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SHAPING NURSING PRAXIS

- Some Registered Nurses' Perceptions and Beliefs
of Theory Practice

A thesis presented in partial fulfilment of
the requirements for the degree
Master of Educational Administration
at Massey University

E. Marion Jones
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ABSTRACT

This thesis investigates the beliefs and perceptions of registered nurses in relation to the theory practice gap. In order to discover these perceptions and beliefs, this qualitative study used critical ethnography, a framework and process in which the participants share in the journey of discovery which sets out to explore, describe and transform these beliefs and perceptions of theory-practice.

The theory-practice debate has been highlighted in nursing for some time and is interpreted in many ways. This multiple interpretation causes confusion and has an impact on the development of the discipline of nursing.

The participants were six nurse clinicians and six nurse educators from a large metropolitan hospital and a School of Nursing and Midwifery within a tertiary educational institution.

Within the critical framework, the research methods used were interviews, observation, participants' personal logs and triangulation between methods and within methods. Data analysis was through content analysis using themes, patterns, and categories arising from the data. The analysis of data indicated that through reciprocal dialogue, the participants' theory-practice perceptions and beliefs had been transformed. This transformation was being premised on an assumption of the existence of a theory-practice gap to an acceptance of the theory-practice relationship as an integrated concept where nursing praxis is shaped by an ongoing development process.

Empowering strategies and recommendations for the development of nursing praxis include coaching, clinical supervision, mentoring, case management, ongoing education, research, faculty practice, joint appointments and reciprocal advisory groups. These strategies provide opportunities for nurses to come together, and reflect on practice in that by becoming aware of their beliefs and perceptions, they gain the confidence and knowledge to begin transforming conditions of power and control, thereby promoting change which results in praxis and professional autonomy.

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Table of Contents

	Page Number
Abstract	ii
Acknowledgments	iii
List of Contents	iv
List of Figures and Tables	vii
Chapter One - Introduction	
Background to the Study	1
Statement of Research Question	4
Nature of the Study	4
Organisation of the Thesis	5
Chapter Two - Setting the Scene	
Ways of Knowing	7
Theory and Practice Development - what is it	9
Nursing's History of Theory and Knowledge	
Development	10
Culture of Nursing	12
Conclusion	14
Chapter Three - Theoretical Framework	
Introduction	15
Ways of Knowing	18
Emancipatory Knowledge	21
Hegemony	21
Power and Control	22
Ideology Critique	23
Limitations of Critical Social Theory	24
Ethnography as a basis for Critical Ethnography	25
Critical Ethnography	26
Conclusion	27

Chapter Four	- The Process - Methodology	
	Introduction	28
	Context of the Study	28
	Negotiating Entry and Access to the Field	29
	Contacting the Participants	30
	Data Collection	32
	Ethical Issues	32
	Data Collection Methods	33
	Interviews	34
	Observations	35
	Journal Writing	37
	Issues of Reliability and Validity	38
	The Researcher's Role with Reflection	43
	Data Analysis Process	45
	Conclusion	51
Chapter Five	- The Discovery - Perceptions and Beliefs	
	Shaping Practice	
	Introduction	52
	Ideal versus Reality	55
	Culture of Nursing	64
	The Developmental Process	68
	Professional Judgement	76
	Conclusion	81
Chapter Six	- The Discovery - The Influences that affect	
	the Perceptions and Beliefs that Shape	
	Nursing Practice	
	Introduction	82
	Image of Self and Nursing	83
	Valuing in Theory-Practice	88
	Language affects interpretation	95
	Power in Theory-Practice	99
	Horizontal Violence	105
	Shaping Practice	107
	Conclusion	110

Chapter Seven - The Reality or Myth of Theory-Practice Gap	
Introduction	111
Culture of Nursing in Context	112
Effect of Personal Knowledge on Theory- Practice	116
Effect of Ideology on Theory-Practice	119
Effect of Power on Theory-Practice	121
Issues that affect Professional Judgement	124
Conclusion	127
Chapter Eight - Shaping Nursing Practice	
Introduction	129
Shaping Nursing Praxis - A Hegemonic or Dynamic Process	129
Theory-Practice - how is it seen?	130
Ways of Thinking Theory-Practice	131
Place of Reflection in Nursing Practice	136
Strategies and Recommendations for Nursing Practice	137
Further Research	139
Implications and Limitations of this Study	140
Assessment of the Trustworthiness of this study	141
Concluding Statement	142
Postscript - Transforming Practice	
Appendices	
1. Area Health Board Ethics Committee approval	
2. Participant Information Sheet	
3. Participant Consent Form	
4. Examples of data	
5. Examples of data analysis	

