Advances in Nursing Science
Issue: Volume 22(2), December 1999, pp 62-73

Publication Type: [Global Health And Nursing Practice]
ISSN: 0161-9268
Accession: 00012272-199912000-00007
Keywords: caring, dialectics, health, hermeneutics, Newman's theory, nursing discipline, nursing practice, paradigm, praxis research, reflective practice

[Global Health And Nursing Practice] Previous Article | Table of Contents | Next Article

Practice Wisdom

Litchfield, Merian RN, PhD

Author Information

Researcher/Consultant; Wellington, New Zealand

Back to Top

Abstract

A participatory process approach in research and scholarship is proposed in the context of the postmodern movement and a disciplinary emphasis on practice. Two sequential studies are presented to illustrate praxis in nursing in which health is expanding consciousness. A framework of personal practice was developed from the first study and reconceptualized in the second as a process of modeling practice involving partnership, dialogue, pattern recognition, and health as dialectic. This praxis illustrates the merging of theory, practice and research as practice wisdom. Health and caring can be seen as the same process.

I have no teaching, but I carry on a conversation. - -Martin Buber 1(p639)

Two interwoven trends challenging nursing scholarship as we enter the 21st century are the postmodern movement in worldview and the turn of attention to the nature of practice. The postmodern movement acknowledges pluralism, relativism, diversity and acceptance of ambiguity 2 as we become more aware of ourselves in a unitary world. Theologian Lloyd Geering 3(p194) explains the shift in thinking as: "open acknowledgement of the human role in the construction of human cultures and shared worlds." This consciousness of ourselves as creatively participant is recognized in the scholarship of both scientist and philosopher. 4,5 It is referred to in this paper as a participatory paradigm. In this context the disciplinary turn to a focus on practice 6-8 calls for new forms of research and scholarship with the practitioner participant in theory development. This article presents practice research within a participatory paradigm.

Although practical wisdom has been referred to as a way of acknowledging the knowledgeable actions of nursing, 9 I use the term practice wisdom to refer to the process of practice and the reflexive development of theory within it. A sequence of studies is presented to illustrate practice wisdom as a form of praxis.

Outline

A postmodern era acknowledges the cultural and historical embeddedness of experience and perspective, value-laden, and challenges the conventions of the discipline. 2 My research purpose arose within the New Zealand context. At a time of major health sector reform that was depersonalizing there has been a call for nurses to give voice to the nursing contribution to health. My research challenge was to articulate the nature of nursing practice that would address people's health circumstances in their full complexity and humanness and to facilitate diverse approaches. Newman's 10,11 beginning explication of her theory of health as expanding consciousness was immediately appealing in introducing a relational paradigm, founded in contemporary philosophy of science, that centered on the unitary nature of the person-environment. It acknowledged the significance of relationship and caring. While my two studies were conducted in New Zealand, my research evolved within a dialogue with Margaret Newman. This pre sentation of research inevitably reflects this span of cultures and social systems. In New Zealand concerns for identity, partnership and a sense of community are pervasive in the everyday rhetoric of society and historically underpin a process/relational orientation in nursing scholarship. 12,13 Newman expresses the tenets of her theory of health as expanding consciousness in terms of process, pattern, relatedness and transformative change. 11 These are themes that have become interwoven through my research to reflect and contribute to the discourses of the discipline.

Back to Top

A DISCIPLINARY TREND

Newman's 14 historicist approach to defining the discipline in 1983 offers a starting point for reviewing trend. She identified four core phenomena of the discipline and pointed to a sequential shift in emphasis on each in theory development: environment, nursing (action), client, and health. While envisaging a future when all the phenomena would be addressed together to give a "unified focus," 14(p6) she noted the divergence of paradigms of health beginning to emerge at that time. Later, with Sime and Corcoran-Perry, Newman 15 proposed a phrase to denote the unified focus of the discipline: caring in the human health experience. Health experience was the focus; caring was the activity of nursing. The phrase, they stated, would have its full professional significance when studied as a whole.

