us to revisit the experience (van Manen, 2016a). Streubert Speziale and Rinaldi Carpenter (2003) also note the significance of text in phenomenological inquiry when they speak to the steps in phenomenological transformation or the making public what was previously private knowledge, as transforming the lived experiences of the participants into language. Interestingly, writing is not a conclusion per se, but a beginning for further

inquiry, and clearly demonstrates what van Manen means when he refers to lived experience as the starting and end point of phenomenological inquiry (van Manen, 2016a).

### ***Maintaining a Strong and Oriented Relation to the Phenomenon***

To fully understand the essence of a phenomenon it is essential to maintain a strong orientation to the fundamental question under inquiry. Settling for preconceived conceptions or abstracting theories does not allow for the achievement of full understanding of the phenomenon (van Manen, 2016a). Van Manen states that superficialities and falsities are unacceptable. We must be oriented to the phenomenon in such a way that we are animated by the phenomenon in a full and human sense (van Manen, 2016a). This sense of the need for maintaining a strong and oriented relation to the phenomenon circles back to encompass the intentional thoughtfulness and deep commitment required to attune to and express the phenomenon throughout the research process.

van Manen (2016a) states that “To do research, to theorize, is to be involved in the consideration of text and the meaning of dialogic textuality” (p. 151). Conditions for dialogic textuality according to van Manen (2016a) are “methodological requirements that render a human science text a certain power and convincing validity” (p. 151). Dialogic textuality has four conditions for research/writing; the text needs to be, “oriented, strong, rich, and deep” (van Manen, 2016a, p. 151). In a reflexive and ontological sense, dialogic text needs to be oriented to the world, that is, we as researchers should not separate theory from life; dialogic text must aim for the strongest interpretation of a particular phenomenon; dialogic text needs to be rich in life experience

stories, as it is the uniqueness of individual stories that engage us and require a response from us; and finally, dialogic text needs to be deep, because depth is what gives the phenomenon its meaning (van Manen, 2016a). As van Manen (2016a) so persuasively shares:

To present research by way of reflective text is not to present findings, but to do a reading (as a poet would) of a text that shows what it teaches. One must meet with it, go through it, encounter, suffer it, consume it and, as well, be consumed by it (p. 153).

### ***Balancing the Research Context by Considering Parts and Whole***

The interpretation and understanding of human phenomenon and the writing involved in human science research is an original activity (van Manen, 2016a). According to van Manen (2016a), “there is no systematic argument; no sequence of propositions that we must follow in order to arrive at a conclusion, a generalization, or a truth statement” (p. 173). The writing in human science research is not merely a technical method but is instead the construction of a text that through its dialogical structure aims at a certain phenomenon (van Manen, 2016a). Balancing contextual considerations while keeping the fundamental research question in view is necessary to achieve the full revealing power of the phenomenological text (van Manen, 2016a). Parts of each text are understood in relation to the whole text and vice versa. This circle of interpretation creates the fluid, reflexive, and reflective process, with the intent of revealing the everyday lived experience expressed by the participants (van Manen, 2016a).

## **Participant Selection**

Sampling in qualitative research is focused on information rich data sources (Polit & Beck, 2017). For this research purposive sampling will be employed. Purposive sampling is the term used in phenomenological inquiry to describe research participants who share purposefully based on their knowledge of the phenomenon and their willingness to share that knowledge (Polit & Beck, 2017; van Manen, 1990). Participant inclusion criteria will involve experienced nurse educators with more than ten years' experience teaching undergraduate and/or graduate nursing students, dedicated to the notion that there is a disciplinary perspective that supports nursing research, education, and practice, who have engaged in philosophical reflection of nursing's disciplinary perspective and are committed to thinking about nursing as a discipline. I have chosen to involve experienced nurse educators with a philosophical and disciplinary orientation because they have a vested interest in the phenomenon, teaching nursing from nursing's disciplinary perspective, and an abundance of lived experience to draw from. Having experience as a nurse educator demonstrates that participants have a commitment to exploring and understanding teaching practice in nursing. My participant inclusion criteria are framed on an understanding of social inquiry as practical philosophy whose aim is to "improve the rationality of a particular practice by enabling practitioners to refine the rationality of the practice for themselves" (Carr, 1995, p. 118).

In keeping with the philosophical underpinnings of van Manen's approach, I plan on recruiting from between four to six participants. Planned participant recruitment strategies include reaching out via email to known experienced educators with a philosophical and disciplinary orientation to share a recruitment poster (Appendix C)

outlining the purpose, eligibility, time and commitment, benefits and risks, and researcher contact information. Dependent upon response, I may need to employ snowball sampling as a recruitment strategy as well. Once participants have expressed interest and shared contact information, they will be given a consent form to sign (Appendix D). Once consent has been established, a mutually agreeable interview date and time will be determined. Given the current nature of the COVID-19 pandemic, all interviews will be conducted via an online platform such as Zoom. As part of their time commitment each participant will be made aware of my desire to validate my interpretation with a follow up interview, phone call or email. As a researcher it is important to consider how variability amongst the participants may influence their experience of the phenomenon and my overall understanding of the phenomenon of teaching nursing from nursing's disciplinary perspective. As such, I will need to be cognizant of the participant's demographic information including age, gender, years of nursing experience, years of teaching experience, level of education, level of student the educator teaches (undergraduate and/or graduate).

### **Ethical Considerations**

Producing high quality research involves attuning to and ensuring an ethical approach throughout the inquiry process. Ethical considerations in conducting human science research involve personal and professional responsibility for ensuring a research design that is morally and ethically justified and sound (Walker, 2007). Given the nature of exploring lived experience, ethical considerations involve protecting participants' human rights, ensuring their safety, and maintaining participants' confidentiality (Streubert Speziale & Rinaldi Carpenter, 2003; Walker, 2007). van Manen (2016a)

contends that it is essential to consider the possible ethical effects of human science research on participants and the researcher, suggesting that lived experience inquiry may cause favorable and unfavorable emotional effects such as self-doubt, anxiety, irresponsibility, hope, and insight, to those people with whom the inquiry is concerned, and those with an interest in the research. Intensive conversational interviews may have lingering effects on participants, such as enhanced self-awareness and a shift in priorities, or feelings of anger or defeat (van Manen, 2016a). Involvement in phenomenological inquiry may have profound effects on the researcher, such as heightened perceptions and increased thoughtfulness (van Manen, 2016a).

In addition to the considerations noted above, it is important to ensure that every effort is made to uphold the ethical principles of beneficence, nonmaleficence, justice, and autonomy throughout the inquiry. Beneficence seeks to do 'good', while nonmaleficence means first do no harm (Oberle, 2002; Stout, 2006). Beneficence and nonmaleficence can be upheld through the process of informed consent. The principle of justice or the right to fair and equitable treatment is enacted by ensuring participants are always treated with respect and consideration. The principle of autonomy includes the right to self-determination, and the right to full disclosure (Oberle, 2002; Stout, 2006) and is manifest in voluntary participation and the right to withdraw from the inquiry at any time without fear of consequence.

Ethical behavior is also manifest in the researcher's approach to designing and carrying out the research and is reflected in the integrity and quality of the research. There is much debate within the literature concerning appropriate terminology associated with what counts as quality in qualitative research (Carr, 1995; Milne & Oberle, 2005;

Morse et al., 2002; Polit & Beck, 2017; Schwandt, 1996; Whitemore et al., 2001).

Schwandt (1996) would suggest that “we have come to equate being rational in social science with being procedural and criteriological: To be a rational social inquirer is to observe and apply rules and criteria for knowing” (p. 60). Schwandt (1996) goes on to offer that a postfoundational epistemology necessitates that we “must learn to live with uncertainty” (p. 59), and that our way of being in the world is marked by fallibilism, dialogue, and deliberation. This conception of epistemology aligns with van Manen’s (2014) emphasis on the primacy of practice and expressions of phenomenological meaning as experienced reality that is “uncertain, perplexing, or unintelligible” (p. 68). It could be argued that engaging in ethical human scientific inquiry requires an awareness and understanding of social inquiry as a “kind of practical philosophy” that “is both (a) descriptive and normative...form of inquiry with human actors...not on human action” (Schwandt, 1996, p. 63). Schwandt (1996) contends that traditional criteria used to judge the worth of qualitative research is incompatible with social inquiry as practical philosophy and instead offers a “‘guiding ideal’ that shapes the aim of the practice and a set of ‘enabling conditions’ that characterize its practice” (p. 65). Schwandt (1996) also suggests three kinds of considerations for evaluating the outcome of social inquiry as practical philosophy.

For this inquiry, I will choose to appraise the value of my research, both the method and the outcomes, through the lens of Schwandt’s (1996) consideration of social inquiry as practical philosophy, which aligns with van Manen’s methodological emphasis on the primacy of practice and revealing meaning within everyday lived experience.

### **Judging the Goodness of Social Science Inquiry as Practical Philosophy**

In his consideration of how to judge the goodness of social science inquiry, Schwandt (1996) speaks to the value of “democracy, understood as a moral ideal, not a set of formal procedures” (p 65), and of the need to critique, evaluate, and question “By virtue of what is some particular example an instance of democracy?” (p. 66). I interpret this to mean, that as a researcher, I need to have sound rationale as to why I am holding my own and my participants’ collective practice as consensus, as an ideal example, that is representative of the practice of teaching nursing from within the discipline. What makes our understanding of teaching nursing from the disciplinary perspective of nursing the moral ideal? To respond to this question, Schwandt (1996) speaks to conditions that sustain the dialogue over the “constitution of the moral ideal of democracy itself” (p.66).

#### ***Enabling Conditions***

The first condition that must be met to support the notion of the moral ideal is that the interview becomes a space for dialogue and deliberation, involving a complex dynamic driven by reciprocal interaction which requires the contributions of all involved in the discussion (Barber, 1998; Hoffding & Martiny, 2016; Schwandt, 1996; Seller, 1998). This condition aligns with van Manen’s conception of the conversational interview as a principled form of scholarly inquiry, a philosophic method for questioning to explore the meaning of an experience or practice (van Manen, 2016a).

The second condition that enables the research to align with a moral ideal of democracy is the ethical commitment of the researcher to honor the diverse perspectives of a community of practitioners (Bernstein, 1992; Schwandt, 1996). As human science researchers we need to guard against seeking “refuge in the framework of our own

theories, expectations, past experiences, language...” (Schwandt, 1996, p. 66). van Manen (2016a) speaks of the need for intentional thoughtfulness and a deep commitment to attune to the phenomenon which requires us to suspend or ‘bracket’ our prior knowledge, beliefs, preunderstandings, assumptions, and awareness of existing conceptual and theoretical knowledge. When we engage throughout the research process with a level of commitment that transcends our own understanding and embraces others’ experiences as valuable, a deeper, richer, collaborative understanding emerges.

The third condition that Alexander (1987) discusses concerns the rhetorical nature of deliberation. Schwandt (1996) contends that “we aim to persuade other interpreters of a particular interpretation through a discourse that is characterized by qualities such as coherence, expansiveness, interpretive insight, relevance, rhetorical force, beauty and texture of argument” (p 66). This condition aligns with van Manen’s (2016a) creation of a phenomenological text that through dialogical textuality reveals a depth of meaning that is oriented, strong, rich, and deep, and renders it “a certain power and convincing validity” (p. 151).

The fourth condition that must be met to support the moral ideal of democracy builds on the nature of the dialogic interaction and persuasive engagement among the participants as conversational partners. The “kind of argumentation characteristic of a community of interpreters is not principally adversarial and confrontational” (Schwandt, 1996, p. 67), but is characterized by a “grasping of the other’s perspective in the *strongest possible light*” (Bernstein, 1991, p. 337). van Manen (2016a) would offer that grasping participants’ experience and perspectives is involved in the circle of interpretation created through writing and rewriting phenomenological text, which creates a fluid, reflexive,

and reflective process with the intent of revealing the depth of the lived experience expressed by the participants.

Schwandt (1996) describes the fifth condition as a characteristic of dialogical interpretation which he contends requires “a way of thinking that values imagination and possibility” (p. 67). For the researcher and participants to engage in discourse and interpretation to support the moral ideal of democracy, they need to hold space and be open to “the possibility of speaking differently, of recognizing the ability of thought to transform itself...” (Schwandt, 1996, p. 67). The fifth condition could be taken up in van Manen’s (2016a) methodological approach to reflective analysis as a process of discovering, drawing out, and revealing the essence or multidimensional meaning of phenomenon.

The final consideration that Schwandt (1996) speaks to is concerned with the use of language and how we replace the narrow conceptions of truth, certainty, and knowledge according to scientific rationalism, with concepts that have a “greater reach” (p. 67). Goodman and Elgin (1988) propose a vocabulary that is more versatile in capturing the breadth of ‘understanding’, the term they use instead of ‘knowledge’. Other words Goodman and Elgin (1988) suggest are ‘rightness’, ‘relevance’, ‘effect’, and ‘usability’ for ‘truth’, and in place of ‘certainty’ they offer the term ‘adoption’, as “a matter of putting to work, or making or trying to make fit” (p. 159). Schwandt’s (1996) considerations of the nature of the engagement process which supports the democratic ideal that becomes an expression of the judgement of goodness of human inquiry as practical philosophy, offers me a means to appraise the value of my research method. It is also important to consider how I will evaluate the outcomes of this form of engagement.

## **Evaluating the Outcome of Social Science Inquiry as Practical Philosophy**

In his discussion of how to evaluate the outcomes of human social inquiry as an engagement approach that extends as a process of practical philosophy, Schwandt (1996) aligns with Lindbloom's (1990) notion of social inquiry, not as a value free form of scientific rationalism, but instead as a kind of communal problem-solving that invites a moral consideration and "questions of what to believe and what kind of evidence to require as a condition of belief" (Schwandt, 1996, p. 69). Schwandt (1996) offers three considerations that could serve to evaluate the goodness of the outcomes of human social inquiry as practical philosophy.

The first consideration involves recognizing that the understanding manifest from social inquiry is complementary to existing lived experiences (Lindbloom, 1990; Pålshaugen, 1996) and includes a critical examination of the values and aims of the practice, and how the social location of the practice influences those values and aims (Schwandt, 1996; Stout, 1988). In other words, the outcome of human inquiry should resonate and hold relevance for those contending with the work. This supports van Manen's (2016a) notion of dialogical textuality intended to speak in a way that those reading it could identify with it personally based on their own lived experiences.

Schwandt's (1996) second consideration for evaluating the outcome of social inquiry as practical philosophy is framed on the researcher's capacity to elicit "*critical intelligence*" (p. 69) in those encountering the research. According to May (1992), "*critical intelligence is the capacity to engage in moral critique*" (p. 69). Critical intelligence manifests in one's willingness and ability to examine the "value of various ends of a practice" (Schwandt, 1996, p. 69). I understand this to mean the capacity to

extend the exploration of our lived experience of teaching nursing from our disciplinary perspective beyond the ‘what’ and ‘how’ to also consider ‘why’ the question is worth exploring and responding to.

The third consideration builds on the notion that the outcome of social inquiry as a practical philosophy needs to enable “the application of general principles to particular cases” (Schwandt, 1996, p. 69). Schwandt (1996) articulates this “kind of knowledge is practical wisdom or *phronesis*” (p. 69). I understand this to mean that practice is a way of knowing in it’s own right, and that the outcome of my research needs to be a dialogue between the particular and the general.

Schwandt (1996) offers that the focus on identifying criteria to assess the quality of and justify the legitimacy of human research and social inquiry is no longer the question. The question for Schwandt (1996) is “how to cultivate practical reasoning” (p. 70) and belief in the possibility of an epistemology that extends from “shared values that comprise dialogical, interpretive, democratic communities of inquirers intent on improving their practices” (p. 70).

### **Strengths**

Phenomenological inquiry is an effective way to seek the meaning associated with our everyday lived experience as nurse educators. This approach represents the unique voice of individual nurse educators while simultaneously revealing a collective understanding of the practicalities of our everyday lives as educators who teach nursing from nursing’s disciplinary perspective. The conversational interview as expressed by van Manen (2016a) can be an effective method for eliciting the voice and unique perspective of individuals and is an approach that can draw forth and discover the

richness of participants' narratives and their understanding of what it means to teach nursing from our disciplinary perspective. Coming from a place of passion for the phenomenon enhances my motivation and level of integrity as the researcher to represent the phenomenon in its pure and pre-conceptualized form. Engaging in this inquiry will provide an opportunity to reveal that which is hidden or taken-for-granted to inform our being and becoming in the world as nurse educators. The findings from this inquiry have the potential to influence the education of nurses, shape the future of the discipline and profession of nursing, ultimately enhancing the quality-of-care provision.

### **Limitations**

Perceived limitations of qualitative research are often expressed relative to concerns associated with the subjective representations of knowledge and their utility beyond the scope of the work. van Manen (2016a) stresses that textual reflection on lived experience is originary in its purpose and is only one of many possible expressions of meaning. van Manen (2016a) also offers that, questions of concern to phenomenologists are questions of meaning that do not seek solutions. Questions of potential researcher bias lead one to express reservations about the concept of bracketing, asking if it is truly possible for the researcher to completely bracket all preconceptions so as not to influence the research. Given my own positionality as a nurse educator and my deep interest in this inquiry, I will begin this work with a reflexive consideration of my own experiences and hold them open and problematic before I set them aside and generously listen and sincerely inquire into the lived experiences of my participants. Although sample size is also often noted as a limitation of human science research, phenomenologic studies tend

to rely on smaller sample sizes and seek participant data that reveal depth and richness relative to the phenomenon of interest.

As a researcher, I need to ensure that I am always cognizant of the limitations of my own understanding and of the potential power and influence that the expressions of my work may have in shaping human thinking and behavior. I must also be aware that the representation of being and knowing in my work is a collection of subjectivities and to value all contributions as having agency. One final thought involves the need for continuous reflexivity around my evolving identity as a researcher and the research process; always keeping open questions surrounding my motivation for why I am engaging as a researcher in addition to how I am engaging. See Appendix E for dissertation research timeline.

### **Summary**

According to van Manen (2016a) hermeneutic phenomenological human science research is an interpretive methodology that positions human situatedness as central and is based on the belief that human beings are best understood from the experiential reality of their life-worlds. Exploring the meaning of teaching nursing from within the life world of nurse educators in pedagogical practice, aligns with van Manen's focus on everyday lived experience and reflection on concrete experiences within a normative orientation captured through reflective scholarship and writing insightful texts (van Manen, 2016a). van Manen's approach was described through a consideration of the dynamic interaction among six methodological themes. The conversational interview was outlined as a philosophic method for questioning.

Within this chapter, I also discussed participant inclusion criteria and recruitment strategies. Ethical considerations were addressed, with attention to the debate within the literature concerning appropriate terminology associated with what counts as quality in qualitative research (Carr, 1995; Milne & Oberle, 2005; Morse et al., 2002; Polit & Beck, 2017; Schwandt, 1996; Whitemore et al., 2001). For this inquiry, I have chosen to appraise the value of my research, both the method and the outcomes, through the lens of Schwandt's (1996) consideration of social inquiry as practical philosophy, which aligns with van Manen's methodological emphasis on the primacy of practice and revealing meaning within everyday lived experience. Schwandt's (1996) deliberation of how to judge the goodness of and evaluate social science inquiry as practical philosophy, were addressed through an overview of his six enabling conditions and three considerations respectively. Finally, the strengths and limitations of phenomenological research were considered. Chapter Four continues as an expressive text revealing my enriched understanding of the meaning of teaching nursing from within the discipline represented through presentation, analysis, and interpretation of the data.

