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Toward Compassionate Action

Pragmatism and the Inseparability of Theory/Practice

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Believing that the purpose of knowledge development and practice is compassionate action, in this article, we discuss how pragmatism can help us move toward that goal. Specifically, we show how pragmatic inquiry draws attention to the inseparability of practice/theory and the integral role practice experiences play in the ongoing development of theory. We demonstrate the utility of pragmatism to nursing by describing how we have explicitly approached theory development as a practical (and practice) activity of inquiry to attend to experiences of culture and diversity in family nursing. **Key words:** *compassionate action*, *culture*, *diversity*, *family nursing*, *pragmatism*, *theory*

GETTING PRAGMATIC

Although the development of theoretical nursing practice has been a central focus within the nursing discipline over the past few decades, the practice/theory connection continues to be in need of further exploration and articulation. For example, in their research, Liaschenko and Fisher[1] noted that one rarely hears practicing nurses use the language of nursing theory unless they have been mandated to do so by accrediting bodies or institutional practices. Similarly, within nursing education, theory is often presented as an abstract body of knowledge that is learned outside of the practice arena and in isolation from everyday nursing work.[2,3] Subsequently, for many nurses, the word "theory" conjures up images of some dry, academic abstraction that has no relevance to the "real" world of practice. This tendency to objectify theory—to separate it out from everyday "real" practice and think of it as a "thing" to be applied and used—has had profound implications for theory development and nursing practice. It has not only constrained the theory-development process but also ultimately served to limit nurses' choices, clinical decision making, and their capacity for ethically responsive practice.[2]

In contrast to this objectifying approach to theory, we concur with pragmatist philosophers who believe that all so-called "theory" is always already practice.[4–6] While this idea is not necessarily a new one to nursing, we believe that its significance has not been adequately examined. Specifically, it is our intent to illustrate the integral role practice experiences play in the ongoing development of theory and the potential a pragmatic orientation has to not only enhance theory development in nursing but also reshape the everyday moments of nursing practice. In this article, we illustrate the utility of pragmatism to nursing by describing how we have explicitly approached theory development as a practical (and practice) activity of inquiry to attend to diversity in family nursing. Although elsewhere[3] we have explicitly turned our attention to difference and diversity in terms of religion and spirituality, health and healing practices, sexual orientation, ethnicity and race, by way of illustration, we focus in this article on how a pragmatic approach

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to theory has enabled us to conceptualize "family" and "culture" in ways that support more responsive and socially just nursing practice.

A PRAGMATIC UNDERSTANDING OF THEORY

The term *pragmatism* is derived from the Greek word meaning action, from which the words "practice and "practical" also come.[7] Roth recounts that pragmatism was first introduced into philosophy by Charles Pierce in 1878, who pointed out that beliefs are really rules for action. Pierce contended that the sole significance of a thought or concept was the conduct it produced. Pragmatism is a process of clarifying the meaning of a thought and rests upon the principle that meaning is determined by unpacking a concept and/or theory with respect to the practical consequences in future experience.[7] So, for example, pragmatism might ask what a particular concept or theory leads us to expect, to focus upon, to attend to, and to do in our nursing practice. As a process, pragmatism attempts to interpret each theory by tracing its practical consequences. Central questions pragmatism asks include the following: What difference would it practically make to anyone if this notion rather than that notion was held to be true? What concrete difference will any idea or theory make in anyone's actual life? What experiences will be different? What is the value of any theory or idea in experiential terms? If no practical difference can be traced, there is no difference and the thought (or theory) is meaningless in that particular situation.[7]

William James further developed the pragmatic perspective, highlighting that all theories are merely approximations—"They are only a man-made (sic) language, a conceptual shorthand."[6(p147)] James also contended that "truth" is something that *happens* to an idea. Ideas or theories become true, are *made* true by events. "Truth lives for the most part on a credit system. Our thoughts and beliefs 'pass,' so long as nothing challenges them, just as bank notes pass so long as nobody refuses them."[6(p163)] For example, within nursing there are many theoretical possibilities when it comes to describing and making sense of a particular situation or experience. Any number of rival formulations may be developed and any one of the theories from some point of view might be useful. As James contends, however, theories and ideas become true (are meaningful) just in so far as they help us to get into satisfactory relation with our experiences and *result in more responsive action.*

