



TE 17 May 94
DEAN

MEANINGS OF INTUITION IN NURSES' WORK

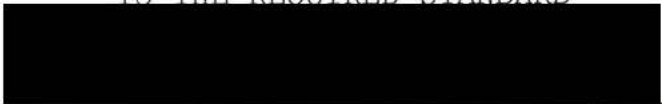
BY

WENDY ELLEN COPELAND COOPER
R.N., Royal Jubilee Hospital, 1963
BScN, UNIVERSITY OF VICTORIA, 1981

A THESIS SUBMITTED IN PARTIAL FULFILMENT
OF THE REQUIREMENTS FOR THE DEGREE OF
MASTERS OF ARTS IN CURRICULUM STUDIES

IN THE DEPARTMENT OF
COMMUNICATION AND SOCIAL FOUNDATIONS
FACULTY OF EDUCATION

WE ACCEPT THIS THESIS AS CONFORMING
TO THE REQUIRED STANDARD



Dr. Antoinette Oberg, Supervisor
(Department of Communication & Social Foundations)



Dr. Ted Aoki, Member (Department of Communication &
Social Foundations)



Dr. Anita E. Molzahn, Outside Member
(School of Nursing)



Dr. Janet Ritchie-Dann
External Examiner
(School of Nursing, University of Calgary)

© WENDY ELLEN COPELAND COOPER, 1994
University of Victoria

All rights reserved. Thesis may not be reproduced in whole
or in part, by photocopy or other means, without the
permission of the author.

Supervisor: Dr. Antoinette Oberg

ABSTRACT

This work looks at "Meanings of Intuition in Nurses' Work". The question arose from my work while giving care as a Registered Nurse to patients and families recovering from major surgeries; from my work with Therapeutic Touch practised in a medium difficult to quantify, but clearly felt; and from my work with students struggling to find the meaning of making decisions as beginning nurses giving care.

The question is explored through a hermeneutic interpretation that looks at nurses' work from the perspective of decision-making. While nurses' ways of making safe, ethical and effective decisions have many aspects the question focuses only on the intuitive aspect. By telling stories of my experiences, by seeking meaning from my conversations with participants and by interpreting the literature, I found meanings about intuition and its place in decision making.

Detailed interviews were conducted with three nurse educators who had at least twenty years experience in the field of nursing as bedside practitioners and nurse educators.

I found that telling stories of experiences in nursing most readily gives nurses' meanings about intuition and enables them to connect with one another as professionals. Relationships in which authenticity and trust are created are most likely to provide conditions in which nurses will find intuition. Common themes in the meaning of intuition are

explored. Ways in which intuition could be taught are identified and ways in which educators could use intuition to evaluate student performance are explored.

To give some clear and immediate work to apply in practice, lists giving suggestions for ways of teaching intuition and ways to use intuition in evaluating students are included.

It is my hope that this work will enable the reader to interpret and find personal meaning about ways to use intuition in their own decision making. It is also my wish that intuitive decision-making can further the ways in which nurses' lead the profession into the 21st Century. The agents of change of today become the pioneers of tomorrow.

Examiners:

Dr. Antoinette Oberg, Supervisor
(Department of Communication & Social Foundations)

Dr. Ted Aoki, Member
(Department of Communication & Social Foundations)

Dr. Anita E. Molzahn, Outside Member
(School of Nursing)

Dr. Janet Ritchie-Dann, External Examiner
(School of Nursing, University of Calgary)

TABLE OF CONTENTS

ABSTRACT.....	ii
TABLE OF CONTENTS.....	iv
ACKNOWLEDGEMENTS.....	v
PREFACE.....	vi
CHAPTER 1 INTRODUCTION: GIVING VOICE TO THE STORIES.....	1
CHAPTER 2 FINDING FOUNDATIONS AND BEGINNINGS.....	8
CHAPTER 3 A WAY OF DECISION MAKING IN NURSING.....	12
CHAPTER 4 COMING MORE CLOSELY TO THE QUESTION.....	14
CHAPTER 5 WAYS OF KNOWING INTUITION: GIVING VOICE TO THE WORDS AND LANGUAGE.....	16
CHAPTER 6 THOUGHTS ON METHODOLOGY.....	19
CHAPTER 7 INTERPRETING THE DATA.....	24
CHAPTER 8 SHIFTS ALONG THE WAY.....	34
APPENDIX 1 THE CLOTHESLINE METAPHOR.....	37
APPENDIX 2 REACHING OUT TO THE LITERATURE.....	42
APPENDIX 3 CHOOSING THE PARTICIPANTS.....	55
APPENDIX 4 COVER LETTER TO THE PARTICIPANTS.....	59
APPENDIX 5 CONSENT FORM.....	61
APPENDIX 6 EXCERPTS FROM THE INTERVIEWS.....	62
APPENDIX 7 SOME WAYS IN WHICH INTUITION COULD BE TAUGHT....	81
APPENDIX 8 SOME OF WHAT MAY BE PARTS OF THE WORDS "YOU PASS".....	83
BIBLIOGRAPHY.....	84

To those who have been before me, to those
who walk beside me
and to those yet to become.

Thank you

PREFACE

When I began to write this work I believed I had to laboriously include quotes and sources, naming the writers and pioneers whose words and ideas I was using to inform my writing and my thoughts. After all, aren't we in the academic community constantly asking the same of our students? And haven't I, with my roots in nursing, always been schooled to validate and quantify? And do not I know some of my most significant learning has come out of my reflections on the writing of others? Isn't this where meaning comes from? By reading and being thoughtful one is transformed through learning--learning that creates energy and connectedness to the place of professional practice.

But my writing, when I did this, was cumbersome and rather pedantic and tended to disconnect the reader from the writing. I came to know that it was the voice of my experiences that should be heard rather than the voices of others.

But what about the readers, my colleagues, those nurtured with roots like mine, built on the need to validate and quantify -- won't they be looking for sources too? The answer seemed to lie in separating the source of my inspiration, the words of others, into another place, the appendix.

Within this story seems to lie something much like the difficulty which our profession is having in separating from

the patriarchal, technological system within which we work. Yet from within the difficulty is coming an awareness of the need for separating from the technology with its relentless quest for quantification. For now, like my profession, this work contains two parts: my writing, that part which reflects my experiences, the changes and transformations of my professional experience and the appendix, that part which reflects the voices of others through which I am learning and which have provided me with the conditions to find meaning.

CHAPTER ONE: INTRODUCTION: GIVING VOICE TO THE STORIES

I enter the patient's room and know that some catastrophic bleeding event is about to happen. I know this before I have conducted any preliminary assessment. I know before the patient knows, before the patient signals to me his overwhelming feelings of anxiety that something is about to happen to him. I act before I am aware that I know.

As I explore the client's energy fields using therapeutic touch, I am in touch without physically touching the physical and emotional planes surrounding her body. I know where she is experiencing pain and tightness, congestion and aching. I know about this woman's body, things about which she may not yet be consciously aware, things I must now inform her of, for her to validate. I know more about this person than I can say.

The beginning student hovers about the extremely ill patient, venting anxiety by talking non-stop and without apparent regard for the patient. She begins to bathe her patient, then remembering some small forgotten essential, yanks up the siderail and rushes away. On return, she begins again, while the patient smiles wanly, in an effort to still the chatter and reassure this neophyte that she is doing her beginning job of caring well. I attempt to mediate this restless energy by speaking gently with the patient while overlooking what could on the surface, be considered inept and unsatisfactory performance. I know from somewhere within, long before I know the meaning of this unceasing activity,

that a caring nurse is being created.

The senior student about to graduate gives care to his four patients in a way that I assess to be satisfactory for the moment, given that this is our first day together as teacher and student. The turning point comes when he writes me a story from the heart, a story that pours out his worst fears about his forthcoming transition into Registered Nurse. Then I know almost without need for further data, that here is a man born to care, to be with patients, one who will give much to our profession.

I compare this student with another of his classmates, one who my colleagues have told me I will thoroughly enjoy, so wonderfully knowledgeable and thorough is her approach to her patients. Yet when I meet her, I feel no connection, so seemingly stilted is her way of being. She will of course be successful, but why do I feel so unsettled around her? How do I know after only these first few days of being together, that it is the other learners who I would choose to care for my loved ones?

Here are stories about intuition, but how can this way of knowing be true when it is not based on observable facts and when in nursing we insist on verifiable data and words that demand rigid outcomes? Machines and technology, operating within the patriarchal hierarchy of the institution, have taken over our ways of knowing, demanding quantifiable evidence of facts and statistics to support our decisions.

Our language manufactures labels for our patients that demand rigid outcomes for care. The system instructs us to "do to" and intrudes on our ability to "be with" our patients. It overlooks the whole idea of being open to grasping the rhythms within the experience of "being with". It drives us from our six senses so that we become estranged from our professional knowing and the people we should be there for. We minimize our knowing when we cannot find the words to precisely describe an event, often saying to ourselves, that if there are no words, no language for what I know, then it must not be so. For just as technology and the hierarchy has driven us from our patients, our words are becoming the agents of professional disunity. We have isolated our students by putting them into the world of machines and technology in an educational sense, that is the world of learning by objectives, demanding of them facts and theory to support opinions, negating their feelings and experiences.

The profession of nursing is at a turning point where a new way of knowing is being attended to, or maybe a kind of knowing that has been with us since the time of Nightingale and one to which we are being compelled to return. The shift is helping us return to listening with our whole bodies, a turning point that is creating a place of tension within which we may finally be able to hear the voices of our patients. Within the ambiguity between doing and being, lies a world of experience that can tell us something beyond the empirical

world of fact and scientific theory. A world where we can come to reflect and know more about the language we use. It is the experience of intuition, a way of knowing that is pre-theoretic and pre-reflective, a kind of spontaneous knowing about a situation, that calls one first to act and then to understand.

How can a profession talk of turning points when it has difficulty saying what this professional intuition is about? The language within the stories calls the reader to know of knowing/not knowing that the patient is about to bleed; of touching/not touching the patient's energy fields; of knowing/not knowing about students who are learning how to become a nurse. In using these words, a paradox seems to have been created within which something is generated.

If we visit this place of paradox, an experience of thoughtful activity and meaning may be found. This is a place, not of the self, not of the other, but a place somewhere between, where possibilities and becoming may occur. Here the experience of being with our patients allows this knowing as an intuition, to be acknowledged, listened to and trusted. Here conversations take place that call forth the knowing between beings on their way to becoming. Here an embodiment is situated within the knowing.

Let us also linger a moment within the place of nursing education because here is where transition and transformation must begin. We return to the experience of learner in right

relation with teacher, a place of being and possibilities. A place without boundaries, where from within the ambiguity and paradox follows ways of knowing that bring an open-ness to freedom and intuition. Where knowing and not knowing and ambiguity build bridges to a relationship that emerges, putting teacher and student together as learners open to hearing the knowing and intuition of their experiences.

What is this knowing like? The something of which I speak is the way of knowing, its character of knowing-ness, its meaning. The something that calls us to hear, impels us to listen, compels us to act, but is not the result of our actions. We act on the knowing-ness, despite our hovering between knowing and not knowing. It is like the detective story where we know what the ending will be before we have read the final page, yet are compelled to read it through because although we think we know "whodunit", we don't know. It is similar to knowing that it is the friend we have not heard from in months, on the end of the telephone ring. It is like a conversation, a dialogue between the knowing and not knowing.

In the tension of the paradox, the vision of a conversation leading us on a journey to meaning and understanding is created. The journey becomes the pathway for the connection of ideas from which the dialogue is generated. The possibilities in the journey between conversation and dialogue is a dialectic not between facts but one between

beings and their connections. It is the journey and possibilities that call us to act and evokes our knowing.

Knowing-ness occurs in an environment of authenticity between self and other that is full of caring, is thoughtful and giving, one in which conversation will begin. The knowing-ness waits to be heard within the conversation and dialogue. It calls to me that which I don't yet know, to feel what I can't yet touch. This is the place from where thoughtfulness occurs, the conversation between "knowing that" and "doing to" that evokes acts that do not lose their knowing-ness.

I return to the places of my stories, for they are the happenings for me in the many experiences of giving and receiving care with patients and students. I search for the meaning of an embodied knowing, that for all these years has been set aside as being too imprecise, ignored as being "too fuzzy". For too long, the part that knowing plays in the calling to act, to do the right thing in the right moment, has been denied. My task will be the learning that is possible here in places like those of the stories. My learning will be a calling forth of what I have always known, finding words to tell my stories. My learning will be about language and meaning. My learning will be about helping my students know how to know the meaning of intuition. My learning will be about inviting my students to join me in this place, to rejoice with them as they become partners in this way of

knowing, to help them impassion themselves to go forth with a new voice for nursing.

