

St. Catherine University

SOPHIA

Doctor of Nursing Practice Projects

Nursing

12-2010

Hermeneutic approach to understanding the DNP degree: renewing the charisma of nursing as “caring practice”

Michelle Bourgeois Spadoni
St. Catherine University

Follow this and additional works at: https://sophia.stkate.edu/dnp_projects

Recommended Citation

Spadoni, Michelle Bourgeois. (2010). Hermeneutic approach to understanding the DNP degree: renewing the charisma of nursing as “caring practice”. Retrieved from Sophia, the St. Catherine University repository website: https://sophia.stkate.edu/dnp_projects/34

This Doctor of Nursing Practice Project is brought to you for free and open access by the Nursing at SOPHIA. It has been accepted for inclusion in Doctor of Nursing Practice Projects by an authorized administrator of SOPHIA. For more information, please contact sagray@stkate.edu.

**HERMENEUTIC APPROACH TO UNDERSTANDING THE DNP DEGREE:
RENEWING THE CHARISM OF NURSING AS “CARING PRACTICE”**

**Systems Change Project
Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice**

**St. Catherine University
St. Paul, Minnesota**

Michelle Bourgeois Spadoni

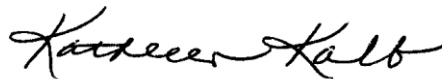
December 2010

**ST. CATHERINE UNIVERSITY
ST. PAUL, MINNESOTA**

This is to certify that I have examined this
Doctor of Nursing Practice systems change project
written by

Michelle Bourgeois Spadoni

and have found that it is complete and satisfactory in all respects,
and that any and all revisions required by
the final examining committee have been made.



Graduate Program Faculty

Dr. Kathleen Kalb

December 15, 2010

Date

DEPARTMENT OF NURSING

Copyright Michelle Spadoni 2010
All Rights Reserved

Abstract

This systems change project (SCP) began in “real-time” nursing faculty consultation work in the community setting. It was in the midst of what in academic language is considered service scholarship (or the scholarship of engagement) that I began to reconsider what is meant by a “practice-focused” doctorate degree in nursing.

How do doctor of nursing practice (DNP) prepared nursing faculty participate in a socially just manner in health care systems changes? More importantly, what moral tenets and knowledge practices shape participation in societal and community life for DNPs?

These questions are essential to the development of the DNP role in academic nursing settings, both in the educational curricular preparation of DNP students and in the actuation of the DNP role by nursing graduates who chose academic life. Questions such as these are being voiced by nursing academics across university settings. The answers to these questions surpass educational preparation. On one hand, the answers to these questions lie between the societal and professional impetus for the development of a non-research doctorate. On the other hand, answers to these sorts of questions originate in nursing’s rich historical ancestry of women’s caring practices and ways of knowing and being that unify caring practice and community service (i.e., activist, social reformers, healers, teachers). Ultimately, the present and past weave together to create an emerging understanding of DNP caring practice. This project takes a hermeneutic approach to change. My goal was to open up a space to ask philosophical questions about the scholarly nature of doctoral nursing practice.

This SCP revealed that DNP studies unfold as a process of self-actualization as DNP students question their assumptions, values, and beliefs, and gain new understandings of nursing

theory and philosophy, political, economic, and social discourses. A framework for DNP self-actualization was revealed and a potential model for DNP charism was shaped.

Acknowledgements

It seems to me that my journey into doctoral studies was one of new awakenings and finding a new family in nursing. My journey in doctoral studies would not have been possible without the support of my family and my doctoral student family.

Dr. Kathleen Kalb, my doctoral advisor, has been a constant and committed mentor. She has known when to motivate, when to challenge, and when to inspire me to dig deeper. I have learned from her what it means to be a teacher, to be an advisor, to be a nurse. Her gift of listening and being present with a student has allowed me to be a student, to fumble, search, and stray. Kathleen's ability to listen and to question at just the right moment allowed me to search for new understandings and to be free to explore in directions I might have been afraid to go without support. The nursing program at St. Catherine University is based on social justice and Kathleen lives the tenets of social justice every day. I will not forget her compassion, commitment, kindness, and strength; these have infected the way in which I teach and learn with students and have infused my practice with patients and families.

Dr. Margaret Pharris, as a member of my committee, saw something in me that I had not. She introduced me to the world of Health as Expanding Consciousness, where I discovered I loved philosophical hermeneutics. Throughout my work, she has asked thoughtful questions and supported me in reaching out to other nurse scholars whose interest is, like mine, in understanding meaningful life events. Her presence throughout my studies has not only shaped my studies but my practice and I will forever be grateful.

As for my fellow DNP students--there would be no journey without all of you. A special thank you to my friend and DNP colleague, Dr. Karen Glasenapp. Karen has been steadfast in her support. I cannot thank her enough for the nights spent talking "meaning" and "sorting" and the

many little emails that kept me going. Thank you so much to Jone Tiffany who shared her family, home, and virtual world with me.

To my colleague and friend Pat Sevean, I owe much, for she has truly been a mentor and an inspiration throughout my graduate work. I have enjoyed many hours spent with Pat talking and thinking about our shared interest in interpretative inquiry, talking about caring practice and the meaning of community service. Pat, you are, and continue to be, such an inspiration. I must say a thank-you to Sally Dampier and Jan Seeley for the many crazy conversations we have had about teaching and practice on our drives from Thunder Bay to St. Catherine University. Finally, to Carine Gallagher, you are one of those people in life who are just there at all the right times -- the two of us have faced so many life events together; you are truly the salt of the earth.

There are some people in our lives who simply defy words: my sister Noreen, who probably knows this work better than I do; my niece Alex, who is strong and wise and who will never know the difference she makes in our lives; my nephew Christopher, who reminds everyone that you have to dream; my mother from whom I get my artistic streak from and my love for wondering. Finally, to the one person who has always been beside me—Rick—I know every day I could not do what I do without you; my life is richer because of you.

Dedication

To May, Simone, Bonnie, Noreen, and Alex

I am from...

I can hear my mother and her sisters' voices carrying over the night air
-- something about supporting larger pieces of stain glass from the ceiling.

I can hear their voices ebb and tide, like a calming balm.
Caressed by deep laughter, their voices have serenaded me all my life.

I am interwoven into their melody as is my grandmother May's voice,
long gone (some would say), her voice held strong in their verses.
She would be sitting with me tonight, on this bench at the beach,
watching the late August skies,

Watching the stars that veil the night sky, dropping into the inky water.
Tonight her voice is just a whisper, softly carried through the pines, on the wind.
We would not be talking about stain glass.
We would be contemplating skinny-dipping in the moonlight.

I come from strong fabric, of women who paint, write,
weave, garden, teach, nurture, and eat sticky buns.
Women who take on life with passion, anger,
and know the depths of life's infinite sorrow.
Women who walk knee high in snow to light snow candles on your grave on Christmas Eve,
singing Christmas carols, even if the grave is crotchety Aunt Cecile's.
Bring, sweet-peas from the garden and wine to your table,
because they do not like to cook and hope you do -- and they are famished.
Disobey the "No Visitor" signs on the hospital unit and appear in tandem at your bedside with
decaffeinated Tetley tea and Mr. Christie ginger snaps
and fine china cups hidden in one of their packsacks.

Women who contemplate a nice little rose tattoo, just above the ankle, with their granddaughters,
but argue there must be a healthier way,
and head to the market to get Henna Art instead.
Women who teach their children etiquette through the time-held tradition of hand language (a
pull on the right earlobe means stop talking and listen!).
Women, who run, walk and cycle the Terry Fox 10 mile Cancer Fund Raiser
And, at seventy, enter the Dragon Boat Races to win.

This is the melody that courses through my veins as I sit on the bench at the beach, watching the
evening stars canopy above my head and light the night

Table of Contents

Acknowledgements	vi
Chapter One.....	1
Being Called to Serve: The Arrival of the Topic	1
Introduction to DNP Charism	2
Beginnings.....	2
The DNP Debate	9
Events That Call Our Attention Come With Questions	10
Questions Require Different Analytical and Interpretive Approaches.....	11
SCP Textual Sources for Interpretation.....	12
To What Human Ends: What Is Gained by Exploring the Meaning of DNP Charism?	13
The Prologue to—A Narrative of DNP Charism	14
What Happens in Being Called to Serve	14
Being Called	15
What Happens on the Ground of Being Called: Entering Into Charity.....	16
What Happens on the Ground of Being Called to Serve: Entering Into Social Change	17
What Happens on the Ground of Being Called To Serve.....	18
Dialogues on the Topic of DNP Caring Practice	19
The Language of Practice	23
The Many Meanings of Practice.....	24
The Community Service Dialogue	27
The Scholarship Dialogue	28
Education Dialogue	30
Healthcare System Dialogue	31
Discussion	32
Chapter Plans.....	36
Methods and Analysis Chapters	36
Concluding Chapter.....	37
Chapter Two.....	38
Gadamerian Hermeneutics	38
Gadamerian Hermeneutics as a Means to Puzzling with DNP Charism.....	38
In the Nuances of Life— <i>Life in a Jewish Family</i> (trans. 1986)	39
Limitations In Interpretation.....	41
In Pursuing an Understanding of DNP Charism—Choices Made	42
The Challenge of “Soundness”	45
Meta-odos—“The Way in which We Pursue a Matter” (Caputo, 1987, p. 213)	52

“Waiting to be Opened and Read”	52
Notes Left in the Side Columns to Remind Oneself of the “First Encounter”	53
“A Kind of Anticipation of Meaning”	54
“Apprehending What is Said to Us”	54
“Residing in the Interplay between Reader and Text”	55
Language, Understanding, and Pre-Understanding	57
Language the Medium of Our Life	58
Finding “Soundness” in Hermeneutic Interpretation.....	59
The Notion of Generalizability	61
The Soundness of Interpretation Creates “Harmony”	61
Discussion	62
 Chapter Three	 65
Being in a Family	65
Dialogue: Sorting Out Family in Relation to DNP Charism	66
Discussion Plan: Being.....	67
Personal Pre-Understandings of “Being”	69
Being.....	70
Family	71
Nancy Moules Hermeneutic Nurse Scholar	71
Sister Simone Roach, Nurse Scholar and Theologian.....	72
Edith Stein, the Philosopher and Theologian	72
Hermeneutics and “Family”	73
Case Exemplar: Beginning with “Being” in a Family.....	74
Reflection-- A DNP Story of Finding a Family	75
Case Exemplar: The Responsibility of Family to Rear and Morally Educate Offspring	81
The Thread of Faith That Lingers Beneath the Text of Life in a Jewish Family	82
Being: Traditions and Story Telling.....	87
Dialogue: Roots of the Traditions of “ <i>Human Dignity, Worth, Value, and Respect</i> ”	87
Reflection—Nurses’ Storytelling	88
The Meaning of Story Telling in Family Life	90
Case Exemplar: Stories, Traditions of Mother’s Caring Practice	91
“Mending and Sewing”	92
“Gathering”	92
Dialogue: Narratives and Life Meanings.....	94
Reflection—A DNP Story of Family Gathering, Mending and Sewing	96

Questions	97
Being: Essentials and Being in a Family.....	98
Case Exemplar: The Essentials of Being in a Family	98
Case Exemplar: The Core Essential of Family Life—Love and Forgiveness.....	99
Reflection—The Essentials of DNP Family Life	100
 Chapter Four.....	 104
Becoming	104
Discussion Plan: Becoming.....	106
Personal Pre-Understandings of Becoming.....	107
Becoming.....	109
Jean Grondin: Philosopher.....	109
Rachel Feldbay Brenner: Modern Hebrew Literature	110
Edith Stein: Philosopher	111
Becoming and Events that Change One’s Life	112
Case Exemplar: Events that Change One’s Life	112
Reflection—The Events that Changed the Life of an Advanced Practice Nurse	113
Becoming and Arriving.....	116
Dialogue: Arriving in a Personal Journey of Becoming.....	116
Case Exemplar: Arriving to Nursing Soldiers	117
Reflection—A Nurse’s Memory of Arriving	118
Becoming: Arriving to Traditions and Rituals.....	118
Case Exemplar: Arriving to Traditions and Rituals	118
Becoming and Textbook Knowledge.....	120
Dialogue: Textbook Knowledge.....	120
Case Exemplar: “Textbook Knowledge” Gives Way in One’s Becoming a Nurse Leader	121
Reflection—A Nursing Teacher’s Experience of Textbook Knowledge	122
Becoming and Love	124
Dialogue: Love and Becoming	124
Case Exemplar: Love.....	124
Reflection—An Advanced Practice Nurse’s Reflection of Love	125
Becoming and Being With	126
Dialogue: Being With.....	126
Case Exemplar: Being With	127
Discussion	128

Chapter Five	131
Belonging	131
Discussion Plan: Belonging.....	133
Personal Pre-Understandings of “Belonging”	133
Etymology: Belonging and DNP Scholarly Practice	135
Belonging.....	135
Doctorate of Nursing Practice	135
Scholar	136
Belonging: Family, Community, and Society	137
Dialogue: Belonging.....	137
Case Exemplar: Nurse Leader Belonging to Family, Community, and Society	138
Dialogue: Belonging and a Lifetime of Harmonized Scholarship	140
Case Exemplar: Belonging Through a Lifetime of Harmonized Scholarship.....	143
Questions	144
Chapter Six.....	147
Discussion of Findings	147
Introduction: Being, Becoming, and Belonging.....	148
Dialogue: Social Perspectives of the DNP Degree.....	148
Dialogue: Nursing Perspectives of Belonging.....	150
Dialogue: Feminist Perspectives of Caring	152
Closing Thoughts	160
Chapter Seven	167
Puzzling Together the Theoretical Foundation of DNP Charism	167
Introduction: Theoretical Model for DNP Charism	168
Pieces of the Puzzle	169
As DNPs, Why Puzzle With Caring Practice?	170
Essential Background Pieces	170
Sister Simone Roach: The Theory of the Human Act of Caring	173
Caring as “Being-in-the-World”	174
Unpacking Human Dignity, Community, and Moral Development	176
Human Dignity	176
The Unraveling of Human Dignity.....	177
Theological Origins of Human Dignity, Community, Love and Charity.....	180
Reflecting on the Theological Roots of Love.....	186
Charity and Justice Infused by Love	188
Kathleen Kalb: S-O-C-I-A-L J-U-S-T-I-C-E Model for Nursing.....	191
Discussion	193

The Merging of Theory and Discourse by Theological Traditions	201
Chapter Eight.....	205
Introduction: What Happens Now and What Happens Next?.....	205
Integrity of Interpretation	206
Application to Practice	210
Professional Practice.....	211
Conversations with Other Knowledge Claims	213
Scholastic Conversation	216
“What Now”	218
Education Practice	219
Scholastic Debate	220
Application to Further Research	223
Education Action	223
Political Action	226
Practice Action	227
Closing Thoughts	228
References	230

TABLE OF TABLES

Table 1: Challenges of Making Community Service and Practice Scholarly	29
Table 2: Human Dignity and DNP Essentials.....	35
Table 3: Knowledge (Reason) and DNP Essentials.....	36
Table 4: Community and DNP Essentials.....	36
Table 5: Chronology of Edith Stein’s Manuscripts.....	40
Table 6: What is Meant by Expression, Particularly Utterance and Speaking?.....	49
Table 7: What is Meant by Explanation and Interpretation?.....	50
Table 8: What is Meant by Translation, by Acting as an Interpreter?	51
Table 9: Historical Origins of Nurses’ Community Service as an Aspect of Women’s Caring Practice	63
Table 10: Core Beliefs and Values of “Being” an Advanced Practice Nurse	77
Table 11: Family -- a Way of Being in the World—“Intellectual, Moral, and Aesthetic Being”.....	101
Table 12: The Traditions of Caring Practice—“Being in the Family”	103
Table 13: The Essentials of DNP Becoming.....	130
Table 14: The Unity of Human “Belonging” in the Life of a Nurse Leader.....	139
Table 15: Belonging: The Lifetime Knowledge Legacy of a Scholar.....	141
Table 16: DNP Charism	162
Table 17: The Core Concepts of Roach’s Theory of the Human Act of Caring.....	175
Table 18: Understandings of “Human Dignity”.....	178
Table 19: The Theological Roots of Caring.....	185
Table 20: Human Communion Based on the Teachings of Pope Benedict (2009).....	190
Table 21: Principles of Catholic Social Thought: Solidarity, Charity and Justice, Common Good, and Call to Community and Participation	192
Table 22: The Historical Roots of Justice.....	195
Table 23: The Core Tenets of Catholic Social Thought for Socially Just DNP Community Service.....	200
Table 24: Fusion of Roach’s Theory of Caring and Social Justice: Compassion, Competence, Confidence, Conscience, and Commitment	201

TABLE OF FIGURES

Figure 1: DNP Caring Practice.....27

Figure 2: Points of Connection in the Organic Development of a Scholar.....146

Figure 3: DNP Charism.....199

Chapter One

Being Called to Serve: The Arrival of the Topic

It's a Friday morning in early spring, and I am walking through a soon-to-be inhabited conference room, checking the set up of tables and conference materials and attending to last minute details: Does every table have note pads? Are the laptops running? Are there pens? I am in my nurse consultant mode today. Soon this room will reverberate with voices as people catch up and grab coffee on the run, trying to sneak in brief moments of "What's new?" and "Have you heard?" and "What's your take on that?" The doors open, and nurse leaders start to file in. Hugs and "How are you?" float through the air. The smell of fresh coffee drifts. This once quiet space is full of life and full of purpose.

I find myself settling in as we get down to business: "The topic today is recruitment and retention of nurses... We are hoping that our conversations with you today will capture some of your concerns, your experience. We are interested in the challenges you face and then of course what approaches you have tried, what's working, what's not." It only takes moments, and we are into the work of the day, each group of nurse leaders attending to the topic at hand. Some are talking; others are busy in putting one another comments onto the laptops. My team has an agenda, as I move among the tables, I hear bits and pieces of conversations, nurse leaders are getting into the meat of things... "It is getting harder"... "being a manager...facing—no one can fill in tonight...we are two short"... "I am exhausted" and "there are no easy answers". "These numbers don't really say anything about what is happening in my community...the mill closed...people are leaving everyday...there are no jobs, nurses won't move their families here...if they can't find a job for their partner."

In the midst of these conversations, I watch nurse leaders leaning in...listening to the person who is "exhausted" and "its hard." Two heads lean into one another, voices quiet... words of wisdom are shared... "Have you tried?"... "This has worked in my team." ... "What if you and I set up a phone meeting once a week?"... "You can't keep all this inside." It strikes me that most of these people are working in different institutions, yet they are reaching out to one another. They are responding and attending to one another's needs, regardless of the political and economic boundaries that may position them as competitors. At the same time, there are powerful political and economic structures that are shaping how nurse leaders speak about the topics of concern in nursing (i.e.: staff-mix, nursing recruitment, and so forth) and distance nurse leaders from their expert knowledge about what is happening here—on the ground of contemporary nursing practice.

I have this aching feeling that I may have forgotten what community means and what it means to serve. Being in this room caught up in the moment of people's conversations, I think that community service is something more than the notes being passed to me by nurse leaders to enter into the final report. I question how I have begun to think of community service in the university setting.

(Personal Reflection, Summer 2009)

Introduction to DNP Charism

John Caputo (1987), philosopher, suggested that the events of one's life that address them are those events that pierce the heart. Jardine (2006) suggested that such events are events that we find ourselves caught up in; as such, they are in play before our arrival. When a person is called by a striking event in his or her life, the event can be life altering or so earthy and primal that it can pass as being ordinary. Yet witnessing it or participation in it draws people in and captivates them because something extraordinary at the human level is being revealed about who we are, or about our humanity and what it means to be. Moreover, if we are open to it, we become something because of undergoing it (Gadamer, 1989). In these moments of being captivated and of undergoing, we respond (Jardine, as cited in Jardine, Clifford, & Friesen, 2006).

Beginnings

Understanding is thus not method: It is learning to dwell in the presence of this riveredge...and, under such witness, becoming someone because of it.
(Jardine cited in Jardine, Friesen & Clifford, 2006,p. x)

This systems change project (SCP) began in real-time nursing faculty consultation work in the community setting. It was in the midst of what in academic language is considered service scholarship, or the scholarship of engagement, that I began to reconsider what is meant by a practice-focused doctoral degree in nursing. *How do doctor of nursing practice (DNP)-prepared nursing faculty participate in a socially just manner in healthcare systems changes? More importantly, what moral tenets and knowledge practices shape participation in societal and community life for DNPs?* These questions are essential to the development of the DNP role in academic nursing settings, both in the educational curricular preparation of DNP students and in the actuation of the DNP role by nursing graduates who chose academic life.

Questions like this are being voiced by nursing academics across university settings; they are questions my colleagues frequently ask of me because they also are curious to understand the scholastic nature of a practice-focused doctorate in nursing.

On one hand, the answers to these questions surpass educational preparation. The answers to these questions lie between the societal and professional impetus for the development of a non-research doctorate. On the other hand, the answers to these sorts of questions originate in nursing's rich historical ancestry of women's caring practices and ways of knowing and being that unify caring practice and community service (i.e., activist, social reformers, healers, teachers). Ultimately, the present and the past weave to create an emerging understanding of DNP caring practice.

I use the term *caring practice* strategically because the word *practice* has many meanings. For nursing faculty, practice is typically a culmination of three areas of scholarship: research, teaching, and service. The linguistics of practice from an academic tradition lacks the distinctness of practice that is nursing: Caring is at the heart of the nursing profession. The origins of caring practice are found historically in the traditions of women's caring practices. Women's caring practices situated women caring for loved ones in their home; at the bedside of neighbors; and in the community, where women meet in church basements to discuss how to manage the onset of new immigrants who arrived so ill they could barely stand and whose children often were left orphaned or who were ill themselves.

Thus, I am interested in broadening the meaning of practice focused for DNP- prepared nursing faculty. I am interested in understanding caring practice from a historical perspective rooted in women's traditions of caring, activism, and social reform rather than practice from a scholarship perspective rooted in the paternal traditions of science practices.

Putting aside linguistics and the context of practice settings, nursing as a whole is a profession that holds to fundamental universal caring values and beliefs (i.e., human dignity, serving, moral conduct) that encompass what might today be considered pre-ethics (moral agency) and social justice practices. This is important because as DNPs, our practice is grounded in these universal values and beliefs. Stepping back on to the shore of women's caring practices, even universal caring values and beliefs take on a different connotation. From the perspective of women's caring practices, the concepts of human dignity, service, and moral agency are understood differently, then how they are taken up within the historical father lens of academia. In this SCP, I want to get to this level of distinction, that is, to the richness of historical, ancestral, and linguistic traditions that cradles the meaning of caring practice for DNP-prepared nursing faculty. Subsequently, the analytical and interpretative approach that was taken in this project's unfolding of the meaning of caring practice for DNP-prepared nursing faculty is philosophical hermeneutics.

We are always and already standing in a stream of history (Caputo, 1987). Linguistics and ancestry form the traditions that underwrite contemporary understandings of topics like caring practice and shape how we think about topics and whose interest come first. The maternal lens of women's caring practice situates DNP-prepared nursing faculty on the other side of the river's edge, with the river being nursing practice, where we stand facing the father's shore (i.e., academia). This sense of situatedness is important in this work because whether we are standing on the maternal shores of women's caring practice or the paternal shores of academic scholarship, as nurses we are all ultimately part of the same earth. It seems that the DNP debate has nurses standing on different edges of the river, but the water that runs past is always nursing practice, yet this distinction is forgotten, and the fast moving water of

nursing practice is what situates us on the same horizon. At the same time, there is something beautiful, a mysticism that each of us holds from our different positions on the river bank, that cannot be understood fully from our unique positions. It is a knowing that comes from our being embedded here.

The dialogue of DNP education is contentious, and I use the analogy of the riverbed purposefully because this SCP is about the beauty of different standpoints and change. It is about change that begins in thoughtful dialogue about the different standpoints. It is about coming back to the river's edge and seeing in its totality, a beautiful horizon of unique positions. My advisor, Dr. Kathleen Kalb, uses the term *synthesis of opposites*, which may at first seem to be a contradiction in terms but is so suited to the DNP debate. Nursing is a practice profession, and the practice doctorate has not evolved in opposition to the research doctorate. Rather, the practice doctorate is the organic development at the doctoral level of a practice profession, and it completes the research doctorate (Kalb, personal communication, 2009). As DNPs, we take up the theoretical and philosophical knowledge created by PhD nurses and apply it critically to practical human ends; we take up the theoretical and philosophical knowledge practices typically used for research in real-time practice to voice questions and seek new understandings to pressing health care issues.

It was not my intent in this SCP to intervene by studying a different measurement tool to evaluate the scholarship of engagement of DNP-prepared faculty. It is my intent, however, to broaden the meaning of practice focused in relation to the scholarly nature of DNP nursing faculty's caring practice. This project takes a hermeneutic approach to change. I am opening up a space in which to ask philosophical questions about the scholarly nature of practice and in the same breath asking: *Why is caring practice so important to nursing, and why is caring at the*

heart of nursing? What does caring practice mean at the doctoral level for DNP-prepared nursing faculty, and how does the degree prepare advanced practice nurses (APNs) to engage more fully in community life? I am opening up a space for an alternate analysis to the position that DNP practice-focused doctorates are second-class degrees at the doctoral level (Meleis, 1988) and are philosophically undernourished (Floraczk, 2010; Meleis & Dracup, 2005).

Feminist scholar Hilary Rose (2004) offered an analogy of the traditions of science that is helpful from a nursing perspective in broadening the understanding of the scholarly nature of caring practice. Her interpretation of science is helpful as a prologue in this SCP because it opens up the possibility that an alternate position of the scholarly nature of DNP practice is possible from an interwoven historical, feminist, hermeneutic perspective. Rose (2004) spoke to the complex history of scholarship as understood in the paternal landscape of science in academia when she differentiated between the production of things (i.e., pure knowledge practices) and the creation of people. Her words struck a chord that resonated with relevance in the context of this SCP. Historically, nursing is a profession that came to be because of women's caring practices. Rose's analysis of feminist epistemology for the natural sciences had something to offer in relation to this SCP. Her analysis signaled a different way of thinking about the DNP scholarship debate.

In academic settings, the tripartite mission of universities is a powerful force. Historically, as nurses entered the world of academia, the focus of nurses shifted from caring practices to scientific knowledge practices. Eventually, as nurses gained the academic credentials to be university faculty, their attentions ever so slightly at first and in current times dramatically shifted, so as the work of nursing faculty has become more theoretical, as for nursing faculty who are still very much entrenched in caring practice (clinical and service

work), their interests have receded in relation to the scholarship focus of nurse researchers and scientist.

Rose (2004) carefully pointed out that women's work is a particular kind of work that always involves a level of personal service. To this extent, female scholars are differently positioned than their male counterparts. Rose emphasized that if we are to understand the focus of science and the work of scientists, we must understand the sexual division of labor because it surely might change our view of what is meant by science and how science is practice, as well as what is meant by knowledge and certainly what is meant by caring. Rose commented:

Women's work is of a particular kind...it always involves personal service. Perhaps to make the nature of this caring, intimate, emotionally demanding labor clear, we should use the ideologically loaded term "love". For without love, without close interpersonal relationships, human beings, and it would seem especially small human beings, cannot survive. The emotionally demanding labor requires that women give something of themselves to the child, to the man. The production of people is thus qualitatively different from the production of things. It requires caring labour—the labor of love.

(Rose, p. 74)

From Rose's perspective of science, it is quite a leap to how the topic of service has come to be understood in schools of nursing and taken up in the linguistic traditions of the academia. Rose spoke directly to what science negated, that the creation of people is thus qualitatively different than the creation of things, that caring practice is embedded in human relationships. Sister Simone Roach (1992) believed that the human person exists in this world through caring, that caring was a human person's way of "being in this world." The meaning of service, as

understood through a scholarship lens, is devoid of personal service of love, that is, of the qualitative emphasis of human relationships and ways of being in this world.

Building on Riley et al.'s (2002) work, the Canadian Association of Schools of Nursing (CASN, 2004) stressed, "Service to society is a professional expectation. The need to know and the subsequent need to do for society is a feature that distinguishes a practice discipline like nursing from non-practice disciplines" (p. 7). In the language of scholarship, service means "the generation and use of specialized nursing knowledge outside the work setting" (Riley et al., 2002). The authors of the CASN scholarship position statement challenged the notion that nurses engaged in service scholarship embody a spirit of inquiry, meaning critical thought and reflection. Thereby, nurse scholars are able to bring to the forefront of health care dialogues discipline-specific nursing knowledge and wisdom gained from nursing practice when addressing topics of concern to both nursing and society (CASN, 2004). Knowledge always has to be considered in a profession like nursing, in context to how knowledge can be taken up in everyday life in relation to the human person, knowledge needs to be considered in relation to human ends.

In nursing, the understanding of caring from a female perspective in relation to the domain of scholarship has yet to be given serious thought. The DNP is a terminal degree in nursing that is practice focused, and I would argue in nursing it opens up a space to explore an alternate analysis of what is meant by caring practice. In this space caring practice encompasses community service and the qualitative nature of human relationships. Nursing is a profession that has a history of women's caring practice in the family that connects women to their neighbors and to community life. The caring practice of women in the home with children and family is caring that resides within human relationships; in the family, caring practice

illustrates the human person's capacity to love unconditionally. In the space that the DNP degree has created, the connection between scholarly and caring practice can be explored through a blending of historical, feminist, theological, and hermeneutic lenses to address the question of what shapes the scholarly nature of caring practice for DNPs.

The DNP Debate

As a nursing faculty member in a Canadian university, I find myself in a unique position. As a DNP-prepared nursing faculty member, I am one of a few in the country; moreover, my scholastic focus of community service is one aspect of my caring practice. The DNP degree is not offered in Canada, nor does it yet have the support of CASN. The terminal degree at the doctoral level remains the doctor of philosophy (PhD) focused on research. Throughout the country, however, small numbers of DNP-prepared advanced practice nurses (APNs) hold faculty positions in university nursing programs. The central challenge to the DNP degree at the doctoral level is that it is practice focused, so there is a concern that students are not prepared, at least from an academic tradition, sufficiently to be scholarly thinkers and to carry out rigorous research, ultimately adding in a meaningful manner to discipline-specific nursing knowledge (Florazck, 2010; Meleis, 1992; Meleis & Dracup, 2005). These concerns are well founded because DNPs have not articulated clearly what the meaning of practice is and how a practice-focused doctoral degree prepares advanced practice nurses to be scholarly thinkers.¹

¹ The meaning of a scholar for the purpose of this paper is based upon the work of Meleis (1992): A scientist deliberately and systematically pursues the development or testing of knowledge; the scientist finds answers for significant disciplinary research questions. A scholar is a thinker, one who conceptualizes the questions as well as pursues the answers. A scholar is able to see the questions as parts of the whole of the discipline. A scholar has a sense of history, a vision of the whole, a commitment to a discipline, and an understanding of how scientific work is related to the discipline's mission and to humanity as a whole. A scholar has a lifelong commitment to the development of knowledge in the discipline and therefore is always engaged in a systematic program for knowledge development. A scholar is flexible, has a well-developed theoretical orientation, and seeks and

Events That Call Our Attention Come With Questions

This SCP is a hermeneutic study of the historical and ancestral roots of contemporary DNP caring practice. The following central questions anchored this SCP:

1. What are the essentials of DNP charism²? How do these essentials support DNP community service?
2. What are the ancestral traditions of DNP caring practice that speak to what community service means from a tradition of women's ways of knowing and being versus a academic tradition?
3. What are the universal nursing values inherent in DNP charism and how do these values connect to community service?

Charism is theological term useful in this discussion of DNP caring practice that means a community's central mission to serve (e.g., nursing—to serve society). In order for members to participate fully in community life, that is, to serve society, members have an in-depth understanding of the community's universal values and beliefs and knowledge practices that sustain the community's mission to serve (Carey, 1997). The word charism is useful in this discussion because it speaks to what it means to serve and how the DNP community is drawn together initially by universal nursing values that sustain community service as an aspect of

engages in pertinent philosophical debates. A scholar has a passion for excellence and a sense of integrity about science... (p. 328).

² In theology, a word that reflects the nature of a person's ability, endowment, and power to serve others is charism . It is a term that has been used by laypeople who are drawn and committed to community life and serving others. Charism conceptually reflected how Sisters perceived their life in community and subsequently how they served others and the theological practices of daily life that sustained the community's values and beliefs (Carey, 1997). Carey stated, "Sister Judanne identified the cornerstones of her order's charism as "simplicity built on faith in a loving God, joyful acceptance of poverty, love for Church, and selfness dedication to the service of others" (p. 47). Further, "Sisters are missioned only to assignments where they can live in community with other members of their institute" (p. 47). The Sisters "share daily Mass and Morning and Evening Prayer from the Liturgy of the Hours" (p. 47).

caring practice and then by the educational standards (DNP essentials) that frame the knowledge practices of the DNP community that enable members to serve.

Questions Require Different Analytical and Interpretive Approaches

In keeping with the DNP degree being a practice-focused nursing doctorate versus a research-focused doctorate, I wanted to explore the topic of DNP charism not through interviews or surveys (research) but through a means that would be about the application of knowledge. Thus, Gadamerian hermeneutics although used by many as the foundation of research, can also be used as an interpretive approach to textual inquiry. I chose a hermeneutic approach to carve out a space for viewing the intricately woven tapestry of human history, language, and ancestry. The focus of this SCP is to gain a deeper understanding of the topic of DNP caring practice, one that speaks to the historical origins of the universal values and beliefs of caring practice and the underpinning philosophical traditions of caring practice. The goal is to arrive at a deeper meaning and understanding of the cornerstones of DNP charism.

In the process, my advisor and I searched for a historical figure, a woman whose life work speaks to being a nurse, scholar, teacher, and activist; someone who had an understanding of human caring and someone whose autobiographical narrative could create the basis for a case exemplar from which to explore a deeper understanding of the historical, feminist, and theological roots of DNP charism from. We found her. Edith Stein left behind a rich autobiographical narrative of her life as a nurse, scholar, activist, teacher, theologian, and philosopher. Her life narrative creates a thick case exemplar from which to understand the topic of caring practice as interpreted by a female scholar. Benner (1984) understood exemplar to be an “ example that conveys more than one intent, meaning function or outcome and can be

easily be compared or translated to other clinical situations whose objective characteristics might be quite different” (p. 292).

Furthermore, a case exemplar may be a paradigm case for clinicians. Stein’s autobiographical narrative and personal letters, coupled with her scholastic writings on phenomenology and empathy, serve as a thick paradigm case, a historical paradigm case of richly clustered exemplars that have become part of a historical landscape of caring practice. Her life’s work, coupled with the work of philosophers, theologians, historians, and nursing and feminist scholars, has created a textual tapestry that is useful in understanding contemporary caring practice and the philosophical and theological traditions that support caring practice as a focus for DNP-prepared nursing scholars.

SCP Textual Sources for Interpretation

In this SCP, the textual legacies developed by nurse historians, philosophers, and theologians are examined. The values that underpin human caring practice and subsequent knowledge practices are explored. The findings have been interpreted and integrated to identify major themes that speak to the cornerstones of DNP charism: (a) the universal values that support DNP caring practice as socially just community service work; (b) the analytical approaches DNPs undertake in keeping with the tenets of social justice in addressing pressing nursing issues; and (c) ultimately, the historical traditions of women’s caring practice that speak to the scholarly nature of DNP caring practice. The aim of textual interpretation was to explore the potential connections and patterns of meaning between the topics of caring practice, as understood through nursing’s historical ancestry of women’s caring traditions; universal values, through nursing’s historical ancestry of women’s interpretations of caring and

theology; and phenomenological and hermeneutic and feminist philosophy, as viewed through the eyes of a female philosopher and theologian.

To What Human Ends: What Is Gained by Exploring the Meaning of DNP Charism?

This SCP is a narrative that is enlivened by hermeneutic, feminist, and theological traditions, and it offers the possibility that the arrival of the DNP degree for the profession of nursing is a return to the heart of nursing, namely, caring practice. It may be that what has not been recognized in any depth in the DNP dialogue thus far is that what has been described as controversial (theory-practice) is actually a horizon of opposites that is the natural organic development of a practice profession when viewed as a whole. This SCP serves to awaken a more meaningful dialogue among nursing scholars, researchers, and philosophers about the ways in which DNP nursing faculty contribute to the interpretation, integration, and translation of the discipline-specific knowledge discovered by nurse researchers, that is, how the situatedness of DNPs may create an alternative space for the integration of philosophical knowledge traditions in real-time practice events.

We must be careful not to violate the unseen patterns that sustain and house our community.... We are always and already part of community that is larger than us and that community is part of an Earth that houses it."

(Jardine & Field, as cited in Jardine, Friessen, & Clifford, 2006, p. 108)

In this introductory chapter, I lay out the major pieces of what I have come to understand as the prologue in a narrative of DNP charism. The prologue of DNP charism begins with a short experiential reflection of my own experience of being a DNP-prepared nursing faculty member engaged in community service. It illustrates how I have come to understand the caring practice of DNPs and the scholarly nature of DNP practice. It is followed by a discussion of the powerful interfacing dialogues that are woven throughout the evolution of the DNP degree. The simultaneous dialogues are interrelated and connected by the topic of

practice in relation to what constitutes knowledge and scholarship. Throughout the discussion, I weave my experience of caring practice and community service that initially brought me to this SCP. This chapter concludes with a plan for the remaining work within this SCP.

The Prologue to—A Narrative of DNP Charism

What drew me to answering the call to serve, to working alongside rural nurse leaders trying to make sense of the topic rural nursing shortages? In nursing, the universal values that shape the profession's commitment to serve society support the profession's commitment to social justice, which calls all nurses to serve society in a manner that sustains human dignity, equity, and justice. A simple way to understand social justice and one that I ascribe in my own practice as a DNP nursing faculty member engaged in community service comes from Catholic social thought (United States Catholic Conference, 1993, 1998). Social justice for nurses originates with social service, which begins with nurses' individual acts, but charity at the level of a doctorate-prepared nurse focused on practice reflects our ability as individuals to participate fully with others in responding to social need (United States Catholic Conference, 1993). Therefore, social change is justice, meaning that it extends our individual acts as DNPs to public collective actions that respond to long-term social need and promote social change in societal, governing, and business institutions to resolve structural injustices (United States Catholic Conference, 1993; 1998).

What Happens in Being Called to Serve

The event that precipitated my SCP was my work as a consultant with nurse leaders addressing the topic of rural nursing shortage; it illustrates how the practice of DNPs extends beyond the social service of individuals to charity and finally social change. I contend that to practice at the level of charity and social change requires an embodiment of practical and

theoretical knowledge. As Benner (1984) found in the phenomenological study of nursing practice, expert nurses know how (i.e., practical knowledge) and know that (i.e., theoretical knowledge) and embody both in their actions. As DNPs, our grasp of theoretical knowledge has to be at higher level. As practice-focused scholars we need to be able to grasp the philosophical knowledge traditions that nurse researchers use as methods and methodologies as the philosophical knowledge traditions that shape caring practice (i.e., caring for in the moment healthcare events and concerns). I would challenge that knowledge traditions form the foundation from which we engage communities of practitioners, patients, or families in analyzing and interpreting what is “happening here” on the ground.

Being Called

I was asked by a healthcare planner to conduct roundtable discussions with nurse leaders about the growing problem of nursing shortages in rural areas. Prior to the roundtable discussions, there was a sharing of information, mostly textual-orientated statistical representations of rural nursing shortages between the healthcare planner, myself, and members of my nursing consultation team. I recognized that the topic of nursing shortage is often crowded with management terminology (e.g., overtime rates, retention rates, full-time vs. part-time ratios). However, understanding rural nursing shortages from the stance of nurse leaders who are living them calls for an analytical approach that relies on nurse leaders’ expert knowing rather than managerial language that provides a statistical representation of people’s lived experiences. Statistics tell us something about the topic at hand, but they are stripped of the human essence. It is my job to make visible what lies beneath the statistics of retention and recruitment ratios.

As Rankin (2009) noted, people on the ground have an intimate understanding of the “‘churn’ of a day-to-day practice” (p. 276) that is lost or stripped from statistical representations of human life. Congruently, the moral stance I embody as a DNP originates in feminist theory and the theological ideas of human dignity as articulated by nurse theorist Sister Simone Roach. There is interconnectivity between the philosophical knowledge traditions and the feminist and theological traditions of social justice that I embody in my caring practice as a DNP.

What Happens on the Ground of Being Called: Entering Into Charity

As a nurse consultant charged with preparing a report on rural nursing shortages commissioned by healthcare planners, I had to reach an understanding of the topic of rural nursing shortages, which meant being open to what nurse leaders knew was actually happening on the ground of “not enough nurses.” As a consultant, my work began by being invited by healthcare planners to organize discussions with rural nurse leaders that focused on rural nursing shortages. However, once I had accepted the invitation, I recognized that there were multiple community members at the table, visible or not, nurse leaders, families and patients, and health policy planners.

At the same time, it was vital that I understood whose standpoint I was addressing the topic from because it enabled me to sustain the human dignity of, in this case, the rural nurse leaders who gave of their time, wisdom, and knowing. The invitation to act as a nurse consultant and to participate in community life is a rare and fragile gift, and it must be treated as such. This sort of caring practice, that is, community service, stems from an invitation that is founded in the sanctity of human relationships. Community service is a gift, particularly when

it is not about research, but about being a member of a community and participating fully in community life.

In the event that became the impetus for this SCP, I was asked by healthcare planners to work with nurse leaders to gain a different understanding of nursing shortages. At the same time, I recognized that I did not have the answers to the sorts of problems being addressed. I was not there as a consultant to intervene and save the day. I was there to help nurses map out what was “happening here.” I was given the task of making visible nurse leaders’ interpretations of the connections and patterns of meaning that arose out of nursing shortages and to safeguard their message by conveying their understanding of the topic as they told it to the world beyond the roundtable discussion.

What Happens on the Ground of Being Called to Serve: Entering Into Social Change

When I work with nursing leaders and discuss concerned topics, getting to the “churn” of day-to-day practice is important to me. At the superficial level, the statistics that represent nursing topics, for example retention and attrition rates of nurses arguably reflect to an extent nursing shortages. However, the rest of the story is told by those on the ground, that is, the nurse leaders living in the churn of things. The story deepens and becomes about what happens to people in the midst of a failing global economy, and about mothers and fathers losing their jobs, and about people moving to other parts of the country in search of employment.

There are larger issues at stake than what the statistics of a particular topic represent. From a hermeneutic perspective, Gadamer (1989) challenged, “To reach understanding in a dialogue is not merely a matter of putting oneself forward and successfully asserting one’s point of view, but being transformed into communion in which we do not remain what we were” (p. 379). The understanding that I take with me into community service is that we are

already and always a part of community. Human understanding in community is about human relationships; dialogue; and the realization that as human beings, we are always interpreting the world around us (Jardine, Friesen, & Clifford, 2006; Jardine, personal communication, 2006; Gadamer, 1989).

What Happens on the Ground of Being Called To Serve

My caring practice as a DNP frequently takes the form of community consultation work that is as much about consulting as it is about activism and teaching. My caring practice is embedded and infused in feminist and hermeneutic analytical and interpretative approaches to knowledge making. I would argue that approaches that repel objectivity and the notion of detachment, neutrality, and distancing and disinterested understanding, are approaches where knowers have a vested interest in the objects of their knowledge (paraphrasing Burt & Code, 1995, p. 15).

I am interested in knowledge traditions that reflect my experience as a Métis woman, my beliefs about what serving is about and what it means to belong to community, and how I sustain human dignity in my practice. Thus, I work from knowledge practices that are more akin to women's ways of being and knowing, approaches that respect understanding that comes from being embedded in community life, that is, from experiential knowledge. I am interested in knowledge practices that recognize the power of personal and contextual knowing. I am careful that my service practice builds on the qualitative difference that knowing as humans has to do with interpersonal relationships, caring, and love more so than the production of things that are tied up with predicting, measuring, and neutrality. Simply stated, to work from a feminist and interpretative approach is to acknowledge that knowledge-making activities are value laden, not neutral; therefore, it is important to examine local

understandings of what happens here within the circumstances of people's lives. I find it to be a liberating and open approach to participating in community life.

At the same time, feminist standpoint theory acknowledges that how we understand the world we live in is caught up in textual laden relations of retention and recruitment statistics. The focus of feminist interpretative approaches is to "see what is not there and hear what is not being said" (Burt & Code, 1995, p. 23). Burt and Code explained that this sort of approach is much like a "navigational exercises, to finding one's way across a sea of conflicting textual evidence and testimony" (p. 29). This is the process I often enter with nurse leaders when we discuss troubling practice issues. More often than not, the issues we attend to are textual laden, and at first, we are all taking up the language of the powerful discourses surrounding the topic rather than taking up the topic at hand as invested knowers who are in the "churn" of it.

My community service, by and large, is not research, but this does not mean that my engagement lacks scholastic rigor, nor does it lack ethical or moral comportment. My caring practice reflects a weaving together of connecting and interrelating knowledge practices (i.e., feminist standpoint theory and philosophical hermeneutics) and professional universal values and beliefs that support the nursing profession's commitment to socially just nursing practice. Yet, the current academic discourse surrounding the topic of DNP education challenges the scholarly nature of DNP practice, with some researchers suggesting that DNPs lack an understanding of philosophical traditions in relation to knowledge making (Floraczk, 2010; Meleis, 1992; Meleis & Dracup, 2005).

Dialogues on the Topic of DNP Caring Practice

The dominant social hermeneutic discourse that overlays the emerging patterns of DNP development in the nursing community is one of confusion and tension. The DNP has been

hailed as an “idea whose time has come” (Lenz, 2005, p. 1), but other nurse leaders such as Meleis and Dracup (2005) have argued that “separating the practice and research mission could undermine our ability to equal as partners in universities, as well as diminish our effectiveness in establishing the evidence for quality and safe health care” (p. 1). There is a concern that a doctoral degree in nursing focused on practice will erode the basic philosophical and theoretical tenets of nursing knowledge practices (Meleis & Dracup, 2005). The DNP for advanced practice nursing (APN) academic faculty, that is, faculty who straddle academia and the practice setting, envelops the nature of critical nursing praxis. I believe that a doctorate in philosophy in nursing (PhD) and the DNP, although frequently viewed as oppositional, are dimensions of the same horizon: critical nursing praxis.

For APNs in academia, practice is scientific inquiry. “Essentially, professional faculty are expected to meet two differing sets of expectations: one overtly stated in their institutions formal promotion and tenure policies and the other implicit and mandated by their profession” (Sherwen, 1998, p. 137). Academic nursing leaders fought within academia to establish nursing as a professional discipline with its own knowledge and scientific paradigms (Meleis & Dracup, 2005). The struggle for early academic and clinical nurses was not only of gender but also of politics, power, and marginalization (Mansell, 2004; McPherson, 2003). Meleis and Dracup (2005) contended that nurturing advanced practice nurses at the doctoral level without a research focus endorses a “dichotomy that has thwarted knowledge development in nursing for decades,” arguing that advanced nursing knowledge requires “integration and less compartmentalization and fragmentation” (p. 1).

However, it is in the opposing horizon of practice-focus that the profession will reach its wholeness. By embracing difference, the potential for transforming nursing exists as

consciousness expands (Newman, 2008). The focus of PhD nursing faculty is research, but for DNPs, the focus is practice and knowledge application (American Association of Colleges of Nursing [AACN], 2006a). This requires competence in navigating uncertain practice situations and identifying patterns of human meaning with others (e.g., nurses, health professionals, families, patients, communities). It requires competence in interpreting, translating, and integrating the findings of research and theory into practice in time and place, and in applying both research and theory in everyday decision making and the formulation of clinical pathways and policy writing in critical, creative, and ethical ways (AACN, 2006a).

