

# The Applied Philosopher-Scientist

## Intersections Among Phenomenological Research, Nursing Science, and Theory as a Basis for Practice Aimed at Facilitating Boys' Healing From Being Bullied

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This article uses an exemplar of phenomenological research of middle school boys' experiences of being bullied as applied philosophy and science to illuminate the intersection of the moral and scientific realms for theory-oriented research and practice. As a consequence, a clear foundation for advancing nursing science and envisioning innovative nursing practice with boys who experience being bullied is provided. Included is a weaving together of phenomenological perspective for research and practice, Roger's (nursing) Science of Unitary Human Beings (SUHB), and SUHB-derived middle range theories of self-transcendence and power. **Key words:** *middle range theory, nursing ethics, nursing practice, nursing science, nursing theory, phenomenological research, philosophy*

**T**HE necessary interactions among theory, compatible research approaches to knowledge development, and practice remain inadequately appreciated and articulated. This point is evidenced by the very need for this special edition of *Advances in Nursing Science* focused on bridging the theory/practice gap. As highlighted in the following quotes from nursing leaders, historically nurses have understood the importance of theory for practice, and practice concerns and research insights for theory development.

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*Both theory and philosophy have a legitimate contribution to make to the practice of nursing and both are informed by that practice.<sup>1(p86)</sup> The only defensible reason for the development of the discipline of nursing, which embodies scientific and nonscientific knowledge derived from scholarly inquiry, is to provide knowledge for the professional practice of nursing.<sup>2(p3)</sup>*

This article aims to exemplify the earlier-mentioned idea that the interrelationship of philosophy, science, theory, and practice is crucial for envisioning what nursing practice is in a variety of situations. Moreover, insights from both theory and practice jointly enable the recognition of possibilities and effective strategies for promoting healing. We use a completed research study of the first author focused on middle school boys' experiences of being bullied and their healing potentials<sup>3</sup> as an exemplar. We illustrate how applied philosophy and science create possibilities for new and innovative theory-oriented practice.

The overall goal of nursing, as noted in many nursing documents, including the *American Nurses Association Code of Ethics for Nurses* is to promote health and healing.<sup>4</sup> Components of the goal include facilitating flourishing and the alleviation of suffering for individuals and society. This is an ethical goal in that nursing promotes a human good. The ethical nature of this responsibility requires nurses to engage in scientific inquiry—where scientific inquiry is taken to be a broad perspective on what constitutes knowledge—to plan, implement, and evaluate good nursing practice. Good nursing practice is defined here as any activity undertaken to actualize the profession's goal of health and healing for individuals, groups, and society. In relation to individuals, nursing goals require the nurse to understand the perceptions and field of experience of the individual (other), and draw on knowledge, skills, and experience to recognize and appropriately respond to the actual and/or potential (anticipatory) health needs of this other. In relation to groups or society, nurses are responsible for understanding obstacles that prevent persons from accessing good care but also understanding the roots of certain problems in societal arrangements and circumstances.<sup>5</sup> Recognizing this, nursing scholars have proposed various scientific perspectives to underpin knowledge development that will guide nurses toward achieving professional aims. Some of these approaches are: empiricism, pragmatism, problem solving, feminism, critical theory, and phenomenology (descriptive, hermeneutical).<sup>6</sup> Nursing scholars have also identified that certain aspects of nursing such as its art and moral realm, not directly inquiry based, are essential for achieving disciplinary aims. That is, scholars have made the case that the moral realm undergirding practice—the fact that nursing serves a critical human need—calls nurses into a humanistic ethic of respect,<sup>7-9</sup> relationality and situated meaning-making in which individual human beings possess an identity and life experiences that are varied and unique.<sup>10-12</sup>

In this article, we outline a clear foundation for advancing nursing science and envisioning nursing practice possibilities on behalf of the well-being of boys who are bullied. These possibilities, described later in the article, when taken back to the school settings in which the research was conducted can assist nurses and other school professionals with practice innovations. Nurses are faced with the complex process of integrating theory, research, and practice, that is, of being integrationists when facilitating health and well-being, as argued earlier. On first appearance this seems an impossible task, but we show that it can be done, and that it is a model facilitative of good practice.