Being is becoming.

CHAPTER TWO: FINDING FOUNDATIONS AND BEGINNINGS

The journey that I have taken from the place in which the story of bleeding occurred, has been one taken from a time when the world of nursing was narrowly defined by what it did and not by what we knew---from a place of formality and objectivity. I cared then for people whose life or death world of major surgery had no in-betweens. I shared the pain and suffering of waiting beside them for the diagnosis, and the joy and laughter of their recovery. That is the place that evoked the story of bleeding, a story that unbeknownst to me, stayed buried deeply within to emerge only recently as I began my present journey. I have travelled on pathways too numerous to recall yet paradoxically I know those paths are ones that have led and connected me to the place where I am now emerging.

Stay with me for a moment through the next shift taken many years ago into the place of nursing education. Here I remember the classroom with its four stark walls as a place devoid of life except that of those eager to learn, and myself eager to teach, and one that was juxtaposed against that world of patients and practice. The memory that remains most vividly with me is that this place was where power was taken, not given, one where I as teacher had almost complete dominion over the student, in a relationship where objectives guided the learning, objectives that coldly formalized and emphasized evaluation over learning, a place of subject and object. Yet

those were the ways of the time and the place and we cared as best we knew. I knew and did not know in those years how saddened I was to be away from being in that place of possibility between life and death; knew and did not know how this new world of objectives was a technology driving me away from the place where I felt human need and caring.

I shifted again and now teach nursing in a five year baccalaureate nursing program. Camosun College is one of eight British Columbia colleges that have partnered with the University of Victoria in the formation of an education consortium that is implementing yet another change in nursing and nursing education in North America. Our curriculum places nursing within a health promotion perspective that calls forth human health, caring and healing as the ways to being well. Here we describe nursing care from the view of health and no longer place ourselves as an extension of the medical model.

The relationship of teacher and student in this curriculum is one of partnership and collaboration. As co-learners, both participate in planning clinical experiences that fit closely with the students' unique learning needs. Within the relationship, a caring presence is fostered in such a way that the student experiences caring and healing that provide them with personal meaning about ways to be in a caring relationship with their patients.

Evaluation is, of course, an ethical necessity, a requirement of the governing professional body, The Registered

Nurse's Association of British Columbia. The curriculum uses journal writing to help the student come to know about themselves as professionals in practice through the writing of their experiences in narrative form. Phenomenology, critical reflection and social theory also guide journal writing and the finding of personal meaning.

Beyond this, I have come to view evaluation as a place of possibility between myself and the student. I find I may be able to tell students in the first few days of a clinical practice experience that they will pass the course, that each will pass in a way that reflects their own unique progress, different from all others. Our challenge, I can tell them, will be to find what that pass will look like for them and that, in our working together in relationship, answers will come.

I ask myself why I believe this can happen when I have not yet been with the student. I search for answers within the question of this writing because in finding answers to my question, I will find answers for helping those beginning professionals find ways to know and trust their budding professional intuition and not negate and ignore it as I did for so long.

I have, then, entered a place of possibility as a nursing educator, a world where I must question my assumptions, where answers may not emerge as clearly as in other models of nursing and education in my past. Yet I also know deeply and

profoundly, that this place is the only place from which my profession can move into the 21st Century. And for me, as a nurse, it may be the way in which I can return to a world like that which evoked the stories with which I began. It is most certainly the place from which the questions about this writing emerged and are founded.

CHAPTER THREE: A WAY OF DECISION MAKING IN NURSING

As we near the 21st Century, a transformative approach to the complex and rapidly changing environment in which health care is given will demand shifts to other ways of knowing for nurses' work. Nurses will need to be informed about their patients through the wisdom of clinical judgement, decision making and diagnosis, in addition to performing advanced technological skills. The profession certainly needs technology and empirical data to keep informed and be safe. But the required shifting will be about intuition as a way of knowing within this decision making and skill performance.

In what ways might the experience of intuition be understood? The call for a different way of being in the moment--one requiring not rational analysis, although this certainly has its' place, but the need for listening for the voices in the silence of the space between, for experience and intuition.

This is not to say that in nursing the only way one knows is by intuition. It would be unwise to suggest that professional judgements do not incorporate theory, fact, concrete data and information collected through verifiable means. Lives are at stake. Facts are a way to be with the patient, and are necessary but they lend only one view. But to suggest they are the only way to be would be to isolate the nurse from the patient or marginalize the experiences of learner and teacher.

The 21st Century demands another way of knowing from us as nurses, for if we are to let human health, caring and healing be the goal for our patients we must know how to know when we have reached that goal. Human health and caring are ambiguous and fluid ideas, unique to the individual, to be evaluated as being just what the person says they are. Nurses must be able to trust their ability to know this ambiguity and act with confidence on that ambiguity. Teachers of nursing must be able to help learners know and trust this way of being.

This study and its question have relevance to the ways in which nurses assess and make safe and effective decisions, actions that result in healing, empowerment and health for their patients. For nurse educators, it has relevance in that to be moving our profession into the 21st Century, we are the leaders who will be helping the beginners of today be ready for the massive changes and possibilities yet to come in our profession. It has relevance in that we need to find ways to help the beginner recognize ways of knowing intuition in the domains of their work as a nurse. Furthermore, the decision making of nursing education will likely always include institutional requirements for evaluation in some form, thus educators need to evaluate students in ways that promote empowerment and the conditions in which intuitive knowing will be found and not stifled.

CHAPTER FOUR: COMING MORE CLOSELY TO THE QUESTION

Some years ago while teaching in the clinical practice setting, I began to be attentive to the idea that within the early days of being with a student, there was an increasing amount of certainty in my being able to predict the success of a student's clinical performance. Yet this flew in the face of objective learning and just and fair evaluation. To me at that time, it seemed too subjective and biased and lacked the concrete verifiable evidence that we as teachers demand of ourselves before ever speaking to a student about our observations. I maintained a silence about my experiences but listened carefully to my inner voice.

As my work with therapeutic touch became more and more a part of my practice, I began to acknowledge its role in helping me return to the place where I had to trust my intuition as an integral part of my way of knowing about the patients I was assessing. There was nothing concrete in the data I was gathering but it began to feel very much like my experiences in predicting the success of my students' performance--subjective and possibly biased, yet validated in some as yet obscure way. The story of bleeding bubbled up and I saw it in ways of knowing that I had never before recognized or credited myself with. The three began to blend and the possibility that they were connected began to emerge.

I remained silent, listening to hear what was truly happening. Within the experience of being silent, questions

about intuition began to appear. I turned to other places and experienced in new ways the stories I have written here. I dwelt within the stories, attempting to embody the meaning. In the re-living and re-petition (Kierkegaard, 1987) inner conversations began and themes about possibility and becoming emerged. I discovered that within the surfacing themes, questions were appearing. (But which to choose in the midst of so much?)

More questions took shape as I read, experienced the emerging curriculum of which I was a part, and continued my work in curriculum studies here at the University of Victoria.

CHAPTER FIVE: WAYS OF KNOWING INTUITION: GIVING VOICE TO
WORDS AND LANGUAGE

The stories tell of my experiences in nursing and teaching. Why have these stories stayed deeply within me, while others have vanished? These have remained with me for many years but now they call to me in a different way. The language of these stories, the words about being in touch/not being in touch create paradoxes which contain more than I know in this moment; they call out for understanding. What beckons to me from within the paradoxes is a question about the meaning of intuition, an intuition I am called to recognize and legitimate, to acknowledge and trust.

It has been important to sift deeply into the original meaning of the word intuition, in order that this work is not interpreted from the populist view of intuition. Stories about intuition abound in the current literature that tend to reduce its meaning to the language of everyday common sense meaning, but one empty and without meaning for the ways of decision making in nursing.

Words readily describe the "whatness" and activities of therapeutic touch and of being with patients and learners but there are no words for the place between the self and other. Yet so moving are the experiences it provides, that it becomes a place that beckons and calls to have said what has not been said. But if I were to use words to describe this place, if those words were taken in their most literal, representational sense, how am I to find meaning within the experience?

How is the connectedness, the kinship found between self and other to be understood? What is the memory of this experience? How is the like-ness to be remembered? It cannot be seen, to be preserved by some visual representation--it cannot be heard, to be preserved by some auditory recording. There is a kind of preverbal awareness within the experiences in the stories that enables a knowing before I enter the patient's room, before I scan the person's energy fields, before I invite the details of a student's performance into my conscious awareness. What place is this preverbal awareness inviting me to enter? And once entered, what is there that entwines me so intensely with the other that it becomes like a deeply felt somatic experience? Becomes an emotional remembrance that connects my body and mind indelibly forever, yet one to be so easily recalled as to allow me to know equally intensely the next time I experience some similar experience.

There is a physical bodily sensation to the remembrance of the place between self and other. Its physical presences are a deeply felt somatic experience of intense energy and balance with its own boundaries. Here, the boundaries of rhythm and motion are complementary, shifting and flowing in and out of one another in such a way that both self and other emerge from the experience refreshed and regenerated. As the touch healer feels a shift in the motions of the energy fields, a turn of consciousness, a connection occurs. This is

the true practice of otherness, a world in which I already am and have always been, one which waits for vulnerability, for openings from which to create its own language and meanings. It affirms that which I know I know, uniting us in deeply connected relationship where I and other possess the capacity to move into a state of total absorption. Yet this totality of absorption is more than the sum of our parts, it enables me to do more than I myself am able to do alone. The situation obligates me to the other, calls me to consider the vulnerability of the other before my own vulnerability. For I am here as self with ego de-centered, hearing the other in the true metaphorical sense. Here I find meaning from the ambiguity and vulnerability and not by way of fact or theory. I am entwined within the other in a kind of controlled freedom, going off in ways unplanned but to places linked, nestlike to our origins. Here my true improvisation begins, evoked by my embodied knowing. Whatever happens is the reality, without rights or wrongs. Here I find a kind of timelessness like floating, as one imagines seagulls floating with the air currents on a windy day. Yet there is also a profoundly felt sense of time, like knowing the moment to stop, as in therapeutic touch one knows when the final scan has been given.

CHAPTER SIX: THOUGHTS ON METHODOLOGY

Much like the way in which nursing lost its voice to the power and dominion of technology, the voice of man in its broadest sense became lost in the quantitative research methods of the natural sciences, a way which demanded facts to explain the meanings of its world. Gradually this became an ever-increasing drive toward univocity and fact. From a methodological point of view, the need for other ways of knowing emerged and qualitative research methods evolved as a way to recapture the human part of understanding the world.

The traditions of nursing research are strongly tied to the empirical-analytical model found in the natural sciences. Yet, the nursing world, in which the experience of being healthy or being ill or being a patient is supreme, does not always want or look for narrowly defined answers in the empirical sense. Nursing worked to find a research methodology that would enable the profession to explore the experiential side of its work and in about 1975, a trend toward qualitative methodologies began (Munhall, 1989).

A qualitative research philosophy or interpretive inquiry looks at understanding the world with subject in relation with object. Stories evoke the striking points, turns that open us to further movement. Telling stories about the way in which we experience our world is not babbling without meaning; we cannot just string stories together. Stories are the process,

the journey through which shared meaning and interpretation of the world is found.

As a method of interpretation, hermeneutics has to do with turning points of understanding, the turns at which things open, about which we are suspicious, those places at which we go on to uncover further meaning. Man is driven by the need to interpret and understand. An experience can be shared but the interpretations reflect the individual's personal meaning. As a way of uncovering meaning, the method of hermeneutic inquiry helps us make more explicit our understanding of a situation. It makes room for the other voice and helps us say things we cannot say by ourselves by helping us to see the world in such a way that the situation being experienced stands apart to be interpreted. In helping to make behaviour better understood, the world in which we live and about which we already have understanding is likewise interpreted. Hermeneutics then, is both an interpretation and the process of interpreting meaning (Munhall, 1989; Packer, 1985; Palmer, 1969).

The journey begins in the world in which we already reside. We are always already part of something; there is no way to get around this. It begins there by challenging the researcher to look at those things that may be taken for granted in our everyday rules and practices. Here we have an implicit grasp of situations and can act without pause or reflection. When a new experience comes by, its meaning may

be made accessible by giving it greater emphasis. By forcing this deeper exploration, the questioning and interpretation is pushed to an exploration of its significant aspects. In systematically attempting to uncover layers of meaning, possibilities emerge from within the interpretation.