## Chapter 4

### Presentation, Analysis, and Interpretation of the Data

I will begin this chapter reflecting on my experience of engaging in phenomenological research. I began this exploration with a deep awareness of my personal nursing and teaching experience, layered with language, historical, philosophical, and theoretical conceptualizations characterizing the phenomenon of teaching nursing. It dawned on me that I was entering the research with the aim to confirm or reject certain theories about the experience of teaching nursing. I questioned if entering in from this stance would enable me to access the lifeworld of my participants in meaningful ways and bracket my preconceptions and the taken-for-granted ‘natural attitude’ that was underlying my engagement in the research process. I retain a deep commitment to represent the lived experience of my participants, and through each phase of the research process, I have attempted to be conscious of the need to live in awareness of and hold open my underlying assumptions to reveal and remain true to my participants lived experiences.

As I have engaged in this research, I have become more comfortable with my role as a reflexive scholar, building from the layers of textual data and embracing an orientation toward practice as a “form of inquiry with human actors” (Schwandt, 1996, p. 63). I have conducted this analysis through welcoming contingency, fallibilism, dialogue, and deliberation as a way of being within the practice of social inquiry (Schwandt, 1996). I have found a renewed awareness of the process of reflexive writing as a form of attunement to unveil assumptions and reveal participants’ lived experience in a manner

that honors that which is spoken and unspoken, of extending questioning and dwelling with a sense of ambiguity and wonder as a form of knowledge generation.

### **Introduction to Participants**

Through purposive sampling, an invitation to be involved in the research was shared with 11 potential participants who met the inclusion criteria. A total of six responded. Of the six respondents, five identified as female and one as male. The male participant was unable to make the scheduled interview due to illness and opted to withdraw from the research. Five PhD prepared registered nurse scholars and educators from North America participated in the inquiry. Of the five participants, four were employed as full-time professorial rank academics teaching undergraduate and graduate students, and one was a retired professor emeritus. All the participants had been teaching nursing more than 20 years and ranged in age from 55 to 80 years. For the purposes of maintaining the anonymity of the participants, they will be referred to using the following pseudonyms through the analysis and discussion of the findings, Esther, Sarah, Rebecca, Ruth, and Rachel.

### **The Conversational Interview**

I was excited and curious to engage in conversations with the participants and respond to the research question. The interviews lasted 35 – 60 minutes, with the conversations recorded and transcribed through the digital software Zoom. With each interview I became more comfortable embracing the reciprocal nature of the exchange and mutual questioning leading to the co-generation of knowledge. Following my first interview, I recall writing down my reflections and chiding myself for being ‘too involved’ during the interview. I found that I needed to be cognizant of not leading the

conversation but allowing it to naturally unfold. It was only after engaging with the interviews through listening, reading, re-listening, re-reading, and reflexive writing that I came to appreciate the depth and richness of the reciprocal conversation. I acknowledged that I come with some sense of what I want to know, what my participants might say, and hence actively participate in the knowledge generation process (Hoffding & Martiny, 2016; Schwandt, 1996). During our conversations, I wrote down key words or phrases participants shared that I often revisited to draw out and explore a deeper meaning within their lived experiences. Through an open-ended, unstructured approach, my goal was to attune to participants' experiences, enable a mutual exploration of curiosities and appropriately guide the conversation allowing it to unfold organically, which added to the richness of the interviews while remaining true to the research question (Dilley, 2004; van Manen, 2016a; 2016b).

After the first two interviews, I recognized that the leading question, 'What is your understanding of nursing's disciplinary perspective?' influenced the interview in a way that placed the teaching of nursing in the background while foregrounding a consideration of nursing's disciplinary perspective. With the third participant I framed the interview beginning with the question, 'Can you describe a time when it felt like you were teaching nursing? How did you know?' which influenced the nature of the reciprocal dialogue in a completely different way. When I began with this leading question for the remaining interviews, participants were drawn back to practice, sharing their lived experience as practicing nurses. Beginning with asking the leading question about teaching nursing, participants moved within and between how and why they taught

nursing framed from a particular disciplinary perspective founded upon their experience as practitioners of nursing.

### **Themes**

According to van Manen (2016a, 2016b) thematic analysis is not a mechanical act referring to the frequency with which an element occurs in the text; rather the notion of theme is grasping and formulating a thematic understanding of meaning through interpretation. Theme serves as a means through which to organize research and writing. Analysis and interpretation involve a commitment to maintain a conversational relation with the phenomenon and remain sensitive to language and the limitations of language while welcoming silence manifest literally, epistemologically, and ontologically (van Manen 2016a). Through the act of listening to the conversational interviews I noted pauses from participants and embraced the silence as an opportunity to attune and reflect on deeper meanings. I also noted changes in tone and inflection, and the excitement within some responses as participants grasped to find appropriate words to speak in their rush to share their experiences. Reading through the transcribed interviews, I highlighted partial or whole sentences within the text that spoke to what it means to teach nursing. As I listened and read, I engaged in authentic reflective note taking, embracing fledgling thoughts and curiosities and celebrating the language, the silence, and the possibility that was speaking to me. Finally, I employed a detailed line-by-line approach to further delineate the structures of experience within the educators' lifeworld that disclosed the meaning of teaching nursing from the disciplinary foundation of nursing. The process of drawing forth the themes and deepening my understanding of the essence of the phenomenon occurred over time, through listening and re-listening, reading and re-

reading, and engaging in reflexive writing and interpretive analysis of the text. As I engaged with the lived experience conversations and in reflexive scholarly thinking upon our collective expressions of the meaning of teaching nursing from within the discipline, three themes emerged: ‘The Foundation of Relationship’, ‘Becoming in the Moment’, and ‘Trusting the Intangible’.

### **The Foundation of Relationship**

Participants revealed that teaching nursing is at its core a relational practice that requires human presence, critical consciousness, and commitment embodied within caring inquiry and a willingness to meet students where they are in their own lived experience and understanding. Being present and committing as a nurse educator means inviting a connection with students in ways that extend an opportunity for them to engage in learning from a personal place of meaning. Participant Rachel expressed the significance of connecting deeply with students’ personal reasons for choosing nursing and related how this personal association influenced their motivation to learn when she shared a memorable teaching moment

“I was teaching the doctoral program and you know over the course of the semester, I saw things in the students like and I really noticed it when we went to do the piece on moral practice...all of a sudden, they really engaged they had a lot to say out of their beings...they were uplifted, and they had this idea that what they were involved with was a good thing, and I can remember getting this great sense of satisfaction...like that was a teaching moment...by the time we finished every one of them had had this opportunity to participate and share something meaningful about why they were involved in nursing and that was really

important to me”.

Rachel is conveying that teaching nursing means creating space and time for students to attune to a level of personal knowing that manifests in their ‘why’ for wanting to become a nurse and informs how they learn to engage in the practice of nursing from an ontological orientation and a place of personal knowing. Rachel expressed “...our characters and our beings they shout! They shout and I don’t think we realize that” suggesting that teaching nursing means recognizing that through our interactions and relationships we serve as an example of how to engage in a relational approach that communicates the value and inherent worth of another human being. Participant Rachel extends the importance of a relational connection to inform learning nursing through sharing a narrative of her own practice as a young nurse,

“I find that narrative still works...one that I often use in class is when I was a young nurse and I always saw myself as not really just answering to physicians right and so all there was all this stuff I didn’t really need to know and then I’m in an ambulance in the middle of the night with a 13 year old, who has an intracranial bleed...and I had forgotten to pick up the mannitol and it’s, not that I didn’t forget it’s because I didn’t learn my neuro well enough to be proactive right...I just about cost that young lady her life, and so you know it’s a story that captivates them and they can see that I’m a real practitioner. Yeah, I’m not moralizing because I’m saying wow look at this mistake...and what it takes to be a practitioner that thinks about your patients first.”

Rachel is expressing that teaching nursing means inviting students into a relational space where they come to know you and learn through an embodied experience of who you are

as a practitioner of nursing, in this case, serving as an example of engaging in a relational approach that manifests from the moral foundations of nursing as ‘patient first’. Another participant, Ruth, shared that teaching nursing means fostering shared humanity through embodying a relational approach and engaging in teaching in ways that recognize “There are so many facets to...students”. Ruth is suggesting that teaching nursing means engaging in relational practice in ways that value and honour the multidimensional nature of students. It means celebrating the knowledge of self as the beginning point for becoming a nurse and holding space for diverse ways of being and knowing that inform nursing. Ruth also noted that learning nursing is informed “...where there is quite a bit of emotion, so it becomes the portal”. So, teaching and learning nursing requires an emotional connection which provides a means through which to engage. As nurse educators, these participants were engaging in teaching and learning through a relational approach that fosters emotion and connects with students from a place of personal meaning making accessible the moral, ontological, and intellectual domains of knowledge that are necessary to inform excellent nursing practice.

Participants discussed that through everyday embodied interactions with students, we can demonstrate how to be present, critically aware, and committed, and engage through caring inquiry into their learning surrounding who they are becoming as nurses. Participant Rachel, indicated that exemplifying caring inquiry through relationship with students was foundational to her teaching approach as evidenced when she shared a quote from writer Annie Dillard about ‘riding the dragons down until we find that substrate of art, infinite caring for one another’ and further stated that

“...you know it feels very complicated but at the end of the day, we need to be

courageous enough to push through the dragons and enter the substrate where really all that matter is how we care for one another...and that substrate is all of those challenges and things that we need to deal with ourselves on...doing the hard work on self”.

Rachel is suggesting that teaching nursing means creating opportunities for students to dig deeply into themselves, to cultivate a critical awareness of who they are, their values, their beliefs, and their assumptions as a beginning point for engaging in relationship and for understanding how this personal knowing informs their moral, ontological, and intellectual practice as nurses. Another participant Sarah, shares that teaching nursing means ensuring that students develop an understanding of how to engage in relationship, which for her involves a humanistic caring approach. She states “...humanization of nursing education...is how students learn about the ontology piece...that relationship is what is central here...if you don’t develop relationships with your students its part of their learning process...you need to learn that that’s the difference you make”. Sarah is expressing that teaching nursing as a relational practice speaks to the role that relationship plays in understanding the complexity of nursing practice. Participants revealed the centrality of relationship to inform students emerging awareness of the moral, ontological, and epistemological realms of nursing knowledge that inform practice.

Participant Sarah goes on to discuss that practice is informed practice, it is not just task and regurgitating facts. She shares that teaching nursing is informed practice embodied through a relational approach with students that is more than just stating facts. Sarah states, “...caring is not about us, you have to model it, you have to live it, you have

to give stories to help them integrate and make sense...and find the meaning in concepts in order to help them grasp and change their own view about what a nurse is all about". Using the language of caring to characterize the relational practice of nurse educators was conceptualized by participants along a continuum. Many participants shared that caring and compassion were necessary for attuning and being present with students, caring was described as part of our commitment as nurse educators to support students to learn from a place of personal meaning. Participant Ruth for example, shared that a "...core element of nursing involves compassionate care" which we need to translate into our relationships with students to inform our teaching practice and student learning. Participant Esther expressed that "Words like compassionate and care...they express a feeling, they express a value, they express you know, evaluation, and so that's why I think that they're more consequences than presuppositions". Esther, goes on to share her thoughts on the role of caring and compassion within nursing and teaching practice stating

"We speak of these principles of caring, compassion, the nursing process as our guiding principles but I'm more thinking these are the effects of our practice...you know that you've had nursing happen to you when you feel cared for...when you know you feel that somebody was compassionate towards your state"

Teaching nursing, according to the participants, means valuing the complexity of caring, of talking about caring as commitment and relational practice as a source of knowing that manifests from self-awareness and placing another first. It means embodying educational approaches within which students learn to appreciate caring relationships as a source of understanding that informs practice decisions and manifest in care outcomes. The lived

experience of the participants also revealed that teaching nursing means embodying that the intellectual is informed by the moral, that the intellectual nature of nursing manifests from the relationship and is always understood within the context of the patient first.

Some participants related that committing to a relational orientation with students embodies the moral imperative of placing another first. Placing another first through committing to a caring relationship is the beginning point for informed practice and serves as the foundation of excellent teaching practice and nursing care. Sharing her thoughts on teaching about the moral nature of nursing, participant Rachel stated

“I think there is a shared moral understanding and I think we experience it all the time, but I think it gets confused by language terribly...I would you know argue that you could present scenario after scenario in front of a group of students and you know have good practice and bad practice, particularly as it’s embedded in relationships with patients and they would be able to determine over and over again immediately what’s a moral act and what’s an immoral act...so I think there’s a lot more shared understanding there than what we realize”

Participant Rachel is suggesting that, although there seems to be a shared sense of moral practice as understood within relationship, teaching nursing means embodying relationship with students in ways that honor diverse ontological perspectives while laying the moral foundations of placing another first. Rachel goes on to offer that

“I think the trick is to show, to allow for some common understanding but some diversity within how we might accomplish those common understandings and I’m not sure we’ve really teased out how to do that well yet...you’re not really just

there for yourself you're there for your patients, that's your primary focus...your kind of dethroning yourself while still paying attention to your own moral being".

Rachel expressed that a challenge facing nurse educators and their ability to guide students to engage in the learning of self and the moral foundations of patient first was the influence of sociopolitical complexity. She expressed

"I think that's the other problematic that we're experiencing in academia right now is the rhetoric is more about social justice at a macro level...which is important, but over balancing which focuses on a victim mentality which ultimately disempowers to doing the hard work on self...you know it's not about digging deeper it's about making sure other people dig deeper, so I don't get hurt".

Rachel's reflection suggests that teaching nursing means having a critical awareness of the influence of sociopolitical discourses and how these shape conceptions of shared humanity and affects the way in which we characterize relational approaches and teach the moral, ontological, and intellectual practice of nursing.

Participant Ruth went on to compare her relational practice as a teacher with students to her relational approach as a nurse stating, "This is nursing in my view, you know it's about how we are with others, how we understand and frame...I interpret teaching as a relationship, as an interaction". According to Ruth, teaching nursing then involves a relational approach that is iterative in nature between the educator and the students, and among the students themselves. Participant Ruth discussed the significance of recognizing the iterative quality embodied within a relational approach which serves as the foundation from which to build understanding stating "My orientation as a nurse and

as an educator is very much a constructivist perspective”, “I see nursing as being this space, this relationship that happens between people as being a very important part of what nursing is that shapes how I understand nursing and how I engage in teaching...when I’m true to myself”. Ruth’s constructivist orientation suggests that teaching nursing means valuing forms of knowledge that emerge from a relational orientation and recognizing that knowledge is contextual and dynamic. According to Ruth, the relational space becomes an embodied exchange of subjective realities within which students learn through a process of discovering and co-creating knowledge which manifests in understanding that transcends themselves to become a unique representation of ‘knowing’ that informs nursing practice.

Ruth’s expression about remaining true to herself is conveying the importance for nurse educators to have a clear sense of their ontological, moral and intellectual orientation as nurses. Therefore, being a nurse educator involves valuing and teaching about knowing in ways that manifest from a relational context that is dynamic and involves an iterative co-creation of understanding between and among themselves and the students. Participant Ruth further articulates

“We need to understand how we can work with this embodied experience of being with another...this is what we do, we enter into those spaces with people, you know periods of pain, and suffering, and loss...but I don’t know if we explicitly help students learn and ourselves learn how to engage with these embodied responses that are actually that, where it doesn’t become about me but about where it becomes about the relationship and the situation, and the ‘other’”.

Ruth contends that teaching nursing means valuing knowledge that begins with a sense of self and emerges as embodied, relational, contextual, and dynamic through a relational connection with another human being as central to quality nursing practice. She states “Well, I think it’s not easy to teach that embodied sense to students...certainly, even in teaching communication and relational practice, many students call it soft and sort of dismiss it as being soft, but I think it behooves us to find ways to reach them”. Ruth also expressed that “As educators in nursing, we are always teaching, the question is, what are we teaching...it’s how we are with students, that’s what they’re picking up at the end and often that is that embodied experience...”. Ruth’s thoughts suggest that being in relationship with students translates to teaching nursing as an embodied way of being and knowing that foregrounds the ‘how’ of the approach or process through which learning occurs over the content.

The primacy of relationship, knowledge creation and learning nursing through embodied identity within nursing practice was articulated by participant Esther who shared that “nursing is doing it’s a practice it’s a relational practice...nurses aren’t nursing without patients you don’t first become a nurse and then do nursing; you are nursing when this relational practice of attuning and co-constituting you know realities of health is happening”. Esther goes on to reveal that “I am not a teacher without students”. Esther is relating that we identify with becoming nurses and nursing through engagement in relational practice and that our sense of who we are becoming, and the process of practice is established through our engagement. In essence, it is through the practice of becoming in relationship that we learn nursing.

In addition to valuing emergent forms of relational knowing, participants revealed that teaching nursing evolves from a deep awareness of your own experience as a nurse.

Ruth further states that

“...it requires the educator to really have a deep understanding of this in their own experience...we are a little bit at risk of taking something that is perhaps not so categorical and then making it something that it was never intended to be...the power of reflection is well known, but then it becomes rote or steps and then it loses what it was intended to do so I think that learning to be present, learning how to feel and have that felt sense...”

Ruth’s reflection indicates that teaching nursing means recognizing the centrality of learning from relationship and supporting students to learn how to feel as a context from which to build understanding to inform practice. Her consideration of how nursing education has taken up reflective practice as an exercise in intellectualizing and categorizing experience reveals the limitations of this approach as a means through which to fully capture the embodied nature of learning from a relational orientation. Participant Ruth suggests that teaching nursing involves valuing, being open minded and having the capacity to engage in an embodied way of being in relationship with students, stating “There needs to be an openness and the capacity to be able to teach it, but also to embody it, you know...” She further offers that the student teacher relationship serves as the foundation for learning nursing when she shares “A lot of it is in the embodiment so students experience it from their instructor, that becomes the ground of trust and perhaps the ground of learning”. Ruth’s shared experience reveals that teaching nursing means

inviting students to learn to trust in their knowing that emerges from relational connection as a foundation for learning nursing.

Finally, participant Rebecca, expressed that teaching nursing means supporting students to begin their sense making and constructed understanding of nursing from the perspective of the health experience of the patient stating, “I personally subscribe to Margaret Newman’s definition of caring in the human health experience as a general starting point”. Like other participants, Rebecca also voiced that teaching nursing means supporting students to recognize and foreground contextual and dynamic knowledge that emerges from relational practice. She further offered “I also really like Thorne and Sawatzky’s article on generalizing the specific, they talk about the fact that we are concerned with a very specific situation”. Participant Rebecca is suggesting that teaching nursing means encouraging students to navigate paradoxical forms of knowledge, for example, the general knowledge from a population perspective and the specific knowledge of the patient to create an understanding of nursing practice relative to the patient in their health experience. Participant Sarah revealed that teaching nursing means engaging with students in ways that exemplify the value and depth of knowing that manifests from relational connection as she expressed “...as I love my patients I love my students, me, I was there for them”. Participants lived experiences as nurse educators revealed that valuing the depth of knowing that manifests from a relational approach to teaching cultivates a space where students begin to recognize learning as becoming and education as an ongoing process.