In contrast to many philosophical or theoretical perspectives, pragmatism does not stand for any special results. It is only a process. But the significance of that process is the fundamental change it offers in our approach to theory development and to nursing practice. Theory moves beyond an abstraction that is developed in isolation from everyday practice and becomes a practical activity that is central to every nursing moment. The goal of theory development is no longer to develop a truth or doctrine to follow, nor is it considered useful to compare different theories and/or argue which theory is ultimately more true. From a pragmatic perspective, one cannot look on any idea or theory as "more true" and/or as closing the quest for knowledge. Rather, the process involves setting any and all theory to work within everyday practice experiences and engaging in a continual inquiry to determine the value of the different theories to a particular situation in terms of consequences. Subsequently, theory "appears less as a solution, then, than as a program for more work, and more particularly as an indication of the ways in which existing realities may be changed. Theories thus become instruments, not answers to enigmas, in which we can rest. We don't lie back upon them, we move forward, and, on occasion, make nature over again by their aid. Pragmatism unstifles all our theories, limbers them up and sets each one at work."[6(p145)]

OPENING SPACES FOR THEORY DEVELOPMENT THROUGH PRAGMATIC INQUIRY

As an approach to knowledge, pragmatism does not look to any particular results but offers an attitude of orientation to take into practice. This attitude involves looking away from static abstractions and categorical ways of thinking and looking toward possibilities. As such pragmatism does not offer new knowledge "content" but rather a pragmatic "practice" process of theory construction that does not limit or confine our theorizing and/or the theoretical possibilities available to us. Berman's description[8] of the nomad who dwells in the midregion of knowing and moves into knowledge in such a way that seeks to destroy static models rather than develop them mirrors a pragmatic process of theory development. "In the nomadic mind . . . the road to truth is always under construction; the going is the goal . . . For nomads "truth" is a verb, something you live. No sooner are you at one point than an elaboration or revision suggests itself."[8(p198)]

Engaging in a pragmatic process of theory development involves living a world presence rather than a worldview.[8] Rather than living from a unified, fixed perspective, one is grounded in immediacy, experience, and practice. As James[6] describes, "Pragmatism is willing to take anything, to follow either logic or the senses and to count the humblest and most personal experiences."[6(p157)] Subsequently, rather than being limited to an intellectual activity, theorizing is seen as an embodied, reflexive process of responsive action.[3] As such, theorizing involves tuning into and critically considering bodily sensing, intuitive and emotional responses, existing theories and research, contextual forces, and so forth. These responses and forces are seen as forms of knowing that can in-form and re-form our in-the-moment knowing actions, that is to say, theoretical practice.

Overall, pragmatism inspires an opening up to theoretical possibilities rather than the development of theoretical doctrines and truths. The pragmatic process is a process of inquiry and choice. One inquires into the different possible theories or "truths" to find a theory that works—a theory that will mediate between previous truths and new experiences. As we listen and attend to our experiences, in practice those experiences have "ways of boiling over, and making us correct our present formulas."[9(p170)] Thus, in this way our practice experiences bear the fruits of theory development.

Interestingly, Dickoff and James[10] brought a similar discussion to nursing theory more than 3 decades ago. These authors described 4 levels of theory, including (*a*) factor-isolating theory, (*b*) factor-relating theory, (*c*) situation-related theory (including predictive and promoting/inhibiting theory), and (*d*) situation-producing theory. It is this idea of the fourth level of theory that we are discussing and building upon in this article. Situation-producing theory is practice-minded theory whose purpose is "to allow the production of situations of a desired kind."[10(p105)] Situation-producing theory is developed not only for the sake of producing theory but also for producing a desired reality. These authors contend that situation-producing theory is the highest level of theory, since it exists and is produced for practice. They have argued (and we concur) that "theory for a profession of practice discipline must provide for more than mere understanding or "describing" or even predicting reality and must provide conceptualization specially intended to guide the shaping of reality to that profession's professional purpose."[10(p102)]

THEORY DEVELOPMENT: A PROCESS OF INQUIRY

New truth is always a "go-between, a smoother over of transitions. It marries old opinion to new fact so as ever to show a minimum jolt, a maximum of continuity . . . A new opinion counts as true just in proportion as it gratifies the individual's desire to assimilate the novel in his (sic) experience to

his beliefs in stock. It must both lean on old truth and grasp new fact."[9(p150)]

Dickoff and James[10] emphasize the complexity and difficulty of developing situation-producing theory. We offer in this article a description of how pragmatism has helped us in the challenge of this complex and difficult theory development. Specifically, drawing upon pragmatist thought, we suggest a way of proceeding in practice that can support and foster the cultivation of situation-producing theory and ultimately re-create realities, both in the practice of individual nurses and the contexts of healthcare delivery.

