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ABSTRACT (100-200 WORDS)

A review of nursing literature on the topic of intuition use within nursing practice and education was completed. Four main themes emerged throughout the research. The four themes include 1) definition, 2) validity, 3) experience, and 4) inner voice. The need for further research was established, as intuition is not yet universally accepted as a legitimate piece of nursing practice. Literature collected dates back to over 20 years ago, and when compared to the current nursing literature, many of the same themes still exist. Though progress in formalizing intuition within the nursing profession has been made, there is still additional information and research required before intuition will be universally accepted within the profession.

INTRODUCTION

Intuition has been a topic of debate in the field of nursing for decades (Rew, 1987). Full of controversy in regards to the validity of its use and acceptance within practice, intuition exists today without a confirmed definition or formal place within nursing practice and education. A review of nursing literature has demonstrated continued interest in this topic among the nursing profession. Literature from over 20 years ago begins the struggle to find definition and validity for intuition use in nursing (Rew, 1987). From the past nursing literature to current nursing literature today we see four solid themes emerge within the research. Themes include 1) an effort to establish a universal definition for intuition, 2) the need to determine the validity of intuition use within nursing, 3) discussion with regard to how experience level impacts intuition usage in practice, and 4) nursing's awareness to the inner voice of intuition. A discussion of the preceding themes will establish what is already known about this topic so that the need for future research may be determined.

DEFINITION

According to the Merriam-Webster Dictionary, intuition is defined as, "A natural ability or power that makes it possible to know something without any proof or evidence; a feeling that guides a person to act a certain way without fully understanding why" (Intuition, 2013). Though the theory of intuition is well understood when speaking in terms of the general public, it is shown throughout nursing literature that intuition remains a challenging concept to define when applied specifically to nursing practice and education (Smith, 2009). While an ongoing dialogue surrounding the use of intuition in nursing and the effort to refine a singular definition of intuition exists today, agreeing on a standard definition has been without success in the nursing profession (Farr-Wharton, Brunetto, & Shacklock, 2011).

In 1987 Dr. Patricia Benner applied the topic of intuition to nursing and labeled intuition as “understanding without rationale” (Billay, Myrick, Luhanga, & Yonge, 2007, p. 147). Though intuition is described in various ways, many of the definitions of intuition in subsequent nursing literature embody Benner’s original definition of intuition. Within the literature, intuition has been described as, “The immediate realization of risk, based on non-conscious information, usually learnt from past practice but without the conscious awareness of the origin of the information by the user” (Farr-Wharton et al., 2011, p. 1342). Also within the literature, definitions include, “Responses reached with little apparent effort and typically without conscious awareness” (Pretz & Folse, 2011, p. 2878) and “The direct perception of truths or facts independently of any reasoning process” (McCutcheon & Pincombe, 2001, p. 342). Exemplified by the similarity and recurring themes within each definition, it is evident that the key component binding these definitions together is the concept of the uncertainty of how the information was obtained.

The inability for nurses to identify the origin of information is part of what makes confirming a singular definition of intuition challenging. Intuition is considered to be an unconscious process, thus generating difficulty in verbalizing how intuitive conclusions are reached (Smith, 2009). Though difficult to verbalize, it is the unconscious aspect of intuition that is responsible for allowing nurses to anticipate changes in patient condition before objective evidence is available to support their findings. Nurses, who are able to use their intuitive skills in this manner, can detect changes in patient condition sooner and as a result, interventions can be implemented to impede patient decline and improve patient outcomes (Pretz & Folse, 2011). Hence, intuition is determined to be a way of “knowing that cannot be explained” (Billay et al.,

2007, p. 150). It is not a matter of information being inaccurate that makes defining intuition an issue; rather the issue is not being able to define exactly how the information was discovered.

An article titled *Exploring the legitimacy of intuition as a form of nursing knowledge* by author Anita Smith (2009) discusses intuition as being the “feeling” or “emotional” part of critical thinking and that no single definition exists that can capture the full meaning and influence of intuition within the nursing profession. Intuition is often described as being multidimensional, not solely cognitive in skill, as intuition includes emotional, physical, and spiritual components (Smith, 2009). Due in part to these multidimensional characteristics associated with intuition, each person may interpret the meaning of intuition differently. Depending upon how the individual defines each of the characteristics that develop intuition consequently makes forming a universal definition a challenge (Lyneham, Parkinson, & Denholm, 2008).

Additionally to being considered unconscious and multidimensional, intuition use within nursing has also been determined to be “subjective” in nature, as it derives from the nurse’s creative and imaginative side rather than from an objective or empirical standpoint (Billay et al., 2007). The subjective nature of intuition makes it difficult to study and investigate using the typical scientific methods commonly used in nursing, which results in a poorly understood definition of its characteristics (McCutcheon & Pincombe, 2001). The profession of nursing has always strived for legitimacy, and has been successful in this task by focusing primarily on empirical knowledge as the source of information (Smith, 2009). As nurses, we have been taught to value empirical knowledge above all other forms of knowledge, therefore, to establish a finite definition of intuition for the purpose of validating its use within nursing would seriously

challenge the beliefs of those who view nursing from a factual, objective, and empirical science (Billay et al., 2007).