Our demonstration uses a phenomenological research study of middle school boys' experiences of being bullied as an integration of applied philosophy and science and theory. Although our purpose is not the presentation of research findings, they are briefly described and reviewed in relation to our focus on integration and subsequent theory-oriented practice implications. That is, the study was grounded in a general nursing science perspective (Roger's Science of Unitary Human Beings [SUHB]),<sup>13-15</sup> that is, congruent with the phenomenological methodology described later. Furthermore, the results of the research (identified themes and their features) were supportive and highly reflective of the defining aspects of 2 independently derived middle-range theories in nursing (Reed's Self-transcendence,<sup>16-19</sup> and Barrett's Power Theory.<sup>19,20</sup>). Thus, the consistency in essential findings related to the human condition from disparate theories supports the idea that nursing's focus on the human being's potentials for health is crucial for practice. *Phenomenological orientation to nursing practice* as nurse scholars, experienced practitioners, and educators, we teach nursing and conduct research based on evidence informed by the philosophical precepts of the discipline. We strive to understand human existence in its broadest sense utilizing the phenomenological concept of lived experience or life world, where life world refers

to one's experiences of reality, the contextual surround, and one's relationships in the everyday world.<sup>21</sup> In the phenomenological perspective, we take human realities (lived experiences) to be contingent upon context, and socially interpreted, as well as providing us with the basis for appreciating the individual and collective meanings held by others. It follows then that we believe that nurses must engage with those others whose experiences need to be clarified as the foundation for good nursing actions. As noted earlier, we take good nursing actions to mean those that focus on facilitating the goals of the discipline related to individuals, groups, and society. Using existential understandings of the importance of lived experience, coupled with philosophical and theoretical knowledge about the concepts of *nursing, health, disease, healing, nurse-patient relationship, choice, quality of life, and respect* and what they represent, we have a humanistic-scientific basis from which to know how to respond in the face of the other (within reason and albeit imperfectly). Within this phenomenological orientation to the world, we recognize the tensions between knowing (education, experience, theories, etc) and the need to be aware that bias, preconceptions, and prejudgments can influence ones' ability to listen to and hear the other in a way that accounts for their perspectives.

Thus, we are arguing that nursing practice involves learned conceptual understandings about care, principles of human behavior, health, healing processes, values, choice, and human physiology. These provide guideposts for understanding human health needs; but what is also needed is a participatory mutual process of engagement with the person where similarities and differences in self and others are recognized by the nurse. For example, nurse theorist Rosemarie Rizzo Parse's *human becoming theory*<sup>22</sup> refers to the nurse's presence as central to good nursing; specifically presence as a "special way of being with another that recognizes the other's value priorities as paramount."<sup>23(p82)</sup> Margaret Newman has proposed, "being fully present is

essential to a transforming relationship."<sup>24(p53)</sup> Furthermore, Watson and Foster<sup>25</sup> have proposed a caring-healing model for practice, *The Attending Nursing Care Model*, that draws upon a phenomenological orientation by focusing on caring needs from the perspective of the patient and ongoing assessment of the meaning of the patient's caring concerns. Other scholars have directed attention to humanizing questions as prescriptive for nursing practice and its focus on facilitating meaning, choice, quality of life, and healing, including but not limited to: "Who are you as person . . . , What do you value. . . , What do you understand about what you are going through . . . , and what information do you have?"<sup>10(pE34)</sup>

## APPLIED PHILOSOPHY AND NURSING SCIENCE

Given a phenomenological orientation toward nursing practice, which seeks to understand the other (to the degree possible), we have necessarily seen ourselves as doing theory as applied philosophers-scientists in nursing. We use philosophical analysis, nursing practice insights, nursing's goals, and phenomenological research approaches to ground our individual scholarship about nursing practice, and in collaboration with each other.