The phrase suggests another shift in disciplinary emphasis to the phenomenon of practice, incorporating the other four phenomena as Newman had envisaged. This emphasis on practice has intensified through the 1990s. Now, in the postmodern context, attention is turning to the relationship between nurse and knowledge to elaborate the nature of practice. 16-18 This raises questions about the relationship of practice and research, and the relationship of practitioner and researcher.

Early theory assumed research and practice were separate processes. Rogers 19 initiated a radically different trend in proposing the disciplinary focus as unitary human beings. Her explication of a unitary perspective implied that the practitioner was integral to the process of nursing: the practitioner is "a conscious dimension" and "always a factor in the intervention process." 19(pp124,125) However, she referred to research and practice separately in terms of the development and application of a body of knowledge, respectively. Then, in her later writing she began to acknowledge herself as constructor of theory: "On the basis of observation and speculation and theorizing … I simply postulate energy fields." 21(p116) Now it is possible to suggest that Rogers" theory foreshadowed the shift to hermeneutics, hinting at a participatory perspective.

Newman 10,11,20 drew on Rogers' view of unitary human beings. In turning the disciplinary focus to health her theory represented another transformative shift in the trend. Her writing about paradigm shifts has more obviously reflected the postmodern movement. Theory came to be viewed as" embodied in the

investigator-nurse … Whatever paradigm guides one's thinking *is reality* for that person." 22(p155,156) Significantly, her style of presentation and writing about her theory has exemplified the movement. She acknowledges the origins of her theory as embedded in her own personal experience, her dialogue with Rogers and the writing of other contemporary scholars. And she has written in the first person, awarely connecting with the audience. The idea of praxis 23,24 in which theory is a priori and all participants are informed within the research/practice process was a natural development: "the form that nursing research takes is the form of practice." 24(p100)

Newman 18,20,22,23 has repeatedly reviewed the evolution of her thinking re-presenting the past developments within new insights to show how her theory has evolved. This can be seen as an expression of the philosophical roots of her theory in a universe viewed as unitary, self-organizing and transformatively evolving. Her writing *illustrates* and illuminates the theory.

In this trend the view of theory was becoming personally reflexive and innovative. Now the way is open for inquiry to attend to theory development, research and practice methods as one process. Theory would be a priori, methodology hermeneutic and dialectic. 20 The researcher as practitioner would be constructor of knowledge that is value laden and contextual. A meaning for praxis of particular significance in nursing 23,25 in a postmodern era was emerging. I position my research in this trend of thought.

The transformative nature of the disciplinary evolution, as identified, is echoed in both the content of my research with families and its presentation. Two sequential studies 26,27 illustrate the process of praxis. They were undertaken to articulate the nature of nursing practice as I explored the philosophical underpinnings and methodological implications of Newman's theory. 11,20 The focus is on practice as it unfolds. The findings are presented first as a framework for the transformative change occurring in researcher/practitioner and participant/client partnership to show the praxis. This framework then provides the theoretical framework for initiating the next study. The subsequent findings are presented as a process of modeling personal practice in practice to illustrate the reflexivity of praxis that underpins theory development.

Back to Top

A PRAXIS FRAMEWORK

In the first study practice was initially defined as a process of health patterning drawing from Newman's 11 explication of health as expanding consciousness and pattern recognition. Expanding consciousness referred to the informational capacity of the system 11 in which the system was the partnership of participants. People's recognition of pattern in their lives involved insight as the potential for action.

The participant client group were five families with young children repeatedly hospitalized. I knew the intensity of pain and strain experienced by these families. They needed a special sort of care. Any client group experiencing health-related disruption in their lives would have been appropriate but this group had particular significance for health policy and service development at that time. Furthermore, in using the criterion of repeated hospitalization I hoped to avoid the nursing practice findings becoming defined by medical specialty and subsumed within the medical purpose.

Because I was the practitioner, the method unfolded in its detail, in context, throughout the research encounter. There were three components: (1) a program of tape recorded meetings with the families in their homes, 45-90 minutes in duration according to when we reached a natural pause in conversation, and at convenient intervals of approximately a week; (2) the construction and sharing of

a summary text that focused on one of the later meetings; and (3) reflection on the transcripts, summary text and the process as a whole to describe its evolution.