Language as the way we convey the personal meaning of our experiences in the world is deeply embedded in the notion of hermeneutics. The language of the participants in conversation about their unique and personal relationship with the world as they see it, beckons to the researcher. In uncovering the meanings of the words and language of that conversation, the researcher is called to a place not before experienced. A conversation with the text is begun that brings forth a relationship of interpretation, possibility and new understanding to the way in which the world is lived (Carson, 1983; Chambers, 1987).

The question of the researcher biasing the participants' narrative with comments, subjective judgements and questions arises. By definition, it could be suggested that all qualitative or phenomenological research is a highly subjective interpretation of text. Placing self in relation with the text, the researcher becomes involved with the experiences of another's being in the world. A connection is made through the researchers' experiences of being-in-the-world. To deny one's experiences is to deny oneself--personal

meaning is made by being subjective. This is brought to the relationship with the text.

What must be distinguished here is the difference between the interpreters' "being in a subjective relationship" with the text and the task of simply and objectively reading the words for meaning to be conveyed. In relationship with the text, being subjective is expressed by the researcher so that the reader finds likenesses and can be in their own unique relationship with the text. Personal meaning and interpretation of the questions is called forth. Yet the original experience as text stands in such a way that it retains its unique essence and meaning (Chambers, 1987).

Our biases are recognized as being implicit within our stories and therefore, are necessarily part of the text. The idea of prejudice is so deeply a part of our way of being in the world, our traditions, that to ignore the story because of this would be to deny our history, our self. One cannot deny one's story, the traditions, the standards which are called forth by the story. In conducting the interview, the researcher enters into conversation and relinquishes ownership such that the topic directs the flow. One does not argue about the world, or give opinions but remains in a thoughtful, listening silence, posing questions that lay open the world of the participant. The conversation becomes the conduit, creates its own energy and direction (Carson, 1983; Gadamer, 1975).

Interpretive inquiry is not without difficulty. Understanding and meaning are not finite. Human experience is neither crystallized nor inclusive. The challenge for the interpreter is to delve beneath the story for resonances, to systematically reveal the layers beneath those things we assume. Its difficulty lies in having to find comfort with meaning as far as it goes and in the silence beyond, to find questions.

This becomes the relevance of this method to the question. By seeking greater understanding about intuition in our everyday professional way of knowing about our world, about the way in which we as professionals think and tell stories about our experiences, the turns we have taken, the words and language we use, we remain connected to the place of our nursing traditions, and that of where we have always already lived. It seeks to understand the experience of using intuition. It seeks to understand through stories, the personal meaning, but not the explanations of detached observers. It is an interpretation of the meaning of that world in all its nuances and possibilities. It has relevance as a method by enabling the researcher to live in the world of professional traditions in which one resides and about which one already has meaning as co-learner, co-participant and co-researcher.

CHAPTER SEVEN: INTERPRETING THE DATA

I have been in conversation with the participants, have transcribed their words, categorized the contents according to the questions suggested (Appendices 3 & 6). Now I come to the place of interpretation. I am in right relation with the meaning of intuition before I begin. This relationship flows from a deeply felt connection with experiences in using intuition as a nurse and as an educator--from the ways in which I have used intuition in making decisions. The meaning I have about intuition is a whole about which I know profoundly.

How do I know this? How can I say that with the utmost of certainty? It is like the feeling before the words were transcribed, before the interviews began, where I knew the information I would find almost before it happened. It has a tight kinship with the experience of therapeutic touch and student evaluation. I am in right relation with the whole before I see its pieces. Yet because this is a scholarly work, and just like when making informed decisions one must give supporting evidence, I return to the conversations with the participants for that support.

I sit before the word-for-word transcriptions of the participants in conversation, and have an urge to go on refining the words in the transcription, honing them to a precision point, a definitional kind of summarizing that will help me analyze and find the meaning I am searching for. Yet

something stops me for I know what I will find. "Stop this unceasing activity", my knowing tells me, "for you know that what you will find, will come from writing about the experiences in your past."

So I proceed to be in relationship with the text which expresses the experiences of others knowing intuition. Within the excerpts (Appendix 6), the words of each participant have blended together in such a way as to become part of the whole, each losing its individual voice. Yet the patterns that emerge from this blending allow me to know, and affirms the certainty, wholeness and right relation of which I speak. Relationship with the text becomes more than words, more than mere stories, one enters a world of familiarity and to a knowing more than can be said.

In searching the text for the language and words with which to express the meaning of intuition, I am struck by their familiarity, for these are words I have heard before--the niggles, the flags, the being in sync. Each has a separateness that permits definition in times when communication must be succinct. Yet each conveys meaning and description such that immediate connection is achieved. Each permits the listener, the reader to be in conversation with the experience. The conversation then allows the reader to find their connection with experiences they may have had and thus to personal meaning.

The participants' experiences of intuition are expressed as like seeing wholes and patterns, like a world in order, yet one calling for interpretation and connectedness. These experiences evoke a listening silence within which a response is formed. A response that contains a deep understanding of the situation such that it is the best of what the person has to offer for this moment, for this situation, for this audience, for this time, for this mood, for this feeling. It is a response crafted on being in similar, yet not similar situations.

Intuition is like improvising, a kind of being in the groove, where one is so in tune with the other that the responses resonate with one another, in a sort of action before thinking. It is like being in right relation with the person and with the topic at hand such that I have no need to pause in thought before responding, I simply respond. The space between evokes the knowing.

Intuition comes from a blending of any and all of the experiences one has had before, yet it is not. It comes from having a sense about people and having a sense about the topic. It possesses its own character, and one responds for this person, at this moment, in this context. Self and other are taken to a place where neither was before, standing together to construct meaning. The construction becomes an energy that drives the participants forward into their own place. It becomes also a kind of deconstruction where

assumptions are questioned, questions are raised, and meaning is found: meaning and multiplicity as opposed to answers and univocity. It becomes a place that compels one to give voice to the knowing that is embodied, a voice I may not know I have possessed. It evokes knowing, meaning and understanding that may have been buried forever. It pushes one forward to reach out and bring the self of the other into Being, freeing them from their embeddedness.

We come now to the question of how we shall teach about intuition. The excerpts tell about how the teacher as expert-learner must provide the conditions in which the student as novice-learner will come to know intuition and not negate what their inner voice may be telling them. The conditions in which the learning takes place is to be found in relationship. This relationship contains enough difficulty to propel one into struggle; yet, this is not a struggle that dispossesses self and other of personal dignity. It is not a place of comfort, for when we are comfortable we set up walls in our places of comfort.

What is it to be too difficult? What is it to be too easy? The difficulty for the teacher becomes one of helping the learner find possibilities that are neither too easy nor too difficult. Intuition is evoked by that difficulty. The difficulty for the learner becomes one of finding openings in the space that allows the difficulty to be faced, to be called forward, to fill the gaps in what they wish to know about the

other, about the relationship, about the topic. It is to pose questions, to reflect, to find meaning.

Difficulty holds the potential to de-construct current meanings and release one to place question marks rather than periods at the ends of one's sentences. To find challenges rather than problems. To seek risk and vulnerability. To achieve understanding in a "being with" rather than a "doing to". To be in flux rather than static, keeping the flags waving, the niggles niggling.

Finding that meaning becomes a kind of re-petition, a re-visiting where one questions underlying assumptions, a re-connecting with what has happened in our past experiences in order to find a kinship with which to build a bridge that connects us to the present experience. A cycle of repetition creates an energy that pushes us forward to finding new meaning in a circle of pre-understanding of the situation, a focusing through the story-telling, a reflection in the listening silence and a developing personal knowledge.

Yet the repetition is also a looking to the future, for in the past is more than we can say and the return can never be the same. It simply creates the possibility for other meaning. The cycle is one of construction/deconstruction because in the revisiting, one is venturing forth again, one is never in the same moment and thus in the new visit, new

possibilities are produced. Meanings become inexhaustible. A kind of playfulness is created and in the moment, we improvise.

The improvising takes place by being in the moment. It occurs by knowing the other, such that one simply knows about their difficulty, seeing it as an opportunity to acknowledge what may be inside. In finding the voice with which to express. In finding the capacity to unconceal.

In finding meaning we must help the learner build bridges by speaking in kinds, likenesses to what has gone before in their experience. Making linkages to connect what they experience today, in this moment, with the voices of experiences gone before. Help them to see, to help them know when the connection has been found, to help them identify the insight, the moment that tells them they are right and to know and listen to what their inner voice is telling them.

Telling stories has the capacity to open us to that meaning. What is it about stories that can say what other ways cannot? The story is a metaphor that has the capacity to capture the situation in such a way that the image is remembered rather than the essence. Through the image one is shown what the way might be like rather than telling it, as might occur in offering theory or distilling the essence. The storyteller becomes the carrier rather than the author. The silence that is left at the end of a story invites an embodied listening that is the bridge of connection to our shared

meaning. Stories beget stories. The first story turns out not to be the story.

The language in the stories becomes the way we relate, raises our consciousness, for through talking we become aware of ourselves and our words. Unless one has experienced a situation, it is difficult to put the experience to words. And when coming to the edge of something that needs to be said, we are often unable to find the words. In a listening silence we open ourselves to finding the language.

The rites of passage told about in the stories become the beacons, the lights with which the learner may find meaning. Together, teacher and learner listen carefully to the stories of our elders and hear about the rituals, those parts of our traditions that enable one to find the rules with which to proceed into the profession.

Stories tell about ceremonies that help us celebrate and confirm ourselves. At the same time, we must be mindful that in inviting the telling of our stories, a trust that opens the teller to taking risks is given. For it is likely that in that risk-taking the real story will be told, full of feelings of vulnerability and difficulty that enable the learner to generate meanings that become significant. Those are the meanings that free the profession from the traditions no longer relevant.

A ritual of the system lies in the imperative to evaluate, to grade the learner. Here, the "being with"

recedes and the "doing to" begins. The difficulty of the teacher in being on this edge lies in finding the meaning, finding words with which to express all that has gone before with the learner. To create meaning for the system without destroying what has been created with the student.

How does one categorically grade relationship, improvising, being with, flags, niggles, personal meaning? How does one quantify such things as learning, meaning, success, competence, caring, professionalism, communication with a patient in need, health, healing--those things which in the context of nursing are more than words, more than the sum of the pieces? What is it that enables the teacher to say "you pass"? What is it about the learning that enables the learner to know what it means when the teacher says "you pass"?

Being in relationship is for the teacher and learner more than being in relationship. It is mutually creating an interpretation of the learning rather than talking about it. It is finding the whole, and then seeking the pieces that make that whole. Seeking pieces that fit with a pattern that the teacher knows from being with similar students, in similar situations, with similar patients, with similar moments and that does not compromise what has gone before.

For the teacher, finding the meaning of pass becomes an intuitive looking for the meaning for this student, in this moment, in this context, with this patient, with this health

team member, with this teacher. A finding of meaning by carefully, mindfully coming to know the whole in a reflective way in order that the whole is not seen as the stereotypical whole, one generated without struggle, saying the words "you pass" before their meaning is clearly found.

The teacher seeks pieces that support the knowingness. And in finding pieces that seem not to speak to what the patterns suggest, more reflection and bridges to learning are sought. Sought so that teacher and learner may continue to go to where they have not been before and in relationship that opens them to further possibility. So that affirmations are made that do not end in conclusions for the student, but with questions posed. So that doors are left open.

The pieces that support the whole are an attempt to bring into conscious awareness, to voice all those things that linger beneath the words "you pass" or "you may not be successful at this time." It is not data to be sorted for the system, but rather a bringing to voice all that the relationship, the struggles, the difficulties in the students' learning have evoked for the teacher. The relationship releases the teacher from "finding data" to support the system and frees them to be in relationship with the student where "the data" are different. To be data that enable the learner to know the ways in which they are right, to dwell in the patterns that help them distinguish relevant parts from less relevant, to develop the intuitive knowing. Data that enable

the teacher to say to the student, that "this as I see it, is why you pass, why your performance reflects the ways of the profession."

In the same way, when the teacher and student find the whole that suggests the student will not be successful at this time, the teacher must know how to act on the intuition, the gathered whole that says this is not the right place for this student, for this time, for this moment. When the whole is found, the teacher must know that the interpretation being created with or without the learner is as sure as the knowing is sure. With the energy generated in the relationship the teacher may continue to nurture meaning in such a way that the learner retains the momentum and finds questions with which to begin the cycle of re-petition.

