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**"STEPPING BEYOND THE KNOWN"**

**THE LIVED EXPERIENCE OF RETURNING REGISTERED NURSE  
STUDENTS: AN INTERPRETIVE DESCRIPTIVE STUDY**

**A thesis presented in fulfilment of the requirements  
for the Degree of Doctor of Philosophy  
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# **A B S T R A C T**

## **"STEPPING BEYOND THE KNOWN"**

### **THE LIVED EXPERIENCE OF RETURNING REGISTERED NURSE STUDENTS: AN INTERPRETIVE DESCRIPTIVE STUDY**

The thesis employed a Heideggerian Hermeneutical Analysis (HHA) approach for a study of returning registered nurse students (RRNS) from a nursing/health management context. In essence, a descriptive interpretive study the intent has been to unveil the common meanings embedded in the lived experience of RRNS return to formal (advanced) studies. The phenomenon or issue of interest was pursued in the form of a question: *What is meaningful and significant for participant RRNS in their everyday world on re-engaging in formal (advanced) studies?*

There is a marked scarcity of research from the RRNS viewpoint, so the focus of the study was to understand what RRNS themselves found to be the highlights of the experience. The study participants included RRNS coming from a management background and, therefore, very much at the cutting edge of rapid and continuing change in health care provision. In addition to personal and professional reasons for returning to study, what the narratives disclosed was the compelling need experienced by the RRNS to increase their understanding of changing requirements in the workplace. They looked for new possibilities to transform management of nursing/health services and for learning experiences favourable to that purpose. A key aspect of their concern related to the interactive nature of their lived experience as a RRNS with the entire context of their everyday world, that is, with the connections and relations between the study-work-homespace.

Fourteen RRNS from an established university nursing programme offering graduate courses of study in nursing participated in extended non-structured interviews lasting 60 to 90 minutes. The interviews were held during 1993 in many different places, as chosen by participants, some in the home but mostly in the work setting. This had an unanticipated benefit because participants, acting as the researcher's host/hostess being at 'home' and comfortable in telling their 'stories' took 'charge' of the occasion. The interviews, with the consent of the participants, were audiotaped and then transcribed.

The texts (transcriptions) were analysed hermeneutically using Heideggerian phenomenology as the philosophical background. HHA is centred on a particular tradition of philosophy whose concern is the meaning of Being. The concern is to make visible participants' experience of their 'world'. In this instance, it was the everyday 'world' of the participant RRNS and the lived meanings of what they experienced on return to formal (advanced) studies. Hence everyday lived experience is the focus of attention in Heideggerian phenomenology. In this research approach what is sought is understanding not explanation. It is a premise of phenomenology that, in general, an understanding of the meaning and significance of the lived experience can be acquired

from the 'things' (the phenomena under study) themselves. Approaching a participant as an expert by virtue of directly experiencing the phenomenon, is basic to phenomenology. Hermeneutic analysis of the texts of the participant RRNS affirmed the authenticity of those assumptions.

In the present study several common or major themes, two relational themes and one constitutive pattern were identified through the process of textual interpretation. The constitutive pattern, expressing the full complexity of the relations and connections between the themes, was found to be present in all fourteen texts; the nature of a constitutive pattern being 'that it's always there'. The constitutive pattern '*Nursing is Dwelling in Thoughtful Concern as Context Calls Forth*', emerged as the major finding of the study. This pattern witnesses to the pragmatism that is inherent in nursing and commonly found in nurses' responses to the challenges presented by continuing and rapid change. For the participant RRNS nursing had become a way of engaging their energies in the workplace as appropriate to a given place, time and culture. The two relational themes accent particular aspects of the constitutive pattern. '*Nursing is a whole pile of things*'; and '*Curriculum: Reflective Openness*' reveal the inherent meanings of the constitutive pattern. Firstly, that nursing is diverse in practice and has many dimensions; and, secondly, that a curriculum befitting the diversity of nursing requires us to constantly challenge and test the learning experiences we provide for RRNS.

The fourteen RRNS participating in the study traversed diverse pathways to acquire the understanding and skills required for altered health care structures. Adopting new relationships and 'leaping-ahead' (Heidegger, 1962), to be able to see the whole picture of what was being experienced in nursing/health care, reveals the RRNS becoming-as interpreters for both colleagues and clients. Leaping-ahead is reflective of thoughtful concern as the pattern of responding to presenting need. This way of living a life as a nurse transforms work. The participant RRNS disclose that, dwelling in such a way in nursing/health work opens up a future of possibilities which brings all the presenting needs into focus. Sharing the story of their lifeworld as RRNS, the participants have exemplified the '*reflective openness*' Senge (1990, 277 - 281) advocates, as being a prerequisite for 'learning organisations'. Contemporary organisations require us to challenge our own thinking as well as being free to speak our minds (*participant openness*). Appreciating that, however much we value our daily life practices and understandings, they need to be '*always subject to test and improvement*'. In effect, what the participants have bestowed on us is that, within the framework of a curriculum for RRNS and the content learning of a given course, we must generate a process of learning amenable to both individual and group requirements.

## ACKNOWLEDGEMENTS

Freedom is essential ground for being human but we learn our 'humanness' only in association with other humans. Similarly, freedom is essential for the thinking that we engage in as we live our daily lives and in whatever way we may apply it to some special project. But in the necessity to challenge and to test our own thinking and its genuineness (Senge's 'reflective openness'), we need the constant challenge that can only come from those who sojourn along the way with us. Whatever clarity of thought and depth of understanding we acquire as we pursue a research study, arises from a long, arduous period of work with its own highlights and challenges. But it is enriched as well as challenged by the many people who share that time with us. There are those who have been directly involved in thinking through and giving direction to the present study. Others, from times before as well as during the present study, have been indirectly involved. I am indebted to you all.

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To family and friends, in New Zealand and elsewhere, thank you for your support and encouragement and your patience in receiving so many 'not yet's' on asking '*Have you finished the "book"?*' Well, as van Manen (1991) describes it, the work of the researcher is '*writing*' and '*rewriting*' so describing the research project as the "book" is very apt.

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## GLOSSARY

This glossary defines words not explained in the text.