## **Becoming in the Moment**

The complex and emergent nature of teaching nursing was revealed through participants lived experiences of embracing teaching and learning moments. Participants discussed the significance of engaging with students through embodying a relational approach that supports learning as process oriented. Process being defined as a series of changes that are relational and emergent characterized by elements of becoming, change, and novelty in experienced reality (Britannica, 2017; Meriam Webster, 2022; Oxford University Press, 2022). Building upon the foundation of relationship and the knowledge of self as an ontological beginning point to learn nursing, participants' spoke about their teaching practice as a willingness to enter the indeterminacy of learning, embodying how to access, create, and manifest knowledge characterized as contextual and dynamic from an iterative exchange that emerges from relational practice in moments of time.

Participant Ruth discussed an experience she encountered in class with a student who expressed anger and distress in relation to their peers' diverse perspectives surrounding nursing's responsibility to take a stand on anti-racism. In navigating this situation with a distraught student, Ruth shared how she engaged in a relational pedagogical approach that met the student in the context of their own experience, while supporting the student to engage in the process of thinking through their understanding stating

“...in this interaction and thinking about how to respond to the student...I was interpreting it as a process that she needed to think through... my role was to hold space for her to think through and for me to ask some questions to surface maybe some of the assumptions that she was bringing to her interpretation”.

Ruth further stated, “The point is how to surface for her what’s at play and maybe she can question that or reflect on that in a different way”. Through her shared reflection on her teaching practice, Ruth is expressing that teaching nursing means being with students in a way that encourages them to attune to feeling and thinking as a process of interpretation from their experienced reality in relationship to themselves, their understanding, and another, in this case, her as the educator and other students. Through her response to hold space for the student to think through and surface assumptions that were informing her interpretation in the moment, Ruth is expressing the generative and emergent nature of knowledge creation that inform nursing practice. Ruth is sharing that teaching nursing means fostering a sense of open-mindedness and supporting learning as a process that encourages students to become sensitized to the emergence and creation of meaning from context, with the premise that they will translate this manner of sense making to inform their decision making in practice.

Participant Ruth expressed that teaching nursing means supporting students to attune to learning as a process of interpretation. She articulated that our pedagogical practice as nurse educators involves encouraging students to learn through exploring how they make sense of and cultivate understanding that evolves from perceptual sensitivity within their lived experience stating

“...Focusing, as an approach to work with this notion of felt sense, where we start with some experience and then we can explore that experience, which is not emotion, it’s intertwined...that experience, there’s a source of knowledge, that source of embodied knowledge...opens up for us and shifts and transforms...and it also explores that which is the non-conceptual...we have you know dichotomy

of thinking and categorizing and then there's the more let's say attuning and the poetic metaphoric, and so that felt sense helps us explore perhaps more than that which is non-conceptual but a direct perception"

Ruth is articulating that teaching nursing means inviting students to attune to, discover, and value their embodied lived experience as a source of knowledge that informs their understanding of what it means to be a nurse. In addition to embodied knowledge encountered within experience, participant Ruth voiced that teaching nursing means recognizing

"...nursing is about knowledge and working as knowledge workers to bring together myriad of sources of knowledge and evidence, first and foremost being about the patient, the individual, the family, in their context, but within that we also have to bring in all these other sources of supportive knowledge to meet the needs of this particular individual and family".

Ruth is suggesting teaching nursing means encouraging students to learn through considering, choosing, amending, and at times rejecting knowledge presented, and supporting learning as a process of sense making characterized as dynamic and creative that emerges from within the context of care. This suggests that teaching nursing is about encouraging students to focus their learning upon the process of interpretation of diverse forms of knowledge to create their own practice. This understanding is supported through Ruth's statement, "When I first started to look at what is nursing, what is our disciplinary orientation, there isn't a single orientation...we can't calculate into a single orientation...". Ruth extends her thinking on the notion of how students' learning is

influenced by their orientation in and of the world, in other words, their ontological foundation of self when she states

“Because of my constructionist and constructivist orientation I really do see it (*learning*) as bringing together what’s needed in this moment, and in this context...I do think it’s important for students to understand and explore the different lenses, that there are different kinds of knowledges that constitute what is nursing, and what is important and to be able to see...and it’s the orientation, I would say, of you, because we haven’t chosen one particular view...we choose to say there are lenses through which we understand what nursing is”.

Ruth’s expressed understanding offers that teaching nursing means recognizing that student awareness, learning and knowledge creation begins with who they are and is shaped by their frame of reference in the world. Further considering her perspective on the role of one’s orientation within the world as a frame of reference for cultivating understanding, Ruth states

“They are valid, they are different, it’s like a prism and which way you’re looking at one way is not inherently better than the other necessarily in it’s context but it’s to know ‘what does it mean’ to interpret an ontological and an epistemological perspective and to know that they’re different...It’s not only one but it’s one and that you can contrast you prepare to see how they’re different”.

Ruth’s consideration suggests teaching nursing means recognizing that students construct an understanding from their lived reality, their ontological orientation, which informs how they perceive and process other epistemological perspectives and forms of knowledge. Ruth’s use of the word interpret suggests that teaching nursing means

preparing students to explore knowledge, to notice difference, and remain open to cultivating understanding as ‘yes and’, that their perception and discernment within their lived experience of the context of care is a valid form of understanding that can be contrasted with other forms of epistemology to inform nursing practice. In other words, Ruth is offering that teaching nursing means appreciating that nursing’s disciplinary perspective is orienting to the process of how we construct knowledge through attuning to shared understanding and difference.

Conversations with participant Ruth revealed that teaching nursing as process means encouraging students to recognize that being prepared to learn means orienting to knowledge through the lens of possibility as expressed in the following quote about teaching from lived experience as a nurse.

“Always feeling a sense that there are some ways that I’m prepared for this, but there are other ways that I need to have an openness to attune to what I’m not prepared for...that is a form of being prepared...so that attuning to what you don’t know...in attuning to those diverse forms of knowledge that are not always accessible until you’re in the moment...that was a form of being prepared”.

In other words, teaching nursing means expressing to students that preparedness to engage in learning and practicing nursing arises from an awareness that nursing knowledge manifests as ‘known’, as ‘not known’, and as ‘yet to be known’ as a dynamic expression of understanding that emerges from context and informs decision making from a myriad of possibilities.

Teaching nursing through an orientation to learning as possibility was also expressed by Ruth when she built upon her understanding of embodied learning through

relationship with students, sharing that "...if students feel threatened or feel that they have to figure out what I want as the educator...what I'm teaching is conformity...whereas for me the goal really is to educate nurses to be autonomous practitioners who take responsibility". She further shares that teaching nursing requires "Creating an openness" and expressing to students "you're going to experience practice...there is a certain vulnerability in that, but then a certain freedom as well". What Ruth is articulating is that teaching nursing means fostering learning through embracing paradoxical and dialectical thinking and supporting students to learn to navigate within paradox. In this case, the paradox of freedom to construct their own understanding and the vulnerability in recognizing that they may be wrong, and the freedom in knowing that there are a myriad of possibilities and the vulnerability in framing an understanding so that it meets the needs of the patient in the moment which may represent as counter to accepted forms of evidentiary knowledge.

Ruth further expressed that teaching nursing means recognizing the value in indeterminacy, uncertainty, and 'not knowing' as a means through which to engage in learning nursing stating "It's to be comfortable with not knowing, and working with an orientation which is the patient...you know, often students ask what do you want, and will it be on the exam, all that sort of thing... it's really not about becoming an independent practitioner, it's about conforming to some standard". Ruth's use of the word conformity suggests teaching nursing means recognizing the impact of educational approaches that promote conformity of thinking and being, compared with supporting students to engage authentically in becoming independent, responsible practitioners. Ruth is also suggesting that if we educate students through narrow conceptualizations of

knowledge that do not consider the dynamic and emergent nature of knowing that manifests as relational and contextual, that students will struggle to develop comfort with learning nursing as a process of navigating complexity, uncertainty, indeterminacy and paradox that characterize nursing practice.

Like Ruth, participant Rebecca related that teaching nursing means enabling students to construct their identity of who they are becoming as nurses stating, “I’ve been urging everybody to develop their own elevator speech to tell people what they think nursing is”. Building upon this conception of teaching nursing in ways that support students to cultivate their own embodied identity as practitioners of nursing, Rebecca further expressed “...the thing that to me is important about what nursing is, is the relationship and knowing the patient, we can’t be a nurse unless we know the patient”. Through this statement, Rebecca is relating that teaching nursing means recognizing that learning nursing is a process of discovery and meaning making in response to a relationship with a patient, ‘I am not a nurse without a patient’ is an expression that reveals that students identities and ways of being and knowing as developing nurses evolves from their experiences in relationship.

Participant Rebecca expressed “From a nursing perspective, our concern is how are they (*the patient*) dealing with the situation that they find themselves in...we’re there for ideas in the moment, that’s what we’re dealing with”. Through this expression of nursing practice Rebecca is suggesting that teaching nursing means preparing students to recognize that each patient encounter, each moment is a source of knowing that informs nursing as a process and as an emergent practice. She further states, “our practice is really focused on being able to make a judgement as to whether or not the data that we have

really applies in this situation...if it doesn't then we have to turn to other sources of knowing to really guide our interactions in the moment". Rebecca is relating that knowing in nursing is established within and through the dynamic nature of relational practice and that teaching nursing needs to support students to recognize and navigate within the fluid and evolving nature of knowledge creation in relationship that informs nursing practice.

Rebecca further articulated,

“Every time we get into any kind of encounter, we have to know the patient and the situation they are in, and we have all this big data that informs what we understand about their situation, but really all of that background, what is now called ‘evidence’, all of those things may or may not apply to this situation”.

She also shared “...that's where nursing's patterns of knowing come in, where you really turn to other sources of knowing to really guide your interactions at the moment”.

Through her consideration of a nurse's role in discerning salient knowledge within moments of care, participant Rebecca is suggesting that teaching nursing involves supporting students to foreground relational and dynamic knowledge as it emerges from considering the context of ‘patient first’. She is also revealing that teaching nursing means facilitating students to embrace embodied knowledge and to navigate paradoxical forms of knowing in ways that enables them to engage in learning through a process of dialectical thinking to discern what applies within the context of specific patient care.

Building from the significance of nursing as a practice oriented within a relational process, participant Rebecca expressed “I'm not convinced that our disciplinary perspective is a ‘what’ per se, I think it is a ‘who’ and ‘how’...it is an embodied practice

that I think comes from that relational knowing”. Through her consideration of nursing’s disciplinary perspective framed from a process orientation, what Rebecca offers us is a conceptualization of teaching nursing as a practice that supports students to mobilize knowledge that emerges from their lived reality in relationship.

Participant Sarah remarked on the intangible and often the invisible nature of the process of learning that happens through relationship stating, “it’s invisible...the essence of it is how you will do it...there’s the knowing and being into doing, in the end up becoming...being is the central point”. What Sarah offers us through her statement is a glimpse of the complexity involved in teaching and learning nursing as a process of interpretive inquiry into oneself, another, and knowledge itself through an embodied and ever renewing relational process. Sarah’s description of learning as an ever-renewing relational process of ‘becoming’ highlights the dynamic nature of the knowledge that emerges from relational encounters with another human being, with oneself through lived experiences, and with the knowledge that is always revealing itself in moments of time. Sarah went on to share “This is, you know, what nursing is all about...it is how you share that journey with each of your students or each of your patients...so this is the ontology”. Participant Sarah is sharing that teaching nursing means coming alongside students through a relational pedagogical approach which holds space for, bears witness to, and inquires into students’ learning as a process of discovering themselves, another human being, and the dynamic nature of knowledge itself. Sarah is also suggesting that teaching nursing means recognizing that the process of learning is itself a form of knowing.

During a time when it felt like she was teaching nursing, participant Rachel recalled an experience with a group of undergraduate nursing students who were learning to “glean information from the chart”, she goes on to share

“...and I can remember having these marvelous conversations with them around the entire picture of each client, and so, by the time they’d had a chance to talk to this person they’d already engaged in relationship they’d learned interesting things...they’d had a chance to review their chart and I could see these light bulbs going on as they put together pieces with this and pieces with that and all of a sudden, I could just get this sense that the students were really going to give good practice...and I think what that aha moment was, was the idea that nurses would be very caring, but also very thinking people that we would really critically analyze”.

Rachel’s expression of the learning that her students were engaged in involved an intentional attunement to knowledge as a process of interpretation manifest from the patient themselves. In a sense, the students had “already engaged in relationship”, they had ‘come to know’ through ‘gleaning’ knowledge from the chart and through conversations with their instructor which informed their ‘becoming’ as practitioners and positioned them differently when they interacted with the patient. What Rachel’s experience suggests is that teaching nursing means holding space for students to think through, to interpret, make sense of, and construct an understanding, engaging with knowledge and informing their ‘becoming’ through a relational process.

For participant Rachel, teaching nursing means recognizing the moral foundations from which embodied identity, knowledge and nursing practice manifests. She states,

“...ontologically what we exist within is fundamentally moral and so you know if you asked me about the ontology of the universe, I would say it’s a moral ontology...and so that drives certain things within how I am going to see nursing and nurses and so you know I think everybody’s a little different its, some people that ontological & epistemological collapse and it becomes more about knowledge and knowing...and so really what drives all my teaching and research is really is my view of that sort of beginning point of moral ontology and then out of that drives all of the other pieces”.

Rachel is expressing that learning nursing is a process of discovery that begins with a level of self-awareness and a sense of one’s ontological foundation. From this foundation, teaching nursing involves encouraging learning from a personal place of meaning and cultivating open-mindedness to engage students in knowledge creation through a process of relational interpretative inquiry.

Like other participants, Rachel shared the importance of valuing diverse forms of knowledge that inform nursing practice, ensuring that we teach nursing in ways that support students to engage in processing knowledge from a personal place of meaning within relationship to manifest practice in the best interest of the patient. This sentiment is revealed within her expression,

“So many of the challenges that we’ve experienced where nursing is seen as incompetent, and I think it’s been largely a reflection of an emphasis that we need epistemologically...me made epistemology equal science...in my teaching career I’ve really pushed back on that...we didn’t pay enough attention to the moral foundation and the nurse”.

What Rachel reveals is that teaching nursing from a place of personal meaning reflects an ontological orientation, an emphasis on understanding the evolving self in relation to another. Her lived experience reveals that learning nursing extends beyond the ‘what’ of theoretical ‘content’ knowledge to ‘how’ we make sense of and embody theory within the context of a relational practice involving another within their lived health experience.

Rachel is suggesting the meaning of teaching nursing involves recognizing that theoretical knowledge becomes manifest in the service of nursing as a process-oriented practice. Like other participants, Rachel’s consideration of “paying attention to the moral foundation and the nurse” suggests that teaching nursing means prioritizing opportunities for students to learn about themselves and to explore how they are growing from their experiences in relationship to themselves and others in their care through their lived experiences in practice. Rachel’s shared experience also reveals her teaching perspective surrounding nursing’s epistemology, reflected as a process orientation of how students learn to manifest and apply knowledge within a relational practice. According to Rachel, nursing’s disciplinary epistemology is reflected as an onto-epistemic perspective where nursing knowledge emerges from a process of knowledge construction that arises from within the context of a caring relationship.

Rachel further expressed that

“Nursing is hard and dealing with people who are suffering day after day after day requires you to be a particular type of person, that we never are when we start...it’s a lifetime of understanding what it takes to work with suffering people well, and it’s costly work and it’s work that requires a high degree of moral reflection and self-discipline to do well over the long haul...and I hear common

stories over and over again, that you enter practice in a particular way and you end up someplace very different...if students are willing to learn the lessons that practice will teach them, they'll actually end up very impressive people”

Participant Rachel's shared experience and understanding reveals phrases such as “nursing requires you to be a particular type of person that we never are when we start”, and “you enter practice in a particular way and end up someplace very different”, and “if students are willing to learn the lessons that practice will teach them”. Rachel's phrases suggest that teaching nursing means intentionally creating space and opportunities for students to explore their lived experiences in practice and bearing witness to them discovering their emerging identities of who they are becoming as nurses and what it means for them to be a nurse. Her expressions also reveal that teaching nursing requires open-mindedness, humility, trust, and a sense of hope in students' capacity to do the work of self-discovery and learn that nursing requires a commitment to engage in learning as becoming through an ever-renewing relational process.

Participant Esther discussed the meaning of teaching nursing through questioning and attuning to “...nursing's unique efficacy”. Esther spoke of teaching nursing through means that recognize and value contextual, dynamic and emergent forms of knowledge that manifest from relational practice through her scholarly considerations of nursing's unique effectiveness which she states

“...has brought me to the metaphysical and brought me to the ontological because to be quite honest I believe that we are actually constructing realities where health can manifest and we don't define that before its constructed...we are not in the business of codifying and fixing, we are in the business of creating and

manifesting...getting at you know accessing what the knowledgeable practice is that nursing does”.

According to Esther, teaching nursing means creating occasions for and encouraging students to be opened to learning as possibility and exploration, as orienting to the process of how they are making sense of diverse forms of knowledge from within their lived experience in the moment. In her expressed understanding Esther suggested that

“Philosophical norms and standards of epistemology and fixity and stasis and knowledge itself do not serve nursing well and yet they’re kind of all the tools that we have and that’s why I’ve been moving to process philosophy which gets us to thinking about how ...that ability to bring entanglements together into an existencing where the patient is moving from a pain level of nine to six...”

Esther expressed that teaching nursing’s unique efficacy means preparing students for uncertainty and for conceptualizing the experience and perception of indeterminacy as a place of possibility to inform making sense of diverse, paradoxical, and complex forms of knowledge encountered in practice as she states

“...if we need a pre-existing, before the act of nursing, it is that willingness to put oneself in a place where there are no answers, where there are no solutions, to put oneself in the position of flux...that puts one in the space where one is able to do, then what the efficacy is that gets done, but first you have to put yourself in that space...nursing is trained to willingly put themselves into the space of uncertainty, flux, indeterminacy...”

Building on her expressions of learning nursing as a process of becoming in the moment, Esther further stated

“...so, this idea of attunement and orienting to entanglement, so orienting to all the stuff that concepts and science and traditional understandings of knowledge don't encompass yeah so, we take, we take everything that's off the table...and then focus on that, attune to that and somehow make health happen in the moment through that attunement...people don't go to hospitals for medical care they go there for nursing care because they're in states of instability, and when you're in states of instability nursing is the action and modality that one needs”.

Esther's use of the words “orienting to entanglement” suggests that teaching nursing means supporting students to attune to relational and contextual complexity in the form of emergent knowledge which lies beyond accepted forms of evidentiary knowledge. This sense of teaching nursing through encouraging learners to embrace shared understanding and evidentiary knowledge while also noticing difference manifest as entanglement aligns with other participants expressions of supporting learning as possibility and remaining open to cultivating understanding as ‘yes and’. Participant Esther describes teaching nursing as encouraging students to explore knowledge through the lens of a process orientation, as an iterative, dynamic, and emerging representation of understanding manifesting from embodied experience within the relational context of the patient. Through Esther's discussion of patient's being in ‘states of instability’ there is the connotation that teaching nursing means supporting students to attune to patient experiences of health and illness as complex, emergent and dynamic in nature. In other words, not fully captured within the confines of diagnoses and standard treatments that are healthcare's solution to mitigate the complexity of health to control outcomes. In discussing her approaches to teaching nursing, Esther shared

“Improvisation is a mechanism for learning how to be in the uncertainty and how to place oneself willingly in uncertainty and then how to like ‘yes and’ and then how to mobilize within it...how to mobilize the uncertainty to future events...so I don’t teach them that ‘that’s’ nursing, I teach them that ‘that’s’ how nursing is done”.