CHAPTER EIGHT: SHIFTS ALONG THE WAY

I think about how this work is looking now. As I have tried to be in relationship with its lived meaning, I find myself wondering how now to get to the end. What will it look like, what will the pieces be, what will I call them? It is not like the work I had imagined writing when I began. I wonder about this. How can this shift have happened? It seems like I have been moved by forces I do not know about, could not have foreseen, so subtle has been the movement.

But I have also taken turns, changes in my thinking so dramatic that I experience them as like being struck full force, and my body has let me know with an adrenalin-like surge of energy. These I expected and have known before in the name of learning and growth, but the shifts seem different.

Is the transformation in the shifts too or is it only in the turns? How do they both contribute? Do I listen in future for shifts or turns? How can I articulate their difference to the student I am teaching about intuition?

I reflect on them by thinking of them as pathways to understanding. Could the turns be like when one's subsidiary awareness is brought to conscious thought and given words? Do shifts, once conscious, precipitate turns? Are shifts like the drive to discover personal meaning?

How has this work helped me find meaning? How will I know I have completed this writing? What I have learned from

the conversations, is that in knowing and not knowing about intuition, a seeking of the whole is sought. The journey is the discovery of its parts.

Am I repeating myself here in these pages? Saying the same things over and over? I find each piece has played its part in providing the conditions in which I have been able to find the meanings of intuition, each unconcealing the knowing that has always been. In this way each has a kinship with all others, the same yet different.

This unconcealing is a revealing, a process, life long learning. It is about change, transformation and being in flux. This writing is not about outcomes and answers, beginnings and endings, for that would be like a return to the world of technology. It is about finding more questions and possibilities.

Finding the end, "the conclusion" will be like the way in which I intuitively know about a patient with whom I am practising therapeutic touch and the student with whom I am in relationship but whom I must evaluate. It will be like seeing the whole picture and its pieces in such a way as to let me be with the spirit of the work, find comfort with it and then perhaps to repeat it again in some as yet to be understood way.

I have, in this moment, for this time, said what I can say.

APPENDIX ONE: THE CLOTHESLINE METAPHOR

I have decided to include the following story because it reflects a time in the writing of this work when I was truly stuck and unable to make progress. Its significance lies in how I believed for a long, long time that seeking the definition of intuition would be the way to finding answers. The story reflects some of how I came to be unstuck and my journey from there. Its significance, I think is also in how it reflects some of the ways in which our profession may be trying to leave the ways of technology behind.

This, then, is the story.

I return to the book that holds the writing I have been doing since I began my program of Curriculum Studies. What should I name it? I can't call it a journal for there is no conversation within the pages of this binder. It contains items. They are pieces. An article here, a note there. Things of relevance that called to me at points along the way. But as I look back over those pieces, they now say much more than I knew at the times I wrote--when they were taking me somewhere, although I knew not where. I knew even then however, and trusted that whatever was being collected in this binder, would generate meanings at some time. I knew I was being called. Only now am I beginning to know about the meaning of that calling. It is the story of roots and foundations.

Before I began this task, I wanted my question to be about the meaning of intuition. In the beginning, I thought that if I looked at definitions of this word intuition, I would have "it". I read the dictionary, I searched any index in which I could find the word, then read the text for meaning. I read the psychology literature, nursing texts, education journals, looked through the reading on therapeutic touch, grazed in the worlds of art and music. But there was no connection for me here in the univocity of definition, self was without other.

As the story continues, I read about how I thought describing what I was looking for would bring answers, in the belief that descriptions offered a broader scope for finding meaning. This seemed an improvement over the other way, for when the rigidity of the singular voice of definition was left behind, some connections seemed to occur. On reflecting, self and other began to appear. But still, all was not right. I knew but was unable to say what I knew about this. I was unable to find the words to express what I knew to be true and thus the voice with which to be heard. I was silenced in the search for the language of meaning.

I found a metaphor. I envisioned the ways of drying clothes to help myself along. I hung definitions on a post-to-post kind of clothesline and looked at the words in front of me. They hung limp and lifeless, like damp clothes when put out on a windless day. I moved to an "umbrella" style

line and hung out the more multivocal descriptors, hoping for movement, like when on a windy day, damp clothes begin to move, touching one another, and taking on their own unique shape as the breeze moves them. The metaphor was not working. I threw the descriptors into the electric dryer in a clump, tangled and touching.

Then at some point I found I began to express my search more fluently and as I read and reread the pieces, I became engaged in the text and gradually what began to emerge from the words was the theme of story telling. The words suddenly took shape as experiences and became stories of therapeutic touch and the struggle to find the language to express the doing; about ways of knowing students with whom experiences of great tension were lived; stories about being with patients, some who were cared for many years ago, but who will always be with me.

Like damp clothes in the dryer, touching but not touching, the words tumbled and took on a meaning of their own. What occurred was a knowing about these stories. A knowing that here was the space I had been looking for, where I could begin to find meaning. This was where the self and other would be together and open to possibilities of meaning. A pattern recognition occurred that spoke of connections in this place long before my mind was consciously aware of similarities with other experiences.

The flash of knowing about the stories was sudden and overpowering, an overwhelming flash of insight, insight, insight-full-ness. The knowing with utmost certainty, that this was right and I had found the way to the question. I could now act on the question. The conversations with my inner voice began.

The way of knowing also had a wholeness about it and was like an instinctive recognition of patterns deep within that was the guide to know with certainty, like a bodily sensation. The sensation and voice connected mind and body, an embodiment within that told me I was right and that I could act on the inner voice. The recognitions about the whole were the impetus to know with clarity, but then to heed the call to revisit the parts, to listen to their relationship with the whole.

I returned to the stories about therapeutic touch. I examined the paradox of being in touch without touch. I looked at the place of knowing where a conversation without words takes place. I examined the wordless conversations for words with which to express what I was experiencing. I gave workshops and talked about the technology of touch, hoping to find language. I began to write stories about being with students. I recalled, then wrote about those patients who will always be part of me. There were conversations about the technologizing of nursing education and its evaluation through the use of objective driven curricula: the teacher looking for

data to prove the learner is a success, that gave only one voice for the teacher to hear and estranged us from what should have been the playfulness of becoming. The rootedness and foundations that were lost in a communion with learner as object were a voice in the story.

Gradually these stories began to call forth knowing the question experientially and multivocally rather than through linear, lifeless and univocal-like definition. Bound to the fuzziness and ambiguity is a relationship that calls forth motion, movement and becoming. The language with which to express this way of knowing began to emerge and take form. Experience as the way of being evoked the way of knowing that I was after.

The knowing about intuition I am experiencing has meaning for me, but it must also have relevance to others in nursing, for intuition as an embodied way of knowing should be recognized, spoken of and valued for all of the profession. I want to hear the voices of my colleagues, as we write into the curriculum-as-planned a place for learner and teacher to live.

And so I came to find that the way to my knowing the meanings about intuition would come not only from my stories. The inner conversations would carry on, but I must reach out to others, to hear the stories that embody their knowing as part of my question.

APPENDIX 2: REACHING OUT TO THE LITERATURE

If an interpretive inquiry looks at experience, the question arises as to the place of theory. In theory, we find the rules and guidelines that can enable us as beginners to formulate our questions with which to find the way. In experience we find the kind of information and meaning where we play with theory in ways that the situation calls forth. Here is a blending of the "knowing that" of theory and the "knowing how" of practice that leads to new understanding (Chinn, 1986).

How much theory is enough to inform this work? Knowledge acquisition about our patients and students has for too long been based on knowledge gained only through theory and the empirical/analytic stream--the world in which everyone is the same, does what the textbook says they will do, is predictable. It is not my wish to disconnect the reader from the text; yet, I am drawn to recognize the place of theory in my traditions. I have used theory to inform my experience and vice versa. This writing is a discovery which is a search for affirmation of my experiences of using intuition. Inviting theory to take part in my writing is my way of discovering and unconcealing my knowing about intuition. I approach the inclusion of theory as a sort of borrowing of ideas, generated from the knowledge of others and as a way to advance the work at this stage.

We minimize our knowledge and knowing when we cannot find words to describe it. We assume that if there is no language for what we know then our knowing must not be so. Our quest for finding the one right phrase to describe the event, subjectifies and reduces the experience to one of univocity and fact. It loses the voice of the other.

Intuition as a form of personal knowing has been invalidated by nursing as being too subjective, unsupported by concrete objective data. It has remained a part of nursing practice, but technology and our more recent professional traditions have forced it into a secondary role in influencing decision making, using it as a way to "back-up" or reinforce that which we already know instead of being the other way around. It has become a form of knowing that makes nurses uneasy and finding words to describe it is difficult (Moch cited in Gadow, 1990b).

The language of intuition is a language of possibility, evoking questions to be asked, looking for possible meanings. In understanding the experience of illness, for example, one does not need to find new language "taking pain on one hand, and a lump of pure sound in the other...so to crush them together that a brand new word in the end drops out" (Woolf, cited in Gadow, 1990a). What is needed in order to overcome the language difficulty that Moch laments is not a more precise literal language, but a willingness to apply existing language in evocative ways. It is the attempt to take us away

from always trying to reduce experience to a terminology of categorical, mechanical knowing.

The language needed for describing personal knowing is not that which will capture and convey what is known, conclusively and efficiently. It should be a language that elicits in the listener a resonant experience of knowing akin to the one being expressed. Objective knowledge can be transferred; personal knowledge can only be evoked. The question it asks is not "what is it?" but rather "what is it like?" (Gadow, 1990, p.169).

Nurses in practice are required to make decisions constantly and must be able to understand the experience of the other as it unfolds from their story. Words, language, symbolic interpretations, that are spoken by the other, must be heard in more than their most literal sense for holistic decisions that honour the whole being to be made. Words must evoke connectedness, calling up an intuitive knowing about the language from deep within the foundations of the nurses' knowing (Hinds, Chaves, Cypress, 1992). Nurses must begin to find comfort in this place, trusting the ambiguity and knowing there are no right answers here. In mindful presence with the other, our minds are open and invite our senses to capture those experiences that do not necessarily immediately make sense as described (Bergum, 1992).

An approach to understanding what intuition may be like is to look at the way decision-making by expert practitioners

is described. Research suggests intuitive judgements may be what distinguishes expert practitioners from beginners. The beginning practitioner relies mainly on rules and theory by which to make decisions. Intuition comes from a knowledge gained only with experience. Only after much experience of being with patients will a nurse discover personal meanings with which to make intuitive decisions about nursing practice.

In the practice of an act, the rules are not known to the practitioner, they come out of the action. The act leads one to establish rules or maxims about its performance, thus increasing insight into the act. The expert perceives situations as wholes, its aspects appearing more or less relevant within the context. They no longer act using rules, but operate from a deep understanding of the total experience. The performance of the expert is one of connoisseurship that includes the art of doing with the art of knowing. The connoisseur develops standards which become the set by which performance is judged (Benner, 1984; Polanyi, 1958).

Key aspects of intuition which distinguish the intuitive judgements of the expert from the judgements that may be made by the beginner are: pattern recognition, similarity recognition, commonsense understanding, skilled know-how, sense of salience, and deliberative rationality. Pattern recognition involves recognizing patterns of behaviour, identified without analysing the given context of the event. The beginner in a similar situation would not be able to

identify the pattern without first relating it to the textbook example.

Similarity recognition occurs by associating the present situation with a similar or dissimilar event in the past. Despite its ambiguity and fuzziness, recognition of the similarity or dissimilarity helps in the discovery of questions and possibilities by which to proceed. Commonsense understanding connects one to the patient in-relation-to the experience of the illness and is different from one in which the patient is objectified. Embodiment enables skilled know-how to become a way of knowing, not a way of doing and in which the action is performed without forethought. For example when taking a pulse, the pulse is taken (knowing that) but more importantly, the expert experiences the meaning of its rhythms (knowing how). A sense of salience helps distinguish the subtleties of the situation as being more and less important. The more knowledge a nurse has about the situation, the better is the ability to use the sense. Deliberative rationality works as a protective factor to prevent reacting in haste or stereotypically. Before acting, logical analysis serves as a brake by broadening one's perspective to cover all possibilities (Benner, 1986; Tanner, 1989).

Components of clinical decision making are theory--the knowledge common to all practitioners and, practical knowledge which comes from experience. Practical knowledge

can seldom be found in words for there is no language to describe its qualitative aspects. When using intuition in practice, nurses often arrive at a decision without being able to describe its parts or the way it was achieved. They can often be heard to say "Well, I act because I just know".