Andragogy:	The science and study of adult learning/teaching. Differentiated from pedagogy which is described as the activity of teaching, parenting, educating, or generally living with children and requiring constant practical acting in concrete situations and relations.
Dasein	The entity that expresses ways of Being as ongoing and practical coping of everyday life. A way of being that only humans can experience. Being is an issue or has meaning for Dasein
Human Science	This term covers a variety of approaches and orientation to research and comes from Dilthey's notion of ' <i>Geisteswissenschaften</i> '. Dilthey(1987) argued that human phenomena (mental, social, Historical) differ from natural (physical, chemical, behavioral) phenomena in that human phenomena require interpretation and understanding whereas natural science involves for the most part external observation and explanation.
Lived Experience	Refers to the totality and infinitude of human existence.
Lifeworld	The "world of immediate experience," (Husserl, 1970a, 103 - 186). the 'world' as "already there," "pregiven," - natural, primordial.
Intentionality	This term indicates the inseparable connectedness of the human being to the world. Brentano, and later Husserl, argued that the fundamental structure of consciousness is intentional (Spiegelberg, 1982). And every conscious experience is bi-polar: there is an object that presents itself to a subject or ego. This means that all thinking is always thinking about something. The same is true for actions: grasping is grasping for something .. All human activity is always <i>oriented</i> activity, directed by that which orients it.

Intersubjectivity	This is the verbal and nonverbal interplay between the organized subjective worlds of two people (Paterson & Zderad, 1976, 1990) in which one person's subjectivity intersects with another's subjectivity. The subjective world of any individual represents the organization of feeling, thoughts, ideas, principles, theories, illusions, distortions, and whatever else helps or hinders that person.
Primary Health Care (PHC)	This term refers to an approach or philosophy that has been adopted by most national health care systems and has been sponsored by WHO. The key objective of PHC is to achieve access to the means of health for all citizens. For this purpose emphasis is given to the development of basic health care workers who can provide essential knowledge and coping skills for individuals at the point of need.
RCompN	Registered comprehensive nurse in New Zealand who has completed a 3 year course of study at a Polytechnic.
Relationality or ' <i>Lived other</i> '	This term refers to the lived relation we maintain with others in the interpersonal space that we share with them.
Thrownness	Dasein exists in a world not of its own choice or making. It refers to the past and how Dasein arrives at the situation where it finds itself. How we arrive at our facticity.
Understanding	A component of the disclosure process in which Dasein is free to incorporate the object of understanding within its own potentiality-for-Being. This existential way of Being takes place within a state-of-mind or mood; articulated through discourse. As a result understanding, meaning is projected.
Worldhood	The ontological concept which makes the "wherein" a factual Dasein as such can be said to live.
<b>Note:</b>	Word descriptions from van Manen (1990), Diekelmann, 1993), Idour (1990)

**INTRODUCTION**

*I was standing today in the dark tool shed and through the crack at the top of the door there came a sunbeam. From where I stood that beam of light, with specks of dust floating in it, was the most striking thing in the place. Everything else was almost pitch black. I was seeing the beam, not seeing things by it. Then I moved, so that the beam fell on my eyes. Instantly the whole picture vanished. I saw the tool shed and (above all) no beam. Instead I saw, framed in the irregular cranny at the top of the door, green leaves moving on the branches of a tree outside and beyond that, ninety-odd million miles away, the sun.*

C.S.Lewis (1945, 50)

Lewis, one of the clearest thinkers of this century, draws a very graphic picture of the ways we might regard something which concerns us or catches our attention. 'Looking-at' something implies having our attention fully drawn to it to the exclusion of all else but, when our gaze moves, we become mindful of everything else surrounding or connected in some way to it. Then, so to speak, we are 'looking-along' to observe the whole picture or entity engaging our interest. Doubtless, that sums up well the experience of nurses in New Zealand and elsewhere as we seek to come to terms with the effects of rapid, constant change. These two different ways of considering 'something' lead to quite different experiences, both adding to a fuller understanding of what is under study. Yet, only by 'looking-along' the totality of an issue of concern can its full significance be grasped. Similarly, notions of 'leaping-in' and 'leaping-ahead', derived from Heideggerian phenomenology (1962), point to a need to focus on both the particular and general aspects of what we experience in living-a-life in this or that context.

The context of this study is related to the lived experience of returning registered nurse students (RRNS) working within volatile national health care systems, such as that in New Zealand. As the study got under way the larger picture that unfolded was vast, bringing into view the common concerns, meanings and shared experiences of RRNS in all aspects of their everyday world. But a number of pragmatic boundaries were drawn to achieve a reasonable undertaking. For instance, the appropriate number of participants was carefully considered and the participant RRNS came only from a management background. The intent of the study was to explore and make visible what RRNS (management) themselves found most meaningful and significant about the experience of undertaking further studies.

**THE PHENOMENON OF INTEREST**

This study arose out of the researcher's experience of teaching RRNS in such courses as curriculum development in nursing, human resources in health care and health care organisation

and management. In class and individual discussions, RRNS shared the frustrations they experienced in responding to change in the workplace. Returning to study was one way participants chose to deal with such frustrations and to advance their skills and expertise. While the effect of constant change in the health services is also felt by generic nurse students, the impact on registered nurses of dislocation, relocation and redundancies has been especially severe. For this reason, the study has been confined to exploring and deepening understanding of *'the lived experience of registered nurse students from a nursing/health management context returning to school'*. The research question asked the participants to reflectively remember and, later, to express in their interviews, what they had found most meaningful and significant in their everyday world as RRNS. The participants were asked:

*What does it mean for you, as a nurse from a nursing/health management background, to have returned to formal (graduate) study with the purpose of increasing understanding of the changing requirements of the workplace and to better manage complex change in nursing and health care systems. The intent of this question is to call forth experiences that have meaning for you. I am interested in finding out as much possible about your experience of being a RRNS.*

Many aspects implicit in RRNS reentry in formal learning programmes have been examined by other researchers. For example, they have studied the characteristics of educational settings and curricula, requirements of the workplace, criteria for selection, funding imperatives and so forth. As a review of the literature shows, however, (Rather,1990; Thompson,1992; Diekelmann & Rather, 1993; Horne,1993; McCray, 1995), there has been minimal research that studies what nurses themselves find meaningful and significant about returning to school. We may expect that RRNS will have stories to tell that unveil the lived meanings that returning to school has had for them. As the fourteen participants' narratives reveal, their return to study, initially in response to complex change in the workplace, brought other concerns that mattered to them. A range of fresh possibilities for transforming work, creating new patterns of practice and a growing awareness of the connectedness of the different aspects of their lifeworld, began to open up to them. In addition, they have been part of an ongoing 'dialogue', from within and outside of the profession, for more appropriately or differently educated nurses. The availability of appropriate, advanced education for RRNS (management) is of serious concern since differently structured health care systems have altered the nature of responsibilities and relationships within the workforce and with the recipients of care.

This has raised a need for different approaches in the planning, organisation and provision of health care and for transformation of work and leadership in health care settings. We require

innovative nurses able to develop and energise nursing/ health care systems that can make a significant difference to the health and wellbeing of individuals and their communities. In order to meet such a challenge nurses have had to consider what further skills and expertise they may need and what study opportunities would best meet that need. It requires courage and resilience to move from familiar structures and patterns of work. But more and more nurses are recognising that, 'sitting tight' in a familiar setting is no longer a viable option, prompting their return to formal (advanced) study. RRNS have also taken note of a growing expectation that any application for a job or promotion shows evidence of continuing updating of skills and expertise.

