Chinn: Knowledge Development in Nursing, 9th Edition

Chapter 01: Nursing's Fundamental Patterns of Knowing

Case Studies

The following five case studies illustrate how the patterns of knowing interrelate. These examples show how additional patterns are used when the initial problem is primarily associated with a single pattern.

Case Study 1: Initial Problem, Empiric

Imagine that you have an empiric problem that involves which nursing approaches to relieving pain are effective in practice and why. You might begin to address this problem by locating evidence related to nursing approaches to pain relief and subsequently planning a research program to systematically study two different approaches to pain relief for which there are not yet sufficient evidence. You would identify the theoretic explanations associated with each approach, and develop a research plan that tests selected hypothetic relationships. Although the empiric questions are the starting point and remain the focus of your method, your approaches and methods are influenced by an awareness of social, political, and cultural attitudes and practices involved with the experience of pain and its alleviation. You realize that these practices might be reflected in ample or limited funding for your project. The aesthetic meanings of the relief of pain and suffering for the various cultural groups in your study will affect how you choose and use measurement tools. Personal meanings regarding the experience of pain will shape how you report your findings, whereas ethical values surrounding what is best or right to do when the potential for addiction arises will influence how and when pain relief is given and received.

Case Study 2: Initial Problem, Personal

Personal knowing is commonly the avenue through which an awareness of possibilities that are not yet fully understood emerges. For example, suppose that you come to realize and appreciate the unique perspective of an immigrant family who is receiving presurgical care in the clinic. This family has been labeled "difficult" and "uncooperative" by other nurses. As you encounter the family, you sense that something has not seemed to fit for the family and that they just have not felt right. As you open yourself to trying to understand their behavior, a growing appreciation of the family's perspective gradually brings the new insight that the entire family would like to stay with the ill family member during her hospitalization for an upcoming surgery. You share your awareness of this with the family, and the relationship shifts to bring the family's perspective to the center. Although having several family members occupy a single room during recovery is not feasible, a plan is put in place whereby one or two family members can be with the ill family member in her room, and others can occupy a nearby waiting room. Personal knowing is the starting point for bringing a situation into awareness, but, as you explore your awareness, your knowledge of the social and cultural context of an immigrant family in a

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Case Studies 1-2

hospital clinic sharpens your sensitivity to social inequities and injustices that create barriers to understanding the family's perspective. You also use empiric theories that address fear and anxiety as tools for understanding the significance of the situation within a frame of ethical principles that require both caring and justice for other hospitalized patients in the vicinity of this family's ill family member. How and when to confirm your hunches regarding the concerns of the family requires aesthetic sensibilities for discerning the meaning of the experience.

Case Study 3: Initial Problem, Ethical

Suppose that you want to address an ethical question that concerns what is right in a situation in which a physician asks you to withhold information related to the stage of disease from a woman who has been hospitalized for the treatment of a malignant tumor. You might begin with the focused, creative activities of making explicit the personal and group values (valuing) that should guide your actions, clarifying the positions that you find in ethical codes and principles that inform the issue, and setting forth how the application of these principles would function among the people with whom you work. These processes would lead you to a dialogue and a justification of your ideas that are primarily based in ethical reasoning. When you begin to share your ideas with colleagues, the questioning and discussion that result will bring to awareness the personal insights of others engaged in the dialogue. Your dialogue brings to light empiric evidence about what various stages of malignancy mean in relation to treatment effectiveness. You will explore the range of aesthetic significance that is possible in this and similar situations (e.g., meanings that surround treatment options related to recovery). Your dialogue will also illuminate the nature of the social processes and institutionalized values (e.g., the value of screening mammograms that may carry a risk for radiation injury) in which the ethical problem is situated.

Case Study 4: Initial Problem, Aesthetic

When aesthetics is the starting point, it often begins with the nurse's own awareness in much the same way that personal knowing does; however, the expression often takes an art form that shows what the nurse envisions about the situation. The art can be in the form of the nurse's actions in a situation. Suppose that you feel a connection to the experience of chronic pain in an elderly woman with dementia. During a moment of caring for the person, you act from a deeply developed knowing of the meaning of chronic pain in a way that connects with the woman's own experience. Understanding and acting aesthetically in relation to the meaning of pain require the integration of empiric knowledge of the subjective nature of the pain experience in older persons with the ethical principles related to the relief of pain as a caring act. Personal knowing that has resulted from having suffered unnecessary pain yourself also contributes to the expression of aesthetics by shaping how expressions of pain are interpreted and how you act in relation to those interpretations. Emancipatory knowing contributes to this situation when you understand that the person in pain—because she is elderly and demented—has little social value and probably is not receiving her pain medication as routinely as necessary. This understanding is important for aesthetic practice, because your reflection and action in relation to this understanding (i.e., having a nursing conference that illuminates the situation of undertreated pain in demented elderly patients) enable

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Case Studies 1-3

changes that create possibilities that were not previously present (i.e., appropriately managed pain for this and other socially devalued individuals).

Case Study 5: Initial Problem, Emancipatory

Emancipatory knowing is a common starting point for nurses because of the value that nurses typically place on understanding the cultural and social contexts that influence people's experience of health and illness. Suppose that you become increasingly uncomfortable with the legal restrictions that influence the dispensing of medications for pain. You are aware that these restrictions are so focused on preventing drug abuse that unnecessary restrictions are being placed on legitimate uses of drugs to alleviate pain. Together with other concerned health care providers and patients, you embark on a project to change the political and legal structures so that access to pain relief is not unnecessarily limited. You draw on empiric evidence that addresses both drug misuse and pain relief, people's personal experiences and expressions of pain, aesthetic portrayals of experiences of pain and drug misuse, and ethical principles that guide decisions and actions related to drug use and misuse. You gradually form a plan of action and begin the project of changing the political and legal structures, and you continually integrate new awareness and insights and remain open to shifting the action plan as you reach toward your vision of the future.