VALIDITY

The inability to define intuition is responsible for the feelings that intuition is unreliable, unscientific, and not worthy of the nursing profession (McCutcheon & Pincombe, 2001). The literature shows great debate over whether or not the use of intuition in nursing practice is a valid form of knowledge, with some suggesting it has no place while others report feeling that it has always been a component of nursing (Farr-Wharton et al., 2011). While much of the literature attempts to confirm intuition as a valid form of nursing knowledge, a nurse's intuition is not widely accepted as a legitimate tool in practice today (Smith, 2009).

Intuition has been said to spark the analytical process part of a nurse's decision making. This process involves a conscious search by the nurse to obtain measurable patient data, so that the change in patient status, as suspected by the nurse's intuitive feelings, can be validated (Pretz & Folse, 2011). Nursing literature reports on data from over the last 20 years confirming the use of intuition in clinical decision-making, however, accepting the use of intuition remains a challenge due to the lack of empirical evidence linking intuition to positive patient outcomes. With evidence-based practice as the priority in nursing, this lack of empirical evidence creates a barrier to establishing validity (Smith, 2009).

According to nursing literature, intuition use is most appropriate in highly complex patient situations where variables of care and/or patient outcomes are uncertain and less predictable (Lyneham et al., 2008). Traditional knowledge and procedures may not be enough for a nurse to rely on when involved with a complex patient situation, and using intuition as an additional source of information may be helpful in order to supplement the nurse's empirical

knowledge base (Farr-Wharton et al., 2011). However, a nurse may recognize a change in patient status, but have difficulty verbalizing supportive clinical evidence, especially in highly complex situations. Without being able to explain the rationale for her findings, the nurse's assessment is considered subjective and thus lacks validity (Billay et al., 2007). This pattern has lead nurses to deny or ignore their intuitive feelings, as more analytical findings are often favored over those that are intuitively based. It is important to recognize intuition as a supplemental and necessary tool to use as part of the empirical nursing process, and not as a means to completely replace it (Smith, 2007a).

Intuition involves the knowledge that there is more to nursing than what is learned from textbooks and that not all forms of knowing involve a specific rationale. Relying on only empirical knowledge can considerably restrict the abilities of the nurse to generate positive patient outcomes (Billay et al., 2007). Intuition is not something that "just happens". Intuition occurs as a result of several attributes coming together such as a combination of clinical experience, expertise and knowledge, personality, environment, and previous experiences with intuition. It is the combination of the preceding attributes along with textbook knowledge that allows nurses to experience intuitive feelings and the ability to practice at the highest level of expertise (McCutcheon & Pincombe, 2001).

EXPERIENCE

The belief that intuition is a definite characteristic of the expert nurse is expressed continuously throughout nursing literature. Most frequently referenced is Dr. Patricia Benner's discussion of the transition from novice to expert as described using the Dreyfus model applied specifically to nursing. The Dreyfus model includes the five stages of skill development; novice, advanced beginner, competent, proficient, and expert (Benner, 1984). As Benner discusses each

of the five stages, the information on intuition use within nursing is most significant at the novice and expert levels of nursing. As a nurse's experience level increases, intuition use becomes a greater part of their daily practice (Billay et al., 2007). Furthermore, as nurses advance to the expert level of practice, they become more confident in trusting and incorporating their intuitive abilities as part of patient care. In comparison, novice nurses may be reluctant to act on their intuition due to their status of inexperience with intuition in situations involving patient care (McCutcheon & Pincombe, 2001). Novice nurses can benefit by focusing on recognizing the feelings and emotions associated with intuition, rather than the amount of experience they have had with the topic (Smith, 2007a).

The need to bridge the gap between novice nurses and expert nurses concerning intuition is a topic of great emphasis within nursing literature. When comparing the novice to the expert nurse Benner explains, "The difficulty lies in the fact that since novices have no experience of the situation they face, they must be given rules to guide their performance. But following rules legislates *against* successful performance because the rules cannot tell them the most relevant tasks to perform in the actual situation" (Benner, 1984, p. 21). The expert nurse is discussed as "No longer relying on an analytic principle (rule, guideline, maxim) to connect his or her understanding of the situation to an appropriate action. The expert nurse, with an enormous background of experience, now has an intuitive grasp of each situation and zeroes in on the accurate region of the problem" (Benner, 1984, p. 21, 31-32). With intuition use being recognized and considered beneficial to patient care at the expert level of nursing, it is suggested that education on intuition and its utilization within nursing should be incorporated into nursing education curriculums to foster its early use in novice nurses (Smith, 2007a).