Through this study, participants have had an opportunity to become active partners in exploring and uncovering what is signified by living—a—life as a nurse in a health care system experiencing radical restructuring. It has given them an opportunity, not just to articulate, but also to reflect critically on the experience of returning to study and the degree to which it matches expectations. Listening attentively and interpreting the stories of nurses who return to study, in order to fathom and contend with complexity in the workplace, helps to clarify the nature of their continuing educational needs. One of the most powerful human concerns is the need we feel to make sense of our experiences, to gain a coherent and satisfying understanding of the world we live in (Polkinghorne, 1988). RRNS demonstrate a strong need to understand the 'world' or context of work in which they practice and to redefine their place within it. As their narratives reveal, they are neither dismissive of change in the 'workplace' nor fearful of the personal outcomes this may generate. But, just as clearly, and without exception, the participants' need to understand is made very clear. One participant, for example, relates that she returned to study because of the feeling that, although trained as a nurse, she *'didn't actually know what nursing was!'*

## **BACKGROUND TO THE PHENOMENON OF INTEREST**

New Zealand nurses, like their colleagues everywhere, seek to advance their practice through learning experiences more expansive than those gained from focussing primarily on a 'medical model of health'. This is not to imply that the 'medical model of health' does not offer a basis of knowledge essential for understanding and being able to respond to the variable effects of ill health. Observations I have made, during broad practical experience across several cultures, convinced me that sound nursing practice does require knowledge of the pathology of ill health alongside knowledge of what constitutes and sustains good health. An example of this has been observing the difference between someone acting as a good

neighbour from one who is a 'good neighbour-and-nurse' able to distinguish a diabetic crisis from alcoholism. Or, when working in remote places distinguishing when one has the skills and expertise to practice safely or need to call for help from some other skilled practitioner.

Quindlen ( New York Times,1994), describing how matters are changing for nurses, writes:

*An apple a day keeps the nurse away? Don't worry, you'll get used to the idea. Because one of the most revolutionary parts of health care reform in America is bound to be the burgeoning role that nurses will play, including providing, many of the services that were once confined to physicians. Their new prominence will benefit patients – and raise some questions about the importance of tender loving care and the economic value of medical services. .... (and, in conclusion).. To watch the nurses practitioners at Columbia–Presbyterian go about their appointed rounds is to see the necessary being done competently by the qualified. And if some patients call them doctor – well, they'll learn to say nurse soon enough.*

Plainly, more diverse learning opportunities are needed in response to such changes. In addition to altered patterns of work, new technologies and therapies have resulted in a number of changes, in providing nursing/health care. In conjunction with altered management structures, nurses have had to choose to struggle to retain the status quo or to seek learning experiences facilitating more effective management of changing demands in the workplace. Hence, continuing education has become a way of living for nurses since previous learning experiences can be built upon but can no longer prepare nurses for a lifelong career. In planning to meet the continuing education needs of RRNS, dialogue between teachers, practitioners, students and communities is vital. As Diekelmann (1993,p.249) comments: *'The issue for us to think about as we transform nursing education is the **how** of preserving the integrity of courses and content and analytic thinking while attending to the evolution of practical knowledge and situated or reflexive thinking.'*

This is a part of the unfolding of a new relationship between nurses and consumers, and between nurses and other health and health-related professionals, compelling fresh approaches in nursing education. In mid 1993, when interviews with the fourteen participants had been completed, NZ nurses gained state registration with a diploma. Basic nursing education, located in the polytechnics, offered a three year diploma course for registration as a Comprehensive Nurse (RCompN). Since that time, several polytechnics have been granted the right by the New Zealand Qualifications Authority to offer degree level programmes and the majority are likely to follow suit. Although often discussed, no diploma programme has been phased out, nor any directive given that entry into practice should be at degree level only.

Nurses looking for new ways to meet the challenges inherent in different structures and

expectations of their pattern of work may have to contend with implicit and explicit antagonism from colleagues and other co-workers, as well as with their own uncertainties. With altered health care structures, management protocols and job opportunities, however, it is critical that nurses develop new understandings of the character of work groups in order to work effectively within them (Simms, Price, Ervin, 1994; Beckman, Simms, 1992; McDonagh, 1990). This is a major reason why an increasing number of nurses are returning to formal study: to redefine, re-establish and increase understanding of their purpose, place and practices in altered health care systems. Among them are nurses open to the new opportunities evolving in the restructured health care systems. Like the participant RRNS of this study they seek opportunities to reinvest their energies and resources in advanced studies focussed on health care organisation and management.

The mental set of acting 'within-the-walls' following a prescribed protocol of delivering care has significantly held back initiatives by nurses to provide care that really is responsive to current needs. But there have always been nurses with the vision to understand that nursing has an important part to play in the rebuilding and transforming of an effective and innovative nursing workforce suitable to present times (Holleran, 1986; McBride, 1987; Maglacas, 1986). They include registered nurses returning to study to fine tune and extend their skills for that purpose. Rather than letting themselves be overwhelmed by the actuality of changing health care delivery services, such nurses are perceptive of points of change that have a bearing on their work and are open to new possibilities.

At various times, the fourteen participant RRNS in this study have been students in nursing/health care management courses taught by the researcher. Additionally, their work involved some aspect of management of nursing and/or health care services. As their stories relate, there are commonalities and differences in their reasons for returning to advanced study, and in what they disclose as the highlights of that experience. The reader will realise that no participant could be regarded as an unopened, unread book! Some degree of prior knowledge of participants is acknowledged, but this did not, except in one respect, influence selection. Perusal of old class lists of the writer's students until a sufficient number of possible candidates was obtained, included running through them until there was sufficient representation from different regions in New Zealand. No prior knowledge, apart from the exception just stated, was used to screen participants. The stories they tell are their response to the question they were asked to address.

Lack of research as to what RRNS themselves find significant about existing opportunities for

further study has been noted. But there is even less research as to how the lived experience of being a RRNS is influenced by all three contexts, study–work–home, of their daily lifeworld. 'Looking–along' the phenomenon of interest necessitated, therefore, considering the whole being of the nurse and the mutuality of the contexts of study–work–home. In the stories they told about the common concerns, meanings and experiences that drew them back to formal study, balancing the requirements of study–work–home was problematic and of concern. This regard for 'looking-along' the entirety of the context-of-being of RRNS, especially during a time of such marked change in health care provision, is discussed in the next section because of its centrality in this thesis. Both as a nurse educator and a practitioner of considerable and wide experience, including midwifery, I am convinced that a genuine regard for the totality of the personhood of the nurse is essential in offering curriculum that make a significant difference in two important respects. One is related to assisting RRNS to achieve their goal of redefining, re-establishing and increasing their understanding of their identity "as" a nurse at this point of time. The other is for accomplishing equally affirmative outcomes for the 'nursed'; whatever the context of need and care. Figure 1, shown on page 16, illustrates the three important domains of the RRNS everyday world which will be discussed next.