At the individual nursing faculty level, the DNP dialogue is heated. Nursing faculty like Kristine Florczak (2010) who are PhD-prepared are concerned that the role of the PhD and the DNP in relation to research has been left undefined at best. In several concise narrative sentences, Florczak captured the everyday concerns that many PhD faculty have about the ability of DNP-prepared nursing faculty to hold faculty positions in academic nursing centers. It is worth citing at least the first paragraph of Florczak's article because it captures the tensions suspended within contemporary DNP discourse in academic nursing settings. Florczak wrote from the perspective of her narrative character Katie, who is a PhD nursing faculty returning from a faculty meeting where the topic of DNP nurses had been discussed:

Katie walked into her office, turned off the light, sat down in her black vinyl chair, leaned back, closed her eyes, and wondered. She wondered what was to become of her position. She felt slightly threatened since powerful nurse leaders seemed to be hell-bent on creating the doctor of nursing practice (DNP) as a terminal degree. At least that was the impression she got as she left a very contentious faculty meeting. In the darkened office, while contemplating the events of the day, she remembered all of the

years of struggle she endured while getting her doctor of philosophy (PhD) in nursing. She was very proud of her accomplishments. Then she thought of her predecessors who had devoted their lives to the development of the discipline so that nurses would be recognized as equals by others in university settings. Although influential nurses were crafting a proposal that recognized the necessity of a PhD for conducting traditional research, doubts began to creep into her mind about the implementation of such a proposal. Was she to be relegated only to the position of consultant to the DNP? Were her ideas concerning care to be discounted because she was not continually practicing in the healthcare system? She was even unsure if she was up to mounting a defense against the rising tide of those calling for a practice doctorate. For a period of time she wrestled with her doubts and then muttered to herself, “How did this happen anyway?” (p. 13)

Florczak’s carefully calculated ideas and concerns pointed out the many questions surrounding DNP practice that are yet to be fully explored by DNP-prepared nursing faculty. In a search for answers, Florczak turned to pivotal literature used by many proponents of the DNP role, specifically reports by the Institute of Medicine (2000). After reviewing these reports, Florczak concluded:

There was not such a clear distinction between the research-focused doctorate and the practice-focused doctorate. She wondered just how and where one could arbitrarily uncouple the practice of nursing from nursing research. Exactly where were the lines to be drawn and what impact would such a demarcation have on her career and more importantly the discipline of nursing. (p. 16)

Ultimately, Florczak submitted that the addition of the DNP role in contemporary nursing would result in an “uncoupling of theory, research, and practice” that would result in “disastrous scholarship” and ultimately in the demise of “nursing theories and research born out of the phenomenological and existential movements whose purpose it is to understand and not to intervene” (p. 17).

Given the concerns of nurse theorists and researchers, as well as PhD-prepared nursing faculty working on the ground of nursing education, it would seem that the DNP role has been an ill-conceived and, at best, a knee-jerk reaction to social, political, and economic pressures being applied by other institutions outside of university nursing programs. Something more has to be said about why practice is such a focus in nursing and why the DNP is the natural progression for a practice profession, as well as how it completes and compliments the role of PhD nursing faculty.

The Language of Practice

I recognize that the meaning of the term *practice* at a doctoral level is at best vague. I have already stated that practice has a limited meaning when compared to caring practice in nursing and that in this project, I am more interested in the meaning of DNP charism, which is focused on the caring practice of DNPs. This vagueness only compounds the confusion about the scholastic nature of a terminal degree in nursing focused on practice and leads to questions like—*To what ends will a practice doctorate in nursing enable APNs to think as a scholar³ in*

³ The meaning of a scholar for the purpose of this paper is based on the work of Meleis (1992): A scientist deliberately and systematically pursues the development or testing of knowledge; the scientist finds answers for significant disciplinary research questions. A scholar is a thinker, one who conceptualizes the questions as well as pursues the answers. A scholar is able to see the questions as parts of the whole of the discipline. A scholar has a sense of history, a vision of the whole, a commitment to a discipline, and an understanding of how scientific work is related to the discipline’s mission and to humanity as a whole. A scholar has a lifelong commitment to the development of knowledge in the discipline and therefore is always engaged in a systematic program for knowledge development. A scholar is flexible, has a well-developed theoretical orientation, and seeks and

addressing real-time practice events? To think as a scholar means having the capacity to image the question and search for a broader and more in-depth understanding of the topic (Meleis, 1992). It means being able to envision troubling topics as one piece of the whole of nursing's metaparadigms: person, environment, health, and nursing (Meleis). *How do we as DNP-prepared nursing faculty take up historical and ancestral traditions in relation to how we understand scholarly thinking and caring practice, what does this sort of thinking mean to our caring practice, knowledge engagement, teaching, and community service? In what manner does nursing's historical ancestry and tradition of women's caring and healing practices and community service inform and shape the meaning of contemporary DNP caring practice?* These types of questions are particularly important for a profession whose central commitment is serving others through caring practice.

The Many Meanings of Practice

As a verb, practice means to do something repeatedly to gain skill, it is behavioral; it means to gain expertise and requires exposure and experience (Hoad, 2001, p. 692). As a noun, practice means action, actual or application; it also refers to convention, custom, habit, or tradition (Hoad, 2001, p. 692). Care as a noun means attention, carefulness, concentration, and thoughtfulness (Hoad, 2001, p. 123); it means "concern, kindness, nursing, solicitude" (Hoad, 2001, p. 123). Thus, the interweaving of the terms *caring* and *practice* broadens and deepens the meaning of practice contextually. It is more akin to what it is that nurses do in the realms of practice with human people. The term *caring practice* in relation to nursing practice captures something more than skill acquisition; rather, it becomes fleshy, purposeful, and a living trinity of (a) human interaction, relations, and connections; (b) attention and thoughtfulness; and (c)

engages in pertinent philosophical debates. A scholar has a passion for excellence and a sense of integrity about science.(p. 328)

nursing traditions. This understanding of what practice means for nursing perhaps comes closer to what Benner (1984) described in her hermeneutic phenomenological study of nursing practice:

Caring practices need to be articulated and recovered (made public so that they can be legitimized and valued) because they sustain trustworthy relationships that make health promotion, restoration, and rehabilitation possible. Caring practices cannot thrive if they continue to be devalued. Understanding caring as a practice, rather than as pure sentiment or attitudes from the practice, reveals the knowledge and skill that excellent caring requires. (p. x)

Philosopher Alasdair MacIntyre (1984), whose studies included moral and political philosophy, added another dimension to the meaning of practice from a moral philosophical perspective that is useful to a profession like nursing, where the focus is serving society through caring practice that reflects moral agency. MacIntyre stressed, “By a ‘practice,’ I am going to mean any coherent and complex form of socially established cooperative human activity” (p. 187). Nurses Molewyk Doornbos, Groenhout, and Hotz (2005) further articulated MacIntyre’s understanding of social practice relevant to nursing’s caring practices:

There are certain central values or goods or aims that are the main focus of nursing and that define it as a practice. Health is the most central of these, since nursing is a health care practice that aims at the alleviation of pain; at restoring physical, psychological, and emotional functioning; at attending to the well-being of the whole person; and so on. (p. 43)

From a theological perspective, Sister Simone Roach (1992) simply stated, “Caring is the most common, authentic criterion of humanness. Caring is humankind at home, being real,

being his- or herself...Caring is the means, the medium, the mode through which the human being is a being-in-the world” (p. 2).

Taken together, the perceptions of these writers illustrated the complex meaning of caring practice. The meaning of caring practice is contextual. The meaning of caring practice provides a place to think about how meaning for humans arises from linguistic, theoretical, philosophical, and theological perspectives. From an ontological stance, according to Roach (1992), caring is “the mode through which the human being is a being-in-the world” (p. 2). As Benner emphasized from a nursing perspective, *excellent caring requires knowledge and skill*. As the philosopher MacIntyre (1984) alluded to, the purpose of caring practice in nursing as socially orientated service in relation to cooperative human activities and relationships. Towards what human ends? As nurses, Molewyk Doornbos et al. (2005) suggested that nurses’ caring practice is focused on alleviating pain and restoring wholeness: the physical, psychological, spiritual, and emotional well-being of the whole person.

Caring practice can be conceptualized as a living trinity of human service, knowledge application, and attendance to the well-being of others, which means attendance to questions of importance to nurses, the profession, and society. It means that as scholars, DNPs, through our caring practice, go beyond integrating nursing knowledge and create new understandings of nursing knowledge, as we are always interpreting and translating the context of practice in relation to knowledge application. In attending with others to the troubling events that diminish the human spirit, the focus is in making connections and identifying patterns of meaning. It is about exploring with “others” where we have been in context to where we are now. It is about

reflecting on choices made and choices to be made, and it is about asking questions about what happens here. Figure 1 illustrates the unfolding circular motion of DNP caring practice.

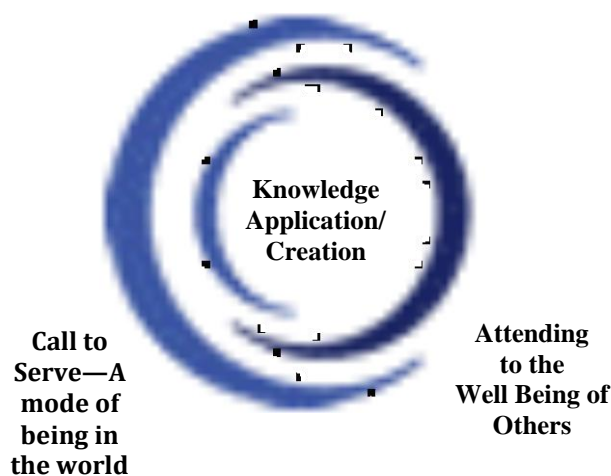


Figure 1. DNP Caring Practice

Note. Serving is at the centre of DNP caring practice, nursing is a profession focused on human relationships, caring is always at the core of nursing practice—thus the profession’s commitment to serve society, knowledge application and creation remain within the unfolding inner arches of what DNP caring practice is about and is a means to serving. But attending to the well-being of others reaches out to embrace the many ways in which DNP-prepared scholars interface and connect, and thus participate in a living, purposeful, and thoughtful manner in addressing social, civic, economic, and political societal needs.

The Community Service Dialogue

At the DNP level, caring practice extends beyond the bedside and includes advocacy and healthcare policy practice at the systems level. It extends caring practice to the level of community service, or what in academic language equates to the scholarship of engagement. Boyer (1990) warned that community service is all too often taken up as “not doing scholarship but doing good” (p. 22). However, the topics and needs being addressed by nursing faculty through their community service activities, whether inside or outside of the university setting, are urgent and pressing social, economic, and civic needs that illuminate health care system inequities and acts of dehumanizing and unjust health care practices. The complexity of the

topics that arise in community service move our participation in community beyond doing good; it also calls upon us to attend community in a critical manner that requires our full attention and expertise in analyzing and interpreting what is confronting us, with the realization that our actions or inactions in community service impact the lives of people in our community in tangible and intangible ways.

The Scholarship Dialogue

The scholarship of engagement, which includes community service and practice scholarship in nursing, is of concern to nurse scholars as they confront how best to make this type of scholarship more visible in university accounting practices. For practice and service scholarship to be visible, it needs to be meaningful, and to be meaningful, it has to somehow equate to the academic traditions of scholarship, or it has to be redefined by the nursing community. Simply stated, scholarship has to be measurable. Research is more measurable in terms of grant funding, peer-reviewed publications, and conference presentations, and all of these benchmarks are visible not only in tenure and promotion practices but also in annual report processes.

Service and practice scholarship is not typically associated with grant funding or peer-reviewed research publications, and it can be very difficult to quantify. Table 1 captures the challenges faced by academic nursing faculty in having their practice and service scholarship recognized. Many of the challenges voiced by nurse researchers reflect the culture and traditions of academia that appreciate research as knowledge and practice as something akin to practical knowledge or wisdom. It is viewed as the taken-for-granted good work of academic faculty, that is, the nice-to-do work rather than scholarship.

Various studies have discussed two major problems in relation to accounting for and making visible community service and practice: (a) the lack of adequate language, and (b) the subordination of practice over research that has devalued practice in academic nursing settings. Statistically, faculty who continue to practice are less likely to achieve tenure than faculty who do not practice and focus their energies instead on research (Becker et al., 2007; Fiandt et al., 2004; Pohl, Duderstadt, Tolve-Schoenberger, & Uphold, 2002). Similar to Boyer (1990), Duke and Moss (2009) expressed the urgency for nursing faculties to define scholarly engagement from a nursing perspective by noting that “we argue that nursing scholarship and schools of nursing cannot afford to remain islands of disengaged teaching and research in seas of ever increasing health inequalities and disparities” (p. 39). However, one question remains: In university settings, how do we reconfigure nursing scholarship in a manner that reaches beyond the rigid understandings of scholarship as research, and what does scholarship mean in terms of practice if it is not focused on research?

Table 1: Challenges of Making Community Service and Practice Scholarly

Need	What is known about service engagement and measurable nursing faculty scholarship?	Areas of concern
	Three national studies in the US of nursing faculty evaluating scholarship and academic award and merit/tenure indicate that 1/3 of university award/merit and tenure processes account for nursing practice and service work in their scholarship evaluation processes (Becker et al., 2007; Fiandt et al., 2004; Pohl, Duderstadt, Tolve-Schoenberger, & Uphold, 2002).	No language within current merit/award and tenure processes to account for nursing practice.
	Becker et al. (2007) statistically indicated of their respondent population that 72% were engaged in consultative services however “most of the consultative services offered by faculty were not reflected in their workload” (p. 50) nor were they indicated in award/merit and tenure processes.	More data are needed to define the value and scholarship of nursing practice and service work in institutions, including what it takes to balance clinical practice, teaching, and research to promote excellence in the discipline of nursing (Pohl et al., 2002).
	Fiandt et al. (2004) indicated that from 2001-2003 among nursing faculty who reported service type scholarship, three areas of service particularly were increasing: (a) serves as consultant on advanced practice and clinical issues, (b) develops and maintains community partnerships, and (c) participates in public relations/marketing.	Although service and clinical practice is increasing becoming a societal expectation for academic centers, without some sort of value measurement, staff are “reluctant to expend their energies in activities that do not contribute to active promotion and tenure” (Newland &
	Pohl et al. (2002) indicated that of 372 university nursing faculty	

Need	What is known about service engagement and measurable nursing faculty scholarship?	Areas of concern
	respondents, only 37% of those whose focus was practice/service were tenured, whereas 51% of those whose primary focus was research were tenured. “The odds of tenure occurring when practice was considered in both promotion and tenure were almost twice that of tenure occurring if practice was not considered” (Pohl et al., 2002, p. 243). Furthermore, a majority (greater than 65%) indicated that practice/service work weighted less than teaching and/or research activities.	Truglio-Londrigan, 2003, p. 274).

Note. Adapted from Spadoni (2009), unpublished manuscript.

Education Dialogue

The DNP is not the first time a clinical practice doctorate has been attempted in nursing. In the 1960s, the University of Boston introduced the doctor of nursing science (DNS) degree (Starck, Duffy, & Volger, 1993). As Meleis (1988) noted, DNS studies, in contrast to PhD studies, prepared students differently. Practice-focused doctorate programs had different priorities around how theory, philosophy and research methodologies were proposed and taken up within student studies. Thus, the career pathways of DNS students were obviously different from those of PhD students, who were being prepared for research roles. Meleis (1988) believed that the DNS should be phased out, making the PhD the terminal degree in nursing:

First, issues surrounding the goal and the status of both the PhD and the DNS programs are not likely to be satisfactorily resolved...Second, there is already a pattern of increasing numbers of PhD programs...Such a pattern is more than likely to continue to develop. As more PhD programs evolve, DNS programs will have increasingly less status and the DNS eventually will become a second-class degree. These programs may intentionally or unintentionally fade out. So we might as well circumvent this cycle and proactively recommend the PhD as the degree most needed in nursing and the one representing advanced knowledge and scholarship. (p. 441)

In 1988, Meleis, suggesting that as PhD programs continued to evolve DNS programs would lose status and become second-class degrees. In 20 years, however, the practice-focused doctorate has become more organized and defined. Educationally, the DNP is a natural progression from the APN degree in the United States. The AACN (2006a) illustrated this natural progression. Whatever was happening here on the ground of clinical practice was not easily understood in Meleis' (1988) account, nor was it visible. While still concerned with the increasing patterns of DNP programs, today's DNP dialogue is increasingly concerned with the scholastic nature of DNP studies in relation to students' abilities to ask pressing questions that are philosophically important to the profession (Meleis, 1992; Meleis & Dracup, 2005).

Healthcare System Dialogue

When the Institute of Medicine (IOM) released its final report in 2001 on human error and adverse care events, it caused a ripple effect that reached across practice settings and borders. It became obvious from the results that people were falling through the cracks in a modern health care system that is supposed to reflect the best and brightest of medical professionals, technologists, and medical sciences. The second sentence of the IOM's executive summary was succinct: "Many patients, doctors, nurses, and health care leaders are concerned that the care delivered is not, essentially, the care we should receive" (p. 1). Although this IOM study on quality and safe patient care brought up multiple concerns, in general, the study indicated that current healthcare practices, systems issues, and structures were collectively diminishing the dignity, comfort, and satisfaction of the individuals seeking care. The IOM reported that the healthcare system was falling "short in its ability to translate knowledge into practice, and to apply new technology safely and appropriately" (p. 3).

Many nurse researchers and theorists have pointed to the IOM (2001) report as having a bearing on American nursing professional bodies that support the development and implementation of the DNP (AACN, 2006a). The IOM report indicated, “A highly fragmented delivery system that largely lacks even rudimentary clinical information capabilities results in poorly designed care processes characterized by unnecessary duplication of services and long waiting times and delays” (p. 3). These findings were magnified by the increase in the number of people suffering from chronic illness who needed complex disease management.

Professional nursing associations saw the opportunity that nurses had in filling the gaps identified by the IOM, stressing that nurses were situated uniquely within the health care system to interpret poorly designed care processes and that APNs, through doctoral preparation, could focus specifically on practice because they were well situated among patients, families, the care environment, physicians, and policy makers to lead change on the ground of health care (AACN, 2006a; Villeneuve & MacDonald, 2006). Particularly at the doctoral level, APNs can focus on areas of study that include philosophy, research methodologies, and intervention design, political advocacy, and leadership (AACN, 2006b).

Discussion

There is and will continue to be dissension among nursing scholars about the necessity of another doctoral degree in nursing and whether a practice-focused degree can prepare APNs to be scholarly thinkers. The vagueness of what is meant by practice needs to be determined, but the development of the DNP in the chaotic health care environment is a gift to the profession of nursing because it creates an opening to discuss the scholarly nature of what is at the heart of the profession, namely, caring practice. Particularly in the global economic crisis, where health care expenditures are being cut and nurses often are part of the downsizing, it is

imperative that we are clear as a health profession discipline that what makes nursing different from all other health providers is the profession's service to society through an excellence in "knowing how" (e.g., practice) and "knowing that" (e.g., theory) about human caring practices (Benner 1984).

There is no question that the DNP has evolved in a centrifuge of change. The increasing needs of patients, the complexity of the healthcare setting, and the silent and often discursive power of technology in everyday life have come to represent what is happening on the ground of human life. The complex representation of everyday life just might be silencing the good knowledge of people who live in the everyday. This resonating silence has propelled and helped to shape the emergence of the DNP in nursing. The context of modern society in which the DNP has emerged speaks to the evolving caring practice of the DNP and situates DNPs as activists, teachers, and reformers. What has not been addressed in the current DNP discourse, but what needs to be brought into the open, is the necessity of caring practice for a practice profession such as nursing. It is clear, even in academic scholarship discourse, that the scholastic nature of community service has not been fully appreciated. Furthermore, even in academic circles, it has come to light that the enterprise of knowledge making is inadequate if it does not meet human ends (Boyer, 1990, 1996; IOM, 2001; Rankin, 2009).

In nursing, the DNP opens a space in which analytical and interpretative approaches to knowledge making can be put to use in everyday life to meet human ends, to impact in tangible and intangible ways human suffering in its most fleshy expression. However, to grasp the full impact of DNP caring practice, we need to revisit the origins of caring practice to understand why caring practice is at the heart of nursing. History is not static; rather, history tells us about who we are and where we have come from, it tells us something about where we are now and

where we are going, and it speaks to the importance of traditions. Nurse scholars have focused on the DNP discourse from an academic lens, but the impetus of the degree is coming from the world of practice, and we have failed to explore the meaning of DNP caring practice from the ancestral traditions and historical roots of nursing as women's caring practices.

Superficially, the question might be, "*What is the scholarly nature of DNP practice?*" but to gain an appreciation of caring practice at the doctoral level is to embrace a deeper understanding that encompasses the interwoven nature of knowledge, community, and nursing's universal values and beliefs. The question of our times is, "*What are the essentials of DNP charism?*" This SCP opens up an alternative dialogue in the DNP discourse situated on the other side of the academic discourse, namely, in the sacred ground of women's ways of knowing and being and nursing history of women's ways of caring. It is a hermeneutic narrative of the origins of caring practice. I am not arguing for a prescriptive change, nor am I creating an intervention, but I am exploring possible different meanings of DNP "practice" and illustrating a potential theoretical foundation for DNP charism. It is but one interpretation that I am hoping will invite other DNPs and DNP educators to consider what the meaning of a practice-focused doctoral degree is in context to the scholarly contributions of DNPs. Moreover, I am hoping that this discussion will awaken other DNP-prepared nurses to consider the theoretical foundations of their practice and how theory informs their program of scholarship. In hermeneutic tradition, social change begins in opening up a space for dialogue by offering an opposing dialectic position to the social and hermeneutic discourses of the day. Social change begins therefore in thoughtful dialogue.

Tables 2, 3, and 4 illustrate the connection between the context of contemporary healthcare (e.g., the findings of the IOM, 2001, *Crossing the Quality Chasm Report*) and the

content of DNP education (e.g., the AACN, 2006b, *The Essentials of Doctoral Education in Advanced Nursing Practice*). Table 2 focuses on human dignity and the DNP essentials, Table 3 focuses on knowledge (reason) and the DNP essentials, and Table 4 focuses on community and the DNP essentials.

Table 2 : Human Dignity and DNP Essentials

IOM Recommendation—Human Dignity	DNP Essentials—Human Dignity
<p>Sustain the Dignity and Worth of Those We Serve:</p> <p>Care is based on continuous healing relationships.</p> <p>Customization based on patient needs and values.</p> <p>Patient is the source of control.</p> <p>Safety as a system property.</p> <p>Transparency.</p> <p>Anticipation of needs.</p>	<p>Essential I: Scientific Underpinnings of Practice</p> <ul style="list-style-type: none"> ○ DNPs interpret, integrate and translate within their practice—principles and laws that govern the life-process, well-being, and optimal function of human beings, sick and well. Wholeness of health and human beings includes the context of the lived environment. ○ DNP’s integrate nurse science Knowledge (ethics, biophysical, psychosocial, analytical and organizational), use science-based theories and concepts to address real-time human needs. They develop and evaluate new practice approaches, based on nursing theory and other disciplines theories. <p>Essential II: Organizational and System Leadership for Quality Improvement and Systems Thinking</p> <ul style="list-style-type: none"> ○ DNPs are skilled in working within organizational and policy arenas; as APNs, the DNP’s focus is system surveillance, improving health outcomes, safe guarding patient safety. ○ DNP utilize advanced communication skills; employ principles of business, finance, economics and health policy where applicable, including developing and monitoring budgets and analyzing cost-effectiveness of practice. <p>Essential V: Health Care Policy for Advocacy in Health Care</p> <ul style="list-style-type: none"> ○ DNPs are prepared to assume a leadership role on behalf of the public as well as the profession--critically analyze health policy proposals, health policies, demonstrate leadership in policy writing, influence policy makers, educate others. ○ DNPs advocate for social justice, equity, and ethical policies within all healthcare arenas. <p>Essential VIII: Advanced Nursing Practice</p> <ul style="list-style-type: none"> ○ DNPs demonstrate advanced levels of clinical judgment, systems thinking and accountability in designing, delivering and evaluating evidence-informed care. ○ DNPs design, implement and evaluate therapeutic interventions based on nursing science and other sciences—through sustained therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes .Use conceptual and analytical skills in evaluating the links amongst practice, organizational, population, fiscal and policy issues. DNPs guide, mentor, and support other nurses and educate and guide individuals and groups through complex health and situational transitions.

Table 3: Knowledge (Reason) and DNP Essentials

IOM Recommendation—Knowledge	DNP Essentials—Knowledge
<p>Shared Knowledge and Free Flow of Information</p> <p>Expertise in information technologies.</p> <p>Evidence-Informed decision making.</p> <p>Continuous decrease in resource waste.</p> <p>Expertise in care coordination; knowledge management practices.</p>	<p>Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice & Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care</p> <ul style="list-style-type: none"> ○ DNP’s are positioned to interpret, integrate and translate nursing knowledge into practice. The scholarship of application expands the realm of knowledge beyond mere discovery and directs it toward humane ends—designing, implementing, and evaluating clinical pathways, health policy. ○ DNPs function as practice specialists/consultants who disseminate findings from evidence-based practice. <p>Essential VII: Clinical Prevention and Population Health for Improving the Nation’s Health</p> <ul style="list-style-type: none"> ○ DNPs analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health. ○ DNPs synthesize concepts, including psychosocial dimensions and cultural diversity related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status, access patterns, and/or address gaps in care of individuals, aggregates, or populations. ○ DNPs evaluate care delivery models and/or strategies using concepts related to community, environmental and occupational health, and cultural and socioeconomic dimensions of health.

Table 4: Community and DNP Essentials

IOM Recommendation—Community	DNP Essentials—Community
<p>Commit to Working as a Community:</p> <p>Support collaborative, multidisciplinary processes of care provision.</p>	<p>Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes</p> <ul style="list-style-type: none"> ○ DNPs are prepared in methods of effective team leadership and are prepared to play a central role in establishing interprofessional teams, participating in the work of a team and assuming leadership of the team when appropriate. ○ DNPs employ consultative and leadership skills to analyze complex practice and organizational issues with interprofessional and intraprofessional teams to create change in health care and complex health care delivery systems.

Chapter Plans

Methods and Analysis Chapters

The methods chapter underwrites the philosophical underpinnings of Gadamerian hermeneutic inquiry. The data for exploration for this SCP came from the textual legacy of a woman scholar (i.e., autobiographical and philosophical manuscripts) that creates a sequence

of case exemplars. A secondary source of data is examined: small reflective case exemplars of a DNP student (myself) are created in response to what is discovered within the case exemplars of a woman scholar. The analysis chapters create a palate of case exemplars as garnered from the textual autobiographical and philosophical manuscripts of Edith Stein (e.g., woman scholar)—nurse, teacher, philosopher, and theologian. The case exemplars based on a woman scholar’s textual legacies are balanced by reflective case exemplars’ of a DNP student. A conversational contrast is therefore created between case exemplars with the aim of demonstrating the organic development of a practice-focused scholar. After the analysis chapters, there is a theory chapter based on the findings of the analysis chapter, which creates a proposed theoretical model for DNP charism.

Concluding Chapter

The final chapter, the conclusion, addresses how the charism of DNPs might be further investigated. In this chapter I address the questions of “what now and next”: *What needs to be done next in order for the topic of charism to be reconsidered by nursing faculty, nurses, policy writers, and healthcare planners as a means of civic engagement and social justice for nurses regardless of setting or sector?*

Chapter Two

Gadamerian Hermeneutics

Whoever ventures to write an autobiography does well to have arrived at deep inner maturity. For, beneath apparently placid reminiscences, an inexpressible amount of searching, turbulent life may lie concealed. Spirit and emotion require exposure to light and to peace before the hand ventures to take up the pen to describe what it was that made life worthwhile for oneself or for others.

(P. Fr. Romaeus a S. Ter., OCD, 1963,
as cited in Stein, trans. by Koeppel, 1986, p. viii)

Gadamerian Hermeneutics as a Means to Puzzling with DNP Charism

If we are truly interested in the conditions of human understanding and willing to put ourselves at risk in the momentum of a living tradition of human interpretation, then we are best to remember that hermeneutic interpretation restores the “difficulty.” Hermeneutics is about those things that disrupt (Caputo, 1987). It returns us to the “ordinary” and makes it stand out (Moules, 2002). In this systems change project (SCP), I have returned to the roots of women’s caring practice to understand differently the meaning of a “practiced-focused” DNP degree. I have returned to what seems to be everyday nursing, the notion of “caring practice.”

The traditions of hermeneutics compel us as interpreters to “pay attention” to the nuances of daily life: it is about what happens there and it is about what happens when we understand (Jardine as cited in Jardine, Friesen, & Clifford, 2006). Hermeneutics is about revealing what is concealed within the “ordinary”—women’s caring practice. It has something more to say about the familiarity of women’s caring practice in the family and about the difficulty that lies concealed within the everydayness of “being in the family”; these aspects may enlighten DNP caring practice. Hermeneutics is a means of laying open the possibility that

recalling the roots of women's caring practice may enliven what it means to be a DNP through remembering, recalling and reflecting upon the roots of women's caring practice.

Moules (2002) insists that hermeneutic writing has the characteristic of “exaggerating in strengthening what wants to be heard” by taming the familiar (p. 15). This is the legacy of hermeneutics that is handed over to us and these are the tasks that are bequeathed to us. Thus, to give over to hermeneutics is to give over to “textual conversation” and as an interpreter, to be open to what lies beneath the long-ago dried ink on the page. “Like fossils, set in limestone, words impress themselves on paper, syllables shrinking history into a legible construct” (Huggan, 2004, p. 25).

In the Nuances of Life—*Life in a Jewish Family* (trans. 1986)

The narrative sources of a woman scholar that create the “textual data” for this SCP come from a most unusual source; they come from the textual legacy of a Jewish woman named Edith Stein. Stein's writings are a compilation of personal autobiographical writings, letters, scholastic manuscripts, and advocacy papers. Her life's work is sustained in a rich liturgy that creates a thick textual conversation that in its whole complexity provides a means to explore the roots of caring traditions through the organic development of one woman's life. Edith Stein's autobiography is a recollection of memories that began with: “being in a family” (i.e., as a daughter, sister, and later as a friend, neighbor—community as family, as a student and as a philosopher in an academic family, and in a theological family). Although there are now several different collections that have been released as books of Edith Stein's philosophical manuscripts and advocacy papers, the plainest of these is *Life in a Jewish Family* (trans. 1986), her autobiography that she began writing in 1933 and continued off and on until late 1939. It is considered an “unfinished autobiographical account” and it is thought that she

stopped writing her autobiographical account of *Life in a Jewish Family* because she had more pressing scholastic writing to complete in her translation of *The Science of the Cross*.

Edith Stein leaves a rich legacy of writings. It is rare to find a scholar whose textual writings range from autobiographical, to correspondence (letters) to philosophical and theological manuscripts. Table 5 summarizes the entire collection of manuscripts that became the narrative texts for this SCP.

Table 5: Chronology of Edith Stein's Manuscripts

Text Title	Year	Type of Text
Woman	1916-1933	Collection of Essays on Women- focused on the education of Women
Self Portrait in Letters	1916-1942	Collection of Letters over her life time
On the Problem of Empathy	1917	Dissertation (translated by her great-niece Waltraut Stein
Knowledge and Faith	1929-1941	Compilation of papers written between 1929-1941: What is Philosophy? Knowledge, Truth, Being; Actual and Ideal Being, Species, Type and Likeness; Fragment of a draft of the forward to Finite and Eternal Being; Ways to Know God
The Hidden Life: Essays on Meditations, Spiritual Texts	1930-1942	Theological and Philosophical Papers
Potency and Act	1931	Philosophical manuscript- focused on relating the phenomenology of her teacher Edmund Husserl with the scholasticism of St. Thomas Aquinas
Life in a Jewish Family	1933-1939	Autobiography
Finite and Eternal Being	1937	Philosophical discussion of finite and eternal being
The Science of the Cross	1939-1942	Translation of the great Spanish mystic John of the Cross

As a reader, I found at times that what Stein (trans. 1989) struggled in expressing about a topic (e.g., empathy) in her philosophical writings, she eloquently expresses in different words in her autobiographical texts. In *Life in a Jewish Family* (trans. 1986), Stein is able to enliven the topic of empathy through the personal and the contextual fabric of family life. She found words about what concerned her (e.g., empathy) in her writing as a philosopher and in her writings as a woman and daughter. Stein found clear and simple words to express her ideas

about empathy in her autobiographical writings.

Limitations In Interpretation

The experience of reading and interpreting the legacy of textual material of a scholar's life has reminded me of the limitations that we as scholars have within our work as interpreters. It has reminded me that I may not find the words that I need as a scholar in my research to fully express the "inner word" of human suffering, courage, and joy, and because of this I must be humble. For me it is a reminder that I must sustain humility in all that I do and realize my limitations as an interpreter. As a teacher, practitioner, and researcher, I believe that the realization of my own limitations is freeing and powerful. Humility is freeing; it opens us up as scholars to a beautiful potential that those I practice with (e.g., students, teachers, patients, and colleagues) have knowledge beyond what I will ever be able to appreciate as a researcher, consultant, teacher, and practitioner. Those who are living in moments of suffering have "inner words" that are beyond anything I can possibly express as a scholar. It is my moral obligation to be present and to listen to others with all my faculties. I have to consistently be present and be able to listen to what is happening there. But it is with humbleness that I need to recognize my own pre-understandings of the topic at hand that is being discussed and expressed in moments of interpretation and translation. It takes humility to realize that I can misunderstand what is being communicated to me because one's pre-understandings can fog the ability to listen to something that is different.

As a scholar, I believe one means of being cognizant to misunderstandings is to commit to a particular knowledge practice (e.g., Gadamerian hermeneutics) and then be willing to spend a life-time of studying and applying this practice to all aspects of my caring practice and scholarship activities. For me, Gadmerian hermeneutics is the tradition in which I not only

situate my research, but my teaching and caring practice with patients, families, students, and colleagues. I am interested in understanding the conditions of human understanding that create meaning and purpose in people's lives.

In this work, the words I have chosen and the case exemplars I have shaped are limited by my own pre-understandings of DNP charism and my own limited expression of language. Yet the beauty is that nurses such as I, who are drawn to Edith's Stein's textual legacy, will find there is something that will draw them to the text and they will find entirely different expressions of what they hear in the text than I have.

In Pursuing an Understanding of DNP Charism—Choices Made

At first glance, it seems oddly placed to turn to Edith Stein's writings in a project that seeks to explore the "traditions" that shape "charism" in nursing. There are those who will challenge that Stein's writings should remain a dialogue of the Holocaust, of the "crimes, one of the most heinous was the intent to obliterate the individual identity of the victims" (Stein, trans. 1986, p. 451). However, Edith Stein herself was persistent that her autobiographical accounts were not meant to develop the idea "of Judaism and to defend it against false interpretation, to present the content of the Jewish religion, to write the history of the Jewish people—for all this, experts are at hand" (p. 24). Rather she simply wanted to write:

a straightforward account of my own experience of Jewish life as one testimony to be placed alongside others, already available in print or soon to be published. It is intended as information for anyone wishing to pursue an unprejudiced study from original sources. (Stein, trans. 1986, p. 24).

This is truly the gift Edith Stein leaves us; it is through her intellect and love for the world as a philosopher and theologian, nurse and teacher, daughter, sister, and ever-steady friend, that she

is able to shine a light on the everydayness of life. It was through her bountiful ability to love the world around her “cultivate an awareness of varied worldviews; she marked the interpretations of human questions and values given by her teachers or expressed by her associates in study or in teaching (Stein, trans. 1986, p. 452). She had a boundless love for interpreting human questions and values. She was a student of Husserl, the “father” of phenomenology.

There will be some who are concerned about the religious overtones of Stein’s writings, for indeed she remains a synthesis of opposites a Jewish woman and a Catholic nun, a nurse and teacher, a philosopher and a theologian. In his written introduction to Stein’s (trans, 1986) *Life in a Jewish Family*, John Sullivan has a response that might be insightful to this work. Sullivan writes of the nun known as Sister Teresa Benedicta of the Cross:

the highly talented person who was Edith Stein has provided us all with the shining example of balance in the search for contemplation and for truth; satisfaction, because her writings address many important concerns of our times. She taught philosophy and wrote about woman’s professional status in society; she was a committed layperson and commented on the important place of liturgy in Christian spirituality; she dedicated herself to God by profession of religious vows, then composed a scholarly exposition of John of the Cross’s mystical teachings. (p. vii)

I chose this piece of writing by John Sullivan because it illustrates with little confusion the tension and yet harmony that is Edith Stein, the nun, nurse, teacher, philosopher, theologian, and “Saint.” *What are we to do with the spirit of a saint in feminist, justice, and philosophical writing?* As a reader and an interpreter, I found myself caught up within the everyday customs and events of family life, from shared meal times to family disruptions and children finding

their way. I found myself caught up in the classroom and curriculum concerns of a teacher and in a feminist's dialogue that was concerned with the rights of women in the context of academic education. The words caught up on the pages of *Life in a Jewish Family* are about life, disruption, conflict, and the many little things that make up a person's day. There is within the text the resonance of faith, of believing in something beyond one's self that sustains family even in the moments of sadness, anger, and fear.

Etymologically, in the 1500s, the word "saint" meant a person who extruded holiness (Harper, 2010). But what we are interested in as hermeneutic interpreters is not the writer, but the matter at hand within the text, the matter that brought us to the text, in this case—caring as an aspect of women's caring practice in the family. As hermeneutic students, we must puzzle with what is concealed within the text. As a teacher, I believe that Stein would have loved that her students questioned and searched and struggled for understanding. I do believe that she as teacher, would encourage her students to search for new understandings of events and topics exploring the world through reading, writing, reflection, prayer, and dialogue; and this search begins within one's inner being and reaches out to the world through one's intellectual, moral, and aesthetic being. As hermeneutic students, we recognize that hermeneutics is a living tradition of interpretation. Moreover, it is human nature to long to understand, to interpret, and translate our inner being in relation to the world in which we live. Thus, our interpretative nature is an intimate aspect of being human that seeks meaning and self-formation. I would offer that to better understand, perhaps, is to live more humbly and fully.

Stein's writings (trans. 1986, 1993, 1996, 2000, 2002a, 2002b, 2009) are beautiful, complex, and yet plain textual compilations in which important "matters" of the human family and heart echo and teachings continue to avail to those of us who turn the pages of her writing

and are drawn into a deep conversation with the text of “being in a family.” It would seem that in their simplicity, the things that tug at our heart, that are cherished and preserved through time, that are given to the world in the most humble ways, have a way of opening our hearts and minds if we can face the ambiguity and foreignness that they present. In undergoing, we may become something because of undergoing (Caputo, 1987); if we are open to it, the possibility for change exists.

We have been at loose ends as a family (of DNP practitioners) in nursing. As a DNP family who is part of a diverse community of nurses, we have been unable to speak to the vitality of the DNP degree—the need for it, the essence of it has yet to take life in the world. I would offer that in order for the DNP degree to have meaning, DNP practitioners have to reach beyond the “essentials” that mandate our education. We have to speak with confidence and clarity about the meaning of DNP caring practice in relation to how we participate in practice, organizational, economic, and professional nursing issues. Given that we have language that defines DNP education, we have not, as a family of DNP practitioners within the larger community of doctoral prepared nurses, been able to speak to our “identity” or to our “vision.” We are just beginning to sort out how we understand the conditions of our practice and thus it is difficult to articulate our “being in the family of doctoral nurses.” This project is one timid step forward in attempting to uncover what is concealed beneath the roots of family. Something more is being revealed about the traditions of caring practice, about charism itself that speaks to our “identity” as DNPs.

The Challenge of “Soundness”

There are those who will challenge the soundness of this project from a research perspective. There are no interviews to be analyzed; the source of the textual conversation for

this SCP is from texts written in the early 1900s by one author, Edith Stein. Her autobiographical text captures the voices of family, friends, neighbors, patients, and professors. Questions arise as to whether one as a reader and thus interpreter, can interpret a text from another time period other than their own. Part of the answer to this query lies in the notion that as human beings we are already and always interpreting the world we live in (Gadamer, 1989; Grondin, 2003), including our historicalness as humans. To some extent, we know ourselves partly through the artifacts of human existence: works of art (painting, poetry, music), personal objects (watches, toys, swatches of fabric), photographs, architecture, books including legal and theological texts and personal letters and perhaps even emails. Nancy Moules (2002), nurse and hermeneutic scholar, illuminated the nature of history and traditions that are essential elements of the conditions of human understanding. Her articulation is important to the context of this work:

The echoes of history are inadvertently and deliberately inviting us into both past and new ways of being in the present. We live in a world that recedes into the past and extends into the future, rather than pitting ourselves against history, and therefore we need to remember, recollect, and recall it. (pp. 1-2)

The premise of this SCP has been about exploring “traditions,” traditions that sustain “caring practice.” This project is about renewal: exploring the roots of caring practice as known in the lives of women over time.

There are two case exemplars that will be shaped within the analysis of this work. One is based on Edith Stein’s textual legacy, the other based on the experience of a DNP student’s organic development (myself). The two case exemplars throughout the analysis create a contrast between the narrative of the scholar’s texts and the situated “now” of being a DNP

student. The one case exemplar is based on the life work of a woman scholar, who had been a nurse, teacher, philosopher and theologian. Edith Stein's writings capture the traditions of caring practice and illuminate how it is that "we are connected with a continuous thread to our past, with traditions and with our ancestors" (Moules, 2002, p. 1).

Although I could have undertaken a historical study in building this SCP, the focus of the project was not to understand a specific time period or historical event. Rather, it was the topic of caring practice in relation to how traditions are taken up and handed over within a family that caught my attention. I am particularly interesting in unearthing the essence of family as a place where the roots of nurses' caring practice are buried. Nurse historians across continents, time, and space tether the roots of nursing to the work of women's caring practice in the family. The essence of family keeps surfacing, but little attention is paid to this idea, other than to say that nursing is often a profession caught up in the imagery of women's nurturing and maternal nature.

But what lies beneath the essence of family? What possibilities lay beneath the surface that can tell us something about the traditions that support "DNP charism"? Is it possible that through interpretation of the "essence of family" that there is something more to be said about how traditions are forgotten or cherished and cleaved to by human beings? Traditions are taken for granted; they become "everyday" or even just assumed as things that will never change. Yet the roots of tradition run so deep we forget they need tending. Perhaps remembering the essence of family is a means of "renewal." Perhaps "renewal" is something that in nursing we have taken for granted in regard to our "traditions" of caring practice. As a changing family (of nurses), perhaps we have not been tending our own family and the traditions that "hold together"? Thus, an interpretive approach, "philosophical hermeneutics,"

has been undertaken in this SCP, not as research but as “method,” a living tradition of theory and practice (praxis).

The Historical Story of Hermeneutics

What is hermeneutics? Hermeneutics is simply a living tradition of interpretation, “interpretation with a rich legacy of theory, philosophy, and practice” (Moules, 2002, p. 2).

Moules (2002) is persistent and with good reason, that if we are to avoid defining hermeneutics, which goes against the tradition of interpretation, we have to resist going down the slippery slope of essentialist thinking and betraying the tradition of hermeneutics.

Alternatively, Moules suggested that to understand hermeneutics one has to begin somewhere besides in language to think about what is hermeneutics. This means beginning from a different stance: a historical accounting of hermeneutics.

What is the origin of the word hermeneutics? Where did the notion of translator come from and is translation about carrying across unfamiliar sounds into familiar languages, so that people can understand the message concealed within the words? The roots of the word *hermeneutic* used today can be traced back to the Greek verb *hermeneuein* meaning to “interpret” and the noun *hermeneia* “interpretation.” The words *hermeneuein* and *hermeneia* are used differently depending on the writer (i.e., Aristotle and Plato); both words are associated with the god Hermes--the wing-footed messenger-god, a trickster, whose role it was to translate what is “beyond human understanding into a form that human intelligence can grasp” (Palmer, 1969, p. 13). Palmer emphasized that a few generations later the famed philosopher Martin Heidegger connects philosophy-as-hermeneutics with the aid of Hermes, noting:

Hermes brings the message of destiny; *hermeneuein* is that laying-open of something which brings a message, insofar as what is being exposed can become message. Such ‘laying-open’ becomes a ‘laying-out’ explaining of that which was already said through the poets, who themselves according to Socrates in Plato’s dialogue the *Ion* (534_e) are ‘messengers [*Botschafter*] of the gods, ‘*hermenes eisin ton theon*. (Heidegger, as cited in Palmer, 1969, p. 13)

Palmer concluded that the word hermeneutics in its earliest ancestral understanding is about the process of “bringing to understanding” through language, since language as Gadamer (1989) explains, constitutes the human life world (thus, the word world does not refer to environment in this instance, but the world of language); language brings forth thoughts from our internal world into the external world. The ancients’ understanding of *hermeneuein* and *hermenia*, suggests that there are three senses of hermeneutics (Grondin, 1994) and thus three directions of *Hermeneuein* (Palmer, 1969). The following three tables articulate the fusion of “senses” and “directions” of hermeneutics.

Table 6 : What is Meant by Expression, Particularly Utterance and Speaking?

Making sense of <i>Hermeneuein</i> (Palmer, 1969)	Dimensions of <i>Hermeneuein</i> (Palmer, 1969)	The Teachings of the Ancestors
<i>To express aloud in words “to say”</i>	Hermes—was the “go-between” between God and man (Palmer)	<i>Hermes</i> -“announcing” function
<i>Announcing</i> (Palmer, 1969)	Utterance (<i>hermeneia</i>) is a translation of the soul’s (inner) thoughts into externalized language (Grondin, 1994) Speaking is thus the translation of thought into words (Grondin, 1994)	

Table 7: What is Meant by Explanation and Interpretation?

Making sense of <i>Hermeneuein</i> (Palmer, 1969)	The Meaning of Explanation	The Teachings of the Ancestors
<p><i>To explain</i></p> <p><i>Enunciation: 'seeking to express the truth' (Palmer, 1969)</i></p>	<p>Explaining a situation or event Words are explanatory and/or interpretive in their function, thus rationalize 'something' (Palmer)</p> <p>Oracle at Delphi did not explain a pre-existing situation, Palmer emphasizes they were interpretations of a situation. Thus:</p> <ul style="list-style-type: none"> • The messages required interpretation • They brought something to expression • An explanation of something • Something unexplained • A verbal formation of 'meaning' of a situation <p>"They said something about the situation, about reality, in words" (Palmer, p. 20).</p> <p>"In "expression" spirit, as it were makes what is contained within knowable, where as "interpretation" tries to penetrate an uttered expression to see the spirit contained within it" (Grondin, 1994, p. 21).</p> <p>Interpretation is making sense, it looks into the tacit, the inner sense behind and within; speaking expresses the inner (Grondin)</p>	<p><i>Aristotle's</i> treatise <i>Peri Hermeneuis</i>, translated by St. Thomas gives rise to further understandings of 'interpretation and explanation' (Palmer).</p> <p>Aristotle understood interpretation as <i>enunciation</i></p> <p><i>Hermeneia</i> from an Aristotle's view is an operation of the mind, an operation of making statements that have to do with truth saying, or falsity of something (Palmer).</p> <p>Thus, interpretation is an operation of intellect, Palmer notes of true judgment about a thing.</p> <p>Enunciation is not logic, as Aristotle thought about logic as comparing enunciation (statements) against one another, rather enunciation is about the formation of statements (questions, statements) verses the process of reasoning of things from known to unknown (Palmer)</p> <p>Aristotle's understanding of the operations of intellect (Palmer, p. 21) are:</p> <ul style="list-style-type: none"> • Understanding of simple objects • Operations of composing and dividing • Operation of reasoning

Table 8: What is Meant by Translation, by Acting as an Interpreter?

Making sense of <i>Hermeneuein</i> (Palmer, 1969)	What is meant by Translation	The Teachings of the Ancestors
<i>To translate</i>	Translating a foreign language	Translation of the bible is an example of to “bring to understanding” (Palmer).
<i>Bringing to understanding</i> (Palmer, 1969)	Bringing to understanding what is foreign, unfamiliar or strange, unintelligible into the medium of one’s own language (Palmer)	The bible, a text, whose authors lived long before our time. The task of these earlier writers were to translate the “word” of God to man.
“Understanding of strange, unintelligible, unfamiliar things into the medium of one’s own language (Palmer, 1969, p.27)	Words shape our view of the world, we exist through the this cultural repository of words (Palmer)	Palmer (1969) suggested that the bible is a source of strange and unfamiliar things. Palmer explained “ <i>things</i> that are brought forward through distance, time, space and language, that we must interrogate and which interrogates us is brought to understanding” (Palmer, 1969, p.27).
<i>Dialogue and Text</i>		<p data-bbox="987 961 1351 1056">Palmer emphasizes that the horizon of our world meets with that of the text.</p> <p data-bbox="987 1087 1351 1119"><i>Dialogue and Text</i></p> <p data-bbox="987 1150 1351 1423">“The phenomenon of translation is the very heart of hermeneutics: in it one confronts the basic hermeneutical situation of having to piece together the meaning of text, working with grammatical, historical, and other tools to decipher an ancient text” (Palmer, p. 31).</p> <p data-bbox="987 1455 1351 1566"><i>Hermes:</i> There is always two worlds, the text and the reader, thus Hermes translates one to the other.</p>

**Meta-odos—“The Way in which We Pursue a Matter”
(Caputo, 1987, p. 213)**

Gadamer (1989) suggested that both theological and legal texts are interpreted in relation to the “matter at hand”; the interpreter has sought out a specific legal text with purpose which illuminates this “matter” and through interpretation applies what is understood to the problem at hand. Gadamer emphasized that understanding happens when a text is understood in a manner that the occasion requires. The task then of historical hermeneutics is to think about the tension between the “matter” of the text in light of the situation in which it must be understood (Gadamer, 1989). Like artwork, what is at hand in textual conversations is the conflict between “*revelment and concealment*” (p. 226). Thus revealing what is foreign is not merely about reconstructing historically the “world” but it is apprehending what is being said (concealed), and being able to understand it within the present context. Interpretation is purposeful and meaningful. It is an encounter with “self” that calls for our recognizing pre-understandings as Gadamer later stated, as we view them in light of somebody else’s views. Thus, in reading Edith Stein’s *Life in a Jewish Family* (trans. 1986), I looked not to reconstruct a historical event in its original meaning and function as its author told it, but rather I looked to gain a deeper meaning of the “matter” (the roots of caring practice, the traditions of women’s caring practice) that drew my attention as a nurse scholar as it unfolds in the life works of a woman scholar.