Within her lived experience, Esther suggests that teaching nursing means preparing students for uncertainty and presenting the experience of uncertainty as an embodied space of possibility within which to create understanding to inform action. Her experience reveals that moments of uncertainty and indeterminacy are opportunities for students to attune to ‘the known’, the ‘not known’, and the ‘yet to be known’ as a means through which to recognize and mobilize knowledge as fluid and emerging through learning as a process orientation. Esther is also offering that teaching nursing means creating opportunities for students to embrace complexity as a means through which to learn the value of uncertainty and indeterminacy, recognizing the possibility that attuning to complexity through a process orientation affords us in responding within our practice as nurses.

Participant Esther revealed that teaching nursing means engaging students to embrace learning through embodied experiences as shown in her statement “It’s more than what comes to my mind”. She goes on to discuss her teaching practice which she characterizes as an embodied experience that positions learning through a process orientation demonstrated through her statement

“I don’t know what I’m doing when I’m doing it, I just do something and then I look in the rear-view mirror and go oh, okay, yeah, now I see why I did that...so

I'm very much a doing then knowing kind of person...So I think the way that I embody nursing (*for my students*) is by always being very process oriented”.

Esther's description of her teaching practice suggests that learning nursing begins with an embodied experience from which students need time and space to explore, to bring to conscious awareness their emotions, actions, and thinking to create meaning. Through a description of her experience teaching nursing leadership, participant Esther shared how she conceptualizes teaching and learning nursing through a process of becoming through embodied experience

“In my leadership class, I teach them (*students*), you know, leadership is not a trait, leadership is a process of influence, what's the biggest mechanism of this process of influence, communication, and what is communication, many, many things...I teach them improvisation, you know we go through team steps, all I do is teach them how to communicate, which includes a lot of listening...they learn that leadership is a process of influence and that communication is the modality by which that influence occurs so, I don't teach 'its' and 'what's', I teach 'how's'...”.

Esther offers us an opportunity to reframe conceptualizations of the 'it's' and 'what's' of theoretical knowledge as extending beyond static, objectified forms of knowing learned in isolation to instead be understood within a complex, dynamic and emergent context. Esther's experiences suggest that teaching nursing means foregrounding learning as an embodied, dynamic, and emergent process whereby theoretical knowledge is translated in the service of supporting student understanding within the complexity of practice.

Through improvisation students' engagement in learning occurs through processing uncertainty and processing becoming.

Esther further suggests that becoming in nursing is informed through a process of constructing models of knowing providing freedom from the constraints and limitations of theories as evidenced in her discussion

“...you take whatever you're thinking about and turn it into a verb first, and then you'll always be at least orienting to a somewhat appropriate modality and that then the orienting to a verb rather than an 'it' already facilitates certain modes of thinking and constrains other modes of thinking, and that's why I attune to models and not theories... modelling allows for intelligibility and actionability without needing to orient to stasis or inheritances, you know this first then that causality...it provides a tool that could help teaching nursing”.

Through her lived experience as a nurse educator, participant Esther also expressed

“Nursing is not and does not involve itself with things...the problem with that is that the majority of science discourse and even philosophy is oriented towards ordering, structuring, objectifying, etc., and so there's not a lot of tools to think with and work with that help us to understand process as a modality, as an efficacious modality...it's not about what happens, who the heck knows what's going to happen right...but if we're doing the practice of nursing, if we're attuning, if we're putting ourselves in the space and accepting uncertainty and mobilizing, these words, I think kind of help us a little bit more, not as anchors but as footholds or handholds to take us a little bit further into understanding the

doing of nursing than traditional ideas of concepts or theories which are in the business of fixing reality”.

Participant Esther is proposing that teaching nursing means embracing a conceptualization of complexity that extends beyond our transcendent, objectified way of simplifying the complex nature of phenomena, such as health and illness, and recognizing the limitations of scientific thinking to capture the complex emergent nature of nursing. Esther’s lived experience as an educator evokes a sense that teaching nursing means embracing learning through attuning to difference, multiplicity, and orienting to knowing as a process of creation.

Conversation with Esther surrounding nursing practice as navigating the paradox of visibility and invisibility revealed that teaching nursing means preparing students to be aware that learning through an orientation to process means that understanding is characterized as relational, emergent, changing, and novel within experienced reality, which by nature is invisible as shown in Esther’s statement

“...invisibility...what I have in terms of visible and invisible...so I’m using process philosophy and I kind of want to use nursing as quote the ‘empirical data’ to exhibit what doesn’t or can’t count, what literally cannot be objectified and yet mobilizes existence as much as any object...I want to focus on process to help understand why nursing is invisible you know, I don’t want to bring it to visibility, I actually want to demonstrate why nursing is invisible, and the idea is that we work, we mobilize you know the interstices of reality...to co-create existences and that work, strictly speaking, there is nothing to see, nothing to show, nothing to discuss, nothing to share except by illusion and only with those

who also expose themselves to be inhabited by the question to enter into the process of creation...so when you're creating existence that doesn't yet exist by definition, that's invisibility work".

Participant Esther also shared

"The challenge for nursing is trying to express in words what refuses to stay stable long enough for us to pin it down... patients, health, healthcare...our domain is a moving target, it's not something that will ever be able to be pinned down...our efficacy is non-pinning down, mobilization and creating actionability and there's not a lot of tools that help you do that easily".

Through her shared experience, Esther also reveals that teaching nursing means recognizing that the domains of interest to nursing are emergent, dynamic, and complex. They resist being objectified, defined, and conceptualized within the confines of theoretical knowledge.

Participants revealed that teaching nursing as a process of becoming in the moment means recognizing that students construct understanding from a personal place of meaning within the context of their lived reality, their ontological orientation. Articulating learning nursing through a process orientation, participants suggested that teaching nursing means fostering learning through embracing paradoxical and dialectical thinking and supporting students to engage in learning nursing as a process of navigating complexity, uncertainty, indeterminacy, difference, and paradox that characterize nursing practice. Teaching and learning nursing as an emergent complex relational process of becoming means learning to trust the intangible.

## **Trusting the Intangible**

According to the participants teaching nursing means learning to consciously attune to, value, and trust the intangible nature of learning nursing through a relational approach characterized as a complex, dynamic, and emergent process of self-discovery, meaning making, and becoming. Given that the word intangible is defined as “Not constituting or represented by a physical object and of a value not precisely measurable; Difficult or impossible to define or understand, vague and abstract; Inexpressible” (Oxford University Press, 2022), it is understandable why participants acknowledged the inadequacy of language to capture the intangible aspects of teaching and learning nursing and shared their lived experience of learning to trust the intangible through their embodied teaching experiences.

Reflecting on her early teaching experiences, participant Sarah described how she “...needed to be like, very close to my content...spending hours reading about pathology and giving it to my students”. Over time Sarah realized that “I thought I was teaching nursing, but I was mostly engaged in you know sharing the diagnosis...so I was teaching mostly from a medical perspective really rather than the nursing perspective.” Sarah is revealing that teaching nursing means consciously attuning to, valuing, and trusting nursing’s disciplinary perspective as mobilizing scientific knowledge in the service of informing the creation of nursing knowledge within the context of a dynamic relational practice. Sarah continued by sharing, “I needed to speak about nursing...when I was working in the ICU, I could feel that I was my patients advocate and that was the relationship...for me that was nursing”. Participant Sarah’s use of the word advocate speaks to our role as educators to cultivate student learning as mobilizing and trusting in

our 'knowing' that manifests from our embodied practice within the context of 'patient first'. Sarah is offering that teaching nursing means valuing and trusting students' capacity to engage in learning nursing through a process that recognizes nursing knowledge as dynamic and emergent from within the context of a caring relationship.

Participant Sarah expressed that teaching nursing means trusting in and supporting students to build from their embodied experiences in practice to surface the intangible nature of nursing as a process that is informed by the creation of meaning from their ontological foundations within a dynamic relationship, as she stated,

"...one of the papers that they will write is 'what is nursing for them'... what it means from their experience caring for a patient in clinical...so that's how I came to help them realize the importance of expressing what nursing means to them...so this is the first time I was teaching from a nursing perspective".

Like Sarah, participant Rebecca also expressed that teaching nursing means creating experiences where students learn "...to make a judgement as to whether or not the data that we have really applies to this situation...if it doesn't then we have to turn to something else". What Rebecca is stating is that teaching nursing involves supporting students to trust in relational embodied knowledge as a legitimate source of knowing that supports decision making in practice.

Participant Sarah continued to share "I was always very proud of my discipline, yet my voice was mostly silent", which reflects the inadequacy of language to articulate the complex nature of nursing. Sarah's comment also suggests that teaching nursing means trusting and holding as credible the value of learning nursing through a process of navigating complexity, uncertainty, indeterminacy, difference, and paradox that

characterize nursing practice. Sarah's lived experience reflects the need for trust and the courage it takes to engage in teaching nursing through means that honour and give voice to how students are making sense from a personal place of meaning. According to Sarah, teaching nursing means trusting that learning is a creative process of interpretation represented as a unique perspective from which students find their voice and build understanding to inform their growing awareness of the tangible and intangible nature of nursing practice.

For participant Sarah, recognizing and valuing the complexity of caring and how this informs teaching and learning nursing were important. Sarah shared, "...it's not caring versus knowledge...that idea that caring is not knowledgeable...if it's not seen by our five senses, then it does not exist". Sarah is offering that the way in which caring manifests in our relational practice with students and how we embody and live caring within our practice as nurse educators, creates an experiential environment for students to learn to trust in the messiness and vulnerability of learning, in addition to trusting in dynamic and emergent forms of knowing. The care embodied within relational teaching practice enables educators to meet students where they are in their own experience and understanding, and manifests as a means to engage in a trusting relational dialogue to both challenge and support students' growth and understanding. Like Sarah, participant Rachel discussed her lived experience of navigating teaching within "the caring curriculum" and her struggle with perceptions of competence and "the degree of knowledge that nurses really have to have to be good practitioners". What Rachel is offering is that teaching nursing means supporting students to trust in the experience of caring and relational inquiry as an opportunity to inform understanding from the

foundation of ontologies, theirs in relation to the patients as a legitimate source of knowing to inform knowledge construction in nursing. Participant Rachel also discussed trusting the intangible through the lens of teaching students to consider the moral dimensions of learning nursing which requires commitment and an openness that recognizes the value in the tangible and the intangible, in the subjective and the objective. Rachel shared that “real, substantial change always happens in the context of relationship and dialogue, and as people journey together through difficult circumstances that’s when moral change happens”. What Rachel offers is that nursing as a moral practice is learned through being open-minded, valuing and trusting emergent and intangible forms of knowing that evolve from becoming in relationship and recognizing the significance of these forms of knowledge to inform decision making in practice.

Participant Rebecca stated, “We have this tendency to drift into medicine...we end up serving somebody else’s goals...so putting our disciplinary perspective into practice, that is the real challenge”. Within this statement, Rebecca is suggesting that teaching nursing means cultivating learning environments that support students to recognize, value, and trust in their understanding that evolves from learning nursing through a process of interpretation. Relative to her comment that we have a “tendency to drift into medicine”, Rebecca is also offering that teaching nursing means moving away from dichotomizing forms of knowledge but instead remaining open-minded and humble as we model ascribing value to all forms of knowing which entails trusting intangible forms of knowledge as a credible source of knowing to inform decision making and action. Rebecca is reflecting that teaching nursing involves cultivating students capacity to consider, choose, amend, and at times reject knowledge presented in support of

enhancing their trust and confidence to engage in learning as a process of sense making characterized as dynamic and creative that emerges from within the context of nursing care. Rebecca further stated, "...the content of your class material should not be on the diagnosis or a procedure...you focus on the nursing care that is called forth...you can translate that (*content*) into what does this mean for nursing and teach from our disciplinary perspective". What Rebecca is suggesting is that teaching nursing means valuing the emergent and intangible nature of nursing's disciplinary perspective and taking accountability for engaging in pedagogical approaches and supporting forms of learning that translate and mobilize knowledge to inform care provision.

Sharing her standpoint on the significance of nurse educators responsibility to foster trust in the intangible dimensions of nursing's disciplinary perspective, Rebecca highlighted how the influence of power dynamics and conceptualizations of the complexity of health and healthcare as finite systems that can be simplified and controlled serve to undermine nursing's disciplinary perspective. This is highlighted in Rebecca's statement, "Most nurses are very concerned about the state of nursing, and people have kind of bought into the oppressed group behavior that to be like people who have power is how to get more power...nursing education has a huge burden of responsibility" In other words, Rebecca is suggesting that teaching nursing means having an awareness of how our pedagogical practices influence representations of knowledge and influence conceptualizations of the complexity of nursing practice. According to Rebecca, teaching nursing means recognizing that by foregrounding primarily tangible forms of theoretical knowing and engaging in pedagogical practices that manifest as content saturation and represent sources of evidence as finite, we inadvertently perpetuate

the devaluing and mistrust of embodied and intangible forms of knowing which compose learning as becoming and inform nursing's disciplinary perspective within the complex context of practice.

Participant Rebecca further shared "The complexity that we're in that keep us from practicing nursing can do us in, they can cause us to forget what we're all about..." Rebecca's statement is suggesting that the onto-epistemic complexity involved in learning nursing cannot be fixed, objectified, and categorized within a prescribed theoretical construct that becomes a finite representation of dynamic phenomena such as the lived experience of health and illness that nurses attune to. Rebecca is offering us a conceptualization of learning as a complex dynamic process that is best understood from the lived realities of students themselves. She is reminding us that teaching nursing means trusting the intangible nature of learning through a process orientation that enables nurses to attune to uncertainty, indeterminacy, and difference that support our disciplinary perspective.

Building from Rebecca's sense of learning nursing from the lived realities of students themselves participant Esther suggested that we fail to trust the intangible because knowledge that emerges from practice is dynamic, process oriented and as such is not a static objectified form of knowing that is fixed, easily categorized, and captured in words. She discussed the limitations of language to articulate teaching and learning within the complex nature of nursing stating, "...our words are ways of organizing reality and if what we're orienting to is the non-organization of practice, words are almost impossible as a tool". Esther is suggesting that teaching nursing means preparing students to learn to trust that what they are attuning to is intangibility. Participant Esther is

offering that the limitations of language combined with the undervaluing of intangible forms of knowledge manifest through embodied experiences in practice veil the lived reality of and the dynamic and emergent nature of knowledge creation that inform learning in nursing. Esther is offering that teaching nursing means embracing nursing's disciplinary perspective as an elusive practice that is dynamic, flexible, and fluid. Participant Esther further supports her perspective that teaching nursing means trusting the intangible as an expression of practice when she states, "When I say words are hard, he (*my mentor*) says well isn't the language of process practice, and I'm like that is nursing...we know how to do it, and the doing, there's not a lot of tools out there to help us get it to the level of discourse". Esther is stating that our pedagogical practice as nurse educators involves foregrounding learning nursing through the experience of practice which begins to reveal in an embodied sense the intangibility that characterizes nursing. She is further suggesting that learning nursing within the context of practice experiences creates space for students to learn to recognize and trust in the intangibility of understanding nursing through a process orientation.

Participant Esther also revealed that teaching nursing means supporting students to orient to uncertainty, to fluidity, to difference, and to emergence, and learning to trust that these ways of knowing inform credible ways of thinking and manifesting nursing practice. This is evident in Esther's shared experience of teaching nursing through improvisation, "...we do a whole three-hour workshop on improvisation and so they start to get ah, so this is how I place myself in uncertainty, you know, in a way that good things come out the other end rather than the scary things that they're traditionally oriented to". Esther's experience suggests that teaching nursing means encouraging

students to develop a critical consciousness around how accepted theoretical conceptualizations of reality have limitations in terms of how they apply within the complexity of nursing. Esther is revealing that students need to learn to trust in a 'yes and' mindset and in emergent forms of knowledge that manifest from uncertainty as credible sources of knowing that inform nursing practice. In continuing to share her experience of supporting learning nursing as mobilizing uncertainty, participant Esther imparts,

“We nurses engage the unknown or the unforgiven with a trust that reality can be created, others don't...and our onto-epistemology is an attunement...to problems that do not have already made solutions, to potentials...which is saying something much different than we have tacit knowledge that we bring to our practice”.

Esther is expressing that teaching nursing means orienting students to experience uncertainty encountered in learning as possibility and cultivating trust in the process of knowledge construction as a credible source of knowing. Esther went on to share, “It's ontologically transforming doubt and uncertainty into trust in mobilizing uncertainty...it is metaphysics in action”.

Participant Ruth suggested that teaching nursing as an embodied practice eludes description which makes it intangible as reflected in her statement, “...it is an embodied experience...this whole embodied aspect of 'being with' is something I just don't understand perhaps enough, nor do we teach it, or do we even have sort of theoretical orientations to work with it”. Ruth is offering that teaching nursing is about learning to trust the intangible nature of learning nursing as an interpretive relational process and recognizing the limitations of language and theoretical frameworks to capture the

embodied way of being with others. Ruth discussed the nature of embodied learning “where we start with some experience” and how experience is a “source of knowledge...which is non-conceptual but a direct perception”. Through her lived experience Ruth is sharing that teaching nursing is about encouraging students to explore their embodied experience and learning to trust direct perception and the non-conceptual as a legitimate form of knowledge. Ruth is suggesting that teaching nursing involves recognizing the limitations of language and theoretical thinking to express the perceptual and embodied nature of knowing that inform learning in nursing.

### **A Consideration of the Goodness of the Research**

Following my analysis and theming of the data, I emailed the themes to each of my participants to verify that they were reflective of their lived experiences of teaching nursing from within the discipline. The identified themes were resonant and reflected participants’ shared experiences as indicated by four of my five participants. In his consideration of how to judge the goodness of social science inquiry as practical philosophy, Schwandt (1996) speaks to the value of “democracy, understood as a moral ideal” (p. 65) and of the need to critique, evaluate, and question “By virtue of what is some particular example an instance of democracy? (p. 66). What makes these themes, as expressions of our collective practice, an ideal example that is representative of the practice of teaching nursing from within the discipline? To respond to this question, I will reflect on and discuss the enabling conditions outlined by Schwandt (1996) that sustained our dialogue over the “constitution of the moral ideal of democracy itself” (p. 66).

With each interview I became more comfortable embracing the reciprocal nature of the exchange and mutual questioning leading to the co-generation of knowledge, an

approach that aligns with Schwandt's (1996) first condition to support the notion of a moral ideal, that of the interview as a space for dialogue and reciprocal interaction. Engaging within the conversational interviews as a form of scholarly inquiry (van Manen, 2016a), I wrote down key words or phrases participants shared that I often revisited to draw out and explore a deeper meaning within their lived experiences. I honored pauses, moments of reflection, and expressions of apprehension shared by some participants in their grasping to find the language to speak to their practice as nurse educators.

As a reflection of my ethical commitment to honor the diverse perspectives of the participants, Schwandt's (1996) second enabling condition, I approached each interview with the intent of creating a space for discussion and deliberation of our shared experiences, engaging in an exchange that valued the varied perspectives of the participants. Through the analysis process and writing I was committed to respect and express the diversity of lived experiences communicated within our conversations. This led to me embracing an understanding that transcended my own beliefs, preunderstandings, and assumptions, thus enabling a richer, deeper, collaborative understanding to emerge.