When describing a nurse's intuitive abilities, clinical experience is represented by a positive relationship with intuition usage. Though clinical experience is a sizeable factor for increased use of intuition, it is not the sole contributing factor. Nurses skilled in intuition use possess additional qualities including confidence and acknowledgement of previous experiences with intuition, the willingness to take unconventional approaches to problem solving, having an interest in abstract thinking, and containing the awareness of spirituality in nursing practice (Smith, 2007a). These qualities distinguish the expert from the novice nurse and allow the expert nurse to visualize patient situations from a different, more differentiated perspective. The intuitive grasp in practice developed by the expert nurse is what separates expert human judgment from the systematic clinical decisions made by a novice nurse who is fixated on exclusively following set standards of practice without deviating from the norm (Billay et al., 2007).

Whether a nurse is practicing as an expert or as a novice, intuition is considered a skill that positively affects the quality of patient care and outcomes (McCutcheon & Pincombe, 2001). Novice nurses that do not have a vast amount of experience in the clinical setting to apply towards fostering intuitive thoughts, may have life and spiritual experience that can be applied to support intuitive feelings (Linhares, 2010). The literature shows that experience does not have to be clinical in nature to contribute to a nurse's intuition. Both novice and student nurses report previous life experiences with intuition to be as influential towards intuitive feelings as clinical experiences are to the expert nurse. Knowing that intuitive ability can be fostered into the student or novice nurses prompts the need to promote exercises to facilitate spiritual growth at both the undergraduate and clinical levels (Smith, 2009).

INNER VOICE

With spirituality gaining recognition throughout nursing literature, discussions of having “inner promptings” are increasing. Spirituality is highly connected with encountering the inner voice that represents a nurse’s intuition. Intuition as a type of knowledge has been described as a “gift” that nurses feel they have been given to alert them to dangerous patient situations in which logic is telling them that nothing should be wrong (Rew, 1987). An article titled *The gift of intuition* discusses a qualitative study performed by Carmen Heidi Linhares (2010) in which Linhares received commentary from nurses regarding their use of intuition in practice. A nurse in this study spoke of intuition as, “An inner sense that tells you that you need to be here, you need to stay, and that these are the things you need to do” (Linhares, 2010, p. 20). Many nurses connect this ability to a higher power, as finding supporting data to connect their findings with the patient’s assessment is unlikely (Linhares, 2010).

The “inner sense” that allows nurses to recognize the feeling of intuition is thought to be perceived through physical awareness. This physical awareness represents the sensation nurses feel when they have a non-verbal connection with a patient and become aware of a change in their physical condition without any clinical indication of this change (Smith, 2007). Studies on intuitions have shown that biologically, the heart and the brain receive intuitive information, with the heart being first to respond. The physical effects on the heart and the brain are responsible for the positive, negative, or anxious feelings that occur when intuitive findings are processed by the body. These physical sensations and emotions are processed *before* rational thinking occurs, which gives explanation to the difficulty of verbalizing intuitive feelings (Smith, 2007). A nurse commented on this process, “I accept that when I get those feelings I’m probably working at a

different level of consciousness, and maybe it's just the transition between my mind and my body" (Lyneham et al., 2008, p. 384).

The connection between the mind and the body is significant to those who are general believers in intuition. Nurses discuss ways of opening their mind to allow for an increased physical sensation of intuitive feelings. Nurturing the intuitive ability can be accomplished by activities such as exercise, journaling, meditation, listening to music, and guided imagery (Smith, 2009). An exercise such as quieting oneself before patient interactions can help to reduce the amount of internal and external distractions, which may distract the nurse from her intuitive emotions, so that she can focus clearly on what her inner voice is saying (Rew, 1987). Hearing the voice of intuition, experiencing the gut-feeling or the hunch are all part of the unconscious discovery of patient information before the mind has had a chance to discover and analyze it (Smith, 2009).

CONCLUSION

It becomes clear that the nursing profession is still working on solidifying intuition's formal utilization in nursing. A review of nursing literature exposed four themes regarding the definition, validity, experience, and inner voice associated with nursing. The nursing profession is progressing towards standardizing a definition of intuition and confirming its validity within nursing, but further research is required to make this possible. Further research will need to focus on fine-tuning a definition for intuition that can be applied specifically to nursing as well as providing further examples of intuition's positive and/or negative impact on patient outcomes. The need to begin education addressing intuition within the early stages of nursing curriculums can help to raise awareness about how intuition can be beneficial to the nursing process and thus promote its use within nursing practice. Finally, deeper knowledge on how the inner voice of

intuition is experienced through emotional and physical awareness can aid in the recognition of intuition utilization in both the novice and expert nurse. Though the use of intuition within nursing practice and education may be controversial, it has been used in the profession of nursing and further research is needed to investigate the legitimacy of intuition as a tool in the profession of Nursing.

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