The intuitive knowing of practical knowledge, or "know-how" is tacit--its knowing is in the action and contains more about the situation than can be said. What can be said is likely unrecognized by the clinician using it. It may be in the form of past similar or dissimilar experiences. It is composed of knowledge of the particular patient or event and from knowledge gained across patients or events with similar characteristics. It is dependent on the context of the particular situation for meaning. It possesses two kinds of awareness, focal and subsidiary. Focal awareness is the know-how, giving one a sense of wholeness or context about the action. If one shifts awareness to the parts of that action, one knows-that or has subsidiary awareness. This is the part about which we may be unable to specify or speak, paralysing us if we attempt to describe it. Practice and commitment enables the practitioner to analyze the situation, to explore the nature of this tacit knowledge and begin to understand it (Polyani, 1958; Tanner, 1989).

Up to this point, description has enabled us to know more about and value intuition, but these are rational and objective and do not convey the sense of relationship which is

the essence of nurses work and where the conditions for knowing intuition seem to lie. Practical experiences provide opportunities for the nurse to know the ways of being and acting with patients--experiences that will occur in relationships of authenticity and trust between nurse and patient. By striving to be in this kind of relationship, ways of knowing intuition can be experienced.

This is the place not where data are collected and explained, but one where experience drives the knowing. It is not about information to be made sense of but to be used in relationship, in experience with the other. To evoke further engagement and knowing. Now a broader field of possibility for understanding the context and experiences of nursing is made available by attending to the side of creativity and the self discovery component of making meaning (Carper, 1978).

Ways in which nurses may understand their world and make decisions can fall into the areas of empirics, ethics, aesthetics and personal knowledge. All are essential parts of the way nurses must collect information and make safe, patient centred and effective decisions. The two of concern to the intuitive aspect of decision making rest in the aesthetic and personal knowledge domains. Aesthetics is self-expression, self-knowing and the ability to project oneself empathically into the world of another, to be in relationship. Personal knowledge envisions the self as seeking ever-evolving possibilities of meaning and transforming by being in relation

with their world. (Empirics is the theory and verifiable fact or description. It forms the basis of the way nurses analyze and explain their work. Ethics informs nurses to do what ought to be done and to act in the right way in the face of conflict.) (Carper, 1978).

Intuition as a way of knowing draws on the interconnectedness of the self and other in relationship. It attends and listens to the fuzziness, the ambiguity that calls from the story of the moment. But it is only by being in the moment within the relationship that one is truly able to hear the other and then to listen to and trust our own inner voice that is giving us messages about the other which we must attend to (Bergum, 1992).

Understanding gained in relationship remains specific and unique to its context, but has more knowledge than we can say and resists description with words. When one perceives an event from the perspective of this way of knowing, there is a participative involvement that enables one to gather its pieces together and see it as a whole. Coupling knowing gained in the realm of relationship with personal knowledge places the nurse in a relationship of authenticity that promotes engagement and lends unlimited possibility to ways of understanding and making meaning of practical experiences (Carper, 1978).

Engagement within this place becomes a place of self in relation with other, where intuition is drawn from the inner

voice and our subjectivity. This is not a subject-object relation in the Cartesian sense of "I think, therefore I am" or "you/me", but a self in deeply felt presence with other. Such a relationship is like an "I-Thou" relation, one where two persons come together and Thou is "whole in himself and fills the heavens" (Gadow, 1990b, p.168). Each person's unique individuality is preserved, one is affirmed by the other and their relationship brings forth its own ethicality. It calls for a moral commitment toward the other; it becomes a call to act. There is no pause to wonder "should I proceed with what I think I should do or not do", the relationship contains its own ethicality (Bergum, 1992; Moch, cited in Gadow, 1990b; Noddings & Shore, 1984).

The self is now left free to be self, without labelling the behaviour or erecting boundaries by placing unrealistic expectations on one another. To avoid objectifying those with whom we are in relationship, we must first reconnect with our own sense of self. It then becomes one in which we have the capacity to experience the other, whether it be their well-being or turmoil. Its capacity to be inexhaustible and a place different for each knower and with endless possibilities of meaning, one that honours ambiguity and difficulty as a way of becoming is what evokes the intuition (Gadow, 1990).

The difference between knowing and experiencing is central to this idea. Time for being with the other gives one the capacity to pass from knowing about, to experiencing with

the other. A time where one has the capacity to capture the true spirit of the other, and a clear sense of how to be in the acting for other, rather than knowing only what to do (Gadow, 1989).

What is it about this place that beckons our intuitive knowing so strongly? How can one know so clearly in the moment, the epiphany-like experience described as a flash of insight? Could it be the "click" of meaning that happens in the place between self/other? One can explore it for information and become engaged with the place into which it may be inviting us or allow it to distance and marginalizes us from the world in a Cartesian sense.

The feelings generated by this flash lead us to know the situation with a certainty that allows us to take action. It lends credibility to the experience that plays a large part of people's knowing, a beckoning for engagement. The feeling is associated by some with the knowing that intuition plays a part in the search for understanding, not its total meaning, but the capacity to have something revealed to us in a situation.

Intuitive knowledge thus becomes an act of discovery in its being brought to our awareness after a long period of unconscious work, nourished by our experiences. The more experience, the greater will be the nurses' ability to gain understanding through these less empirically describable

realms of reality (Carper, 1978; Munhall & Oiler, 1986; Noddings & Shore, 1984).

We now have the idea of intuition as a knowing that is built by being in relationships of empathy and shared experience with another. And, what is said here about the nurse in relationship with the patient can also be said for the teacher and learner in relationship--the place into which the teacher invites the learner to experience the way of being that evokes intuitive knowing. It is by being in a relationship of trust and authenticity that the conditions where intuition will come to be experienced and trusted will be found. Teacher and learner are in a relationship of reciprocity, where commitment and will bring forth engagement (Noddings & Shore, 1984).

But how can a teacher evoke will and commitment toward the place where intuitive knowing will be found? How can a teacher invite the learner into a place to which the learner may not be drawn or may not see? The teacher must be the initiator of a relationship in which the learner feels comfort in taking risks. Called by the caring within the relationship, the learner's commitment is likely to be evoked, a driving toward discovery of personal meaning--the obligation becomes a sort of ethical drive toward truth and learning. The teacher can then create and structure the environment which will be most likely to provide events where intuitive knowing can be found (Noddings & Shore, 1984; Polanyi, 1958).

The teacher as expert or connoisseur creates the conditions in which to communicate their knowledge by example and to provide the opportunity for learners to practice. They immerse the learner in situations that they know will typify the event and those in which they know the event will not be present. By providing the conditions in which the differences may be distinguished, the learner can form the rules and create personal standards by which to judge their performance. They create a beginning understanding of intuitive decision making.

It must be remembered that decisions made in a transformative paradigm are different from those made in a rationalist model and therein, for educators, lie our struggles of the moment. In making decisions about the learner's performance in a transformative curriculum, the teacher's personal standards for evaluation are drawn from their tacit and subsidiary awareness about the student, frequently making evaluation difficult to support with words and language. Thus a tension is established among the teacher's need to grade for the system, to be in transformative relationship with the learner and to acknowledge and affirm a commitment to the place of a transformative paradigm in our profession.

What arises when the teacher tries to find words and data to support tacit knowledge, that sense of wholeness they may have about the learner? In seeking an answer, commitment to

the relationship must be assumed. The teacher by placing themselves in relationship, is in an act of hopefulness and commitment toward the learner. The teacher becomes subjective in a way that uncovers a knowing about the learner that cannot be made up, it is the relationship that calls forth the data. A subsidiary awareness about the learner is awakened. Giving voice to that awareness is a discovery of the teacher's personal knowledge about the learner and becomes an interpretation of shared experiences with the learner. The teacher, driven by commitment to the relationship, seeks more. Their set of personal standards evoked by being in similar yet dissimilar experiences many times over, is called forth. Words and language, meaning is found (Polyani, 1958).

APPENDIX 3: CHOOSING THE PARTICIPANTS

In choosing the participants, my aim was to enlighten, to push and broaden my perspective and extend my awareness of intuitive decision-making in the clinical practice setting of nursing education. My hope was that this could be accomplished through interpreting the experiences of others in evaluative relationships in similar clinical practice settings. Accordingly, the participants I chose were educators whose style of teaching and learning complemented and contrasted my style of teaching.

I pondered at what would be the right number of participants to select for a project of this nature. The literature gave me no guidance and I turned to personal experience. For example, if my refrigerator breaks down, I call three repairmen for quotes and prices. I chose the same scientific method in coming to the number of participants to include!

The participants have practised nursing and been in nursing education for twenty to thirty years, usually beginning practice with bedside care before shifting to nursing education. Two work at one of the post-secondary agencies involved in the University of Victoria Collaborative Curriculum Project. One participant is involved as consultant to the Program and is employed elsewhere. All currently teach nursing education at the post-secondary or graduate and post-graduate level.

The three participants were approached to determine their interest and availability. At that time a verbal description of the study was given and an interview appointment was made for a date and time at least several weeks distant. Several weeks prior to the interview, a written proposal of the work, a cover letter and a copy of the consent form to be signed were sent (Appendices 4 & 5).

The cover letter suggested the participant read and critically reflect prior to the interview in order to give the participant sufficient time to bring forth significant stories that would reflect their experiences with using intuitive decision making. To give the participant guidance in their preparation, questions were suggested with the rider that they were a guide only and not meant to be restrictive in any way.

It had become clear at this point that the questions I had written on page 6 in Chapter 1 would be the way to guide the participant's preparation. The questions written in that chapter so many months ago seemed to have been with me forever and little did I know that they would be the light that led me to the meanings I sought. Questions that emerged and that were posed to the participants were:

1. Describe what intuition means to you.
2. When in your practice of nursing were you first aware that you were using intuition?
3. What helps you value or actualize your intuition?
4. What is it about this intuitive experience that tells you, you are right?
5. Describe the relationship in which intuition is evoked for you.

6. In what ways can/do you help students understand the meaning of intuition in practice?
7. In what ways do you use intuition when evaluating student performance?

Prior to the three official interviews, a pilot interview was conducted to give me as researcher, experience with the process and to test the appropriateness of the cover letter, its directions and the questions it posed, clarity of the consent form and the interview process in general. Following this interview, the cover letter and its suggested instructions were reviewed and minor modifications were made.

Written consent was obtained on the day of the interview and prior to its taking place. In one instance, verbal consent was obtained to reflect the way in which the material might be used. Official interviews took place over a six week period and were conducted at a time and place of convenience for the participants. Length varied from one to two and one half hours, the end determined when the participants felt they had said what needed to be said from their experience and reflection. Interviews were informal and audio-recorded after written permission was received.

I chose to not do follow-up interviews or in any way validate further with the participants because it was my belief that this could close down the meaning of what was said about intuition rather than open it up. This was based on the idea that personal meaning does not persist through time, but

changes and fluctuates with further experience (Kierkegaard, 1987).

It could, however, be said that by returning to the participants for further exploration, meaning could be opened. But I called a halt and proceeded in the belief that the stories of my experiences with intuition in relationship with the experiences of the participants would be used to deepen the understanding.

APPENDIX 4: THE COVER LETTER TO PARTICIPANTS

Dear

Thank you for agreeing to participate in my research study in which I am looking at "The Meaning of Intuition in Nurses' Work".

I have enclosed the first part of my writing and ask that you read it through prior to our interview, in order to give you an idea of the direction of my work . In order that you come to our interview thoughtfully prepared, I ask that you read the material at least several days in advance, allowing yourself time for critical reflection of my questions. During our interview, I invite you to explore the meaning of intuition for you in your work, first as a nurse in practice and then as a nurse educator, by telling me about your experiences, the turns you may have taken in using intuition throughout your career. Stories might come to mind that could best describe those experiences and those are most welcome. I emphasize your experiences and not those you may have observed about colleagues' experiences, because I am after the personal meaning that came to you after your experiences.

I have posed some questions here but these are only meant as suggestions. Please feel free to digress in whatever way is meaningful for you. I plan to be in the "active listener" role during our interview, in order not to influence the things you may wish to say to me. Please challenge me with your questions, push me for explanations about things within my writing you may wish to clarify and so on, because my learning is within your questions.

Following the interview, I shall transcribe your words and reflect on the ways in which they allow me to advance my understanding. I have included a copy of the consent form that I will be asking you to sign, and prior to our interview, we will discuss any areas that may require clarification.