The first author's practice as a mental health nurse and program of research, from which the exemplar for this article is drawn, has primarily focused on using phenomenological research perspectives to develop knowledge in a previously underdeveloped area of research: male interpersonal abuse experiences and subsequent health issues. This is an area in need of theory-oriented nursing practice. Nurses do not know enough about what the needs for healing are among males experiencing abuse, nor what their healing potentials are in the aftermath of abuse.<sup>3,12</sup> This ongoing program of research has been partially informed by a grand nursing science perspective, Martha Roger's Science of Unitary Human Beings (SUHB).<sup>13-15</sup>

We find SUHB philosophically congruent with phenomenological research methodology. For example, the SUHB includes postulates that are widely applicable: *energy fields* (human and environmental), *openness* (increasing diversity, change), *manifestations of pattern* (mutual process human-environmental field), and *pandimensionality* (nonlinear time and space).<sup>13-15</sup> Phenomenological methodology has a focus on openness to the reality of the other, intersubjectivity, and describing concrete experiences of the individual in the world where human subjectivity and environment (objects) are given together. There is no assumption of linearity in time and space or in the dynamism of human living (change).<sup>21</sup>

The SUHB perspective identifies the purpose of nursing as promotion of human betterment,<sup>14</sup> which match easily with conclusions and arguments that we have made stemming from our engagement in nursing practice, philosophical analysis, and the use of phenomenological research methodology. That is, human and environmental influences are implicated in individual and societal health and need to be accounted for in furthering the goal of health and healing.<sup>10,11</sup> Furthermore, concepts reflecting a unitary science perspective of nursing were recently identified as the key foci of the discipline: wholeness, healing, presence, relationship, caring, mutual process, pattern identification, humanization, choice, quality of life, and meaning.<sup>10,26-28</sup>

## METHODOLOGY

We will discuss the methodology for the study of boys' experiences of being bullied after we first provide a general overview of the value of phenomenological research for nursing science. From a methodological perspective, we have argued elsewhere that phenomenological research is one approach to knowledge development that has an excellent fit with nursing's goals and knowledge perspectives aimed as they are at understanding, describing, and explaining (to some degree)

phenomena of concern to nursing practice.<sup>11</sup> Furthermore, we believe that a phenomenological perspective should be a major component of progressive developments in nursing philosophy and science facilitative of practice both with individuals and groups. This is because the phenomenological philosophical orientation allows nurses to discover human meanings, values, and response patterns as research findings and easily relate these findings back to the needs of humans for health. Meanings, viewed here as socially based interpretive acts that human beings engage in on a daily basis, are important as a philosophical and practical realm of inquiry in nursing theory development because meanings mediate self-identity, relationships, health behaviors, community development, and potentials for healing.

By understanding the human, social, and environmental dynamics affecting health and the meanings that individuals make of their lived experiences (positive as well as negative), essential health needs can be identified along with effective healing modalities. These modalities, informed by understandings of the patterns of human and environmental fields, are most likely to facilitate well-being. For example, in the study of middle school boys' lived experiences of being bullied and their healing potential in the aftermath, the first author utilized descriptive phenomenological methodology as described by Giorgi and Giorgi.<sup>29</sup> Although Giorgi is a scholar in the field of psychology, one of the key features of data analysis and interpretation using Giorgi's framework is to account for the phenomenological perspective (reflection, bracketing, life-world, meaning, essence of lived experience) as well as the scientific disciplinary perspective using disciplinary language. Using Giorgi's phenomenological approach, what this means for nursing theory-oriented practice is 2-fold: that we have an obligation as nurse-scientists to render the findings of our phenomenological research as faithfully as possible to our participant's lived experiences; but, we also have to be simultaneously aware that interpretations

and implications of the findings are grounded in the science and language of the discipline of nursing (although because of permeable boundaries between the language/knowledge of psychology and nursing knowledge, psychological language may be used, as would be true of any other knowledge regardless of the discipline that originally developed it). These dual methodological components of accounting for the phenomenological perspective and disciplinary science perspective can be seen as necessary conditions for (if not sufficient for) the development of phenomenological nursing science aimed at generating knowledge for nursing practice as previously described in this article.

