

The Focus of the Discipline Revisited

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WE have come a long way in explicating the discipline of nursing. We have moved from an implicit acknowledgment of the relationship that constitutes nursing to an explicit designation of the process as *car-ing in the human health experience*.¹ We recognize that differences in the research ascribed to nursing stem from the philosophical assumptions underlying the methods and practice. When first set forth, the paradigms (labeled particulate-deterministic, interactive-integrative, and unitary-transformative [UT]) were considered separate categories, but as the practice emanating from these points of view was examined more closely, it became apparent that practice is a unified whole that transcends the limitations of each paradigm. The UT paradigm can be looked upon as a meeting place for holistic thinking and problem solving and may include deterministic and integrative thinking. A nurse approaching

a patient* from the UT perspective *sees* the whole while attending to the part. As a matter of fact, the nurse enters into the whole through the part. The caring, knowing presence of a nurse taps into what is meaningful for the patient and opens the way for relevant action. This article aims to summarize the progress nursing has made in defining the discipline and to exhort members of our profession to come together in a shared meaning that brings coherence to our practice.

THE PROCESS OF KNOWLEDGE DEVELOPMENT

The worldviews that have guided our exploration of knowledge include a traditional scientific approach, a multidimensional evaluation of the interactive milieu, and, more recently, a unitary perspective. The unitary perspective represents a shift from looking at the whole as the sum of the parts to looking at the whole as primary, from seeking to solve a problem to seeking to know the pattern, and from embracing an action-reaction causal approach to realizing the mutuality of the unfolding, rhythmic process through which insight into action arises. Nursing scholars

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*The use of the term *patient* is for the sake of simplicity of language and refers to the individual person and a plurality of persons, such as family or community.

have contributed meaningfully to this knowledge base. The history of nursing epistemology reflects a receptive phase, where nursing knowledge was derived mainly from other disciplines, a self-generative phase, in which knowledge is concentrated on the nursing discipline, and a transformative phase, in which nursing knowledge significantly influences other disciplines as well as nursing practice.² Following the prevailing scientific traditions, the early nurse theorists strove to isolate, control, and test relevant variables as a basis for nursing intervention; their work raised questions about interventions of central concern to nursing. Broadening the context, but still emphasizing control and predictability, the next generation of nursing theorists emphasized interactions of multiple factors influencing health; this research inspired nurses to consider the interpersonal approaches that define the nature of the nursing relationship in facilitating health. In 1970, Rogers' revolutionary insight shifted the view to an undivided whole of a mutually unfolding person-environmental field.³ The theories of *health as expanding consciousness* and *human becoming* emanated from this perspective.⁴⁻⁸ Theories that originated in the interactive-integrative paradigm on *caring* and *adaptation* have continued to evolve in ways consistent with the UT perspective.⁹⁻¹⁷ The collective emphasis of the discipline is on a caring presence that is transforming for both the patient and the nurse in revealing new vision and understanding of the human health experience. Its relevance worldwide directs the profession in meeting global, social, and moral responsibilities.

The shift to a unitary concept of health, in which pathology is relevant but not separate and dominant, along with acknowledgment of patterning as the identifying process of the whole, allowed *relationship* to emerge as the central focus of the discipline. Nursing has taken the lead in elaborating relationship-centered care, a concept sought as well by voices outside of nursing. McLeod, citing the work of the Relationship-Centered Care Network, formed by a collaboration of the Fet-

zer Institute and the Pew Health Professionals Commission, called for a "...culture of caring-of respect for relationship, and optimism for a more balanced and meaningful life" and for "...creating a revolution of the heart by nurturing wholeness-honoring the fundamental role of relationship and connection."¹⁸(pp37-38)

It is the nature of the nurse-patient relationship that unites the practice of nursing as it occurs in myriad settings throughout the world at every moment of every day. Whether it be a neonatal nurse applying knowledge of highly technical treatments aimed at preserving the life of the baby of the parents before her, a nurse sitting on the cot of a person dying of a chronic illness in a remote village, or a nurse working with community members faced with an epidemic, nursing actions occur within the context of a unified commitment. That commitment is to a caring relationship focused on understanding the meaning of the current situation for the people involved, and appreciating the pattern of evolving forces shaping health, so that appropriate actions can be realized.