Approaching practice with this pragmatic understanding of theory and truth compels us to take an inquiry stance—to pay attention and inquire into our own personal experiences, the experiences of others, existing knowledge such as formal theory and research, and the contextual elements and structures that shape our experiences and practice. Such an inquiry begins with the assertion of the knowledge-making capacity of people—that all people bring self-directing, self-generating, self-knowing, and self-transcending capacities.[11] A pragmatic inquiry supports us to inquire into and question the "knowing" we live in our practice, how that knowing enhances and/or constrains our in-the-moment responsiveness, and, ultimately, to remake that knowing-in-action. This knowing includes development of theory that may illuminate our action, guide and provide our action with meaning, and ultimately reshape "reality." Therefore, central to a pragmatic inquiry are questions of adequacy. Questions a pragmatist might ask as part of the theory development inquiry process include the following: Is our knowledge of things adequate to the way things are? Are our ways of describing things, of relating them to other things so as to fulfill our needs as good as possible?[4] In the context of nursing, we believe that a pragmatic inquiry includes questions such as "Are our ways of describing things, of relating them to other things so as to be responsive to patients as well as possible? Is our knowledge of things adequate to the way things are in nursing practice? Do available theories address and inform the questions and challenges that arise in our nursing work?" These questions of adequacy are essential, as according to James, any truth "has its palentology, and its "prescription," and may grow stiff with years of veteran service and petrified in men's (sic) regard by sheer antiquity."[6(p151)] We concur with Dickoff and James' admonition that "a professional is a doer who shapes reality rather than a doer who merely attends to the cogs of reality according to prescribed patterns."[10(p102)] In a similar vein, Reason and Torbert[11] contend that when we numb ourselves with knowledge (take up static doctrines), we actually become less susceptible to learning, to growth, and to people. Reason and Torbert argue that knowledge development involves learning through risk-taking in living.

As part of our work, we have intentionally engaged in a pragmatic inquiry into nursing practice in experiences of difference and diversity. This intentional inquiry was inspired through numerous experiences where we each (independently) found ourselves deeply disturbed by the inadequacy of our practice, of existing theory, and of healthcare structures and processes to attend to difference and diversity in people/families. Although we each came from different areas of nursing, we felt strongly that many of the truths and theories that dominated understandings of people/families did not do justice to their diverse living experiences and/or did not adequately support nurses to promote the health and well-being of families in their diverse everyday lives. Sharing an ethic of social justice and believing that nursing decisions and actions should be more than merely health promoting and/or economically viable, we found ourselves asking "so what?" If I do or do not do this, "so what" may the impact be? As nurses, we strive toward the ideals of compassion, respect, equitable relations, and the honoring of all life forms. The intent of our ongoing pragmatic inquiry process is to bring knowledge,

compassion, and action together to produce practical knowing—to develop knowledge in service of worthwhile human purposes.[11] We concur with Reason and Torbert[11] who contend that ultimately the purpose of knowledge development is to culminate in compassion. Compassion in this sense is not just emotion but is about action—action that interferes with unnecessary pain, sorrow, and/or injustice. It is compassionate action that is both the purpose and the text of such theory development.

A PRAGMATIC INQUIRY INTO FAMILY DIVERSITY

Overall, bringing a pragmatic orientation to our practice has directed us to (*a*) focus on the consequences of ideas and theories; (*b*) draw upon multiple theories, ideas, and perspectives examining their contradictions and complementary contributions in terms of consequences; (*c*) focus on the integrity of theory/practice rather than on the divide between them; and (*d*) remake theory and reality. The process of pragmatic inquiry has supported the development of our thinking regarding family and family nursing, and inspired further thinking about diversity in family nursing. By "diversity" we are referring both to the diversity of experiences and meanings of "family" and to other forms of diversity that relate to those experiences and meanings.