“Waiting to be Opened and Read”

Edith Stein’s *Life in a Jewish Family* (trans. 1986) sat on my desk for several months in the summer of 2009, waiting to be opened and read. The cover of the book is striking in its brilliant blue and white simplicity: below Edith Stein’s name and text title is printed the years 1891-1916 and below that in blue the symbols, the Star of David and the Carmelite insignia

appear against a stark white ribbon. It was not until the late summer of 2009 that I actually picked up the book and began to read it for the first time. Since then I have read this work over from front to back multiple times and with each reading have found new questions arise between the text and me. However, the first time I opened the book *Life in a Jewish Family* (trans. 1986), I will always remember and I wrote in my log-book several reflections that came to me in that first meeting.

Notes Left in the Side Columns to Remind Oneself of the “First Encounter”

“Edith’s writing here is plain, it is simple and clear.”

“I think she understood that often the thick language of philosophy can be hard for people to understand. But I think she has taken some of those very ideas about “being in the world” and “truth” and found a place that is familiar to all of us “one way or another” to understand them—in family.”

“I have forgotten how beautiful and yet fragile the human family is, how “difficult” it can be.”

“I have forgotten how families are really a place where we first encounter ourselves, where we figure out who we are and what ties us to the people we call ours.”

“We talk in nursing of ethics and have come up with complex ethical frameworks, but here in this simple text is the ‘essence of family life’; it is the foundation of moral life, of ethics, of social justice.”

“Edith writes frequently in many of her texts, that what she did not plan for her life, God filled in... I need to think about this.”

“A Kind of Anticipation of Meaning”

Gadamer (1976) said of “human understanding” that we “cannot understand without wanting to understand, that is, without wanting to let something be said...A kind of anticipation of meaning guides the effort to understand from the very beginning” (p.101). In my first reading of *Life in a Jewish Family* (Stein, trans. 1986), I was uncertain as to what to expect. I had read only Edith Stein’s philosophical manuscripts at that point and was apprehensive as to what her autobiography would offer in relation to this SCP. Few people even realize that Edith Stein was a Red Cross nurse in World War I, and I myself certainly had not known that until I had started to search for a women scholar who had been nurse and professor, and whose scholastic writing included both scholastic manuscripts and personal life narratives. It was in conversation with my advisor, exploring the various nurse scholars who have given over a rich textual history of nursing and of their experiences of being nurses, that my advisor first mentioned Edith Stein. I did not immediately consider Stein as a possibility. In part, this was because I had never read any of her autobiographical work and the work I had read was her philosophy dissertation on *Empathy*. It is a thick read and subsequently the language was “foreign” to me; it was difficult to “let something be said” as there was a constant commitment to “translate” something foreign into something familiar. Gadamer (1976) is persistent that we cannot understand unless we want to understand, otherwise we need to “let something be said” (p. 101).

“Apprehending What is Said to Us”

When I first picked up the book, *Life in a Jewish Family* (Stein, trans. 1986), I was apprehensive about what Stein’s accounts of nursing life would say and subsequently my first instinct was to find the nursing part of the text and read it (in typical nurse style). However,

that was not what happened. I had read the *Preface; Editor's Forward*, and Stein's *Forward* with the intent of gaining a synoptic of the author's intent. As I read these first few pages I was drawn into what the text was saying; I was no longer caught up in the author's intent, but in the text itself. What I discovered in the *Preface* and *Forwards* was that something important about family and traditions was being said that would help me understand the roots of charism as caring practice for nurses differently. The outcome was that I read the text chronologically as if it were a conversation that was organically developing between the text and me. In doing so, I was able to let the text speak, to let go of my own concerns and have the conversation unfold instead of impatiently jumping to what I thought I needed to have "clarity on" and perhaps "reassurance" that Stein's account of "nursing" would be useful in this work. In the end, reading the text in its entirety has given way to a much deeper resonance of what the text is saying. It created a unitary meaning of the text, rather than a fragmented and perhaps forced, lifeless reading of a segment of the text. Allowing for the text to be read in its "wholeness" allows for more of a textual conversation to happen in a manner that illuminates the natural cadence of conversations that moves in "to and fro" manner between reader and text.

"Residing in the Interplay between Reader and Text"

"For, beneath apparently placid reminiscences, an inexpressible amount of searching, turbulent life may lie concealed" (Romaesus, cited in Stein, 1986, trans., p. 1).

Romaesus reflected that Stein writes in a manner that illuminates the "endeavors, the tragedy and the happiness of Jewish family life" (p. 3). Moreover, Romaesus stressed that Stein, throughout her life, "bears the features of the family from which she comes" (p. 3). Stein's writing is plain and the readers easily encounters the "self" in the writing in a manner that opens them to question their own horizons of understanding the nature of "being in a family" and of the traditions that bind being in a family. *What lies concealed within our turbulent*

lives? What endeavors, tragedies and joys does our being in family create? How do we bear the features of our family from which we come? How does our “being in a family” shape our lives in ways both known to us and not known? How has our “being in a family” shaped our nursing lives, our beliefs, values, and assumptions?

Gadamer (1989) pointedly reminds us that interpreting text is not about a dialogue between reader and author, but reader and text. Gadamer suggested that what draws a reader to a text, is that the reader has a particular topic or event that he or she wants to understand, thus it is the “matter” that draws the reader (interpreter) to the text and in which the reader interprets. Gadamer stressed that one partner in the textual conversation “speaks through the other partner, the interpreter” which means that the text speaks through us the readers—the interpreters (p. 389). It is the “subject matter” that binds the reader and the text together in the first place (Gadamer). What we discover in the textual conversation of *Life in a Jewish Family* (trans. 1986) is that when the everydayness of life is made “difficult” by family members as they negotiate “tradition” in their lives, the everydayness of “being in a family” is disrupted. In this difficult space, the conditions for which traditions hold and shift in the everydayness of people’s lives are revealed. In a palpable manner, how family members react to the challenge or tension of life become visible to the reader of *Life in a Jewish Family*. Traditions become visible in a manner that brings to the surface one’s own assumptions of how traditions come to shape one’s own being in the world in light of what the text’s speaks. Thus hermeneutics is a laying open of something that lies concealed. *But how does concealing and revealing occur in human life?* It often happens in human dialogue whether written or spoken; it happens through the medium of language (Gadamer, 1989).

Language, Understanding, and Pre-Understanding

“*Language contains the story of who we are as a people*” (Smith, 1999, p. 39).

Those of us who are drawn to hermeneutics as a means to understand human understanding recognize that one of the means in which people come to understand the nuances of daily life and what is happening there is through language (e.g., verbal and non-verbal—art, music, dance, and the human body’s movement, and stillness). Smith (1999) proposed “a deep attentiveness to language...because in a deep sense our language contains the story of who we are as a people” (p. 59). Jean Grondin (2003) explains the deep well that is human language:

If it is true that we can understand a text only in so far as it is the reply to a question which we still ask ourselves, this also goes for understanding of language. To understand a discourse, a phrase, a silence, a gesture—all of which emerge from language—is to hear a reply to a question, an urgency, a suffering and a constellation which we must enter if we wish to understand. Thus all understanding is the fact of fusion between what matters in understanding and the person who understands. (p. 120)

But the reality of being human is that there are things that are beyond our expression, beyond words. Nurses know this. We experience the “wordlessness” everyday in our practice. There are moments in our lives as human beings, when we are present and when we bear witness to human suffering, courage, and joy and in that moment, what we see, what we hear, what we feel flowing through us has no words.

Gadamer (1989) found words to explain this sense of wordlessness: he called it *verbum interius*, meaning the inner word. Grondin (1994) found more words when he explained what is meant by the inner word: “spoken discourse always lags behind what one wants or has to

say, the inner word, and that one can understand what is said only when one derives it from the inner speak lurking behind it” (Grondin, 1994, p. xiv). Our world is interpretable; we as human beings are always interpreting our world; we are always searching but our understanding. We have come to understand and apply everyday words in a particular manner as we have learned in our family and therefore we have formed our own understandings. Gadamer (1989) explained that we always therefore have a pre-understanding about what draws our attention (i.e., topic, event) and even the language we use to express this interest, comes from our own pre-understandings, our own horizon. The task of hermeneutics as Gadamer understood it is two-fold. Hermeneutics asks that we appreciate our own pre-understandings of the world and to learn to love the limitedness that is human language so as to cleave to the “inner word” where the possibility exists to understand those things that call our attention differently.

Language the Medium of Our Life

Gadamer (1989) used the word *sich auskenne* (knowing one’s way around) when he spoke of understanding the expression of life or text (Gadamer, 1989). Palmer (1969) added that man ”channels” his life through language: his worshipping, loving, socialization, and abstract thinking, are all shaped through words (spoken and unspoken). Gadamer (1989) stressed that language is the “medium” of our lives; it is how we move and exist. Palmer (1969) emphasized that language “shapes man’s seeing and his thought—both his conception of himself and his world” (p. 9). Grondin (1995) stressed that hermeneutics is a means to explore what is beneath language, what is to be revealed through the contextual world of word, “what is said, what is uttered, but at the same time what is silenced” (p. x). Thus, understanding transpires within dialogue (person and/or text):

To reach understanding in a dialogue is not merely a matter of putting oneself forward and successfully asserting one's point of view, but being transformed into communion in which we do not remain what we were. (Gadamer, 1989, p. 379)

Finding “Soundness” in Hermeneutic Interpretation

Nancy Moules (2000) provides the most succinct explanation for nurses of how we can work with text as a means to gain a different understanding of a topic that has called our attention. In what follows, I have pulled from her discussion short snippets that have aided me in my reading and re-reading of Stein's *Life in a Jewish Family* (trans. 1986):

Hermeneutics involves the reading of a text as the answer to a question which could have been answered differently (Gadamer, 1989). It is the reading of something back into possibilities. (Moules, 2002, p. 14)

Moules (2002) simply states that hermeneutic analysis is interpretation and it begins with reflection. It requires of us that we are “careful and detailed” in our reading and rereading of all text, so that we are “bringing forth of general impressions” (p.14). We bring forth that which catches our attention and resonates persistently within use, held there in our breath as “familiarities, differences, newness and echoes” (p. 14). Moules (2002) insists that in hermeneutics the interpreter reads and re-reads the text for “echoes of something that might expand possibilities of understanding” (p.14). Moules articulates clearly that the goal of the hermeneutic interpreter is not about identifying repetitive themes in texts, but it is about being watchful and mindful to the particulars in relation to the whole picture that evolves within the textual conversation. Moules states, “The search for interpretations rather than themes is an attempt to escape the practice of fracturing data, which lays claim to some capturing of knowledge” (p. 14). When we engage in hermeneutics in this manner, we enter into the

hermeneutic circle, a place of creativity, rigor, and immersion (Moules, 2002). It is a place of interaction and reading, re-reading, reflection, writing, and dialogue with others about interpretation (Moules, 2002).

This hermeneutic interpretation of Edith Stein's textual legacy has taken hours of dialogue between "myself and my advisor." Long conversations took place about Edith Stein's writing and aspects of philosophy and theology as they surface in Stein's writing. If I had not paid attention to the details within the textual conversation, if I had searched only for repetitive themes, I would never have come to understand the notion of "formation" in relation to the human person, family, caring practice, and the self-actualization of a scholar. I would not have understood the points of connection and patterns of meaning within the details of the topic (e.g.: caring practice) that surface in the reading and re-reading of texts. I may not have come to understand what the unity of faith and philosophy mean in relation to the topic of caring practice and inner human "formation".

Moules (2002) is persistent that hermeneutic analysis is about "making explicit the implicit, and eventually finding language to describe language" (p. 15). In my work, even the literature review chapter was generated hermeneutically: it was interpretation, and the surfacing of language like renewing and charism came to the surface and find resonance with the language of family and tradition. Moreover, the task of hermeneutic writing, and indeed what characterizes hermeneutic writing, Moules (2002) notes is its character of "exaggeration in strengthening what it wants to be heard" (p. 15). Moules stresses that this does not mean that it invents things, but it highlights them. Moules reflected upon Smith's interpretation of exaggeration and states: "Exaggeration occurs deliberately, purposefully designed to disrupt, find, and cultivate the familiar" (Moules, 2002, p. 15). Thus hermeneutics does not "report on

meaning, but creates it, not by translating one's subjectivity out of the interpretation but by applying oneself to it with a sense of responsibility to deepen understanding" (Moules, 2002, p. 15).

The Notion of Generalizability

Secondly, philosophical hermeneutics is not about generalizability but it is about transferability and potentiality. The soundness of the work depends on how the interpreter is able to reveal the process of "concealing and revealing" so as to "demonstrate how interpretations have been arrived at.... Evidence of this lies in part in the thoroughness to which selected transcripts reflect the interpretation" (Moules, 2002, p. 15).

The Soundness of Interpretation Creates "Harmony"

According to Moules (2002), the soundness of interpretation creates "harmony." Moules stated that hermeneutic interpretation is not about creating "sameness" or resolving all the difficulties and differences. Instead Moules (2002) explains "there is something about harmony that is akin to alchemy, or the apparently miraculous transmutation of something into something better. This is the power of differences to make something new" (p. 16). Lastly, Caputo teaches, "Everything comes down to our capacity to recognize ourselves in the finished account, in the 'story' of human existence which is recounted there" (Caputo, as cited in Moules, p. 16). Moules adds "A good interpretation takes the reader to a place that is recognizable, having either been there before, or in simply believing that it is possible" (p. 17). But it is this last piece of wisdom from Moules (2002) that concludes this discussion on Gadamerian hermeneutics.

Validity lies in the attempts to resist closed truths of the past encased in the shape of rigid, tight arguments, to recover possibilities, and to free the present for discussion,

new thoughts, and practices. First and foremost, validity as an experience of application; it does not arise out of the past but from the future, becoming something only in the way it is lived out. (p. 17)

The analysis chapters that follow have a give and take between pre-understandings, the case exemplar of a woman scholar in relation to the topic of charism and the human person contrasted by reflective case exemplars of an emerging DNP scholar. As a novice hermeneutic scholar, I have paid particular attention to language and pre-understandings in the hope of revealing something different about the caring practice of DNP scholars.

Discussion

As the analysis chapters unfold, narratives of “being in the family” are given over to narratives of becoming a nurse and finally belonging as a scholar. The work is thus separated out into three sections, each a hermeneutic interpretation of a specific phase of the organic development of a woman scholar, from her childhood experience of being cared for in a family, to her experience of becoming a nurse and caring for others, and finally her experience of belonging as a professional, a scholar.

Nurse historians in North America frequently trace the roots of caring practice back to the traditions of women’s work in the home with family (see Table 9). It is commonplace to say that caring practice is rooted in women’s work in the family, in the home; but this is where the narrative goes silent, where the words simply fade from the page. In this work, I want to open up a narrative of the seemingly ordinary events of women’s caring practice. The goal is to go beneath the historical traditions of women’s caring practice in the family to give voice to the “traditions” that support “caring practice” as they are rooted in women’s “being in the

family.” This examination may enlighten how DNPs think about their practice and their identity at the doctoral level in nursing.

Table 9: Historical Origins of Nurses’ Community Service as an Aspect of Women’s Caring Practice

Community Service Manifestations	Traditions
<i>Maternal Mothering and Labour of Love</i>	“Universal characteristics of feminine healing, caring and nurturing” (McPherson, 2003, p. 1).
<i>Serving Others</i>	“Women’s longstanding responsibility for maintaining family and community health” (Strong-Boad, as cited in Bates, Dodd, & Rousseau, 2005, p. 8).
<i>Community Service as Obligation and Responsibility</i>	Women “were the only help available, however, and—as neighbors and as women—they felt obliged to offer what support they could” (Errington, as cited in Young & Rousseau, 2005, p. 27).
<i>Moral Compass</i>	“Women were primed to be responsible for the moral upbringing of children, mothering was synonymous with teaching” (Hopkins Kavanagh, 2003, p. 74).
<i>Religion a Means to Women’s Connection to Community</i>	Religion: “resolved the conflict between their heavy responsibilities and their lack of power by defining their identities, countering their isolation and shaping their connections to their communities” (Hopkins Kavanagh, 2003, p. 77).
<i>Hospitals and Servant Work</i>	Nursing in the 19 th century in hospitals “was apparent that hospital nursing was considered on a par with the lowliest servant work” (Young & Rousseau, 2005, p.20).
<i>Community Service as Charity</i>	Rooted in people’s individual acts of goodness to wards others and then in a person’s ability to participate fully with others (in spiritual community) in responding to the needs of those in their care.
<i>Community Service as Justice, Resistance, and Social Action</i>	Sisters “translated what they perceived as a God-given spiritual mission into a means of social action” (Wall, 2000, p. 109).
<i>Social Reform and Community Service</i>	Organic relationship with the neighborhood (Wald, 1915).

What lays just beyond our peripheral vision in the flickering, what is concealed there? What is it about being in a family that shapes women’s caring practice? What does “being in the family” mean to who we are, how we think, what we do? What is it about women’s nature that enables them to cherish, protect, and nourish another? What is passed on and over by women as they nurture, cherish, and protect their family? What happens when “nurturing” and “cherishing” are left unattended to “being in the family”? How has the traditional caring practice of women shaped the “caring practice” of DNPs? Why do some “traditions” live on and others simply disappear or become folklore? The questions that underpin the case

exemplars in this section of the SCP are entwined with concerns of traditions and caring practice in the context of family life.

The questions are in keeping with the goal of the project to understand DNP charism. It is important to remember that charism is a theological word used to describe the underpinning values and traditions of a practice community that shape the community's identity and purpose for existence in relation society. Moreover, charism describes the underpinning service obligations, commitments and responsibilities of the community as a whole and for individual community members.

What unfolds in the reading and re-reading of Edith Stein's *Life in a Jewish Family* (trans. 1986) and carries on in her manuscripts as a scholar and theologian is the organic development of a woman: the "being," "becoming," and "belonging" of a human person. What the reader of *Life in a Jewish Family* comes quickly to reflect upon is the idea that as human beings we grow up within some sort of family, and to varying degrees how we think about ourselves and the world is shaped by our being in a family. Stein (trans., 1986) explained,

Our mother, our brothers and sisters, our many relatives and the lumberyard—these made up all the world in which we two youngest members of the family grew up.

(Stein, trans. 1986, p. 62)

A mother's caring practice in the context of family is all about relationships, connections, and responsibilities. In the arrival of their children, mothers inherit a lifelong commitment to raise children who will step out into the world with a strong moral integrity and inner appreciation of compassion, kindness, courage, and love for their family, neighbors and humanity. In the chapters that follow I unpack what I discovered about being in a family—compassion, kindness, courage, and love in relation to DNP charism.

Chapter Three

Being in a Family

I am informed by my own historical tapestry: a Métis woman growing up in remote communities in the winter lands of Northern Canada. My mother was a second generation Canadian of Irish and French descent, a farm girl, artist, and grade school teacher; my father, a Métis farm boy from Manitoba, a Hudson Bay Company retail store manager posted to remote Northern communities. “We” (mom, dad, and younger sister) lived in villages of 100-1000 people, villages tied to civilization only by ice roads and float planes and short-wave radios; there were no hospitals, physicians, schools, or churches. Community events such as church and school took place in people’s kitchens over short-wave radio or in front rooms when a clergyman would travel through. Villages had one -street, one store, and a medicine chest stored in the Hudson Bay manager’s house that represented community “healthcare.” These communities were tiny pockets of civilization, occupied by hardy people that were bonded together not because of biology, but by human need, the need to belong to one another—to the human family; to exist burrowed into the unforgiving permafrost of the winter lands. They existed as a people in a landscape of howling winds, 60 below weather, snow geese, curling rinks, trap-lines, community halls, and short-wave radios. These were communities held together by the raw determination of women to survive loneliness, desperation and isolation. It was harsh.

When I was quite young, too young to think of myself in terms of age, time, or years, I remember my mom sitting at the kitchen table. She was sewing this tiny white eyelet dress. She was completing the smocking on the front of it. It was beautiful--all hand stitched--and she had used some of the shiny crochet thread in the smocking. It had a wide satin ribbon bow at the waist. She was making the dress for a neighbor’s child who had passed away during her sleep—sudden infant death. That memory remains fixed in my mind, of my mother sitting at the table, and across from her, another neighbor. This mother had three boys around my age, and she was thumbing through a cook-book, talking quietly about organizing the lunch for after the service and how lucky it was that one of the Royal Canadian Mounted Police was able to bring the priest who was wintering over in a nearby reservation. The two were coming by ski-doo; the priest would conduct a community service. I can remember “Nan,” an elder Aboriginal woman, sitting opposite the two of them. She seldom said much, but would smile and nod her head. When my mom and her friend would look sad, Nan would reach out and tap their hands, an unspoken language of the body, a language only mothers seemed to comprehend. Nan was working on the lining for the small wooded casket that was being made by her husband. The lining for the casket was flannel on one side and beautiful soft white wolf fur on the other. We children were sitting on the floor, cutting out paper snowflakes to decorate the soon-to-be altar in the front-room—resurrected as church in the morning.

By the time I was old enough to go to college, we had been a part of fifteen such remote communities, fifteen tightly knit families of necessity. I had lived in fifteen Hudson Bay houses, and I had sat in more than one classroom where the caring practice of community life seemed to be lost in word lists and endless sheets of math equations... a world devoid of fur lined caskets, snowflakes, and altars in the front-room; the silent movement of women at the kitchen table, who breathed a silent sigh of relief that it had not been their child...

Being in a Family

In *Life in a Jewish Family* (Stein, trans. 1986), I encountered “being in a family.” I encountered it from a mother’s, grandmother’s, and sibling’s world. All of a sudden the “difficulty” of being in a family was broken open within the shadows of the inner world of family life. As I entered into this textual conversation, family life was illuminated in such a manner that the matter at hand in the text (caring) revealed itself and in this revealing, I encountered my “self.” All of a sudden I too began to remember and reflect upon the tremulous space of “care,” of “love,” of “despair,” of “burden,” and “faith.”

Dialogue: Sorting Out Family in Relation to DNP Charism

As human beings, each of us is born into a family and at some point in our lives we realize that we all arrive to the “human family.” Some people will arrive within a “biological family” and others are given over to a family—a family of the “heart.” And still others will search and create their own family. For good or bad, this has been the way of things. Most often we arrive into this world to the embrace of our mothers and we grow to understand our self and our place in the world through the embrace and voice of our mothers, and in a different manner, our father, siblings, grandparents, aunts and uncles, and neighbors. The very arrival of a human being into this world already in motion creates a ripple effect that we may never truly appreciate. In my experience, I have arrived in a family of my heart: for me, coming to DNP studies was an experience of being given over to a family once more.

My colleagues and I were the first DNP class at St. Catherine University. We entered a classroom on a late summer evening, sixteen strangers beginning a journey that we were yet to appreciate. We were met by a diverse group of doctoral nursing faculty: some were nurse practitioners, others mental health specialists, epidemiologists, and clinical nurse specialists.

Some were DNPs and others were PhD nurses; all were scholars and all welcomed us into the world of doctoral studies. Here in the classroom, we met for the first time. Part of that first weekend was spent getting to know one another, making connections, forming bonds—becoming a DNP student family. During that first weekend as a cohort, we talked about what we believed to be essential to our practice as nurses. We talked about “caring” and sometimes the lack of it that we experience in the practice setting. We talked about our practice with patients and family, and about the traditions that we believed the nursing profession cherished. We talked about how we understood kindness and compassion to one another and to those we serve. We talked about the difficulty of caring given the fast-paced, technical worlds we live in, in which our practice as nurses is being reshaped by efficiency practices that seem to move us further away from patients and families.

Discussion Plan: Being

This first chapter represents a case exemplar of “being.” It is the first step in the unfolding of a tripartite of “being, becoming, and belonging” that forms a scaffolding for DNP charism. The case exemplar interpretation of “Being” unfolds in four threads:

- a. Personal pre-understandings of “being”
- b. Etymological and philosophical understandings of the language of “being”—DNP in the family of nursing
- c. Edith Stein’s being—In the life of a Jewish family
- d. Reflective case exemplars of a DNP student

In the text of “My Mother Remembers,” a chapter in *Life in a Jewish Family* (Stein, trans. 1986), I discovered the matter of being in a human family that speaks so clearly and simply to what it means to be in the family of nursing and to serve others through one’s caring practice.

In this intimate space, being is revealed. Caring, as Sister Simone Roach (1992) suggested, “is the means, the medium, the mode through which the human being is a being-in-the-world” (p. 2). Through being in a family, we discover that as human beings, we are not born into this world alone; we are born into the presence of “others,” into the human family. Here in this sacred place of family life, I discovered that, as nurses, our very being manifests as intergenerational and historical: the voices of ancestors resonate in the space of being in the family of nursing and now, in a DNP family.

In the chapter, “My Mother Remembers” (Stein, trans., 1986), women’s caring practice unfolds as women hand over the traditions of mending, sewing, and gathering from one generation of the next, for in these seemingly ordinary activities, children live out kindness, compassion, caring, and love for oneself and others. Amidst the turbulence that is family life (the in-between of birth and death), the imperfection of family life is exposed; therein all its rawness, courage, faith, hope, and love reside. What is ultimately revealed in “My Mother Remembers” is the roots of women’s caring practice—the imperfection of being-in-a-family. The raggedness that is human love is revealed in the light of the immensity of the human heart to love unconditionally in all its imperfection.

When my colleagues and I walked into the classroom for the first time as DNP students, we became a family, each of us with our own strengths and weaknesses. Throughout that first semester we would laugh with one another as we tried to figure out nursing theory and philosophy, and we would struggle with putting our thoughts forward on paper. We learned to be there for one another; we learned to listen, to be present, to be open in the face of the “other.” We discovered again what it means to be in a family.

Personal Pre-Understandings of “Being”

Even as a young child I wondered what my purpose is here, and why I existed and how I was connected to other people and to the world that was just in reach of my fingertips. *How many of us remember as children laying on the grass and wondering why the sky is blue and what keeps the clouds moving and held above our heads?* At some point in childhood, we become aware that we are a just one little person in a sea of people we might never know. Suddenly, there is a world outside our family and our neighbors, a world that starts at the end of our street that we simply don't know, but that our parents and older siblings know something about. *How many other “kids” have families like ours, or are they all different, and if they do have families like ours, does that mean we are all related, connected somehow?* No other creature on earth that we know of can do this wondering, this questioning, this sorting out of “existence”; no other creature can question its own existence.

I believe as human beings we arrive in a world that is already in motion, already occupied. We arrive to an infinite world of possibilities. In reading a *Life in a Jewish Family* (Stein, trans. 1986), I was brought back to a sense of wonderment that I had experienced as a child when I realized my world was made up of my mother, sister, Nan, father, and grandparents, and the snow-covered land that stretched out for as far as my eyes could see. I remember the day that I knew that there was a bigger world outside the door of my snow-encased home, a world of people and landscapes. I remember the day I realized that I knew the people who lived along the skidoo path that led from my house to the Hudson Bay store where my father worked. On both sides of this path were the homes of my neighbors (family of the heart). In this tiny speck of civilization, my world existed and was made up of an extended family who all seemed to have something to do with my growing up and knowing “myself”

and the family that I had joined; this extended family loved me and taught me life lessons. My family of the heart was an unruly one, full of characters, but in this unruly living space, I first began to think about my existence, my very being. In reading *Life in a Jewish Family* (Stein, trans. 1986), I found myself lost in the text and remembering caring in the life of a family.

When I walked into my first DNP class, I walked into a family. I realized that I was walking into a doctoral world that was already in motion. There were professors here who knew the world of doctoral studies, who understood the traditions of DNP practice. There were professors here who had spent time developing curriculum and shaping with thoughtfulness the courses that would shape our learning and “being” novice DNP students. Here, in this place, we began our first classes together and here we were met by compassion, kindness, care, patience, and love in the “being” of our professors.

Etymology of Being and Family

Being

The word “being” (noun), since the 14th century, has meant existence in relation to being human (Harper, 2010). The word “man” (noun) is connected to the root *men—“to think” in the context that of all God’s creatures, only human beings can question their existence (Harper, 2010). The word *men is rooted in the notion of “one who has intelligence” (Harper, 2010). This brings us to the following questions: *What is meant by “being” a nurse and “being” a caring nurse? If nursing is a profession whose roots are seeded in women’s caring practice from being in the family, then what are the traditions that sustain nurse’s caring practice?* Although nurse historians frequently comment that nursing is a women’s profession, rooted in women’s caring practice in the family, the narrative of what being in a

family means in relation to caring practice seems to be suspended; we have paid little attention to what “being-in-a-family” might tell us as nurses about “being-in-the-family of nursing.

Family

The word “family” (noun) means generational, kindred, and kin (Harper, 2010). In the 1540s it came to mean, etymologically, those connected by blood; in the 1890s, the notion of devotion was connected to family (Harper, 2010). In the 1960s, the word family was connected to family values (Harper). Edith Stein (trans., 1996) premised that a child gains an understanding of the world through being in a family; family is a place where, surrounded by family members (e.g., mother, father, siblings), a child begins to understand him/herself in context to “others” and the external world. Mothers are charged with the task of supporting and nurturing knowledge of personality, culture, and norms “suitable for the intellectual and spiritual life, and the application of those norms to their personal life; for one can only teach what once practices themselves” (Stein, trans., 1996, p. 209). Family is a place where children first learn how to receive and give love, be welcomed into fellowship, and welcome “others” into fellowship and thus learn to “care” for self and “others” (Stein, trans., 1996).

Philosophical Roots of Being: Dasein

Nancy Moules Hermeneutic Nurse Scholar

Nancy Moules, (2002) nurse and hermeneutic scholar, has perhaps the most simple explanation of “being” from the ontological perspective. Moules states that being—Dasein means: “care, existence and temporality and being”; it is to “be-in-the-world”, a “thereness of being that is distinguished by the capacity for self-reflection concerning its own existence” (p. 7).

Sister Simone Roach, Nurse Scholar and Theologian

Sister Simone Roach (1992) brings the philosophical and ontological understanding of “being” back into a language of familiarity for nurses. Sister Simone Roach’s explanation of “being” is intertwined with the notion of human “caring.” Sister Simone Roach speaks clearly to what it is that nurses do and what it means to be a caring “being”—a caring nurse in the world. I have chosen from her writing what I believe is the essence of Dasein—of being-in-the-world in relation to nurses’ caring practice. Thus, being-in-the-world is understood to mean:

“Caring is the human mode of being” (p. 2).

“Caring is the most common, authentic criterion of humanness” (p. 2).

“Caring is humankind at home, being real, being his- or herself” (p. 2).

“The human expression of caring may be shown through love or compassion, sorrow or joy, sadness or despair; it is humankind fired with zeal, concern or solicitude, or humanity bruised to the very core of its being” (p. 2).

“Caring is the means, the medium, the mode through which the human being is a being-in-the-world” (p. 2).

Edith Stein, the Philosopher and Theologian

From a philosophical and theological perspective, Edith Stein saw “being” in relation to the human being’s inner world. Her explanation underpins Sister Simone Roach’s articulation when she identified caring as the mode through which the human being is a being-in-the-world. Stein stated, “Living means being in motion from within” (Stein, trans., 2009, p. 129). To live *spiritually* then is to be aware of the motion that we “illuminate” from our inner being to the external world around us. Thus to be conscious of oneself and “others” is *inteligere*

[understanding] at the most basic human level. Stein stated, “‘personhood’ has in common to God and creature; namely, that a person is something whose being is enduring spiritual living and in this living is free, conscious, rational, creative activity” (Stein, trans., 2009, p. 129). Our inner being as human beings, our “being” is an—intellectual, moral, and aesthetic being (Stein, trans., 1996). Thus, intellect, morality, and aesthetics are inseparable in the inner world of a human being.

Hermeneutics and “Family”

The meaningful lessons of family life are garnered in the traditions and the rituals that sustain a family. From a philosophical hermeneutic perspective, the idea of family formation is more akin to Jardine (2002) and colleagues’ discoveries as teachers in their understanding of teaching and learning in the classroom: they interpreted the classroom as a place of kinship. As teachers committed to a community of teachers and learners, they began to envision the “basics” of teaching and learning not as “ideas of breaking things down” but as a living place of

Relation, ancestry, commitment, participation, interdependence, belonging, desire, conversation, memory, place, topography, tradition, inheritance, experience, identity, difference, renewal, generativity, intergenerationality, discipline, care, strengthening, attention, devotion, transformation, character. (Jardine, as cited in Jardine, Clifford, & Friesen, 2002, p. xi)

Jardine and colleagues challenge that if we imagine the “basics” of teaching and learning in this manner, then we can imagine that we might not only understand the “other” but we might actually begin to understand “oneself.” The same questions need to be asked in the context of DNP as a “practice-focused” doctorate: *What would happen to our understanding of caring*

and practice if we envisioned the “essentials” differently? What would happen if we envisioned the essentials of “caring practice” as rooted in women’s traditions of caring practice that happened in the in-between of family life? What would happen if we could imagine caring practice as a living space of “relation, ancestry, belonging, memory, inheritance, experience, identity, intergenerationality, devotion, transformation, and character? Then it might be possible to envision the “essentials” of caring practice for DNP as Jardine (2002) has as an unfolding of ancestry, commitment, belonging, conversation, memory, tradition, inheritance, experience, identity, difference, and “renewal” in relation to “care, attention, devotion, transformation, and character.

Case Exemplar: Beginning with “Being in a Family”

In her autobiographical account of *Life in a Jewish Family* (trans., 1986), Stein creates a complex narrative full of different stories and voices. However, in the midst of the different story lines, it becomes quickly apparent that children gain an understanding of who they are and to whom they belong through the caring practice of their family:

“Throughout her life, Edith Stein bears the features of the family from which she comes. (Romaesus, as cited in Stein, trans., 1986, p. 4)

“Being in a family” is a space of “being” and “becoming” and “belonging” that is shaped by relation, ancestry, tradition, belonging, and memory that ultimately weave together to shape a child’s identity and character. Being in a family has something to tell a child about how a child understands one’s self, others, and the external world they live in. Ultimately, this is how, as human persons, a person comes to be a “caring” human being. Jardine (1998) translated the enormity of “being” and “becoming” in the context of being and becoming a parent; he

explains this by sharing how the example of the arrival of his son created a transformation in himself and his father:

As with the birth of my son, he did not simply add himself to this family. He transformed me into a father, transformed my father into a grandfather, and transformed my relation to my own father into something it had never been before. (p. 125)

The human person does not exist alone in this world, but is born into a world of people and one's presence amongst kin is transformative. Moreover, it is in a family that children and parents participate in the interpreting and translating the values and beliefs held by a family as being important to family identity and how family members care for one another and how they care for neighbors. Lastly, children learn how their family exists in relation to other families and to the community at large. In the space of family, people not only gain a sense of identity but, they learn the social norms that allow people to be active and purposeful members in their family, in the community, and society.

Reflection-- A DNP Story of Finding a Family

When I applied to St. Catherine University, I had contacted the American Association of Colleges of Nursing for assistance in searching out potential DNP programs in the United States. I was fortunate to be directed to contact a professor at Duke University who generously went through the history of DNP programs in the United States with me and discussed how DNP programs had come to be, and what the social, political, economic, and health care forces had been in the early years of DNP program development. At the same time, we talked about the doctoral climate in Canada and how, as yet, DNP programs were not being supported. Particularly, we discussed how enrolling in the DNP program might be a risky step for someone such as myself who taught in a university undergraduate-nursing program. At the

same time in our discussion, we explored the global trends towards securing practice-doctorates in health professions such as occupational therapy and physiotherapy and agreed that it is vital for the nursing profession, being a practice profession, to recognize its practice roots at the doctoral level, particularly given healthcare practices that are diminishing care in today's practice setting. In our dialogue, the professor from Duke said something to me that has remained in my thoughts throughout my DNP studies:

It takes courage to hold on to what you believe; it is a risk to claim that practice needs to be a focus at the doctoral level in nursing. It will be up to you when you graduate to be part of the change that needs to happen at the academic level in Canada....can you see yourself doing this? ...if you can, then you need to find a program that captures what you believe is the core values of your practice.

As we talked together, she reminded me that each DNP program reflects a particular philosophical and theoretical lens in which the program and its curriculum are embedded, and furthermore, in which its faculty members practice. She suggested that as I look for a program, that I pay particular attention to school mission and value statements as they shape curriculum and how curriculum is lived out in the classroom between faculty and students. In many ways, I was searching for a DNP family that “bears the features of the family from which she [I] come[s]” (Romaesus, as cited in Stein, trans., 1986, p. 4). I was looking for a family that held the traditions that I cherished in my own practice and that would enhance my practice, and that would broaden how I understood caring practice. I was mindful that the rural and remote populations I deal with in my teaching, clinical practice, and consultation work are depicted in health population literature as being one of the most geographically isolated populations in the province of Ontario, with the highest incidence of chronic illness (e.g., heart and lung disease,

cancer, and mental illness). The population is also considered to be one of the most vulnerable populations in the province because of the low economic status of many northern families and the lower than average educational preparation (e.g., a lower number of high school, college, and university graduates), accompanied by the largest population of First Nations people in the province. Many of the people I work with and come in contact with through my consultation work are nervous and very leary of working with people from outside their communities because many have experienced being misrepresented by healthcare planners and policy makers in the past. Thus, issues of trust, respect, and dignity are a constant concern in any sort of community service engagement.

After my conversation with this nurse scholar, I made a list of what I believed were my core values and beliefs as an advanced practice nurse (APN) and after that I began to explore the list of universities and colleges offering DNP degrees in nursing. If, as she suggested, I was committed to taking this risk, then I needed to find a program that sustained the core values and beliefs I held as an APN in the practice setting with patients and families, as well as in the classroom with students. Table 10 represents what I consider to be my core values and beliefs. This table was developed with one of my fellow DNP classmates Karen Glasenapp, and reflects what I came to appreciate in my own practice and in my search of DNP doctoral programs.

Table 10: Core Beliefs and Values of “Being” an Advanced Practice Nurse*

Tenet	Description
Central Tenets of the Profession	At the core of nursing practice is the human person and subsequently, this includes the human condition and human act; thus <i>human dignity, worth, value and respect, are the central tenets of the profession above all else.</i>
Nursing is a “Relational” Practice	Nursing is a “ <i>relational</i> ” practice between nurse and “other” (patient, family, colleagues, and community); understanding of the human condition emerges from within the intimate relationship unfolding between nurse and other. Thus, knowing is participatory.
Nursing and	The <i>notion of caring</i> in nursing occurs within a <i>dialectic relationship</i> of caring and

Tenet	Description
Caring	health; caring surfaces as an expansion of consciousness within the human dyad, characterized by a profound sense of meaning, intuition and means of seeing self and others; caring is a participatory process. Caring from this perspective is a moral imperative.

*This table is from an unpublished manuscript written by Spadoni & Glasenapp, 2009. This reflects the authors' collective beliefs and values about "being" advanced practice nurses.

My scholarship practice as a nursing faculty member is primarily focused on community service, working not as a researcher, but as a nurse consultant. My systems change project (SCP) came to be because of questions that addressed me after my experience of completing a roundtable workshop with nursing leaders discussing nursing shortage.

I realize that my nurse consulting practice, like my practice with patients and families and my work with students, is underpinned by oral narrative traditions that are dialectic in nature. Moreover, it is practice that occurs within human relationships, that requires connecting, that requires the sharing of "meaning" in relation to life events between me and "other." It has a give-and-take momentum. The problems I encounter in the midst of human relationships are problems of the human heart, mind, and soul; they are thus problems that are intellectual, moral, and aesthetic in nature and require a commitment to connecting between myself, "other" and the external world. By this I mean that I engage with purpose and meaning with "others" in unpacking troubling human caring events. It is very important to me as a rural nurse and a Métis woman not to speak for people, but to honor their stories and to work alongside people in creating the manuscripts that will capture their stories. This sort of approach is time- and person- intensive; it calls for constant self-awareness and awareness of others and the social, economic, and political structures that are shaping everyday life. When I began to search for a DNP program, I was searching for a program that would honor my beliefs and values as a practitioner, as a rural nurse, Métis woman and the daughter, granddaughter, and niece of strong women, of women who were gifted artists, writers, and mothers.

Furthermore, I was looking for a program that would honor the beliefs and values of the people I serve in rural areas, where family and community life are cherished and interconnected.

When you live in communities of under 1000 people, some as small as 100 people, you know your neighbor and you know the connections between the elders and the youth. As a practitioner, you are a part of community memory. Isolated rural communities require people to care for each other as if they were family, cut off from major healthcare, recreational and, to varying degrees, educational resources, people learn to be there for one another in times of troubling life events.

I searched for a program with a social justice framework, but one that was not based in legal history and tradition (i.e., John Rawls' premises of justice, equity, and ethics); I was searching for one that spoke to moral ethics, to a way of being and knowing, a theological and spiritual approach to social justice that was more akin to women's ways of knowing and being. St. Catherine University's mission and vision statement is based on the principles of social justice as understood in Catholic social thought. Moreover, it is a women's university. Here the traditions and values that shape student learning are about caring, compassion, kindness, and human dignity. Here, students are encouraged through dialectic and reflective practices to explore and challenge how, as individuals, we have come to understand our world and our caring practice in light of other possibilities, possibilities offered through philosophy and theory and "other" students, professors, and legislators. We bear the features of our family, and my DNP family is one steeped in the traditions of social justice and women's ways of knowing and being. The following three statements capture the focus placed on socially justice nursing education at St. Catherine's and illustrates how values and beliefs become pillars with in a curriculum:

1. St. Catherine University integrates liberal arts and professional education within the Catholic tradition, emphasizing intellectual inquiry and social teaching, and challenging students to transformational leadership. (Mission Statement, St. Catherine University, 2010)
2. The education of “nurse” leaders with social awareness and advanced practice skills is deeply rooted in the St. Catherine heritage. Our “DNP” students learn at a university where traditions of caring, values-based learning and social justice inform everything we do. (Social Justice in Our Mission Statement, St. Catherine University, 2010)
3. With a mission of social justice embedded in its Catholic tradition, St.Kate’s educates “nurses” to be compassionate leaders who are prepared to serve populations of all ages, cultures and economic circumstances. (Social Justice in Our Mission Statement, St. Catherine University, 2010)

In our first months as DNP students, we began to unpack the values and beliefs that held our DNP family together. We were introduced to the philosophical and theoretical underpinnings of our nursing program that tied us as a family of DNPs to the Department of Nursing at St. Catherine and to the greater university itself and, indeed, to the profession of nursing in general and ultimately to the people we serve everyday in our practice as nurses. The mission statement at St. Catherine University is based upon the tenets of social justice as understood through Catholic social thought and natural law.

Case Exemplar: The Responsibility of Family to Rear and Morally Educate Offspring

The family has as its immediate goal the rearing and education of its offspring. Thus it has the inalienable right and at the same time the strict obligation regarding the education of its children....Parents have the strict duty to concern themselves according to their means for their offspring's religious and moral education as well as their physical and civic upbringing and temporal well-being. (Stein, trans. 1996, p. 207)...Education as the orientation of the whole person towards the goals to which he or she is destined. This process embraces body, soul, and mind with all their facilities. And in a great part, it is an instinctive process taking place spontaneously in compliance with the person's inner form. (Stein, trans. 1996, p. 208)

Ideally, family is a space of human growth and organic development. In a family every member of the family is concerned with the orientation of the whole person: body, soul, and mind. Parents as well as siblings have a huge responsibility in helping children discover their moral, physical, civic, and temporal well-being. "My oldest brother, carried Edith around the room and sang student songs to her, or that he showed her the illustrations in a history of literature and lectured her on Schiller...she had an excellent memory and remembered everything" (Biberstein, as cited in Stein, trans. 1986, p. 15).

Families are a reminder of how fragile and vulnerable human relationships are and how powerful traditions are in relation to sustaining human relationships. Family traditions communicate family beliefs and values and sustain family identity and cohesiveness. In the face of fundamental difference amongst family values that reflect dichotomous understandings and positions amongst family members, families can suffer. For example, suffering occurs amongst family members when essential values and beliefs about the meaning of goodness are

challenged. For example, the importance of living a good life in relation to the meaning of enjoying life as excessive materialism ruptures family relationships:

As a result of these differing viewpoints, the close ties we used to have with our relatives had essentially weakened. For appearance sake, we kept the social contacts and sincerely participated in all the happy and sorrowful events within the family; however, we were reputed to have an exaggerated naïve idealism while we were repelled by much about the others which appeared to us to be frivolous. (Stein, trans. 1986, p. 68)

The traditions of human dignity, worth, value, and respect are steeped in a human being's inner person and lived out in one's relationship with others. These sorts of traditions are difficult to sustain when there are differences within family members' core moral values and beliefs. If the differences are essential to family identity, then the distance between member's beliefs and values can create moments of disagreement. Silent indifference, ultimately diminished dignity and respect between family members. Family life is imperfect--it is difficult.

The Thread of Faith That Lingers Beneath the Text of Life in a Jewish Family

In the preface of *Life in a Jewish Family* (Stein, trans. 1986), Gelber reminds the readers that the threads of faith and knowledge are woven throughout the narratives of family life. The traditions of Jewish faith ring out from the words written on the pages of *Life in a Jewish Family*, but they are carefully intertwined with the deep traditions of Catholic social thought⁴ which the scholar Edith Stein embodied in her written work.

⁴ For the purpose of this work, my early understanding of Catholic social thought is that it is an ancient body of doctrine developed by theological leaders of the Catholic Church across time. Catholic social thought speaks to the church as a spiritual and human community's relationship

May the perceptive reader grasp in this imagery the deeper significance of the first part of the biography: dawn's rosy glow reveals the candidly searching spirit of Edith Stein and the loving generosity of her heart. The account of the second half of her life demonstrates how faith and knowledge complete the portrait of Edith Stein. (Gelber, as cited in Stein, trans. 1986, p. 2)

The preface of *Life in a Jewish Family* (Stein, trans. 1986) and the interconnectivity of a scholar's work are only visible when the interpreter can view one piece of the author's scholastic writing in the light of another. This is where viewing textual conversations in "wholeness" becomes essential to interpretation. In the text, *Edith Stein: Woman* (trans. 1996), a collection of manuscripts written by Edith Stein, I found a series of manuscripts about women's education in Catholic institutions. The significance of the meaning and purposefulness of the traditions of Catholic social thought are revealed within these texts and shed light on the persistence of faith that rings out within the narratives of *Life in a Jewish Family*. Translator Freda Oben (Oben, as cited in Stein, trans. 1996) reminds the reader that textual conversations are purposeful and meaningful when the topics within the text can be appreciated and applicable to the events and concerns of our time-period:

Our world is going through a crisis of dehumanization, break-up of family life, a general loss of moral values. Needed as healing is the spiritual formation of the person stressed by Edith Stein. Her educational insights are more important now than ever.

There is no better coverage than hers available concerning human sexuality, personal

with society, particularly in relation to social, political, economic structures that impact the human spirit and/or the human community. The cornerstones of Catholic social thought are human dignity, solidarity and subsidiarity, which are key elements of social justice.

formation, the relationship between persons and that of persons to God. (Oben, as cited in Stein, trans. 1996, p. vii)

In the text of Edith Stein's, *Woman* (trans. 1996), the topics of faith and knowledge as significant to sustaining family life are revealed; the traditions of Catholic social thought surface. As an interpreter, I have written this particular chapter over multiple times attempting to tie in the teachings of Catholic social thought in relation to core human values and beliefs that sustain family life and the inner being of a human person. Thus what follows is a very simple articulation of the topic as it pertains to caring practice being in a family.