The development of nursing knowledge unfolds within a participatory process. Each nurse-patient relationship is unique, formed by the informational patterns of the nurse and the patient. Nurses bring to the situation their personal knowledge and experience as well as the background of liberal and professional education and experience. Patients bring to the situation their personal history and life experience as well as the health concern that often is the precipitant for the nurse-patient meeting. The nurse's responsibility is to be fully present, seeking to know what is meaningful to the patient, and allowing the pattern to unfold. The fruitfulness of the encounter is a function of the nurse's commitment to an unconditional caring presence, openness, and perseverance in allowing action possibilities to emerge. The relationship is embedded in a concept of health based on wholeness, evolving pattern, and transformation. Research guided by this perspective has revealed patients' developing understanding and insight regarding their

place in the world, a sense that their concerns are being addressed, and enhanced caring relationships.^{19,20} Many in the UT paradigm suggest that knowledge develops as nursing praxis, a synthesis of theory, research, and practice. Theory guides and informs the practice experience the research process, and the generation of knowledge. Nursing praxis is not only a pathway to knowledge development, but also the actualization of transformational practice.

The structure of the discipline began by recognizing the similarity of concepts of the various nursing theories.^{21,22} These connections fit into a larger pattern of the discipline. Nursing has been through an ambiguous state of multiple, competing, possibly disconnected theories, but now the discipline is at a critical point of an emerging, overarching form that expands beyond the initial links. A consensus statement of philosophic unity was described by a group of international nurse scholars as the basic ontology of the discipline and its relationship to knowledge development and practice.²³ Selected points of convergence reflected by the statement include the following:

- The human being is characterized by wholeness, complexity, and consciousness.
- The essence of nursing involves the nurse's true presence in the process of human-to-human engagement.
- Nursing theory expresses the values and beliefs of the discipline, creating a structure to organize knowledge and illuminate nursing practice.
- The essence of nursing practice is the nurse-patient relationship.

The elaboration that follows builds upon the unifying construct of the nurse-patient relationship and provides a framework for its substantive content. The concepts of health, caring, consciousness, mutual process, patterning, presence, and meaning have been selected to address the essence and dimensions of the nursing relationship. The basis for choosing these concepts was: (1) prevalence in the nursing literature across nursing theo-

ries, (2) consistency with knowledge development in other fields, and (3) utility across multiple cultures. There is considerable overlap in meaning as these concepts merge as a unified whole.

CONCEPTS CENTRAL TO THE DISCIPLINE

Health: The intent of the relationship

Health is central to the focus of the discipline of nursing. Many disciplines and professions commonly use it as the umbrella goal for those who care for people. The meanings of the concept of health abound in often ambiguous or inconsistent ways such as: the absence of disease; a continuum from wellness to illness; optimal wellness; integration of body, mind, and spirit; and a holistic phenomenon. Nursing literature reveals great diversity in the explanations of health. Donaldson and Crowley,²⁴ held to a dichotomous view of health by specifying that nursing is concerned with the actions or processes by which positive changes in health are affected. Wagner,^{25(p43)} viewed health as the ability to function independently: "adapting successfully to life stressors," implying that through independent functioning the potential for achieving a full life occurs. Other definitions of health include: health as a dynamic life experience and a way to achieve potential,²⁶ a state and process of being and becoming,¹⁵ an expression of unity and harmony of body-mind-spirit.¹² From a unitary perspective, the concepts of health and illness are seen as manifestations of rhythmic fluctuations of the life process.²⁷ This view is the foundation for viewing health as a unitary process moving through variations in order-disorder. From this standpoint, one can no longer think of health and illness in a dichotomous way, that is, health as absence of disease, or health as a continuum from wellness to illness. According to Newman's thesis, health is a transforming process to higher levels of consciousness.⁴⁻⁶ Health and the evolving pattern of consciousness are the same.^{6,20} The evolving pattern of the whole

requires a nonfragmentary view of health. Newman referred to Bohm's theory of the implicate order to substantiate her position that both disease and nondisease are expressions of the whole, that is, explications of the underlying implicate order.^{5,3,28} Thus disease and nondisease are different points of view of a larger reality. In this way, health may be expressed and revealed in illness. Health in the face of illness derives meaning through a caring nurse-patient relationship.