Focusing on the consequences of ideas and theories

Our pragmatic inquiry was initially inspired by our experiences of discomfort in our practice. As we worked with people/families from diverse backgrounds and locations and listened to the inner rumblings of inadequacy we felt in our practice responses, it became increasingly clear that existing theoretical understandings of family that governed family nursing did not do justice to the diverse people/families with whom we worked and did not set us up well to respond in meaningful ways to their health and healing experiences. As we traced our practice experiences and responses back to explore what ideas were informing them, we began to explicitly name the consequences of holding those ideas and practicing from particular theoretical locations.[2,12] For example, as described elsewhere,[3,12] we identified how in seeing family as a literal entity—that is, as a configuration of people—we were missing the essence of family for many of those to whom we provided care and entirely discounting the experiences of many others. Furthermore, by doing so, we were drawn away from making important theoretical connections. For example, given that family is the dominant social organizing structure in society, through our practice experiences it became increasingly clear that all people live and experience family in some way regardless of whether they are part of a literal family at any given moment. Ultimately, our situation-producing theoretical work led us to retheorize family as a socially situated relational experience.[3] At the same time, we began to see ways in which our prior theoretical understanding of family (as a configuration of people) had[13] served to constrain our understanding of people's health and healing experiences and our responsiveness to them. This became evident, for example, when working with women who experience violence. Statements we frequently heard nurses make such as "why doesn't she just leave" reflect an understanding of family as some 'thing' that can be left and decontextualize the complex, relational experience of both family and of violence. Such understanding led nurses to offer very limited choices to women, culminating primarily in advice to leave their partners.[13] Not only does such a limited theoretical perspective shape nursing practice in such a way that significantly hinders nurses' understanding of, and responsiveness to, women/families experiencing violence but it also leaves in place and perpetuates the larger societal discourses and theories that limit the knowing and "reality" of family and of violence.

Seeking to expand our understanding of diversity in relation to family, we have also employed our pragmatic stance as we have turned our attention to culture. We had experienced discomfort in relation to the ideas of culture and cultural diversity in our practice, and, once again, these experiences of discomfort served as points of entry into a deeper inquiry. We traced back the consequences of our ideas to the ideas themselves. That is, the impossibility of learning about the multiple "other cultures" in our multicultural, multiethnic practice settings as well as the variations we saw in people/families who were supposedly from the same culture led us to question the adequacy of how culture and nursing practice in relation to culture have been theorized. For example, drawing on others,[14,15] we began to see the practical impact of the overriding acceptance of culture as shared values and beliefs, as something closely associated with or even equated with ethnicity or nation, and as a "thing" that belongs to groups of people. It became evident that such theoretical understandings direct nurses away from the actual experiences and meanings of families and individuals, and make their thinking vulnerable to stereotypes and assumptions. Conceptualizing culture as a thing that belongs to groups leads to a rather static understanding of culture and fosters a process of "othering"—that is, those who belong to groups in which we as nurses do not claim membership are seen as "other." Although the need to retheorize culture has certainly been addressed in the nursing literature, our pragmatic approach to theory helped us see a way of *interrupting and reshaping cultural theory at the practice level.* With the help of writers such as Swendson and Windsor,[16] we began to see how theorizing culture as shared values and beliefs of groups promoted a sensitivity to customs, habits, food preferences, health beliefs, and so on, but did not draw attention to the way in which social, economic, and political forces shaped these aspects of culture. Because "cultural sensitivity" is fundamentally concerned with learning about "others," often distinguished from self on the basis of race, ethnicity, or nation, and is particularly concerned with learning about the values, beliefs, and practices of certain (usually nondominant) groups, in practice it leaves nurses open to assumptions, stereotypes, and inappropriate generalizations. As we inquired into the adequacy of a cultural sensitivity approach to nursing practice, it became evident that cultural sensitivity served to emphasize difference at the expense of similarities and focus upon the values, beliefs, and behaviours of particular individuals, families, and groups without drawing attention to the larger circumstances of their lives. Furthermore, this way of theorizing culture and nursing practice left Eurocentric thinking[17] unchallenged and promoted nurses to normalize Eurocentric practices and designate anything outside of those normative practices as "other."

Overall, by examining the consequences of our theories and ideas, we were able to evaluate the adequacy of those theories and ideas in everyday nursing practice, and in particular, how they optimized and/or limited responsiveness to diverse families. For example, thinking of a Canadian family as "Vietnamese" drew attention to certain dietary practices, religious practices, and so on, but did not draw attention to the ways in which immigration from Vietnam effected differently various generations of immigrants, the ways in which global politics, war, and economics shape various families' practices and experiences, or how racism might shape the family's health care encounters. Indeed, it became evident that the theory of culturally sensitive nursing practice offers superficial understandings of the experiences of the families and is inadequate when it comes to knowing and responding to experiences of diverse families.