In Catholic social thought, human dignity, human solidarity, and charity and love exist as a trinity. But, love is what mediates and sustains human dignity, solidarity, and charity. Without love, the human person would have little need for committed family, neighbor, and community relationships. In the text of *Life in a Jewish Family* (Stein, trans. 1986), dignity, solidarity, charity and love, are taught to children by parents through family rituals (e.g., sharing a meal together, nightly prayers, saying thank-you, shoveling the walk, helping with laundry). In school, children learn about dignity and love and solidarity from their teacher and one another (e.g., children learn to play and work with one another; teachers impart to them through their own actions the importance of listening, sharing, being respectful, trustworthy). In church and within a faith community, dignity, love, solidarity, and charity are taught through catechism lessons, sharing in the liturgy, and participating in the sacraments (e.g., communion).

For example, catechism lessons and Sunday school lessons are simple means of teaching children “faith” and what it means to be part of the human family (e.g., to be part of the human family, to love, cherish, and nurture one's own life and the life of “others”).

Catechism teaches children about what it means to live in a family, to live in a community and to be a part of society. But, more importantly, it teaches children how to love themselves so that they might love another. It teaches a child to appreciate their unique “intellectual, moral, and aesthetic being” and to be, above all, compassionate, kind, and generous.

What people often do not understand is that Catholic social thought, specifically the teachings of the catechism that form the basis for social justice, are ancient teachings. Scholastically they are rooted in natural law, but even before scholars like St. Thomas Aquinas put pen to paper, natural law was something more intimate to the human heart, to man’s inner being—to human nature. Natural law is rooted in the heart of all people. In its simplest form, natural law is the human heart searching for goodness and love—“it is inscribed in the heart of the human person” (Pinckaers, 2000). It is the fusion of our “intellect, moral and aesthetic being” that enables us to flourish as a human being and thus as a person to organically develop from our inner potentiality to our actuality (Stein, trans. 1996). Natural law is what is inscribed in the heart of the human person and is lived out as values and beliefs about who we are as a person, how we live our life and care for others, always moving towards goodness (Stein, trans. 1996). The core values that enwrap both women’s caring practice and DNP charism are dignity, solidarity, charity and love. These core values call us to serve “others,” to be open to the world, and to both receive and give. These core values can be understood simply as:

Dignity: “Equality of all persons comes from their essential dignity, having been created in God’s image and likeness” (Kalb, 2007, p. 1).

Solidarity: “Human persons are one human family, regardless of national, racial, ethnic, economic, and ideological differences. The principle of solidarity calls us to

work for world peace, global development, protection of the environment, and international human rights” (Kalb, 2007, p. 1).

Charity: “Charity is at the heart of Catholic social teaching. The practice of charity and the pursuit of justice are linked and complimentary duties; justice is inseparable from charity and intrinsic to it. We are called to work for justice and to participate in shaping a social order that promotes just relationships and safeguards human rights” (Kalb, 2009, p. 3).

Love: “Love is patient; love is kind. Love is not jealous; it is not boastful; it is not arrogant or rude; it does not seek its own interests; it is not quick-tempered; it does not brood in evil; it does not rejoice over wrongdoing but rejoices over the truth. Love bears all things, believes all things, hopes all things, endures all things” (1 Corinthians 13, 4-7). Love is seeded in our inner world as human beings, and it can be expressed through acts of charity and solidarity that sustain one’s own dignity and the dignity of others.

But how do traditions that speak to human dignity, solidarity, charity and – yes – love, live on from one generation to the next? How do we come to understand ourselves in the light of cherished traditions within a DNP family? What do traditions have to say about our DNP identity, who we are, who we will become and how we will live out our life with “others”? How do cherished traditions about women’s ways of knowing and being come to nourish our own soul and the soul of “others” whose care lies in our hands?

Being: Traditions and Story Telling

Dialogue: Roots of the Traditions of “*Human Dignity, Worth, Value, and Respect*”

In *Life in a Jewish Family* (Stein, trans. 1986), the text is one of faith, and illustrates the traditions of family life that shape the moral fiber (dignity, value and respect, and love) of each and every family member. Stories passed on and over from one member of the family to the next extend cherished beliefs and values about being in a family. A sense of intergenerationality exists in stories, children gain a sense of “being” part of something greater than any one person. Families’ stories have both purpose and meaning and are applicable to the here and now of a person’s life.

My grandmother’s face, its fine, delicate features framed a small white bonnet, is very serious and shows traces of much suffering. She died long before I was born so all I know of her is derived from stories I have heard. Still, I do believe I understand her intuitively and can sense who among her daughters and granddaughters most closely resembles her and which of her characteristics I myself have inherited. (Stein, trans. 1996, p. 31)

Mothers frequently tell their children stories of their great-grandmothers and their grandmothers that come from the seemingly ordinary daily routines of life. Stories about a face that was “serious and shows traces of much suffering” tell a child something about their roots and their own moral fiber. Stories have something to say about connections and relationships within a family, about “resembles” and inherited “characteristics” that result in an “intuitive” being.

Reflection—Nurses’ Storytelling

In nursing, the stories nurses pass on and over to one another are many and happen in a variety of manners. As we gathered as DNP students, we spoke of meaningful life events that shaped our lives as mothers, daughters, friends, colleagues, and as nurses. But we soon moved on to different ways of telling these stories. We explored the work of a nursing theorist whose practice embraced narrative and dialectic ways of understanding: Margaret Newman in *Health as Expanding Consciousness* (1991, 1999, 2001, 2008). As a family, we came to express our personal understandings of nursing theory and philosophy and we challenged one another to think beyond our pre-understandings and to question if our caring practice was informed by nursing philosophy and theory, and if so, how? *How do we live out tradition?*

In her doctoral dissertation, Pamela Ironside (2000) said that knowledge practices that are taken up in the process of research are more than methodologies used in research to unbundle a phenomena of interest. Rather, these very knowledge practices speak to our own values and beliefs as practitioners and subsequently our practice. The idea that knowledge practices can be utilized not only in research but as an aspect of our practice, of nurses ways of knowing and being in the world, was one of the most difficult things we as DNP students had to address. At first theory and philosophy are unfamiliar abstracted topics being taught in class. However, at some point as a student I began to think of theory and philosophy differently, when I could connect theory to my own practice and what I valued. I was born into a family of artists, either painters or writers. I learned early on as a child the elements of a good “yarn” and the ability to paint a picture that told a story, and how to create characters with histories and names and intrinsic characteristics that engendered them to you.

Storytelling is a taken for granted activity in nursing. It is a means to talk about difficult events or situations we can't quite grasp or explain but have a need to tell. But in literary and hermeneutic terms, storytelling is connected to conditions of human understanding and interpretive inquiry and qualitative discourses. Storytelling has something to do with truth and reality.

One of the challenges we face in DNP studies is confronting what we cherish as individuals. In our studies we have to come to terms with how we understand our world and how we understand reality in relation to what we value in our practice and our relationships as a human person. Storytelling is about sorting out what is troubling and what we don't understand. In scholastic terms storytelling is valuable to teaching and learning. Storytelling may lead to knowledge discovery. However, in order for stories to have meaning in the classroom as in clinical we need a means of interpreting these stories to gain a deeper understanding of the topic of concern that is concealed within human stories.

I remember writing a paper for our class, focusing on philosophy and theory. The questions that were concerning to me were not whether theory shaped practice or practice shaped theory; I was interested in how the values I held to be core in my own practiced harmonized within the traditions held within particular philosophical and theoretical ways of thinking. For example, I cherish oral storytelling as a means of patients and nurses speaking to the meaningful events in their life in relation to health and wellness concerns. I looked for a philosophical world view that captured both human understanding and narrative traditions (e.g., Gadamerian hermeneutics). I looked for a nursing theory that appreciated hermeneutic tradition, oral storytelling, and focused on creating meaning within patients' lives--Margaret Newman's (1991, 1999, 2001, 2008) Health as Expanding Consciousness (HEC). At first this

sort of thinking of storytelling as being an aspect of nursing theory and philosophy felt alien. I had only thought of theory and philosophy as knowledge practices that had to do with research and scholastic papers. However through dialogue with classmates and professors, theory and philosophy had something more to do with how I understood my caring practice with patients and families; students in the classroom, and colleagues at the bedside. Thus, as a DNP student undergoing a reflective and dialectic approach to learning, I discovered something about who I was as a nurse and why I cherished storytelling and dialogue, and why it was so important to me to honor the stories of others.

The Meaning of Story Telling in Family Life

Stories that bring to light how families survive “difficulty” are stories that illuminate how families stay together in the midst of suffering. These stories typically have moral lessons that teach children how to work together, love one another, act respectfully to “others,” and ultimately have compassion and understanding towards self and others. Women’s stories about family are stories of human relationships and spaces of human connections. They are stories that remind children how to “value themselves” through their thoughts and actions and through a genuine commitment to “goodness.”

Cherished family stories of grandparents are told to children to awaken children to “how they want to live their life.” These short glimpses into a child’s ancestry, into the lives of the grandparents, are glimpses of compassion—a way of living life that sustains an awareness of “others.” Through their story telling, mothers are attempting to teach children how to engage with others and to appreciate the pain and suffering of others, how to be present in the lives of others through a living out of life “together” as a family. In grandparents’ stories, a family stays “together” and holds “together” through a family’s ability to realize the

interconnectedness of people. Thus, caring through acts of compassion become a “way of living” and a “way of being in a family.”

Case Exemplar: Stories, Traditions of Mother’s Caring Practice

Auguste Stein (Stein, trans. 1986) told her children stories of her great grandmother, grandmother, and mother. Her stories were about meaningful moments in her childhood and what the world was like and how her family held together in a world full of challenges, suffering, and heartache. These stories spoke of “caring” and loving one’s neighbor and having compassion for the pain of others. They were simple stories about learning to “mend and to sew.” The stories being passed down and over to Edith and her siblings about their great grandmother, grandmother, and mother are intergenerational (spaces of past, present, and now future generations) that speak to a sense of collective life and the values, norms, and beliefs that create a family’s “identity” across time and space. Auguste’s great grandparents lived in poverty at the end of their life, as did many of their neighbors. Auguste taught her children how to care through simple stories of her childhood that linked rather ordinary daily tasks to a “way of living” that were infused with compassion and a sense of “collectiveness” in relation to the suffering of her grandparents and their neighbors.

Any threadbare articles in her own household or in those of her married daughters were painstakingly mended before they were given to the poor. Her small granddaughters were required to help diligently with this needlework. Grandmother would gather them around her and direct their tasks, keeping a strict watch that everything was performed meticulously. Once the girls were six years old, they sewed hems while the older ones were entrusted with the long seams. Entire trousseaus for friends were completed in this sewing class. (Stein, trans. 1986, p. 29).

“Mending and Sewing”

While “sewing classes” at first sight may be about teaching children to do mending and needle work, mending has to do with the organic development of a child’s identity, moral values, and beliefs. “Caring” is being lived out when grandmothers gather children around them and “direct their task” with “diligence” so that each child learns the importance of his or her individual contribution, be it big or small in the life of the family. In sewing and mending, children learn that it is the undertaking of the “entire” family working together that in the end is needed for a family to work and grow together. The ordinary tasks of “sewing hems” was woven into “entrusting” and a sense of “obligation” and responsibility is connected to how a child’s love of self, love of family, and love of neighbor are intricately woven together. It is not just the telling of stories from one generation to the next that creates meaning, or sustains the cherished meaning held within and beneath family stories; rather, it is how these stories are relative and meaningful to the context of the listener’s life.

“Gathering”

Children learn to value each other’s contributions and work in solidarity, recognizing that every contribution, big or small, is an act of kindness and compassion, a giving of self that benefits both “self” and “others.” An act of compassion is an act of love for family and neighbors. In mending and sewing, life is both meaningful and purposeful. Moreover, love is translated in the movement of hands, needles, and cloth, quiet spoken words, looks, and gentle touches and hushes that happen in the gathering and shared time that is spent sewing for “others.” Beneath sewing and mending lies “gathering.” Great-grandmother gathered her grandchildren around her and taught them more than how to sew and mend not only clothes but also how to sew and mend human souls. She taught them what it meant to be part of a family

who “cares” and has compassion not only for one another but others and, thus, how a family through their caring, becomes part of the community in which they live. In the end, although great-grandmother lived in poverty, the family was rich in their faith. Jewish tradition is lived out in the thoughts and actions of a family. The family sustains its “faith” and thus identity in the many ways in which it can daily live out its faith in ordinary manners in the world. More importantly however, is that mothers live out their lives in uniquely different ways, but at some level, hold on to a moral responsibility to human “relationships” and “connections” as an expression of their “caring.”

Grandmother’s gathering of her grandchildren around her was a means of embracing her responsibility to “relationships” and “connections” among her grandchildren. The time spent mending and sewing was an expression of her caring, an expression of her love for family. Women’s focus on relationships, on the intimacy of relationships and what happens “there” builds a reciprocal and responsiveness between them and those they share their caring with:

Just as Grandmother had shown her own parents the deepest respect, giving them every loving attention, so did she reap the high esteem and love of her own children. (Stein, trans. 1986, p. 30)

Although in the text of *Life in a Jewish Family* (Stein, trans. 1986), stories of grandfathers unfold, the stories are different: they are stories of prayer-rooms, teaching, business, and authority. In contrast, the stories of grandmothers, mothers, and children are centered around the context of human relationships and how women understand, judge, and perceive themselves in terms of their ability to care for others. Grandmother attempted in her own way to attend to the needs of her adult children and grandchildren and address what is being voiced

by her children, husband, mother, friends, and neighbors. Attending to these voices in times of need meant recognizing their needs in the decisions and judgments she made, as she recognized that what she did would impact the future of a family. Her ability to hear what was being said to her, to listen to her children and grandchildren, was something she had learned in showing her own parents respect, and reciprocally, she received loving attention, respect, esteem, and love from her own children.

Dialogue: Narratives and Life Meanings

The narrative life stories of family are told with purpose; stories are built upon plots and characters and stories are meaningful. These are told from one generation to the next in order to pass on cherished values and beliefs. Thus, stories are told with a sense of responsibility “to the commonsense world and represents one way of living for the other” (Frank, 1995, p. 17). Human beings tell stories not just to work out “their own changing identities,” but to create a living legacy for others who “will follow them”; not to create a map for others, but to offer themselves up to the “other” (Frank, p. 17). Frank explains:

Storytelling is for another just as much as it is for oneself. In the reciprocity that is storytelling, the teller offers herself as guide to the other’s self-formation. The other’s receipt of that guidance not only recognizes but values the teller. The moral genius of storytelling is that each, teller and listener, enters the space of the story for the other. (p. 18)

But something more can be said for the teller of stories and why as human beings we care for the stories of our lives; the cherished memories, events, and people present or long gone. Something happens in the telling of a story, for both teller and listener that as Frank argues speaks to a person’s formation, and as McAdams, Josselson and Lieblich (2006) suggest is

about identity and our interpersonal relationships. McAdams, Josselson, and Lieblich (2006) stated, “The stories we make and tell about the major transitions in our lives contribute to our identities, help us cope with challenges and stress, shape how we see our future, and help to determine the nature of our interpersonal relationship” (p. xv). The stories people tell about their lives grow in complexity as a person moves from childhood to adulthood. Stein’s autobiographical work, specifically her recollection of her mother’s memories, creates a thread of small vignettes. The vignettes are laid out in such a manner as the meaning that is held beneath what at first would seem to be just recollections of daily life comes to bare. The small intimate recollections begin to build into a narrative of faith and caring. What unfolds within the recollections of intimate “ordinary” moments of caring and extraordinary life events is a “wholeness” that deepens how “caring” is understood in the life of a family. The stories of Great grandmother and Grandmother were striking to me as a reader because I could suddenly see that “caring” is about the everydayness of our lives; it is not just the big events, but rather how we live out our caring practice on a daily basis.

McLean and Thorne (2006) stress “stories are constructed to make sense of experiences that disrupt individuals’ assumptions about their place in the world and their relations with others” (p. 111). As a reader, I had to develop the capacity and openness to “receive and understand the stories told by another” (p. 4). As Charon (2006) explains, this means following the narrative thread revealed once the text begins to speak about woman’s caring practice, by viewing the metaphors, images, and language used in the telling and persevering with “ambiguity” and getting lost in the text at times as the story within it unfolds, ultimately to be able to “hear one story in light of others told” within the text.

Reflection—A DNP Story of Family Gathering, Mending and Sewing

As DNP students, our gathering together was not merely about working together and working things out. In the space of the classroom, we learned to appreciate one another's gifts and skills; we honored what each person could contribute. In the midst of our first year studies (called "J-Term"), we completed an informatics course in a 4-week period. It was the only course in our studies that was completely online and where we would not meet as a group. One week into the course, through emails and telephone calls, we realized as a group that for many of us, this was a stretch for our knowledge and skill level. Our solution to this was to meet as a group on the following weekend. We spent a Friday evening and Saturday organizing the content of the course, working through difficult assignments. As a group, we identified the high (or frequent) informatics users, those of us who were everyday users, and those who had no experience. We paired together: non-users worked with everyday users, while the high informatics users moved from station to station. Within our short time together, we had managed to work through course content, create partners for the month, and sort out times to meet online and by phone for emergency check-ins. This is the same sort of relational process I take up in nurse consultant practice. It requires groups of people getting to know one another as individuals; this requires a level of trust and respect so that people can reveal their vulnerability and so that strengths and weaknesses can be matched. In our DNP studies, we had many opportunities within the curriculum to explore "community service" as a cohort. As graduate students and nurse leaders this was not extraordinary; it is an ordinary and familiar place.

What I found different was that I had begun to think about how we live out social justice in our lives as individuals and in our community service as nurse leaders in a manner that strengthens "family life" (nursing family) and our ability to work within the larger

healthcare community. In this light, coming together was an opportunity to work with compassion and in solidarity with others (e.g., fellow DNP students). In my doctoral studies it shifted the purpose from getting course work done to actually getting to know colleagues better and to appreciate the gifts each had to offer and our differences and diversities. The connection between social justice tenets and everyday life has grown for me over the course of my DNP studies. As I have become more familiar with social justice, as seen through the lens of the natural law, I have been able to introduce my undergraduate nursing students to the tenets of social justice. I have found different ways to integrate these tenets into my theory, lab, and clinical courses, as a way of being and knowing. I have presented at national nursing education conferences in Canada, explaining how social justice tenets can be taken up in curriculum and how they can become a way of being and knowing both in the classroom and in clinical practice, specifically, how social justice can be lived out. I have found in practice-theory courses consisting of both lab and clinical faculty that this sort of social justice approach can be lived out in student narrative journaling and in how we treat one another in the classroom and in the clinical setting. My colleagues and I have found unique ways to both teach and live out social justice in our practice. In part it is because social justice based upon natural law is lived out in the heart of human beings and expressed in the human person's knowing, thinking, feeling, and acting as compassion and kindness, respect and trust.

Questions

Good stories, with strong characters and plots, have a way of lasting from one generation to the next. Moreover, with the passing on of these stories from one generation to the next they may gain different emphasis and perhaps even their characters will use slightly different words in the telling. But the enduring themes within those stories will last through the

many different narrations and will become parts of another's stories. The details of the plot lines may even change with the telling to fit the context of a different time. The potency of a story for a reader is what the text has to say regarding matters with which we as individuals, families and communities have struggled. A good story will leave us with more questions than answers; a good story asks something of us; a good story awakens us to our own pre-understandings:

What are the stories we will tell as DNPs to the generations that follow in our footsteps? What will be the values and beliefs we will want to pass on to fellow students about the traditions that support our caring practice as DNPs? What are the stories of "mending and sewing" and "gathering" that we will tell the next generations of DNPs that might speak to how we enact and become involved in social justice practice as individuals and as a family of DNPs?

Being: Essentials and Being in a Family

Case Exemplar: The Essentials of Being in a Family

The "essentials" of family life for Auguste were not merely the material resources that sustain physical life. The "essentials" of family life were an interconnection of family dignity, solidarity, and love that were underpinned by faith and reason. In the response to a life-altering event (e.g., the loss of her husband), Auguste set out to sustain herself and her children. The essentials of family life then are broadened beyond that of simple survival:

to provide adequate food and clothing for seven children was no simple matter. We were never hungry; but we did have to accustom ourselves to the utmost simplicity and thrift; this habit has never left us to this day... Supplying the essentials for our daily life was not enough for my mother. To begin with, she set herself an enormous task: no one

should be able to say that my deceased father's debt had gone unpaid; bit by bit, they were wiped out of the last Pfening. Next her children were all to have a good education. (Stein, trans. 1986, p. 42)

Auguste was transformed by the presence of her children and by the afterwards of her husband's death and the burden of "debt" she accepted, both financial and human. She was transformed by the "essentials" (essence of a family) of family life which were expansive, reaching beyond food, shelter, and clothing and embraced the very "being" of her children, their intellectual and moral fiber as individuals. The essentials of family life were only met when the children's intellectual and moral "being" as a unity were free to flourish; thus shelter, food, and clothing were but foundational needs in a family. Auguste wanted her children to grow up to be dignified adults, who through their individual gifts would give not only to their family but to society. Trust, honesty, dignity, hard work, sacrifice, and working with others to make a better life were all aspects of the "essentials." All life is connected: decisions made within a family are far reaching and extend from past, to present to future. The failing of one family has the potential to reverberate throughout a community.

Case Exemplar: The Core Essential of Family Life—Love and Forgiveness

The single essential of family life that holds and connects all other family essentials is love. In the text of *Life in a Jewish Family* (Stein, trans. 1986), the matter of "love" resonates within the many different characters and story lines. Love is palpable. What is striking for me as the reader, however, is that in the context of a family, love is returned to all its original "difficulty." The difficulty of family life on a daily basis is that relationships between family members are fragile. There are values and beliefs that create family bonds. There is however, something more basic between mothers and children: a mother creates life and this simple

connection is sustained throughout children's lives. Auguste Stein's daughter Frieda married a man whom the family felt from the beginning was not a strong relationship. Within a short time Frieda returns to her mother's home with her child:

Although, brought up strictly as we were, we considered divorce a disgrace, my mother never gave my sister any such intimation. She took her back as a mother hen takes a strayed chick under her wings and, by being twice as loving, sought to help her over this very difficult time. (Stein, trans. 1986, p. 49)

What is revealed in the difficulty of family life is that human love is imperfect. Human love is shaped within and outside the family; there are social norms connected to human relationships gone wrong—such as “divorce”—that shape these moments of fragility as “disgrace.” Yet, within a family, a mother's capacity to love is put under fire in the context of life's rawness, and what comes of it is the potential to love more fully, the potential for the human heart to expand.

Reflection—The Essentials of DNP Family Life

Given today's chaotic practice setting, love is often silent, misinterpreted, and thus forgotten. But what would happen if we returned to the simple ideas that love is essential to all we do as practitioners, could we treat our patients as “noncompliant”? Love is more than kindness: it is kindness when difficult decisions have to be made. It is kindness offered even when there are difficult outcomes to a student failing courses; it is how we treat others with respect and value in difficult moments, always with the hope of helping the person in our presence reach his or her full actuality. Love also means asking for forgiveness in the face of another person's suffering, in which we may have participated. *This is a difficult concept in nursing, because although we talk about things such as reporting near misses, omissions of*

care, and errors, and we seek forgiveness through “reporting,” how often as colleagues do we seek forgiveness from one another? What are the essentials of “being in a DNP family” that enliven our caring practice as DNP’s and sustain DNP charism?

Being in a Professional Family

In Stein’s (trans. 1996) later writing, she explores women’s education and pedagogical approaches. In this text, an understanding of family emerges that might be helpful in thinking about DNP studies today and indeed the DNP role. Table 11 illustrates and brings together the last of my thoughts on family in context to DNP charism. Our “being” begins in our being born into or given over to a family. As DNP’s we are given over to a family not of our making. But in this family we learn a way of knowing and being; we develop our intellectual, moral, and aesthetic being.

Table 11: Family -- a Way of Being in the World—“Intellectual, Moral, and Aesthetic Being”

Essential Elements of “Intellectual, Moral, and Aesthetic Being”	Being in a DNP Family
Space of Organic Development of the Human Person	“The family has as its immediate goal of the rearing and education of its offspring” (Stein, 1996, p. 207). It is the space for the formation of the “human person.”
Moral Way of Being	The family is a space for: “Moral education as well as their physical and civic upbringing and moral well-being” (Stein, 1996, p. 207).
Development of Self-Awareness	The family is a space for: “Knowledge of human personality, of its structure and development; an understanding of the uniqueness of specific characteristics of woman” (Stein, 1996, p. 207).
Cultural Diversity	The family is a space for diversity and knowledge synthesis of the cultural traditions that form human life.
Norms, Values and Beliefs	The family is a space for: “Knowledge of the norms suitable for the intellectual and spiritual being” (Stein, 1996, p. 209)—Social Justice
Solidarity	The family is the place where people learn to live with others, to be kind, compassionate and giving.
Love	The family is a space where members grow to appreciate the Imperfection that is human love.
Forgiveness	The family is a space where members learn to be self-reflective and self-aware practitioners, seek critical evaluation, learn humility and are able to identify personal strengths and weakness and subsequently how to speak to what they do not know and how to ask for forgiveness of one another in times of conflict and indecision.

Discussion

In summary, our “being” as DNPs begins within the family we are given over to. When we arrive in the classroom for the first time as DNP students, we arrive to a family. We arrive as strangers, but we arrive to a family already in motion; the traditions (values and beliefs) that are lived out in the classroom by professors who interpret and translate the traditions of school and program mission and vision form the basis for pedagogical approaches in the classroom and sustain a family. As students, we learn to interpret and translate these traditions as essential to our identity as DNPs and as a community of scholars. At St. Catherine University, the traditions that formed the basis of our DNP family were based in Catholic social thought and pertained to the tenets of social justice. Subsequently, “being” was intertwined with dignity, solidarity, and charity and love. In the case exemplar of “being” gained from an interpretation of Edith Stein’s *Life in a Jewish Family* (trans. 1986), the understanding of Dasein (being) is broadened in a manner that speaks to the “being” in the life of a nurse, teacher, and scholar. Thus “being in a family” is intertwined with spiritual being, Catholic Social Thought, and the tenets of social justice and embraces women’s tradition of caring practice in the family. The outcome is an ontological way of being that creates the foundation of DNP “being.” Table 12 illustrates the expansiveness of “being” in relation to the traditions held within women’s caring practice in the family. What was once taken-for-granted—caring practice as women’s natural tendency to care, to nurture, to be maternal--now appears in all its complexity, simplicity, and beauty.

Table 12: The Traditions of Caring Practice—“Being in the Family”

Dasein “Being in the Family”	Living a Meaningful and Purposeful Life	Tenets of Catholic Social Thought— Social Justice	Women’s Traditions and Values of Caring Practice in the Family
Caring as a human mode of being (Roach, 1992)	“Living means being in motion from within” (Stein, trans, 1996, p.129)	Dignity	Caring for self and “others” with kindness and compassion and humility
Common Authentic criterion of humanness (Roach)	Intellectual, moral and aesthetic being (Stein, 1996, 2002)	Solidarity	Mending and Sewing: trust, obligation, and responsibility are the foundation for honoring relationships and human connections
Being Real (Roach)	Personhood (Stein, 1996, 2002)	Charity	Gathering (working together): requires respect, trust, and seeing the worth of self and “other”
Human Expression of Compassion (Roach)	Spiritual living	Love	Love is imperfect; love embraces forgiveness

Chapter Four

Becoming

The event that turned my attention and caused me to think about a DNP degree began in my participation in a summer internship with a leading nurse researcher in Canada. During the internship I was part of a focus group being conducted by healthcare policy makers and nurse leaders in conjunction with nurse researchers and social science and human resource researchers whose focus was exploring the poor retention rates of nurses in northern nursing stations. It was during that dialogue that I began to question how the evidence generated by nursing researchers was or was not capturing what was happening in the topic of rural nursing shortages.

At one point I remember thinking, as researchers spoke of the findings of their research, that the rural nurses in remote communities and nursing stations had somehow been silenced in the dialogue of rural nursing shortage, that their concerns and troubles seem to vanish in the context of statistical representations. I, being one of those rural and remote nursing station nurses, could barely recognize myself in the dialogue of research findings. What was more alarming to me was that many of the people in the room were not practicing nurses; in fact, most were policymakers and researchers. More alarmingly, there were no rural nurses to speak to what is “happening here.” In the absence of their voices, people at pivotal healthcare decision-making junctures were reshaping the structures that supposedly supported rural nurses and patients and families’ “caring practice.”

I realized that I didn’t have the words to express what was “happening here” and what words I had about living and being a nurse in rural settings seemed to fall on deaf ears. Although I was a master’s-prepared nurse, I lacked the language of research methodology to enter competently into the discourse of rural healthcare research. It is one thing to have lived experience of being a rural nurse; it is another to be considered a nurse leader and yet lack the theoretical and philosophical knowledge practices to express my concerns with research outcomes, if I couldn’t actually grasp and interpret the research being presented.

I wanted to be able to do something about this silence, this unattended response, but what? How could I make myself heard? What language were they speaking that I seemed to lack? These were the questions that came of an event of “silencing” that propelled me forward into seeking a means to be heard. I realized that they were speaking a language (research) that I was ill-prepared to interpret and felt uncomfortable challenging...I was lost. Yet, I held the language of “caring practice” which they seemed just as much at loss to interpret. Somewhere there is a place for research, theory and practice to exist in unity...differently then how it is taken up within research as methodology, yet just as purposeful and meaningful.

Introduction: Becoming

“We are not some casual and meaningless product of evolution. Each of us is the result of a thought of God. Each of us is willed, each of us is loved, each of us is necessary.”

Pope Benedict XVI (2005)

This systems change project (SCP) began in the flux of community service and my own development as a doctor of nursing practice (DNP) student. In the midst of heading in a new direction and trying to figure who I was and what it meant to be a DNP, I found myself in the in-between. I was caught up in the motion of changing roles and broadening my identity as a nurse--to what I was not sure. As a nurse, I have always been excited to try something new and indeed I have worked as an intensive care nurse, emergency nurse, and oncology nurse specialist. And through it all I have gone back to school many times. Caputo (1987) reflected that human beings are the only creatures that human kind is aware of that are able to question their very existence. Thus, as human beings we are always and already in motion, always interpreting and searching, making sense of both our internal and external world. As “beings” that strive towards goodness, a well-lived life is a life full of meaning and purpose. Doctoral studies, whether they are practice-focused or research-focused, are not entered into lightly. As a DNP, I have given great thought to taking this next step in my development as a nurse. In this “becoming,” I have undergone a shift in my thinking, including the values and beliefs that sustain my own caring practice.

Gadamer (1989) believed that as human beings we are always interpreting our interior and exterior worlds. Thus, human understanding is transformative, it is not “merely a matter of putting oneself forward” but it means “being transformed into communion in which we do not remain what we were” (Gadamer, p. 379). Engaged in DNP studies, I have found that I have been transformed through a communion in which I have not remained the same and to which I

yet have to fully appreciate. My practice, my way of being in this world, has changed in light of how I have come to understand and appreciate traditional theoretical and philosophical knowledge traditions within my own caring practice as a teacher, nurse consultant, and advanced practice nurse (APN).

Discussion Plan: Becoming

Part II—“becoming” of this SCP begins like the first phase of this narrative with a “sorting out” of what is happening here. “Becoming” unfolds into four pathways:

- a. Personal pre-understandings of “becoming”
- b. Etymological understanding of the language of “becoming”: DNP, scholar, and “becoming”
- c. Edith Stein’s—“Becoming, nurse, teacher, and scholar”
- d. Reflective case exemplars of a DNP student

In the text of “Nursing Soldiers,” a chapter in *Life in a Jewish Family* (Stein, trans. 1986), I discovered the *matter of human becoming* that speaks so eloquently to what happens in one’s journey to “becoming” a DNP in relation to caring practice as a means of being in the world. Human becoming is a journey of formation, of organic development. It is full of people, events, and points of arrival and departure. It is sacred. It is ultimately our inner self finding a way home again, finding this place within us where we live out our intellectual, moral, and aesthetic way of being—our spiritual being, with which we are gifted as “human beings.” It is a journey of sorts of the inner soul that is infinite. It is a longing within us for goodness, kindness, and compassion. It is a search for our own humanity and it is always, always, a path towards the boundlessness of love.

Personal Pre-Understandings of Becoming

The sort of growth in human beings that occurs as identity formation, particularly in professional life (in this case the transformation that occurs when one undertakes doctoral nursing studies), is not merely about knowledge and skill acquisition. I believe that it is about an inner formation. I discovered in transforming from a master's prepared advanced practice nurse to DNP, I was caught up at times within an inner space of "insecurity" and of "doubt" because, for a while, I lived in the in-between of the familiar and unfamiliar that is a part of "becoming." When with purpose and intent I sought to broaden and deepen my understanding of caring practice through doctoral studies, one of the things that happened to me was my expectation of myself gave way. I was unsure how moving forward would transform my identity as a nurse or how I practiced (e.g., teacher, APN, nurse consultant) or how I thought about the concerning events I encountered in daily practice as I navigated people and systems. Part of undertaking doctoral studies is having one's very understanding of self and the world they live in challenged by the theoretical and philosophical knowledge practices taken up in doctoral studies. For example: *Was it possible that the work of nursing theorist, which in my master's studies had framed my research endeavors, could now shape my community service work as a nurse consultant? How did "Return On Investment" theory from economics apply to my practice as a nurse consultant and how might the knowledge practices underpinning policy and advocacy work enliven my practice as a nurse, teacher, and consultant?* It is one thing to use these sorts of theoretical and philosophical underpinnings in knowledge practices, but it is another to take them up in everyday caring practice as means to negotiate and mediate uncertain clinical, patient, and family events.

As I entered into DNP studies, I was excited because the degree was focused on “practice.” As a student I found that although we undertake DNP studies with an image of what our studies might be, until my DNP studies were underway, the topics within the studies that addressed me and had me questioning my own pre-understandings were an enigma to me. But I had an expectation and appreciation that I would change with the undertaking of DNP studies. I felt an excitement and hope that wherever this journey led me, I believed that it would enable me to connect at a deeper level with the students I teach, the patients and families I see in practice, and the nurses and physicians I am honored to do consultation work with. I believe that we come to different junctures in our lives as individuals, as family members, and as professionals during which we decisively and with an appreciation embrace “formation.” However, it is perhaps the beauty of never knowing from the start in what manners our very “being” will be formed, that is a part of “becoming” that we cannot fully appreciate until we are immersed in the momentum of “formation” itself. The journey of “becoming” is a journey that happens within us, but it happens in the company of “others.”

The dialogue that follows reflects a momentum of questioning and answering that resembles the struggle (perhaps even confusion) I have undergone in trying to understand the “unknown” that is DNP caring practice. My understanding of “becoming” has been challenged and opened up as I take in the “matter at hand” that the text of “Nursing Soldiers” (Stein, trans, 1986) is revealing. More than in the narrative of “being,” here the give-and-take of pausing in a conversation is felt. The natural pausing of “oh but” and “what is happening here” and “I am lost -- can you explain” is built into the momentum of the evolving textual conversation. There is a searching, a sort of thinking out loud of the possibilities. This thinking out loud reflects the jolty cadence of back and forth that happens in the natural course of a conversation between

people and in the natural course of “formation” which I underwent as a student in the process of becoming a DNP. In this jolty cadence I am not alone; other stories enter the conversation in response to the natural “pauses” and “I don’t understand” stories that enlighten what I am not sure of or troubling over.

Etyymology: Becoming

Becoming

The word “becoming” (adj.) means to appropriate (Harper, 2010), in the (n) form. However it means a “process of change” that originated in Aristotle’s insistence that “becoming” (Harper), in relation to being human, is a change from a lower level of potentiality to a higher level of actuality (Harper, 2010; Stein, trans. 1996). This prompts us to ask the following question: *What is involved in becoming a nurse, teacher, and scholar in the life of a woman?* All too often the tendency is to separate nurse from teacher from scholar from woman, but as a DNP I am all of these things at once, a unity of all three, not a fragmentation. Thus, I propose this question: *What is involved in changing from a lower level of potentiality to a higher level of actuality as a DNP?*

Translating the Philosophical Roots of *Bildung* and Finding Becoming

Jean Grondin: Philosopher

Human beings are historical beings in the sense that human beings “are called upon to form himself” (Grondin, 2003, p. 24) through education, culture, and formation. In German, the term *Bildung* means formation, a natural and organic development. Grondin explained, “In human culture, *Bildung* means the uniquely human way of developing inherent dispositions” (p. 24). Grondin points out that this sort of uniquely human way of development is a “matter of knowing limitations and humility” (p. 25).

Rachel Feldhay Brenner: Modern Hebrew Literature

Rachel Feldhay Brenner (1997), professor of Modern Hebrew literature, provides greater insight into the concept of *Bildung* as articulated by German scholars in the early 1900s. The pursuing of “self-education” has to do with our inner world, the “‘content of personality’ as the ‘meaning of life’” (Brenner, 1997, p. 26). The notion that self-improvement is the meaning of life lies in the understanding that the meaning of a human being’s life is gained from striving for goodness and spiritual beauty which shapes a human being’s obligation to sustain their individual moral conduct (Brenner). The origins of a human being’s moral “being” is rooted in his or her childhood. Moral formation begins within the space of family and neighbors; in this space children begin to understand themselves in relation to “others” (Brenner).

However, Brenner (1997) notes that the concept of *Bildung* was pivotal during the Enlightenment period of the late 18th century in Germany. For German women, *Bildung* had an “emancipatory thrust;” it held the possibility of a “future of egalitarian society” that would support the “fellowship of all human beings” (Brenner, pp. 27-28). This understanding of *Bildung* premises that human personality holds the possibility of self-improvement—a culling of intellectual, moral, and aesthetic beauty. This sort of human potential, self-education, and self-improvement happens in the context of human relationships and requires interaction (Brenner). Here in this space dwells the belief that self-improvement is the meaning of life, of human existence, and life is given meaning through the embracing and living out of one’s moral values for the better of society (Brenner).

Edith Stein: Philosopher

Edith Stein (trans. 2002) had been influenced by the enlightenment period and the possibility of a more just and equal society that embraced the fellowship of all human beings. As a student of psychology, philosophy, and later theology, Stein saw the potential that existed within every human being for self-improvement, but more than that, the potential for spiritual growth. Stein (trans. 2002) stated, “There are moments at which our entire spiritual growth awakens to the fullness of its life and at which this life appears collected in perfect unity. Knowledge, love, and action are then inseparably one” (p. 395). Stein emphasized that as human beings our understanding, feelings, will, and actions are not fragmented, but they are connected, entwined, and dependent upon one another: “Knowledge, love, and action are then inseparably one” and thus opens us to spiritual life (Stein, trans. 2002, p. 395). Stein’s message is simple—human beings are “spiritual beings.” Human beings are endowed with the ability to question their own existence and thus, are gifted with intelligence, love, and the ability to “serve” others (Stein).

Stein (trans. 2002) turned to Augustinian tripartition to interpret the *becoming* of a spiritual being as a tripartite of “mind—love—knowledge” (p. 467), noting that knowledge is related to receiving and service and ultimately, responsive action. Stein asked one simple question: “What about love?” and in reply she premises that love mediates between knowledge, serving, receiving, and responsive action (Stein). It is through love that we reveal what lies concealed within our inner world to “others”...perhaps of all God’s gifts that are given over to the human person, love is the greatest of all. In the text of “Nursing Soldiers,” becoming unfolds as a spiritual becoming; the unity of knowledge, love, and actions (service) are revealed as unity within the organic development of a woman (nurse). The textual

conversation of “Nursing Soldiers” speaks to becoming in the context to “caring practice” and is revealed in the in-between of human life through a weaving together of events that change one’s life: arriving, traditions and rituals, textbook knowledge that gives way, “being with”—deep awareness of self and others and love.

Becoming and Events that Change One’s Life

Case Exemplar: Events that Change One’s Life

What is seldom recognized about Edith Stein was that she was a nurse and secondly that she had put aside her scholastic studies in 1915 at the outbreak of World War I to “nurse.” Stein entered “nursing” in response to catastrophic life and world events—the beginning of World War I changed the life of many people around the world. Edith Stein experienced the departure of many of her close friends and classmates as they went off to war as soldiers. In response, she embarked on what she called her “wartime service” with great thought and intention; she trained as a nurse and then accepted her post at Mahrish-Weisskirchen. She entered her wartime service against “heavy opposition” from her mother, so much so that she described it as “granite was striking granite” (Stein, trans. 1986, p. 319). She began her “service” on the typhoid ward in 1915.

In the midst of reading the text of “Nursing Soldiers,” I began to wonder about my own pathway to doctoral education. *What was it that propelled me forward on my journey into DNP studies?* For Edith Stein, becoming a nurse and later a feminist scholar began in her personal response to the life-altering events she encountered as a woman in the 1900s. The outbreak of World War I and later the cultural and social forces of the 1920s in Europe (e.g., forces that were shaping women’s lives), seem particularly poignant to Stein’s decisions to become a nurse and feminist scholar. During 1915, Stein began to question what she could offer her

friends and neighbors who had gone to war as soldiers, some never returning and others returning wounded. The suffering she saw in humanity is what propelled her forward even as she faced resistance from family and friends (Stein, trans. 1986). As a reader and interpreter of the text of “Nursing Soldiers,” I began to realize that the world is a meaningful place and that our presence, our existence is purposeful. I do believe that for myself as well as my classmates, we each entered DNP studies with a specific purpose in mind and in response to meaningful events in our own lives. Thus, my undertaking DNP studies came to focus on “becoming” something and someone in response to life events that either challenged my “being”--a nurse--or called my attention to how I might become a “better” nurse.

Reflection—The Events that Changed the Life of an Advanced Practice Nurse

Although in my own life the events which propelled me forward to participate in doctoral studies were certainly not as catastrophic as the events which Edith Stein faced when she entered as a nurse into wartime service, they were for me a place of personal awakening and questioning. What propelled me forward came about as the result of a choice point in my own life, an event that turned my attention and made me question, “what is my purpose here?” A natural aspect of a person’s organic development is awaking to questioning our own existence, of learning to listen to your inner self and be self-reflective.

I have worked as a nurse for many years and much of my nursing career has been spent working with patients, families, and nurses in rural and remote parts of the north. The event that turned my attention and caused me to think about a DNP degree began in my participation in a summer internship with a leading nurse researcher in Canada. During the internship I was part of a focus group being conducted by government health policy planners in conjunction with nurse researchers and social science and human resource researchers whose focus was

exploring the poor retention rates of nurses in northern nursing stations. It was during that dialogue that I began to question how the evidence generated by nursing, social science, and human resource researchers was or was not capturing what was happening in the topic of rural nursing shortages. Moreover, I became strikingly aware that although I was a master's-prepared nurse, I did not have the depth and breadth of understanding nor the language of research methodologies to enter fully into discussions with researchers who were presenting findings of massive systems-related intervention projects. These projects were shaping how health care institutions and policy makers were structuring the world of nursing. In fact, as a nurse leader in the room, I was taken back by how many nurse leaders--including myself at times--have simply read the abstracts of these large research projects and made decisions based upon either the abstract or the two page executive summaries. We were basing our decisions on the notion that because it was research conducted by Canadian Health Institute Research Nursing Chairs, the results must be sound and their recommendations should be followed and taken up without giving thought to the unique context of our individual practice environments. The outcome of that sort of thinking has been devastating. The staff-mix research that has been developed over recent years has been utilized and abstracted by hospital administration teams in many situations in Canadian acute care facilities to reduce the number of registered nurses (RNs) at the bedside and replace them with registered practical nurses (RPNs). At the time, I had doubts about whether making decisions based on what I considered to be my own limited interpretation and translation of research findings was competent decision making on my part as a nurse at the nurse leadership level. But I was enamored and swayed into a lethargic sort of groupthink, mesmerized by the potential of nursing research and the momentum of the "evidence-based" and "best-practice guidelines" generation.

Indeed, my experience of participating in the summer internship program was one of those moments that one can call an epiphany, an awakening. I realized that if I was to continue to teach nursing students and participate in community service work with rural nursing colleagues, patients, and families, that I had to become both versed and fluent in the language and traditions of knowledge practices that are of importance to the discipline of nursing. In the complex and acute landscape of nursing and health care today, a nurse such as myself, whose role includes a leadership component, cannot afford to be illiterate in the language of nursing theory, research, and philosophy. Given the social, economic, and political environment in which contemporary nursing is being shaped, it is irresponsible and short-sighted. *Somewhere in the course of that internship I began to wonder what ever happened to nursing being a practice profession? Although I was taken up by the passion nurse researchers had for the phenomena that formed the core of their individual research, I was still left wondering at times—what about practice?* There were times when the focus was so much on knowledge development that the utility of knowledge development itself in the context of contemporary health care was lost to me...it seemed estranged from what was happening between nurses and patients as they struggled to sustain care in practice. It was a feeling that I could not find words for and to this day I am unable to express fully.

Shortly after participating in the research internship, I enrolled in several doctoral nursing courses in a PhD program, in particular nursing philosophy, systems theory, and qualitative and quantitative nursing methodology courses. Here I was swept away once more with the doing of “research” but again I felt miles away from “practice.” I have no doubt that being exposed to studies in nursing philosophy, particularly philosophical hermeneutics, ignited a passion in me to better understand traditional knowledge practices in the context of

daily life and certainly propelled me to look beyond the traditional doctoral education that was shaping Canadian nurse scholars positions on doctoral studies. I believe that my exposure to PhD studies in nursing, even for a short window of time, influenced in different ways my search for a doctoral program in nursing that was focused on “practice” instead of “research,” one in which traditional knowledge practices are taken up within “caring practice” as a means of interpreting and translating my “being in the world of nursing.”

Becoming and Arriving

Dialogue: Arriving in a Personal Journey of Becoming

Part of becoming a DNP is undergoing nursing studies and practice in the classroom, laboratory, and clinical setting with the intent of improving or bettering one’s understanding of concernful care events and reciprocally improving the care of those we serve. The student phase of becoming involves being mentored, advised, and supervised. It involves long hours of studying topics both familiar and unfamiliar to one’s daily life and being confronted with ways of knowing that may be alienating from how we have understood our world up to this point. Being a student is a time of growth, challenge, confusion, uncertainty, and humility, but this is all a part of human organic development. Just as we learn to walk when we are children, we learn to walk, fall, and gain our balance as we undertake DNP studies.

But at some point, studying ends and students take the next step. Nursing is a practice profession and once students grasp their studies, this new understanding (knowledge) is applied to actual caring practice. However, human knowledge interpretation and translation in real-time practice is always an intellectual, moral, and aesthetic way of being in the face of the “other.” A DNP’s thoughts, actions, feelings, and will are focused on serving humanity, on goodness, kindness, compassion, and ultimately love. There is a natural, sometimes silent,

stepping that moves back and forth from being a student to being a practitioner, and it is often most notable in “arriving” where the formation of a practitioner moves to the next level, when theory is translated into practice. Students are in a place of low potential when first unpacking new knowledge (e.g., coming to understand one’s pre-understandings and moving towards new understandings). But, as a student translates what has been gained through studying into practice as a practitioner, then their potential has endless possibilities and their formation (self-improvement) is moving from potentiality to actuality as they apply new understanding in their caring practice.

Case Exemplar: Arriving to Nursing Soldiers

In the text of “Nursing Soldiers” (Stein, trans. 1986) “becoming” happens when a nurse “arrives” no longer a student but a practitioner to a Red Cross hospital. In “arriving” as nurses’ there is a overwhelming sense of commitment, obligation, and responsibility in serving an “other” and in sustaining one’s own “potentiality and actuality.” Arriving represents a huge step in human formation:

She assigned me to the typhoid ward. By telephone she announced to the large Riding Academy that I had arrived. I no longer remember who took me there. Leaving by the back door we passed by the small Riding Academy to reach the large one....Just inside the front entrance, the first room on the left was a small one for the use of the physicians on night duty; next to it was a room for the nurses. To the right of the entrance were found the bathroom and a small ward for any patients whose contagious disease required isolation from the others. (Stein, trans. 1986, p. 323)

The nature of arriving that is captured within the text of *arriving* brings to light what happens when [we] “arrive” and experience “being announced” as nurses. It happens so quickly when

[we] first become nurses or grow as nurses (moving to DNP practice) that it is difficult sometimes to remember when I arrived and realized that I was thinking about my practice differently and understanding the world and how I “fit” into it differently.