Caring: The nature of the relationship

Caring, also, is one of the defining terms of the discipline and is central to nursing's identity. Newman and colleagues asserted that nursing is about facilitating health, and that caring is the quality of relating that potentiates a transformative connection between nurse and patient.¹ The establishment of caring as a defining attribute of the discipline was recommended in a landmark conference in 1989 convened by the American Academy of Nursing and Sigma Theta Tau. Nursing leaders asserted that the concept "caring" should replace "nursing" in Fawcett's²⁹ constellation of concepts purported to define the intellectual and social boundaries of the discipline. Leininger³⁰ was the first to describe caring as the distinguishing focus of the discipline. She argued that care and caring were basic needs essential for human growth and development, and advanced the study of caring by examining it from cultural practices. Watson¹¹ defined nursing as the art and science of human caring and focused on the relational dimensions of caring and its connection to healing. In more recent writing, she has articulated its commonalities with a unitary perspective.^{14,13} Boykin and Schoenhofer¹⁷ asserted that all human beings are caring, living it moment to moment. They defined caring as "an altruistic, active expression of love. . . the intentional and embodied recognition of value and connectedness,"³¹ (pp335-336) but reminded us that it is known by experience and reflection and not by definition.

Other nursing scholars have described caring in various ways: as a fundamental human attribute lived out in relationship, a unique trait possessed by some, an affect, a moral ideal that compels right action, an ethic of practice, an interpersonal process, a therapeutic intervention, and a process of nurturing. Because of these differences, and the lack of precision in use of the word "caring," some have argued that it is not a clarifying concept in delineating nursing's disciplinary focus. It is true that there is ambiguity in the concept of caring that obfuscates the depth of its meaning. For this reason, understanding its meaning within the UT paradigm may bring clarity to its use. Smith²² identified 5 constituents of caring when viewed within the unitary paradigm: manifesting intention, attuning to dynamic flow, appreciating pattern,³² experiencing the infinite, and inviting creative emergence. From a unitary perspective, caring is a quality of participative patterning. This way of being is characterized by holding the best intentions for the other and expressing them in thoughts, words, and actions. It is sensing and moving synchronously with the dynamic rhythms of relating, following the lead of the other in the dance of human becoming. This way of being is respecting the unique life story of each person and the diversity of life choices. It is valuing and supporting what matters most to the person, family, or community. Caring is seeing the other and self as interconnected to something more extensive than both. This way of being nurtures growth, and leads to self-discovery, unique self-expression, and new ways of becoming and leading one's life.²² For some, it is time to adopt the word *love* in describing this quality of relating in nursing.^{33,13} Teilhard de Chardin described *love* as the energy of connection that compels relationship. "Love alone is capable of uniting living beings in such a way as to complete and fulfill them, for it alone takes them and joins them by what is deepest in themselves."³⁴ (p265) In this way, caring enhances or facilitates health and healing and illuminates consciousness.

Consciousness: The informational pattern of the relationship

The concept of consciousness has become central to the nursing discipline. A major shift in the concept of consciousness has occurred during the past 4 decades. International organizations have been formed for the study of consciousness along with scholarly journals created for that purpose.* Whereas in the first half of the 20th century the study of consciousness focused on characteristics of the brain, the current movement opens wide the focus to participatory exploration of the experience of consciousness and beyond.³⁵ DeQuincey,³⁶ a prominent spokesperson in this movement, claimed that consciousness must be studied in relationship between persons.