We propose that an innovative methodological approach integrating phenomenology, nursing science perspective, and nursing middle-range theory (where appropriate) provides a powerful mechanism for advancing nursing knowledge development. Analyzing phenomenological research data allows the applied philosopher-scientist to discover meanings, patterns (regularities), and diversity within patterns (range of responses, sub-themes, etc) that are manifestations of change and the mutual process of human and environmental field. Although one does not enter into a descriptive phenomenological study (ala Giorgi) with an *a priori* specified theoretical framework that is to be tested, verified, or refuted in the positivist sense of science and theory, phenomenological nurse researchers using Giorgi's framework are provided with a systematic and logical way of actualizing and extending nursing disciplinary science. This actualization process occurs as the researcher draws upon a nursing science perspective and theory in the identification of phenomena of concern to nursing practice (such as the phenomena of healing from bullying victimization), gathering data of lived experiences, and during the analysis and interpretation of findings. These aspects are critical in developing a basis for nursing science practice innovations by analyzing findings in relation to nursing goals, which have relevance for practice, thus supporting the notions that nursing prac-

tice is guided by theory and nursing practice does not occur devoid of understanding of others's lived experiences and nursing's conceptual and theoretical thinking.

#### **DATA INTERPRETATION: HOW WERE PHENOMENOLOGY, NURSING SCIENCE, AND MIDDLE-RANGE THEORY INTEGRATED?**

In the research project noted earlier, understanding that bullying affects the health of survivors was informed by the SUHB.<sup>13-15</sup> This nursing science perspective provided the background for recognizing human and environmental patterns and disruptions in health and allowed for envisioning ways that nurses can facilitate healing by promoting health and strengthening the human field. We will give examples shortly that illustrate the use of SUHB and SUHB-derived middle range theory during the interpretation and conclusion-drawing phase of the research project. Middle range theories that address a phenomenon of concern to nursing, and they may be developed from grand conceptual systems like SUHB, are particularly useful for practice because they are more circumscribed and specifically explicate phenomena of concern.<sup>30</sup>

In the project on boys' experience of being bullied and their healing potentials, the researcher's focus was on obtaining concrete descriptions of lived experiences using a semistructured phenomenological interview guide. Collected data were tape-recorded and listened to as well as read thorough on several occasions and coded. During the coding and reading/rereading process over time, themes were identified. On the basis of similar statements, codes were applied and patterns began to be identified through clustering of codes (themes). The resulting themes were organized to reveal regularities (patterns) that reflected the life-world of the boys (for example, how they experienced themselves as embodied temporal beings, and concrete descriptions of their experiences that



revealed environment/space as lived and relationships). From a nursing science perspective, the phenomenological methodology allowed for an understanding of change as a dynamic unfolding of the mutual human and environmental field (SUHB) as boys found themselves in certain situations of being bullied.

Themes were saturated and developed as the researcher collected new data from new participants and compared their data to those obtained from other participants. For example, there were numerous recurring statements that referred to boys' potential for health and healing: transcending self; adjusting to and making sense of why they were bullied whereas they maintained quality interpersonal relationships with others; and becoming aware of personal choices they could make to feel more powerful—and making them—in the event of being bullied or in circumstances of potentially being targeted.<sup>3</sup> Whatever power the boys were able to personally claim for themselves was facilitated by their knowledge and ability to understand and “get” the dynamics of bullying victimization and how at certain times, and in particular environmental spaces, they experienced increased vulnerability to being bullied. Even with the boys' vulnerability to being bullied, it was discovered that they experienced healing potential over time: a heightened personal awareness of their values, feelings, thoughts, behaviors, and relationships that shaped an embodied knowing of self and an awareness of others over time. They were able to seek help from others, give help to others, find meaning, and adjust to daily situations.<sup>3</sup>

The boys provided statements indicating that they wanted to find something positive in experiences of being bullied, accept themselves, as well as stand up for and help others who might be bullied. The boys talked about ways they were able to maintain a sense of well-being despite being distressed and worrying about being bullied again, such as: getting one up on the bully, engaging in supportive discussions, expression of emotions, taking part in activ-

ities, personal expression, and having fun. They discussed ways to claim their personal power within risky environments and within their own mental/embodied space of consciousness and within the interpersonal realm of others. Thus, 3 major patterns and their dimensions reflective of phenomenological life-world and interpreted within the SUHB nursing perspective were identified as the potentials and essential meanings of boys' healing in the aftermath: *meaning-making*, *self transcendence*, and *nonviolently claiming personal power*.<sup>3</sup>

Once these themes were saturated, the researcher concurrently turned more concentrated attention and focus on the nursing science literature developed within the SUHB conceptual system to further understanding of the themes in relation to nursing goals. Specifically, given the data of participant's experiences and the themes identified, 2 middle range theories were deemed relevant for an examination of their congruence with the findings: Reed's theory of self-transcendence (ST)<sup>16-18</sup> and Barrett's theory of power.<sup>19,20,31</sup> Although the middle range theory of ST was developed initially for understanding aging, it was seen to be an appropriate nursing science reference to further understanding of boys' pattern of transcending self as healing potential that was evident in the data. Also, the theory of power was studied given the recurrent references boys made to use their power.