Reflection—A Nurse’s Memory of Arriving

How many of us remember the first day we walked on to a ward no longer a student, but a nurse? And as we were “announced” and oriented to this new phase of our formation, there was a sense of expectation accompanied by uncertainty, but at the same time excitement and hope. As we “leave” and “enter” into the next phase of our formation, we work alongside our colleagues (physicians, nurses, aides); we “enter” the ward and begin caring for “patients whose contagious disease required isolation from others.” Part of the announcing is not only arriving to a landscape of caring, but it is recognizing that the landscape has changed because we have been transformed. We now stand on our own, not as students but as practitioners and as colleagues with others in caring for “others” and in doing so accept responsibilities and moral obligations. Although we have stood in these hallways as students, now we stand as both a student and a practitioner and we must once more sort out this world from a different stance.

Becoming: Arriving to Traditions and Rituals

Case Exemplar: Arriving to Traditions and Rituals

Our obligations and responsibilities are being shown and given to us through the rituals, traditions, and routines that are already in play when we arrive into this living world that is full of people and events. In practice the people we care for and the events of caring call our attention and draw us in. The people we encounter in moments of caring challenge our very understanding of who we are and what we do and how we live out our caring practice. Often, without a great deal of thought, in the moment and momentum of practice, we take up the

everyday management of disease, illness, and infection control that has become so much a symbol of health care that sometimes we forget to attach a human face to it all. Traditions and rituals teach us the core values and beliefs of a community (health care) and of a family (nursing) of which we are now a member. Traditions and rituals teach us about what is important in caring for others. Moreover, traditions and rituals are not static: traditions change in light of the social, economic, and political structures that shape everyday social-life. We are not static: we change as self-aware and evolving human beings. Human beings, because of our humanness, have an inseparable intellectual, moral, and aesthetic inner world.

I was given a white medical gown, which was to cover both my nursing uniform and its white, bibbed apron. We removed the gown whenever we left the typhoid station, minimizing the chance of carrying bacilli to other areas. Also, a basin filled with a disinfectant solution was kept in each ward; one dipped one's hands into this every time one had touched a patient. Altogether, disinfectants were in liberal use every-where. Soiled laundry was at once put into large tubs containing a Lysol solution. (Stein, trans. 1986, p. 324)

Even the rituals of everyday practice, of medical gowning and of hand washing, inform nurses of their obligation and responsibility in enacting the knowledge that they learnt as students about "isolation" and spread of bacilli in everyday practice in an "intelligent, moral, and aesthetic" manner. As practitioners, our ability to sustain consistent, competent practice in serving "others" sustains the wellness and health of our patients, self, and the community of practitioners that form our health care "family."

It was a matter of pride that outbreaks of new infection very seldom occurred in the lazaretto. The saying went that if Matron herself were to become infected, she would

die not from the typhoid but from disgrace. Typhoid bacilli are not transmitted by the breath but only through the excretions of the patients. Contact with these, of course, cannot be avoided while caring for patients. But if one is careful about washing immediately, one is safe; infection, therefore is a sign of lack of cleanliness. (Stein, trans. 1986, p. 324)

Part of becoming (self-improvement and formation) is moving beyond one's interior self and seeing the "wholeness" of our being in the world and how our knowing, feeling, acting, and willing are connected to the external world we live in— are connected to the lives of those we serve. Medical gowning and hand washing was connected to the "typhoid station" and the spread of bacilli and this was connected to "disinfectant stations" on each ward and "liberal use every-where" and "soiled laundry" and "tubs of Lysol solution" each practice a part of the human chain of infection that was in place to stop and control the spread of bacilli and ultimately protect human life.

Becoming and Textbook Knowledge

Dialogue: Textbook Knowledge

In the safe embrace of fellow students and teachers, students unpacked topics and meanings relevant to their own practice as DNP students. In the embrace of fellow students and teachers, students discover their own limited understandings, and indeed their misunderstandings. In this space students are safe to test out their thinking in the horizon of another person. Upon arriving as a soon-to-be DNP, students find themselves no longer in the space of the classroom, but in the practice world. This new space can be on the clinical ward, it can be in the boardroom, it can be in another classroom where a student is now both the teacher and the student all in one.

In the practice world, textbook knowledge is enlivened as it is taken up within everyday human relationships and theory gives way to new understandings, new possibilities. In practice, textbook knowledge is challenged in the light of everyday troubling clinical events. In practice, students question evidence-based knowledge; discover how knowledge can be taken up in practice and how to interpret and translate evidence into practice in an intellectual and morally sound manner. This is humbling because students must question their own misgivings, misunderstandings, and limited understandings of “evidence.” Students have to recognize in themselves what they do not understand or have insufficient familiarity to apply. As self-awareness and awareness of “others” grow in relation to DNP studies, students realize how their view of the contextual aspects of practice shift and change. Students become more vividly aware of the social, political, and economic realities of the practice world they stand in and how they might have once taken for granted the institutional and professional practices that sustain such realities. Students are now beginning to not only question such forces, but reflect on how they have participated in such practices and whether or not such practices have led to caring practice, or indeed have diminished caring practice. Students now consider how as individuals they can become more critically involved in shaping health care practices and speaking with intelligence and criticalness to health care practices that are diminishing nurses’ ability to serve “others” in compassionate, intellectual, and moral manners. What was textbook knowledge in the classroom is translated into intellectual, moral, and aesthetic way of “being” as a DNP.

Case Exemplar: “Textbook Knowledge” Gives Way in One’s Becoming a Nurse Leader

Our understanding of textbook knowledge happens within our interpretation and translation of the “matter at hand” that exists within the text and is transformed in the space of

our “being with” others. In this space we are called to interpret the world we stand in and to translate textbook knowledge into living, purposeful, and meaningful caring practice:

I had never yet seen a typhoid patient; I had only textbook knowledge about the causes, symptoms, and the course of the illness. So, of course, to begin with, I had to learn all about the work and I probably made some mistakes, too. I remember only one of these; in passing. I noticed one patient whose teeth were chattering from a chill. I fixed a hot-water bottle at once and put it at his feet. Even the patient laughed at that—he happened to be lying in cold packs. (Stein, trans. 1986, p. 324)

All of a sudden the abstraction that is typically textbook knowledge gives way in the face of another “human being.” One’s understanding of causes, symptoms, and the course of illness find new meaning as a nurse engages in learning “about what is happening here” in the face of a patient “whose teeth were chattering from a chill.” In the space of “being with” as a practitioner, one is confronted with the difficulty in interpretation and translation of abstracted knowledge into living “knowing, feeling, acting, and willing”. Here the fragility of human intellect, morality, and aesthetic “being” is revealed: “I fixed a hot-water bottle at once and put it at his feet. Even the patient laughed at that—he happened to be lying on cold packs.”

Reflection—A Nursing Teacher’s Experience of Textbook Knowledge

This particular vignette of textbook knowledge drew my attention as a reader, interpreter, and DNP because of the “difficulty” that was revealed in it. Knowledge is a product of human intellect, and knowledge is interpreted and translated into daily practice in response to human need. This translation begins in the “inner” world of a human being, where one’s values and beliefs balance how knowledge is awoken and taken up as “knowing, feeling, acting, and willing,” an inseparable entity of a human being’s “inner” world (intelligence,

moral, and aesthetic being). This brief scene brought to light for me a different understanding of human knowledge and the traditions of knowledge-making in relation to caring practice and “becoming” a DNP.

On one hand, nurse researchers build discipline-specific knowledge through scientific practice and knowledge is abstracted; thus it is a product of human intellect. As a DNP, I translate objectified knowledge into daily life, into my caring practice. As a DNP, I breathe life into abstracted knowledge by thoughtfully and critically taking abstracted knowledge into my own inner world where I question and ponder and consider how it applies to my present understanding of “causes and symptoms.” My ability to interpret and translate the world I live in, including man-made knowledge products, is dependent upon my intellectual, moral, and aesthetic “way of being in the world.”

In the moment of “chattering teeth,” it struck me as a reader that the understanding of knowledge as it occurs in “research” is quite different than understanding knowledge as it is taken up in one’s “inner world.” In one’s inner world, chattering teeth unfolds within an inseparable human way of being (e.g., knowing, feeling, acting, and willing) in response to “chattering teeth”...“I fixed a hot-water bottle at once and put it at his feet”...he was “lying on cold packs”...“even the patient laughed.”

In this simple but humble story of a new nurse’s mistaken understanding, I was awakened to how practice-focused and research-focused doctorates are different; yet they are irrevocably joined as all knowledge begins in the “inner world” as intellectual, moral, and aesthetic “being.” To the best of our knowledge human beings are the only creature that we know who can question their own existence. This short exemplar speaks to the notion that knowledge for the sake of knowledge has no human end. In nursing all knowledge leads back

to humanity, we are a practice profession and at the core of the profession is “caring practice”—nurses serve society and we do so through our inseparable intellectual, moral, and aesthetic being, that is being human. DNPs such as myself may be involved in scientific knowledge practices, but my focus is caring as a means of being in the world. My focus thus begins in understanding my “inner world” of intellectual, moral, and aesthetic “being”; it does not begin in the external world where knowledge of typhoid is an abstraction free of the ramifications of “being with,” free of chattering teeth and laughter.

Becoming and Love

Dialogue: Love and Becoming

As a DNP, I interpret the world I stand in and translate the knowledge of researchers in real ways into daily life through my “inner world,” and here knowledge is not abstracted by scientific method. There is a messiness within human intellectual, moral, and aesthetic “being” and there are infinite possibilities in the manner in which this sort of human understanding as it appears in my “knowing, feeling, acting, and willing” will unfold in my daily practice.

Case Exemplar: Love

The sort of practice then happens in being face-to-face with an “other,” working with them to figure out what “best be done.” In this space of caring practice, there is no one answer, no one possibility. The likelihood of misunderstanding is constantly present; in this space there is emotion, there is will and there is humility, and hopefully forgiveness of self in the face of the “other.” Here, in this space the potential for love exists:

I got the impression that the sick were not used to getting loving attention and that volunteer helpers therefore could find endless opportunities to show their own

compassion and love of neighbor in these places of suffering. (Stein, trans. 1986, p. 298)

One's caring practice can be more than technical skill and knowledge application, if we see our own humanity in all we do so that we can see the humanity in those we serve. Love is a mediator between knowledge application and serving others (Stein, trans. 1996). *If as individuals we do not fully embrace our intellectual, moral and aesthetic "being," then do we ever actualize our full potential? And if we don't, then do we not suffer as well as those we serve?* If nursing is truly about "caring" and serving, if I as a DNP fail to understand the meaning of being "practice-focused," my caring practice may never fully be actualized in the face of human suffering.

Reflection—An Advanced Practice Nurse's Reflection of Love

The nurse researcher may never completely understand the many different ways in which the outcomes of his or her practice—the knowledge products of his or her research, are taken up in practice by nurses, patients, and families; they may never witness the "chattering teeth" and the application of "heat" in response to discomfort that was meant by "laughing." The chattering teeth and hot water bottle is a simple exemplar but in its simplicity the humanness of knowledge practices in relation to caring practice as a way of being in the world is enlightened.

Thus, human becoming is about moving from potentiality to actuality in relation to human formation within a human being's "inner world." In the life of a nurse, caring is love, love for humanity (Stein, trans. 1986). Moreover, human becoming is about the inseparable intellectual, moral, and aesthetic being. From this perspective, a practice-focused doctorate returns to the inner world of being human. Here knowledge is not abstracted, but rather,

knowledge is transformed into knowing—it is internalized and interpreted as human understanding and thus, it is a living and purposeful means of being in the world, that unfolds in daily life within a weave of “knowing, feeling, acting, and willing.” Becoming unfolds in the midst of human relationships and in connection to who we are, what we do, how we feel, how we think, and how we act and exude will in the world around us in response to human need, suffering, and joy. It is through our inner world that we are able to know the external world and it is through our intellectual, moral, and aesthetic being that we are able to connect and make meaning of the people, events, and materials of the human life we are embedded in as practitioners. It is through our inner world that we are able to envision how economics, politics, and social systems interface in our everyday life in tangible and intangible manners. Moreover, it is through our inner world that we respond through our intellectual, moral and aesthetic being in a fusion of “knowing, feeling, acting, and willing.”

Becoming and Being With

Dialogue: Being With

As nurses, each of us individually, because of our unique “inner world,” takes our own path in becoming, self-improvement, and formation. But it is perhaps in practice where our journey has the greatest potential to take shape as we enter into the relationship of nurse and patient. In this space of “being with” an “other” we encounter our own values and beliefs and understandings of the “matter at hand” that both I as a nurse and they as a patient are attempting to unpack. In the space of “being with,” the highest potential exists for developing our “intellectual, moral, and aesthetic being.”

Case Exemplar: Being With

In the context of being with another, a nurse's understanding of the world deepens and broadens. In this space, a nurse not only enters into a dialogue of caring as a nurse, but it is here in this intimate space of human relationships that a nurse learns to listen, to be present, and to learn the language of chattering teeth and facial grimacing that cannot possibly be encountered in such a fleshy and breathy response in the text of causes and symptoms of typhoid. In the space of "being with," a reader encounters not only the "other" person, but encounters one's self in all of one's misgivings, misunderstandings, and imperfections. The potential resides for self-improvement through self-awareness and, reciprocally, awareness of the "other." For in this space a nurse has the opportunity to be kind, compassionate, caring, and loving. A nurse has the potential to purposefully be present with another and to understand something by undergoing "being with." Here, in this intimate space of "being with," intellectual, moral, and aesthetic "being" is being challenged by being receptive to the other in a manner in which is responsive and open to understanding. Nursing is a practice that requires nurses utilize intellectual, moral, and aesthetic "being" as a "whole." When nurses enter practice for the first time, or when they change settings or take on new roles, their inner understanding of caring transforms with each new change.

Soon after my arrival, Sister Loni gave me a tour of the ward, showing me all the equipment, and informing me about the patients. She called my attention particularly to the patient most seriously ill at the time.His mouth was constantly filled with a mucus which was frequently blood-stained, Sister Loni told me I was to cleanse his mouth with a small cloth whenever I passed by his bed. A look from him always expressed his gratitude for this small service of love. Talking was totally impossible for

him; he had completely lost his voice. On every round he was given a thorough examination. The doctor would then discuss his case with the nurses at the bedside as though Mario was unable to understand a word. But, by his large, brilliant eyes, I noticed he clearly understood and eagerly awaited each word. Usually he lay there very quietly, following us, however with his eyes. (Stein, trans. 1986, p. 325)

I have read this short narrative to my undergraduate students when we discuss presence and when we explore Chinn and Kramer's (2004) theory of integrated knowledge development and multiple ways of knowing in nursing. When read aloud by students, this short piece of text is haunting, and students find it meaningful because it expresses the complexity of what caring means as a living way of being: "showing me all the equipment, and informing me about the patients and seriously ill patients." Nursing has been and will continue to be shaped by technology and efficiency practices, but such practices alone have no human ends. Ultimately nursing is a profession that dwells in the sanctity of human relationships. Simple actions done in response to physical symptom manifestation—a mouth filled with mucous, brings a nurse into the intimacy of human relationships in relation to "a look for him always expressed his gratitude for this small service of love" are a part of a nurses authentic way of being in the world (Stein, trans. 1996). Moreover, it is a nurses' understanding of pathophysiology that opens up their understanding of why the patient is having thick mucous and to what ends they can help those in their care.

Discussion

Becoming in relation to a human person reflects natural organic development (formation). Although the DNP role is an emerging role, because it is practice-focused, it has historical and ancestral roots that are different than research doctorates which are rooted in

academic scholarship. What I discovered in this short case exemplar about the organic development of a nurse is that the traditions of women's caring practice in the family are deeply entrenched in our inner being as human persons and support our formation as nurses. At the heart of nursing is caring practice and ontologically, caring is a means of being in the world that reflects an inner harmony of "intellect, moral, and aesthetic being." Our inner being, our spiritual being, mediates the knowledge traditions and practices of the practice setting (e.g., infection control measures, dressing techniques). Moreover, it is our spiritual being that comes to bear in "being with" an "other" in moments of human suffering and joy. It is our spiritual being that interprets abstracted textbook knowledge in moments of caring practice. We have been so carried away in the evidence-based tide of health care, that we forget that knowledge for the sake of knowledge without human ends, has little meaning. As DNPs, our ability to translate and interpret theory into practice is a moral imperative; it comes with a sense of obligation and responsibility because our nursing practice is based in practice with patients, families, students, and colleagues. Becoming then in context to being a DNP can be mapped out as an intellectual, moral, and aesthetic formation. Table 13 illustrates the essential elements of DNP becoming. From a spiritual perspective (intelligent, moral, and aesthetic way of being), the essentials of DNP becoming are knowledge, love, and service. It is through the culmination of knowledge, love, and service that the meaningfulness of DNP charism is achieved and our identity as DNPs takes shape.

Table 13: The Essentials of DNP Becoming

Becoming	Essentials	Meaningfulness of DNP Charism	Characteristics of DNP Identity
Organic Development (Formation)	Knowledge	Self reflection and inner awareness	Flexible practitioners who can grasp new understandings and confront personal pre-understandings.
Self-Awareness	Love	Moral imperative reflects commitment, obligation, and responsibility	Self-awareness —being able to recognizing how our knowing, thinking, feeling and acting is connected to the world in which we live.
Intellectual, moral, and aesthetic being	Service	“Being with” calls for the translation and interpretation of abstracted knowledge and lived experience to human ends.	Translators and interpreters of theory-into- practice as a DNP is a means of moving from potentiality to actuality.

What I have learned in undertaking DNP studies is that being awakened to what you do not know is always a space for potential, for self-improvement, and growth. But it requires time (for a while) to sort it all out, in searching and taking a risk, putting yourself out there.

Stepping back into the student role at the doctoral level is both exciting and scary, wrought with vulnerability, doubt, and humility. But once the step was taken and I arrived to the classroom for the first time, it was overwhelming as one is embraced and given over to a family already in motion. Becoming in relation to being a DNP student is an amazing space of transformation. In this space, DNP students have the support of colleagues and teachers to reach deep inside themselves and recognize their potential. It is through being with a community of colleagues and professors who walk along side you as students, that students begin to discover their potential and find the strength and courage to interpret and translate theory into everyday practice. In this space, students begin to understand and discover their “actuality” as teachers, practitioners, and nursing advocates.

Chapter Five

Belonging

The human mind is revealed in the *design of the human personality* itself.

What a person is, what lasting special character he takes on in the course of his life, his insights, his accomplishments, the enduring principles of his behavior, are to a large extent the consequence of what others have made of him and what he has made of himself.

(Stein, trans. 1996, p. 220)

I now am at the end of my DNP studies and here I sit doing the final touch ups on my systems change project. Questions enter my mind: *What will I be when this is all said and done? How will I belong differently to the “world”? Through this organic development, how have I changed? In what ways will my “caring as a means of being in the world” be different?* The future is not written, it is infinite, and it is possibility that lies stretched out in front of me...

Introduction: Belonging

This systems change project (SCP) began in the momentum of community service, in the everyday chaos of consultation work in context to DNP studies and faculty nursing practice. In many ways, “belonging” comes full circle to a place of beginning once more, of new possibilities and potentiality as I step from doctoral student to DNP-prepared nurse. Although I step into the larger family of DNP nurses, I am unsure what this pathway will look like or where it will lead. The scholastic work of DNP-prepared faculty are appearing here and there throughout peer-reviewed nursing journals, but it remains uncertain or at least confusing as to the dynamics of DNP scholarship. My colleagues and I have yet to take these next steps in our development. *How will our scholarship differ and what will it look like? How will we sustain the traditions of charism in our practice? Will our social justice roots be apparent in how we practice? How will we as individuals enter into community service, in what manner will it be— through research, political actions? What sorts of roles and positions will [we] hold? How will our individual practice connect us to our communities of practice, to society and to the world? What does it mean to “belong” to society through our practice?* Often the notion of belonging in conjuncture with being a nurse is understood as belonging to the profession, but I question how I will belong to the world around me, to my community and to society.

David Jardine (2002), a Gadamerian hermeneutic scholar in the discipline of education, explains becoming as what happens when you begin to “know your way around” a topic or a discipline. In his explanation he draws on his experience teaching math to Grade Two students. He explains that teachers learn to “live with trying to treat children’s questions as full of mathematical portend....one gradually becomes ‘experienced’ at hearing the nuance and

difference that each new situation brings” (p. 7). He associated belonging with becoming experienced at something and “having [become] someone because of such experience, someone ‘experienced’ in mathematics” (p. 7). From this perspective in the context of DNP practice, I wonder how DNPs and patients, families, and nurses might become experienced in treating questions of troubling practice events as questions about the heart of nursing—“caring practice” rather than a problem that needs solving. How might our caring practice capture scholarly thinking but sustain caring practice as a means of being in the world?

Discussion Plan: Belonging

Part III—“belonging” of this SCP begins as the first and second phase of this narrative did, with a “sorting out” of what is happening here. “Belonging” unfolds into four pathways:

- a. Personal pre-understandings of “becoming;”
- b. Etymological understanding of the language of “belonging”--DNP scholar
- c. Edith Stein’s—“Belonging to the family of nursing and to community and society whom we serve”
- d. Reflective case exemplars of a DNP student

Personal Pre-Understandings of “Belonging”

My practice takes place in both the clinical setting and in the world of academia, which at times feels like a contradiction in terms, because the foci of academia and the practice setting can be miles apart. There is no doubt that major evidence-based nursing projects are taking place in the clinical setting across Canada. However, for nurse leaders in administrative and clinical advanced nursing practice positions, the problems that confront nurse leaders are being solved *in the moment*. The ability to apply evidence in real-time at the leadership level is critical. The decisions of Monday morning are seldom of concern on Friday, although they can

be connected if there has been no time to properly address Monday's concern. *Over the last year I have begun to consider what I can best contribute in nursing over the remainder of my professional career: what phenomena or what population can I best serve?* How can I align clinical and scholastic endeavors? What concerns me most often, whether I am in the clinical setting as a practitioner or on clinical with students or in the classroom with students, is that the caring practice of nursing is being diminished through economic and efficiency practices that are redesigning nurses' caring practice. I am interested in better understanding:

1. Caring practice in relation to how we serve "others";
2. How knowledge practices (i.e., Gadamerian hermeneutics, institutional ethnography) once used primarily as research methodologies, may be taught to students as a means of interpreting their care environments and the organizational, political, and economic structures that shape nursing caring practice;
3. The tenets of social justice through Catholic social thought and natural law and how in this light social justice may be a moral framework for DNP community service;
4. The different means in which DNP practice reflects social justice.

The scholarly endeavors that form the basis of my research are tied to the origins of women's traditional caring practice in family. In this SCP, I have touched on the theological underpinnings of women's caring practice and how the connection between intellectual, moral, and aesthetic being exists as a way of knowing and being in the world.

It is my intent to continue to move forward with unpacking the work of Edith Stein in relation to a different means of understanding feminist caring practice in clinical practice and in academic nursing scholarship. I am working as a nurse consultant with a group of medical scientists. In this role, I translate the meaning of nursing practice in the context of chronic

disease interventions between nurses and medical scientists; recently I have been translating between physicians and medical scientists. My purpose on the team is “practice”; it is not primarily the “research” although both are connected. As a consultant, I am interested in *how the tenets of social justice can be applied and lived out within everyday consultant practice? What might dignity look like when working with rural nurses? How is solidarity taken up within a practice/research team? How might the tenets of social justice be translated into DNP leadership? If the tenets of social justice can be enlivened in the practice of DNPs, how might social justice be evaluated at the academic level differently? As a nursing teacher working with undergraduate nursing students, how might social justice tenets inform curriculum and be lived out in the classroom, lab, and clinical settings with nursing students and clinical and teaching faculty?*

Etymology: Belonging and DNP Scholarly Practice

Belonging

The word “belonging” can be understood in relation to the qualities belonging to someone or something (Harper, 2010; Hoad, 2001). In the 13c, the French meaning of the word refers to “belonging to man”; in Old English, it is related to humanness (Harper, 2010).

Doctorate of Nursing Practice

The word scholar comes from the Latin word “scolere,” meaning “student” and is connected to the (n) doctor in the 13th century meaning “religious teacher, adviser, scholar” (Harper, 2010). In classic Latin—“teacher”—is from the noun “docere” or “to show, teach, cause to know” (Harper). Sometime in the 16th century, this term began to be associated with the German word “doctor,” meaning medical healer (Harper). The Princeton online dictionary describes the meaning of the word “scholar” as a “learned person; someone who by long study

has gained mastery in one or more disciplines; takes up knowledge or beliefs.” Thus, the Doctor of Nursing Practice is a culmination of

- a. *Scolere*—student and (n) doctor—teacher, adviser, scholar; healer (Harper, 2010)
- b. *Nutricis*—nurse--in the 1530s meant a “person who takes care of the sick” (Harper)
- c. *Practiser*—practice--the verb in the 15th century meant “to practice”, rooted in the Latin word *practicus* “practical”; in the 1560s the (adj.) *practiced* meant “expert” and is connected to the word “*praxis*”; in the 1580s, the word’s meaning came from the Greek “*praxis*”—“practice, action, doing.” (Harper)

Scholar

In nursing, the meaning of the word “scholar” has been taken up by many different nurse scholars. However for the purpose of this work, Meleis (1992) provides a broad understanding of a scholar that is still used in nursing today. Meleis emphasized:

A scholar is a thinker, one who conceptualizes the questions as well as pursues the answers. A scholar is able to see the questions as parts of the whole of the discipline. A scholar has a sense of history, a vision of the whole, a commitment to a discipline, and an understanding of how scientific work is related to the discipline’s mission and to humanity as a whole. A scholar has a lifelong commitment to the development of knowledge in the discipline and therefore is always engaged in a systematic program for knowledge development. A scholar is flexible, has a well-developed theoretical orientation, and seeks and engages in pertinent philosophical debates. A scholar has a passion for excellence and a sense of integrity about science... (p. 328)

To be a DNP and a scholar is to purposefully pursue and seek to understand events, topics, and/or subjects that are of interest to the profession of nursing through a dialectic process of

questioning and answering. Within the context of the DNP role, a scholar could mean being an advisor, teacher, and student in relation to working with “others” (e.g., colleagues, students, patients, and family) to sort out complex practice events. Moreover, a part of what we can offer as DNPs to those we work along with is a keener ability to see the questions that arise in troubling events as part of the whole that is nursing. It is to have an understanding of the “past” as it resonates in the “present”—what is happening “here” in relation to what might happen “there”—the future. *Is being a teacher, practitioner, and advisor then what it means to “feel responsible for the purposeful and meaningful application of discipline specific knowledge and knowledge from other disciplines” in the pursuit of sorting out troubling practice events? Therefore, to be a learned person, means I as a DNP have studied and gained a sense of mastery in the knowledge (practices) and “beliefs” that are specific to the discipline of nursing.*

Belonging: Family, Community, and Society

Dialogue: Belonging

Etymologically, the roots of the word “scholar” suggest that as scholars we are a weave of student, teacher, scholar, and healer; we do not exist as fragmented “human beings” but as unity of “being.” DNPs are a culmination of student, teacher, scholar, and nurse, not one or the other. Secondly, a scholarly thinker is someone who is always and already interpreting the world around them, always in search of questions, recognizing that there is never one “answer,” never one “truth”: the pursuit of knowledge is a way of “being human.” In the in-between of being a nurse, teacher, and DNP student, in undertaking DNP studies, students become someone that they have yet to fully appreciate, and yet to know as they enter the world of DNP practice.

We are yet to understand how DNPs will individually pursue their organic scholastic development; this is unknown. I am this next generation of nurse scholars and I have yet to live this understanding out. I am yet to discover who I am, what my role will be in the context of spaces I live in—the classroom with undergraduate nursing students, the consultation table with medical scientists on chronic health intervention teams, in the community with rural nurse leaders sorting out rural nursing concerns. The confusion around what “practice-focused” means in context to scholarly thinking and community service work awakened me and drew me into exploring the roots of women’s caring practice in context to women “becoming” a nurse, teacher, and scholar.

Case Exemplar: Nurse Leader Belonging to Family, Community, and Society

In *Nursing Soldiers*, a chapter in *Life of a Jewish Family* (Stein, trans. 1986), Sister Margarete gives voice to what is meant by human “belonging”—in this case becoming a nurse is to become a fully “spiritual being.” In this section of the work, I have chosen purposefully to integrate Stein’s textual autobiographical and scholastic manuscripts together in the interpretation of “belonging” as a scholar. This exemplar illustrates the difficulty inherent in textual interpretation that involves more than one type of text and where the texts in context to a person’s life have to be seen in “wholeness” in order to appreciate the meaning of a topic. In this case, how an individual scholar shapes and connects the work of a life time. In what follows the interpretation involves both autobiographical and scholastic manuscripts.

Table 14 illustrates the formation of belonging, caring, and spiritual being. Here the scholarly practice of a nurse (Sister Margarete) is seen as a unity of knowledge, love, and service, *being in the world*—a nurse leader’s practice (taken from Stein’s autobiographical manuscript), and spiritual being (originated from Stein’s *Woman’s* education manuscript). I

utilized a table format for illustrating the relationship between knowledge, love and service as it is connected to caring and spiritual being. The table is one means of viewing the scholarly nature of belonging within the living momentum of a nurse leader's practice.

Table 14: The Unity of Human “Belonging” in the Life of a Nurse Leader

Belonging	Caring as a Means of “Being in the World”	Spiritual Being
Knowledge Knowing Felling Acting Willing	The human expression of caring may be shown through zeal (Roach, 1992). “A minimum of helpers she had set up this lazaretto under most difficult circumstances. Before she had even had the bare essentials on hand, the first transport of cholera patients had arrived” (Stein, trans. 1986, p. 322).	Open to Receiving Knowledge serves the living Knowledge is a means to personal growth (Stein, trans. 1996)
Love	The human expression of caring may be shown through love or compassion (Roach, 1992). “Kind and friendly, her manner, simple and natural, undemanding, but firm and determined” (Stein, trans. 1986, p. 322).	Love mediates between knowledge and service (Stein, trans. 1996)
Service	The human expression of caring may be shown through concern or solicitude (Roach, 1992). “Now she had a flock of a hundred and fifty nurses and aids to supervise; and she labored also under difficult working relationships with a Czech Director, with the doctors and the military command” (Stein, trans. 1986, p. 322).	Responsive Action--- Giving (Stein, trans. 1996)

In *Nursing Soldiers* (Stein, trans. 1986), Sister Margarete, through her caring for others, exemplifies the unity of human becoming in the life of a nurse, becoming as “knowledge, love, and service” which are the essential gifts given to every human being so that each person in their own individuality holds the potential to have a meaningful and purposeful life. Thus, becoming is “formation,” it is organic development in a human being. It is a spiritual way of

being that is about self-improvement and a human being's inner "being" expanding to its full potential in order to serve and love humanity.

Dialogue: Belonging and a Lifetime of Harmonized Scholarship

Edith Stein left the world a legacy of her personal and scholarly development as a nurse, teacher, philosopher, and theologian. If her work is seen in its totality, the wholeness of her development as a scholar is revealed. Seen in its totality, her life's work provides a simple example of what it means to be a scholar and illustrates how a scholar's being in the world through their practice (e.g., as a nurse, teacher, philosopher, and theologian) informs their scholarly practice and connects them as practitioners to their discipline, to the people they serve, and more broadly to society and the world. To better visualize the scope of a lifetime of scholarship and how a scholar's practice is connected to the community and society, it is useful to return to the language of "scholarly thinker" to illustrate what it means to belong through one's scholastic endeavors. In this case exemplar I have utilized Meleis's (1992) understanding of "scholarly thinker" as scaffolding to visualize how a scholarly thinker can intertwine the phenomena of interest they wish to pursue in relation to their discipline and the knowledge practices that underpin their discipline. Edith Stein studied in both: psychology and philosophy as did her mentor Edmund Husserl. In her doctoral studies her mentor was Husserl. Under Husserl Edith Stein developed as a Husserlian phenomenological philosopher. The phenomenon that drew her attention was "empathy" and it was a topic she studied throughout her life from different angles (e.g., nurse, educator, feminist scholar, philosopher, and theologian). Table 15 illustrates Edith Stein's lifetime scholastic develop and scholarly legacy. The essentials of a scholar in this table are based on Meleis's (1992) interpretation of a

scholarly thinker. The scholarship and contributions of a scholar reflect Edith Stein's life's work.

Table 15: Belonging: The Lifetime Knowledge Legacy of a Scholar

Essentials of a Scholar	Scholarship and Connecting to the World—Human Ends	Scholastic Contributions
A scholarly thinker conceptualizes the questions and pursues the answers (Meleis, 1992).	Study of how knowledge, love, and service are interconnected in relation to teaching students (pedagogical approaches in the classroom, educational reform, and theological interpretation's of philosophical constructs such as "being" and "becoming").	What are the roots of the human person's emotional maturity, moral accountability, and intellectual honesty?
A scholarly thinker can visualize questions as part of the whole of discipline (Meleis).	Question of empathy in relation to social, economic, and political discourses that diminish the human spirit.	Pedagogical endeavors are "focused on her perception of the unique characteristics and the intrinsic value of woman" (Brenner, 1997, p. 15)
A scholarly thinker has a sense of history and humanity (Meleis).	Economic, political, and social issues of the 1900s: economic depression; political atmosphere of wartime climate, social structures shaped women's position in society (e.g., access to education, professions, and work-place).	"The experience of her several-month-long voluntary service seems to have shaped her scholarly interest in the phenomenology of human personality and its social implications" (Brenner, 1997, p. 24). Teaching is an act of social responsibility towards the next generation.
A scholarly thinker has a life-long commitment to a discipline and understands how one's work relates to a discipline's mission and to humanity as a whole (Meleis).	"Education and the educator are an organic integrated whole. Education requires a goal-orientation by which the pupil's formation must be accomplished...for the individual can never perform the educational process indifferently, i.e., separated from his or her concept of the world and attitude to the pupil"(Stein, trans. 1996, p. 7)	"I went on to something which was personally close to my heart and which continually occupied me anew in all later work: the constitution of the human person" (Stein, trans. 1986, p. 397).
A scholar develops a systematic program of knowledge development (Meleis).	Phenomenological conception of the person: study of empathy in context to the "ethical self."	Phenomena of interest is empathy in context to "ethical self" studied in context to a. Women's pedagogy, b. Mother and child's well-being, c. Theological and psychological roots.
A scholarly thinker has a well-	Stein's philosophical-phenomenological thought "stemmed	Feminist pedagogy based on philosophical-phenomenology.

Essentials of a Scholar	Scholarship and Connecting to the World—Human Ends	Scholastic Contributions
developed theoretical orientation (Meleis).	from personal observation of human behavior in the traumatic situation of war” (Brenner, 1997, p. 25). Particularly the “true content of personality” representing the “value world” of the person (Brenner).	
A scholar engages in pertinent philosophical debates (Meleis).	The state of women’s education in context to the social, political norms that limited women’s access to education, to achieving positions in higher educational institutions (e.g., men held professorships in university settings): <ul style="list-style-type: none"> a. harmonious education, b. religious foundation of education action, c. proper nature of women’s education 	Taught educational theory and worked on feminist reform for Catholic education.
A scholar has a sense of integrity in their practice and how they as individuals through their scholarship connect to the world and their discipline (Meleis).	“The educator can affect the pupil in three different ways: by the teaching word; by the pedagogical act; and by the personal example” (Gelber, as cited in Stein, trans. 1996, p. 5). “Education and the educator are an organic integrated whole” (p. 7).	Feminist pedagogy; Educational reform; Leader of Association of Catholic Women Teachers.

* The table illustrates that the practice of a scholar is grounded in a scholar’s personal and contextual world, scholarship is not something abstract, but it is a moral imperative tied to human ends—in this case a teacher’s (Stein’s) commitment to the education of woman and to addressing the social, political, and economic structures that inhibit women from being able to self-actualize. The interpretation was brought back to application by situating the interpretative findings to contemporary nurse scholar Meleis’ (1992) explanation of the essentials of a scholarly thinker.

As a teacher, Stein shaped her scholarly thinking and commitments into two areas: (a) feminist pedagogy, and (b) education reform. Stein lived her scholarship out not only in the classroom with students, but in manuscript writing (or what is termed dissemination) and she lived it out in her community service through political action and advocacy practice (i.e., Leader of Association of Catholic Women Teachers).

Case Exemplar: Belonging Through a Lifetime of Harmonized Scholarship

The practice of teaching is a living tradition of pedagogy, interpretation, and spirituality that transpires in the midst of human relationship between child and teacher:

The children in school...do not need merely what we *have* but rather what *we are*...

The entire educational process must be carried out with love which is perceptible in every disciplinary measure and which does not instill any fear. And the most effective educational method is not the word of instruction but the living example without which all words remain useless. (Stein in Stein, trans. 1996, p. 6)

This brief text about teaching children has something more to say about the practice of teaching in the life of a scholar in relation to caring practice. When we care as a human person we share something of ourselves with others. In the classroom, a teacher's practice is not merely about knowledge translation between student and teacher although that certainly is one aspect of teaching. But what is intangible and perhaps most vital is "what we are": loving human beings who are both present with our students and giving of ourselves in a manner that cherishes the child. Children learn not only math in a classroom they learn how to be flourishing human beings, to think and question and search for meaning. Part of the role of a teacher is to help other human beings flourish. The inner world of a human person is a space of self-actualize and movement from potential to actual. A teacher's commitment to care for the "other" is an inherently human way of being in the world. This brief text not only speaks about teaching then, but it speaks about what it means to be a flourishing human being in the presence of "others."

In the case exemplar above, a scholar visualizes not only the tasks of teaching (e.g., the translation of math, literature, and so forth to children) but is able to see the "wholeness" that is

the practice of teaching: “educational method is not the word of instruction but the living example without which all words remain useless” (Stein, trans. 1996, p. 6).

Edith Stein was captivated by the organic development of human personality but her interest in it began initially not in theory, it began in her personal observations as a nurse witnessing human suffering as it was taken up between nurses and patients. Her occupation thus with human personality was not entirely theoretical as a topic of inquiry (i.e., empathy) in her dissertation. Rather, her interest in human personality development stemmed from her experiencing of caring for wounded soldiers, it stemmed from something that was “close to my heart and which continually occupied me anew in all later work: the constitution of the human person” (Stein, trans. 1986, p. 397). Her commitment to understanding human development moved forward into her doctoral studies, teaching students, scholastic writing and advocacy practice.

Questions

As DNPs how will [we] take up the knowledge practices we have gained throughout our DNP studies in our daily practices (i.e., administrative, clinical, teaching, research and applied research, consultation work, and so forth)? What will our individual programs of knowledge development look like? How will we connect our theoretical orientation to our caring practice with patients, families, community, and society at large?

Discussion

The above exemplar draws my attention back to David Jardine, Sharon Friesen, and Patricia Clifford’s (2006) work as teachers, when they ask the question: “What is our real work as teachers with students?” (p. x). In the context of this discussion, this question has me asking: What is our real work as nurses, teachers, and advocates with patients and families, nursing

students, and practice colleagues? Jardine and colleagues answer that they were drawn into three interconnected disciplines to “cultivate” an “imagining (in their case the topic of abundance; in the case of this work, caring practice). They turned to an intertwining of ecology, contemporary Buddhist philosophy, and hermeneutics. As a DNP, my scholarly program of knowledge development unfolds as:

1. Question of Interest: What is our real work as nurses, teachers, and nurse advocates with patients and families, nursing students, and practice colleagues?
2. Core Phenomenon of Interest: Charism in relation to nurses “caring practice”
3. Theoretical and Philosophical Orientation: In my own practice, it is a intertwining of: (a) narrative and hermeneutic based nursing theories, (b) Catholic social thought and natural law, and (c) hermeneutics.
4. Pertinent Philosophical Debates: harmonious nursing pedagogical approaches that bridge classroom and clinical learning, the social justice foundation of pedagogy and DNP praxis, the nature of nursing education at the doctoral level (i.e., the pursuit of the practice-focused doctorate in Canada).

The text of *Woman* (trans. 1996) is a compilation of manuscripts Stein wrote as a teacher and an educational reformist between the years of 1928 and 1933. Each manuscript as a text when interpreted by a reader (who is a nurse, teacher, and scholar) brings to light a new understanding of the organic development of a scholar: DNP. However, it is when the compilation of manuscripts is read in entirety that the organic development of a scholar is seen as points of connection between personal development, society, education and serving. Figure 2 is a line document that illustrates the complex weave that is DNP being, becoming, and belonging.

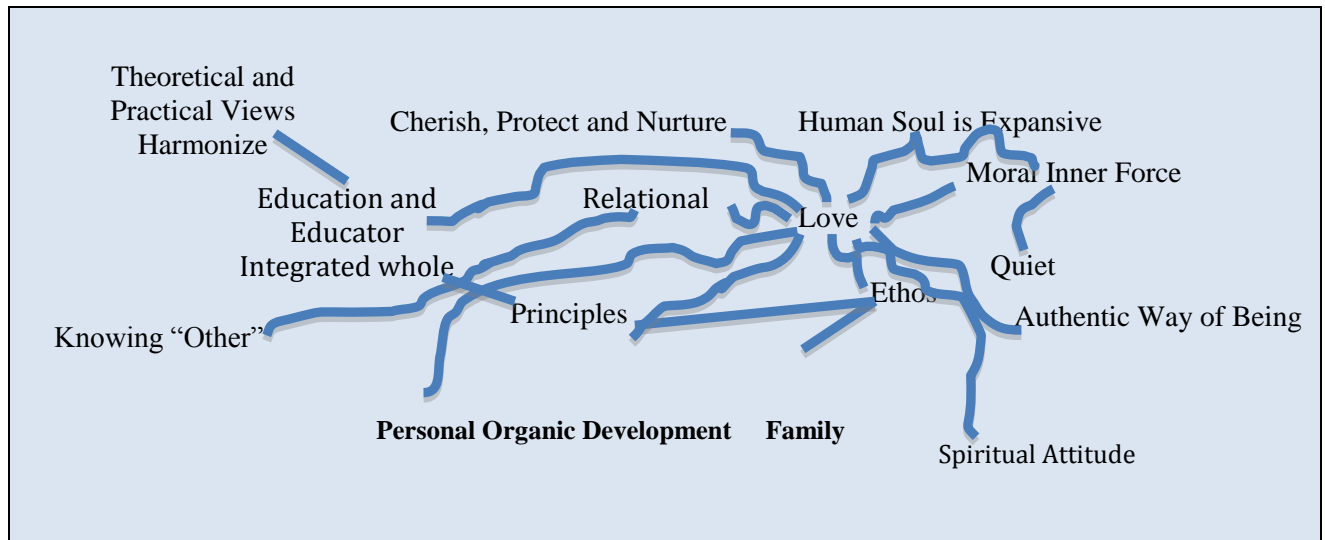


Figure 2. Points of Connection in the Organic Development of a Scholar

The organic development of a scholar begins from within (inner formation). Love is at the core of all human formation, it is an authentic way of being in the world. It is through love that a human being mediates between their inner world and the external world. Love is expressed in a scholar's spiritual attitude. *Without the presence of the other and our being in relationship with the other, then what ends would objective human knowledge development have? To what ends would a scholar's endeavors exist?* Furthermore, for a scholar's scholastic endeavors to have meaning and to give meaning, there has to be a harmony of theory and practice within his or her work and an ability to see his or her caring practice in relation to the world (profession and society). Thus, the values, principles, and ethos that unify to create the charism of a discipline are not something that originates in the abstract world of rules and authority, but are rooted in the human soul itself and through love become an authentic way of being in the world.

Chapter Six

Discussion of Findings



Introduction: Being, Becoming, and Belonging

The Doctor of Nursing Practice (DNP) degree could be seen as the natural organic development of a practice profession that exists because of the profession's obligation to serve society. If organic development is as Gadamer (1989) envisioned it, *Bildung*, meaning formation, then the evolution of the profession has arrived at a time when the social, economic, and political forces of the world that shape the profession have created a choice point. This choice point in the profession reflects new possibilities. In the case of the DNP degree, the time has come to renew the profession's commitment to caring practice. And if formation is, as Stein (trans. 1996) envisioned, the result of a search for self-improvement within a person or a community of persons, formation happens purposefully and always with the intention of moving towards "goodness."

It is important for DNP scholars to consider the development of the DNP role in relation to the historical roots and social context of which the degree's formation originated. This historical and social memory aids the DNP scholar in understanding their identity as a DNP scholar and in imaging how their practice may differ from that of a PhD prepared nurse researcher and yet how both degrees contribute to discipline-specific nursing knowledge and subsequently to society. With a sense of history and recognition of humanity's needs, scholars can begin to consider their individual program of knowledge development in relation to the concerns of both society and the profession.

Dialogue: Social Perspectives of the DNP Degree

When the Institute of Medicine (IOM, 2000) released the report, *To Err is Human Executive Summary*, it hit patients, families, and healthcare professionals like a tidal wave. The

opening lines of the executive summary created the backdrop of the suffering being experienced by all involved:

The knowledgeable health report for the *Boston Globe*, Betsy Lehman, died from an overdose during chemotherapy. Willie King had the wrong leg amputated. Ben Kolb was eight years old when he died during “minor” surgery due to a drug mix-up. (2000, p. 1)

The authors went further in citing the results of major studies of adverse events in hospital settings across the United States that suggested: “More people die in a given year as a result of medical errors than from motor vehicle accidents (43, 458), breast cancer (42, 397), or AIDS (16, 516)” (IOM, 2000, p. 1). The results of the IOM report reverberated across borders. In Canada, it set off a tidal wave of patient safety and human error studies; system evaluations and massive systematic literature reviews were carried out and patient and family forums took place.

In the United States, however, the IOM moved quickly beyond the initial shock waves of the *To Error is Human* report and has developed systematic recommendations for system and care provider changes—the *Crossing the Quality Chasm* report in 2001. The second sentence of the IOM’s executive summary was succinct: “Many patients, doctors, nurses, and health care leaders are concerned that the care delivered is not, essentially, the care we should receive” (IOM, 2001., p. 1). Moreover the IOM found that the health care system was falling “short in its ability to translate knowledge into practice, and to apply new technology safely and appropriately” (p. 3). An outcome of that report in the nursing community, many nurse researchers, theorists, have suggested was that among American nursing professional bodies

there was growing recognition for and support to development and implementation of the DNP (AACN, 2006a).

The recommendations of the IOM are even more surprising as they reflect in general the profession of nursing's core value of "caring practice" as the means in which nurses exist in the world. The IOM's (2001) key messages included (a) care is based on continuous healing relationships, (b) customization is based on patient needs and values, (c) the patient is the source of control, (d) safety is a system property, and (e) transparency and anticipation of needs are required to provide holistic care. Healthcare teams need to work in collaboration in delivery of all aspects of care.

Dialogue: Nursing Perspectives of Belonging

There is a small body of nursing literature on the topic of "belonging" typically found in new graduate nurse transition and socialization literature. However, within the scarcity of literature there is the beginning of an understanding of the topic of belonging in relation to nurses that shows promise and the need to further investigate the organic development of nurses as they transition from one role to the next and within transition broaden their scope of practice and indeed knowledge practices, particularly at the doctoral level in context to DNP students.

Tracy Levett-Jones and Judith Lathlean (2009) have studied the topic of belongingness in several qualitative studies. These researchers provide a basic understanding of belongingness in relation to new graduates that sheds light to the organic development of DNP charism. The researchers explain belongingness as:

Belongingness is a deeply personal and contextually mediated experience that evolves in response to the degree to which an individual feels (a) secure, accepted, included,

valued and respected by a defined group, (b) connected with or integral to the group and (c) that their professional and/or personal values are in harmony with those of the group. The experience of belongingness may evolve passively in response to the actions of the group to which one aspires to belong and/or actively through the actions initiated by the individual.” (p. 2872)

From a psychological and phenomenological perspective, Stein’s (trans. 1996) articulation of personality and organic personality development suggests that belonging begins within the inner world of a human person and is lived out in the external world, thus in the context of “others,” a space that is full of meaning, social norms, and beliefs that are handed over to people through often taken for granted caring traditions and rituals. The need for acceptance and respect may indeed be rooted in the inner world of the human person, where dignity dwells within our very being. In the context of this work, the topic of belonging is yet to fully be understood in relation to how nurses develop from an inner potentiality to an inner actuality, where they are able to live out goodness, compassion, and kindness as an aspect of their intellectual, moral, and aesthetic way of being in the world.