Grounded in a UT worldview of the phenomena of nursing and stimulated by Bentov's³⁷ thesis that life is a process of expanding consciousness, Newman⁴ incorporated this shift in an understanding of the nursing relationship by asserting that health is the expansion of consciousness. This view broadened the old concept of consciousness to include the total information of the field (of nurse-patient-environment). Consciousness, the information of the pattern of the whole⁶ includes all forms of information: sensation and physiology as well as intellect, emotion, and intention. A person is identified by a pattern of consciousness, which includes awareness of self within a larger system of consciousness. Arguelles,³⁸ a noted Mayan scholar, went so far as to say that "in actuality there is only consciousness."^(p56) The human field is a pattern of consciousness within the total pattern of consciousness of the universe. It is constantly receiving and sending information and includes patterns that may appear disruptive as well as those considered harmonious. Jumps in consciousness occur in far from equilib-

rium states.³⁹ These critical points may be turning points at which the pattern is transformed and new insights occur. A shift from a matter-based representational focus to a self-organizing field has emerged, particularly in relation to health.

Theoretical elaborations from other nursing scholars support the process of expanding consciousness. Mishel's⁴⁰ conceptualization of uncertainty as a growth move through chaos to a higher level of organization supports the transformation of persons facing what appear to be disruptive, immutable situations. Reed's⁴¹ theory of transcendence elaborates the process of human becoming leading to higher consciousness. It describes the potential for persons to go beyond the space-time limitations of their situations to a deeper experience of their lives. Watson¹² coined the term *caring consciousness* to convey a synthesis of the 2 concepts in the nurse's relationship with the patient. Roy¹⁶ has asserted that human consciousness is integral to an evolving, creative universe.

The essence of consciousness is information, and the essence of information is resonance. Rogers³ included resonancy, the way information is shared, as a principle of the science of unitary human beings. She asserted that the human being "experiences his environment as a resonating wave . . . uniting him with the rest of the world."^(p101) This information is accessible to us as feeling and meaning. In attending to feeling, we sense the resonance of incoming information and cocreate a resonant field. The basic way of knowing is through attunement, resonant receptivity, intuition, and revelation—a direct, unfiltered index of communication.⁴² All points in space-time have immediate access to a vast storehouse of information. The whole organizes the parts, and any event happening anywhere is immediately available everywhere as information. The fields are conceived as being unbounded by space, time, and matter. This mechanism of information transfer explains the immediacy of transformation. Resonance implies that the transformation is a mutual process.

*For example, The University of Arizona Center for Consciousness Studies, Institute of Noetic Sciences, *ReVision*

Mutual process: The way in which the relationship unfolds

Nurses are central to creating an environment that fosters relationship and health. This environment is not conceptualized as a linear communication process of sending and receiving. Rather, it is viewed as a simultaneous unfolding, a sharing, moving together. Rogers²⁷ principles of homeodynamics included integrality as a continuous mutual process between human and environmental fields. Mutual process occurs in the moment of being fully present with the individual, family, or community. In mutual process the patient is invited to participate, and through reflection to find opportunities for new awareness, action, movement, and transformation.⁴³

In mutuality, the focus is on wholeness, being with and in relationship.⁶ The unfolding pattern that emerges within this mutual process occurs as an intentional presence as the nurse and the patient reflect on the meaning in the moment. The process embodies the experience of nurse and other over time, and through this process, pattern is revealed. True reality behind the appearance of separate, distinct entities, consists of wave-like, oscillating possibilities, waiting to become actualities. These possibilities become actualities once we engage in practice.^{12(p121)}

Each interaction with the nurse and patient offers in mutual process the potential for discovery and choice. In mutual process the unfolding of meaningful events and relationships in people's lives is manifested in pattern. The mutual process with another is enhanced by the nurse's authentic presence. The purposeful invitation by the nurse to dialogue invites trust and fosters relationships within a caring partnership.^{20,44} In mutual process the self and other are engaged in an experience that promotes awareness of self and other, and potentiates insight with new choices and actions.

The idea of human unfolding, emergence, and evolutionary transforming is significant within a number of nursing theories sharing

the emergent unitary paradigm.^{3,6-8,11,13,14,17} Rogers³ asserted that "The capacity of life to transcend itself, for new forms to emerge, for new levels of complexity to evolve, predicates a future that cannot be foretold."^(p57) The mutual process of human becoming is unpredictable, but always reflects growing complexity.