In terms of how the middle-range theories were studied and useful in furthering understanding of boys' patterns, various aspects of both ST and power were examined in light of how they were conceptualized in relation to prospects for health and well-being. For example, within an examination of the theory of ST, one will find that personal and contextual factors and their interactions influence ST. In the research on boys' experiences, personal and contextual factors were manifest in positive thinking, learning from past experience, seeing self as capable of transcending any negative intention of the bully, enjoying activities, and giving and receiving support to name some examples. According to

Reed, ST is a developmentally based human resource that allows a person to experience an expansion of self-boundaries. This expansion occurs intrapersonally as one becomes aware of one's values through reflection, interpersonally through interaction with others and the environment, and temporally by integrating past, future, and present.<sup>16,18</sup> This description of ST is logically congruent with the qualitative phenomenological data collected in the aforementioned mental health research. However, the boys in the study did not talk about their views on death, which is a part of ST as conceptualized by Reed. Furthermore, this research project did not measure ST in the middle school boys who experienced being bullied. Nevertheless, Reed has developed the *self-transcendence scale* for use in both research and practice.<sup>18</sup> The scale is formatted as a self-report measure, using a 4-point Likert scale for 15 items. Total score range is from 15 to 60 with higher scores indicating higher level of ST.<sup>18</sup> Thus, future research to build interventions to support healing from bullying victimization might focus on measurable aspects of ST. Also, the reliability and validity of the scale would need to be determined for a sample of children being bullied. This type of work advances nursing science for practice that is theory-based by allowing a more complete picture, or perhaps new interpretation, of the phenomenon. Measuring the levels of ST of individuals in a nursing practice to facilitate health and healing (from bullying victimization) would allow the practitioner to ascertain an individual's particular needs for intervention and already existing strengths with regard to this aspect of health.

Barrett's theory of power posits that "power as knowing participation is being aware of what one is choosing to do, feeling free to do it, and doing it intentionally."<sup>19(p4)</sup> Although this phenomenological research did not incorporate a measure of power, Barrett's tool, *Power as Knowing Participation in Change Tool* (PKPCT, Version II) might be used to assess power in health research and practice.<sup>20,31</sup> In a theory-oriented nurs-

ing practice aimed at facilitating health and healing, individuals could benefit from understanding aspects of their own sense of power, and strategies could be planned to enhance one's power. As discussed in a prior section, the middle-school boys experienced having their own sense of power and they made choices to exercise their power as needed to facilitate their well-being in instances of being bullied or in thinking about future prospects of being bullied. Thus, they referred to aspects of power included in Version II of the PKPCT, which includes 4 subscales (awareness, choices, freedom to act intentionally, involvement in creating change).<sup>20,31</sup> The PKPCT is formatted using semantic differential adjectives on a 7-point Likert scale for 72 items. Total score range is from 48 to 336 with higher score indicating more perceived power.<sup>20,31</sup> Barrett has described a Rogerian theory-oriented nursing practice called Health Patterning that she uses to facilitate healing<sup>19</sup>: "In Health Patterning, transformation of oneself, sparked by creative mutual process with the nurse, becomes a dynamic process for actualizing human potentials for change by enhancing awareness of one's capacity for knowing participation."<sup>19(p4)</sup> This type of practice might be developed, revised, and extended into school settings to help children who experience bullying victimization, or more broadly in other settings where bullying occurs.

## CONCLUSION: IMPLICATIONS FOR THEORY-ORIENTED PRACTICE

A theory-oriented nursing practice based in the SUHB and focused on facilitating healing for middle school boys who experience being bullied should be developed through further research and collaboration with school nurses. When the study findings are taken back to school nurses, possibilities for healing practices can be discussed with the nurses and school officials. This is seen as the last step in the process of envisioning theory-oriented practice. Although this translation

has not yet occurred at the time of the writing of this article, it is our intention to coordinate activities related to translating our insights back into practice with the officials in the school settings during the 2010 to 2011 academic year. Important to this endeavor will be nurses coming to apprehend a practical and theoretical understanding of the importance of the ideas we have previously discussed. That is: (a) phenomenological orientation to practice, (b) mutual human and environmental field patterning as a part of nursing science, theory, and practice, and (c) specific content related to the middle range theories of ST and power.