Please know that your words will be kept in confidence. I will be destroying the tapes and transcripts after their use. Please also be aware that you can withdraw from my research at any time without questions being asked. If you choose to do so, any data in my possession will be destroyed.

Thank you for the time and thoughtfulness you bring to our interview and to my continuing work. I would be pleased to give you a written copy of our interview or of my later work should you wish.

These are the questions I ask you to consider:

Describe what intuition means to you.

When in your practice of nursing were you first aware that you were using intuition?

What helps you value or actualize your intuition?

What is it about this intuitive experience that tells you you are right?

Describe the relationship in which intuition is evoked for you.

In what ways can/do you help students understand the meaning of intuition in practice?

In what ways do you use intuition when evaluating student performance?

Sincerely,
Wendy Cooper

APPENDIX 5: CONSENT FORM

Informed consent to participate in Wendy Cooper's Research

I have read the enclosed description of Wendy Cooper's question about "The Meanings of Intuition in Nurses' Work" and agree to the following conditions of my participation.

1. I understand that anonymity and confidentiality will be strictly observed as has been discussed.
2. I understand that excerpts of my conversation with the researcher will be incorporated into the final written work as "vignettes".
3. My name, identifying characteristics or status will not be used in the final written project.
4. I may choose a pseudonym for the written work.
5. I agree to be taped in conversation with the researcher and I understand that following transcription of the tapes, the tapes will be destroyed. Furthermore, after the project is written the transcriptions as well will be destroyed. Anonymity with both papers and transcriptions will be preserved.
6. I understand that the agency where I am employed will not be identified in any way.
7. I understand that I have a right to withdraw from this research in whole or in part at any time and that it is not necessary to provide reasons for my withdrawal.

Signature

Date

APPENDIX SIX: EXCERPTS FROM THE INTERVIEWS

Each interview was transcribed word-for-word and copies were sent to those participants who requested such. The final transcripts were lengthy and sometimes repetitious. Consequently the decision was made to only excerpt from the interviews (Appendix 6).

The questions posed in the cover letter were used to sort information. Patterns of information were sought to avoid duplicating ideas and reduce the pages to reasonable size, being mindful not to disturb the intent of the conversations. All identifying words, descriptors, agencies and stories were removed to ensure confidentiality. Responses from all three interviews were then blended, such that the following questions include responses from all participants. Quotes are used at the beginning and end to keep as close as possible to the participants' original intent with context and language.

1. DESCRIBE WHAT INTUITION MEANS TO YOU/WORDS AND LANGUAGE

"Niggly; its hard for me to put a lot of feeling things into words; a flag that the picture is not as it should be; that all is not right, all is not well, that more assessment is necessary, something is telling me to stop; I can't see it all yet but there is something there I need to find; with the intuitive thing I can't always find the right way; my world tends to be ordered and something is out of order which causes me unease; the pattern is not right...or the pattern is right

but it's not what I expected; there's a relationship to patterns and it's a disturbance in pattern that I perceive as the flag, it's seeing things in wholes; you act and then turn to jelly; a lot of the things I'm talking about are the aha's, the intuitive flashes; the pattern is out of focus; all was not well, there was a trigger versus with a non-intuitive experience where just the pattern is out of whack, you do something about it because you know the cause, whereas with the intuitive you may act but you don't know why you act: it doesn't make sense in any logical rational way and that way more exploration is needed which paints the picture in a more clear way; a pattern can't be a single piece, its multiple wholes, it can be a sequence of things but in my head it is a whole; until I can see pieces and probably handle a few of those patterns in an okay way, I can't deal with the situation the way I would like to; a piece is a trigger to find more pieces to make a whole; we're talking about an ordinary everyday commonsense thing that all is not well; I feel, see, hear, smell am missing the intuitive sense; I recognize now that I'm at my best when I am listening to what my soul is telling me; when I just respond, when I'm really connected with a group of people, connected in some profound way, then I really understand and get a sense of what their experience is about for just now, even though I can't ever put that in language but I really just have this sense about what's going on with them, what they're getting out of the experience, what

it means to them, I can respond to that appropriately and that's when I really feel that it's skilled, that it's the best work I ever do; that it doesn't work so well for me, when it's going wrong, when I don't get a grasp of what's going, I just feel like it's a struggle; it's really having a good grasp of the learner, of what's going on with the learner and what they're experiencing even if I can't say in language and that I'm just responding to that...that it works; there's a way that psychologists call group-think; when you are just humming; you're in sync, you're thinking along the same lines; it's just a sort of synchrony of thinking together that really feels like you are humming; story of ... was about the whole situation and I can't imagine doing that in a different situation, in a different set of circumstances, I was compelled to respond that way; I think that some of the writing and thinking I'm doing now is about this idea of improvisation; it's improvising like in the arts where improvising is really the highest form of the skill, it's the best of what the person offers, it's in this situation, it's for this audience, it's for this time, it's for this mood, it's for this feeling, its historically situated, so it's an understanding of people's response to what's going on in the world right now; this is for the moment, it's very situated for its particular context; it's an intuitive response that's appropriate for this particular situation--but its from this very deep understanding of situations like this and being

within this context; its crafting a response that's appropriate for that particular situation and it really draws on every bit of understanding and knowledge that you have as well as a very deep understanding of the other person or persons involved; the contrast is when nurses talk about working stupid or being out of synch or not having a grasp or not knowing what's going on; but when they know the patient then it's a similar kind of thing as being in the groove; it really escapes any formal description, and it sets up improvisation where you just respond to what that particular situation is saying; in the story of the ... my response was based on the whole situation, I was compelled to respond that way; it's the recognition of a pattern; what experienced teachers do when we use this whole grasp with the student is what Dreyfus calls deliberative rationality, where you make sure that this is not a stereotypical response; where you are not responding because a student reminds you of Great-Aunt Annie; I worry about ascribing to the notion about trusting your intuition without understanding there's a whole different way of being with students that using intuition relies on; we can't not know our students and then say I recognize this pattern; I think it's knowing the student that contributes this moral dimension to the judgements and having relationship; it's knowing without knowing why exactly I know; getting a grasp of a situation without being really clear what it is that I'm seeing in that situation that tells me what I

know about that situation; it's sort of knowing without knowing specifically; it's got to do with number one, my relationship with the student and process that we are going through and number two my relationship with whatever knowledge base I need in order to be doing whatever it is that I am doing; it's getting twingy; it's putting the patterns together and that takes me back to the developing of the relationship so that I have a knowledge of those patterns; it's not necessarily the number of times that you observe a certain behaviour that creates the pattern; it's the whole view; but I need to have all the details (after seeing the whole view); it's a heightened awareness; I think I doodle dawdle along a lot and just kind of let things come in and pick up stimuli but not even think about it a lot, and so when I have that sense of hmmm, then I become really aware of what I am picking up, or I start looking more closely at what I am picking up; it's getting my alert positively or alert to question going; it's part of what I already know, what I know from not necessarily having read it or experienced it, I just know from all my experiences; it's having a sense about people, so that even without having the clinical experience you have a sense when something is bothering the patient; it's experience; it's having the experience of thinking oops I've been here before, I've seen these patterns before...I need to be alert; it's just doing it many times and that's my comfort when I talk about my relationship with the knowledge."

2. WHEN IN YOUR PRACTICE OF NURSING WERE YOU FIRST AWARE OF USING INTUITION?

"Eight or ten years after grad, first aware of a force other than own thoughts that guided behaviour; not till took Meyers-Briggs (personality indicator) that I realized intuition could be another way to view the world, till then thought my way was only way and any other way was not to be trusted; before that was aware that pattern alteration triggered something; had to learn the flag was even there, I haven't always been aware that it was even there; seem to be finding ways I was intuitive in early career through retrospective analysis; seemed able to recognize the flags early on but I learned how to explore the patterns only through experience; discovering during this interview that a turn may have been seeing that as a novice teacher I saw pieces and tried to solve each piece; later I seemed to wait for the pattern to emerge and here pattern might be related to relationships between the pieces; I have been trying to get away from cultural beliefs of rationality where everything can be put into language that can be understood and formalized and explicit and that there is no experience outside of that that counts in the dominant western view; trying to get away from the practices we kind of joke about now when it comes to evaluating students for example, just knowing that the student will be successful or knowing that the student has some really great talents and then trying to make that fit on this little

checklist form because I really believe that I must be paying attention to these behaviours at some level and I just have to figure out what the behaviours are so I can communicate that; so I really had a strong commitment to that view...just discounted anything to do with intuition or any of that soft stuff; I remember the time when I thought 'I know how to nurse in this unit now'; the turns came after the feeling of comfort with the knowledge, about getting to the point where you can see the bigger picture, rather than the details; thinking 'I've been here before, I've seen these patterns before'."

3. WHAT HELPS YOU VALUE OR ACTUALIZE YOUR INTUITION?

"I was able to identify problem areas early in my career; what I discovered was the how to explore, to confirm that the niggly was significant; that's what I learned through experience, and with more and more experience, more and more things are recognized as flags; the way I approach students with a problem that looks the same on the surface is a product of analysing a problem more; the aha that comes to me when I see a behaviour, patterned with this and this behaviour is not this but this; flags are related to the value the individual places on that particular part of the pattern; if highly valued, pieces will be noticed earlier and in a far more subtle form than if not highly valued; in some, if not valued

it will take much more repetition before will be recognized; past experience will determine how quickly they will recognize it; what those past experiences meant to me, the degree of comfort I have with the situation too; the visual situation is a puzzle, the flag is human the situation is the puzzle; with students, their struggle is the human thing that draws me, the puzzle is dealing with it; can see this human flag more easily with more time; can explore more gradually and have more time to see whole; having to ask the question "why"; telling a story just shows, either creates or shows all the human meanings and intents and motives that are there in a particular situation that escapes formal description; a story uncovers all this human concern and meanings that are lost when you talk about theoretical ideas; stories uncover what we do in our practice that gives a sense of connection; from stories there is something that we reach through intuition but it also sets up the possibility that I understand your meaning, I can respond without having to go through some sort of abstract view or principle; first level is sort of the alert that there's a pattern there, there's a problem and so then you work with the student to try to analyze and figure out some techniques that might work".

4. WHAT IS IT ABOUT THIS INTUITIVE EXPERIENCE THAT TELLS YOU, YOU ARE RIGHT?

"That it fits with application; I learn best when I see how it can be applied; I cannot just learn to spiel, I have to see how that will work for me, then the learning is almost instant; how I can use it, how I can apply it; I struggle if I cannot see the application; its the first intuition that something is not right, next is the alert that something's going on here, we need to pay attention to it, that we need to honour; then we resort to analysis and calculation to try to see where the problems are; when I find myself doing something without consciously thinking about how I will approach it; a whole pile of things, number one often the other person involved will validate for instance if I see a student do something and intuitively I think: 'I've got to move in on this really quick, I can't ignore that', and so I move in and try and talk to the student and I try to understand what is happening for them; often they will indicate to me that yes there are some problems, either they are not here altogether, there are some other things in their life that are interfering, or they are really aware that they are not ready for what it is; sometimes the data is right there, like it comes...when I start searching for it, its like I kind of knew there was something wrong; sometimes I blow it and I'm not always right; I had that experience last year, and it was just a minor thing but we, the student and I were talking, and I

had a sense about him and then he journalled something that was totally different than what I had perceived and I had not validated with him at that time---I just had this sense and then he journalled something quite different than what I would have guessed that he would have journalled; sometimes I'll get validation from other people, another teacher, the patient will say something, or another nurse; it's me having a heightened awareness, like I can feel myself being more aware; there's perhaps a sense of comfort even if it's a negative thing, but it's not comfort in closure, it's comfort in opening like when I have that sense of hmmm, then I become really aware of what I am picking up and look more closely at it; although consciously I didn't notice things that happened that are making the pattern I think, 'Oh yeah that happened and last week I noticed that and this week this'; so it was that one event that kind of made the picture complete but then I hadn't looked at the little things that had happened all along the line until when I went back and looked at the big picture."