A centerpiece of Parse's school of thought, human becoming is described as a rhythmical process lived in relationship, expressed through values, and "transcending with the possibles."⁸⁽¹⁹⁻²⁰⁾ Van Kaam,^{45(p10)} described the human as both potentiality and emergence. Multiple potentialities are present, and through choice, these potentialities are actualized in each moment. The mutual process of human becoming is not imposed on the other but is always happening. Teilhard de Chardin³⁴ stated that the direction of human becoming is toward increasing complexity, centration, interiority, and consciousness. This path is illuminated in relationship, and the pacing and direction of the journey on the path is personal. When one trusts this force, he or she relinquishes any false sense of external control, having confidence that each person knows his or her own way. There is no predetermined health outcome that is preferable for each person. The preferred outcome emerges in the person-environment mutual process, through choice. Action possibilities arise in the context of recognizing the pattern of person-environment interactions.

Patterning: The evolving configuration of the relationship

Attention to pattern is a central aspect of nursing practice and research. Descriptions of patterning in the nursing literature include the following: (a) each person exhibits distinguishing characteristics and a unique pattern of interactions between self and environment^{3,5,32,46}; (b) pattern is a characteristic of wholeness and gives insight into life meaning⁶; (c) patterning provides deep insight and understanding of the whole, and detailed comprehension of the uniqueness of

the life process; (d) contrast and time are essential to the identification of pattern; (e) patterning is unpredictable and creative³; and (f) the process of pattern recognition reveals insights into action, an expanding horizon, and increasing connectedness.^{6,47} The purpose of attention to pattern in nursing has evolved with the explication of the knowledge of the discipline—moving from diagnosis of illness and disorder to exploration of meaning, appreciation of the whole, and recognition of new possibilities for health. Pattern conveys connections of a meaningful whole.

The focus of pattern in nursing has changed overtime. Ever since Florence Nightingale developed the *pie chart* to examine patterns of disease distribution in the environment, patterning has been a central concern and unifying concept of nursing. Many nursing theories contain frameworks through which nurses can assess patterns in patients' lives to better plan nursing care. For example, in the Neuman's *systems model* nurses identify the pattern of interaction between the client system and the environment to determine the impact of environmental stressors on the client system, and to plan prevention and intervention strategies to maintain system stability.²¹ The theory of *cultural care diversity and universality* guides nurses to assess patterns relating to social structures and geo-environmental factors to plan culturally congruent care.⁹ In the interactive-integrative paradigm, patterns are assessed through attention to categories or modes and are used to guide the selection of nursing interventions. As the worldview shifted to an awareness of the dynamic mutually evolving nature of the person-environment pattern, the Roy *adaptation model*, for example, was modified to express the foundational view of persons as coextensive with their social and physical environments, with an emphasis on meaning and consciousness in the mutual relationship between people and their environment.¹⁵ As nursing theories have evolved, they have focused less on patterns of illness and disorder as a basis for intervention, and more

on patterning as a way of partnering with people as they grasp the meaning of the wholeness of their life, gaining insight into new possibilities for health.

Rogers³ identified pattern as a unifying concept in nursing and as ever-evolving in the direction of increasing complexity, with each repatterning being a revision of the immediately preceding pattern: "At each point in space-time, man [*sic*] is what he has been becoming but he is not what he has been. Moreover, he cannot go back to what he has been."^(p98) People's lives go on through various permutations of order and disorder; after periods of chaos, their lives reorganize at a higher level of organization.

Newman described pattern as a characteristic of wholeness: "Pattern is information that depicts the whole, understanding the meaning of all the relationships at once. It is a fundamental attribute of all there is and reveals unity in diversity."^(p71) It reveals the meaning of life. Pattern is dynamically related with one's environment, both human and nonhuman.⁶ When engaging community members in dialogue, centered on representations of individual and family patterns, it is possible to see the pattern of the community and envision possibilities for transformation in the health of the community.⁴⁸

Patterning reveals the evolving nature of the whole. As nursing embraced holism as a central tenet of human existence, better ways to understand and respond to the whole were needed. Newman uses a process of pattern recognition that focuses on the evolving pattern of meaningful relationships and events in people's lives, stressing that meaning characterizes pattern. The process provides insight into potential actions.⁶ Cowling⁴⁶ described a similar process of pattern appreciation that is creative, receptive, and responsive to individual uniqueness; gives "primacy to the voices of those seeking care"; and provides "a context for human flourishing."^(p94) The practice of healing from this perspective focuses on appreciating the wholeness that resides within the pattern³² and enhances nurses' ability to be attentive to their patients.