Through my expression of the participants' experiences, I have sought to create a dialogical text that meets Schwandt's (1996) third enabling condition, that of representing an interpretation characterized as cohesive, expansive, relevant, and resonant with interpretive insight characterized by rhetorical force. Within the phenomenological text that I have created, I have attempted to reveal a depth of meaning that is oriented, strong,

rich, and deep that renders my writing “a certain power and convincing validity” (van Manen, 2016a, p. 151).

In my effort to grasp participants’ experience and perspectives, my intent was to engage in a circle of interpretation that honored the participants as conversational partners, thereby meeting Schwandt’s (1996) fourth enabling condition to support the moral ideal of democracy exemplified in the analysis and themes. I was cognizant to create a text that represented each participant’s “perspective in the strongest possible light” (Bernstein, 1991, p. 337), not as adversarial and confrontational, but as an expression that embodied a communal sense of our lived experience.

As I engaged in the interviews, I was mindful to embrace curiosity and support discourse as an openness to “the possibility of speaking differently or recognizing the ability of thought to transform itself...” (Schwandt, 1996, p. 67). Within my analysis, I approached the interpretation as a reflective and reflexive process of discovering, drawing out, and revealing the meaning embedded within participants’ experiences of teaching nursing. Engaging in discourse and interpretation through “a way of thinking that values imagination and possibility” (Schwandt, 1996, p. 67) aligns with Schwandt’s (1996) fifth enabling condition to support the goodness of the research.

Schwandt’s (1996) final consideration to judge the goodness of the research concerns itself with the use of language and how we represent concepts in a way that have a “greater reach” (p. 67) beyond narrow conceptions of truth, certainty, and knowledge within the confines of scientific rationalism. Within my analysis I have attempted to use language and convey a breadth of discernment that takes on a sense of rightness, relevance, and usability as reflections of understanding that allow for flexibility

beyond the restraints of truth and certainty. Using Schwandt's (1996) considerations of the nature of the engagement process which support the democratic ideal have afforded me a means to appraise the value of my research. In addition to appraising the value of my research method, Schwandt (1996) offers three considerations that serve to evaluate the goodness of the outcomes of human social inquiry as practical philosophy.

### **Evaluating the Outcome of the Research as Practical Philosophy**

Schwandt (1996) offers three considerations that could serve to evaluate the goodness of the outcomes of human social inquiry as an engagement approach that extends as a process of practical philosophy involving a communal conversation that invites a moral consideration of "what to believe and what kind of evidence to require as a condition of belief" (Schwandt, 1996, p. 69). The themes that emerged from the conversational interviews and analysis and interpretation of participants' lived experiences as nurse educators, support Schwandt's (1996) first consideration to evaluate the goodness of the outcomes of human social inquiry as practical philosophy, in that they are complementary to existing lived experiences. The outcomes of this research reflect a critical examination of the values and aims of the practice of teaching nursing and are intended to speak in a way that those reading it could identify with it personally based on their own lived experiences.

Schwandt's (1996) second consideration for evaluating the outcome of social inquiry as practical philosophy involves the researcher's ability to elicit "critical intelligence as moral critique" (p. 69) in those encountering the research. It is my hope through this phenomenological text, that readers will engage with a willingness and

ability to examine the meaning of teaching nursing represented within and appraise the value of the various intentions associated with the practice of teaching nursing.

The third consideration that Schwandt (1996) outlines as criteria for evaluating social inquiry as practical philosophy builds on the notion that the outcome needs to enable “the application of general principles to particular cases” articulating this “kind of knowledge as practical wisdom or *phronesis*” (Schwandt, 1996, p. 69). The outcome of this research represents an understanding of teaching nursing that is reflective of an individuals experience while also serving as a representation of nursing’s disciplinary perspective and shared practice of the meaning of teaching nursing. The integrity of this research and the goodness of the outcome serve to “cultivate practical reasoning” (Schwandt, 1996, p. 70) and foster belief in the possibility of an epistemology that extends from “shared values that comprise dialogical, interpretive, democratic communities of inquirers intent on improving their practices” (Schwandt, 1996, p. 70).

### **Summary**

In this chapter I reflected on my experience engaging in phenomenological research and my growing comfort with my role as a reflexive scholar. I explored the conversational interview as method and expressed my appreciation for the co-generation of knowledge that results from reciprocal dialogue and mutual questioning. The meaning of teaching nursing within the life world of nurse scholars and educators was described through three themes including ‘The Foundation of Relationship’, ‘Becoming in the Moment’, and ‘Trusting the Intangible’. Through the theme, *‘The Foundation of Relationship’* participants revealed that teaching nursing is at its core a relational practice that requires human presence, critical consciousness, and commitment embodied within

caring inquiry and a willingness to meet students where they are in their own lived experience and understanding. Within the second theme, participants revealed that teaching nursing as a process of *'Becoming in the Moment'* means recognizing that students construct understanding from a personal place of meaning within the context of their lived reality, their ontological orientation. Articulating learning nursing through a process orientation, participants suggested that teaching nursing means fostering learning through embracing paradoxical and dialectical thinking and supporting students to engage in learning nursing as a process of navigating complexity, uncertainty, indeterminacy, difference, and paradox that characterize nursing practice. Within the final theme, *'Trusting the Intangible'* participants revealed that teaching nursing involves recognizing the limitations of language and theoretical thinking to express the perceptual and embodied nature of knowing that inform learning in nursing.

Chapter Five includes a summary and discussion of these research findings relative to the literature; presenting areas that are supported within the literature, and also highlighting the uniqueness of the findings from this inquiry. The implications and recommendations from this research suggest that we need to examine our pedagogical practices as nurse educators and learn to trust teaching and learning nursing through a relational, process orientation that embraces the paradoxical and dialectical thinking involved in navigating the complex, emergent nature of nursing practice.

## **Chapter 5**

### **Summary of Findings, Implications, Recommendations, and Suggestions for Further Inquiry**

My goal with this inquiry was to seek the meaning of teaching nursing from within the discipline, aligning pedagogy with what it means to become a nurse in addition to revealing what nursing is as an embodied practice and how it should be taught. Within the lived experience of these educators, I found that relationality, becoming, and trusting were foundational concepts underpinning teaching practice. Relationality was manifest as an embodied exchange within the dynamic and emergent nature of experience with oneself, with another, and with knowledge itself. Becoming was revealed through the lens of a process orientation. Teaching nursing through a process of becoming means embracing paradoxical and dialectical thinking and supporting students to engage in learning as a process of navigating complexity, uncertainty, indeterminacy, difference, and paradox that characterize nursing practice. Participants shared that the invisible nature of a process orientation requires trusting learning as an ever-renewing relational process. The meaning of teaching nursing was revealed as a complex emergent practice.

#### **Summary of Findings**

##### **Theme: Foundation of Relationship**

Participants described that teaching nursing is fundamentally a relational practice that involves intentionality, human presence, critical consciousness, and commitment embodied within caring inquiry. It is through this relational approach that nurse educators invite connection with students in ways that extend an opportunity for them to engage in learning from their own lived experience and understanding, in essence from a personal

place of meaning. The significance of fostering relationship with students serves an interdimensional purpose. Creating space and time for students to attune to a personal level of knowing informs how they learn to engage in the practice of nursing from an ontological orientation and a personal place of meaning. Engaging in learning from a personal place of meaning serves as the foundation for accessing the moral, emotional, and perceptual sensibilities, and intellectual domains of knowing that inform nursing practice. Teaching nursing means recognizing that through our interactions and relationships we serve as an example of how to engage in a relational approach that communicates the value and inherent worth of another human being, acknowledging the value and worth of their lived experience and personal knowing. Learning through relationship and recognizing the value of personal knowing as a beginning point for understanding serves as a means through which students learn to engage in a relational approach that manifests as 'patient first'.

**Theme: Becoming in the Moment**

Building upon the foundation of relationship and the knowledge of self as an ontological beginning point to learn nursing, participants spoke about their teaching practice as a willingness to enter the indeterminacy of learning, embodying how to access, create, and manifest knowledge characterized as contextual and dynamic from an iterative exchange that emerges from relational practice in moments of time. These educators discussed that teaching nursing means being with students in ways that encourage them to attune to emotion and thinking as a process of interpretation, engaging in learning as a form of interpretive inquiry from their experienced reality in relationship to themselves, others, and their understanding. Becoming in the moment was reflected as

an educational process characterized by fostering a sense of open-mindedness and supporting learning as a process that encourages students to attune to and consider, choose, amend, and at times reject knowledge presented, thus learning through a process of sense making characterized as complex, uncertain, indeterminate, paradoxical, dynamic, generative, and creative that emerges from within the context of care. Teaching nursing means foregrounding learning as an embodied, dynamic, and emergent process whereby theoretical knowledge is translated in the service of supporting student understanding within the complexity of practice. The meaning of teaching nursing was reflected as preparing students to explore knowledge, to notice difference, and remain open to cultivating understanding as ‘yes and’, that their perception and discernment within their lived experience of the context of care is a valid form of understanding that can be contrasted with other forms of epistemology to inform nursing practice.

Supporting learning through a process orientation involves encouraging students to learn through exploring how they make sense of and cultivate understanding that evolves from perceptual sensitivity within their lived experience and interpret and mobilize diverse forms of knowledge to create their own practice.

**Theme: Trusting the Intangible**

Trusting the intangible, according to the participants, suggests that teaching nursing means learning to consciously attune to, value, and trust the intangible nature of learning nursing through a relational approach characterized as a complex, dynamic, and emergent process of self-discovery, meaning making, and becoming. Teaching nursing means interacting with students in ways that value and trust their capacity to engage in learning through a process that recognizes nursing knowledge as dynamic and emergent

from within the context of a caring relationship. Participants reflected upon the inadequacy of language to articulate the complex nature of teaching and learning nursing as a process of navigating complexity, uncertainty, indeterminacy, difference, and paradox that characterize nursing practice. These educators suggested that we fail to trust the intangible because knowledge that emerges from practice is dynamic, process oriented, and has an elusive quality that renders it invisible. This invisibility reduces the knowledge manifest from our lived reality of practice as 'unseen', ignored or not taken into consideration, and therefore devalued, as it is not a static, objectified form of knowing that is fixed, easily categorized, and captured in words. Given that forms of subjective and embodied knowledge are undervalued, students learn to covertly process this 'intangible' knowledge and are often caught in the tensions that arise from our conditioning to discredit or discount the intangible. We hear conceptions of embodied and intangible forms of knowledge often referred to by both nursing educators and students as 'soft knowledge', which is language that perpetuates the devaluing of the lived experience of nurses as a significant source of understanding to inform knowledge creation and practice. Teaching nursing means having the courage to trust learning as a creative process of interpretation. It means moving away from dichotomizing forms of knowledge and remaining open-minded and humble as we model ascribing value to all forms of knowing, trusting tangible and intangible forms of knowledge as a credible source of knowing to inform decision making and action. Teaching nursing means supporting students to orient to uncertainty, to fluidity, to difference, and to emergence, and learning to trust that these ways of knowing form credible ways of thinking and manifesting nursing practice. Through their lived experience, participants discussed that

teaching nursing means encouraging students to explore their embodied experience and learn to trust direct perception and the non-conceptual as a legitimate form of knowing that inform learning in nursing.

### **A Consideration of Complexity**

Within their consideration of their practice as nurse educators and sharing their lived experience of what it means to teach nursing, participants often referenced teaching and learning nursing, and nursing practice as complex. Participants also discussed that nursing and nursing education are influenced by complex systems such as health and healthcare and sociopolitical society. Within my earlier consideration of the literature exploring teaching and learning in nursing education, I offered that a conceptualization of nursing knowledge as a product of an onto-epistemic perspective suggests that teaching nursing means supporting students to navigate complex and often paradoxical forms of knowledge that evolve from and are embodied within nursing practice. I also discussed that our tendency is to want to simplify complexity. The challenge that can occur when we simplify complexity is that we potentially risk privileging certain ways of knowing over others which distorts perceptions of the inherent relationships between the moral, ontological, and epistemological foundations of nursing and fails to capture embodied, dynamic, and contextual forms of knowing that emerge from learning nursing as a process of relational interpretive inquiry. To fully understand the nature of complexity and how this informs our understanding of the meaning of teaching nursing, I will begin with a consideration of complexity as it is conceived within the Western world and discuss how these philosophical foundations continue to influence nursing education. I will then contemplate an alternative conceptualization of complexity, one that provides a

language and means for us to speak to what it means to teach and learn nursing as an embodied, dynamic, and emergent practice.

As previously noted, the origin of the word complex comes from the Latin words' *com* meaning 'with, together', and *plectere* meaning 'to weave, braid, entwine' (Oxford University Press, 2020). Complexity can be conceptualized as a network or system composing a whole made up of intricately intertwined parts, making complexity difficult to fully analyze, understand, or explain (Oxford University Press, 2020). Complexity was revealed through participants' lived experience expressions of teaching nursing as a relational, ontological, moral, and intellectual practice characterized as dynamic, emergent, and contextual.

From our Western philosophical traditions established in Aristotelian foundations, we hold certain "suppositions regarding the nature of reality and the nature of thought" (Weinbaum, 2015, p. 3). Weinbaum (2015) reminds us that the essence of these suppositions is that "the essential elements of existence or matter are given, unchanging, and eternal" (p. 3), and our intellectual mental or ideal forms of these essential elements stand outside human experience and are above existence itself. From these philosophical traditions, the mental or ideal form subordinates' matter and the intellect is superior to the body (May, 2005; Weinbaum, 2015). Weinbaum (2015) further suggests that the consequences that result from these philosophical perspectives are that "There are no ontological foundation to change", "The human subject observes the world from a perspective which is outside of existence", and that "The method of acquiring knowledge (epistemology) is by extracting the essential forms (ideals and principles) from their lesser material manifestations" (p. 3). The challenge is that these philosophical

foundations fail to account for “the dynamic and evolutionary nature of complex phenomena and especially the production of novelty” (Weinbaum, 2015, p. 4).

A further challenge that Weinbaum (2015) discusses that characterizes our conceptualizations of complexity within the transcendental paradigm is the primacy of form over matter which “encourages the imposition of representations and presuppositions on reality and by that often hide (or even replace) what is present behind what is represented” (p. 4). Weinbaum (2015) suggests that the static and imposed representation of reality “creates a bias towards invariance and the least changing theories and models are considered the most reliable and successful” (p. 4). We see this manifest in our understanding and foregrounding of evidence-based practice as the only form of legitimate knowledge from which to found practice decisions and associated with competence and informed decision making. This is also evident in educational approaches that support a purely behaviorist perspective, suggesting that there are preconceived ways in which we should conceptualize decision making in practice founded upon accepted forms of evidence and ways of thinking. Weinbaum (2015) also contends that “The transcendental disconnected position of the observer outside existence is a profoundly distorted position” that “understates the dynamic and heterogenous nature of existence” (p. 4). These philosophical perspectives influence how we language and navigate complexity and have been employed in our efforts to make sense of, simplify, and control complexity and complex systems while failing to embrace the dynamic and generative nature of change that occurs within complex phenomena, such as health and illness.

According to Morin (1992) complexity is characterized by “uncertainty, indeterminacy, randomness, and contradictions appear, not as residues to be eliminated by explanation, but as ineliminable ingredients of our perception/conception of reality” (p. 371). In his challenge to the “fragmented and reductionist spirit” (p. 371) that underlies how we organize knowledge within complex systems, Morin (1992) calls for a paradigm of complexity that enhances ways of thinking “capable of establishing a dynamic and generative relationship linking concepts such as whole and part, order and disorder” in a manner that “remains both complementary and antagonistic” (p. 371).

Nurses lived reality in practice calls for us to attune to and navigate within diverse forms of knowledge that may be both complementary and paradoxical such as the patients specific lived experiences of health and illness and the general understanding of alterations to health as it is represented within healthcare and biomedical approaches to managing disease. As such, nurses ultimately learn to navigate the complementary and paradoxical nature of the tangible and the intangible, the visible and the invisible, the paradox of whole and parts, persistence and change, of boundaries and freedom reflective of a paradigm of complexity as offered by Morin (1992), that of expressing the dynamic and generative relationship between forms of knowledge which reflects the complexity that characterizes nursing. This is evident within my research findings that suggest that teaching nursing means embracing the indeterminacy of learning, embodying how to access, create, and manifest knowledge characterized as contextual and dynamic from an iterative exchange that emerges from relational practice in moments of time. Teaching nursing means supporting students to orient to certainty and uncertainty, to constants and fluidity, to similarities and differences, and to emergence, and learning to trust that these

ways of knowing form credible and critical ways of thinking and manifesting nursing practice.

### **The Influence of Complexity on Nursing Education**

What is significant about considering the philosophical origins of how we have come to conceive of complexity within the transcendental paradigm, is that it provides us insight into why embodied experience within lived reality and intangible forms of knowledge that are dynamic and emerge from context are often devalued and eclipsed by the supremacy of scientific knowledge. As an objective form of knowing, theoretical knowledge is fixed, easily categorized, and serves as a decontextualized representation that does not account for difference, novelty, multiplicity, and change in complex phenomena such as health and illness. Perceiving complexity through an ontology of difference, multiplicity, and change (Deleuze, 1994, Mesle, 2008), aligns with expressions of the meaning of teaching nursing as supporting students to attune to patients lived experiences of health and illness as dynamic and emergent in nature. In other words, not fully captured within the confines of diagnoses, standard treatments, and evidence-based practices that are healthcare's solution to mitigate complexity of health to control outcomes. So, there is a tension between an imposed representation on reality which may obscure accounts of reality from the standpoint of a nurse's or student's actual experience. Learning nursing from the standpoint of a one's own lived experience and understanding, from a personal place of meaning, enables an educational approach that supports students to attune to similarity and difference, multiplicity, and change within phenomenon thereby creating an understanding that holds both the tangible of theoretical

representation and intangible knowing as simultaneously complementary and paradoxical.

When we think back to the history of hospital-based schools of nursing and learning through an apprenticeship framework that accounts for reality from the vantage point of actual experience, we can see why nurse educators and leaders were reticent to embrace the shift of nursing education from hospital-based programs to higher education (Pijl-Zieber et al, 2014). With the move to higher education, accreditation, and baccalaureate as entry to practice, teaching and learning nursing would be increasingly influenced by epistemological representations and categorizations of health and illness that would veil the relational, contextual, moral, ontological, and intellectual nature of knowledge reflected in nursing practice (Anthony & Landeen, 2009). The apprenticeship approach to teaching and learning nursing was replaced with a behaviorist paradigm that would align with conceptions of complexity from a transcendent view, thereby privileging theoretical forms of knowledge that once again do not fully represent the meaning of teaching nursing as a relational, process oriented, dynamic practice reflecting diverse representations of knowing.