Lisa McKenna and Jenifer Newton’s (2010) phenomenological study of how graduate nurses develop their knowledge and skill over the first 18 months of practice indicated that nurse graduates go through a sequence of “sense of belonging,” “knowing,” and “moving on”. These authors found that graduate nurses gain a sense of belonging when they are able to settle into one ward and work with specific population of patients and when they feel they are a “part of the practice setting through being treated differently by nurses and other staff following their graduate year...*you are given so much more respect and treated as equal*” (p. 12). The researchers found that as graduates settled in and were able to translate their knowledge into

practice that they “demonstrated through levels of knowledge attained; confidence developed; and increased responsibility by this stage” (p. 12).

Within this small group of studies, Janet Resop Reilly (DNP) and Joyce Fitzpatrick (PhD), nurse scholars (2009), explored the perceived stress and sense of belonging in DNP students in relation to entering doctoral studies through a descriptive correlational research design. Their study was aimed at understanding, if students who were part of a cohort of DNP students experienced stress and belonging differently than DNP students who entered DNP studies independent of a cohort group. In the context of their study, students could enroll in cohorts as a traditional intake model or they could join one or more courses with a colleague or friend at the various locations in which the school was running the program. What they found was that “individuals who enrolled alone, with a colleague or friend, or in the cohort had the opportunity to form the same cohesive bonds with each other over multiple courses” (p. 84). The authors noted that there is a need for, a qualitative approach to exploring the topic of belonging in relation to DNP education in order to yield “data of interest in this new academic arena in nursing. Including more culturally diverse and male post-master’s DNP students from various universities can provide increased generalizability of data” (p. 85).

Dialogue: Feminist Perspectives of Caring

As a scholar, Edith Stein viewed the world through a psychological and phenomenological lens. This is evident in the rich textual legacy of Stein’s writings from her autobiography to her dissertation of empathy to her later feminist manuscripts and philosophical and theological writings on finite being. Where Gadamer (1989) was interested from a philosophical hermeneutic perspective in understanding the conditions of human understanding, Stein was interested in understanding human behavior as viewed through

Husserlian phenomenology. Although both scholars look at the world through a different philosophical lens, both are interested in what makes life meaningful and both scholars recognize that the human person through their inner world is always and already interpreting and translating the world around them. The world as lived through a human person is a purposeful and meaningful place.

Stein (trans. 1996) was interested in understanding human personality and the inner world of the human person. As a feminist scholar of the early 1900s, Stein was particularly interested in the plight of women and women's education. Stein's studies were focused on:

her perception of the unique characteristics and the intrinsic value of woman. The author points out that it is fundamentally necessary to give a girl an all-around education suitable to her feminine uniqueness. This position enabled Stein to challenge the existing system of girl's education one-sided intellectual development should be replaced by an emotionally formative education; always, the different subjects of the curriculum should be so selected and handled that they advance the girls spontaneous approach to living reality and to the individual. (Gelber, as cited in Stein, trans. 1996, pp. 15-16)

Stein emphasized that women naturally sought to "embrace that which is *living, personal and whole*" (p. 45). Women's emotional intelligence leads them to nourish, cherish, and protect the living and the personal. Moreover, Stein viewed the living and the personal in relation to how women lived out their care to others, to care for others is to see the living and the person as a "concrete whole" that is cherished, protected, and encouraged (Stein, trans. 1996, p. 45). Thus, woman's intellect is such that knowledge is not abstracted but rather interpreted and translated in one's caring practice. From this perspective, women view knowledge as a unity of theory

and practice, what today is viewed closer to the idea of praxis. It is striking but not surprising to me that years later, Stein's ideas about women's education and women's ways of being in the world still give meaning for many of us today who are dedicated to professions with roots in women's education. At the same time, Stein's understandings of woman's intellect as emotional intellect understood through a psychological, phenomenological, and theological lens provides a different lens in which to engage with the work of contemporary feminist writers like Hilary Rose and Carol Gilligan.

Hilary Rose (2004) created a tidal wave in the science and feminist communities alike when she wrote *Hand, Brain, and Heart: A Feminist Epistemology for the Natural Sciences* because she suggested that there was a sexual division of labor that was demarcated by "caring" as primarily the domain of women and for good reason:

Transcendence of this division of labor set up among hand, brain, and heart makes possible a new scientific knowledge and technology that will enable humanity to live in harmony rather than in antagonism with nature, including human nature. (p. 67)

According to Rose, from a feminist perspective there was a different means in which to understand the abstracted domain of natural science and the knowledge practices of natural scientist. She persisted that the natural sciences viewed only through a paternal lens created a limited view of understanding the natural world, devoid of women's experiences. The sexual division of labor within the household according to Rose has gone mostly unnoticed, assumed, silent, and unpaid. Yet women's work is:

of a particular kind—whether menial or requiring the sophisticated skills involved in childcare, it always involves personal service. Perhaps to make the nature of this caring, intimate, emotionally demanding labor clear, we should use the ideologically loaded

term “love.” For without love, without close interpersonal relationships, human beings, and it would seem especially small human beings cannot survive. (p. 74)

Stein’s work of understanding women’s labor, indeed “love” comes from a different perspective, because she was interested in the inner personality of women. But, Stein’s understanding of women’s caring provides another lens in which to look at Rose’s feminist natural science view of emotional labor. Stein’s phenomenological and theological lens unpacks women’s caring in relation to love as rooted in emotional intellect, moral, and aesthetic being.

Carol Gilligan is another prominent feminist scholar whose work has focused on women’s moral development and is related to Stein’s articulation of women’s moral ethical development. Gilligan (1993) premised that moral problems are

Problems of human relations, and in tracing the development of an ethic of care, I explored the psychological grounds for nonviolent human relations. This relational ethic transcends the age-old opposition between selfishness and selflessness, which have been the staples of moral discourse. The search on the part of many people for a voice which transcends these false dichotomies represents an attempt to turn the tide of moral discussion from questions of how to achieve objectivity and detachment to how to engage responsively and with care. (p. xix)

Interestingly enough, to grasp an understanding of moral development, Gilligan’s studies brought her to engage with women and men at different stages of development from adolescence to adulthood. Gilligan too was interested in relationships and empathy. From her perspective, relationships required connections and depended on the capacity of the human person for empathy (as Gilligan understood it, empathy is the ability to listen to others and

learn their language or be open to their view). Gilligan insisted that empathy required “having a voice and having a language” (p. xx). Gilligan stressed that both men and women “collude” in silencing the voicing of women’s experiences and create relationships then built around silence. She explained relationships of silence are sustained by “men’s not knowing their disconnection from women and women’s not knowing their dissociation from themselves” (p. xx). Gilligan suggested that women hear the voices of others differently than men, because they are able to listen to the other’s voice and recognize the difference in it to theirs, subsequently “women not only define themselves in a context of human relationship but also judge themselves in terms of their ability to care” (p. 17).

Thus, moral thinking emerges in the midst of conflicting responsibilities rather than from abstracted legal and ethical rules distanced from human experience (Gilligan, 1993). This sort of moral thinking is dialectic in nature and requires “contextual and narrative rather than formal and abstract” means of understanding human responsibilities and relationships. Thus, “the logic underlying an ethic of care is a psychological logic of relationships, which contrast with the formal logic of fairness that informs the justice approach” (p. 73). Here, a human person’s seeking goodness is delivered back to the moral responsibility of caring for others; care becomes the “self chosen principle of judgment that remains psychological in its concern with relationships and response but becomes universal in its condemnation of exploitation and hurt” (p. 74). Subsequently, the shift in emphasis from abstracted and distant rules of human conduct and behavior moves moral problems into the realm of psychological concerns and human relationships and the dynamics of the social interactions, which will inform an “ethic of care” (p. 74). From this perspective moral judgment “relies on shared norms and expectations” which is based on social membership and the translation and interpretation of societal values

(p. 79) and appreciates consensual judgment of goodness as the core of sustaining moral human relationships.

Thereby, moral development is what enables human persons to care, protect, nourish, and cherish others. From a woman's perspective, Gilligan stressed that moral development recognizes that "importance throughout life of the connection between self and other, the universality of the need for compassion and care" (p. 98). Although Gilligan and Stein both share a psychological perspective about women's moral and ethical development, they each provide a uniquely similar yet different perspective on the ethics of care and moral development. The work of the two scholars viewed together would provide a much more expansive view of moral development and I would argue social justice for a caring professions. I would submit that it is the "other" underpinning theoretical and philosophical lens that each used within their distinct explorations that has the potential to add depth to the conversation of the ethics of care and/or caring as a moral way of being and knowing through organic development of the human person. From very unique perspectives, the work of these two scholars seen together might enlighten how social justice in nursing might be seen differently than the abstraction of authoritative justice and may enlighten how social justice can be lived out in the lives of nurses differently. This work has yet to be done, but will become a focus in my own program of knowledge development.

Annette Baier (2010) hints at the potential understanding of justice that is buried differently in the work of Gilligan and that may be illuminated in the work of Stein. Although Baier is not discussing Stein, her work relates to Gilligan's work. The title of her book, *The Need For More Than Justice*, suggests that in today's turbulent world there may be a need for something more than justice. She seeks this understanding through the work of social and

moral philosophers. Baier points out that Gilligan's work illuminates two perspectives from which to view care: the moral perspective and social perspective, and that often both are happening at once. Gilligan perceived these two viewpoints as a justice perspective and a care perspective, suggesting that women are unlikely to take only a justice perspective in approaching human moral problems. For Gilligan, women's ethics of care are woven into an experience of attachment and separation because women are tied to a living ethics of care, they see themselves as relational and connected differently than men see themselves, and thus understand the activities of caring differently (Baier). In Baier's analysis of Gilligan's interpretation of moral development, she points to something that has been missed by many scholars in the analysis of Gilligan's work and simultaneously reveals something in Stein's work that would support the need for further exploration of the theological underpinnings of human moral development. Gilligan's understanding of women, ethics of care, and moral development, is rooted in women's connection to human relationships and the ability and capacity to hear and see the other. It situates women in the family and in the community. The connection between human relationships, community life, and goodness situates Gilligan's work differently than how community and justice have been understood through the work of John Rawls. Baier states:

A model of a decent community different from the liberal one is involved in the version of moral maturity that Gilligan voices. It has in many ways more in common with the older religion-linked version of morality and a good society than with the modern Western liberal idea. That perhaps is why some find it so dangerous and retrograde. (p. 153)

What Stein's work could add to the discussion of organic moral development and the ethics of care is her interpretation of natural law within her view of human moral development and caring. It is what links Gilligan's work more in common with older religion-based versions of morality and good society and at the same times makes her work more difficult and retrograde (Baier). Yet through Stein's lens it is possible that natural law can be viewed as something that is rooted in the human soul long before it was ever articulated in theological doctrine.

Furthermore, Stein's work now viewed in light of contemporary feminist scholars is unique because of how Stein interpreted philosophical, theological, and feminist understandings as a tapestry in which to create a different understanding of moral development in relation to human caring. Stein's teachings potentially enlighten caring practice in contemporary nursing and DNP practice. Moreover, Stein's interpretation of caring, moral development, and community life in connection to the human person's inner need to live a meaningful life, creates a different lens in which to view social justice as a living way of being and belonging in the world and to humanity. The understanding of charism that has evolved within this analysis chapter reflects the very beginning and immature articulation of caring practice as it relates to the community service as an aspect of a DNP's caring practice. It is immature work, but it holds the potential to create a paradigm shift in how social justice is interpreted and how social justice through a theological lens can be viewed differently than it is through a justice lens, particularly as a cornerstone in the practice of doctoral-prepared DNPs whose practice is different than that of PhD nurses. It links back to what nurse scholars Silva and Ludwick (2006) emphasized about the American Nurses Association's position on social justice and DNP practice:

A social contract exists between society and nursing whereby society grants nursing its authority to practice in return for nursing's commitment to society regarding matters related to health and the public good. Thus, our mandate to exist and to serve comes from society and not from within our ranks. (p. 1)

That prompted Silva and Ludwick to ask, "Why has not a nursing foundational framework related to social responsibility been articulated for the DNP?" (p. 1). The answer to this question lies in the fact that DNPs have not yet articulated what the meaning of caring practice encompasses (from knowledge translation to activism) and how community service and social change are an integral aspect of DNP caring practice.

Closing Thoughts

In this SCP, the hermeneutic exploration of a woman scholar's caring practice is explored over a lifespan beginning in the family and moving forward through her life as a nurse, teacher, philosopher, and theologian. It provides a different understanding of the organic development of caring practice as lived out in the life of a woman scholar and creates a different lens in which to understand the organic development of caring practice in relation to the DNP scholar's "practice-focused" charism. Through this lens, it is possible that the organic development of a DNP scholar is a unity of being, becoming, and belonging. Seen as a "whole" rather than a fragmentation, DNP scholars and their scholarship can be viewed differently:

1. **Being:** In being, the DNP student gains the expertise in knowledge (theory and philosophy) acquisition to conceptualize pertinent questions to the nursing profession and humanity.
2. **Becoming:** In becoming, the DNP student exercise their gained expertise of theoretical and philosophical knowledge practices in relation to their individual

DNP work (e.g., policy writing, political action activities, research) and in connection to the philosophical debates they enter. Becoming calls for self-awareness and for recognition of one's pre-understandings of one's own strengths and weakness. The ability to identify their own learning gaps is crucial for DNP students to reach self-actualization. Undergoing DNP studies is a process of self-education, in the sense that learning, although occurring in a community with colleagues and faculty advisors, happens within a person's interiority. For every person is an individual with individual intellectual, moral, and aesthetic ways of being.

3. **Belonging:** DNPs arrive to belonging not only with the theoretical and philosophical means to engage in concerning practice events but, with a grasp of one's own moral values in contrast to the professions, in order to engage fully in a socially just manner in community life. Belonging calls for self awareness and awareness of others in order to create a pathway for scholarship development. Belonging is a place where DNPs need to reach out to PhD scholars with common interests to expand their own research development. It is also a time in which to consider the traditions that sustain one's individual practice in relation to the sorts of community service engagement one wishes to participate in.

DNPs do not exist in isolation from the world. Nurses are always a part of the world and nursing's very existence depends on human relationships and points of connection between the profession's values, goals, and mission and humanity's needs. Edith Stein (trans. 1996) saw these very connections in relation to nursing, and teaching and education. The textual conversation that transpires in the culmination of Stein's (trans. 1996) feminist manuscripts

illustrate how a scholar's being in the world and indeed the scholar's identity is contextual and unfolds as a tapestry of role specific tenets, ethos, principles, and essentials in relation to humanity's needs. Table 16 illustrates a potential intricate tapestry that is DNP Charism based upon the understandings of a practice-focused scholar: Edith Stein. It is a complex weaving of tenets, ethos, principles, educational essentials, and human needs. It concludes the analysis chapter and opens up the possibility of understanding the formation of a practice-focused nursing doctorate as a naturally organic development for a practice profession like nursing.

Table 16: DNP Charism

DNP Charism	DNP Tenets	DNP Ethos	Humanity's Needs	Practice Principles	AACN (2006b) Essentials
Praxis	Theory and practice are an organic integrated whole.	Intellectual, moral, and aesthetic being are responsible.	Evidenced informed practice is essential for good patient care outcomes.	Empowerment of patients and families, communities to understand the world and those they seek care from and how to negotiate the social, political, economic structures that shape their care.	Essential I: Scientific Underpinnings Essential II: Organizational and Systems Thinking Essential III: Clinical Scholarship Essential VII: Clinical Prevention and Population Health
Organic Development	The abstracted knowledge practices of nursing theory and philosophy are entrusted to the human hands of DNPs.	Nursing is a profession that values human development.	Expertise in care co-ordination, management and communication practices human and technology.	Appreciation of the conditions of human life, the world (i.e., political, social, economic, religious, and environmental).	Essential V: Health Care Policy for Advocacy in Health Care Essential IV: Information Technology
Caring as a Means of Being in the World	DNP practice is variant and respects the individuality that is unique to the human person.	As human beings, each person is unique and has characteristics and intrinsic values.	People who suffer need compassion and kindness from their care providers.	Our appreciation of the other needs to be expansive.	Essential VIII: Advanced Nursing Practice
Human Relationships	As human persons with individuality caring practice cannot be taken up with indifference: separated from his/her concept	The living and personal is what DNPs extend their care too. The living and personal exists as a "whole" and is treated as a "whole."	Healing relationships are partnerships based on dignity, respect, and trust.	DNPs have a desire to know the "other" and the "other's" circumstances and embrace difference and diversity.	*The social justice mandate and moral frameworks for DNP practice are yet to be developed.

DNP Charism	DNP Tenets	DNP Ethos	Humanity's Needs	Practice Principles	AACN (2006b) Essentials
	of the world and attitude towards those they care for and about.				
Moral Imperative	Caring is a spiritual way of being in the world.	DNP caring practice is a moral way of being.	Caring for the human person is a moral imperative.	DNPs through their charism are a shelter for those who suffer.	*An area for development

Note. DNP Tenets, Ethos, Practice Principles are based on caring practice as it emerges in the textual conversation of Edith Stein's *Woman* (trans. 1996). Humanity's Needs are based on the Institute of Medicine's (IOM, 2001) Report: *Crossing the Quality Chasm: A New Health System for the 21st Century*. The AACN Essentials come from the American Association of Colleges of Nursing's, *The Essentials of Doctoral Education for Advanced Nursing Practice* (2006b).

As a scholar, Edith Stein viewed the world through a psychological and phenomenological lens. This is evident in the rich textual legacy of Stein's writings from her autobiography to her dissertation of empathy to her later feminist manuscripts and philosophical and theological writings on finite being. In comparison, Gadamer (1989) was interested from a philosophical hermeneutic perspective in understanding the conditions of human understanding. Stein was interested in understanding human behavior as viewed through Husserlian phenomenology. Although both scholars look at the world through a different philosophical lens, both are interested in what makes life meaningful and both scholars recognize that the human person through their inner world is always and already interpreting and translating the world around them. The world as lived through a human person is a purposeful and meaningful place.

Stein's (trans. 1996) was interested in understanding human personality and the inner world of the human person. Stein was particularly interested as a feminist scholar of the early 1900s the plight of women and women's education. Stein's studies were focused on her perception of the unique characteristics and the intrinsic value of woman. The author points out that it is fundamentally necessary to give a girl an all-around

education suitable to her feminine uniqueness. This position enabled Stein to challenge the existing system of girl's education one-sided intellectual development should be replaced by an emotionally formative education; always, the different subjects of the curriculum should be so selected and handled that they advance the girls spontaneous approach to living reality and to the individual. (Gelber, as cited in Stein, trans. 1996, pp. 15-16)

Stein emphasized that women naturally sought to “embrace that which is living, personal and whole” (p. 45). Women's emotional intelligence leads them to nourish, cherish, and protect the living and the personal. Moreover, Stein viewed the living and the personal in relation to how women lived out caring as care that “extends is a concrete whole and is protected and encouraged as a totality” (Stein, trans. 1996, p. 45). Thus, women's intellect is such that knowledge is not abstracted but rather interpreted and translated in one's caring practice. From this perspective women view knowledge as a unity of theory and practice, what today is closer to the idea of praxis.

This work begins to chisel away at this gap in understanding of DNP practice: a foundational framework for social responsibility for DNP practice, and will require further exploration, because this work only addresses the historical roots of caring practice in nursing and needs to move forward. Several areas of exploration need to be carefully considered and mapped out in order to better grasp a framework for social responsibility and the DNP and how it connects to the core of the DNP degree: caring practice and charism.

As seen in this short discussion, a closer examination of moral development as gleaned through the work of feminist scholars, particularly Carol Gilligan and Edith Stein, is warranted to unearth how moral development as a organic development within the human person is

connected to human goodness, care, compassion, and thus social responsibility. In the text, *Potency and Act* (Stein, trans. 2009), Edith Stein created a hypothetical narrative conversation between Husserl and Thomas Aquinas. In this articulation, she compared Husserl's key philosophical points of phenomenology in relation to Thomas Aquinas' articulation of human potentiality and actuality to gain a broader understanding of how the human person is always developing and moving towards something greater than oneself. This approach may be worth revisiting because it may provide a venue in which to explore the moral philosophical findings of Carol Gilligan (1993) in contrast to Edith Stein, in relation to the moral foundation of DNP charism. Seen through this sort of lens charism may be more akin to praxis, if praxis means an authentic way of being in the world that is a cognitive, moral and aesthetic way of being.

In the course of this SCP caring practice has been revealed as a way of being in the world; it is about inner formation. From a western religious tradition, moral development has been associated with the concept of natural law. In Edith Stein's philosophical and theological manuscripts the moral development of a human person, is a natural organic development. Similarly, Carol Gilligan proposes that moral development in women is different than men and may be associated within an "inner development" as well, both Stein and Gilligan share a background in psychology. However, Baier (2010) reminds us, that this turn to moral development as organic may be controversial in ethics circles because of the presence of a religious familiarity. Baier says of Gilligan's work: "It has in many ways more in common with the older religion-linked version of morality and a good society than with the modern Western liberal idea. That is why some find it so dangerous and retrograde" (p. 153).

To varying degrees, theology has been a part of women's lives and how women viewed caring practice in the light of family, neighbors, and community. Although nurse historians

allude to this, they frequently connect theology to women's image and nursing's image to move nurses from lay servants to a respectable profession as defined by societal expectations (McPherson, 2003, 2005; Mansell, 2004). However, this limits the possibility that women as intellectual, moral, and aesthetic beings translated theological values and beliefs into how they understood caring practice and created meaning and purpose for how they viewed their connection with others, how women viewed responsibility, community life, moral integrity, moral problems, and decision making. It is imperative that the theological underpinnings of caring practice be viewed in more depth. The next chapter in this SCP will begin to unpack three unified tenets of social justice that appear in Stein's writings: human dignity, solidarity, and charity and love as a living and purposeful way of being in the world. It will be a brief discussion that will require an extensive exploration if the theological underpinnings of caring practice are to be meaningful in relation to DNP charism and a framework for socially responsible DNP practice is to be created. But, it will be a beginning.

Chapter Seven

Puzzling Together the Theoretical Foundation of DNP Charism

In my own practice, the tenets of social justice have only deepened my practice as I have engaged in doctoral studies in my Doctor of Nursing Practice (DNP) program. When I entered DNP studies, my pre-understandings of social justice were limited to how I had come to understand social justice within the Canadian *Code of Ethics* (Canadian Nurses Association [CNA] Code of Ethics, 2008) and how I had unpacked the concept of social justice in the classroom with nursing students and as a chief nursing officer in the community setting. My initial understanding of social justice was tied to the idea of distributive justice as articulated by John Rawls. My understanding was limited.

In the first year of my doctoral studies, Dr. Pharris was teaching me and my colleagues about social justice through the lens of Catholic social thought. Dr Pharris explained that the tenets of Catholic social thought are rooted not only in Catholicism but are universal, and appear in different ways in other religions, faiths, and spiritual practices. My first reaction to social justice as articulated through a theological lens was *this is nursing....this is what we do....this is why we struggle, this is what lives in our hearts as nurses and here it is said so simply*. Why have I not heard of social justice explained this way before? Dr. Pharris had suggested to me that I might further expand my understanding of the topic by attending a conference being held at St. Catherine University for Catholic hospitals and healthcare providers. It was in the midst of spending two days with Catholic healthcare leaders and talking about social justice that I began to reconsider the potential that we have as DNPs to become actively engaged in community life and service and how our practice was rooted in something deeper than distributive justice, something more essential to nurses: caring. I began to reconsider how caring is enlivened in our daily lives and made more meaningful within the tradition of theologically rooted social justice.

Between attending the conference and writing my first set of papers for our nursing philosophy class, in the midst of which I was searching for research articles and scanning the shelves in the back stacks of the library. One evening while searching for Jean Watson and Patricia Benner's books, I discovered a purple paperback stuffed between nursing theory texts. The author of the book was Sister Simone Roach. She had written a text on the human act of caring. The paperback was so plain and worn that I didn't give it much thought. I put it on the shelf below as I was trying to get wiggle room to search between the covers of nursing theory texts. When I went to put the paperback away it, fell on the floor and opened up to a page with the title "The 5 C Model of Caring." I had not seen that work since I was a very young, naïve student nurse. The words on the page drew me in and between the words of compassion and conscience, I began to read and read. An hour later I was sitting on the floor reading the text from front to back. I had the same sensation as I had when attending the social justice conference—this is nursing, this is sacred.

Introduction: Theoretical Model for DNP Charism

This chapter continues the discussion of Doctor of Nursing Practice (DNP) charism by exploring the theoretical underpinnings of the proposed organic development framework⁵ for DNP caring practice: being, becoming, and belonging. As I have thought about what really needs to be included in this chapter, I have thought of it as putting together a cognitive puzzle. First I laid out the theoretical pieces and imagined the picture that was taking shape in front of me. Reflectively turning the pieces over in my mind, I began to place them, lifting them and turning them over and repositioning them in a multitude of manners until the pieces formed a picture that respected the moral developmental aspects of being, becoming, and belonging that is the organic development of a DNP nurse scholar. It is the sort of cognitive puzzling that is needed when exploring how theories fit together relative to context. This chapter moves the narrative of DNP charism forward as I attempt to create a vision of what the theoretical foundation for DNP charism might look like.

The one constant that appears throughout the case exemplar of Edith Stein, a woman scholar and nurse, stems from the notion that a human person's understanding of self, other, and world begins in the personal and contextual—in the everyday living of life in relation to others and the world. As I worked through the lens of hermeneutics to better understand the scholarly nature of a woman scholar's caring practice, I was taken aback by the simplicity and yet beauty of the inherent striving of one's inner person to move towards dignity (living fully by balancing intellectual, moral, and aesthetic being). However it is through solidarity (human

⁵ In nursing conceptual frameworks are theoretical structure that links concepts together for a specific purpose. When its purpose is to show how something works, it can also be described as a theoretical model. Nursing conceptual frameworks link major nursing concepts and phenomena to direct nursing decisions. Conceptual frameworks are also referred to as nursing models or nursing theories (Meleis, 2007).

relationships beginning in the family and circling out and back again throughout one's life, creating new families in the workplace, connecting with other's and ultimately the human family) that the human person gains an understanding of who one is and what one's purpose is in this world is in relation to "others." This ordinary searching is unique to being human, yet so natural that we seldom think about it. Human dignity is an inner human experience of searching for meaning and purpose in life that is so organic to the human person that it simply "is." This inner searching, I believe, is something that is amplified when nursing leaders engage in doctoral studies. Human dignity, solidarity, and charity and love begin within the quiet space of one's interior and are what transforms one's inner potential for human goodness, kindness, and compassion to "actuality." As human beings, our dignity begins from a place within us and we live it throughout our lives. Thereby human dignity is not a solitary detached and abstracted concept. Rather, dignity is inseparable from "being human" and integral to human solidarity, and charity and love, which are entwined within our inner moral development.

Pieces of the Puzzle

This chapter unearths the theological roots of DNP charism as a means to understand DNP practice as a moral imperative for nurse scholars who are an embodiment of practitioner, teacher, and nurse advocate. As a scholar who is practice-focused, I have had to think about how theories "fit" and what the assumptions and values are that are inherent within theories and how such core tenets align and reflect what one as an individual holds sacred within his or her own practice. Four areas of theory will be explored as they are intertwined within what I propose is an evolving model for DNP nurse leaders whose focus is ethical leadership and socially-just community service:

1. Sister Simone Roach's Theory of "Human Act of Caring"
2. Catholic Social Thought and Social Justice
3. Dr. Kathleen Kalb's S-O-C-I-A-L J-U-S-T-I-C-E Model for Nursing based on Catholic social thought as articulated by the United States Catholic Conference (1998) [now the United States Conference of Catholic Bishops] and the (American Nurses Association, 2001).

My task in this chapter is to question why these distinct areas of theory, nursing phenomena, and theological underpinnings fit. And, if the puzzle pieces are seen in "wholeness," what more can we learn about DNP charism? If these puzzle pieces fit together, will they create a scaffolding for a theoretical model for charism in which to address the current confusion and controversy surrounding DNP doctoral scholarship and practice?

As DNPs, Why Puzzle With Caring Practice?

It is vital that those of us who are doctoral-prepared, practice-focused DNPs speak to what shapes our scholarship and defines our scholarly thinking and practice in relation to our engagement in society and the context of our practice work. *What are the theoretical underpinnings of DNP practice that illuminate not only our role and identity but also how we serve society?* The community service of DNP nurses and indeed DNP-prepared nursing faculty reflects similar but different forms of the scholarship of engagement. Both DNPs and PhD-prepared nurses can offer society uniquely different things because of the context of their different scholastic practices.

Essential Background Pieces

DNP curricula are shaped by eight educational essentials which the American Association of Colleges of Nursing (AACN, 2006b) have recognized as core to the practice of

DNPs in response to the increasing social, political, and economic stresses of contemporary healthcare and the nursing community at large. I would suggest that within the AACN's (2006b) eight essentials there are three interconnected practice domains for DNP nurses: (a) knowledge translation and application; (b) systems surveillance, management, evaluation, and planning; and (c) healthcare policy for advocacy and political action. DNP studies prepare nurses dedicated to practice at the doctoral level to critically act and participate as members of their practice community in situations of healthcare inequities and injustices. DNPs are focused on creating social, political, economic, and ethical changes in the healthcare world from bedside to boardroom and policy tables to political action in legislative chambers. DNPs work alongside nurses, patients and families, healthcare planners, and policy makers. The role encourages praxis (the inherent wholeness of knowledge and practice) that is grounded in a unity of human dignity, solidarity, and charity and love. All of these require humility versus competitiveness. Edith Stein wrote in her manuscript *Ethos of Woman's Professions* (Stein, trans. 1996):

Woman naturally seeks to embrace that which is *living, personal, and whole*. To cherish, guard, protect, nourish and advance growth is her natural, maternal yearning. Lifeless matter, the *fact*, can hold primary interest for her only insofar as it serves the living and the personal, not ordinarily for its own sake. . . . The living and personal to which her care extends is a concrete whole and is protected and encouraged as a totality; this does not mean that one part is sacrificed to another, not the mind to the body or one spiritual faculty at the expense of the others. She aspires to this totality in herself and in others. Her theoretical and her practical views correspond; her natural

line of thought is not so much conceptual and analytical as it is directed intuitively and emotionally to the concrete. (p. 45)

Stein turns our attention back to the need for theoretical and practical harmony within one's interiority. In this way, knowledge is not an object of the external world, but is an aspect of the human person's interiority. All knowledge begins within the human person. Human beings are the only creatures that question their existence (the cognitive, emotional, and spiritual interiority of the human person). The notion of understanding our world happens not in fragments, but with "wholeness."

The notion of "wholeness" and "unity" in nursing has been written about extensively by nursing theorist Margaret Newman (1991, 1999, 2001, 2008) in response to her articulation of Martha Roger's (1970) theory of unitary human being. A unitary transformative paradigm focuses on the "situation from within the person or persons involved and concentrates on the meaning of the unfolding pattern, whatever the circumstances may be" (Newman, 1999, p. 367). From this perspective, the person is not separate from the context. How the world is known, how a phenomenon is understood begins in the personal and then ripples out to encompass the "facts" but is always being interpreted through the inner world of the human person and what drew them to pay attention to that phenomenon in the first place. Knowing is not a de-contextualized reality. Stein's articulation of a woman scholar pre-dates the work of the nurse theorists of the early 1970s and onwards, yet her words offer the promise that human caring is a means of knowing, thinking, and doing at its best. Human caring is, as Simone Roach (1992) offered, a means of being in the world and as Stein premised, an inherent moral imperative unique to the human person.

The DNP role has evolved at a time when nurse leaders are being called to have greater competence in social justice. This is in response to chaotic health care environments and healthcare structures that relegate the care of nurses and patients to being “harnessed for health care efficiencies” (Rankin, 2009). In the last five years there has been much discussion about the reinfusion of the topic of social justice into nursing. This topic was once a palpable tradition, a living presence in the practice of community and public health nurses in the early 19th century and over time has become less palpable in the practice of contemporary nurses. Yet, social justice is more urgently needed in contemporary nursing in response to growing healthcare inequities and efficiency practices that diminish the caring practice of nurses and patients. There exists a congruence within the DNP role for social justice practice, as a living and purposeful tradition of community service. Historically, St. Catherine University is a women’s college founded by the Sisters of St. Joseph of Carondelet, a community dedicated to the tenets of social justice as viewed through Catholic social thought. The DNP program at St. Catherine University is an exemplar of DNP studies that are infused with the tenets of social justice and lived out in the classroom between professors and students through dialectic and feminist pedagogy.

Sister Simone Roach: The Theory of the Human Act of Caring

Sister Simone Roach is one nurse scholar of a group of extraordinary nurse theorists whose life’s work has been about caring. Sister Simone Roach began to shape her theory of the *Human Act of Caring* in 1977 in context to her work in creating the *Code of Ethics* for nursing in Canada (Storch, 2007). It has only been in the last three years that nursing textbooks in Canada have included her work in nursing theory chapters on caring. It has only been recently that authors have recognized her contributions to the Canadian code of ethics for Canadian

nurses. Even now, writers do not connect the roots of her theory of caring to Catholic social thought and thus to social justice, as she originally articulated caring through a theological anthropology.

The phenomena of caring is a central focus of nurse scholars, particularly Jean Watson (1979, 2008) and her articulation of transpersonal caring theory, based upon the exploration of the inner sources of human healing in relation to nurses' "caring"—to protect, enhance, and preserve a person's dignity, humanity, wholeness, and inner harmony. For Watson, caring in nursing is a carative process. Patricia Benner (1984) described caring as the essence of nursing practice. Swanson's (1991) qualitative study of caring created a theory of caring, that unfolded as a process of knowing, "being-with," "doing for," enabling, and maintaining beliefs. Madeleine Leininger (1978) described the concept of care as the essence, unifying, and dominant domain, which demarcated nursing from other health professions.

Caring as "Being-in-the-World"

What is striking about Roach's articulation of caring, is that she positions caring from an ontological perspective, as a means of "being in the world." She arrives at her understanding of caring through a theological anthropological perspective. Theological anthropology emphasizes the human being as a person exists in relation to "others," a relationship which reflects a union between person and persons (Roach). Roach speaks beautifully to the notion of a human being's "being" created in God's image. She says, "God's breath in the person is the source of life, as well as the life itself. The human being is the 'meeting point,' the 'fusion into one nature of the visible world of the today and the invisible world of the spiritual soul'" (Roach, p. 23). Ultimately, Roach premises that to be a person is "to possess spiritual unity, inwardness, and openness" (Roach, p. 22). Ultimately, the human person does not exist alone,

but exists in relation to “others” and because of this relationship, human beings are united together to protect and cherish human life (Roach). Caring is essential for human survival. Roach’s theory of caring is an unfolding of compassion, competence, confidence, conscience, and commitment that emerges from a unity of human dignity, human relationships, and moral ways of being.

Table 17: The Core Concepts of Roach’s Theory of the Human Act of Caring

Core Tenet	Understanding
Compassion	“A way of living born out of an awareness of one’s relationship to all living creatures; engendering a response of participation in the experience of another; a sensitivity to the pain and brokenness of the other; a quality of presence which allows one to share with and make room for the other” (Roach, 1992, p. 58).
Competence	The “state of having the knowledge, judgment, skills, energy, experience and motivation required to respond adequately to the demands of one’s professional responsibilities” (Roach, p. 61).
Confidence	The “quality which fosters trusting relationships. It seems impossible to think of caring without at the same time thinking about the importance of a trusting relationship. It is equally impossible to imagine achieving the goals of service without at the same time assuming that the service will be rendered within an environment and under conditions of mutual trust and respect” (Roach, p. 62).
Conscience	“A state of moral awareness; a compass directing one’s behavior according to moral fitness of things” (Roach, p. 63).
Commitment	“A complex affective response characterized by a convergence between one’s desires and one’s obligations, and by a deliberate choice to act in accordance with them” (Roach, p. 65).

It has only been recently that Sister Simone Roach’s (1992) theory of caring or her contributions to Canada’s code of ethics has been noted in fundamental nursing texts in Canada. Kathleen Oberle and Shelley Raffin Bouchal’s (2009) text, *Ethics in Canadian Nursing Practice*, is a comprehensive overview of the topic of ethics for nurses in Canada. Although the authors address the theological underpinnings of the topic of dignity, they do not discuss Roach’s articulation of caring in relation to social justice and the current Canadian Nurses Association (2008) *Code of Ethics*. Furthermore, their discussion of dignity through a theological lens is limited because they have not recognized or captured the “wholeness” of how dignity is taken up within Western theological teachings. By this, I mean that even in its

simplest form, human dignity as taught in the Sunday school lessons of childhood is learned in context to community life and moral development: the three are one.

It is amazing in nursing today to discover a space for potentially new understandings of core nursing phenomena--caring in relation to social justice. Finding Edith Stein's account of nursing and the organic development of a woman scholar was rare. But then to rediscover Simone Roach's (1992) formation of caring theory adds another dimension to how the organic development of a nurse scholar whose doctorate is practice-focused unfolds. It is fitting to understand a practice-focused nursing doctorate through a theoretical and theological grounding lens that illuminates service, political advocacy, and political action. Although years apart, the work of these woman scholars is interconnected through their commitment to understanding the human condition and "caring" from a theological, philosophical (phenomenology) lineage that connects the tenets of social justice and woman's caring practice. Within the text of *The Human Act of Caring* (1992) is a beautiful and simple articulation of caring that arises from within the human person, from our very "being" and speaks eloquently to the personal and contextual dynamics of what it means to morally develop as a nurse to serve and be part of humanity. This articulation is reminiscent of Stein's (trans.1996) view of women's natural embrace of the living, personal, and whole; it reflects Stein's notion of wholeness as a congruence of theoretical and practical knowing.

Unpacking Human Dignity, Community, and Moral Development

Human Dignity

Roach (1992) reflects that the "awesome dignity of human life and the moral claims on society to protect it" emerge from the human person as "*essentially*" a unity of self, God, and other (p. 26). Roach explained that existentially, the human person shares in the human

condition and thus, in the imperfection that is human life, which shows itself as disharmony, injustices, inequities, and ultimately human suffering. Understanding the theological origins of human dignity means wading into deep water, certainly unfamiliar surroundings. It means re-thinking how we have come to understand human dignity in context to professional nursing language and ethics, and justice language in contemporary nursing practice. It means being open to a different understanding.

The Unraveling of Human Dignity

Somewhere in the echoes of humanity as we know it, dignity and what it means to be a human being has unraveled. In our quest to understand the world external to us, to come to a greater understanding of man's biology, of evolution, and of the earth and the universe, we have unsettled the soul of man from the human body and mind. The human race has sent people to the moon and to the lowest depths of the ocean through humankind's conquering of knowledge over nature. Since the time of Bacon, Descartes, and Newton, the early authors of mathematical and materialist determinism, we have lived in suspicion of our inner self. God has been abandoned in the dust of civilization (John Paul II, trans. 2006). Paraphrasing John Paul II (2006), the need for humankind to have power over nature drives what has become the proper subject of knowledge in modern thought and thus what is the true account of nature (p. 36). The body and soul, in pre-modern thought, once constituted human nature and thus human good was material as well as spiritual, intellectual, and moral (Pope, 2005). However, with the advent of modern thought, the soul is separated from the body, and "nature is morally purposeless, so whatever purposes it is given must come from human choices" (Pope, p. 153). In light of modern thought, human dignity is contingent upon "others"; it no longer resides within the being of human person. It is an objectified ideal set against the human person that is

measurable and retractable. Without the communication of the “manifest-yet-hidden God,” human dignity and human rights exist as another avenue of the human person’s power over nature, the human condition, and the human act. Human dignity is open to the human person’s interpretation, rationalization, and judgment (Pope). Nurse scholars Shelly and Miller (2006) offered, “Whenever society ceased to recognize the image of God in human beings, whether in the name of science, political ideology, religion or simply greed, serious moral decay soon flowed” (p. 76). Table 18 illustrates the many ways in which human dignity has been articulated in nursing literature.

Table 18: Understandings of “Human Dignity”

Author	Conceptualization	Findings
Nordenfelt (2004) Descriptive metaphysical study of Dignity (philosophical study of the general traits of reality)	Typologies of Dignity	<p><i>Dignity of merit</i> is: rationally accounted for through contingency and obligation of human office for: “The cabinet minister, the bishop and the doctor have rights attached to their positions. These rights should be respected by those who enter into the relevant relationships with the people in question” (Nordenfelt, p. 71).</p> <p><i>Dignity as moral stature</i> is: tied to self-respect and shares common features with the dignity of merit, as moral stature is dependent upon the thoughts and deeds of the subject and others, it is about dignified conduct and moral standards (Nordenfelt).</p> <p><i>Dignity of identity</i> is: “probably the most important sense in the context of dignity and illness as well as the context of dignity and ageing. It is significant of this kind of dignity that it can be taken from us by external events by the acts of other people as well as by injury, illness and old age” (Nordenfelt, p. 75).</p> <p><i>Dignity as Menschenwurde</i>: The German word <i>Menschenwurde</i> refers to a kind of dignity that we all us humans have or are assumed to have, just because we are human. This is the specifically human value. We have this value to the same degree, i.e. we are equal with respect to this kind of dignity. And it is significant that <i>Menschenwurde</i> cannot be taken from the human being as long as he or she is alive” (Nordenfelt, p. 77).</p>
Ancerberg et al., (2007) systematic literature review and concept analysis of the concept of “dignity” in the context of	Attributes, Antecedents and Consequences of Human Dignity	<p><i>Attributes of Dignity include</i>: individualizing care, restoring control to the resident, being respectful to another, advocating for the voice of a resident and listening with intent to residents (Ancerberg et al).</p> <p><i>Antecedents</i> required of health professionals to enhance ‘dignity’ include: professional knowledge, responsibility, reflection and organizations that are non-hierarchical in nature, where everyone is valued because of the uniqueness they contribute to daily life (Ancerberg et al).</p> <p><i>Consequences</i> of dignity include: enhancing a persons’ life spirit, a sense of inner freedom and self respect an ability to cope with life changes (Ancerberg</p>

Author	Conceptualization	Findings
elder care		et al).
Jacelon et al., (2004) concept analysis of dignity.	Dignity as Self-Concept and Behavioral	<p>Dignity was attributed to being a “<i>self-concept</i>” as pride and self-respect that overlapped with concepts like worth and individuality. A focus group member further cemented these ideas by stating “to be dignified, one needs more than self-worth, especially in relationships with other people” (Jacelon et al., p. 79).</p> <p>Dignity viewed as <i>behavioral</i> in both the literature and by focus group members, was most commonly connected to social roles as a source of dignity; of fragility and vulnerability and it was related to love and comfort of another. It was described by a focus group member, as “being dignified has to do with how you present yourself to the world. A dignified person is like a captain standing at the helm of a ship and guiding it steadily, with a sense of purpose” (p. 80). But, focus group members warned that dignity stands to be diminished by other people, most often by portraying a condescending approach to another, rather than “tuning in to the person rather than the category of patient” (Jacelon, et al., p. 80).</p>
Conventry (2006) concept analysis	Theological perspective	<p>Dignity as Descriptive: refers to the quality someone possesses and this requires self-respect and belief, and alludes to the nature of inner moral force (Conventry).</p> <p>Dignity as Normative: is associated with obligations and rights, which include social property meaning guarding one’s self respect to preserve dignity and preserving the dignity of others (Conventry).</p> <p>Dignity as Social: correlates to self-esteem and the judgments of others, but this could also require trust, justice and fair distribution of power (Conventry).</p>
Professional Nursing Organization	Professional Nursing Language	<p>Canadian Nurses Association (<i>Code of Ethics</i>, 2008): The CNA has based the <i>Code of Ethics</i> for nurses on a social justice framework, dignity is one aspect of the framework and is described as: “Preserving Dignity: Nurses recognize and respect the intrinsic worth of each person” (p. 13) through respect of others and commitment to moral conduct. Nurses are moral agents and belong to a moral community of practitioners. There are 10 levels to preserving dignity, ranging from professional capacity and respect to relationship and power differentials.</p> <p>American Nurses Association (<i>Code of Ethics for Nurses with Interpretative Statements</i>, 2001): “A fundamental principle that underlines all nursing practice is respect for the inherent, worth, dignity and human rights of every individual. Nurses take into account the needs and values of all persons in all professional relationships” (p. 3).</p> <p>International Council of Nurses (2006) <i>Code of Ethics</i>: The concept of dignity is embedded within the notion of respect, it is implied within the code, through the following language:</p> <p style="padding-left: 40px;">Inherent in nursing is respect for human rights, including cultural rights, the right to life and choice, to dignity and to be treated with respect. Nursing care is respectful of and unrestricted by considerations of age, colour, creed, culture, disability, or illness, gender, sexual orientation, nationality, politics, race or social status. (p. 1)</p>
Bennett (2001)	Ontological and Epistemological	From an <i>ontological stance</i> , nursing is a profession that seeks to sustain respect for human dignity, through self-consciousness and free will. Thus, inner moral force is sustained and outwardly sought through moral actions,

Author	Conceptualization	Findings
		<p>always embedded within the covenant of human relationships (Bennett).</p> <p><i>Epistemologically</i> respect for human dignity is reached through reason and rationality, guided by knowledge generating principles. Practical reason forms the ground for moral philosophy, thereby objective, subjective and intersubjective sources of knowledge, the a priori of principles and reason (Bennett).</p>
Mann (1998) Qualitative Study	Taxonomy of Dignity Violations and Emotional Responses	<p><i>Taxonomy of dignity violations</i> was determined through discussions of people's personal experiences. Violations included: "not being seen, being subsumed into a group identity, invasion of personal space, and humiliation" (Mann, p. 33).</p> <p><i>Emotional responses of dignity violations</i> were revealed as people spoke of their personal experiences. Emotional responses included "shame, anger/rage, powerlessness, frustration, disgust, a feeling of being "unclean", and hopelessness" (Mann, p. 34).</p>

Indeed, the aggregation of the soul, body, and mind is one of the most interesting and profound turns in the history of humanity. This new vista in modern and postmodern thought de-centred the human being from the human person. From this point on, a person could be seen as many parts of a whole, each part measurable, governed by the human person's knowledge over nature. In this aggregated form, the nature of human dignity is reconfigured from something alienated from the "being" to something that falls under the control and power of the human person and their formal social norms, courts, and laws and informal social and cultural ethos to define, constitute, and assign.

Theological Origins of Human Dignity, Community, Love and Charity

Throughout the text of *Life in a Jewish Family* (Stein, trans. 1986) the echo of faith is lived out in everyday family life. Faith reverberates throughout the narrative accounts of family gatherings, such as meal-times, weddings, the arrival and caring for children and grandchildren, and funerals. Faith is seen in the aftermaths of these big and small moments of mother and children caring for and about one another. In contrast, Stein's scholarly educational manuscripts are not taken up with moments of family gatherings, but family and faith still

reside within these scholarly manuscripts. As a teacher, scholar, and philosopher, Stein wrote a series of manuscripts while she taught within the Catholic education system in Germany. The manuscripts are a unique blend of feminist advocacy and Catholic theology. When these manuscripts are viewed in relation to Stein's autobiographical and theological manuscripts, they create a narrative of personal and professional caring infused by faith.

It would seem that faith, in its broadest understanding, exists within the lines of the text of *Life in a Jewish Family* (Stein, trans. 1986). Faith resides in different manners in our own lives as nurses. It begins within our inner world and is shaped by our personal lives; it resonates in the manner in which we approach those we care for and about in our professional lives. Even if faith is not something we recognize within our personal lives as nurses, we may encounter faith in the lives of those we care for. In general, faith means a belief in something or someone beyond oneself that cannot be understood by pure reason alone. But, what is striking within the totality of the manuscripts written by Edith Stein is that faith appears as an aspect of human nature and at the same time is imagined through the thoughtful puzzling of a phenomenologist, psychologist, philosopher, and theologian—Stein. Faith is important to this discussion about caring practice as it provides a means of thinking about love, kindness, and compassion. As I have thought about the presence of faith within this work, it has presented me with more questions than answers about caring practice. For example: *How does faith become entwined with caring as a means of being in the world and, moreover as an aspect of the lived traditions of social justice that enables the human person to be engaged more fully in the human family, and thus, community life?*

An answer that comes quickly to mind is that I have come to understand social justice in my doctoral studies through Catholic social thought and therefore the presence of faith

permeates my understanding of caring practice, community life, and socially just nursing practice. However, this does not directly capture the address of faith as it relates to caring and how faith and caring surface in a unity in Stein's *Life of a Jewish Family* (trans. 1986). What it does suggest however, is that perhaps, caring as a means of being in the world has roots in faith and theology, as Sister Simone Roach (1992) proposed. From this perspective, there is something more universal in articulating and understanding caring practice through the lens of faith and, more broadly, theology. This understanding of caring and social justice surpasses any given religion or religious community, and speaks more to the interior nature of the human person to be innately good and to seek goodness, belonging, and moral bearing.