Presence: The resonance of the relationship

The concept of presence has been described as genuine dialogue, commitment, full engagement and openness, the core element of nursing activity, free-flowing attentiveness, transcendent togetherness, and transcendent oneness.⁴⁹ It demonstrates the uniqueness of the patient–nurse relationship: connecting with patients’ experience, sensing the current moment, going beyond scientific data, knowing what will work and when to act, and the *sine qua non* of being with the patient.⁵⁰ Presence is a nonsensory prehension of the being of the other. Being fully present is central to the relational process of nursing:

“... authentic presence between patient and nurse ... [is] a transformation of both. Presence is a matter of consciousness and is reflected in the holistic beings that are both nurses and patients.”^{51 (p323)}

Melnechenko⁵² described Parse’s concept of true presence as a way of being that values the other’s dignity and freedom and concluded that “true presence creates the opportunity for nurses to go where the patient is in life, to learn about the experience of health as it is defined and lived, and to work with patients as they choose the meaning of the situation.”^(p23) Koerner⁵³ stressed the importance of active receptivity as an essential aspect of nursing presence, stating, “Guided by the intent to support what is in the highest good for the person and family, we create an empty space of open expectancy, which allows individuals to connect with their inner wisdom and innate power to heal.”^(p9)

The epistemology of presence focuses on a trust that understanding deepens exploration in relationship. The emphasis is on engagement rather than on measurement, on meaning rather than on mechanism.³⁶ DeQuincey pointed out that “being intensely engaged in relationship with another ... is, perhaps, the most vital manifestation of consciousness.” It requires a shift from a world of subjects-objects, to a “view, which sees relationship as fundamental.”^(p173)

Transforming presence is becoming one with the other. This involves letting go of time constraints, putting everything aside and focusing completely on the patient, that is, being with the individual (family or community) with all aspects of oneself.⁵⁴ One must let go everything else and be fully present in the moment. Being fully present goes beyond pattern identification and is the evidence of transformation. Becoming one with the patient through presence focuses the nurse on what is meaningful to the patient.

Meaning: Importance of the relationship

Caring presence and intentional resonance focus nurses on what is meaningful in the lives of patients. Searching for meaning and its message for the future is the primary motivation in people’s lives,⁵⁵ and thus is of primary importance to nurses. The focus on meaning shifts the nurse’s purpose from objective problem-solver to sojourner in discovery, interpretation, and revelation. Bohm⁵⁶ described meaning as a dynamic process. Through reflection on meaning, new meanings emerge. This process deepens with additional perspectives and expands as contexts change. Meaning arouses, organizes, and gives direction to energy.⁵⁶ As nurses and patients reflect on the unfolding pattern of meaningful interactions and events in patients’ lives and on the meaning of presenting situations and the context, in which they occurred, new perspectives and deeper insights evolve. Through this process, new meanings give birth to new possibilities. Concentration on meaning in the life of the patient brings forth and directs energy into healing that is uniquely appropriate to the patient, demonstrating the centrality of a resonant, caring presence focused on meaning in people’s lives.

Several nurse theorists have asserted that nursing springs from a focus on meaning in peoples’ lives—nursing care cannot be predescribed or routinely applied in the same manner across clients. Travelbee⁵⁷ asserted that nurses must go beyond helping people cope with illness and suffering, to helping people explore the unique meaning

they find in their experiences and predicaments. Parse⁵⁸ described meaning as being illuminated and structured multidimensionally through a cocreative process between the nurse and the patient. She pointed to the importance of dialogue, in which values are expressed to identify what is cherished and imagine what is possible. Parse,^{58(p7)} stated, "One cocreates meaning, and the meaning changes with experiences as new images arise, expanding possibilities. People live their treasured beliefs in the process of evolving."