The adults were asked simply to talk about having a child repeatedly hospitalized so that, as a nurse, I would understand more. Without exception they talked eagerly-they wanted me to know. Consent to participate was a formality. Otherwise there was natural conversation; the concerns could be openly explored as they arose. The meaning of health patterning in relation to each family's unique experience unfolded in its own way through the sequence of visits. The absence of prescribed steps was important to the discovery and eventual insight into the pattern of the process. And it allowed the fully open caring attentiveness to whatever emerged through the partnership.

On the third visit one family showed a major shift in the way they understood their family predicament. This prompted a pause with all families. A summary text was written for each and given to them as a focus for the subsequent meeting. It was crafted from my summarizing phrases interspersed with family quotes to flow naturally in their syntax. Reading it was an absorbing and emotional experience for the families: "I didn't have time and I just kept reading … it was reliving a lot of it all over again which was traumatic … I got very upset-no, no, that's good, it was therapeutic." The rapport changed, more mutual in our shared attention to the now textualized experience in which all had invested.

Closure of the partnership occurred quite naturally after one or two subsequent visits: what needed to be done, and how, had been noted and there was no more to be said for the moment. A year later the families were visited for the pragmatic purpose of rechecking their consent before publishing the stories. Again, the conversation about family life brought new light to the previous insights about health. This too became integral to the analysis.

Analysis was continuous as an interpretative process. My intention had been to describe both the practitioner-family process and the pattern of the life process of families. I discovered that within a participatory paradigm the pattern of the family was itself a construction of the research process, unfolding within it. Health patterning took this meaning of unfolding in the dialogue: the findings of the study were of process. Five themes with descriptors present the process of health patterning. They form a coherent framework that has a nonlinear and discontinuous progression: each theme gives rise to the next and then is expressed within it. They can be read like a sentence to show the evolutionary connectedness of the process.

A partnership …

had *parameters* of entry and closure

where its *timing* was a phase of disruption in family life and

the practitioner-family encounter had an *informing capacity*

An evolving dialogue …

was a continuous *flow of unfolding and enfolding* of meanings

embedded in the *social/political/health system context*

The recognizing of pattern …

occurred as incidental *revelations* in the conversation

leading to a more comprehensive *insight as the potential for action*

An expanding horizon ...

could be seen in a change from being trapped *in the present without vision*

to seeing the *presence of past and future*

Increasing connectedness ...

could be seen as a sense of *inclusion* as family members and citizens,

interdependence in health care and *transformation* in family living.

This framework for health patterning represents pattern recognition as a whole movement of a process within the partnership parameters. It had a clear beginning and ended with the identification of the action that indicated insight. It was presented as an expression of health as expanding consciousness: a process of praxis in which the in-forming potential of the relationship for both family/client and researcher/practitioner was shown.

The family experience, recalled in anecdotes and ordered in time and place in a text, was given form in its telling. My participation began as expression of my a priori understanding of health: all that I personally brought to the partnership and what I attended to. Within the dialogue, attention and emphases given to issues, and the language used, expressed the contemporary social/political context for family life (e.g., housing, access to services, women's emancipation, self-care). The conversation became less self-conscious through the visits.

A family's insight could be identified in the transcripts as statements of intended action that showed an expanding horizon and increasing connectedness. The insight indicated movement to a more comprehensive, abstract grasp of the family situation. Although the revelations were incidental realizations of how and why things had happened that surfaced at times of intense concentration throughout the dialogue, the insight occurred when the summary text enabled a more removed stance from which to look back at family circumstances. This was the indication of what was uniquely important to them and could be acted on. We came to know what we had to do. The past and anticipated future had acquired meaning as the potential for particular action in the present.

In making sense of their circumstances, the families saw different ways of working together finding a new identity as a "family" unit. They looked beyond the family to participating in the wider community and understood how they might use services and information differently. The uncertainty of a child's medical condition remained, but now it had become integral rather than focal in family living. In three of the families the child's medical condition improved considerably. Hospitalization became a rare event; new supportive networks of relationships were established. A year later, the changes described at the time could be clearly seen as significant in how the family were currently living and managing chronic illness and disability. In conversation they could recall the time of disruption as just a fleeting moment in family life: they had moved on and were proud of how they had managed.