Bibliography

List of Figures and Tables

		Page Number
Figures		
1	Data Collection and Analysis Process	46
2	Data Analysis Process	47
3	Shaping Nursing Praxis	112
4	Ways of Thinking Theory-Practice (hegemonic model)	132
5	Ways of Thinking Theory-Practice (dynamic model)	137
Tables		
1	Naturalistic Inquiry/Positivist Paradigm	41
2	Summary of Strategies with which to establish trustworthiness	50

CHAPTER 1

INTRODUCTION

The aim of this thesis is to discover and describe nurse clinicians' and nurse educators' perceptions and beliefs of the link between theory and practice. By this means, it will be possible to address the question, "Does a theory-practice gap exist within nursing?" This question seeks to clarify whether such a gap is a reality, or a myth. The answers to this question will help to explain how nursing practice is shaped.

This chapter outlines the background of the thesis, and provides a statement of the research questions and an outline of the organisation of the thesis.

Background to the study

The theory-practice debate has been an issue in nursing for some time and many authors have discussed it (Miller 1985; Moccia 1992; Chinn 1991; Schon 1983; Speedy 1989). Confusion exists in defining and explaining the concept of theory-practice. It has been perceived that education ideals are often different from practice ideals both in teaching and nursing contexts (Clare 1991:19). It is crucial to determine whether the identification of a theory-practice gap is in fact intended to refer to an education practice gap.

New Zealand nursing has been dominated by imported ideas largely from North America and the United Kingdom. This study is the first of its kind in New Zealand and takes into consideration the context in which nursing practice occurs for New Zealand nurses. Have nurses been too preoccupied with the theory-practice gap to see past it or within it? The opportunity to explore these trends is timely in today's dynamic health environment.

There are many nurses in the profession who question the emphasis on theory when the practice of nursing is active, skill and practice based. Doubts are reflected in such statements as - 'There is a theory-practice gap and nursing does not need to pursue a theory base to the degree it does'. The question is asked 'What does theory mean' when used in this way. Nurse educators are often labelled as those who are full of the jargon of academia, while nurse clinicians are seen to use a more reality based language. Miller (1985:417) emphasises that these two groups of nurses have differing perceptions of patients and of

nursing and do value different kinds of nursing knowledge. Meleis (1985:43) made the point that in the minds of practitioners, theorists who were associated with the ivory towers of educational institutions were castigated for being far removed from practice. The literature portrays nurses as perceiving the theory-practice gap as an important issue for research and nurses seek its resolution for the very survival of nursing as we know it today (Lewis 1988; Miller 1985; Stevens 1990; Meleis 1985; Benner 1989). This study aims to discover whether this is reality or myth and will enable participants to reflect on their perceptions of theory and practice and the reasons for their particular theory-practice understanding and reality.

Coeling and Wilcox (1988) view understanding of the current work group culture as an essential step in bringing about change. Myths, beliefs and rituals are important issues to identify in the theory-practice gap. Killman (1987:93) makes the point that the gap between the outdated culture and what is needed for dynamic complexity gradually develops into a culture rut - where it becomes a habitual way of behaving without asking any questions: He goes on to say that human fear, insecurity, over-sensitivity, dependence and paranoia seem to take over unless a concerted effort of establishing an adaptive culture is undertaken. Miller (1985:417) points out that, in the course of time, many unexamined and unproven beliefs and assumptions are incorporated into an integrated and consistent personal attitude towards life and reality which underlie nurses' central and shared purposes. It therefore seems to be very important to identify the 'what is' and 'what ought to be' aspects of nurses' practice and to endeavour to reconcile the differences. The actual beliefs about what practice includes are explored in this study and help in discovering the realities of any theory-practice gap which might exist.

With the changes in the Health Care System in New Zealand which have occurred over the last five years and the National government's proposal for 1993, there is a real possibility that socio-political forces will further undermine the nursing profession. At no other time have nurses reached such a cross road of decision making. The unravelling of what nurses really think of theory-practice and nursing knowledge will assist the researcher to uncover the assumptions and myths inherent in nursing. This could help put nursing as a profession on a pathway of collegiality and unity so crucial for the survival of nursing into the 21st century. Clare (1991:21) emphasises this point:

I believe that we must seize opportunities that the education and social legislation has given us and work together towards uniting and strengthening the professional value of nursing.