A living example of this was provided by a local hospital publication entitled *The Multicultural Corner*. This periodical publication variously featured particular groups of people. One issue focused upon "Indo Canadians," listing the "Countries of Origin" as "Pakistan, India, Sri Lanka, Bangaladesh, Nepal, Fiji, East Africa, United Kingdom, and Hong Kong"; "Religion and Religious practices" as

"Sikhism, Hinduism, and Islam"; and the languages spoken as "English, Hindi, Punjabi, Guharate, and Urdu. Most speak English." By theorizing culture as something belonging to groups and defining the group of concern in this manner, the authors of this publication grouped together hundreds of thousands of diverse people. The consequences included ideas that might apply to any person, family, or group (eg, "lots of support from family and friends"), ideas that might or might not apply to people within the defined category (eg, "role of women—caregivers, nurturers, generally submissive but respected)," and a tone of objectification (eg, "cleanliness important," "Family spokesperson is usually the most established male"). Rather than offering guidance to greater sensitivity as was apparently intended, the publication yielded generalizations and invited stereotyping.

Drawing upon multiple theories, ideas, and perspectives to examine their contradictions and complementary contributions

As we came to see the consequences of the theoretical understandings that were shaping our practices, we simultaneously began looking at other theories and perspectives that could expand our view and more adequately reflect the diversity of people/family and their health and healing experiences. For example, we turned to hermeneutic phenomenology to expand our understanding of living experience and to various critical theories to enhance our "knowing" of sociopolitical family experience.[3,18] Seeking a deeper and more complex understanding of culture, we drew on the wide range of theorists who see culture as deeply imbedded within the webs of power, economics, and politics.[19–23] We began to pursue the *practical consequences* of seeing culture in this way, and of seeing culture as dynamic rather than static.

Ultimately, through this pragmatic process of theoretical inquiry, we gradually began to "retheorize our practice." This retheorizing was a highly practical process. For example, as we played with alternative views of "family" and paid attention to the way those views shaped our responsiveness, we found ourselves developing a view of "family" as a relational living experience.[3] That is, looking beyond "family" in its literal sense (as a configuration of people) as we worked with families in practice, we intentionally focused our attention on what it was that was significant to people in *relation* to family. For example, as it became clear that all people live and experience family in some way regardless of whether they are part of a literal family, we found ourselves immediately tuning into the *experience* of family rather than the configuration of people. This opened up our thinking so that we recognized family for *all* people with whom we worked, regardless of whether or not they had a visible, literal family. We began to appreciate, seek out, and understand the experience of family for people even when they were utterly alone in a literal sense. A man who had been estranged from his literal family and lived on the street for years, a woman who had been in prison and moved from town to town since, with no literal family, a youth who after living in numerous foster homes was on his own with no discernable literal family, all had important experiences of family. They characterized some of their experiences of family as experiences of rejection, of loneliness, of "unlove," and these experiences of family were fundamental to understanding how to more responsively promote their health and healing. Furthermore, they each had other important and significant relationships (sometimes fleeting) that would not necessarily have been captured by our previous understandings of family, but were critical to understand in order to be responsive. Thus, our pragmatic inquiry expanded our "knowing" of family theoretically as well as practically. That is, we found that this ongoing inquiry process fostered a deeper knowing of the people/families with whom we worked, cultivated greater responsiveness in our practice, and simultaneously expanded our theoretical understandings.

Congruent with our view of family as a relational, situated experience, we also began to see culture as a relational experience, as something "that happens between people."[15,24] And we saw that understanding "culture" required understanding the social, economic, political, and historical webs of power within which people are embedded. At a very practical level, this led us to "look over the shoulder" of people/families with whom we worked to see the particular webs within which they had and were currently living. The consequences of this view of culture included widening our understanding of diversity within families and among families, for example, among families within particular ethnic groups. Such a view led to a more complex view than is implied through the use of ethnic or nationalist categories—rather than seeing a family as "Vietnamese," questions were immediately raised regarding the experiences of any given family. We sought to understand immigration and colonizing experiences, experiences of racism, current economic, social, and political life circumstances, and evolving variations between and among individuals, generations, and groups. We sought to understand the values, beliefs, and practices of people/families as dynamic and changing and as embedded within wider social contexts.

Seeing culture as a relational experience shifted our view of nurses in relation to culture. Rather than seeing nurses as outside some of their patients' cultures, we began to see that when nurses enter into relation, they shape and participate in culture, that is, culture is happening as patients and nurses relate. So, when a third-generation Euro-Canadian nurse enters into relation with a family who has recently immigrated from Vietnam, their histories and experiences mingle within the webs of power. They meet within multiple and shifting cultures (eg, the culture of healthcare, colonialist Canadian culture) and have the opportunity to reinforce and reproduce certain aspects of culture rather than others.