The process was transformative for me as researcher/practitioner as it was for the families. As a practitioner I had created a framework for my personal practice-for the moment. As a researcher I had constructed a praxis of health as expanding consciousness that could be presented with the substantiation of excerpts from the data.

Back to Top

EXEMPLAR A

In one family the younger of two preschool children had been hospitalized

every few weeks from birth with a severe asthmatic condition. The anecdotes told of a divided, exasperated family with life revolving around a sick child and confined to the home and hospital. The parents went from day to day struggling to manage the crises that kept occurring amidst a complexity of difficulties of living in strained economic conditions and a mixed ethnic household. Their insight was expressed as a statement of their intention to acquire more detailed information about asthma medications and they drew up their own plan for managing the child's condition. They would present their plan to the medical specialist to replace the one that had been dictated to them previously.

They had come to the conclusion their child was addicted to his medication and that this was "wrong." They had become aware of the very disruptive impact of the child's medication, its saga of side effects and its schedule on the everyday living of the family, also how they had aggravated it. They determined to have him off his medication before starting school three years ahead, and in the action they would take they would be able to redress the strained relationships with the children associated with the sharply divided family life. A year later they had swapped child-minding and income-earner roles and, in conversation, realized that their network of relationships beyond the home had freed up family movement. Hospitalization had occurred on only two more occasions. In retrospect, then, I could identify the transformation in family living.

Back to Top

THE MODELING OF PRAXIS

The second study was intended to expand my understanding of the researcher/practitioner in this praxis, to explore the further evolving of theory with ongoing reflexive experience. The praxis framework that was the outcome of the previous study provided the theoretical framework. Five young families identified by other health practitioners as having complex health circumstances were participant. The research process had the same three components. This time the dialogue was initiated with an invitation to "talk about health and the family." Again there was no hesitation in response.

This time it was not naive research. The partnership entry and closure could be more contractual while acknowledging the openness and unpredictability of the process. I could be more relaxed in the confidence that to "hang in with chaos awarely" [28](p53) as participatory research was actually the process of pattern recognition. The duration for partnerships was between five and eight visits.

It became apparent that the praxis framework themes were not useful to present new data. I had moved on in the process. My attempt to categorize collapsed the data into one whole experience of partnership within which the stories were continually evolving in the dialogue as pattern recognition. The challenge now was to find a way of transforming the framework.

On reflection I realized that the two themes of *expanding horizon* and *increasing connectedness,* which had described the nature of change I observed in family life, were expressions of deeply held beliefs and values. These themes were embedded in my cultural and personal background, and central to my thinking about nursing's social purpose. They could be relabeled as values of vision and community. Vision referred to the capacity to make sense of the here-and-now within wider contexts, to create meaning in place and time. Community referred to the sense of being participant in the humanness of our shared world, meaning unfolding with in the relationship. These values underpinned my understanding of health as expanding consciousness: the core of embodied theory.

At the opening of the dialogue the families had consistently, without prompt, attended to their medical history and diagnosis and their interactions with health professionals and services. This was their understanding of health. Their

predicaments were in the here-and-now affecting their closest personal relationships-the family. My new understanding from the previous study of health as a function of the relationship enabled me to see health and family as evolving dialectically in dialogue, enfolding all that the concepts meant to each person, contextual.

Now a values-founded process could be assumed. The five sequential themes of the praxis framework were then reconceptualized in terms of four interrelated themes: (1) partnership, (2) dialogue, (3) pattern recognition, and (4) health as dialectic. These could be depicted as the facets of a tetrahedron (Fig 1).

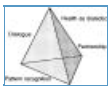

Fig. 1

Each theme enfolds all the others, and each is defined entirely by the others. This is a representation of the whole process of research and practice of health as expanding consciousness: the wisdom of praxis. Rather than being a static model it is a process of modeling practice.