Some of the issues that appear to impact on the very essence of nursing are the historical roots of the "Nightingale ethos" (Chinn and Kramer 1991) and the "handmaiden" concept perpetuated by the biomedical model of health. Nightingale in the 1850's was determined to raise the profile of nursing and developed the model for nurse training schools (Kozier, Erb and Blais 1992). Throughout history, Nightingale's influence on the development of nursing has been evident along with the impact of war and colonisation. Her strong insistence on the hierarchical relationships with nursing superiors and doctors was designed to legitimate nursing as a good profession for women (Street 1992:5). Political, economic, technological and consumer demands are all factors that influence contemporary nursing practice. Kozier et al (1992:25) emphasise that "the history of nursing is intertwined with the history of women." Approximately 90% of the world's nurses are women. As Watson (1981:19) points out professional socialisation involves changes in attitudes, skills, knowledge and values and reinforces this view in a definition of professional socialisation:

the process whereby the values and norms of the profession are internalised into ones own behaviour and concept of self; it is the process whereby the knowledge, skills, and attitude characteristic of a profession are acquired.

Professional nursing today in a dynamic socio political environment, requires development of critical values, a strong commitment to autonomy and education, and a belief in the individual's worth and dignity. The transition from the traditional apprentice style, task-orientated positivist model to the professional student-based holistic interpretivist model has been difficult for many nurses. Nursing is still viewed as subordinate and secondary to the medical profession (Morrow 1988). Roberts (1983:26) believes nurses

have internalised the values of physicians to such an extent that they can be said to be marginal.

Some writers believe that the medical profession has used the myth that 'nurses are born' to keep nurses as second class citizens (Lovell 1981; Roberts 1983). Nursing is struggling to find its professional identity and many nurses, who have

low self esteem, and low professional self concept, still seek support from doctors to represent or support them rather than deal with the issue themselves (Rogers 1981; Strasen 1992). This has an impact on the development of nursing knowledge, theory-practice relationships and the development of collegiality and unity within the nursing profession. A clear professional purpose is inter-related to professional identity and coherence of purpose contributes to a collective identity when nurses agree on the general practice domain (Chinn and Kramer 1991:24).

Statement of Research Question

In order to address the more general question, "Does a theory-practice gap exist within nursing", two questions were constructed. The following questions will form the basis of this qualitative research study which uses critical ethnography as a framework for investigation.

1. What are nurse clinicians and nurse educators perceptions and beliefs of the link between theory and practice in nursing?
2. How do their beliefs and perceptions shape their practice?

Nature of the Study

In this thesis, critical ethnography was used as a framework for understanding the beliefs and perceptions of the theory-practice gap of registered nurses. A group of nurses were involved in reciprocal dialogue that encouraged reflection, action and transformation. In order to gain this perspective, interviewing and observational study were used to make sense out of the nurses' world at first hand. Ethnography, as a research method, allowed the researcher to get close to the participants who were involved in the theory-practice 'journey of discovery', to see the variety of situations they met, to watch their way of life in practice, to listen to what was said and to ask questions that might shed light on the issues under discussion. As a result of this process, this ethnographic study facilitates the development of conceptual frameworks that can help us understand and interpret behaviour and situations across a wide range of social situations (Boyle 1991:277). In order to justify the addition of the term 'critical' to ethnography, the research needed to involve critique and transformation of oppressive and inequitable conditions which might affect the participants along with the historical relations of power, and authority being recognised as an integral part not just as background to the study (Simon & Dippo 1986).

Critical ethnography enabled the researcher to view the study as a journey of discovery, with the participants emphasising the importance of dialogue and sharing, insights, knowledge and experience. As part of this reciprocal relationship with the participants, the researcher attempted to become part of the registered nurses' world both in clinical practice and educational settings and to discover with them, the issues underlying their beliefs and perceptions of the theory-practice gap and the ways in which these may shape their practice. In order to discover and describe the beliefs and perceptions of the participants in this study, dominant themes were identified and analysed from the data, with possible directions being identified for the future.

Organisation of the Thesis

This thesis is organised into 8 chapters.

Chapter 1 provides a brief overview of the underlying reasons for the research and outlines the research questions and framework of critical ethnography.

Chapter 2 in setting the scene provides the reader with a picture of the assumptions underlying the theory-practice debate, the impact of being a majority culture of women and the struggle for professional identity which is affected by the bureaucratic structures, power and the social context within which nursing knowledge is practiced.

Chapter 3 provides the reader with an outline of the theoretical framework of critical social theory, critical ethnography and its suitability as a model for this thesis.

Chapter 4 describes the methods used to explore the proposed questions and includes data collection methods, ethical issues, triangulation and issues of reliability and validity. The issues and problems encountered in this journey of discovery are illuminated through the researcher reflecting on her role.

Chapter 5 and 6 summarise under themes the data obtained and shares with the reader some participant realities of the theory-practice debate.

Chapter 7 involves the discussion of the data with justification from the literature and the participants. It gives the reader the opportunity to experience some of the insights and reflections of the researcher through

theoretical interpretations and critical analysis.

Chapter 8 links the preceding six chapters and gives the reader a conclusion that explores not only the findings but also the areas of limitation, the impact of the research upon nursing along with further research opportunities.