In examining multiple theories, ideas, and perspectives in relation to one another, we were led to understand both family and culture in ways that complemented and were congruent with one another. Critically examining the adequacy of our theories within the context of our everyday practice not only enhanced our capacity for responsiveness to people/families but also helped us develop appreciation for the integral relation of theory/practice.

Focusing on the integrity of theory/practice

As our practice experiences fostered our retheorizing (of family as a relational experience) and we began to experience the profound difference this retheorizing made to our understanding of, and responsiveness to, the particular families with whom we worked, we came to more fully comprehend the pragmatist assertion that all so-called "theory" is always already practice.[4–6] Specifically, we came to appreciate how every nursing moment is imbued with theory/practice and is thus an opportunity for theory development—for rethinking the ideas, assumptions, beliefs, and theories that govern our practice by examining the consequences of them. Overall, our "theory" of theory and theory development shifted from a theory of objectification (where theory and practice are separate and there is a "theory-practice gap") to a relational one (where thinking is not separate from action but rather where action is understood to be integral to theory). In such situation-producing theory, action and remaking reality are inherent.

Remaking theory and reality

At the center of this "theory/practice" relation is a praxis process—that is, situation-producing theory means that reality is remade in every moment in nursing. It is important to distinguish this pragmatic "praxis" process from the notion of praxis that has tended

to dominate nursing—that is, where praxis has been defined as theory informing practice and practice informing theory. While this view of praxis has drawn attention to the reciprocity between theory and practice, we also believe that in some ways it has reinforced the division between them. Therefore, we want to clarify that we are referring to an understanding of praxis inspired by Friere.[25] Similar to Dickoff and James' notion of situation-producing theory,[10] in Friere's definition of praxis as "reflection and action upon the world in order to transform it,"[25(p33)] action is integral to theory—it is simultaneously with, and the reason for, thinking. Thus, enacting praxis in this sense, means that *every moment in nursing is purposefully about both thinking and action that focus toward the service of worthwhile human purposes*. From this praxis perspective, it is understood that in each moment we are trying out, evaluating, and revising our ways of thinking/acting/responding in term of ourselves, the people/families with whom we work, and importantly, as we focus "upon the world," the contexts within which we all live. And, at the heart of this praxis process is the purposeful move toward compassionate action that interrupts and addresses unnecessary pain, sorrow, and/or injustice. For example, in moving toward compassionate action to honor diversity in families, we are compelled to expose and address the underlying sociopolitical structures that are advantaging some people/families and disadvantaging others, and the theories and/or ways of knowing that keep inequities intact.[17] As we try out and evaluate the consequences of particular theoretical understandings of family, of culture, of health, and other theories that dominate healthcare practice and organizations, we gain the opportunity to identify how existing structures (for example, healthcare policies) may need revision in order to be equitable and responsive to families, particularly to those families who do not (or cannot) conform to dominant values and/or expectations.

IMPLICATIONS AND CONCLUSIONS

Overall, a pragmatic perspective of knowledge suggests that everyday nursing practice is a critical site for theory development. The inseparability of practice/theory and the integral role practice experiences play in the ongoing development of theory has implications for how we practice, teach, and develop knowledge. In the particular example of family diversity, pragmatism has helped us explicitly approach theory development as a practical activity of inquiry, to cultivate situation-producing theory, and ultimately to enhance our theoretical practice.

Seeing theory development as a practical activity, and practice as a theoretical activity serves to direct attention to the way in which nurses enter into practice as "knowing" practitioners. It highlights that theory development is not something that is divorced from everyday practice but is integral to it. Seeing theory/practice as inseparable draws attention to every moment of practice as a site of learning (in this example, a site of learning about families and culture). By attending to each nursing moment in this manner, we move beyond looking to see how theory informs practice or how practice informs theory to looking for the consequences of theorizing/practicing in particular ways.

Perhaps one of the most significant implications of a pragmatic approach to theory/practice is that it places "theory development" firmly in the domain of practicing nurses and recognizes the capacity all nurses have to use their inventiveness for knowledge development to address situations and challenges of everyday practice and to create and re-create their knowing in each moment of practice. In addition, such an approach opens space for people/families to inform our knowing and for us as nurses to more consciously and intentionally choose and effect our actions to be more compassionately responsive in each moment of nursing practice.

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