Healing modalities would focus on strengthening human integrity through interventions the nurse could administer. The state of practice currently surrounding the phenomenon of bullying places much emphasis on bullying prevention,<sup>3</sup> a laudable effort. However, for the victim of bullying, prevention efforts were self-evidently insufficient. Given that prevention is not foolproof, victims deserve to have the best care available to support them in transcending the negative (potentially destructive) sequelae. The best care is inevitably informed by the victims' own perceptions of what has been helpful and their needs for intervention. From phenomenological interviewing, the nurse is able to gain an understanding of a child's particular issues and simultaneously provide an engaging relationship facilitative of the recognition and maintenance of healing potentials. This is evident in the data collected from the research on boys' experiences of being bullied.

Nurses unfamiliar or uncomfortable with theory-oriented practice would require support to understand facets of the process of victimization and healing. Education initiatives would need to be planned to evaluate nurses' basic knowledge and enhance their skills at engaging clients in discussing their experiences, and subsequently assisting them to make meaning of their abuse experiences and how empowering of the victim occurs. This, in turn, would set the conditions for nurses to

facilitate healing, including aspects of meaning, power, and ST (the very things that bullying victimization can undermine).

The major contribution to theory-oriented practice of this article is in highlighting the possibilities derived from the interrelationships among philosophy, science, and nursing theory. We have exemplified a process in which we integrated these components of knowledge development for nursing practice using phenomenological descriptive approach. This integrationist approach does not have as an aim theory-development at the outset. However, common themes are discerned in phenomenological research based on data collected. The phenomenological scientist is left to interpret and situate the findings (themes) within the larger body of science that is deemed relevant. Specifically, the findings from the phenomenological research project on boys' experiences reported herein (ie, major themes across participants) were reviewed in light of existing nursing middle-range theories that reflected the themes identified. These themes were based on boys' numerous references to aspects of meaning making, power, and ST. This knowledge development adds to other interdisciplinary perspectives on victimization<sup>32</sup> and stress and coping that might also be considered relevant.<sup>33</sup> Other aspects in practice that are possible include: suggesting and planning activities promoting ST, conducting assessments of power and ST (which can be facilitated by the use of appropriate measures as discussed earlier). The nurse might learn to use reflective phenomenological interviewing in individual and group settings to help children who are bullied realize their personal strengths and power in addition to what support and resources are available to them in times of need. Enhancing mental health after bullying victimization could be an important component of a school nursing practice focused on health and healing. Another implication for practice is in the policy arena, where decisions for resource distribution are made to support nurses in their work to promote healing from bullying victimization. On



the basis of what can be gleaned from the interpretation of the phenomenological data of the aforementioned research project and nursing theory, the nurse helping the child who is bullied would be engaged in sharing and processing of information to promote health, teaching new ways to relate meaningfully, bearing witness to emotional expression, and imagining/imaging effective problem-solving, supportive help, and coping skills and stress-buffering training as part of a therapeutic matrix of healing modalities beneficial to the child being bullied. Nurses in practice who are theory-oriented and use phenomenological orientation, SUHB, and middle range theories of ST and power understand the interconnectedness of person, environment, relationships, and health. This has implications for nursing education, and nurturing nurses who understand the critical in-

terrelationships among research, theory, and practice. Earlier in the article, we noted that the goals of nursing related to promoting health and well-being make nursing endeavors inevitably ethical in nature. The *American Nurses Association Code of Ethics for Nurses* 4 represents the profession's promises to society.<sup>34</sup> As nurses, we are accountable for ongoing knowledge development for practice, the appropriate and effective education of nurses, and the removal of barriers to our health services. Thus, we are arguing that it is an ethical imperative to discover the best ways of meeting our profession's goals, including the development of nurses who engage in philosophical, moral as well as scientific theorizing to plan, implement, and evaluate good nursing care, that is care that promotes human betterment, health, and flourishing.

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