Substantiation and presentation of this praxis required excerpts to be selected in their sequence from the dialogue. The focal words of health and family were initially discrete concepts, their meanings vague and private in their complexity. Through the transcripts their syntax could be seen unfolding in meaning in relation to each other. Eventually in later transcripts they became one concept expressed in the statements of insight: family health. Then the insight could become the source of a narrative. The content of the narrative could be constructed as threads of dialogue evolving towards the insight. Sequential excerpts from the transcripts substantiated the threads.

Back to Top

EXEMPLAR B

One participant family included a parent couple and their two young children. At the outset the family talk about health focused on the diagnosis of epilepsy in mother and 3-year-old son and their rituals of attempting to control the mother/wife's sporadic seizures. There had been episodes of psychotherapy and there were wounded relationships amongst the extended family. Although the wife/mother tried to avoid stress (their word) that might trigger her seizures her son's hyperactivity, delayed speech, and impulsive and belligerent behavior were making life difficult for the whole family-also the neighborhood and kindergarten. I did not question or address the pathologies, medical diagnoses, or therapies per se. That was for specialists.

As the dialogue evolved it became apparent that the couple's understanding of the diagnostic term epilepsy represented quite different viewpoints, which played out as behaviors that were distancing. The husband saw it as a physical reaction of the brain to "tension": he said "stress actually brought it on in the family at that time … it's not attention seeking at all." The wife was convinced of her psychotherapist's judgement that it was a form of "attention-seeking" embedded in her childhood family relationships and pathologically associated with her very low self-esteem: she said, "I've heard it being said … it's an attention-getting gimmick as such … I don't bother to think about it." For the husband, epilepsy was outside one's control; for the wife, the seizures were potentially controllable. They were each certain of their disparate views. They didn't argue about it but the revelation obviously unsettled them.

Although together they had envisaged how things might be, insight into the family circumstance (fourth visit) was most apparent in the husband's statements. The actions were what he intended to do as father, husband, and orchestrator of family life. The wife/mother was content to say little. His statements of insight reflected a shift to a new synthesis of the meaning of epilepsy:

When she was two (when epilepsy began) I think things could have been a bit stretched ... there could have been a bit of attention seeking ... attention seeking is actually trying to reduce tension levels ... He'll (son) come to me and ask for cuddles. Now the cuddles seem to help with getting rid of any queasy feelings (warning of seizure) ... so he seems to see that as quite important to averting any fits. As an only child I used to get plenty of cuddles from my mother, it used to be quite important, so it's quite important for kids ... When I'm home I cannot afford to really stay at my pace that I would be at work or leisure ... obviously I have to slow down ... the amount of activity that can be done as a family is a lot less than normal, but you've got to slow it down for (wife) and you've got to somehow work it off (son), so that's a challenge ... I need to take him away separately and do some activity ... so he has less energy to spend when he's at home, so he's more interested and not bored ... and we should let (wife) have a rest.

The father/husband spontaneously established new work limits and home rituals of reading and various activities with his son and the whole dynamics and sensibilities of the family changed. Epilepsy and its management had been accommodated into family life with new meaning.

The insight invited interpretation of the family circumstance as an unfolding story. Three phrases represented interwoven threads that could, in hindsight, be traced throughout the sequence of transcripts. It was the statements of insight that gave the significance to early revelations.

* The father/husband's understanding of the medically diagnosed condition of epilepsy evolved ...

* The father became increasingly aware of the significance of his relationship with his son ...

* The meaning of the mother/wife's predicament for family life unfolded.

The verb is important in each statement. Together they are a shorthand for the unfolding-enfolding flow of the dialogue through which pattern was recognized. They express how new order emerged from the complexity of family life. The actions taken were simple but would have far-reaching implications for the family members and social life. Viewing health as dialectic allowed the medical meanings of epilepsy to be incorporated within a new conceptualization of family health as a process of living with epilepsy. This was the praxis of health of expanding consciousness.