Scholastically, my background in theology is limited. I am a layperson interpreting a particular theological theory about human existence, community, and moral grace. I cannot speak with any depth about any one theological lens. But as a layperson, I can query whether as individuals each and every one of us may want to reflect upon our own beliefs and values in relation to faith and theology in our particular understanding and experience of caring. Thus, the question becomes: *How has faith, woven with reason, shaped or not shaped one's personal understanding of caring practice as a human person and ultimately, in one's relationships with another?* As a nurse, I had thought of the tenets of social justice in the limited framework of distributive justice and had taken up language such as equity, beneficence, and maleficence without much thought of how these principles came together or not, or how human dignity was understood within the language of distributive justice.

In my doctoral studies, I was introduced to Catholic social thought by Dr. Pharris who asked us to consider the tenets of a social justice framework that was rooted in a theology—Catholic social thought. However, Dr. Pharris pointed out that although the framework was

based on Catholic social thought, the very beliefs and values that the framework depicted of the human person, community life, and moral development were espoused by other faith communities and entwined and interpreted differently by people across places and settings. What drew me into exploring the theological roots of caring was the knowledge that there was a language for justice that was more attune to the human person's nature, a language that held the possibility of unifying human dignity, community, and moral development. This knowledge drew me in to wanting to understand the theological roots of social justice in my own search to understand caring practice more deeply.

When I was a child, my family and I lived in isolated communities. When Mass or a religious service did occur, it happened in people's living rooms and it was offered by which ever minister or priest was visiting the community. As children, our Sunday school and bible classes took place around the kitchen table. Classes were lead by an eclectic group of teachers: our mothers and grandmothers of many different faiths. I had forgotten this when I was doing this work and these memories came back to me in a discussion with Dr. Kalb and Dr. Pharris. Even then it took a long drive home to Canada for the memories to emerge again in my conscious mind. The faith teachings of my childhood were a tapestry of different people, places, and faith communities that tended to all meld together for me. Yet, it seems to me that these childhood lessons of faith spoke about what it meant to be good, to be kind and compassionate, and to love one's neighbor and be a part of community.

Thus, as I turn to the teachings of Catholic social thought, I am drawn to the more universal aspects of faith and theology that make us as human persons more akin to one another than strangers. Edith Stein illustrates this beautifully within her many manuscripts through her quiet discussions of Jewish and later Catholic traditions and faith, the otherwise

different yet similar theological threads that intertwine human life. There is no doubt that for some, Edith Stein is a contradiction of faith and theology. Edith Stein was a Jewish woman who was a Catholic nun. But, it is that sense of outward contradiction in the person of Edith Stein that makes one turn again to look at the notions of faith and theology. Perhaps the intertwining of faith and theology as lived out in everyday life suggests that theology exists beyond the realms of formal religion and is something that lies within the very nature of the human person. *What are the theological and faith values and beliefs that are entwined in a quiet manner in the human heart and mind and lived out in our thoughts and actions? What are these values and beliefs that are so deeply seeded yet ever so quietly lived out when one reaches out in response to another's suffering?*

Sister Simone Roach (1992) viewed caring as a human means of being in the world. From a theological perspective, caring is the human person's capacity to love God with all one's heart, with one's whole soul and mind; it enables the human person to love their neighbor (Roach). Roach reflected that loving one's neighbor as oneself is the inspiration of caring human relationships. Roach explained:

In a theological analysis of caring as the basis for community, Thomas Dubay points out that caring is a suitable synonym for love. One loves when one cares. "Caring implies a genuine concern for the good of the other aside from what [one] may derive for oneself. I care for my sister or brother when I want her (him) to succeed, to prosper, to be delighted, to be loved. (p. 15)

Like Dr. Pharris, Roach notes that the "formative influence of the Judeo-Christian religion" in shaping a caring profession like nursing, is not the exclusive "prerogative of the Jewish and

Christian traditions” (p. 15) and that caring exists within the human person regardless of religious and faith affiliation.

From a theological anthropology perspective, Roach (1992) emphasized that caring, as a human means of being in the world, only amplifies how we care as a human being; caring says something about “who we are and how we are in relation to ourselves, to God and to others” (p. 21). There are three basic lessons about what it means to be human revealed within Roach’s theological teachings that remind me of the lessons of my childhood and relate to the nature of the human person. Table 19 illustrates these theological teachings in relation to the universal nature of the human person to care.

Table 19: The Theological Roots of Caring

Theological Roots of Caring	Universal Tenets of Human Caring
“The Word of God reveals the human being as a person in relation to others, a relationship which is an intimate union between persons and persons” (Roach, 1992, p. 21).	The covenant of the human person--of human relationships, is a living place of caring.
“God’s breath in the person is the source of life, as well as the life itself” (Roach, 1992, p. 21).	“To be a human person is to possess spiritual unity” (Roach, p. 21).
“The human being is fundamentally a relationship with God, a being created by God to achieve communion with eternally subsisting love” (Roach, 1992, p. 22).	Caring is the fundamental means of the human person being in the world (Roach).

In his articulation of the unity of human dignity, community life, and moral development, John Paul II (1979), similar to Roach’s message, speaks more broadly about what it means to be human, and the nature of being human. John Paul II simply states:

1. The human person is created not to live alone but to live with others, in a space of family and community.
2. By nature, the human person is social.
3. It is the soul, which constitutes the depth of the human person.

4. The human person's nature is intellectual and thus the human person finds his perfection through wisdom; it is wisdom that turns the human mind to look for love and goodness.

Thus, I ask those of you who, like me, are intrigued by the theological nature of the human person: *How have you come to understand caring and ultimately what it means to love oneself and one's neighbor?*

I would offer that caring is ultimately the human person's capacity to love oneself and another. Thus, caring unfolds within reciprocal human relationships. I would suggest that love is the one thread that tethers the human person's visible (our actions and words) and invisible (interiority of the human person) worlds. Caring, seen in this light as love, is difficult to fully capture in language. Yet as Hilary Rose (2004) suggested, it seems that love is vital to human existence and is something that as human persons we move towards. Throughout the nursing literature, the universal tenets of caring as a means of loving unconditionally ring out silently. Love manifests itself even in the absence of the word "love" in professional nursing standards. Love lingers in the language of beneficence (doing good) and benevolence (kindness). Love silently resides in conversations of social justice, yet never enters formally into the scholastic conversations of nurse leaders, scholars, and researchers as they ponder whether nurses understand social justice and whether nurses know how to enact social justice at the community and systems level.

Reflecting on the Theological Roots of Love

Scientist and theologian alike have grappled with the topic of love. In her discussion of the sexual division of labor, Hilary Rose (1994) noted that love is an "ideologically loaded term" (p. 74). Yet Rose stressed, "For without love, without close interpersonal relationships,

human beings, and it would seem especially small human beings cannot survive” (p. 74).

Mother Teresa (Kolodiejchuk, 2007) believed that love started at home and brought the nature of charity to life: “Don’t look for big things, just do small things with great love...The smaller the thing, the greater must be our love” (p. 34). Edith Stein regarded love in the context of educating children and wrote:

The children in school...do not need merely what we *have* but rather what we *are*....The entire educational process must be carried out with *love* which is perceptible in every disciplinary measure and which does not instill fear.” (Stein, trans. 1996, p. 6)

From a theological perspective, love is invested in human virtue, meaning a quality of the heart, mind, reason, and will (Pinckaers, 2000), Stein (trans. 1996) articulated this as knowing, thinking, acting, and willing, a harmony of mind and soul. For Stein, love had to do with one’s interiority, one’s own self-actualization, the quiet space within each and every human person that longs to give and receive goodness, kindness, and compassion. Love enables a person to:

“Be a shelter in which other souls may unfold” (Stein, trans. 1996, p. 132).

Love that is rooted in a person’s interiority is expansive and open to all human persons (Stein).

Love is quiet so “that no weak flame will be extinguished by stormy winds” (Stein, trans. 1996, p. 132). In the context of *Life in a Jewish Family* (Stein, trans. 1986), a grandmother gathers her grandchildren to mend and sew cloths for neighbors. *Is this an act of charity or is charity something more when it is infused with love, and the purpose of sheltering, expanding, and quietness?*

Charity and Justice Infused by Love

As a grandmother gathered her grandchildren around her to sew and mend, charity becomes something more; it becomes something to do with reciprocity through friendship and community; in its most profound understanding, it is pure love. Charity in everyday life is about how we as individuals in society live moral lives and contribute to the broader social order of life as it arises in family, friends, neighbors, community, work, and society at large. The questions I have been pondering include: *How as emerging DNPs will we participate in gathering, mending, and sewing in relation to the troubling events of contemporary health care that diminish our caring practice as individuals and as members of the nursing community? How do we sustain reciprocity in our relationships with students, patients and families, and colleagues, and thus, at the personal and community level? How will I as an individual and member of a profession contribute to larger social needs?*

As nurses, we have struggled with what it means to participate in justice. In contemporary times, professional nursing language speaks more to social justice. However, it would seem that it is difficult to articulate meaningfully what social justice is in everyday practice: *what does it mean personally and collectively as a community of nurses?* What theology offers to the dialogue of justice is that justice infused with love has something more to do with human development, kinship, community life, and moral well-being. Certainly in nursing, I would argue that many times as nurses we feel afloat and distanced from our colleagues because of system structures that isolate nurses from one another and moreover their patients and families. The struggle to come up with efficiency practices (e.g., same day surgical discharges) has left many of us feeling that we have been unable to give good care. If I were to take anything from current discussions around charity and justice from Catholic social

thought, it might actually be from Pope Benedict's (2009) discussion on charity and justice that seems to have a universal ring to it. The tenets of which he speaks have roots beyond the church, roots that speak to the nature of being human. So I offer up these simple tenets and invite those readers who have an interest in faith and theology to consider from their own perspective how as individuals they would perceive these same tenets in light of the construct of social justice. Furthermore, as nurses, I would offer the following question: *Do these tenets have something more to say about nurses and caring practice in relation to community life and serving others?*

- (a) Goodness comes about when people work in harmony with others, so that as a community we can move forward, each person bringing their unique virtues, into play and being respected for their individual gifts (Pope Benedict).
- (b) It is vital that individuals who care for those in need, do so through reason and faith (Pope Benedict). Thereby intellect and wisdom are grounded in the knowledge of one's profession to be competent and to fully commit to caring for others. Professional competence goes hand-in-hand with heartfelt concern: it requires a heart that sees (Pope Benedict).
- (c) To serve others in love requires faith and reason and an openness that sets aside our personal ideologies, so as not to impose them on those we serve, rather to let our love shine through in our humility (Pope Benedict).
- (d) Moments of serving another are a gift from God given to us through the one we serve. Service becomes grace (Pope Benedict).

- (e) To serve another requires humility and reciprocity. This is particularly true for health professionals who work with people who have lost their capacity to make decisions and/or exercise free will (Pope Benedict).

For an overview of the tenets of charity and justice based on the teachings of Pope Benedict (2009) see Table 20. Please be mindful that many of these tenets are universal and perhaps speak more to the inner nature of being human than they do to any one specific theological framework. Edith Stein (trans. 1986) might have even offered that these tenets are akin to being in a family.

Table 20: Human Communion Based on the Teachings of Pope Benedict (2009)

Tenets	Patterning of Human Communion & Living in Community
Love & Charity	<ul style="list-style-type: none"> To eliminate love is to diminish our sense of humanness, for there will always be suffering which calls for unconditional love. There will always be moments of profound loneliness and situations which require material answers in aiding our neighbor (Pope Benedict)
Love, Faith, and Reason	<ul style="list-style-type: none"> Love embraces faith, intellect and will. It means as citizens that we are called to take part in public life in a personal capacity, through participation in economic, social, legislative, administrative and cultural life (Pope Benedict).
Striving towards Social Order; Justice	<ul style="list-style-type: none"> As individuals and as members of society we need to move toward a social order that premises all people share in the world's good. Globalization draws us into humanity in ways not previously imagined, thus loving one's neighbor transcends the confines of community and nation: it brings us into the broader world (Pope Benedict). It is vital that we foster a heart which sees, sees where love is needed and acts with full commitment to the here and now, but with a sense of the future, and resolution to play a role in destiny with those we serve and others (Pope Benedict).
Harmony	<ul style="list-style-type: none"> Seek to work in harmony within the context of community, partnering with organizations to meet the needs of society. The human person is not alone in charity. We alone cannot meet the needs of others. Rather, we are all members of a larger family: humanity; as such we seek to help one another relationally. This means we are called to do all we can, given the uniqueness of our personal gifts (Pope Benedict).
Responsibility and Participation	<ul style="list-style-type: none"> Responsibility and participation requires a respect for autonomy and cooperation with others, always acknowledging the uniqueness each person brings to bare through a person's own competences (Pope Benedict).

Tenets	Patterning of Human Communion & Living in Community
Professional Competence & Heartful Concern	<ul style="list-style-type: none"> Individuals who care for those in need do so through intellect and faith; they are grounded in the knowledge of their profession to be competent and to fully commit to caring for others (Pope Benedict). Professional competence although important, is not sufficient. “We are dealing with human beings, and human beings always need something more than technically proper care. They need humanity. They need heartful concern (Pope Benedict).
Faith, Hope & Charity Humility	<ul style="list-style-type: none"> Recognize that what guides our action is not world political ideologies; rather action is guided by faith which works through love. Faith, hope and charity are seen as one; hope is practiced through patience (Pope Benedict).
Grace	<ul style="list-style-type: none"> Humility is the basis of serving others. Serving others requires an openness that sets aside our personal ideologies, so as not to impose them on to those we serve, but rather to let our love shine through in being humble, in seeing moments of serving others, as a gift given by God through them to us (Pope Benedict).

Kathleen Kalb: S-O-C-I-A-L J-U-S-T-I-C-E Model for Nursing

The challenge is making sense of how the notions of dignity, solidarity, community, charity and love, and justice come together in relation to caring practice in nursing. Kathleen Kalb (2009) has developed a model for social justice in nursing based on the teachings of Catholic social thought. It is a model that is used throughout the curriculum of undergraduate and graduate nursing programs at St. Catherine University. It is one means through which I have come to understand the theological underpinnings of social justice for nurses, particularly in relation to DNP charism.

Kathleen Kalb’s (2009) S-O-C-I-A-L J-U-S-T-I-C-E Model illustrates the relationship of principles of Catholic social thought and the Code of Ethics for Nurses (American Nurses Association [ANA], 2001). According to the United States Catholic Conference (USCC, 1998 [now the United States Conference of Catholic Bishops]), there are 13 principles that frame social justice within Catholic social thought. However, there are four principles that reoccur

within the context of serving and community life. In relation to this, I have discovered the following core about DNP charism: common good, solidarity, call to community and participation, and charity and justice. Table 21 positions these four definitions within a cross-structure, illustrating how all four interface and collectively build on the precepts of Love and Hope, Faith and Reason, and Charity and Justice in relation to human dignity. The four terms are described through the union of Christian faith and professional nursing discourse and include citations from *Sharing Catholic Social Teaching: Challenges and Directions* (USCC, 1998) and the Code of Ethics for Nurses (ANA, 2001).

Table 21: Principles of Catholic Social Thought: Solidarity, Charity and Justice, Common Good, and Call to Community and Participation

<p style="text-align: center;">Solidarity</p> <p>Solidarity is an eminently Christian virtue that expresses the Catholic image of the Mystical Body, that we are one human family, regardless of national, racial, ethnic, economic, and ideological differences. The principle of solidarity calls us to work for world peace, global development protection of the environment, and international human rights. <i>Individuals are interdependent members of the community. The nurse has a responsibility to be aware not only of specific health needs of individual patients but also of broader health concerns such as world hunger, environmental pollution, lack of access to health care, violation of human rights, and inequitable distribution of nursing and health care resources.</i></p>	<p style="text-align: center;">Common Good</p> <p>In keeping with the social nature of human person, the good of each individual is necessarily related to the common good, which concerns the life of all. The common good has three essential elements: respect for the person, the social well-being and development of the group, and peace and security. The common good is understood as the social conditions that allow people to reach their full human potential and to realize their human dignity. <i>The need for health care is universal, transcending and all individual differences. Nurses should actively promote the collaborative multidisciplinary planning required to ensure the availability and accessibility of quality health services to all person who have needs for health care.</i></p>
<p style="text-align: center;">Call to Community and Participation</p> <p>Being social by nature all persons have a right and a responsibility to participate in society and in the institutions that make up their communities. With the right to participate comes an obligation to participate in the life of the community and in the structures that shape public life. <i>The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts for individual nursing practice and owes the same duties to self as to others, including the responsibility to preserve integrity and safety to maintain competence, and to continue personal and professional growth.</i></p>	<p style="text-align: center;">Charity and Justice</p> <p>The practice of charity and the pursuit of justice are linked and complimentary duties. We are called to participate in shaping a social order that promotes just relationships and safeguards human rights. We are also called to work for justice. <i>Through support of and participation in community organizations and groups, the nurse assists in efforts to educate the public, facilitates informed choice, identifies conditions and circumstance that contribute to illness, injury and disease, fosters healthy life styles, and participates in institutional and legislative efforts to promote health and meet national health objectives.</i></p>

Kalb's articulation of social justice and nursing comes full circle in describing how nursing theory becomes enlivened if we, as practitioners, puzzle out the theoretical foundations of our practice in a manner that captures philosophical synthesis and harmony. In the work of Sister Simone Roach (1992), the concept of caring becomes a means of being in the world. Through a theological lens, the once abstract concept of dignity becomes something more breathy, something that exists within a human person's interiority. In the work of Kathleen Kalb, the theological origins of the human person in relation to the universal tenets of human existence (tenets of social justice—dignity, solidarity, charity and justice) are brought back into the light of professional nursing ethics in a manner that illuminates our "identity" as nurses and speaks to nurse's obligation and responsibility to "serve" and "attend" to human suffering.

Discussion

The significance of Roach's theory of caring (1992) to this systems change project (SCP) was that it creates a means in which to envision DNP community engagement more broadly and within the profession's articulation of ethics and justice. However, merely viewing Roach's theory of caring without considering the theological origins of Roach's work is to view only the surface. The theological origins enliven the theory in a manner that speaks to how, as nurses, caring is a means of being in the world. What is concealed within Roach's theory of caring is concealed within its theological tenets of human dignity, solidarity, community, love and charity.

In the 1970s, Simone Roach was asked to reconfigure and develop a code of ethics for nursing that reflected the complexity of contemporary nursing and healthcare. Roach based her

articulation of “ethics” in nursing on her theory of caring⁶. The code of ethics reflected her five interconnected concepts of caring: compassion, competence, confidence, conscience, and commitment. Storch (2007) noted that Roach’s articulation of caring practice set the stage in Canada for a nursing valued-based code of ethics and even though the code has been updated overtime it still retains the tenets of Roach’s caring practice.

What is amiss in current professional nursing codes of ethics in context to social justice is a model (e.g., Kalb’s Model) that speaks to the contextual dimensions of social justice practice: human dignity, community partnering, solidarity, subsidiary, stewardship, and the rights of workers in relation to a theory of caring that sustains the theological and philosophical tenets of the ethics of caring. There is disjuncture between models and theoretical underpinnings. There are frameworks that reflect decision-making pathways for distributive justice, but without a clear philosophical orientation, such frameworks appear distant from “caring” in nursing as a moral imperative. As nurse leaders, we are required to be clear about how we articulate our frameworks about the theoretical and philosophical origins of our work, because the moral imperative of our practice is being challenged in light of efficiency and management practices that are distancing nurses from their care work with patients and families. Contemporary frameworks lack the ability to link the notion of being human to the human condition and human action. Rather, they are focused on epistemologically-oriented notions of ethical obligation and responsibility, paying little attention to the ontological

⁶ In September of this year, Sister Simone Roach received the Order of Canada (the Order of Canada, is the country’s highest civilian honour, recognizing a lifetime of outstanding achievement, dedication to community, and service to the nation). Sister Simone Roach was “instrumental in developing a Canadian code of ethics for Canadian nurses, which the CNA continues to maintain and revise” (Canadian Nurse, 2010, p. 14).

meaning of moral conduct and the innate human instinct to reach out to others in times of need.

Table 22 illustrates a brief history of justice as proposed by Capeheart and Milovanic (2007).

Table 22: The Historical Roots of Justice

Philosopher	Conception of Justice
Plato (427-347 B.C.) & Socrates (469-399 B.C.)	Both Plato and Socrates understood justice as ' <i>excellence embodied with in a 'just' person and expressed through just behavior</i> . According to Plato, it was part of the soul (Capeheart & Milovanic, 2007, p. 13). Justice existed within the individual realm. According to Socrates justice was informed by knowledge and reflection (Capeheart & Milovanic). This view of justice is politically fraught with issues of politics and power relations, considering women and slaves were excluded from the notion of a just person (Capeheart & Milovanic).
Aristotle (384-322 B.C.)	A student of Plato, Aristotle expanded on Plato's work by qualifying the notion of <i>equity politically in relation to state and law verses economy</i> (Capeheart & Milovanic). He thought that equals must be treated as equals, while unequal's must be treated as unequal's (Capeheart & Milovanic). Aristotle divided justice into <i>distributive</i> , meaning, the appropriate distribution of goods and <i>rectificatory</i> meaning, rectification of harm- criminal law (Capeheart & Milovanic).
St. Thomas Aquinas (1225-1274 A. D.)	<i>Justice was grounded in natural law</i> . There were objective principles that existed naturally and were discovered through enlightened reasoning and divine will. Therefore " Justice existed only where positive law (law created by legislators) was congruent with natural law (Capeheart & Milovanic, p. 14). Justice thus was either <i>general meaning, legal justice</i> based on the laws of state, or <i>particular meaning commutative</i> (relation of one person to another) or <i>distributive</i> (relation of community to the person and proportionally common good); a persons rank in community according to distributive determines his proportion of common goods (Capeheart & Milovanic). For Aquinas an unjust law is simply not law, equality must prevail in commutative justice (Capeheart & Milovanic).
Thomas Hobbes (1588-1679)	Hobbies a student of Bacon offers <i>a theory of social contract</i> without a religious connotation (Capeheart & Milovanic). To Hobbes the natural state of man was war, and thus, the only way to come to a social understanding of justice was through a authoritative political office (Capeheart & Milovanic).
John Lock (1632-1704)	Social contract was central to justice. Locke assumed that <i>people were morally obliged because of their belief in God</i> , thus the natural state of humanity was not warring, but one that inherently recognized the rights of others to their lives and liberty (Capeheart & Milovanic). Political authority was a means to ward of violations of violations of the rights of people, thus protecting the rights and property of its people (Capeheart & Milovanic). This form of authority did not impinge on peoples' lives and liberties (Capeheart & Milovanic).
Immanuel Kant (1724-1804)	For Kant <i>humans were rational and had the ability to reason</i> , thus each person " <i>was unique and an end in itself, never a means to an end</i> " (Capeheart & Milovanic, p. 16). The rational being however was seen separable from the body and its emotionality- the <i>Cartesian dualism</i> (separation of mind and body), thus morality was a categorical imperative: (a) conduct is based on principles that can be reasoned as universal; (b) act as though the maxim of your action were by your will to become universal laws; (c) means/end principle; (d) social contract- universality from rational thought (Capeheart & Milovanic).
Jean Jacque Rousseau (1712-1778)	Human nature was cooperative verses combative; people enter cooperative relationships because they seek improvement; that could lead to inequalities as people's needs to gain property increases (Capeheart & Milovanic). <i>Social contract binds people into a common good</i> . Prior to social contract, people were moral because of compassion, however <i>social</i>

Philosopher	Conception of Justice
	<i>contract is about reason and will which determines morality</i> (Capeheart & Milovanic).
John Stuart Mills (1806-1873)	<i>Justice is inductive</i> , one reasons from facts ad observations and then arrives at principles. Society is suppose to promote social utility, rights are established from social contract (Capeheart & Milovanic). To be just is to respect the other, rights of property, liberty and belongings. Mill distinguishes between legal and moral justice and the notion that justice requires the engagement of both civil and criminal legal structures to keep justice (Capeheart & Milovanic).
John Rawls (1921--).	Two principles of justice: <i>right of equality</i> (freedom of speech, assembly, private property and freedom from arbitrary forms of arrest and seizure) and the <i>conditions of inequality</i> (inequality is just only if it serves the common good) as created by social structures (Capeheart & Milovanic).
Jurgen Habermas (1929--)	For Habermas what is <i>just is defined by the outcome of a consensus under certain specified conditions</i> (Capeheart & Milovanic). Furthermore a moral or just principle is valid as long as it would be mutually acknowledged under certain ideal conditions—freedom, rationality, equality, knowledge--by all agents to whom it applied (Capeheart & Milovanic).
Ronald Dworkin (1939--)	Developed a <i>liberal theory of justice arguing that both justice and law were connected</i> . Dworkin thought of rules as ‘all or nothing’ however principles were external to rules- principles should be applied because they reflect justice and fairness- in courts a judge will offer refer to a principle when it appears no rule will fit (Capeheart & Milovanic). As well the notion of rights, could be constitutional as certain moral rights were made into rights of Constitution- thus a given a moral status which stand outside the law- abstract rights (freedom of expression and assembly) and concrete (consider conflict of interests and how to operationalize their meaning in practice (Capeheart & Milovanic).
Carol Gilligan (1936--)	Developed an <i>ethic of care, in opposition to an ethics of responsibility</i> . Her ethics was in opposition of contractarian forms of justice embedded in formal law that focused on notions of equality and justice ethics focused on attachment, need and care Capeheart & Milovanic). For Gilligan, ethics of justice demanded reasoning from abstract sets of principles in finding the right answers, what she proposed was an ethic of care where subjects tried to discern the specific concrete and unique factors of a given situation- for women moral judgment is at work, and becomes the basis of equality – thus we have the ethics of justice at work (Capeheart & Milovanic). Moral judgment is based on needs factors (Capeheart & Milovanic). For Gilligan, there are two types of justice at work, one male and the other female due to socialization at work during moral development (Capeheart & Milovanic).

Note. This chart is based on the work of Capeheart, L., & Milovanovic, D. (2007). *Social Justice: Theories, Issues, and Movements*. New Brunswick, NJ: Rutgers University Press. It is only meant to be a brief review of key writers in the field of justice through time.

In addition, few academic nursing centers have spent time defining service engagement in a manner that can be equated to tenure and promotion evaluation for merit and award.

Research is easily accounted for because it is associated with grant dollars and publications in peer-reviewed journals, which can be counted and ranked. However, service engagement work,

although requiring rigorous system critiquing and the design of evidence-informed strategies, does not necessarily have grant dollars attached and may, or may not, have peer-reviewed publications attached. Despite these ongoing challenges, there is no doubt that nurses in the practice setting and nursing faculty should be writing about the process of social justice engagement in real-time critical events.

My SCP was the result of my participation as a nurse consultant in a community-based rapid response engagement process with a government health care agency that acts as an umbrella for healthcare regional planning. I was asked to design a rural nurse leader roundtable discussion on the increasing shortages of nursing in rural and remote communities. This sort of rapid response reflects the application of evidenced-informed health and human resource systems evaluation approaches, which means that as a consultant, I was leading activities such as a systematic literature review schema to design a mechanism of multi-stakeholder evaluation relative to regional health care planning needs. Subsequently, it also meant designing and following through with a rapid response process and managing the details of organizing the stakeholders and creating multiple stakeholder feedback loops. Ultimately, it required creating a stakeholder response report to government health care policy and decision makers that reflected the context and messages of all of those who were involved. This sort of work is based upon an evidence-based service engagement process that not only has to be theoretically sound but also ethically sound.

Researchers have given little formal attention to the philosophical and theoretical roots of service engagement. I would argue that a social justice lens, as defined by Catholic social thought, is one way to philosophically and theoretically support the roots of nursing faculty service engagement. Furthermore, social justice forms the base of a schema for evaluating the

just service engagement practice of nursing faculty, whether it is with patients, students, colleagues, or communities at large. Catholic social thought is based upon three interfacing universal tenets: human dignity, community, and moral conduct. The same tenets are assimilated within the concepts of service engagement and *The Essentials of Doctoral Education in Advanced Nursing Practice* (American Association of Colleges of Nursing, 2006b). The two supporting footings of Catholic social teaching are charity and justice relative to service. Social service or charity begins within people's individual acts, but charity refers to our ability as individuals to participate fully with others in responding to social need (United States Conference of Catholic Bishops, 1993). Social change is justice, meaning that it extends our individual acts to public collective actions that respond to long-term social need and promote social change in societal, governing, and business institutions to resolve structural injustices (United States Conference of Catholic Bishops, 1993). The principles of charity and justice are alive in nursing faculty members' motivation to become involved in community through their service endeavors.

Chinn and Kramer's (2008) articulation of ethical knowledge emphasizes that ethical knowledge is a state of mind and a state of heart. As a state of mind, ethics emerges as ethical governing practices, taking the form of textual governing (i.e., standards of practice). As a state of heart, moral conduct is conceptualized as a pre-ethical state. Belonging to the human race suggests that there is a connection among all who are human; the human condition; the human act; and innately, the human sense of moral order in relation to the human heart, soul, and mind. Chinn and Kramer contended, "Nurses, regardless of setting, bring to practice the heritage of their own moral development and understandings" (p. 108).

Regardless, the notions of ethics and moral order are no less important in research than

they are in daily clinical and classroom practice or life. If ethics is a form of structured knowledge focused on determining the variations of right and wrong, morality is expressed in our actions, that is, our behaviors, and is grounded in values (Chinn & Kramer, 2008). However, morality and ethics are interwoven and ethical knowledge often is used in contemporary society as a way to evaluate moral conduct (Chinn & Kramer, 2008). Ultimately, the roots of ethical practice in nursing emerge from three universal tenets held by the profession of nursing: (a) nursing is a profession that serves society; (b) nurses seek to preserve and sustain the dignity of those whom they serve; and (c) through nurses' personal sense of moral order, they are able to serve society and respect the dignity of those whom they touch.

The dignity of the person, as taught in Catholic social thought, resides in a fusion of horizons: person, community, and charity and justice. It constitutes a pre-ethical understanding of human nature, condition, and action. Catholic social thought has allowed me to create a framework that I have entitled DNP Charism that is metaphorically a pedagogy of universal teachings, that is, a means of thinking about and carrying on a conversation with one another around the meaning and responsibility of human nature, the human condition, and human action. Figure 3 speaks to the defining aspects of Catholic social teaching, and the unity of community and solidarity, dignity and charity and justice that is DNP Charism.

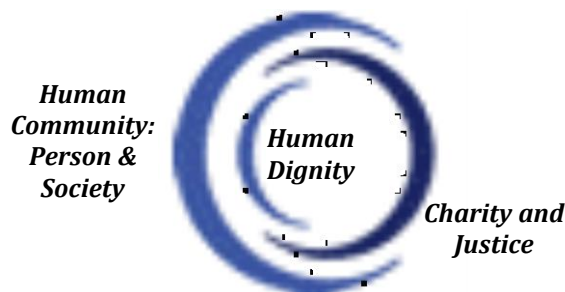


Figure 3. DNP Charism

I thought I understood the meaning of social justice, but it was not until I was formally exposed to social justice in DNP studies that I began to realize I had a superficial understanding of social justice at best, even though as a nursing scholar, I participate in socially just practices. However, it is not through formal research activities that I most clearly enact social justice in my practice; rather, it is through service engagement in caring practice. In addition, I have come to realize that to do service engagement well is to come to terms with the seminal tenets of social justice and the nursing profession itself: serve society, sustain human dignity, and engage in community in a meaningful manner. It means understanding the connection amongst all humans, the human act, and the human condition in everyday life. Table 23 represents my current understanding of justice as articulated in Catholic social justice, given the articulation of social justice by John Paul II (2006; 1993; 1979) and Pope Benedict (2009) and the United States Conference Catholic Bishops' *Communities of Salt and Light* (1993). I would argue that Catholic social thought is about a fusion of three aspects of justice: cumulative, distributive, and social justice.

Table 23: The Core Tenets of Catholic Social Thought for Socially Just DNP Community Service

Concepts	Meaning
Social Justice	Social: Cooperative interdependent relationships and amongst human beings Justice: Is a function of charity mediated by love--grace
Two Fold Focus of Socially Just DNP Community Service	Service: mending and gathering—reaching out to “others” in times of need. Action: Addresses structures and practices that diminish human dignity or identify structures and practices that celebrate a human person’s inner self-actualization—supports the flourishing of the human soul.
Cornerstones of Socially Justice DNP Community Service	Solidarity: living as though all people are to be “cherished”—all people matter and all living things matter. Knowledge: translation, interpretation and application of social justice tenets into everyday life (decisions, judgments).

	<p>Community: the human person does not exist alone. We exist in relation to “other”</p> <p>Advocacy: supporting the voice of those who voice has been silent.</p>
The Core of Socially Just DNP Community Service	Charity: charity and love are the greatest of all human virtues. Charity inspires a life of giving and serving. Charity requires the practice of Justice. Charity is a pathway of human love for self and “other.” The capacity of the human person to love is what mediates knowledge and justice. Justice is impossible without love
Justice	<p>Commutative Justice: Fundamental fairness in agreements and exchanges between individuals and social groups</p> <p>Distributive Justice: goods and values necessary for the realization of human dignity (access to all persons to be involved politically, economically, socially and culturally in societal governing practices)</p> <p>Social Justice: Concerned with the structures of society as principal sources of justice and injustice.</p>

The Merging of Theory and Discourse by Theological Traditions

The theological traditions born of Catholic social thought provide the underpinnings for Roach’s (1992) Act of Human Caring, and Kalb’s (2009) social justice model. The outcome is a merging of harmonized theoretical, philosophical perspectives with nursing theories and models that share the same philosophical and theological origins. Table 24 represents this merger of tradition.

Table 24: Fusion of Roach’s Theory of Caring and Social Justice: Compassion, Competence, Confidence, Conscience, and Commitment

Core Element of Caring	Understanding of Care Elements	Corresponding Catholic Social Teaching Principles
Compassion	A way of living born out of an awareness of one’s relationship to all living creatures; engendering a response of participation in the experience of another; a sensitivity to the pain and brokenness of	<p>Dignity: The human person is central. Every human life has inherent value and dignity, independent of race, gender, age or economic status. Thus, a belief in the inherent value and dignity of every life.</p> <p>Rights and Responsibilities: Each person, reflecting their God-given dignity, has basic right and responsibilities that flow from our human nature you belong to us as humans regardless of any social or political structures.</p> <p>Family: <i>Every human being is intrinsically social, finding fulfillment in relationship to God and other persons, and realizing our dignity and rights in relationship with others, in our families and in our communities</i> (Stein, trans. 1986).</p> <p>Community: Because of our social, nature, all human beings have a right and a responsibility to participate in society and in the institutions that make up our communities.</p> <p>Solidarity: Expresses the Catholic image of the Mystical Body, that</p>

Core Element of Caring	Understanding of Care Elements	Corresponding Catholic Social Teaching Principles
	<p>the other; a quality of presence which allows one to share with and make room for the other (Roach, 1992, p. 58).</p>	<p>we are one human family, regardless of our national, racial, ethnic, economic, and ideological differences.</p> <p>Poor and Vulnerable: To respond to the needs of all of our brothers and sisters, especially those with the greatest needs. We do this through acts of charity, through meeting the immediate material needs of those who are poor and vulnerable as well as through our own participation in society, shaping political and economic institutions that meet basic needs, promote justice, and ensure the participation of all.</p> <p>Charity and Justice: The tradition of the corporal works of mercy calls us to provide direct aid to those in need, offering food for the hungry, providing shelter for the homeless, clothing the naked, visiting the sick and imprisoned, and burying the dead.</p>
Competence	<p>The state of having the knowledge, judgment, skills, energy, experience and motivation required to respond adequately to the demands of one's professional responsibilities (Roach, p. 61).</p>	<p>Participation: The right to participate in society must be promoted and protected by the state and other institutions. With the right to participate comes an obligation to participate in the life of the community and in the structures that shape public life. We have a responsibility to exercise our right to participate in a fair and equitable way for the good of all.</p> <p>Dignity of the Worker: Work is more than a way to make a living; it is a way of expressing and realizing our dignity, and it is an opportunity to collaborate with God in the development of creation. Therefore, workers should participate in the workplace in a manner reflecting their responsibilities and dignity.</p>
Confidence	<p>The quality which fosters trusting relationships. It seems impossible to think of caring without at the same time thinking about the importance of a trusting relationship. It is equally impossible to imagine achieving the goals of service without at the same time assuming that the service will be rendered within an</p>	<p>Solidarity: It calls us to see others not as “enemy” but as “neighbor” and it requires a just social order where goods are fairly distributed and the dignity of all is respected.</p> <p>Subsidiary: When the common good or the rights of individuals are harmed or threatened by society—including government institutions—has a responsibility to act to protect human dignity and right.</p> <p>The Common Good: The social conditions that allow people to reach their full human potential and to realize their human dignity. The common good has three essential elements:</p> <ul style="list-style-type: none"> • Respect for persons, reflected in social structures that promote each person's opportunities to realize his or her human dignity. • Social well-being and development of the group, reflected in social structures that promote development and make accessible what is necessary for a truly human life, including food, clothing, health, work, education, and culture, and safe environment, and the right to establish a family. • Peace and security: protected by the public authority to ensure a just order. <p>Charity and Justice: We are called to justice in our daily lives through our roles at work, in our communities, in our families, and as citizens, we are called to participate in shaping a social order that promotes just relationships and safeguards human rights.</p>

Core Element of Caring	Understanding of Care Elements	Corresponding Catholic Social Teaching Principles
	environment and under conditions of mutual trust and respect (p. 62).	
Conscience	A state of moral awareness; a compass directing one's behavior according to moral fitness of things (Roach, p. 63).	<p>Family: <i>Is where we learn about moral principles and when we learn to act on them. Every human being is intrinsically social, finding fulfillment in relationship to God and other persons, and realizing our dignity and rights in relation with others, in our families and in our communities</i> (Stein, trans. 1996).</p> <p>Participation: Because of our social nature, all human beings have a right and a responsibility to participate in society and in the institutions that make up our communities.</p> <p>Common Good: Respect for person, social well-being and development of the group; peace and security.</p> <p>Charity and Justice: The principle of the principle option for the poor and vulnerable demands that we respond to the needs of others and work to ensure their full participation in economic and political life. We are called in our daily lives through our roles at work, in our communities, in our families, and as citizens, we are called to participate in shaping a social order that promotes just relationships and safeguards human rights.</p> <p>Dignity: Dignity, worth and value inherently reside in the soul of the human person, we are born to “love” and thus, to search for goodness, to act with dignity, compassion and kindness in all that we do.</p>
Commitment	A complex affective response characterized by a convergence between one's desires and one's obligations, and by a deliberate choice to act in accordance with them (Roach, p. 65).	<p>Dignity: The human person is central. One's affective response is always in congruence with one's inner value and dignity. To act with dignity is to act in a manner that maintains the dignity of the “other” and in doing so we sustain our own dignity. People are always more important than things.</p> <p>Human Equity: Excessive economic and social disparities are contrary to the virtues of social justice, human dignity, and peace.</p> <p>Rights and Responsibilities: As individuals, given the gifts in which we inherently gifted with as being created in the image of God, we have a responsibilities—to one another, to our families, to our communities, and to the larger society—to respect the rights of others and to work for the common good.</p> <p>Participation: With the right to participate comes on obligation to participate in the life of the community and in the structures that shape public life. We have a responsibility to exercise our right to participate in a fair and equitable way for the good of all.</p> <p>Solidarity: Is a reminder that we are one human family, regardless of our national, racial, ethnic, economic and ideological differences, it reminds us that we born into a family, to give and to love, to live out our life through an inner awareness of what it means to live with dignity, humility and love.</p> <p>Common Good: Calls us to respect others.</p>

- The core elements of caring and the understanding of core elements are all based on Sister Simone Roach's 5 C Model--Roach, S. M. SJ. (1992). *The Human Act of Caring: A Blueprint for the Health*

Profession. Ottawa: Canadian Hospital Association. The corresponding principles of Catholic social thought (regular font) are from, *Sharing Catholic Social Teaching: Challenges and Directions*, written by the U.S. Catholic Conference (1998). Further articulation of Catholic social teachings are gleaned from Kalb's (2009) articulation of Catholic social teaching in the S-O-C-I-A-L J-U-S-T-I-C-E model. Stein's contribution to the "Corresponding Catholic Social Thought Principles" are in italic.

Chapter Eight

Introduction: What Happens Now and What Happens Next?

The purpose of this inquiry was to gain a broader understanding of the essentials of Doctor of Nursing Practice (DNP) charism, the ancestral traditions of women's "caring practice" that speak to what DNP community service as an aspect of caring practice means in the context of scholarship. These otherwise ordinary values inherent in "caring" connect us as nurse scholars whose focus is practice to serving in the context of community: patients and families, and society. The DNP is an emerging role in nursing and although I have argued here that it is the natural organic development for a practice profession, it remains unclear what a nursing scholar whose focus is practice can offer society and the profession.

At this time, there is very little literature that addresses the scholarly contributions of DNPs, or how DNPs are shaping their scholarship and their individual programs of scholarship. *What sorts of research, community engagement, and political advocacy and action are DNPs committed to?* There is literature that speaks to the philosophical and theoretical underpinnings of DNP charism. In this systems change project (SCP), I have sought to bring to light the meaning of DNP charism through a Gadamerian hermeneutic exploration of a case exemplar of a woman scholar who was a nurse, teacher, philosopher, and theologian. In this final chapter, I will explore issues of integrity and generativity of the topic of DNP charism. Implications for the practice of doctoral faculty dedicated to the education of DNP students and for DNPs themselves will be discussed. Hermeneutics is an interpretive practice and thus what is gained through interpretation must return to "what is happening here." Interpretation must return to application and application is about bringing back new and emerging ideas to practice.

Integrity of Interpretation

This inquiry was unique because it was based on two emerging case exemplars. I positioned the case exemplar of a woman scholar (Edith Stein, a nurse, teacher, scholar) in relationship to the personal and contextual reflective case exemplar of a developing DNP student (myself). It certainly tested the boundaries of how Gadamerian hermeneutics can be practiced, not as a research methodology, but as a means of interpretive practice, of everyday human understanding. With this being said, however, the same sorts of concerns regarding integrity of interpretation exist.

Ultimately, those of us who hold to an interpretive paradigm as the roots of our practice, have an understanding that is ontological in nature, meaning that we acknowledge that the world is concrete and real. We understand this sort of reality through a weave of interconnected factors made up of language, symbols, traditions, and memories in relationship to the personal and lived experience of the individual (interpreter). Therefore, it is the aim of the interpreter to come to an understanding of what is happening here or of the topic that has drawn his or her attention—the meanings, by recognizing his or her own understandings and the approach the interpreter is undertaking for interpretation creates weave of interpretive practices (Lincoln & Guba, 1985; Rabinow & Sullivan, 1987). Schwandt (1994) suggested that there were three bases on which interpretive accounts rest: (a) methodological procedure and rigour; (b) the usefulness of interpretive accounts to human ends—human understanding (how does the interpretation apply to the context of daily life, to understanding something concerned differently); and (c) what he called “subtle realism” (p. 130). Schwandt suggested that subtle realism was intersubjective understanding; that is, agreement exists between the interpretive account and the interpretations of others of the phenomenon under interpretation.

For Gadamer, interpretation is a process of the hermeneutic circle⁷, a fusion of horizons (understandings) and a dialogue with text. Gadamer (1989) suggested that rather than understand a text in fractured pieces or themes, to interpret a text meant understanding the “whole” in terms of all the particulars and the particulars in relation to the whole. This sort of interpretative process is one that sustains the tension of the lived experience, the taken-for-granted meaning, and cultural and historical understanding. Thus, interpretive grasp happens as the meaning of the “here and now” is viewed in relation to what has come before. Thus, the process of interpretation in Gadamerian hermeneutics is one of dialogue with the text; it is a process of questioning and answering, and then questioning again. Integrity is sustained when the interpreter is able to differentiate between what is significant within the textual conversation and insignificant, and when the interpreter has the freedom to question the contradictions of what is being spoken within the text. Gadamer (1989; 1976) comes to our aid with regard to the integrity of interpreting a text. He reminds us that, as human beings, we come to a text with a purpose; we wish to understand something that puzzles us, a phenomena or a topic that we are trying to figure out. Thus, we come to a text purposefully with a prior pre-understanding and an expectation of the text to be interpreted. Therefore, according to Gadamer (1989), interpretation is always application; we interpret and try to come to an understanding when we translate something so we can use it (application). Rene Geanellos

⁷ Canadian philosopher Charles Taylor suggested that the conditions of human understanding are based on the beliefs that humans are self-interpreting animals and all understanding begins within the individual’s understanding of self. Debesay, Naden, and Slettebo (2008) explained further, “Understanding is achieved by our interpreting within a circular process, in which we move from a whole to the individual parts and from the individual parts to the whole through the hermeneutic circle. When we examine, a body of work, for example the Bible, the Koran or the Torah, we must interpret the individual parts of the text, as determined by the whole; whilst the whole is determined by the individual elements of the work” (p. 58).

(2000) best captures the notion of hermeneutics as a human practice of interpretation and how it is truly enlivened for a person in everyday life:

...Gadamer's (1979) concept of tradition (the world of shared history, language and culture which prefigures understanding). Through participation in the tradition in which we live we gain a sense of the familiar and belonging. Tradition is not alien; it is something into which we have grown, something we have appropriated through engaged living. Appropriation of textual meaning is the same. When interpreters appropriate the meaning of a text, it is no longer alien, it becomes familiar. (p. 114)

Throughout this study we have experienced tradition head on, including the rituals that families engage in and pass on, the beliefs and values that form children's identity, and the traditions of the practice setting that control issues of infection control, staff work-flow, and timely patient care.

Geanellos (2000) explained that interpreting a text means moving "beyond understanding what it says to understanding what it talks about" (Ricoeur, as cited in Geanellos, 2000, p. 114). What this means is that as an interpreter, I was faced with a foreign text and had to attempt to do two things: (a) listen to what the text said and (b) understand what it was that the text was talking about. From a hermeneutic perspective then, "understanding" is "about grasping the meanings the text discloses" (Geanellos, 2000, p. 114). Understanding the parts in relation to the whole is a challenge when the texts are a compilation of different types of writing by one author (autobiography and scholastic manuscripts). I found myself going back and forth with interpretations of autobiographical, theological, and philosophical dialogue in an attempt to understand what the text in its entirety was revealing about the topic—the traditions of charism in relation to the self-actualization of a scholar. Hermeneutic

interpretation always circles back to the questions that brought the interpreter to the text in the first place; it is personal and it is contextual.

The integrity of interpretation always returns to the interpreter questioning their own understanding and asking what it is they might not be seeing and how their own understandings may be clouding their interpretation. The concern I had on entering this work was the constant presence of “faith” within the textual writing of Edith Stein. Her philosophical and theological understandings of human development resonate throughout her writing. She draws her interpretations of family, empathy, and human suffering from a phenomenological, psychological, and theological lens. As an interpreter, I had to be consciously aware of the theological underpinnings within the text conversation: these cannot be ignored because the meaning of caring within a family would be lost. For example, the story of grandmother gathering her grandchildren around her to mend and sew clothing for neighbors cannot be understood without knowing how Jewish faith is integral to family identity, and to the relationship between family values and beliefs and community life. Stein’s scholastic manuscripts both as educator and advocate are clearly written in the context of Catholic social thought. As an interpreter, I had to acknowledge that I myself was not versed in Catholic social thought, nor in natural law. My interpretations of Stein’s manuscripts for the purpose of this study are limited by my early understandings of Catholic social thought and natural law. To further the integrity of this work, it would be best to repeat a reading of this work using hermeneutic interpretation with a group of scholars committed to the discipline of Catholic social thought and natural law.