The curriculum revolution was a recognition by nurse educators of the shift away from the focus of nursing on ‘patient first’ and the lived reality of practice as a moral, relational, and intellectual endeavor that represents complexity in a different way than that represented within the transcendent paradigm, hence calls for reconsidering content saturation and a return to a humanistic approach to learning (Allen, 1990; Anthony & Landeen, 2009; Bevis & Murray, 1990; Hills & Watson, 2011). Despite calls to teach nursing from a humanistic stance, nurse educators continue to be caught within the

tension of unconsciously understanding complexity as represented within the lived reality of learning and practicing nursing and educational standards that privilege empirical forms of knowing and approaches to teaching and learning that veil accounts of the meaning of teaching nursing as a complex emergent practice. The findings from this research helps us as nurse educators, to become consciously aware of and understand both the value in and the limitations of theoretical knowing, while affirming and trusting in conceptions of evidence that are perceived as particular, intersubjective, and contextualized, as adequate to express a full understanding of individualized experiences of health (Hills et al., 2021; Theodoritis, 2018a, Theodoritis, 2018b; Thorne, 2017; Wieringa et al., 2017). The findings from this research offer us a means to language and make visible the complex nature of teaching and learning nursing, revealing the value in trusting in learning from an apprenticeship style approach through immersive experience as a form of learning nursing as self-discovery and human becoming from a personal place of meaning within a dynamic relational context (Hills, 1987; Plum, 1981).

### **Discussion of the Findings Relative to the Literature**

The findings from this research seem to take us back to something familiar, back to a practice as nurse educators and as nurses that resonates. The term ‘it’s not rocket science’ comes to mind in that it seems simple. Engaging relationally with students, supporting them to grow in their understanding of who they are becoming as nurses, and embracing a fragile trust that they will figure everything out when they get into practice are embodied within our everyday teaching practice. Yet the nature of teaching nursing through a relational approach that recognizes and trusts learning as a complex, dynamic, and emergent process of self-discovery, meaning making, and oriented to a process of

becoming, feels like rocket science in the sense that it remains complex and elusive, as if on the periphery of our understanding and just beyond the grasp of language to fully articulate, reminiscent of nursing itself.

The foundation of relationship and teaching nursing through inviting connection with students in ways that extend an opportunity for them to engage in learning from their own lived experience and personal place of meaning is supported within the very definition of the word educate (Harper, 2020), which translates as an intentionality and willingness on the part of the educator to enter into relationship with a learner and create conditions that enable the learner to be drawn out, so as to share themselves and their knowledge. A relational stance to teaching and learning is also found in Socrates views of learners as having innate knowledge, suggesting that the role of the educator is to lead or guide learners to discover themselves (Khisa, 2016). The understanding of learning nursing as a form of self-discovery aligns with my findings of relationality as a process of interpretive inquiry from students experienced reality in relationship to themselves, others, and their emerging understanding.

Teaching nursing through a relational approach and supporting students to engage in their learning from an ontological orientation that cultivates understanding as particular, intersubjective, and contextual, from the standpoint of 'patient first', is supported within Fawcett's (2018) consideration of nursing's disciplinary knowledge which she ascribes as emerging from a collaborative approach within the context of care. Teaching nursing through a relational approach that exemplifies intentionality, human presence, critical consciousness, and commitment embodied within caring inquiry is also supported within the work of Hills et al. (2021) who offer that the foundation of nursing

science is Caring Science which encompasses the meaning, relations, and context of human beings and the phenomena of human caring and human health-illness experiences. The primacy of learning nursing through a caring relationship is also discussed in the work of Newman et al. (2008) and Fitzpatrick et al. (2019) who suggest that the emphasis within learning nursing should be focused on cultivating understanding from within a caring relationship that attunes to another's lived experience as a valid form of knowing to inform practice.

Recognizing that the epistemological underpinnings of learning nursing begin from an ontological foundation and personal place of meaning within a relational context is supported within Sitzman and Watson's (2018) consideration of the primacy of relationship and caring inquiry as an embodiment of knowing oneself and others. Within her analysis of the literature on the focus of the discipline, Smith (2019) identified nine areas of inquiry that serve as spaces for knowledge development, including among others, caring relationships, and processes. Engaging in the process of learning within caring relationships as an expression of nursing's knowledge supports my findings of the significance of learning understood as a process of how students construct and mobilize knowledge within and through relationship.

The significance of the meaning of teaching nursing as relationality, manifest as knowing oneself, knowing another, and recognizing how knowledge is constructed and mobilized to inform practice from the standpoint of personal lived experience in relationship to another, is supported within the thinking of Theodoridis (2018b). Theodoridis (2018b) contends that teaching and learning nursing requires an awareness of and embodiment of nursing as a form of concrete philosophy. According to

Theodoridis (2018b) learning as concrete philosophy involves “the rational inquiry into reality” (p. 1) “...from the vantage point of embodied experience” (p. 2), and a consideration of constructing and mobilizing knowledge through “two interrelated facets of the philosophical inquiry: the abstract level of conceptual reasoning and the concrete level of intervening in the world” (p. 2). Learning nursing as a form of concrete philosophy, according to Theodoridis (2018b) involves four attributes, which manifest through relationship. The first attribute is the ethic of care which “means to aim at the good of the persons under care”. Teaching nursing through a relational approach that meets students where they are in their own lived experience and understanding and cultivating an environment that supports learning from a personal place of meaning, exemplifies an ethic of care within an educational context, and demonstrates learning nursing through relationship as an ethical space where one concerns themselves with the reality and lived experience of another. The significance of learning nursing through relationship is also found in Theodoridis’s (2018b) second attribute known as existential singularities. Learning within relationship affords students a glimpse of the human condition and individualized experiences of another from the vantage point of their lived reality in relationship. The final attribute that I would like to discuss in support of my research findings of the significance of a relational approach to teaching and learning nursing includes that of self- inquiry. According the Theodoritis (2018b) learning nursing requires a “commitment to self-inquiry and self-knowledge” (p. 7).

Bender (2018) suggests that the primary perspective of the discipline of nursing is found in the interdependent relations among people, including nurses themselves, which reinforces my research findings of the foundation of relationship as a means through

which to teach and learn nursing. Valuing relational approaches to teaching and learning nursing are supported by several nursing educational theorists who contend that embodying a humanistic approach in teaching practice creates space for students to learn from and honour complex forms of knowledge that evolve from a relational and contextual stance and invite learning as self-discovery and human becoming (Bergum, 2003; Chinn & Falk-Rafael, 2018; Doane, 2002; Hills & Watson, 2011; Kleiman, 2007; Letourneau et al., 2017). Roy's (2019) assertion that "nursing needs a renovation of how the profession looks at knowledge" (p. 29) and Reed's (2019) challenge for nurse educators to consider a more inclusive view of nursing's disciplinary knowledge development, one that incorporates both scientific and professional practice, aligns with my findings of supporting learning as a process of navigating the complementary and paradoxical within the lived reality of practice experiences; of expressing the dynamic and generative relationship between forms of knowledge which reflects the complexity that characterizes nursing.

Having referenced Theodoridis (2018b) and his treatise on learning nursing as a form of concrete philosophy involving the attributes of an ethic of care, existential singularities, and self-inquiry as they aligned with my findings on the significance of the learning in relationship from the standpoint of lived reality, I will now consider his final attribute, metaphysical complexity, and how this supports my finding of becoming in the moment. Theodoridis (2018) contends that the metaphysical complexity of nursing is represented by the "multitude of scientific disciplines concerned with the various facets of human existence" and that the nurse needs to consider that "everything that can happen to a human being may become the concern of nursing, and any kind of action that may

support a human being in recovering may be realized in nursing practice” (p. 6). This stance outlining complexity as it is experienced within nursing practice, supports my findings of becoming in the moment through engaging in learning as a form of interpretive inquiry through an orientation to process and attuning to knowledge as uncertain, indeterminant, and emergent within moments of care.

In his consideration of reclaiming competence for professional phronesis, Sellman (2012) builds on the work of Schon (1983, 1987) and Race (2006) in suggesting that “competence requires some form of emergent self-awareness” (p. 115), which validates my findings surrounding the meaning of teaching nursing as foregrounding learning as an embodied, dynamic, and emergent process. Teaching and learning nursing as self-discovery and human becoming creates a way of thinking and intellectual integrity (Haack, 2005, 2013) that enables students to attune to our disciplinary perspective in a manner that reveals the complex forms of knowledge required for humanistic caring inquiry and competent nursing practice. This endorses my findings surrounding becoming in the moment being reflected as an educational process characterized by preparing students to remain open to cultivating understanding as ‘yes and’. This also supports an understanding of competence as manifest from learning characterized as open-mindedness and a willingness to attune to, consider, choose, amend, and at times reject knowledge presented within a dynamic and emergent context of care. Facilitating learning as a process of becoming and encouraging students to explore knowledge and engage in learning as a process of sense making characterized as generative from diverse forms of knowing, is verified in the work of Fitzpatrick et al. (2019) who suggest that the

structure of nursing knowledge involves multiple types of inquiry from philosophical to practice generated.

Engaging in educational practices that embrace learning as a creative process where students learn nursing as an embodied, dynamic, and emergent process whereby theoretical knowledge is translated in the service of supporting student understanding within the complexity of practice is supported in the writing of Sakamoto (2018) who suggests that nursing knowledge is enacted in “the middle space” (p. 4) between dichotomous paradigms within the realm of everyday practice, and that nursing’s epistemological diversity should be celebrated. Teaching and learning nursing through embracing epistemic diversity and engaging in learning through a process of interpretive inquiry that frames understanding as ‘yes and’ is also supported by Reed (2019) who offers intermodernism as a philosophical foundation for considering the development of nursing knowledge through scientific realism, suggesting a more inclusive view of knowledge development generated through an iterative process from the context of learning in practice.

Both Bender (2018) and Doane et al. (2015) suggest that conceptualizing nursing knowledge construction as theorizing within relational context implies that the creation of nursing knowledge is fluid and responsive in the moment and produces actionable knowledge. This conceptualization of nursing’s disciplinary knowledge aligns with my findings of the meaning of teaching nursing as a willingness to enter the indeterminacy of learning, embodying how to access, create, and manifest knowledge characterized as contextual and dynamic from an iterative exchange that emerges from relational practice in moments of time. Bender (2018) further contends that nursing’s disciplinary

perspective evolves from an interdependent relational context that cannot be reduced to a static or fixed deterministic structure but is instead a production. Bender's (2018) perspective supports my finding of teaching nursing through a process orientation that involves encouraging students to learn through cultivating an intersubjective understanding that evolves from perceptual sensitivity within their lived experience from which to interpret and mobilize diverse forms of knowledge to inform their practice.

In their discourse on the importance of forms of evidence derived from diverse research approaches, Ou et al. (2017) and Pearson et al. (2012) assert that nurses also need to attune to contextual knowledge that may be contradictory or rest in paradox to accepted evidentiary knowledge lending support for educational practices that hold space for students to learn to negotiate the complexity of paradoxical and dialectical forms of knowledge encountered in nursing practice. The meaning of teaching nursing as reflected in preparing students to explore knowledge, to notice difference and remain open to cultivating understanding as 'yes and', and learn to navigate knowledge as complementary and paradoxical, is reinforced within the work of Purkis and Ceci (2016) who argue that nurses learn to make sense of what is presented through a particular frame of reference within their lived reality, while simultaneously living in the awareness that alternative frames of reference exist that could reflect the given patient circumstance in a different light.

Aligning with my findings of supporting learning as navigating paradoxical forms of knowledge and engaging from the onto-epistemic perspective of learning nursing from lived experience and a personal place of meaning, Bruce et al. (2014) proposes a consideration of the meaning of teaching nursing through their contemplation of the

“interdependence of philosophical and practical matters in nursing” (p. 68), highlighting the “inseparability of theory and practice, personal and professional, knowing and doing” (p. 68). Teaching and learning nursing through an onto-epistemic perspective on becoming is also reinforced in McIntyre and McDonald’s (2013) consideration of the role that ontology or lived experience and perceptions of reality play in teaching and learning nursing, further suggesting that learning nursing involves engaging in philosophical thinking as a means of enhancing nurses’ ability to theorize within their practice.

Strengthening my findings that teaching nursing involves encouraging learning through a process of creating meaning from diverse forms of knowing that may manifest as complementary and paradoxical in nature is found in Kenny’s (2012) discussion of teaching nursing as characterized by an iterative process of moving within and between tensions that govern nursing practice. Learning as becoming is also supported by King et al. (2015) whose research on the lived experience of teaching and learning from nursing situations found that guiding students through nursing situations was a pedagogical approach that created space for students to make sense of the multiplicity of disciplinary knowledge embedded within a caring encounter. Embracing the meaning of teaching nursing as foregrounding learning as an embodied, dynamic, and emergent process which supports thinking in ways that honour indeterminacy and paradox is also reinforced by McCallister (2015) who proposes educational approaches that encourage students “to move beyond...binary thinking as a habit of mind” (p. 482) and promote “dialectical reasoning”.

The need to trust in educational approaches that support students to learn to consciously attune to, value, and trust the intangible nature of learning nursing through a

relational approach characterized as a complex, dynamic, and emergent process of self-discovery, meaning making, and becoming is evident in Smith's (2019) discourse on the importance of embracing and valuing nursing knowledge within the context of graduate education. The significance of trusting teaching and learning nursing through a process orientation and ascribing value to learning from an onto-epistemic perspective and personal place of meaning is also highlighted by Yarcheski and Mahon (2013) who stress that an awareness of nursing's disciplinary perspective as manifest from an embodied, dynamic, and relational process of interpretive inquiry is critical to support quality nursing graduate education and research.

The importance of trusting the intangible nature of knowledge created through educational approaches that support learning as a creative, emergent process generated within an intersubjective relational context is reinforced by Grace et al. (2016) in their commentary concerning the preparation of nurse scholars and leaders, that calls attention to disparities in doctoral education with a heavy focus on empirical knowledge at the expense of the philosophical and onto-epistemic dimensions of nursing's disciplinary knowledge. Trusting in the meaning of teaching nursing through a process orientation, one that encourages students to engage in learning through a process of sense making characterized as complex, uncertain, indeterminate, generative, and creative that emerges from within the context of care challenges conceptualizations of nursing theory as broad and generalizable (Rijord, 2010), and supports the need to learn to trust in an understanding of the origins of nursing knowledge as situated and relational.

### **Discussion of the Findings Relative to Theoretical Foundations**

The findings from my research are positioned within the interpretivist paradigm which recognizes that all knowledge comes from experience and that true understanding is concerned with the recovery of meaning from the complexity of the individual (Crotty, 2015; van Manen, 2016a; 2016b; West, 2010). As a representation of the meaning of teaching nursing that align with the practicalities of our everyday lives as nurse educators, my research findings reflect an expression of human inquiry and embodied understanding that manifest as a conceptual perception that can be interpreted and communicated (Palmer, 1969; Patočka, 1989; van Manen, 2016a, 2016b). van Manen (2016b) highlights that awareness or consciousness of the world is not experienced in isolation, but rather shared, and thus influenced through communication with others. Sharing the findings from my research extends an invitation to others to join in a dialogue that generates a communal consciousness and understanding of the meaning of teaching nursing from within nursing's disciplinary perspective.

### **Findings Relative to Phenomenological Philosophy**

Building upon the foundation of relationship, the meaning of teaching nursing was expressed in educational practices that encouraged learning as becoming through a form of interpretive inquiry from students experienced reality in relationship to themselves, others, and their evolving understanding. This understanding of the meaning of teaching nursing is supported within phenomenological philosophy, in particular through Heidegger's ontological phenomenology in which he believed that existence as being in the world 'knows itself' only in relation to others and objects of the world; that understanding evolves and is only possible through these relationships (Heidegger, 2002).

Support for my findings is also found to align with embodiment phenomenology as understood by Maurice Merleau-Ponty (Toadvine, 2018). Like Heidegger, Merleau-Ponty's phenomenological philosophy espouses an ontological orientation with an emphasis on perception, embodiment, habit, ambiguity, and relations with others (Toadvine, 2018; Wilde, 1999). Merleau-Ponty contends that understanding of lived experience is manifest through relationship, suggesting that "it is through my relation to others, and also through my relation to 'things' that I know myself" (Merleau-Ponty, 1962, p. 383). This is reflected in my findings that recognize the significance of perceiving relationality in learning as a form of interpretive inquiry into oneself, others, and students' evolving understanding.

Teaching nursing in ways that encourage students to attune to emotion within their lived experience is supported within Merleau-Ponty's consideration that body and mind are always intricately intertwined and that our understanding of others and objects in the world is corporeal rather than purely intellectual (Stolz, 2015; van Manen, 2016b). Our knowledge of the world is experienced pre-reflectively through our embodied 'being' in the world. This implies that being and therefore knowing, as manifest through our personal embodied experience, transcends the cognitive domain and includes emotive, applied, aesthetic, and imaginative ways of being and knowing among others (Stolz, 2015), which supports learning nursing through attuning to and generating understanding through diverse forms of knowing. The significance of Merleau-Ponty's position, according to Stolz (2015), has serious implications for conceptions of learning because "the world begins from the 'phenomenal body' and provides the means through which we can develop a sense of our own identity that is integral to coming to know the

world through experience” (p. 2). The significance of learning through embodied experience substantiates my findings of the meaning of teaching nursing as reflected in educational approaches that support students to explore knowledge and remain open to cultivating understanding in ways that honour their perceptions and discernment within their lived experience as valid forms of understanding that can be contrasted with other forms of epistemology to inform nursing practice. In support of my findings relative to learning nursing from an ontological orientation and as a generative and creative relational interpretation, Madjar and Walton (2005) discuss the “nursing gaze” (p. 2) as a means through which students can engage in learning as a form of phenomenological inquiry to foster an understanding of “the everyday world of practice and human interaction” (p. 2).

Understanding the meaning of teaching nursing as cultivating learning through relational interpretive inquiry and trusting in conceptions of evidence that are perceived as particular, intersubjective, and contextualized, aligns with Merleau-Ponty’s expressions of perception as an active form of “creative receptivity” that suggests that students’ perceptions are fluid and dynamic through the “dialectical relation between the perceiving subject and the object being perceived” (Reynolds, n.d., *Early Philosophy*, Paragraph 15). The situated and relational sense of teaching and learning nursing is supported within Reynolds (n.d.)’s consideration of Merleau-Ponty’s expressed understanding of perception. According to Reynolds (n.d.) Merleau-Ponty conceives that perception involves the “perceiving subject in a situation, rather than positioning them as a spectator...abstracted from the situation” (*Early Philosophy*, Paragraph 12). This sense of learning from perception within the context of lived experience aligns with earlier

considerations of the complexity of nursing that challenge conceptualizations of complexity within the transcendental paradigm that objectify forms of knowing as decontextualized representations of reality. Becoming in the moment as reflected in educational approaches that encourage students to learn nursing through a process of sense making characterized as complex, uncertain, indeterminate, paradoxical, dynamic, generative, and creative that emerges from within the context of care is supported by Merleau-Ponty's expression that knowledge and therefore understanding are always changing in response to our lived reality and are open to more than one interpretation and may present as contradictory (van Manen, 2016b).

### **Findings Relative to Humanism**

According to Grudin (2020), the origin of the understandings of humanism is known as *humanitas*. "*Humanitas* meant the development of human virtue, in all its forms, to its full extent" (Grudin, 2020, p. 1). An individual who possessed *humanitas* qualities would have been characterized as benevolent and compassionate and would also have retained qualities such as fortitude, judgement, and prudence, involving a complementarity between contemplation and action to encourage the fullness of human potential (Grudin, 2020; Mautner, 2005). The qualities of *humanitas* reflect what it means to teach nursing as a complex emergent practice that engages students to learn nursing as a moral, relational, ontological, and intellectual endeavor. The understanding of humanism expressed by Bleakly (2015) as an approach that places supreme value upon the subjectivity of another and engages in a caring relationship that embodies a "reverence that attends their uniqueness" (p. 40) supports my findings of the meaning of teaching nursing as founded within a relational style that embodies commitment, human

presence, and caring inquiry as an expression of recognizing the students' inherent worth and value.