Back to Top

THE PRAXIS OF HEALTH

The sequence of studies presents praxis as a process of recognizing pattern through partnership with families. I have held my research focus on the process to explore the meaning of praxis by being participant in it. This assumes the merging of researcher and practitioner, of research and practice. The process of recognizing pattern was also the methodology of the research and was presented as the findings. Other researchers 29-33 have applied Newman's theory of health as expanding consciousness using a praxis approach, focusing on and explicating patterns to show transformative change in people's lives as the expansion of consciousness. They have noted the significance of the relational process in the participants' recognition of pattern.

From my experience through the studies the significance of viewing practice as a reflexive process of theorizing became central to my growing understanding of participatory research. I realized that, as a participant in the process of recognizing pattern, I could not stand outside the process to observe a pattern of the family. Guba and Lincoln refer to this as an inquiry paradigm of constructivism

in which the 'findings' are *literally created* as the investigation proceeds." 34(p111) From this hermeneutic perspective, pattern in the life of a family evolves dialectically in the dialogue within the partnership. To describe the process, the pattern must remain in vague terms, its meaning ambiguous in the presentation of process findings. Family health can be seen as a function of the practitioner-family relationship. The exemplars presented only *suggest* the complexity of the family predicaments. They are used to show the simplicity of action that indicated insight into the complexity to make sense of it. The narratives of each family are open to construction in multiple and diverse forms.

Given the participatory paradigm, the process of modeling practice presented is not intended to provide a blueprint for application in practice. If used as prescriptive for research methodology or an intervention as part of practice it would be expressive of a different paradigm; the outcome and its relevance would be described quite differently. I believe that, taken as a whole with its four facets and core of values, my explication of praxis points to a way of developing a coherent foundation for personal practice. Also research and education; the process is the same. The whole process is an interpretation of health as expanding consciousness. The presentation of the research here illustrates theory development occurring in practice through research. Its significance to the discipline lies in the extent to which it evokes dialogue around practice. This involves the on-going process of explication, critique and reflexivity in the development of personal practice.

Because research and practice are undertaken within parameters of distinct structures of working life there are differences in how the praxis evolves within each. To acknowledge the difference I refer to the researcher-*as-if*-practitioner. I use the theme of partnership in my explication of process to attend to the structural dimension. In the current context of health service reform and emphasis on professional accountability this is an increasingly significant aspect of research in the exploration of the process of pattern recognition. Through taking a praxis approach to research Tommet 30 has identified pervasive institutional barriers to parent-professional relationships and Connor 35 identified significant professional characteristics of the nurse.

An understanding of health as a process and being comfortable with the idea of health as dialectic are important for the freedom of flow in the dialogue through which pattern is recognized. Knowledge of phenomena of illness, interaction with professionals and services, medical diagnosis and all sorts of therapies and strategies are accommodated within the process. That sort of knowledge, derived in different paradigms, can be made sense of in novel ways in terms of how people get on with their lives in their own way. From a participatory perspective, the different paradigms identified as the structure of the discipline 15 coalesce as a process of praxis.

Back to Top

CONCLUSION

The sequence of studies has been undertaken within the dialogue surrounding Margaret Newman's 18 explication of health as expanding consciousness. Significant in this presentation of the evolving praxis is the consciousness of self as integral to the process and evolving in it. 3-5,36 The first study enabled me to explore how practice might be and how I might articulate it. The praxis framework informed the second study, which enabled me to draw out the values of vision and community as my lens on nursing. Praxis was reconceptualized as a values embedded process with four themes whose interrelationships could be depicted as facets of a tetrahedron. Health is dialectic in a dialogic process of recognizing pattern within a dynamic practitioner-client partnership. The reflexive process in practice in which health is expanding consciousness is the understanding of practice wisdom I have reached in this research endeavor.

I believe the praxis research expresses the postmodern movement. From a

participatory perspective presented here with its focus on process, the theoretical framework is recognized as constantly evolving, value-laden and embedded in its history and culture. It points to a way for nurses to model their own practice and reflexively develop it while remaining integral to the disciplinary trend. Also inspired by Newman's theory of health as expanding consciousness, Connor, 35 demonstrated this process. She undertook her research with a praxis approach to constructing her own framework for personal practice, the "web of relationship," relevant for her work in developing practice in community nursing schemes.