5. DESCRIBE THE RELATIONSHIP IN WHICH INTUITION IS EVOKED FOR YOU.

"Not knowing why; doesn't make sense in a rational, logical way that draws me into more exploration; too much comfort and I don't pick up the subtleties, not enough and knocks too much of them out; relationship to ability to see

its application; excitement of being able to discover the solution, given the pieces, that's better than being given the solution; my interpretation was that the ...patient's behaviour was the human call because it was out of what I would have expected; then the situation became the puzzle; excitement of being given the facts with which to solve it because then I can discover the solution and that's better than being given the solution; that's the open invitation, I would jump; there is something wrong, there is a puzzle for me, there is a problem; in the... patient story, the patient's behaviour wasn't logical to me, I had to find a reason for it made me very uneasy; the flag was human, the situation was the puzzle; I interpreted the behaviour as human; that's what draws me but then it becomes the puzzle that draws me to discover not how to fix the behaviour but how to find out why the behaviour is happening, so they can find out how to fix it themselves; time involved is in direct proportion to capacity to see the whole, time gives more time to get to know them as human beings, I can get to know their problems and maintain a far more human element; relationship also to the patterns--a valuing of the patterns in that they hold more data; ways in which the flags meaningful tied to value placed on them; when I am working together there's that way that we just sort of hum; but the relationship is central to that sense of thinking synchronously; a relationship where synchrony in the idea of really advanced thinking; where there's already trust and

there's already (no) questions about is it safe to put out this idea; happens in situations where students have chosen to work with me; where there is some sort of compatibility and ideas in ways of working together; you're here because you want to be and because you believe I have something to offer you; so that I already believe there is a relationship here and things are going to work okay; there is some sort of draw there; this takes a long time to develop with students who are immediately...just by definition because they are in a school and there is this power imbalance because ultimately I'm still in the position of having to grade them; so you have to do a lot of work just to get past some of that stuff that comes from the formal education setting; works well in workshop settings with (RN's who have) shared experiences that come from telling stories from our experience--there is that connection that comes through sharing; where all of us are showing a willingness to make ourselves vulnerable by talking about some of those experiences that are difficult; sharing experiences gives a group of people a point of discussion, a point of departure having a jumping off point, a point of reference; in relationship that evokes further possibilities; relationship that cuts through all formal barriers to enable us to say this is how I really do it, and these are my experiences and this is when I've had a painful experience and this is when its been hard...so that you can really see what really goes on in one's practice rather than what's covered

over by theory, then I think that creates the possibilities for relationship; if I had to say what I trust in my intuition the most, it's knowing how to be with a student; comfort in not having to think what do I say here, how do I ask that question, what do I need to do here, without going through that process step by step; its really opening myself up to take some risks and be vulnerable to them and being more open to listen to where they are coming from; it's a lot more negotiation; always being aware of how together we are making decisions, that I'm not taking over the decision making when they need to be part of it; not putting them in the position of vulnerability because I'm expecting them to make too many decisions; its in the process of the relationship; the structure is in the negotiation; its more like we are in a partnership; its giving them their voice within the relationship so you can go from there; the better I know the student the better I can be with them; not necessarily that I know their whole private life and all that about them but that I know that if there was something that they needed me to know about our relationship that they be able to tell it to me--and sometimes I'll know that with a student that we need to talk about that, we need to sit down and say what's going on between us, like I can sense something, and I think I go on intuition with that; it's important to connect early and connect tightly with the group."

6. IN WHAT WAYS CAN/DO YOU HELP STUDENTS UNDERSTAND THE MEANING OF INTUITION IN PRACTICE?

"Confirmation that what you see is what the student thinks is happening; if you have a gut feeling you listen to it, explore it, act on it; but I don't know how to teach it; exposing them to situations with the flags up; taking them into a room, setting up scenarios; waving the flags, not just letting the flags sit; deliberately exaggerate a situation; comfort with the situation and a knowledge about such that you can pick up the subtle nuances; value you see in it, significance of it to you in life; valuing as related to ability to see its application; the time to give capacity to see the whole; help students increase their awareness of what's happening within them physical or mental, help them to value that intuitive sense; set up ways that we can help the student get breakthroughs or begin to develop insight and begin to see where they are having difficulties; for example, you have a student doing a learning activity of getting narrative accounts from patients and the student has heard stories from patients about their experience with illness and some students say my patient can't tell me anything or they won't tell me stories, but other students are able to get lots of narrative from the same patients, then there's a problem; work with the student to analyze and figure out some techniques that might work to help get past the problem; but the deliberative part of the process is to try to get the

student in situations where they have the best chance of being successful, where they have the best chance of disrupting the pattern; I try and show them what I call commonsense stuff, because I think in order for them to start seeing the big picture they have to get past their anxiety about the details; so I talk about commonsense kinds of things, what would you do if you were going to help someone with their morning care; and helping them to trust what they already know--what they know from not necessarily having read it or experienced it, they just know from all their experiences; help them to start putting those patterns together, to start with themselves; to look at patterns by working with four different people who have had strokes so they are looking at each persons individual experience then looking at the common experience, the differences and the commonalities because I think that's how you develop the ability to see the patterns; I say trust your intuition when they say things like 'it feels like', or 'I know that'; I would describe it to them as knowing without knowing why you know and that it comes out of being aware of the patterns being aware of the whole; students tend to be concrete, they need facts, we have expected them to give us the right answer so the only way you can get the right answer is if someone teaches it to you concretely so you can give them the right answer; I want to look at student's ways of learning because I don't buy that students right at the beginning need to have everything concrete--if you give them

permission they've got it; there is so much more that they know than in the past we've acknowledged; help them to know about what they already know about people so they don't get freaked about being with patients; talk with them about how nurses make decisions; I think we need to help nurses talk about how they use their intuition when they make decisions."

7. IN WHAT WAYS DO YOU USE INTUITION IN EVALUATING STUDENT PERFORMANCE?

"Ensuring the strategy fits the behaviour, not just the problem--ensuring enough analysis of the problem; giving myself enough time to see the whole; explore idea of students being able to work with people they choose which has been quite foreign till now in nursing; honour the understanding that within days we (nurse educators) recognize students are either going to be successful or students that may run into difficulty and then we use that as a way to kind of shape the way we approach those particular kinds of student; this approach might be dangerous in the hands of educators that aren't so well intentioned, who aren't pursuing the good in life--those who give what might be a stereotypical or biased response to a certain set of students; those perceptions of students who are likely to have success and in areas that we have concern about them we can support them with a relatively calm response, because I think it really is a sense or grasp

of the particular student and just the recognition of a pattern; I think what experienced teachers do also when we use this whole grasp with the student in what Dreyfus is talking about in deliberative rationality where you make sure that this is not a stereotypical response, where you are not responding to the student because they remind you of Great-Aunt Annie; putting the students in situations where they have the best chance of disrupting the pattern; we really have a sense of the level of the student's practice in that whole sense and I think we should pay attention to that and trust it and I think where it's particularly important to pay attention to it is in our basic belief that most students can be successful; but I believe that there are some students that can't be successful or are not pursuing the good or are committed to doing what's right or have no insight; there are the occasional students who I really get concerned about, I think that's where it's important to trust our intuition and follow up with trying to set up ways that we can help the student get breakthroughs or begin to develop insight and begin to see where they are having difficulties; I think that's where our intuition serves us well, where we can begin to recognize and see early on students that may not have the qualities that we think are important for a nurse and to early on begin to try to create ways that the student can begin to develop those qualities if it's possible, but I think we know early on those students who aren't going to have those

qualities; I don't think you can trust your own intuition about a student unless you know something about what brings them to nursing and the history of their own story and their own issues; to talk about making judgements in nursing education really rests on a whole different set of assumptions about knowing students and relationships with students; there's also a whole different way of being with students that using intuition relies on; we can't not know our students and then say I recognize this pattern; it goes against the grain of populist education that says its better to not know about your students because you can't be objective otherwise; getting to know the student and knowing about them and having a relationship with them; like marking papers, initially it was very tedious and very slow and now I'm starting to trust my self to say, 'Oh that's an "A" or a "B" or a "C" or better' and then what I end up doing is figuring out the details, whereas before what I did was look at the details and then came up with the grade; I kind of know how that student is doing but to tell the student, I need all the details; intuition makes you real comfortable and that's good but unless you take it out and look at it and wonder and question what those details are, you can get stuck at that; and regarding the urgency in the clinical practice setting, I feel like they need to trust me right off the bat and I tell them that I need to be able to trust that they will come to me if they are unsure (in clinical situations); so it is real quick

and tight and right at the beginning before we even get near a patient; in orientation (to clinical practice) I watch them, their reactions, and sometimes the first day I will think 'Now I'll just have to watch so and so', and it usually, my first impression that first day, usually pans out; I watch their interactions with each other, the questions they ask, the way they look; like the difference between looking like they are overwhelmed and dazed and the looking like they are really looking; so that whole orientation is a really important part of getting to know them and getting to start getting that sense of the whole--and I guess then the next part is quickly getting side by side with them at the bedside watching how that particular student interacts with a patient; I have to be able to describe to the student clearly what it is I think about the (pass or fail) decision, it makes me need to really work on the details; when we talk I have to really hear to know data to retain and knowing what could be discounted in a particular situation, and for different students its different things, and I ask myself why for one student would I focus on this, for another student I would focus on that; having to always be as careful with this so that I am as objective as I can."

APPENDIX 7: SOME WAYS IN WHICH INTUITION COULD BE TAUGHT

Appendices 7 & 8 reflect my need to have something to take in hand at the completion of this work. It reflects my need as an educator to be concrete and helpful in my work with students. I wrote the material on what was to be the final day of my work and the words seemed to come to me before I was consciously aware of their meaning. They stand as written and fit with my wish to apply my learning.

1. Allow the student to work with the teacher of their choice; be prepared to tell the student that attendance is vital for it is only by the student being in the clinical setting regularly and consistently that this kind of knowing can be learned.
2. Place the student only in situations where they have the best chance for success in finding intuitive knowing.
3. Begin with common sense events, that is things the student already knows from being a person in the world; help them connect their actions in that world with what they could do in a like situation in the world of nursing.
4. Place the student in, or set up situations where the student will find the event, allowing time for finding meaning; proceed to place the student in situations where the event will not be found; talk about distinguishing features of the two events; allow the student to verbalize the process they experienced, being sure the subtleties of the event are included.
5. Verbalize during the action (if appropriate, otherwise as soon as possible following the event) what you see happening or not happening; have the student talk about what they think is happening.
6. Encourage the student to listen to, find meaning with and act on what is happening for them inside, physically, emotionally, or cognitively; deliberately exaggerate the act as necessary to enable the student to recognize their reactions.

7. Connect the act with the rest of its context so the student can recognize and value it in similar situations or when they come across it again.
8. Work with the student to analyze the event and work out actions to help them know how the action fits or does not fit the situation.
9. Talk to the student about the rules and standards they are developing to deal with this kind of event. Be prepared to tell them to not forget this event and the rules they found for acting on it, and that it will recur again in some similar way in their future practice.
10. Allow sufficient time for the student to internalize their actions within the context of the event.
11. Set up situations to help the student begin to find insights and have breakthroughs about their strengths or where they are having difficulties with getting to know about intuitive knowing.
12. Place the student with several different patients having similar experiences or with the same illness; have the student find the similarities and differences of patterns in the experience for the individual and the common experience.
13. Have the student talk to nurses about how the nurse makes decisions. Tell them to have the nurse talk aloud about the things the nurse is seeing in the situation, the past experiences they are drawing on, the theory, the empirical information being used, the physical and emotional part of themselves they are including, how they are seeing the whole, its significant parts and those they would discard.
14. Tell the student to be prepared to act on gut feelings, "twinges" or "clicks" that accompany the event or come to them in later reflection, for this is likely to be the way they will find words and meaning.
15. Be prepared to approach the student again and again to pursue the path of their reflection about meanings they are finding. Be relentless!

APPENDIX 8: SOME OF WHAT MAY BE PARTS OF THE WORDS "YOU PASS"

1. Honour and act on the belief that supports the tradition that most students can be successful.
2. Allow this recognition to shape the ways we are with the student as a unique individual.
3. Include what we know about what brings the student to the world of nursing, their story of being a learner, their values and beliefs, joys and fears; what we already know about the student from our being people together in the world of classroom and learning and other contexts. Be prepared to act on this knowing as it relates to the whole.
4. Honour the understanding that within days of being with a student, we as teachers are the experts who recognize those of our students who will be successful and those who may run into difficulties.
5. Ensure that trust has the opportunity to be established in the earliest part of the clinical experience: for the student in the teacher enabling them to take the risks they need and to be vulnerable without fear of censorship; for the teacher in the student enabling them to be free to have the student with patients with whom the student has the greatest chance of success.
6. Honour first impressions of the way a student relates to the newness and unfamiliarity of the clinical context on the first day: the kinds of questions the student asks or does not ask, of the way the question is asked, of the way the student interacts with other students, the RN, the patient, the teacher.
7. Know what information about the student to retain and what to discard and know that the same information will likely have different meaning for each student.
8. Reflect and analyze the wholeness of the information about the student and be prepared to act on the wholeness. Know that the wholeness occurs by being in relationships of partnership and co-learning and trust.
9. Be prepared to work hard to establish this kind of relationship, doing what needs to be done, for this is the only kind of relationship that will evoke the kinds of pieces that are truly intuitive and not those generalized and applicable to any student, anywhere.