## **THE CONTEXT OF CHANGE IN THE STUDY-WORK-HOMESPACE**

Change, our responses to change, and the expectations we have of other people's responses to change, are an important part of the 'story' which the participants share with us. The concept of context is used, broadly, to refer to all the elements that encompass the lifespan of individuals as a whole and in specific areas. It is relevant to this study to consider three areas of fundamental importance for RRNS: the nursing curriculum or studyspace; the workspace; and the homespace. As a suffix to the three words, study–work–home, "space" is used in preference to "place". This is because the former signifies not just a physical location and structure but also the culture, the events, and the ways that people dwell within their communities. Nevertheless, it is the "place" or location where people study, work and make their home that endows the context with unique characteristics influencing the culture or "space" in which they grow, live and change. Just so does the "place" of practice – country, community or institution – influence the culture or "space" in which nursing evolves and nurses grow and change.

The present context–of–change for nursing has different aspects in the various regions of the world, but there are also remarkable similarities across quite disparate cultures or ways of

living—a-life. This is perceived to be especially true at this period of time. All cultures stamp a particular impression as to how they view their world and the expectations they hold as to how their members should comport themselves within it. Yet to stay aloof from other cultures, especially from those with different world views, is no longer possible. The migration of people to other countries has led, in many instances, to multi-cultural communities as has happened in New Zealand in recent decades. This is an important and topical issue for New Zealand nurses. It has highlighted the need for new ways of developing curriculum; for instance, facilitating the development in nursing students of attitudes of sensitivity and concerned regard for any differences of personhood. Whether that difference be one of culture, time, age, or specific to the unique qualities of an individual, it is something with which nurses have to contend wherever they live and work. Change for nurses, as for everyone else, is simply a natural part of living—a-life. Nevertheless, the degree of change experienced by nurses with the restructuring of health services is challenging! Change affects nurses in the totality of their being since it influences how they manage and balance the use of their time, energies and resources in all contexts of their daily lifeworld. Since responding to constant rapid change is so implicit throughout the lived experience of RRNS, the notion of the 'context of change' is used as an organising theme in reviewing the literature in Chapter Two.

### **The Context of Change in the Studyspace**

Change, as already noted, is a natural part of living—a-life – it just **is!** During recent decades, change has been substantial in all social institutions, as exemplified by nursing and education. Nurse educators, (Benner, 1993,1994; Diekelmann, 1989, 1992; Allen, 1990; Simms, Price, Ervin,1994), note the difficulty of keeping a nursing curriculum relevant to the practical, everyday world of nursing practice. Benner (1993) emphasises, for example, that the everyday understandings of RRNS arise from the context of practice and this must be kept in mind as the curriculum is developed and changed. She points out, that: *'This student population rather than being an insufficiently educated group that must be shored up has much to teach the open nurse educator* (Benner, 1993, 5).

Nursing education, at graduate level, continues to be a matter of vigorous debate at national and international level. A major point of discussion includes issues related to the interface between increasing complexity in social services and the learning experiences which nurses require to manage such complexity. Take as an instance the issue of increasing suicide among teenagers and young adults; learning experiences that increase understanding of the need for collaborative, interdependent action with relevant others is vital. Ensuring a nursing

curriculum maintains relevancy to changing social/health conditions is an issue of long standing debate in New Zealand. A key point of change reflecting this concern is the graduated move from hospital based programmes to comprehensive polytechnic nursing courses since 1973. This move altered the status of oncoming nurses from employee to student. At the same time, university studies were introduced for registered nurses at Massey and Victoria Universities. A review of the last two decades, and of the events and commissions that led up to the decisions implemented in 1973, however, does make problematic why a stated preference for nursing education to be based in the university system was not sanctioned at that time.

Two other topical issues affecting curriculum relate to the preparation and development of an effective and efficient nursing workforce. One is an increasing, economically driven use of health care auxiliaries with insufficient thought or research as to its fuller implications. As this development affects decisions related to the further training of enrolled nurses, and the future employment of enrolled and registered nurses, it is a matter of concern. People engaged in the economic management of health care delivery services view it as a viable option, helpful for management of shrinking budgets. They tend, however, to return to Lewis's simile, to become fixed in 'looking at' the issue of economic management and cost benefit strategies to the detriment of other equally valid or better ways of achieving set financial targets. But those who 'look-along', or as Heidegger (1962) would say, 'leap ahead', are concerned with everything involved and achieving a better balance between cost-efficiency and cost-effectiveness (Donabedian, 1986, 1994; Simms, 1992/1994; Handy, 1994, 1995; Maynard, 1993. For instance, Simms (1994) is concerned that nurses are knowledgeable about the best use of available resources, emphasising that this requires involvement of all staff on a unit, as well as requiring promotion by strong leadership skills.

The second issue is focused on the nature of pedagogy. Nurse educationalists such as Bevis (1988a,b); Benner (1993,1994); Diekelmann (1993,1994); Darbyshire (1993,1995); Hegyvary, 1991) believe that learning experiences for RRNS will be transformed when they are reviewed and 'looked-along' through new lenses. The endorsement of andragogy by nurse educators as a progressive educational theory is perceived (van Manen, 1990; Diekelmann, 1993) to be unjustified. True pedagogy, Darbyshire (1993,p.328) believes, '*has far more radical, powerful and transformative possibilities for nursing education*'. van Manen (1990, p.2,4) describes pedagogy as:

*the activity of teaching, parenting, educating or generally living with children, that requires constant practical acting in concrete situations and relations.*

*(And, p.129) Adults themselves are challenged by the emancipatory interest of pedagogy to see their own lives as a potentiality, that is, as lives of oriented being and becoming.*

A curriculum, to be relevant to context requires a wider range of people than is generally the case, to participate in curriculum design and implementation. The essence of nursing is based in 'concrete situations and relations' - both for the 'nursing' and the nursed. The promotion of health and easement of ill health needs to be a collaborative undertaking between communities, health professionals, and related disciplines if nursing/health care is to be relevant to context. T.S.Eliot ( cited by Cowan, 1990) captures something of the task that lies ahead, and to which Heideggerian hermeneutics points us, in his poem '*Little Gidding*'. The 'hermeneutic circle', the methodology used to interpret the text produced from collected data, which is complete but never ending, comes to mind on reading this poem of Eliot's.