My findings of the significance of a relational approach that invites connection with students in ways that extend an opportunity for them to engage in learning from their own lived experience, understanding, and personal place of meaning is also supported in Zionist philosopher, Martin Buber's (1878-1965) expression of humanism through the *I-Thou* relation (Mautner, 2005; Zank & Baiterman, 2020). The *I-Thou* relation is expressed in self as subject and other as subject. The relationship where *I* stand alongside, *Thou* is characterized as mutual and reciprocal and enables one to see the other as a whole being (Buber, 1996; Zank & Baiterman, 2020). What Buber's (1996) interpretation of humanism offers nursing education and practice is a means of articulating the centrality of relationship and provides us a way to begin to understand the nature of the relationship as an expression of the value and agency of human beings through foregrounding the centrality of human experience and meaning making from one's ontological reality. Engaging in pedagogical approaches that foster the *I-Thou* relation serves as a space of awareness and opportunity for transformative understanding for the nurse educator and the student. The intentional nature of the engagement suggests the need for a willingness to embrace knowing that comes through the encounter. This aligns with my findings of the meaning of teaching nursing as supporting learning through a process orientation that encourages students to learn through exploring how they make sense of and cultivate understanding that evolves from perceptual sensitivity within their lived experience and interpret and mobilize diverse forms of knowledge to create their own practice.

Trusting the intangible was expressed within my findings as the need for nurse educators to teach nursing through consciously attuning to, valuing, and trusting the intangible nature of learning nursing characterized as a complex, dynamic, and emergent process of self-discovery, meaning making, and becoming. This understanding of the meaning of teaching nursing aligns with humanistic psychologist Carl Rogers belief that an individual's capacity for self-discovery, growth, and personal development could be influenced by a relationship characterized by authenticity, unconditional acceptance and regard as a person, deep empathy, and an embodied sense of freedom (Rogers et al., 1967). Although my participants did not explicitly use the word freedom, we can see that alongside trust, teaching and learning nursing would mean embracing freedom and courage to engage in learning as an emergent process of self-discovery, meaning making, and becoming. Reflecting humanized education as an approach that focuses on the student as a person with inherent worth (Rogers et al., 1967), is also noted within my findings on the significance of relational pedagogical approaches that serve as exemplars of engaging in ways that communicate the value and inherent worth of another human being, their lived experiences, and personal knowing.

American philosopher Milton Mayeroff (1970) offers us a consideration of the phenomenon of caring and how the humanistic elements of self-realization, growth, and meaning can evolve from a caring relationship characterized by worthiness, receptivity, commitment, patience, trust, humility, hope, courage, freedom, and the primacy of process over product. What resonates in terms of Mayeroff's (1970) thinking as it relates to my findings of the meaning of teaching nursing through the foundation of relationship, is his interpretation of the characteristics of caring, which paint a picture of teaching as

caring inquiry manifest as an expression of the dialectic between educators and students engaged in teaching and learning as a process of becoming. Mayeroff (1971) suggests that “what we know in caring, we know in different ways” (p. 10). He captures the complexity associated with the knowledge required for a humanistic approach to care through his characterization of knowledge as both *general* and *specific*, as *explicit* ‘knowing’ that we can voice, and *implicit* knowledge that remains unarticulated (Mayeroff, 1971). Mayeroff (1971) further contends that knowing in caring can be described as *knowing that* and *knowing how* and speaks to *direct* knowledge we encounter and *indirect* knowledge we perceive, but do not directly experience. Embodying an understanding of caring as expressed by Mayeroff (1970) stretches our conceptions of teaching relationally as extending beyond a “matter of good intentions or warm regard” (p. 9) but that it also mirrors the knowledge that students require for engaging as competent practitioners of nursing.

Also of interest, is Mayeroff’s (1971) emphasis on the primacy of process over product, which validates my findings relative to the emphasis in nursing education on the process of making sense of diverse forms of knowledge, and navigating learning as a complex, emergent process. In addition, Mayeroff’s (1971) contention that caring, as an emotive and intellectual practice, can be learned in response to action or inaction in a caring relationship, further supports my findings that teaching nursing involves educational approaches that encourage students to attune to emotion and thinking as a process of interpretation, engaging in learning as a form of relational interpretive inquiry.

### **Findings Relative to Jean Watson's Human Caring Science**

Nursing theorist, Dr. Jean Watson (2008) defines Human Caring Science as “an evolving philosophical-ethical-epistemic field of study, grounded in the discipline of nursing and informed by related fields” (p. 18). In her articulation of the theory of nursing as a basic human caring science, Watson (2012) contends that nurses need to embrace an expanded “world view of science as relational and relativistic and not an absolute separatist view of reality and phenomena” (p. 13). This position endorses my findings that teaching nursing means supporting students to attune to and begin their learning from a personal place of meaning from within their lived reality in relationship. Watson's (2012) expanded understanding of science also supports my consideration of the need for nurse educators to adopt a paradigm of complexity that embraces embodied experience within lived reality as a credible source of knowledge and conceptualizes complexity in ways that value intangible forms of knowledge that are dynamic and emerge from a relational context and associated with a process orientation, as valid representations of knowing in teaching and learning nursing.

The values embodied within Human Caring Science are manifest in 10 Caritas processes that characterize ways of being, knowing, and doing within an I-Thou relationship and transpersonal caring moment (Watson, 2012). Within these caritas practices, teaching and learning are characterized as relational and personalized, portrayed as a creative process embodied through authenticity and sustained through a loving, trusting, and caring relationship. Watson's (2012) representation of teaching and learning is consistent with the meaning of teaching nursing through an orientation that supports learning as an ever-renewing relational process that encompasses becoming

within the realms of knowing self, knowing another, knowing self in relation to another, and knowing in relation to the epistemic diversity represented within the moral, relational, ontological, and intellectual dimensions that inform nursing.

In their experience of delivering a caring human science curriculum with a human educative caring paradigm as the pedagogical framework for nursing education, Lewis, Rogers, and Naef (2006) describe teaching and learning within a caring paradigm as a “process of human discovery” and express that “Learning is fostered in a climate that embraces flexibility, dialogue, and deep reflection, as well as authentic caring and respect for each person’s unique capacity for meaning-making, self-discovery, and knowledge creation” (Lewis, Rogers, & Naef, p. 32). There are several areas within their pedagogical experience that correspond with my findings. For example, embodying teaching and learning through a process of human discovery complements my findings associated with teaching nursing through valuing the intangible nature of learning nursing sustained through a relational approach characterized as a complex, dynamic, and emergent process of self-discovery, meaning making and becoming. Embracing teaching and learning through flexibility, dialogue, and deep reflection, and valuing learning as a creative process align with my findings of teaching and learning as a dialectic of caring inquiry between the educator and the student which supports learning as a generative and creative process.

### **Findings Relative to Relational Emancipatory Pedagogy**

Relational Emancipatory Pedagogy for nursing as expressed by Hills et al. (2021) is grounded within philosophical perspectives and theoretical frameworks that support the essence of a humanistic approach to caring education, serving as an embodied approach

to teaching and learning nursing. It has been defined as the transformation of consciousness through relational inquiry (Hills et al., 2021). According to Hills et al. (2021) embodying a relational emancipatory approach involves a personal relationship characterized by authenticity, acceptance, valuing, and trusting in the capacity of the learner in ways that honor their lived experience and understanding. This humanistic perspective supports my findings of the meaning of teaching nursing through engaging in a relational stance that communicates the value and inherent worth of students, acknowledging the value and worth of their lived experience and ability to cultivate understanding from a personal place of meaning. Meeting students where they are in their lived experience and understanding and inviting connection in ways that support students to attune to and begin their learning from a personal place of meaning aligns with Hills et al. (2021) perceptual view of teaching and learning. Their perceptual view is supported within the work of perceptual psychologist, Arthur Combs (1982), who espouses that the educators' responsibilities involve the provision of meaningful learning experiences within a safe environment that enables students to engage in the vulnerable work of self-exploration and deep learning. From a perceptual perspective, educators become facilitators that encourage learners to participate in their learning to discover deep personal meaning (Combs, 1982).

Another theoretical foundation that frames an understanding of teaching and learning within a relational emancipatory approach is informed by Critical Social Theory according to Paulo Freire (1972). Hills et al. (2021) discuss that Critical Social Theory informs teaching and learning by supporting students to learn to critique knowledge and circumstances related to care, including systems related inequities. This concept of being

critically conscious and critiquing manifests in my findings as supporting learning through educational approaches that prepare students to explore knowledge, to notice difference, and remain open to learning through paradoxical thinking and dialectical reasoning. My findings which demonstrate that learning through relationship and recognizing the value of personal knowing as a beginning point for understanding serves as a means through which students learn to engage in a relational approach that manifests as 'patient first' is also supported within the axiological foundations of a relational emancipatory pedagogy. The choice to engage in a caring, humanistic pedagogy is an ethical one that manifests as a moral imperative that we have as nurse educators to engage with and respond to students in their learning, and to recognize that teaching and learning nursing involve reciprocity and a mutual exchange of understanding that manifests as "ethical action" (Hills & Watson, 2011, p.60); Hills & Mullet, 2000; Hills et al., 2021). My findings that recognize teaching and learning nursing as a process that is dynamic, emergent, and contextualized also aligns with the concept of situatedness as addressed within a relational emancipatory pedagogical approach (Hills et al.,2021).

Hills et al. (2021) offer Heron and Reasons (1997) participatory inquiry paradigm as the framework for an extended epistemology associated with relational emancipatory pedagogy that is informed by the interdependent nature of knowledge creation between and among the educator and the students. According to Heron and Reasons (1997), our sense of self and other is created and understood within the context of the iterative transaction that characterizes the encounter we have with the living world around us. The shared understanding that evolves from the co-presence of self and other within the encounter, referred to as a subjective-objective ontology, is created from and in turn

create multiple ways of knowing (Heron & Reasons, 1997). This expression of relational emancipatory pedagogy through a participatory inquiry paradigm supports my finding of teaching nursing through a process orientation. One that involves encouraging students to learn through cultivating an intersubjective understanding that evolves from perceptual sensitivity within their lived experience from which to interpret and mobilize diverse forms of knowledge to inform their practice. According to Hills et al. (2021), engaging in learning through a participatory paradigm “rests on the belief that reality is an interplay between the given cosmos and the mind” (p. 77). Heron and Reason (1997) further contend that within a participatory paradigm, students’ minds “creatively participate with the external world and can only know it in terms of its constructs, whether affective, imaginable, conceptual or practical” (p. 10). This understanding of learning as a creative process, substantiates my findings that the meaning of teaching nursing requires an awareness and valuing of learning as a dynamic, emergent, and creative process of sense making that emerges as epistemic diversity from within a relational context.

Relational emancipatory pedagogy is also supported by Heron and Reasons (1997) concept of “critical subjectivity” (p. 280) that results when we become critically conscious of how multiple ways of subjective knowing interact to form our personal and shared conceptions of reality. Heron and Reason (1997) contend that there are four subjective ways of knowing which include experiential, presentational, propositional, and practical. Thinking about diverse forms of subjective knowing aligns with my findings of supporting learning through a process of sense making from lived reality and trusting in intangible forms of knowing. The epistemic diversity represented within these subjective

forms of knowledge also supports a representation of the complex forms of knowledge that are required to engage in nursing practice.

### **Implications, Recommendations, and Suggestions for Further Inquiry**

As Thorne (2006) eloquently put it, "...the product of individual qualitative studies should never be taken out of the larger context as evidentiary on their own, rather, they will contribute dramatically to the evidence basis with which we inform our practice when they clarify, elaborate, and unpack what we think we already know and render an alternative perspective from which to understand it differently, more deeply, more fully" (p. 8). It is my hope that the findings from this inquiry will invite us to pause and (re)consider something we think we already know and through a spirit of wonder, engage in critical dialogue around our understanding of the meaning of teaching nursing from within the discipline as it is lived within our pedagogic life world as nurse educators.

### **Implications**

Recognizing that the meaning of teaching nursing involves relationality, learning as becoming, and trust is supported within the literature and brought forth in this inquiry. In consideration of these findings, I will discuss the implications for nursing education. For ease of reading, I will outline the implications from my research in point form.

1. The findings from my research affirm the significance of a caring relationship as a necessary approach to support effective teaching and learning in nursing. Embodying teaching nursing through a caring relationship extends an understanding of what it means to care as a humanistic practice that supports learning nursing as an emotive and intellectual endeavor. Framing caring inquiry as an educational tool, fosters learning in ways that focus on the primacy of process over product. In addition to supporting

understanding through an orientation to process, caring pedagogical relationships hold space for expressing a values-oriented approach to learning characterized by worthiness, receptivity, commitment, open-mindedness, patience, trust, humility, hope, courage, and freedom, all qualities necessary to engage in learning nursing as a onto-epistemic humanistic practice.

2. The expressed interpretation of my participants lived experience, as a form of textual dialogue, extends an invitation for us to consider ways that we can represent the complexity of nursing's disciplinary perspective through the language of process and ontology. The findings from this research help us as nurse educators, to become consciously aware of and understand both the value in and limitations of theoretical knowing, while affirming and trusting in conceptions of evidence that are perceived as particular, intersubjective, and contextualized, as valid, credible, and essential forms of knowing to support teaching and learning in nursing.

3. Expressing learning as becoming highlights the importance of engaging in educational practices that support learning as an interpretive process that reflects a representation of students lived reality as the origins of knowledge development that support practice. Encouraging learning as becoming highlights the need to trust in teaching and learning through a process orientation that recognizes students' capacity to construct understanding from an ontological orientation and personal place of meaning as reflective of competent practice that recognizes the dynamic, emergent, and contextualized nature of nursing knowledge from actual experience.

4. Exploring a consideration of complexity as an expressed element associated with teaching and learning nursing, highlights the complexity associated with nursing

understood through epistemic diversity and the inherent relationships between the moral, ontological, and intellectual nature of nursing's disciplinary perspective and practice. This consideration challenges conceptualizations of complexity and brings to nurse educators' conscious awareness how complex systems such as health and healthcare, and sociopolitical society, organize knowledge in ways that marginalize difference, multiplicity, and change as the lived experience of health and illness, which constitutes the domains of interest and lived reality of nurses in practice. This awareness has implications for how we represent knowledge in teaching and learning contexts.

The understandings resulting from this inquiry have implications that inform how we design nursing curricula. They inform how we understand the relationships between how nursing is taught and how students learn what it means to become a nurse and engage in nursing practice. This research has implications for the way that we design courses and assess students' learning, how we represent content knowledge within learning experiences that support nursing's disciplinary perspective as manifest through an interpretive process from an ontological orientation. These research findings offer us an alternative language and add another dimension to our understanding of nursing's disciplinary perspective and serves to validate and affirm scholarly work that has come before.

### **Recommendations**

Acknowledging the significance of embodying caring pedagogical relationships, learning nursing as an interpretive process of becoming, and trusting in conceptions of evidence that are perceived as particular and intersubjective within context, as valid, credible, and essential forms of knowing that support competent nursing practice,

influences our approach to teaching and learning in nursing. I offer several recommendations from this inquiry to support the translation of my findings as noted within the following points.

1. This inquiry is calling us to reaffirm, cultivate, and sustain an understanding of the significance of relational connection with students as an essential path to exemplify caring as the primary means through which students learn to engage in knowledge creation through relational interpretive inquiry as the foundation of knowing in nursing. If we conceptualize caring as an emotive and intellectual practice that can be learned, then relational pedagogical approaches would support learning nursing as a form of human caring science, or state of relational knowing.

2. Given the findings from this inquiry, I recommend that nurse educators design learning experiences that foreground an awareness and appreciation of the complexity of nursing understood through epistemic diversity, making explicit that all nursing knowledge is founded upon an ethic of 'patient first', and manifests through a relational interpretive approach and ontological orientation.

3. I would recommend that we engage in educational practices that validate and affirm the onto-epistemic nature of particular and contextualized knowledge as essential and credible forms of knowing that support learning in nursing. This could be accomplished through utilizing art's based and creative approaches to teaching and learning that honour interpretive representations of students' knowing.

4. Supporting learning as relational interpretive inquiry would mean engaging in educational practices that recognize nursing knowledge as dynamic and emergent as manifest from students lived reality in relationship to themselves, others, and their

understanding of diverse forms of knowledge. To support students to understand their interpretive processes, we could consider the role of meta-cognition and how approaches, such as advocacy inquiry debriefing, supports students to enhance their conscious awareness of how they process diverse forms of knowing to inform understanding, decision making, and action.

5. The findings from this inquiry provide us the opportunity to reassess what constitutes competence in nursing practice, and reconsider assumptions we have regarding the relationship between theoretical knowledge and practice. As Schleiermacher (1964, in van Manen, 2016a) reminds us “The integrity of praxis does not depend on theory, but praxis can become more aware of itself by means of theory” (p. 15). I would recommend offering students immersive experiences that enable them to attune to and translate diverse forms of knowing and then introduce theoretical constructs to support their interpretive understanding. Nurse educators should explore the role of learning interpretation through experiences such as improvisation that support a ‘yes/and’ mindset and creativity in thinking. I would also recommend that we extend reflection relative to experience to encompass pre-reflection as an expression of ongoing becoming, and support means of expressing reflection relative to learning beyond just the intellect; this would support students to explore the motivation behind their decisions and cultivates an awareness of the moral foundations that should inform the intellect and cognition in nursing.

6. I recommend that nurse educators take the findings from this inquiry as an opportunity to cultivate a critical awareness and understanding of why purely behavioralist approaches that teach to the organization of complex forms of knowledge,

as per the transcendent paradigm, are inadequate representations to support learning nursing's disciplinary perspective as process oriented and framed from an ontological standpoint. Nurse educators need to design learning experiences that support students to appreciate the value and necessity of engaging in paradoxical thinking and dialectical reasoning to support learning through interpretive inquiry to notice difference, multiplicity, and change, and navigate paradox, uncertainty, and indeterminacy associated with an onto-epistemic and process orientation to knowledge creation. I would recommend that as nurse educators, we conceptualize science as "the state of knowing: knowledge as distinguished from ignorance or misunderstanding" (Merriam-Webster, 2022) framed from an ontological perspective, one that serves as a bridge that becomes a dialectic and a generative space to utilize all forms of theoretical knowledge in the service of nursing's disciplinary perspective as a form of relational interpretive inquiry.

### **Suggestions for Further Inquiry**

The method used to conduct this research was effective in eliciting rich stories from these expert educators on the meaning of teaching nursing from their everyday practice as nurse educators. Considering the paucity of inquiry devoted to the meaning of teaching nursing form within nursing's disciplinary perspective and the ongoing discourse surrounding what constitutes nursing's disciplinary perspective, replication of this inquiry is highly recommended. I would be curious as to how the findings would manifest as similar or different if this inquiry was conducted on a diverse demographic of educator compared with the participants who were involved in this research. Exploring and understanding the cognitive processes involved in paradoxical thinking and dialectical reasoning and how these styles of thinking support students' relational

interpretive inquiry as a foundation for learning nursing would be an area of consideration for further inquiry. I would also be curious to explore how art's based and other creative approaches to learning such as improvisation and philosophical inquiry would inform students' ability to engage in learning as a form of relational interpretive inquiry.