The process orientation suggests a way to facilitate the plurality in practice frameworks and models required in our changing health services and in different health systems. It may be akin to Reed's 16 idea of viewing nursing philosophies and models as metanarratives that provide "external correctives" in knowledge development for an era "beyond postmodernism."

The broad purpose of my research was the articulation of practice that would express the humanness of nursing's contribution in health. To construe health as dialectically evolving in the dialogue within the practitioner-family partnership allowed the freedom of conversation without the constraints of an agenda to achieve outcomes. Like other researchers of health as expanding consciousness I saw the process of pattern recognition with families as the caring process. 29,30 But the dialectic is broader. In the discipline statement: "caring in the human health experience" 15 caring and health can be seen as dialectically related. From a participatory perspective they merge as the process of expanding consciousness; the phrase collapses into one process of practice wisdom. Consistent with the postmodern movement, the conventional distinction of ontology and epistemology disappears. 34 Skolimowski 36(p76) presents the meanings of the terms as "mirror images of each other": we are creating our worlds in the process of creating knowledge. Martin Buber's distinction between teaching and conversation gives expression to this shift toward a participatory perspective.

The 21st century invites the practice wisdom of nursing.

Back to Top

REFERENCES

1. Schilpp PA, Friedman M, eds. *The Philosophy of Martin Buber*. LaSalle, IL: Open Court; 1967. [Context Link]

2. Watson J. Postmodernism and knowledge development in nursing. *Nurs Sci Q*. 1995;8(2):60-64. **Full Text** | **Bibliographic Links** | [Context Link]

3. Geering L. *Tomorrow's God*. Wellington, NZ: Bridget Williams; 1994. [Context Link]

4. Bohm D. *Unfolding Meaning*. London: Routledge; 1985. [Context Link]

5. Wood D, ed. *On Paul Ricoeur: Narrative and Interpretation*. London: Routledge; 1991. [Context Link]

6. Diers D. Clinical scholarship. *J Prof Nurs.* 1995;11(1):24-30. **Full Text** | **Bibliographic Links** | [Context Link]

7. Storch JL. Editorial: Some philosophical questions concerning contemporary nursing practice. *West J Nurs Res.* 1999;21(1):6-8. [Context Link]

8. Reed PG. Nursing: The ontology of the discipline. *Nurs Sci Q.* 1997;10(2):76-79. **Full Text** | **Bibliographic Links** | [Context Link]

9. Meleis AI. *Theoretical Nursing: Development & Progress*. 3rd ed. Philadelphia: Lippincott-Raven Publishers; 1997. [Context Link]

10. Newman MA. *Theory Development in Nursing*. Philadelphia: F.A. Davis; 1979. [Context Link]

11. Newman MA. *Health as Expanding Consciousness*. St Louis, MO: Mosby; 1986. [Context Link]

12. Salmon EB. *A Profession in Transition*. Wellington, NZ: CL Bailey Nursing Education Trust; 1982. [Context Link]

13. Christensen J. *Nursing Partnership: A Model for Nursing Practice*. Wellington, NZ: Daphne Brassell; 1990. [Context Link]

14. Newman MA. The continuing revolution: A history of nursing science. In Chaska NL, ed. *The Nursing Profession: A Time to Speak*. St Louis, MO: McGraw-Hill; 1983. [Context Link]

15. Newman MA, Sime AM, Corcoran-Perry SA. The focus of the discipline of nursing. *ANS*. 1991;14:1-6. **Ovid Full Text** | **Request Permissions** | **Bibliographic Links** | [Context Link]

16. Reed PG. A treatise on nursing knowledge development for the 21st century: Beyond postmodernism. *ANS*. 1995;10(2):76-79. **Request Permissions** | [Context Link]

17. Seng JS. Praxis as a conceptual framework for participatory research in nursing. *ANS*. 1998;20(4):37-48. **Ovid Full Text** | **Request Permissions** | **Bibliographic Links** | [Context Link]