*After the kingfisher's wing  
and is silent, the light is still  
We shall not cease from exploration  
Will be to arrive where we started*

*Has answered light to light  
At the still point of the turning world.  
And the end of all our exploring  
And know the place for the first time.*

Eliot's poem, like the 'hermeneutic circle', directs thought to the ongoing saga involved in curriculum development and moves us to an emphasis on 'knowing-how' rather than 'knowing-that' in the learning experiences we provide (Diekelmann, 1993). This puts students, especially experienced nurses such as the RRNS participants of this study, on a path of lifelong learning with the potentiality to transform their future of possibilities, as germane, to changing conditions. Speaking from the perspective of feminist pedagogy in regard to the development of creative approaches for teaching student nurses, McAllister (1995,p.245) writes: '*in addition to passing on ) the accumulated wisdom of their discipline (teachers must also reveal for students their own capacity to engage with the material in a critical and intelligent way.*'

### **The Context-of-Change in the Workspace**

The context of change in the 'workspace' for nurses is substantial and it is a reflection of the change the wider society experiences in a postmodern era. The boundaries of responsibility and interdependency in health care delivery settings have altered markedly since the 1970s; although the forces that led to continuing and accelerating change started much earlier (Simms & Beckman (1992); Simms, (1994); Curtis & Taket, 1996). As nurses try to reform or to redefine their practice in nursing, they need opportunities to reflect critically on their practices so that they can better understand which practices to preserve, which to extend and which to vacate. As Koch (1994, 257), in answering a question she puts to her readers ( '*Can quality health care be delivered at cost-efficient prices?*' ), observes:

*The nursing professional must meet this challenge by implementing a process that addresses the multifaceted issues in providing " quality " health care. ... A new paradigm for the nursing professional includes integrated quality management: improving health care services through quality assessment and improvement, utilization management, infection control, and risk/safety management.'*

As discussed under the context-of-change in the studyspace, RRNS look for opportunities to increase their skills and expertise for the transformation of nursing practice. They also are concerned about the skills needed to deal with a twofold responsibility in nursing/health care management. They have to be mindful both of the demands of the employing agency and the requirements of clients and co-workers.

There is a need for clarification of organisational boundaries in changing health care structures if work groups are to function well and to provide the quality of care that is required. Working effectively in a service organisation such as health, redesigned to be more businesslike and economically sound, is not necessarily a problem for nurses and other workers. But it does become problematic for nurses when the health service is treated as an enterprise which manages 'products' rather than people: a philosophy of management that runs counter to the essence of nursing. The frequency with which health policies are changed is evidence that politicians and their mentors have yet to get it right. And the 'stories' that nurses tell are indicative of the missing voices of understanding within the profession and community which could help to remedy that deficiency. In an open human enterprise, such as a health care delivery system, where there is considerable diversity of services and service providers, there is always likely to be a degree of ambiguity in fulfilling its overall and varied purposes. Open dialogue about unique and shared work responsibilities is essential for understanding that nursing practice involves a mix of dependent, independent and interdependent elements (Simms, 1992/1994; Senge, 1993; Kochan & Useem, 1992). Rather (1990), found that for the RRNS who participated in her study, nursing '*becomes a way of thinking*' through which practice and learning experiences are filtered; it is not just something to be done. Nurses look for educational opportunities that provide 'space' for rethinking their sense of purpose and how to manage the constraints and challenges of the workplace.

### **The Context-of-Change in the Homespace**

The majority of RRNS inhabit a homespace inclusive of a 'family' with all the associated demands and negotiations as to the shared concerns and obligations that signifies. Nurses, like other service providers, tread a fine line in balancing the various aspects of their lifeworld.

As Rather's (1990) finding that '*nursing is a way of thinking*' suggests, living—a—life as a nurse is not divorced from the full actuality of one's personhood. It is not a question of bringing the concerns of the 'homespace' into the 'workspace' since the person engages as a whole whatever facet of life is being attended to. In other words, the events and experience of living—a—life at 'study, work or home' cannot be neatly compartmentalised: each one is, indispensably, a part of the whole entity under study. Just as the realities of the 'homespace' influence the ways in which nurses engage in their work or studies so, too, do learning experiences add to the perceptions and understandings which nurses have of how they live—a—life at home or at work. Still, integration of the various facets of life for RRNS is not easy and, for the majority who are women, there are particular challenges to be managed. Gordon (1991, p.7) comments that:

*Too many women have abandoned the feminist movement's original goal of transforming workplace and family relationships. ... (there are those who have even adopted) male attitudes of disdain for the caregiving activities that have nurtured, empowered, and sustained the human communities for centuries ..... The crisis in contemporary nursing offers perhaps the most devastating example of how America's traditional attitudes towards caring, combined with many women's new goals, have affected the caring professions.*

The caring practices of nurses cannot be extricated from the caring practices of their way of living—a—life at home or in places of study. The nurse as a person lives a life as a totality from a 'home base'; however rich or meagre that may be. The endowment of her return to 'school', hopefully, shapes and is shaped by her way—of—being as a worker, and enriches and is enriched by her way—of—being in the homespace. What matters are the ways in which these aspects of living—a—life influence each other. What are the reciprocal influences of living a life at 'study—work—home' that awaken, or diminish, the most engaged and relevant use of the skills of RRNS? The next section briefly introduces Heideggerian hermeneutic analysis, the research approach used to help uncover the lived meanings of the daily lifeworld of RRNS.

## **INTRODUCING HEIDEGGERIAN HERMENEUTICS ANALYSIS**

The phenomenological approach used to describe and interpret the lived experience of RRNS (management), is based on Heideggerian phenomenology and Heideggerian hermeneutics. Heideggerian phenomenology is a particular tradition of philosophy whose concern is the meaning of Being (existence). Used in conjunction with hermeneutical analysis, it offers a descriptive, interpretive research approach, bringing to light the meanings which are inherent in the phenomenon under study. Some of the possible meanings of 'Being' become clear through our experience of the world and our own being within it. Hence, everyday lived

experience is the focus of attention in Heideggerian phenomenology. The obligation is to make our common everyday lived experience intelligible, as this is where meaning lies.