BIBLIOGRAPHY

- Allen, D., Bowers, B., & Diekelmann, N. (1989). Writing to learn: A reconceptualization of thinking and writing in the nursing curriculum. Journal of Nursing Education, 28(1), 6-11.
- Aoki, T.T. (1991). Inspiriting Curriculum and Pedagogy: Talks to Teachers. Edmonton: University of Alberta, Faculty of Education.
- Aoki, T.T. (1992, May). In the midst of slippery theme words: Living as designers of Japanese Canadian curriculum. Paper presented at the Designing Japanese Canadian Curriculum Conference, North York, Ontario.
- Aoki, T.T., & Shamsheer, M. (Eds.). (1991). Voices of teaching. The British Columbia Teachers' Federation Program for Quality Teaching.
- Baker, C., Wuest, J., & Noerager Stern, P. (1992). Method slurring: The grounded theory/phenomenology example. Journal of Advanced Nursing, 17, 1355-1360.
- Bateson, G. & Bateson, M. (1987). Angels fear: Towards an epistemology of the sacred. Toronto: Bantam.
- Belenky, M., Clinchy, B., Goldberger, N., & Tarule, J. (1986). Women's ways of knowing: The development of self, voice, and mind. United States: Basic Books.
- Benner, P. (1983). Uncovering the knowledge embedded in clinical practice. Image: The Journal of Nursing Scholarship, 14(2), 36-40.
- Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. Menlo Park, CA: Addison-Wesley.
- Benner, P., Tanner, C., & Chesla, C. (1992). From beginner to expert: Gaining a differentiated clinical world in critical care nursing. Advances in Nursing Science, 14(3), 13-28.
- Bergum, V. (1991, May). Beyond rights, toward love: A challenge for bioethics. Paper presented to Second International Invitational Pedagogy Conference, Calgary, Alberta.

- Bergum, V. (1992, May). The dialectic approach to clinical judgement in nursing. Discussion paper for Third International Invitational Pedagogy Conference, Victoria, BC.
- Bevis, E., & Watson, J. Toward a caring curriculum: A new pedagogy for nursing. (Publication No. 15-2278). New York: National League for Nursing.
- Bogdan, R., & Biklen, S. (1982). Qualitative research for education: An introduction to theory and methods. Boston: Allyn and Bacon.
- Boud, D., & Griffin, V. (Eds.). (1988). Appreciating adults learning: From the learners' perspective. London, England: Kogan Page.
- Caputo, J. (1987). Restoring life to its original difficulty. In J. Caputo (Ed.), Radical hermeneutics: Repetition, deconstruction, and the hermeneutic project. Bloomington: Indiana University Press.
- Carper, B. (1978). Fundamental patterns of knowing in nursing. Advances in Nursing Science, 1(1), 13-23.
- Carson, T. (1983). A hermeneutic investigation of the meaning of curriculum implementation for consultants and teachers. Unpublished doctoral dissertation, University of Alberta, Edmonton.
- Chambers, C. (1987). Phenomenology, hermeneutics, sociolinguistics and ethnography of communication: Their potential for the study of Native Indian discourse. Unpublished doctoral dissertation, University of Victoria, Victoria.
- Chinn, P. (1986). Nursing research methodology: Issues and implementation. Rockville, MD: Aspen.
- Chinn, P. (1988). Nursing patterns of knowing and feminist thought. Nursing and Health Care, 2, 71-75.
- Chinn, P. (1991). Looking into the crystal ball: Positioning ourselves for the year 2000. Nursing Outlook, 39(6), 251-256.
- Chinn, P., & Kramer, M. (1991). Theory and nursing: A systematic approach. St. Louis: Mosby.
- Chipman, Y. (1991). Caring: Its meaning and place in the practice of nursing. Journal of Nursing Education, 30(4), 171-175.

- Chopoorian, T. (1986). Reconceptualizing the environment. In P. Moccia (Ed.), New Approaches to Theory Development (pp. 39-53). New York: National League for Nursing.
- Combs, A., & Avila, D. (1985). Helping relationships: Basic concepts for the helping professions. Boston: Allyn and Bacon.
- Corcoran, S., & Moreland, H. (1988). "Thinking Aloud" as a strategy to improve clinical decision making. Heart & Lung: The Journal of Critical Care, 17(5), 463-468.
- Diekelmann, N. (1988). Curriculum revolution: A theoretical and philosophical mandate for change. New York: National League for Nursing.
- Diekelmann, N. (1992). Learning-as-testing: A Heideggerian hermeneutical analysis of the lived experiences of students and teachers in nursing. Advances in Nursing Science, 14(3), 72-83.
- Eisner, E. (1991). The enlightened eye: Qualitative inquiry and the enhancement of educational practice. New York: Macmillan.
- Elbaz, F. (1981). The teachers' "practical knowledge": Report of a case study. Curriculum Inquiry, 11(1), 43-71.
- Estes, C. (1992). Women who run with the wolves: Myths and stories of the wild woman archetype. New York: Ballantine.
- Gadamer, H. (1975). Truth and method. New York: Subway.
- Gadow, S. (1984). Touch and technology: Two paradigms of patient care. Journal of Religion and Health, 23(1), 63-69.
- Gadow, S. (1989). Clinical subjectivity: Advocacy with silent patients. Nursing Clinics of North America, 24(2), 535-541.
- Gadow, S. (1990a). Response to "Personal knowing: Evolving research and practice". Scholarly Inquiry for Nursing Practice: An International Journal, 4(2), 167-170.
- Gadow, S. (1990b). Beyond dualism: The dialectic of caring and knowing. Presented at "The care-justice puzzle: Education for ethical nursing practice" conference, Minneapolis.
- Gilligan, C. (1982). In a different voice: Psychological theory and women's development. Cambridge, MA: Harvard University Press.

- Greenwood, M., & Nunn, P. (1992). Paradox and healing: A book about medicine, mythology and transformation. Victoria, BC: Meridian House.
- Heidegger, M. (1977). Building, Dwelling, Thinking. In M. Heidegger, Basic writings. (pp. 323-339). New York: Harper, Row.
- Hinds, P., Chaves, D., & Cypess, S. (1992). Context as a source of meaning and understanding. Qualitative Health Research, 2(1), 61-74.
- Jacobs-Kramer, M., & Chinn, P. (1988). Perspectives on knowing: A model of nursing knowledge. Scholarly Inquiry for Nursing Practice: An International Journal, 2(2), 129-139.
- Jenny, J., & Logan, J. (1992). Knowing the patient: One aspect of clinical knowledge. Image: Journal of Nursing Scholarship, 24(4), 254-258.
- Kierkegaard, J. (1987). Repetition and kinesis: Kierkegaard on the founding of metaphysics. In J. Caputo (Ed), Radical hermeneutics: Repetition, deconstruction, and the hermeneutic project. Bloomington: Indiana University Press.
- Kintgen-Andrews, J. (1991). Critical thinking and nursing education: Perplexities and insights. Journal of Nursing Education, 30(4), 152-157.
- Krieger, D. (1979). The therapeutic touch: How to use your hands to help or to heal. Englewood Cliffs, NJ: Prentice-Hall.
- Krieger, D. (1993). Accepting your power to heal: The personal practice of therapeutic touch. Santa Fe, NM: Bear & Company.
- Langer, E. (1989). Mindfulness. Don Mills, Ontario: Addison-Wesley.
- Levin, D. (1989). The listening self: Personal growth, social change and the closure of metaphysics. London, England: Routledge.
- Logan, J. (1993). Nurses' learning patterns. The Canadian Nurse, 89(2), 18-22.
- Macrae, J. (1991). Therapeutic touch: A practical guide. New York: Alfred Knopf.

- Mezirow, J. (1990). Fostering critical reflection in adulthood: A guide to transformative and emancipatory learning. San Francisco: Jossey-Bass.
- Munhall, P. (1989). Philosophical ponderings on qualitative research methods in nursing. Nursing Science Quarterly, 89, 20-28.
- Munhall, P., & Oiler, C. (1986). Nursing research: A qualitative perspective. Norwalk: CT: Appleton-Century-Crofts.
- Newman, M., Sime, M., & Corcoran-Perry, S. (1991). The focus of the discipline of nursing. Advances in Nursing Science, 14(1), 1-6.
- Noddings, N. (1984). Caring: A feminine approach to ethics and moral education. Berkeley: University of California Press.
- Noddings, N. (1988). An ethic of caring and its implications for instructional arrangements. American Journal of Education, 2, 215-229.
- Noddings, N., & Shore, P. (1984). Awakening the inner eye: Intuition in education. New York: Teachers College Press.
- Packer, M. (1985). Hermeneutic inquiry in the study of human conduct. American Psychologist, 40(10), 1081-1093.
- Palmer, R. (1969). Six modern definitions of hermeneutics. In R. E. Palmer (Ed.), Hermeneutics. Evanston: Northwestern University Press.
- Palmer, R. (1969). Thirty theses on interpretation. In R. E. Palmer (Ed.), Hermeneutics. Evanston: Northwestern University Press.
- Palmer, R. (1969). Toward reopening the question: What is interpretation? In R. E. Palmer (Ed.), Hermeneutics. Evanston: Northwestern University Press.
- Phenix, P. (1986). Realms of meaning: A philosophy of the curriculum for general education. Ventura, CA: Ventura County Superintendent of Schools Office.
- Polanyi, M. (1962). Personal knowledge: Towards a post-critical philosophy. Chicago: University of Chicago Press.
- Powell, H. (1989). The reflective practitioner in nursing. Journal of Advanced Nursing, 14, 824-832.

- Ray, M. (1987). Technological caring: A new model in critical care. Dimensions of Critical Care Nursing, 6(3), 166-173.
- Schon, D. (1983). The reflective practitioner: How professionals think in action. New York: Basic Books.
- Schon, D. (1987). Educating the reflective practitioner: Toward a new design for teaching and learning in the professions. San Fransisco: Jossey-Bass.
- Steinem, G. (1992). Revolution from within. Boston: Little, Brown.
- Tanner, C. (1990). Caring as a value in nursing education. Nursing Outlook, 38(2), 70-72.
- Tanner, C. (1987). In J. Fitzpatrick & R. Taunton (Eds.), Annual review of Nursing Research, 5. New York: Wiley.
- Tanner, C. (1989). Use of research in clinical judgement. In C. Tanner & C. Lindeman (Eds.), Using Nursing Research. New York: National League for Nursing.
- Urden, L. (1989). Knowledge development in clinical practice. Journal of Continuing Education in Nursing, 20, 18-22.
- van Manen, M. (1990). Researching lived experience. London, Ontario: Althouse Press.
- van Manen, M. (1991). The tact of teaching: The meaning of pedagogical thoughtfulness. London, Ontario: Althouse Press.
- Watson, J. (1988). New dimensions in human caring theory. Nursing Science Quarterly, 12(2), 175-181.
- Watson, J. (1988). Human caring as moral context for nursing education. Nursing and Health Care, 9(8), 422-425.
- Willis, G., & Schubert, W. (Eds.). (1991). Reflections from the heart of educational inquiry. Albany: State University of New York Press.

VITA

Surname: COOPER

Given Names: Wendy Ellen Copeland

Place of Birth: Victoria BC Date of Birth: October 12, 1941

Educational Institutions Attended:

University of Victoria	1991-1994
University of Victoria	1976-1981
Royal Jubilee Hospital	1960-1963

Degrees Awarded:

Registered Nurse	Royal Jubilee Hospital	1963
BScN	University of Victoria	1981

PARTIAL COPYRIGHT LICENSE

I hereby grant the right to lend my thesis to users of the University of Victoria Library, and to make single copies only for such users or in response to a request from the Library of any other university, or similar institution, on its behalf or for one of its users. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by me or a member of the University designated by me. It is understood that copying or publication of this theses for financial gain shall not be allowed without my written permission.

Title of Thesis: Meanings of Intuition in Nurses' Work

Author:

WENDY ELIJEN COPELAND COOPER

April 18 1994
Date