In her theory of *meaning*, Starck⁵⁹ emphasized the importance of engaging different perspectives to more fully understandable meaning, realizing that patterns of meaning may be manifest not only through verbal reflection, but also through spiritual and somatic experiences. This realization focuses the nurse-patient relationship on the meaning of all that the patient is experiencing as relevant at the moment. Meleis⁶⁰ attributed grasping meaning to "perceptions rather than intellect; it depends on observations, feelings, imagination, and understanding that go beyond description—it depends on inner experiences and is holistic in nature."^(p97) Watson⁶¹ invited nurses to return from the outer world of technology where meaning has been stripped, to the inner world of healing and meaningful "human-to-human connections and caring moments."^(p913) Koerner⁵³ defined meaning as "the way in which we use a life experience to grow and deepen as human beings;" she called nurses to use "slower wisdom" which she defined as "longitudinal examination of issues over time."^(p208) to remove the veil of confusion from complex situations so that meaning can be revealed. Newman⁶² has demonstrated that it is in attending to the unfolding pattern of patients' lives that the meaning of the whole can be fully comprehended. Pattern and meaning are central to nursing care and give insight, one into the other.

Meaning differs from person to person and from time to time. There is no universal definition of meaning, but rather it is uniquely manifest as each individual searches for it. "The

meaning of life differs from man to man [*sic*], from day to day, and from hour to hour. What matters, therefore, is not the meaning of life in general, but rather the specific meaning of a person's life at a given moment."^{55(p108)} Clarke⁶³ reported that the quest for meaning is the most commonly occurring attribute of spirituality found in the nursing literature. Drawing on the work of theologian Paul Tillich, Clarke described meaning as ultimate concern, and exhorted nurses to focus with patients on what is at the depth of their being, rather than simply on superficial concerns. Henery⁶⁴ rejected the relevance of a hierarchical notion of what is most meaningful, stressing that nurses should not place judgment on what patients perceive as meaningful. Sometimes what seems to be a superficial act or concern can open a window that sheds light on deeper meaning and insights for action. Newman⁶⁵ gave the example of walking into a patient's room, noticing that the patient is reading a newspaper, and saying, "Reading the want ads, huh?" This led directly to a dialogue about the patient's unemployment situation and its meaning in the patient's life. The caring, resonant presence of the nurse creates the context, in which the dialogue can go deeper still. Further reflection and dialogue opens a door to deeper meaning. Newman demonstrated the importance of entering into the interaction where the patient is and riding the wave of caring presence and resonance into the center of what is meaningful, trusting that the process will illuminate the direction toward health.^{5,6}

THE TASK BEFORE US

An issue facing the nursing profession is the question of what knowledge will direct our practice. From our perspective, nursing practice must be first and foremost grounded in the discipline as defined by the concepts presented here, while at the same time incorporating relevant knowledge from other disciplines. The patient and the nurse both need access to the best evidence in making decisions about patient care. The UT

perspective expands the notion of evidence and situates its relevance within the unique meaning and pattern of patients' lives.

Peat⁶⁶ offered a philosophy of wholeness that is consistent with the UT perspective in nursing and warned, "If we are to move toward a more holistic and healthy world, then we must discover a way of unifying the statements of objective science with our personal vision of the world, and we must do this without diluting the authenticity of either approach."^(p47) Watson added, "Thus, an expanded and evolved disciplinary-professional view of health, healing and quality of life/living will not allow one level of evidence or technology to privilege itself over the human condition and humanity itself. The evolved future becomes large enough to hold the paradox of both side by side."^{67(p14)}

Bohm,⁶⁸ in writing about meaning as the root of our whole being warned, "Without

meaning, our society will fall apart."^(p150) For nursing, "Knowing who we are in the context of society and other related disciplines is essential for our own health and well-being, and essential to our ability to serve others."^{69(p14)} Without a clear sense of our nursing identity and the meaning of our mission to society, we have no value or purpose other than to support and promote the practice of medicine. Nurses are thirsting for a meaningful practice, one that is based on nursing values and knowledge, one that is relationship-centered, enabling the expression of the depth of our mission, and one that brings a much needed, missing dimension to current healthcare. What is missing in healthcare is what nursing can provide when practiced from a disciplinary perspective. Realizing this goal begs for consensus in the collective consciousness of the nursing profession.

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