Heideggerian hermeneutics, introduced into nursing by Benner [1984:1985] and further refined by Diekelmann [1988:1989], is a research approach that promotes interpretation and understanding of what nurses find significant in their everyday, lived experience in the study-work-homespace. As the purpose of the study is to gain a better understanding of the lived experience of RRNS from a nursing/health management context and their return to formal (advanced) study, an interpretive, phenomenological approach suits it well. As the basis for Heideggerian hermeneutics, Heideggerian phenomenology describes the human way of being as hermeneutical. In other words, to be human is to be a self-interpreting being through and through. As Diekelmann (1993, p.1), tells us:

*Living—a life is listening to each others' stories. We dwell, if you will, in the narrative as self-interpreting beings through and through. Hermeneutics can be a research approach that brings this understanding of how we can listen and live our lives to bear on increasing our understanding of our day-to-day lives, problems, issues or concerns. . . Our thinking is transformed and we are forever changed. New possibilities can become open to us: creating a future of new possibilities ..... it was Martin Heidegger who developed hermeneutic phenomenology which describes and explains the human way of being. The approach he used ... was also the approach humans use to understand their world: hermeneutical interpretations of cultural practices.*

Hence, understanding is the appropriation of the meaning of what it is 'to be'. It is constitutive of the way we are, always functioning contextually within a set of already interpreted historical and temporal relationships. It is made explicit by hermeneutic analysis which is a systematic approach to interpretation or language, disclosing what it is to 'be'. Thus, language is ontological, a manner of human being, unveiling Being. Taylor (1992, 256-257), explains:

*Heidegger ... sees language as what opens access to meanings. .... language is seen as the condition of the human world being disclosed. The disclosure is not intrapsychic, but occurs in the space between humans: indeed it helps to define the space that humans share. .... Language is essential to what we could argue is the central focus throughout Heidegger's philosophy, the fact/event that things show up at all. (What Heidegger terms) 'the clearing' (Lichtung). Heidegger taught us to reorder the history of philosophy and culture in the light of how the clearing is understood.*

The data available for hermeneutic interpretation of the lived experience of RRNS consists of the transcriptions of extended (60 - 90 minutes) open-ended interviews, with fourteen RRNS from a nursing/health management background. HHA, in the phenomenological tradition, employs interviewing as a conversation or dialogue. Through dialogue, the interview calls forth both participants' lived experience and shared understanding. It is only in this context of

mutual commitment that shared understanding or 'fusion of horizons', (Gadamer, 1975) can emerge. The researcher is necessarily an involved participant, but this does not negate the trustworthiness of the research. HHA has its own way of authenticating the findings.

## **SIGNIFICANCE OF THE STUDY**

This study is about qualified nurses acting resolutely to increase understanding of their everyday world, especially of constant rapid change in the workplace, by rejoining 'school'. Its purpose is to explore and make visible what RRNS (management) disclose they found most meaningful and significant in undertaking further studies. It is designed to give us an 'inside-out' view of what it is like for mature and experienced nurses to re-engage in formal studies and their perceptions of how doing so effects their daily life practices. Hopefully, giving a 'voice' to RRNS through the participants of this study will uncover new possibilities for transforming their practices. Additionally, the intent of uncovering the lived meanings of the participants' return to school is to expand and deepen understanding of the learning experiences required for transforming their work in nursing/health care management. Workplace issues, the nature of work groups and their management have become very important in discussions of quality health care delivery. Expectantly, what the study reveals of the lived meanings of RRNS return to school, will deepen understanding of the challenges they contend with working in changing volatile health care delivery systems. Darbyshire (1993, 18) believes, that:

*As the largest single group of workers in our health care systems ... . It's high time that we started doing more of the shaping and moulding. Enough of passively 'adapting'. ... we can transform our health system, our wards ... schools and faculties.*

As understanding grows of the lived meanings of RRNS study-work-homespace, we may anticipate the development of learning experiences, more appropriate to their context of work.

## **ORGANISATION OF THE THESIS**

Chapter One provides an overview of the study and briefly introduces the research approach used, Heideggerian hermeneutic analysis. Chapter Two reviews the literature by first reflecting on the situated context of the research study. It then discusses literature under the several themes that arise from the nature of the research question and the ensuing dialogue with the participants. Chapter Three has a double purpose in providing a detailed discussion of Heideggerian phenomenology. Firstly, it gives an extension of the literature reviewed in Chapter Two under the theme of '*nursing research: alternative approaches*'. In particular, it follows on from discussion related to phenomenological research. Secondly, as Heideggerian

phenomenology is the philosophy underpinning the entire research approach, it precedes a description of Heideggerian hermeneutics in Chapter Four. In Chapter Four Heideggerian hermeneutics and its application to the study is detailed. In Chapters Five and Six, the findings are presented in a way that allows the reader to participate in their authenticity, and Chapter Seven draws out the implications and opportunities for further research inherent in the study. The substance of the thesis concludes with an epilogue. This offers two instances of '*reflective openness*'. First, from a participant who shares her reflective review of the 'findings', and, secondly from the researcher reflectively remembering a past experience which exemplifies one of the meanings implicit in the constitutive pattern of the present study.

## **SUMMARY**

The thesis, presented in seven chapters as delineated in the preceding section, is a descriptive interpretive study of the lived experience of registered nurses (management) returning to formal (advanced) studies. The researcher did not set out to do a specific analysis of the nature of nursing curriculum; of content, administration, or of the learning experiences provided. What the research explores is the '*lived meaning*' for the participants of 'being-as' a RRNS. It has been noted that contemporary contexts of nursing/health care practice have much that is problematic with which to deal in providing and managing effective nursing/health care. Nurses contend with such issues as decreasing human and material resources in health care, alongside an increasing use of scarce resources by advanced general and medical technologies. As a result the gap between nursing and health care needs and their servicing grows steadily wider. Emphasis is placed on the relationship of educational preparation to changing contexts of practice for all nurses, and on interpretation as a way of making visible the lived experience of RRNS. HHA, the methodology used to uncover what RRNS find meaningful and significant in their everyday world, has been briefly introduced in this first chapter. HHA was chosen because it suits this study, facilitating understanding between the 'nursing' and the nursed, teachers and learners, and between nurses and relevant others; revealing ways of 'being there' for each other. I believe that research such as that of the present study opens up a way for increased mutuality of understanding as to why RRNS re-engage in formal studies. This, in turn, assists discovery of learning experiences favourable to their expectations and requirements.

**REVIEWING THE SITUATED CONTEXT:  
REFLECTIONS AND THEMES**

*The problem with our future is that it isn't what it used to be. Consequently, the customary methods of achieving our goals may not be productive.* Martin (1987, 107)