In the context of this study, interpretation became a triangular motion of interpretation between self-understanding, theological interpretation, and interpreting the dialogue that the

text presented. It has meant reading and re-reading, writing and re-writing. At the end of the day, a good interpretation has to shed light on the questions that the interpreter initially brought forward. As Gadamer (1989) insisted, understanding is what happens in undergoing the search for a new understanding.

Application to Practice

As DNP students, our systems change projects (SCPs) must say something useful about nursing practice, healthcare system issues, and/or patient-family care. Our projects have to impact the practice world in a useful manner; we have to be able to answer the question: *What use is it? In its broadest meaning, the word “useful” speaks to practical and everyday use (Hoad, 2001). How can the interpretation of charism—the caring practice of DNPs in relation to community service as shaped by theological and philosophical traditions—make a difference to future DNP students? How can this work make a difference to nurse educators dedicated to DNP curriculum development and nurse educators committed to community service and social justice practice? How can this work be of use to nurses who are interested in political advocacy and political action? Ultimately, how can the knowledge gained about DNP caring practice from this project better the lives of those we serve through our community service? This is the task of application; understanding is what happens in undergoing; understanding has to shine light on that which called our attention in the first place. In my case, this understanding surrounds the meaning of “caring practice” in relation to DNP community service and scholarship. Palmer (1969) simply states, application is “the function of interpretation in relating the meaning of the text to the present” (p. 186). It is the here and now that we live in; as Jardine (2006) and colleagues indicated, a place of purpose and meaning. As an interpreter and translator of knowledge, the hermeneutic interpreter is charged with the task*

of revealing new understandings about troubling events and topics. As a nurse and scholar, interpretation of knowledge is about a moral imperative to care about human life, the human person, and the human community.

Professional Practice

Currently in Canada, the DNP debate is erupting in academic nursing settings. There are pockets of DNP-prepared nurses appearing across the country. At a recent provincial chronic illness intervention meeting, I had the opportunity to sit with two other DNPs from the east coast of Canada. As we spoke together, we all agreed that our doctoral studies have broadened our practice: we were all involved in some sort of community service and political action practice. Each of us was working on research teams as nurse consultants. As we spoke together, the confusion of what “practice-focus” means in relation to scholarship came up. Throughout the conversation we discussed the lack of literature that speaks to what it is we do as DNPs. We shared a concern that in the literature there are assumptions being made as to why nurses engaged in advanced nursing practice search out DNP programs and pattern of thought is reoccurring—nurses are looking to gain parity with physicians, which within our small circle was not the case. I offered that I am having in my faculty unit a difficult time justifying that the degree is scholarly.

This was not the first time that the confusion around what it is that DNPs do and how a practice-focused degree in nursing can be scholastic in nature has arisen. In the first year of my DNP studies, a colleague had been interviewed by a news reporter and the focus had been not on the meaning of the DNP degree or what DNPs offered society or the profession of nursing--the focus had been on the word “doctor.” What struck me throughout the process of this project and continues to come to light as I meet other DNPs are the questions around role confusion

and identity and the misunderstandings that are inherent in the language of “practice” that seems to be distanced from scholarship.

This SCP has changed my own articulation of practice. I have learned to be cautious with the language I use when speaking about practice in relation to scholarship and community service. I have learned to re-position my nurse consultant role in context to scholarship. I have begun to consider that it is important as a DNP to be able to map out one’s scholarship. It means being able to identifying areas of interest that are important to the profession and to one’s own practice. It means being able to map out one’s scholarship as a means of visualizing points of connection between one’s scholarship activities, community and civic engagement, and practice focuses in the clinical and classroom settings. At the doctoral level, it is important that one’s practice reflects a well-connected and harmonized program of scholarship that respects one’s own practice values and beliefs.

A key understanding that came from studying the collective textual legacy of Stein’s life’s work was that a scholar is someone who is always in the motion of self-actualization. A scholar is someone who is always attempting to better understand their own intellectual, moral, and aesthetic being. Stein’s scholarship activities, including philosophical and theological manuscripts, political activities, and teaching responsibilities, are harmonious as she underscores her practice with a growing competency in phenomenological, theological, and psychological knowledge traditions. In the context of the textual conversation, traditions speak to the values and beliefs a scholar holds about human existence, the human condition, God, and the unity of faith and reason as a presence in human intellectual, moral, and aesthetic being.

Conversations with Other Knowledge Claims

Spence and Smythe (2008) collected eight stories from nurse participants attending a two-day workshop about phenomenological inquiry. From a hermeneutic and Heideggerian perspective, the researchers explored what it means to feel like a nurse. The researchers emphasized that the nurses told their stories in the context of their everyday life. For example, in the textual legacy of Edith Stein's autobiographical and professional manuscripts, these nurses' stories of feeling like a nurse were not separated out and fragmented from the midst of their lives. Within their stories of feeling like a nurse, nurses revealed that they experience events that call their attention: "not as information, but rather as mood" (p. 250) stemmed from "hearing a cry that sinks her heart and makes her stomach ache" (p. 247). The researchers stressed that mood means that nurses turn their attention to what sinks their heart, but they do so in a manner that is about "authentic being." They turn their attention, in thoughtfulness, looking, listening, as "being in the world"--what Heidegger understood to be *Dasein*. In this SCP, what I have come to understand from Roach (1992) was that caring is a means of being in the world. Spence and Symthe found that being in the world means coming into an event as a human person already with a way of "knowing, thinking, and being" that attunes a nurse to what is heard and seen, and prepares the nurse to reach out and respond. Similarly, within the textual analysis of the chapter "Nursing Soldiers" in *Life in a Jewish Family* (Stein, trans. 1986), being is described as an intellectual, moral, and aesthetic way of being, where every breath of our inner being is present in a moment that calls our attention and opens us up to seeing the "other," seeing their need. This SCP and Spence and Symthe's (2008) hermeneutic study both reveal the possibilities of how hermeneutic practice is an everyday practice that appreciates the personal and the contextual. Hermeneutic studies about nursing ways of being

are useful when trying to understand phenomena that are not easily measured and not tangibly visible because they begin within the interiority of the human person.

Nancy Moules (2000), nurse and hermeneutic scholar, wrote an editorial for the *Journal of Family Nursing* entitled “Funerals, Families, and Family Nursing: Lessons of Love and Practice” that speaks both to the meaning of practice and the meaning of a scholar’s practice. Moules is a hermeneutic scholar in Canada and her publication track illustrates a program of scholarly study focused on family nursing and the practice of hermeneutics.

In her dialogue, Moules (2000) reminds us that the “wholeness” of our lives as nurses and nurse scholars speaks to who we are as nurses, what we do, and our very being in the world. Her dialogue expresses how our practice values and beliefs unify our practice, teaching, and writing:

I am finding myself drawn to thinking about being in a practice profession that says something about our lives. As family nurses, we are passionate about families—in our practices, our writing, our teaching, and our discussions with equally passionate (and even our less converted) colleagues. (p. 3)

Moules draws our attention, as Edith Stein’s writings do, that as people we “also live in families, we are families” and thus, like the case exemplars of being in a family, we experience the imperfection that is family life, the suffering, burdening, and struggle that happens in the intimate space of being with “others,” of being in relationships. In the editorial, “Funeral, Families and Family Nursing,” Moules reflects upon attending a colleague’s mother’s funeral. In attending the funeral she meets a group of women who were the caregivers of the woman who had passed; they were not nurses, but they nursed. Moules remarked: “It is interesting to me how we, as nurses, are quite passionate about defining ourselves” (p. 4). Moules explained

that distinguishing and defining and clarifying what it is that family nurses do and what it means to be a family nurse has itself challenged family nursing. Moules challenges that “nursing as a noun, only truly finds itself in the verb, in the action of nursing” (p. 4). Moules cautions that there exists a possibility of getting lost in letting the intellectual activity of discipline define it. Alternately, Moules suggested that the identity of a discipline is found “in the context of action and practice” (p.5). Further, Moules emphasized that becoming a family nurse is not merely defining ourselves, but “in praxis in how we live out our beliefs, our philosophies, our theories and knowledge, our values, and our experiences” (p. 5). It comes back once more to the questions of “what do we value” and “what do we cherish” as nurses. As DNPs, each of us must ask these questions of ourselves. Each of us, in our inner organic development, move from being to becoming to belonging, and through it we arrive not to simple answers but to more questions about who we are, what we cherish, and what we value. Caring as a means of being in the world asks this of us as human beings. Caring as means of being in the world means that we as human beings are always interpreting who we are, always being thoughtful of what values we cherish and hold close to our heart, and thus always rediscovering them in the process of becoming and belonging.

This SCP speaks to the importance of caring and practice in nursing, and like previous writers, reminds us of how caring practice says something about who we are and what we do in nursing. Furthermore, it speaks to how caring as a means of being in the world begins within the personal and the contextual, in the interior of person where intellect, morality, and aesthetics are woven into our very being in the world. As previous writers have identified, one means of communicating the experience of caring is through life stories. In this SCP, the organic development of scholar unfolded in a tapestry of family, traditions, storytelling,

moments of self-awareness, and self-improvement. As DNPs we are yet to communicate the stories of DNP practice that enlighten heartfelt values and beliefs about caring practice in nursing and illuminate how our practice contributes to society.

This SCP illustrates the organic development of a DNP as an unfolding of being, becoming, and belonging. It reveals that in its current infancy, DNP practice is difficult to describe and difficult to articulate. This SCP suggests that until DNP students have time to carve out their role and experience in the context of caring for others, the meaning of a practice-focused doctorate will remain elusive. Yet, at the same time, this SCP sheds light on the reality that DNP practice is shaped by the values and beliefs being expressed within professional and educational discourse. I would offer that until the essentials as identified in professional and educational discourse can be returned to the personal and contextual realities of individual DNPs, confusion about the purpose and role of DNPs will continue to obscure the scholastic nature of DNP practice. Simultaneously this suggests that at the individual level, each practitioner will interpret and translate the philosophical and theoretical underpinnings of DNP studies in relation to their unique personal and contextual experiences. The meaning of DNP practice exists within an infinite living realm of possibilities.

Scholastic Conversation

A search of CINAHL and ProQuest Nursing and Allied Health Science databases yielded no studies on the evaluation of DNP education and/or quantitative and qualitative studies that evaluated or explored the meaning of DNP practice from a practitioner perspective. Nor have there been studies done exploring the types of practice DNP scholars engage in or the areas of scholarship they pursue, or the types of research activities and/or roles they take on.

However, both of these databases yield editorial and position papers written by nursing scholars addressing the tension that surrounds a practice-focused doctorate.

Within the DNP debate, questions about rigor, knowledge contribution, the nature of scholarship, and indeed the meaning of what constitutes a “scholarly thinker” are being asked. Sandra Edwardson (2010) posted: “It is argued that the question is not whether the DNP contributes to the development and use of knowledge, but how it makes the contribution” (p. 137). Edwardson makes another interesting observation about practice-focused doctorates across disciplines, particularly in reference to practice doctorates in medicine, pharmacy, and dentistry that are considered an undergraduate doctoral degree for entering the practice field. In nursing, the DNP is a practice-focused degree, but it is not an entry level undergraduate degree. Based upon how doctoral education is understood through an academic lens, “The DNP degree is similar in that although it does not prepare for entry into the profession, it prepares nurses for advanced practice of the discipline. It is not intended to prepare careers as full-time scholars” (p. 137). Further, Edwardson challenges that to compare DNP and PhD doctorates is “spurious comparisons” as the degrees exist for “different purposes and ends” (p. 137). Edwardson is not alone in her articulation of the tension that is surrounding the DNP debate. Donna Algase (2010) asks a similar question in the editorial, “Essentials of Scholarship for the DNP: Are We Clear Yet?” The concern is whether DNPs are being prepared for the scholarship application. Algase challenges that the American Association of Colleges of Nursing’s (AACN, 2006a) position that “practice-focused programs understandably place greater emphasis on practice, and less emphasis on theory, meta-theory, research methodology, and statistics than is apparent in research-focused programs” (p. 3). Algase offered that

if the scholarship of application for our practice is not grounded in the same philosophical traditions as the scholarship of discovery and integration, what then is at its base? And, if its base is truly different than that of the scholarship of discovery and integration, could the scholars of application rationally draw upon the theories and findings of their counterparts in the vein of discovery to apply them? (p. 92)

Chase and Pruitt (2005) expressed similar concerns and asked, “At a deeper level the question is: Along with much higher education, what is the fundamental meaning of doctoral education? Doctoral education should be for increasing graduates’ capacities and quality of thought” (p. 159). The authors argue that graduates should be prepared to think creatively and critically with autonomy and an ability to communicate and address with clarity and informed salience the problems of contemporary nursing and healthcare. Above all, they should be able to approach critical health care events from a theoretical perspective. The authors stressed,

The idea that a doctoral program would have a training mentality with a residency attached does not move doctoral education forward; it looks backward and borrows from other professions. When will nursing celebrate its own strengths and not build programs patterned after other professions? (p. 159)

“What Now”

As doctoral prepared DNPs, it beseeches us to communicate the meaning of “practice-focused”--the meaning of practice in relation to scholarship and scholarly thinkers. The one thing scholars seem to agree upon within the dialogue of DNP education is that DNP and PhD doctorates are not the same. Although both degrees reflect an appreciation of the theoretical and philosophical foundations of knowledge, the purpose and the context in which these traditions are presented within these distinct doctoral focuses are different.

Furthermore, I would challenge that an area of difficulty for DNPs and thus concern is that there are those who are attempting to understand and measure the outcomes of a “practice-focused” doctorate in the language of a “research-focused” doctorate, and while we agree that the degrees are different, we have fallen short of understanding the “difference.” If the two degrees are different, I would challenge, that as a DNP community, we need to carefully, with purpose and critical attention consider frameworks and language in which to articulate what DNP scholarship might be. I would suggest that qualitative studies that engage both educators and DNPs (e.g., students and graduates) are needed to better understand how theory and philosophy shape and support the doctoral practice of DNPs and their scholarship and scholarly thinking. It would be prudent as a DNP community (both DNP practitioners and educators) to explore how scholarship is unfolding in DNP practice, what it looks like, and how it betters the health and wellbeing of communities. As a community, we can let others define us, or we can engage in the difficult process of figuring out what it is we do and offer to the community of nursing and to society in general.

Education Practice

This SCP has implications for both academic nursing faculty and DNP students engaged in SCPs that are connected to community service. This SCP maybe of interest to nurses who view service as a moral imperative that is lived out in moments of caring and hold to the belief that caring is a way of being in the world. This SCP may also be of interest to nurses in the nursing community who related service engagement to social justice and political advocacy and action. *How are we as students and faculty approaching community service within curricula, and what are the theoretical and philosophical underpinnings being studied within our curricula? How are nursing faculty evaluating student knowledge uptake in the*

context of practice? From a DNP student perspective, how have DNP studies prepared us for DNP practice, including community service, political advocacy, and political action?

Scholastic Debate

In 1990, Boyer, in his attempt to capture and conceptualize the work of academics, created a four-pillar scholarship framework that reflected the tripartite mission of academia: research, teaching, and service. However, by 1996, Boyer recognized that he had been unsuccessful in articulating scholarly academic service, emphasizing that in a world complicated by global economies, warfare, and environmental decline, the need to recognize and understand the impetus of service engagement was urgent. Boyer (1996) stated, “The academy must become a more vigorous partner in the search for answers to our most pressing social, civic, economic and moral problems” (p. 11). Ward (2003) added to Boyer’s sentiments, suggesting that contemporary academic institutions are being challenged to produce graduates who are ready for practice and whose competencies reflect discipline-specific skill and intellect. Ward’s stance extends the understanding of intellect, and places value on social intelligence, or the ability to inter-relate with people, systems, and technologies in the face of constant contextual change and remodeling. In order for service engagement to be recognized in academic settings concomitant to academic tripartite, scholars who undertake service engagement need to articulate the scientific practice or processes that shape how they address larger forms of system change processes. These approaches need to demonstrate contingent and context-specific theoretical and philosophical approaches to evidence-informed decision making, problem solving, and policy development.

Duke and Moss (2009) echoed the urgency of defining scholarly engagement, commenting that “we argue that nursing scholarship and schools of nursing cannot afford to

remain islands of disengaged teaching and research in seas of ever increasing health inequalities and disparities” (p. 39). Scholarly enterprises, be they research or innovation, or assessment and evaluation practices, need to be contextual, open, and transparent for all involved to have the greatest impact in the real world. At the same time, service engagement work needs to meet the mission and vision of academic settings.

Michigan State University (MSU, 1996) described service engagement as a form of outreach that extends beyond academic research; that is, a faculty practice that requires faculty to utilize their intellectual and emotional intelligence in a variety of innovative manners, from applied research and technical assistance, demonstration projects, evaluation of ongoing programs, technology, transfer, and policy analysis. “It also extends campus instructional capacity through credit/noncredit courses, seminars, workshops, exhibits, and performances to off-campus or non-traditional audiences” (MSU, 1996, p. 3).

Burrage, Shattell, and Habermann (2005) extended the meaning of the scholarship of engagement for nursing academia to mean “true collaboration between academia and the community, going much further than what has been traditionally termed outreach and service or research in the community verses research with the community” (p. 220). They emphasized that this form of scholarship can be reached through engaged pedagogy, community-based research, and collaborative practice. Ward (2003) stressed that

The scholarship of engagement challenges faculty to view their work in addressing community needs as a means to connect and apply disciplinary expertise to needs that exist in the community and to integrate the lessons learned into their research and teaching. (p. vi)

Thus, the scholarship of engagement in many ways completes the cyclic nature of the knowledge enterprise, which is that knowledge is no longer developed for knowledge itself, but to respond to greater societal needs. This sort of understanding of service work refocuses scholarship activity from research to “re-envisioned teaching, research, extension, and service functions that are sympathetically and productively involved with the communities that campuses serve, however those communities are defined” (Ward, 2003, p. 2).

Researchers have given little formal attention to the philosophical and theoretical roots of service engagement. I would argue that a social justice lens, as defined by Catholic social thought, is one way to philosophically and theoretically support the roots of nursing faculty service engagement. Furthermore, social justice forms the base of a schema for evaluating the just service engagement practice of nursing faculty, whether it is with patients, students, colleagues, or communities at large. Catholic social thought is based upon three interfacing universal tenets: human dignity, community, and moral conduct. The same tenets are assimilated within the concepts of service engagement and *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006b). The two supporting footings of Catholic social thought are charity and justice relative to service. Social service or charity begins within people’s individual acts, but charity means our ability as individuals to participate fully with others in responding to social need (U.S. Conference of Catholic Bishops, 1993). Social change can become social justice if it extends our individual acts to public collective actions that respond to long-term social need and promote social change in societal, governing, and business institutions to resolve structural injustices (U.S. Conference of Catholic Bishops, 1993). The principles of charity and justice are alive in nursing faculty members’ motivation to become involved in community through their service endeavors. What

does community mean, what does it mean to be a part of a community, what does it mean to serve, what does it mean to be a scholarly thinker dedicated to community service?

Application to Further Research

This project has opened up a window in which to view a theoretical and philosophically based practice-focused doctorate. It potentially shines light on the possibility that a practice-focused doctorate is a return to the traditions of caring in nursing and to community service as an aspect of “caring.” However, this sort of scholarship which is focused on community service is difficult to articulate in traditional academic language.

Education Action

One of the awakening moments in the analysis of Stein’s textual legacy was that a culmination of life events and traditions shape a scholar’s pathway to self-actualization and self-improvement. Although nurse scholars such as Patricia Benner (1984) have studied the transformation of novice to expert nurses and the development of advanced practices nurses in the clinical setting, little literature exists that speaks about the organic development of doctoral nurses. This realization made me begin to listen to my colleagues about which events, beliefs, and values about nursing brought them to choose DNP studies and further, how each of us has begun to internalize the knowledge we have taken up in class within our practice. Nurse educators have yet to explore:

1. What events motivate nurses who engage in advanced nursing practice (e.g., nurse practitioners, clinical nurse specialists, nurse educators, nurse administrators) to enter DNP studies?

2. How, when, and why do DNP students begin to translate, interpret, and apply what they are learning in the classroom into practice? What content or learning experiences trigger changes in practice?
3. How do DNP graduates continue (or not) to apply what was learned in doctoral studies (e.g., philosophy, theory, informatics and technology, return on investment theory, political advocacy, and political action, leadership and systems translation) to everyday practice?
4. What sort of roles do DNP graduates engage in and what sorts of scholarship do DNPs become a part of (e.g., discovery, application, engagement, etc.)?

A potential area of study exists for interpreting the transformation of DNP scholars, from being to becoming to belonging. I would suggest that it would be beneficial both for educators and the community of nursing to better understand the impetus that triggers some nurses committed to advanced nursing practice to seek out practice-focused rather than research doctorates? Perhaps, if the above concerns could be studied, it would provide a broader understanding of the scholastic nature of practice-focused scholarship. One approach would be an interpretative inquiry of DNP student organic development and role and identity transition. An interpretative survey may be one means of understanding the organic development of a DNP:

1. **Being:** Identify the meaningful events that have brought nurses in advanced specialty roles to enter DNP studies. Identify the knowledge and practice gaps diminishing their ability to participate more fully in their practice communities with patients and families, and with professional and organizational systems and structures.

2. **Becoming:** Identify the learning experiences and pedagogical approaches that are meaningful to students and how and when students begin to interpret theory into practice. Explore how theory and practice shapes (or does not shape) students' understandings of their role, identity, and practice. What sorts of activities are students becoming involved in within their practice, professional, and organizational communities?
3. **Belonging:** Explore what sorts of practice activities DNPs are involved in, how DNP studies have impacted what they do, how they see themselves in the world, and what sorts of scholarship they are involved in. Explore how they understand scholarship in the context of their personal and contextual caring practice.

It is important to keep in mind that there are many different DNP programs: some focus clearly on advanced practice nurses and their contribution to patient care intervention projects for chronic illness management or wellness programs. Other DNP programs, such as the DNP program at St. Catherine University, focus on nursing leadership and educate nurse practitioners, clinical nurse specialists, nurse administrators, nurse educators, and nurses in other role specialties. I would further suggest that it is worth exploring whether or not the theoretical foundations of the program's mission and vision statements are being lived out in the classroom and in the lives of students and their practice. Interpretive inquiry may prove useful in this sort of evaluation. Student and faculty stories of the early development of new nursing programs are rare. Often the stress of designing and delivering curriculums does not allow for the luxury of collecting these early stories but they can prove valuable for further generations to look back and view the organic development of a discipline. The collective stories of faculty and students honor the efforts of these early leaders.

Lastly, there are a variety of approaches to exploring pedagogical concerns in education and in teaching and learning environments. However, it would be worthwhile exploring the relationship between traditions and learning experiences from an interpretive and dialectic lens as nursing practice and, indeed, teaching are human professions grounded in human relationships.

Political Action

The dynamics of DNP education and educational programming are diverse; the outcome is that DNP nurses are appearing at all levels and areas of health care, placing DNPs in key positions within the healthcare system. In Canada, there is a growing (if not small) group of DNPs emerging. At this time, as practice-focused nurse scholars, we are without support of the Canadian Association of Schools of Nursing and we exist in a marginalized position because of the growing agitation of PhD-prepared nursing faculty. I believe that one means to having a voice may be in creating a DNP special interest group in Canada. A DNP special interest group may provide a means for social networking and subsequent social support of fellow colleagues, but it will also create a platform on which to create initial frameworks for DNP practice that reflect *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006b) and are shared within our individual DNP programs. It may create a space to discover and explore the scholastic nature of DNP caring practice in relation to our role in our individual practice communities and professional and organizational communities.

Being part of the first generation of DNPs affords us as scholars the unique opportunity to form the guiding principles and practice essentials of this new role. As public health nurses in the early 19th century carved out the meaning of public health nursing and their unique

position in nursing, so too, as first generation DNPs, we have the opportunity to be trailblazers. It is up to us to create a momentum in Canada to turn the focus of the profession back to its roots—to caring practice. I have just begun to work with a small group of DNP graduates like myself and we are in the discussing phases of determining how best to reach out to Canadian DNPs. One means may be in reaching out to DNP programs across the United States to fan out an invitation to Canadian DNP students and DNP alumni to participate in a special interest group. I believe it is morally imperative as first generation DNP leaders that we participate in laying the cornerstones for DNP practice, education, political advocacy, and action in community—it is one of the outcomes of DNP charism because it speaks to DNP identity and community mission and vision.

Practice Action

Edith Stein's textual legacy has not been explored with any depth by the nursing community, in part because many of her manuscripts have only been translated in recent years. But her manuscripts illustrate beautifully the life of a scholar. Her manuscripts are a rich source for exploring the living traditions of theologically rooted social justice. I would argue that there is much more to understand about human development, Catholic social thought, empathy, and social justice within her scholastic writing in relation to DNPs who are interested in policy advocacy and political action. Further interpretative studies are needed by nurses to fully appreciate the theological roots of caring practice and indeed charism. This work is a first step to uncovering what is concealed about the topic of charism within Stein's many texts and needs to be studied more critically by a group of scholars through interpretative reading circles to gain a better grasp of the depth of the topic of charism within Stein's manuscripts.

Closing Thoughts

Those of us who have chosen to enter doctoral studies come to this decision for very personal reasons and the path we choose is thus personal and contextual. As DNPs, I believe we have a passion for caring practice, for community life, and for a scholarship that is shaped personally by our inherent values and beliefs about the world and human existence and contextually by the communities in which we live. As DNP scholars, our practice is informed by our interpretation and focus on particular theoretical and philosophical knowledge traditions encountered and explored during our doctoral studies. I believe strongly that philosophical and theoretical knowledge traditions (e.g., social justice) shape our individual caring practice. Therefore theory and practice should not be taken for granted: they need to become foci in DNP studies in relation to the scholarship activities of DNP practice. For nursing professors who are committed to teaching DNP studies, theory and philosophy need to be explored in context to DNP “praxis.” I would challenge that, as DNPs, we need to reconsider what is meant by praxis: if caring practice is a means of being in the world, then perhaps praxis is a intellectual, moral, and aesthetic way of being. And this is a praxis that reflects a harmony between faith and reason. Above all, I believe that as a nursing community, we should never take caring practice for granted; for caring is a means of being in the world. Caring creates a living, palpable space. A space where what we know as nurses about humanity, love, compassion, kindness, and dignity in relation to suffering comes to bear in the palpable, breathy moments of human interaction. To turn our back on practice is to turn our back on our very existence--it is to lose all hope in our humanity. It is vital in contemporary nursing that we return to the sacredness that is practice, to caring as a human means of being in the world, because caring is where our very humanity resides.

The first time we met as a community of DNP students, we came as strangers that were held together by a fragile hope that by engaging in DNP studies we would become something in the process. What we would become, we did not know. I tell my undergraduate nursing students that although they do not know it, each of them will touch the lives of patients and families in ways they cannot yet appreciate. As emerging DNPs, our doctoral studies were a means of formation. I would offer that now, as we move from potential to actualizing our DNP nature, we enter another space of possibilities.

In closing, it seems fitting to look back and cherish being underway as I move forward and once again see the flux of being, becoming, and belonging—of formation. At the close of this DNP dialogue, I offer the following text that was entrusted to us as DNP students the first night we met as a community; it was silently etched in the text of our course syllabus, Michelangelo's text: "I saw the angel in the marble and carved until I set her free". These words no longer consist of etchings lying silently on a page—the text has meaning for those of us who are caught by what may lay concealed within the words:

In every block of marble I see a statue as plain as though it stood before me, shaped and perfect in attitude and action. I have only to hew away the rough walls that imprison the lovely apparition to reveal it to the other eyes as mine see it....I saw the angel in the marble and carved until I set her free...Michelangelo

I am no longer a student. I am now a DNP and the "lovely apparition" is yet to be fully revealed. I don't know yet how I will live this role and what the text of my life will be. The rough edges of "being a DNP" have yet to be hewed by time, and softened by "being, becoming and belonging".

References

- Algase, D. (2010). Essentials of scholarship for the DNP: Are we clear yet? *Research and theory for nursing practice: An international Journal*, 24(2), 91-93.
- American Association of Colleges of Nursing. (2006a). *DNP roadmap taskforce report*. Washington, DC: Author.
- American Association of Colleges of Nursing. (2006b). *The essentials of doctoral education for advanced nursing practice*. Washington, DC: Author.
- American Nurses Association. (2001). *Code of ethics with interpretive statements*. Silver Spring, MD: Author.
- Anderberg, P., Lepp, M., Berglund, A. L., & Segesten, K. (2007). Preserving dignity in caring for older adults: A concept analysis. *Journal of Advanced Nursing*, 59(6), 635-643. doi: 10.1111/j.1365-2648.2007.04375.
- Baier, A. C. (2010). The need for more than justice. In L. Vaughn (Ed.), *Doing ethics: Moral reasoning and contemporary issues* (2nd ed., pp. 150-158). New York, NY: W. W. Norton & Company.
- Bates, C., Dodd, D., & Rousseau, N. (2005). Introduction. In C. Bates., D. Dodd., & N. Rousseau (Eds.), *On all frontiers: Four centuries of Canadian nursing* (pp. 1-11). Ottawa, ON: University of Ottawa Press.
- Becker K. L., Dang, D., Jordan, E., Kub, J., Welch, A., Smith, C. A., & White, K. M. (2007). An evaluation framework for faculty practice. *Nursing Outlook*, 55(1), 44-54.
- Benner, P. (1984). *From novice to expert. Excellence and power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley.

- Bennett, B. (2001). Respect for human dignity: A central phenomenon to philosophically unite nursing theory and practice through consilience of knowledge. *Advances in Nursing Science, 24*(1), 17-35.
- Boyer, E. L. (1990). *Scholarship reconsidered: Priorities of the professoriate*. Princeton, NJ: Carnegie Foundation for the Advancement of Teaching.
- Boyer, E. L. (1996). The scholarship of engagement. *Journal of Public Service and Outreach, 1*(1), 1-20.
- Brenner, R. F. (1997). *Writing as resistance: Four women confronting the holocaust*. University Park, PA: The Pennsylvania State University Press.
- Burrage, J., Shattell, M., & Habermann, B. (2005). The scholarship of engagement in nursing. *Nursing Outlook, 53*(5), 220-223.
- Burt, S., & Code, L. (1995). *Changing methods: Feminist transforming practice*. Toronto, ON: University of Toronto Press.
- Canadian Association of Schools of Nursing (2004). *Position statement: Scholarship in nursing*. Ottawa, ON: Author.
- Canadian Nurses Association. (2008). *Code of ethics for registered nurses*. Ottawa, ON: Author.
- Canadian Nurse. (2010). *Three nurse leaders appointed to Order of Canada*. Ottawa, ON: Author.
- Capeheart, L., & Milovanovic, D. (2007). *Social justice: Theories, issues, and movements*. New Brunswick, NJ: Rutgers University Press.
- Caputo, J. D. (1987). *Radical hermeneutics: Repetition, deconstruction and the hermeneutic project*. Bloomington, IN: Indiana University Press.

- Carey, A. (1997). *Sisters in crisis: The tragic unraveling of women's religious communities*. Huntington, IN: Our Sunday Visitor Publishing Division.
- Charon, R. (2006). *Narrative medicine: Honoring stories of illness*. Oxford: Oxford University Press.
- Chase, S. K., & Pruitt, R. H. (2006). The practice doctorate: Innovation or disruption. *Journal of Nursing Education*, 45(5), 155-160).
- Chinn, P. L., & Kramer, M. K. (2008). *Integrated theory and knowledge development in nursing*. (7th ed.). St. Louis, MO: Mosby.
- Conventry, M. L. (2006). Care with dignity: A concept analysis. *Journal Gerontological Nursing*, 32(5), 42-48.
- Debesay, J., Naden, D., & Slettebo, A. (2008). How do we close the hermeneutic circle? A Gadamerian approach to justification in interpretation in qualitative studies. *Nursing Inquiry*, 15(1), 57-66.
- Duke, J., & Moss, C. (2009). Re-visiting scholarly community engagement in the contemporary research assessment environments of Australian universities. *Contemporary Nursing*, 32(1-2), 30-41.
- Edwardson, S. R. (2010). Doctor of Philosophy and Doctor of Nursing Practice as complementary degrees. *Journal of Professional Nursing*, 26(3), 137-140. doi: 10.1016/j.profnurs.2009.08.004
- Fandt, K., Barr, K., Hille, G., Pelish, P., Pozehl, B., Hulme, M., Muhlbauer, S., & Burge, S. (2004). Identifying clinical scholarship guidelines for faculty practice. *Journal of Professional Nursing*, 20(3), 147-155.

Florczak, K. L. (2010). Research and the doctor of nursing practice: A cause for consternation.

Nursing Science Quarterly, 23(13), 13-17. doi: 10.1177/0894318409353801

Frank, A. (1995). *The wounded storyteller: Body, illness, and ethics*. Chicago: University of Chicago Press.

Gadamer, H. G. (1976). *Philosophical hermeneutics* (E. D. Linge, Trans.). Berkeley, CA: University of California Press.

Gadamer, H. G. (1979). *Truth and method* (J. Weinsheimer, Trans. [2nd ed.]). New York: Crossroads.

Gadamer, H. G. (1989). *Truth and method* (J. Weinsheimer, Trans.). New York: Crossroads.

Geanellos, R. (2000). Exploring Ricoeur's hermeneutic theory of interpretation as a method of analyzing research texts. *Nursing Inquiry*, 7(2), 112-119.

Gilligan, C. (1993). *In a different voice*. Cambridge, MA: Harvard University Press.

Grondin, J. (1994). *Introduction of philosophical hermeneutics* (J. Weinsheimer, Trans.). New Haven: Yale University Press.

Grondin, J. (1995). *Sources of hermeneutics*. Albany, NY: SUNY.

Grondin, J. (2003). *The philosophy of Gadamer* (K. Plant, Trans.). Montreal, QC: McGill-Queen's University Press.

Harper, D. (2010). *Etymology on-line dictionary*. Retrieved from <http://www.etymonline.com/>

Hoad, T. F. (2001). *The concise Oxford English dictionary*. New York: Oxford University Press.

Hopkins Kavanagh, K. (2003). Mirrors: A cultural and historical interpretation of nursing's pedagogies. In N. L. Diekelmann (Ed.), *Teaching the practitioners of care: New*

pedagogies for the health professions (pp. 59-153). Madison, WI: University of Wisconsin Press.

Huggan, I. (2004). *Belonging: Home away from home*. Toronto, ON: Vintage Canada.

Institute of Medicine. (2000). *To err is human: Building a safer health system Executive Summary*. Washington, DC: National Academy Press.

Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: National Academy Press.

International Council of Nurses. (2006). *The International Council of Nurses code of ethics*. Geneva: Author.

Ironside, P. M. (2000). *Preserving reading, writing, thinking, and dialogue: Rethinking doctoral education in nursing* (Doctoral dissertation). Available from ProQuest Dissertations database. (UMI No. 9723275)

Jacelon, C. S., Connelly, T. W., Brown, R., Proulx, K., & Vo, T. (2004). A concept analysis of dignity for older adults. *Journal of Advanced Nursing*, 48(1), 76-83. doi: 10.1111/j.1365-2648.2004.03170.x

Jardine, D. W. (1998). *To dwell with a boundless heart: Essays in curriculum theory, hermeneutics, and the ecological imagination*. New York, NY: Peter Lang.

Jardine, D. W., Clifford, P., & Friesen, S. (2002). *Back to the basics of teaching and learning: "Thinking the world together"* (2nd ed.). New York, NY: Routledge.

Jardine, D. W., Friesen, S., & Clifford, P. (2006). *Curriculum in abundance*. Mahwah, NJ: Lawrence Erlbaum Associates.

- John Paul II. (1993). *At the centre of the human drama: The philosophical anthropology of Karol Wojtyla/Pope John Paul II.* (K. L. Schmitz, Trans.). Washington, DC: Catholic University of America Press.
- John Paul II. (1979). *Sources of renewal: The implementation of Vatican II* (P.S. Falla, Trans.). San Francisco, CA: Harper & Row.
- John Paul II. (2006). *Man and woman He created them: A theology of the body* (M. Waldstein, Trans.). Boston, MA: Pauline Books & Media.
- Kalb, K. (2007). *Nursing for social justice: Promoting human dignity 24/7*. St. Catherine University.
- Kalb, K. (2009). *The S-O-C-I-A-L J-U-S-T-I-C-E model: A conceptual framework for social justice in nursing*. St. Paul, MN: St. Catherine University.
- Kolodiejchuk, B. (2007). *Mother Teresa: Come be my light--The private writings of the Saint of Calcutta*. New York, NY: Doubleday.
- Leininger, M. (1978). *Transcultural nursing: Concepts, theories and practices*. New York: John Wiley & Son.
- Lenz, E. R. (2005). The practice doctorate in nursing: An idea whose time has come. *Online Journal of Issues in Nursing*, 10(3), Manuscript 1. Retrieved from www.nursingworld.org/ojin/topic23/tpc28_1.htm
- Levett-Jones, T., & Lathlean, J. (2009). The ascent to competence conceptual framework: An outcome of a study of belongingness. *Journal of Clinical Nursing*, 18, 2870-2879. doi: 10.1111/j.1365.2702.2008.02593.x
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage.
- MacIntyre, A. (1984). *After virtue*. Notre Dame, IN: University of Notre Dame Press.

- Mann, J. (1998). Dignity and health: The UDHR's Revolutionary First Article. *Health and Human Rights*, 3(2), 30-38.
- Mansell, D. J. (2004) *Forging the future: A nursing history of nursing in Canada*. Ann Arbor, MI: Thomas Press.
- McAdams, D. P., Josselson, R., & Lieblich, A. (2006). Turns in the road: Introduction to the volume. In D. P. Adams., R. Josselson., & A. Leiblich (Eds.). *Turns in the road: Narrative studies of lives in transition* (pp. xv-xxi). Washington DC: American Psychological Association Press.
- McKenna, L., & Newton, J. M. (2010). After the graduate year: A phenomenological exploration of how new nurses develop their knowledge and skill over the first 18 months following graduation. *Australian Journal of Advanced Nursing*, 25(4), 9-15.
- McLean, K. C., & Thorne, A. (2006). Identity light: Entertainment as a vehicle for self-development. In D. P. McAdams., R. Josselson., & A. Leiblich (Eds.), *Identity and story: Creating self in narrative* (pp. 111-127). Washington DC: American Psychological Association Press.
- McPherson, K. (2003). *Bedside matters: The transformation of Canadian nursing, 1900-1990*. Toronto, ON: University of Toronto Press.
- McPherson, K. (2005). The Nightingale influence and the rise of the modern hospital. In C. Bates., D. Dodd., & N. Rousseau (Eds.), *On all frontiers: Four centuries of Canadian nursing* (pp. 73-87). Ottawa, ON: University of Ottawa Press.
- Meleis, A. I. (1988). Doctoral education in nursing: Its present and its future. *Journal of Professional Nursing*, 4(6), 436-446.

- Meleis, A. I. (1992). On the way to scholarship: From master's to doctorate. *Journal of Professional Nursing*, 8(6), 328-334.
- Meleis, A. I., & Dracup, K. (2005). The case against the DNP: History, timing, substance, and marginalization. *Online Journal of Issues in Nursing*, 10(3), Manuscript 2. Retrieved from www.nursingworld.org/ojin/topic28/tpc28_2.htm
- Meleis, A. I. (2007). *Theoretical nursing: Development and progress* (4th ed.). Philadelphia, PA: Lippincott, Williams, & Wilkins.
- Michigan State University. (1996). *Points of distinction: A guidebook for planning and evaluating quality outreach*. Retrieved from http://www.eric.ed.gov:80/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/16/14/b8.pdf
- Molewyk Doornbos, M., Groenhout, R. E., & Hotz, K. (2005). *Transforming care a Christian vision of nursing practice*. Grand Rapids, MI: Wm. B. Erdmann Publishing.
- Moules, N. (2000). Funerals, families, and family nursing: Lessons of love and practice. *Journal of Family Nursing*, 6(1), 3-8. doi: 1011771/107484070000600101
- Moules, N. (2002). Hermeneutic inquiry: Paying heed to history and hermes an ancestral, substantive, and methodological tale. *International Journal of Qualitative Methods*, 1(3), 1-21.
- Newland, J. A., & Truglio-Londrigan, M. (2003). Faculty practice: Facilitation of clinical integrations into the academic triad model. *Journal of Professional Nursing*, 19(5), 269-278.
- Newman, M. A. (1991). Prevailing paradigms in nursing. In P. G. Reed & N. B. Crawford Shearer (Eds.), *Perspectives on nursing theory* (5th ed., pp. 221-237). Philadelphia: Wolters Kluwer/Lippincott, Williams, & Wilkins.

- Newman, M. A. (1999). The rhythm of relating in a paradigm of wholeness. *Image: Journal of Nursing Scholarship*, 31(3), 227-230.
- Newman, M. A. (2001). Response to "Conversation across paradigms: Unitary-transformative and critical feminist perspectives." *Scholarly Inquiry for Nursing Practice: An International Journal*, 15(4), 367-370.
- Newman, M. A. (2008). *Transforming presence: The difference that nursing makes*. Philadelphia: Davis.
- Nordenfelt, L. (2004). The varieties of dignity. *Healthcare Analysis*, 12(2), 69-81.
- Oberle, K., & Raffin Bouchal, S. (2009). *Ethics in Canadian nursing practice: Navigating the journey*. Toronto, ON: Prentice Hall.
- Palmer, R. E. (1969). *Hermeneutics: Interpretation theory in Schleiermacher, Dilthey, Heidegger and Gadamer*. Evanston, IL: Northwestern University Press.
- Pinckaers, S., O. P. (2000). *Morality: The Catholic view*. South Bend, IN: St. Augustine's Press.
- Pohl, J. M., Duderstadt, K., Tolve-Schoeneberger, C., Uphold, C. R., & Thorman Hartig, M. (2002). Faculty practice: What do the data show? Findings from the NONPF faculty practice survey. *Nursing Outlook*, 50(6), 238-246.
- Pope Benedict XVI. (June, 29, 2009). *Caritas in Veritate*. Retrieved from the Vatican Web site: http://www.vatican.va/holy_father/benedict_xvi/encyclicals/documents/hf_ben-xvi_enc_20090629_caritas-in-veritate_en.html
- Pope Benedict XVI. (April, 24, 2005). *Mass imposition of the pallium and conferral of the fisherman's ring for the beginning of the petrine ministry of the bishop of Rome*. *Homily of His Holiness Benedict XVI*. Retrieved from the Libreria Editrice Vaticana

Website:

http://www.vatican.va/holy_father/benedict_xvi/homilies/2005/documents/hf_ben-xvi_hom_20050424_inizio-pontificato_en.html

- Pope, S. (2005). Reason and natural law. In G. Meilaender & W. Werpehowski (Eds.), *The Oxford handbook of theological ethics* (pp. 148-167). Oxford, NY: Oxford University Press.
- Rabinow, P., & Sullivan, W. M. (1987). The interpretive turn: A second look. In P. Rabinow & W. M. Sullivan (Eds.), *Interpretive social science: A second look* (pp. 1-30). Berkeley, CA: University of California Press.
- Rankin, J. M. (2009). The nurse project: An analysis for nurses to take back our work. *Nursing Inquiry*, 16(4), 275-286.
- Resop Reilly, J. E., & Fitzpatrick, J. J. (2009). Perceived stress and sense of belonging in doctor of nursing practice students. *Journal of Professional Nursing*, 25(2), 81-86.
- Riley, J. M., Beal, J., Levi, P., & McCausland, M. P. (2002). Revisioning nursing scholarship. *Journal of Nursing Scholarship*, 34(4), 383-389.
- Roach, S. M. (1992). *The human act of caring: A blueprint for the health profession*. Ottawa: Canadian Hospital Association.
- Rogers, M. (1970). *An introduction to the theoretical basis of nursing*. Philadelphia: Davis.
- Rose, H. (2004). Hand, brain, and heart: A feminist epistemology for the natural sciences. In S. Harding (Ed.), *The feminist standpoint theory reader: Intellectual and political controversies* (pp. 67-80). New York, NY: Routledge.
- St. Catherine University. (2010). Mission and vision statement. AU. Retrieved from http://www.stkate.edu/pages/aboutstkates/mission_vision.php

- St. Catherine University. (2010). Why St. Kates? Social justice is our mission. AU. Retrieved from [http:// www.stkate.edu/academic/dnp/why_stk.php](http://www.stkate.edu/academic/dnp/why_stk.php)
- Schwandt, T. A. (1994). Constructivist, interpretivist approaches to human inquiry. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 118-137). Thousand Oaks, CA: Sage.
- Shelly, J. A., & Miller, A. B. (2006). *Called to care: A Christian worldview of nursing*. Madison, WI: InterVarsity Press.
- Sherwan, L., N. (1998). When the mission is teaching: Does nursing practice fit? *Journal of Professional Nursing, 14*(3), 137-143.
- Silva, M., & Ludwick, R. (2006). Ethics: Is the doctor of nursing practice ethical? *Online Journal of Issues in Nursing, 11*(2), 1-6.
- Smith, D. G. (1999). The hermeneutic imagination and the pedagogic text. In *Pedagon: Interdisciplinary essays in the human sciences, pedagogy and culture* (pp. 7-44). New York: Peter Lang.
- Spadoni, M., & Glasenapp, K. (2009). Breathing life into nursing theory. Unpublished manuscript.
- Spence, D., & Smythe, E. (2008). Feeling like a nurse: Re-calling the spirit of nursing. *Journal of Holistic Nursing, 26* (4), 243-252. doi: 10.1177/0898010108317229
- Starck, P.L., Duffy, M. E., & Vogler, R. (1993). Developing a nursing doctorate for the 21st century. *Journal of Professional Nursing, 9*, 212-219.
- Stein, E. (1986). *Life in a Jewish family* (J. Koeppel, Trans.). Washington, DC: Institute of Carmelite Studies. (Original work published 1985).

- Stein, E. (1993). *Self portrait in letters* (J. Koepfel, Trans.). Washington, DC: Institute of Carmelite Studies. (Original work published in 1916-1942).
- Stein, E. (1996). *Woman* (F. M. Oben, Trans.). Washington, DC: Institute of Carmelite Studies. (Original work published in 1959).
- Stein, E. (2000). *Knowledge and faith* (W. Redmond, Trans.). Washington, DC: Institute of Carmelite Studies. (Original work published in 1993).
- Stein, E. (2002a). *Finite and eternal being* (K. F. Reinhardt, Trans.). Washington, DC: Institute of Carmelite Studies. (Original work published in 1949).
- Stein, E. (2002b). *The science of the cross* (J. Koepfel, Trans.). Washington, DC: Institute of Carmelite Studies. (Original work published in 1983).
- Stein, E. (2009). *Potency and act* (W. Redmond, Trans.). Washington, DC: Institute of Carmelite Studies. (Original work published in 1998).
- Storch, J. L. (2007) Enduring values in changing times: The CNA codes of ethics. *Canadian Nurse, 103*(4), 29-34.
- Swanson, K. (1991). Empirical development of a middle-range theory of caring. *Nursing Research, 48*, 288-298.
- Taylor, C. (1989). *Sources of the self*. Cambridge, MA: Harvard University Press.
- United States Catholic Conference (1998). *Sharing Catholic social teaching: Challenges and directions*. AU: United States Catholic Conference.
- United States Conference of Catholic Bishops. (1993). *Communities of salt and light. The "Two Feet" of social ministry*. Washington, DC: Author.
- Villeneuve, M., & MacDonald, J. (2006). *Toward 2020: Visions for nursing*. Ottawa, ON: Canadian Nurses Association.

- Young, J., & Rousseau, N. (2005). Lay nursing from the New France era to the end of the nineteenth century (1608- 1891). In C. Bates., D. Dodd., & N. Rousseau (Eds.), *On all frontiers: Four centuries of Canadian nursing* (pp. 11-26). Ottawa, ON: University of Ottawa Press.
- Wald, L. (1915). *The house on Henry Street*. New York, NY: Henry Holt and Company.
- Wall, B. (2000). *Unlikely entrepreneurs: Nuns, nursing, and hospital development in the West and Midwest, 1865-1915* (Doctoral dissertation). Available from ProQuest Dissertations database (AAT9967299)
- Ward, K. (2003). Faculty service roles and the scholarship of engagement. ASHE-Eric higher education report. *Jossey-Bass Higher and Adult Education Series*, 29(5), 69-163.
- Watson, J. (1979). *Nursing: The philosophy and science of caring*. Boston, MA: Little, Brown & Company.
- Watson, J. (2008). *Nursing: The philosophy and science of caring* (rev.ed.). Boulder, CO: University of Colorado Press.