18. Newman MA. Evolution of the theory of health as expanding consciousness. *Nurs Sci Q.* 1997;10(1):22-25. **Full Text** | **Bibliographic Links** | [Context Link]

19. Rogers ME. *An Introduction to the Theoretical Basis of Nursing*. Philadelphia: F.A. Davis; 1970. [Context Link]

20. Newman MA. *Health as Expanding Consciousness*. 2nd ed. New York: National League for Nursing; 1994. [Context Link]

21. Sarter B. *The Stream of Becoming: A Study of Martha Rogers's Theory. Transcripts of Interviews with Dr Rogers*. New York: National League for Nursing; 1988. [Context Link]

22. Newman MA. Theory for nursing practice. *Nurs Sci Q.* 1994;7(4):153-157. **Full Text** | **Bibliographic Links** | [Context Link]

23. Newman MA. Newman's theory of health as praxis. *Nurs Sci Q.* 1990; 3:37-41. [Context Link]

24. Newman MA. Dialogue on a research issue: The research-practice relationship. *Nurs Sci Q.* 4:100-101;1991. [Context Link]

25. Connor M. Expanding the dialogue on praxis in nursing research and practice. *Nurs Sci Q.* 1998;11(2):52-57. **Full Text** | **Bibliographic Links** | [Context Link]

26. Litchfield MC. *The Process of Health Patterning in Families with Young Children Repeatedly Hospitalized*. University of Minnesota, Minneapolis, MN; 1993. Masters thesis. [Context Link]

27. Litchfield MC. *The Process of Nursing Partnership in Family Health*. University of Minnesota, Minneapolis, MN; 1997. Doctoral thesis. [Context Link]

28. Heron J. Validity in co-operative enquiry. In: Reason P, ed. *Human Enquiry in Action: Developments in New Paradigm Research*. Newbury Park, CA: Sage Publications; 1988. [Context Link]

29. Endo E. Pattern recognition as a nursing intervention with Japanese women with ovarian cancer. *ANS*. 1998;20:4,49-61. **Request Permissions** | [Context Link]

30. Tommet PA. *Nurse-Parent Dialogue: Illuminating the Pattern of Families with Children Who Are Medically Fragile*. University of Minnesota, Minneapolis, MN; 1997. Doctoral thesis. [Context Link]

31. Yamashita M. Newman's theory of health as expanding consciousness: Research on family caregiving in mental illness in Japan. *Nurs Sci Q.* 1998;11(3):110-115. **Full Text** | **Bibliographic Links** | [Context Link]

32. Moch SD. Health within the experience of breast cancer. *J Adv Nurs.* 1990;15:1426-1435. **Full Text** | **Bibliographic Links** | [Context Link]

33. Newman MA, Moch SD. Life patterns of persons with coronary heart disease. *Nurs Sci Q.* 1991;4(4):161-167. **Full Text** | **Bibliographic Links** | [Context Link]

34. Guba EG, Lincoln YS. Competing paradigms in qualitative research. In: Denzin NK, Lincoln YS, eds. *Handbook of Qualitative Research*. Newbury Park, CA: Sage Publications; 1994. [Context Link]

35. Connor M. *The Web of Relationship: An Exploration and Description of the Nature of the Caring Relationship in a Nurse Case Management Scheme of Care*. Victoria University of Wellington, NZ; 1995. Masters thesis. [Context Link]

36. Skolimowski H. *The Participatory Mind*. London: Penguin Books; 1994. [Context Link]

Key words: caring; dialectics; health; hermeneutics; Newman's theory; nursing discipline; nursing practice; paradigm; praxis research; reflective practice

IMAGE GALLERY

Select All

Export Selected to PowerPoint

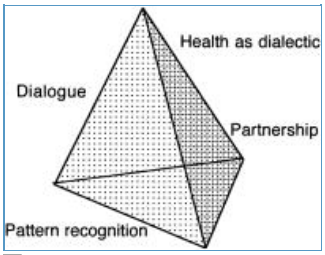

Fig. 1

Back to Top

Previous Article | Table of Contents | Next Article