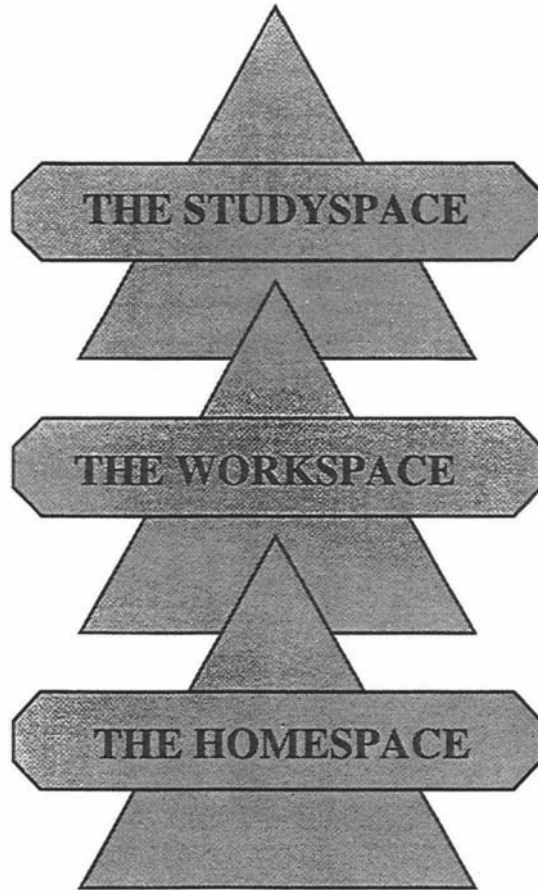
**INTRODUCTION**

It is unlikely that any person, let alone a nurse, would disagree with Martin's statement, for the contemporary health care scene most definitely *'isn't what it used to be!'* But it has never been otherwise as the literature reviewed, mostly over the last three decades, testifies. What is different in the present context of the human world is the intensity and rapidity of change when compared with past times. This is so for all cultures, but it is most powerfully evident in those societies which moved from simply organised to industrial/post-industrial communities in tens of years and not the several hundred years of western type societies. New Zealand society, in which this study is based, has and is experiencing substantial and continuing social change, directly and indirectly influencing the health care sector and the context of work for nurses. Inevitably, as described in the first chapter, such change impacts on every aspect of RRNS 'Contexts-of-Being' (Figure 1, 16 ) because it simply is impossible to live our lives in discreet, unrelated aspects of our daily lifeworld. Coming to terms with intense, rapid change in health care, and the wider social systems of which they are a part, is integral to the lived experience of RRNS.

Beyond the understanding that change just **is** a natural part of living-a-life, planned change driven by interacting socio-politico-economic forces, leaves no one untouched. It strongly influenced, as the RRNS narratives reveal, the lived meanings of practicing as a nurse when familiar patterns of work, likely career pathways, and the culture of the workspace changed markedly. As Edman (1996, 5), points out:

*If things where you work haven't changed yet, they will soon. The move to managed care systems, along with the impact of acute social problems such as homelessness, changing family structures, increasing violence and the spiraling cost of health care throw us into an unavoidable encounter with change.*

In keeping with the way the research evolved for the writer the literature has been reviewed in three phases. Initially, in phase one, reference is made to literature related to a very early stage of research activity prior to final determination of the research topic and the question for research. In this phase the form the review has taken is best described as a reflective review



**Figure 1. Contexts - of - Being**

Idour. M. (1997)

of the situated context that prevailed for the writer and the various people who shared with her a wealth of thought, writings, and research. Although the focus of our conversations and studies were based on contemporary challenges these remain essentially unchanged. In the second phase, literature has been reviewed under several themes inherent in the research question; none of which are mutually exclusive but are naturally interconnected. Further, since social and organisational change permeates the daily lifeworld of RRNS, using the notion of change fell naturally into place as the organiser for reviewing literature in the second phase. Subsequent to review of the last of the themes in phase two (*'Nursing Research: Alternative Approaches'*), literature related to Heideggerian phenomenology is reviewed in phase three and presented in Chapter Three. The writer found it a huge undertaking to attempt to do justice to all of Heidegger's texts and the increasingly numerous translations or texts on Heidegger's work. For this reason, the discussion on Heideggerian phenomenology in the next chapter is structured under what the writer singled out, for the purposes of this study, as key aspects of Heideggerian thought, drawing on various texts as appropriate.

## **PHASE ONE**

### **The Situated Context of Research: Reflections**

Although phenomenological studies such as this place utmost reliance on core data generated by hermeneutic interpretation of transcribed texts, understanding of the research data is enhanced through dialogue with the literature. Diverse sources of literature studied prior to choosing the research topic and formulating the research question were interesting and valuable. But, as the study became focused on the lived meanings of RRNS experience on rejoining school, much of that literature is not dealt with in this report. Nonetheless, some of it is relevant and is discussed broadly in the second phase of reviewing the literature. The term 'literature', in reference to the second phase, is somewhat loosely applied for it encompasses a wide range of material pertaining to early research activity. Although the following discussion is patently not a review of literature as generally understood, the researcher considers its inclusion appropriate here for it discloses something of the background from which the research emerged. It is written in the first person to avoid repetitive use of the words, 'the writer'.

### **The Beginning Research Journey**

I commenced a research project, 'Curriculum Development in Nursing Across Cultures', with a pilot study in India in 1984. This was followed in 1987 by a more extensive 6 month study in three countries (India, the U.K. and U.S.A.), ending with a final period of research in 1990 - 1991. In India extensive data was gathered, largely by interviewing, from State Registration Councils (Bihar and Bengal), the Indian Nursing Council, the Trained Nurses Association of

India (T.N.A.I.) and other professional and non-governmental agencies. In the U.K. the data came from interviews and study at several health and educational institutions. They included Queen Mary College, London University; Kings College Hospital School of Nursing; the Royal College of Nursing; Faculty of Nursing, Edinburgh University and government and professional nursing organisations. Some time was also spent at the Centre for Health Economics, University of York which has a renowned reputation for the quality of its extensive, diverse research into health care services. Field studies were also carried out in several district health centres in the U.K. and India. In the U.S.A. there were brief but rich visits in New York to the National League for Nursing (NLN), the premier regulatory educational body; to Columbia University, Hunter's College, the University of New York; and to D'Youville College, Buffalo, New York. Longer periods were spent at the School of Nursing, University of Michigan, Ann Arbor and at the School of Nursing, University of Wisconsin-Madison.

Alongside study of curriculum development, interrelated areas of teaching in health studies, health and development issues, human resources in health care and nursing/health care organisation and management were explored. The connectedness between all these various facets of nursing/health care provision, and the task of developing curriculum relevant to the context of need is self evident. But it was stimulating to experience that connectedness in all three cultures. Although there were differences between the three cultures, and I should add a fourth by including New Zealand, what was problematic regarding health care requirements and curriculum appropriate to those requirements, differed in kind but not in essence. For example, the issue of skill mix in nursing and the use of some form of auxiliary help is a core dilemma for all four countries. But, comparing India with New Zealand with the former still having over 70% of its people living in villages and the latter a small, diminishing rural population, the characteristics of the nursing workforce will obviously differ. It was interesting to find as we shared mutual concerns in all four cultures, that we were not so far apart in our perceptions of present and emerging trends in socio-health needs and services and their significance for nursing education.