Given the influence of complexity and complex systems as understood through the transcendent paradigm, it would be beneficial to explore alternative conceptualizations of complexity, such as metaphysical complexity as outlined by Theodoritis (2018b) and consider how we might conceptualize a paradigm of complexity that supports an understanding of the meaning of teaching and learning in nursing, and that represents nursing's disciplinary perspective. I think it would be valuable to explore the metaphysical (Roy, B., 2019) to illuminate the meaning of 'learning as becoming' through conducting a philosophical analysis using Deleuze's Philosophy of Becoming and his Ontology of Difference and consider Whitehead's Process Relational Philosophy to help support a deeper understanding of the interpretive process of becoming, further explicating nursing's disciplinary perspective.

### **Summary**

My goal with this inquiry was to seek the meaning of teaching nursing from within the discipline, aligning pedagogy with what it means to become a nurse in addition to revealing what nursing is as an embodied practice and how it should be taught. The meaning of teaching nursing was found through a relational connection with students that invites learning from lived experience and a personal place of meaning; that serves as an essential path to exemplify caring as an emotive and intellectual endeavor, and as the

primary means through which students learn to engage in knowledge creation through relational interpretive inquiry as the foundation of knowing in nursing. Relationality was manifest as an embodied exchange within the dynamic and emergent nature of experience with oneself, another, and with diverse forms of knowledge encountered in learning. Building upon relationship and the knowledge of self as an ontological beginning point for learning, teaching nursing was shown to involve a willingness to enter the indeterminacy of learning, embodying how to access, create, and manifest knowledge characterized as complex and dynamic from an iterative exchange that emerges from relational practice in moments of time. The meaning of teaching nursing from within the discipline was found to entail consciously attuning to, valuing, and trusting the intangible nature of learning nursing through a relational approach characterized as a complex, dynamic, and emergent process of self-discovery, meaning making, and becoming.

As I expressed earlier, it is my hope that the findings from this inquiry will invite us to pause and (re)consider something we think we already know and through a spirit of wonder, engage in critical dialogue around our understanding of the meaning of teaching nursing from within the discipline as it is lived within our pedagogic life world as nurse educators. It is my hope that my interpretation of the shared experience of my participants has honored their narratives and experiences in meaningful ways, and that my writing speaks in a voice that resonates with others engaged in the compelling wonder involved in teaching nursing so that they ‘see’ themselves and their practice in familiar and yet new and inspiring ways. This journey began as a quest to understand the embodied space in between students and myself as a nurse educator and how it is that they come to understand what nursing is through my teaching practice. What I have come

to know is that my authentic, caring, and compassionate stance to teaching is a significant pedagogical approach that exemplifies for students how to engage in learning nursing as an embodied form of relational inquiry that informs the foundation for generating the knowledge required for competent nursing practice. My belief and trust in conceptions of evidence that are perceived as particular and intersubjective within context, as valid, credible, and essential forms of knowing that support competent nursing practice has been validated. My belief that learning is a process of self-discovery and human becoming has been expanded to a greater depth of appreciation for the nature of becoming as it aligns with learning as an ever-renewing relational process that informs the intellectual and moral character of students. Finally, I have come to a new awareness of myself as a nurse, as an educator, and as a scholar of the discipline. Coming to a deeper understanding of the meaning of teaching nursing from within the discipline is a journey to wisdom, and possibility. The wisdom gained through this inquiry will lead to continued learning, growth, and becoming.

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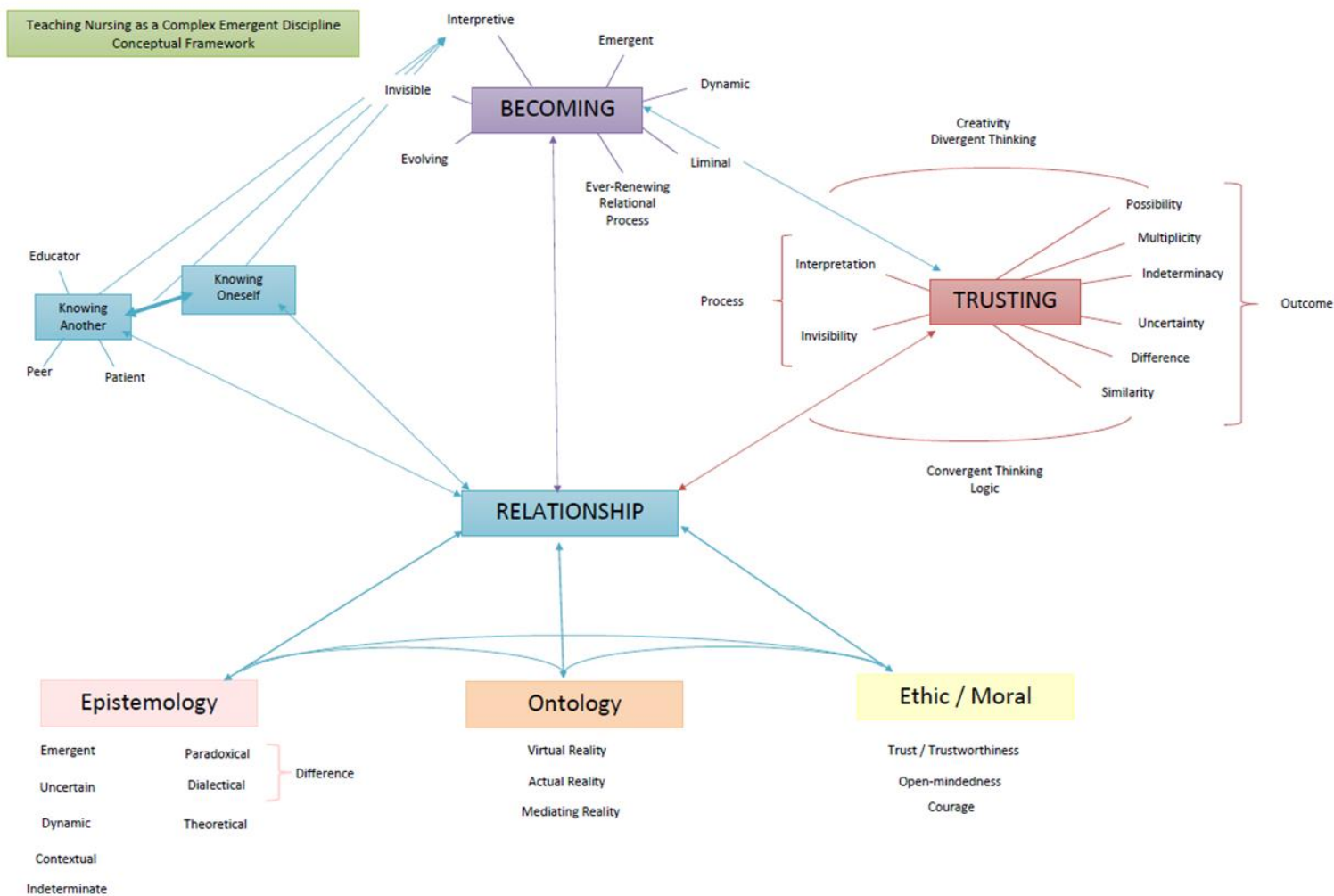
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Figures

Teaching Nursing as a Complex Emergent Discipline

Conceptual Framework



## Appendix A

### Refined Carative Processes

#### Refined Carative Processes (Watson, 2008)

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Practice of loving-kindness/compassion and equanimity with self/other.

---

Being authentically present, enabling belief system and subjective world of self/other.

---

Cultivating own spiritual practices; beyond ego-self to authentic transpersonal presence.

---

Sustaining a loving, trusting, and caring relationship.

---

Allowing for expression of feelings, authentically listening and “holding another person’s story for them”.

---

Creative solution seeking through caring process, full use of self; all ways of knowing/doing/being engage in artistry of human caring-healing practices and modalities.

---

Authentic teaching-learning within context of caring relationship; stay within other’s frame of reference; shift toward a health-healing-wellness coaching model.

---

Creating healing environment at all levels; physical/nonphysical, subtle environment of energy, consciousness, wholeness, beauty, dignity, and peace are potentiated.

---

Reverentially and respectfully assisting with basic needs, holding an intentional, caring consciousness of touching the embodied spirit of another as sacred practice, working with life force/life energy/life mystery of another.

---

Opening and attending to spiritual, mysterious, unknown, and existential dimensions of all the vicissitudes of life, death, suffering, pain, joy, transitions life change; “allowing for a miracle”. All of this is presupposed by a knowledge base and clinical competence.

## Appendix B

### Sample Interview Questions

#### Sample Conversational Interview Questions

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What is your understanding of nursing's disciplinary perspective?

---

When you think about teaching nursing from our disciplinary perspective, what comes to your mind as essential or foundational?

---

How does your understanding of nursing's disciplinary perspective manifest itself in your teaching practice?

---

How would you describe the experience of teaching nursing from our disciplinary perspective?

---

Can you describe a time when it felt like you were teaching nursing? How did you know?

---

## Appendix C

### Recruitment Email



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Dear Participant,

My name is Tracey Clancy, and I am a PhD candidate in the School of Nursing at the University of Victoria under the supervision of Dr. Marcia Hills. I am reaching out to extend an invitation to you to participate in a conversation exploring the meaning of teaching nursing from nursing's disciplinary perspective.

Our conversation would inform my doctoral research entitled '**An Exploration of the Meaning of Teaching Nursing from Nursing's Disciplinary Perspective**'. The University of Victoria Human Research Ethics Board has approved this research study. Ethics Protocol Number 21-0074. Please see additional information regarding participation below.

**Purpose:** I am conducting research to seek the meaning of teaching nursing from nursing's disciplinary perspective, to align educational approaches with what it means to become a nurse in addition to revealing what nursing is as an embodied practice and how it should be taught.

**Eligibility:** Experienced nurse educator dedicated to the notion that there is a disciplinary perspective that supports nursing research, education, and practice, who has engaged in philosophical reflection on nursing's disciplinary perspective and is committed to thinking about nursing as a discipline.

**Time and Commitment:** You are invited to describe and share the meaning of teaching nursing from nursing's disciplinary perspective in a one-on-one discussion with the researcher, lasting 45 – 90 minutes via Zoom at a mutually agreeable date and time.

**Benefits and Risks:** Benefits of involvement include a comfortable and confidential forum within which to discuss your teaching experiences. There are no foreseeable risks involved in participating in this research. Your confidentiality and the confidentiality of the data will be protected by storing transcribed data on a password protected encrypted file only accessible by the researcher. The researcher will make every effort to remove all participant identifiers during the dissemination of the research findings.

If you are willing to engage in this significant research, please contact me at and I will respond to any questions that you may have and discuss specifics of the research.

Thank you very much for your time in reading this invitation email.

Kind regards,

Tracey L. Clancy RN, MN, CCNE, PhD (c)

Researcher, Faculty of Nursing, University of Victoria.

Dr. Marcia Hills RN, PhD Supervisor

Principal Investigator, Faculty of Nursing, University of Victoria

The University of Victoria Human Research Ethics Board has approved this research study.

Ethics Protocol Number: 21-0074.

## Appendix D

### Participant Consent Form



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#### **An Exploration of the Meaning of Teaching Nursing from Nursing's Disciplinary Perspective**

You are invited to participate in a study entitled An Exploration of the Meaning of Teaching Nursing from Nursing's Disciplinary Perspective that is being conducted by Tracey L. Clancy RN, MN, CCNE, PhD (c), and her supervisor, Dr. Marcia Hills RN, PhD, Professor, Faculty of Nursing, University of Victoria.

Tracey L. Clancy is a Graduate Student in the School of Nursing at the University of Victoria, and you may contact her if you have further questions by email at.

As a graduate student, I am required to conduct research as part of the requirements for a Doctor of Philosophy degree in Nursing. It is being conducted under the supervision of Dr. Marcia Hills. You may contact my supervisor at.

#### **Purpose and Objectives**

The purpose of this research project is to seek the meaning of teaching nursing from nursing's disciplinary perspective, aligning pedagogy with what it means to become a nurse in addition to revealing what nursing is as an embodied practice and how it should be taught.

#### **Importance of this Research**

Nursing has continued to struggle to gain credibility as a scientific discipline, a struggle that involves uncertainty as to exactly what nursing science is or should be? The present discourse surrounding the disciplinary perspective that supports registered nurses' practice suggests that the failure to clearly define the domain of nursing has contributed to the profession at the crossroads. In response nursing scholars have heralded a call to action to engage in substantive debate and dialogue on the place of nursing's historical perspectives and the way forward.

This call to action emphasizes the significant role of nursing education and highlights the responsibilities that nurse educators have in moving the discipline forward. The mandate of academic schools of nursing is to prepare the next generation of nurses. As such, nurse educators are called to shepherd the discipline. The pedagogical practices and curricular decisions made by nurse educators contribute to shaping who nurses are, how they conceive of nursing practice, what their understanding of nursing's disciplinary knowledge is, and how this informs the future of nursing science and professional nursing practice. Teaching from nursing's disciplinary perspective is more relevant than ever given the continued existential threat to the discipline of nursing and ongoing confusion about what distinguishes the discipline of nursing. Within the uncertainty to articulate what nursing science is or should be lies opportunity to question and engage in critical dialogue surrounding what it means to teach nursing from our disciplinary perspective. Making explicit the meaning of teaching nursing from our disciplinary perspective

remains a significant area of exploration within nursing. Exploring the lived experience and meaning of teaching nursing from our disciplinary perspective promotes awareness and creates opportunity for dialogue and consensus building concerning our disciplinary ways of being, knowing, and doing, in addition to revealing what nursing is as an embodied practice and how it should be taught.

A qualitative research method will be used to conduct this exploration and involves individual interviews with four to six experienced nurse educators from North America.

### **Participants Selection**

You are being asked to participate in this study because you are an experienced nurse educator dedicated to the notion that there is a disciplinary perspective that supports nursing research, education, and practice, who has engaged in philosophical reflection of nursing's disciplinary perspective and is committed to thinking about nursing as a discipline.

### **What is involved**

If you consent to voluntarily participate in this research, your participation will include an individual interview lasting 45 – 90 minutes. The interviews will be conducted via an online platform known as Zoom. Participants will be encouraged to talk about their experiences teaching nursing and what it means to teach from nursing's disciplinary perspective.

The interview will be audio recorded and transcribed verbatim for the purposes of the research. A second interview, phone call, or email may be necessary to validate interpretation of the data to remain true to the meaning of teaching nursing from nursing's disciplinary perspective as it is expressed by the participants.

### **Risks**

There are no known or anticipated risks to you by participating in this research. If you become uncomfortable during the individual interview, the tape will be stopped, and the interviewer will suggest a break, rescheduling or further counseling support. Those participants who require further counseling support who are currently teaching will be directed to the staff wellness center at their institution. Those participants who require further counseling support who are not currently teaching will be directed to counseling services in their community.

### **Benefits**

The potential benefits of your participation in this research include talking to others in a confidential setting about your experiences of teaching nursing and what it means to teach from nursing's disciplinary perspective. The information from this study will provide a better understanding of the meaning of teaching nursing from nursing's disciplinary perspective, informing what nursing is and how it should be taught.

### **Voluntary Participation**

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you decide to withdraw during the individual interview, your participation in the interview will end and your data will not be included in the study. The last point at which data withdrawal will be possible is prior to the analysis and write up of the findings.

### **Anonymity**

In terms of protecting your anonymity Zoom servers are located outside of Canada and Zoom stores users' names and usage data outside of Canada. No other information is stored outside of

Canada, and recordings of Zoom meetings are not stored on Zoom servers. Only the researcher and her supervisor will have access to your name and contact information collected during the research process. To increase the protection of your personal information via the online Zoom platform, it is recommended that you use a nickname or substitute name while on Zoom. The researcher will be transcribing the audio recorded interview data using pseudonyms.

### **Confidentiality**

Your confidentiality and the confidentiality of the data will be protected by storing transcribed data on a password protected encrypted file only accessible by the researcher. The researcher will make every effort to remove all participant identifiers during the dissemination of the research findings.

### **Dissemination of Results**

It is anticipated that the results of this study will be shared with others in the following ways; directly to participants to validate interpretations and data analysis, during scholarly meetings with the principal investigator's doctoral committee, and within the dissertation. It is anticipated that the results of this research will also be presented in a published article.

### **Disposal of Data**

Electronic data from this research will include the transcribed data which will be kept for three years following completion of the research, at which time the audio recorded interviews will be deleted and the electronic copies of the transcripts will be deleted.

### **Contacts**

Individuals that may be contacted regarding this study include the researcher, Tracey L. Clancy who may be contacted at and the researcher's supervisor Dr. Marcia Hills who may be contacted at .

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Your signature below indicates that you understand the above conditions of participation in this study, that you have had the opportunity to have your questions answered by the researchers, and that you consent to participate in this research project.

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*Name of Participant*

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*Signature*

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*Date*

## Appendix E

### Ethics Certificate of Approval



Office of Research Services | Human Research Ethics Board  
 Michael Williams Building Rm B202 PO Box 1700 STN CSC Victoria BC V8W 2Y2 Canada  
 T 250-472-4545 | F 250-721-8960 | [uvic.ca/research](http://uvic.ca/research) | [ethics@uvic.ca](mailto:ethics@uvic.ca)

### Certificate of Approval

PRINCIPAL INVESTIGATOR	<b>Marcia Hills</b> (Supervisor)	<b>ETHICS PROTOCOL NUMBER</b>	<b>21-0074</b>
PRINCIPAL APPLICANT	<b>Tracey Clancy</b> <b>PhD student</b>	Expedited review - delegated	
UVIC DEPARTMENT	<b>Nursing NURS</b>	ORIGINAL APPROVAL DATE	07-Apr-2021
		APPROVED ON	07-Apr-2021
		APPROVAL EXPIRY DATE	06-Apr-2022

**PROJECT TITLE** An Exploration of the Meaning of Teaching Nursing from Nursing's Disciplinary Perspective

**RESEARCH TEAM MEMBERS**  
Tracey Clancy - ,

**DECLARED PROJECT FUNDING** None

**DOCUMENTS INCLUDED IN THIS APPROVAL**  
 tcps2\_core\_certificate.pdf - 07-Mar-2021  
 Recruitment Poster.docx - 07-Mar-2021  
 Sample Interview Questions.docx - 07-Mar-2021  
 Participant Consent Form - Revised April 7, 2021.docx - 07-Apr-2021

**CONDITIONS OF APPROVAL**

This Certificate of Approval is valid for the above term provided there is no change in the protocol.

**Modifications**  
To make any changes to the approved research procedures in your study, please submit a "Request for Modification" form. You must receive ethics approval before proceeding with your modified protocol.

**Renewals**  
Your ethics approval must be current for the period during which you are recruiting participants or collecting data. To renew your protocol, please submit a "Request for Renewal" form before the expiry date on your certificate. You will be sent an emailed reminder prompting you to renew your protocol about six weeks before your expiry date.

**Project Closures**  
When you have completed all data collection activities and will have no further contact with participants, please notify the Human Research Ethics Board by submitting a "Notice of Project Completion" form.

**Certification**

This certifies that the UVic Human Research Ethics Board has examined this research protocol and concluded that, in all respects, the proposed research meets the appropriate standards of ethics as outlined by the University of Victoria Research Regulations Involving Human Participants.

\_\_\_\_\_  
 Dr. Rachael Scarth  
 Associate VP Research Operations

Certificate Issued On: 07-Apr-2021