Health and education policies, we agreed, needed a persistent, intelligent and caring input from nursing. Since nursing curricula have to be developed in accordance with certain laws and structures, (for instance, in NZ the Nurses' Act, 1977 enacted through the Nursing Council of NZ), it matters that nurses are involved in policy making. This necessitates working for the right to participate in the development of policies affecting health, nursing and education. Another critical concern is related to two aspects of resource availability. One aspect

concerns the availability of health care resources at a basic level for individuals and communities. The second aspect is the development of an adequate nursing workforce able to respond to basic health needs and educated accordingly. Generating caring communities at a basic health care level would require, it was agreed, nurses who understood and had the skills to practice independently and interdependently as appropriate to the context of need. We found sufficient points in common to draw a profile, leaving aside distinctive cultural features of each country, of the qualities needed in a nurse to be open to such possibilities. We also agreed that, although the caring and easement of ill health through secondary health services is critical, this is unlikely to improve until primary health care services are effectively established. Our 'sick' health care systems are evidence that we have still some way to go to establish that goal.

### **Turning Points**

What I was increasingly drawn to during the periods of research, led to a focus on the 'person' of the nurse as central to the outcome of any nursing encounter, whatever its nature. Additionally, recognition of the need for nursing curriculum promoting the ability of nurses to work for development of healthier, caring communities, responsive to individual and collective wellbeing was strong in all four cultures. In the writer's view, to achieve such a goal requires contributory help from nurses whose learning experiences favour self-direction and self-management. Such nurses are better able to translate their own learning and development as self directed and self managing individuals, to the learning and development of individuals and the communities with whom they work. Being responsible for the self, whether it is the nurse or the nursed, should not be seen to imply being self contained. Self direction and self management also implies understanding, in this instance, when the nurse, or any other service provider, needs to have recourse to other people and avenues of help. In relation to developing curriculum that would favour new or alternative approaches for the delivery of nursing and health care, qualified nurses were given particular thought. We all noted that a steadily increasing number of registered nurses were either seeking or being encouraged to undertake formal (advanced) studies.

At this stage the research topic and the question of research I wished to pursue came close to finalisation. Whilst continuing to clarify the nature of the present study two further periods of research were spent in the U.K. and the U.S.A. In the U.K. I revisited the Centre of Health Economics (CHE), York University, paying special attention to research projects analysing nursing skill mix and the efficiency of nursing care in the U.K. and other countries. Relevant CHE literature is briefly discussed in phase two of the literature review. In the U.S.A it was

possible to work again with Associate Professor Lillian Simms, School of Nursing, University of Michigan at Ann Arbor, and with Professor Nancy Diekelmann, School of Nursing, Wisconsin - Madison.

Simm's research and writings over the last ten years or so has involved, amongst other projects, research concerning nursing work redesign and a total quality plan process. A major research project under Simm's direction is the Practice Excitement Project (PEP). The various research projects on work redesign were not only pertinent to my teaching areas, but are significant in relation to the area of nursing from which participants came. For that reason, literature related to this exciting, much needed research on nursing work and redesign is also reviewed (regrettably, only briefly within the confines of this study) in the second phase of the review. The research focus, however, became centered on the lived experience of RRNS from a management context on their return to formal advanced studies. Further work with Dr. Diekelmann on curriculum development, and participation in the Nursing Institute for Heideggerian Hermeneutical Study programmes under her direction, also led to the choice of HHA as the approach best suited to the study. The literature reviewed in phase two will now be discussed.

## **PHASE TWO**

### **The Question Of Research: Themes**

Review of the literature in this phase is discussed under the several themes listed below. The themes arose from the research question and the dialogue that transpired with the participants. Preceding discussion of the themes, the use of the notion of change as an organiser for phase two, is briefly amplified.

- # *Changing Communities: From A Nursing/Health Perspective*
- # *Changing Organisations and Practices: The Culture of the Workplace*
- # *Curriculum in Transition: Transforming Schooling for RRNS*
- # *Nursing Research: Alternative Approaches*

Each theme or category has an extensive, growing range of literature so understandably no attempt has been made to be all inclusive in what is reviewed, nor to deal extensively with what is included. What is brought into the discussion has been chosen to illuminate the background meanings the lived experience of being a RRNS holds for participants. For, as Leonard (1994, p.51) points out: '*It is only in context that what a person values and finds significant shows up*'. Background meanings, discussed in Chapter Three, are not part of the conscious repertoire we draw upon to understand our daily life practices. Rather, they are built up from

the cultural and familial experiences we have from birth. Gadamer (1975, 319) comments:

*... experience itself can never be a science. It is in absolute antithesis to knowledge and to that kind of knowledge that follows from general theoretical or technical knowledge. The truth of experience always contains an orientation toward new experience ... The dialectic of experience has its own fulfillment not in definitive knowledge, but in that openness to experience that is encouraged by experience itself.*

In this study, increased understanding of the phenomenon of interest is perceived to come primarily from interpretive analysis of what participants report as the highlights of their return to formal studies. Being open to what participants disclose about the lived meanings of such an experience, as Gadamer (1975,319) explained: *'always contains an orientation toward new experience. ... it has its own fulfillment ... in that openness to experience .. is encouraged by experience itself'*. And Morse (1991, 20), is insistent that qualitative researchers be: *'left to do "their own thing", however marginal that may initially appear, for this is one area in nursing where the true breakthrough will be made and new directions identified.'* Nevertheless, literature related to the above themes provides an important basis for thinking about interconnected and interrelated facets of the daily lifeworld of RRNS. In the context of their 'world', the lived experience of RRNS influences their openness to new possibilities. The participants show awareness of changing expectations in the health care workplace and community; and they are alert to the possibilities, favourable and otherwise, that it holds for them.

### **The Nature of Social Change**

There are numerous theories of social change but a detailed study is beyond the purpose of this study. As an instance, however, a brief reference to Cassell's (1993) description of social theorists in generations is useful. Cassell refers first to those, such as Durkheim, Marx and Weber, whose concern was with revealing what eventuated as societies progressed from traditional to modern societies. But this generation of social theorists are faulted, for example, by Cassell (1993); Beruquo, (1992); Chafetz (1988), who are not in agreement with the perception of a *'single factor'* theory of social change accounting for the diversity to be found in changing, developing societies. The next generation of social theorists described by Cassell (Talcot Parsons, a main exponent), were those who looked for a broad consensus on social change in 'first world' or 'third world' societies. But this is too global a perception as variations in size, culture and antiquity of societies means policies, across a wide range of differentials in either 'world' or within either 'world', cannot be usefully applied across the board. And that is something the researcher can endorse from experience.

Currently, social theorists taking a wider ranging look around at the nature of social change

perceive it to be more multi-dimensional in nature and effect. For example, the approach of critical social theory arising from the Frankfurt School of Philosophy and the philosopher Habermas, is concerned with the uncovering and surmounting of what oppresses people in their cultural context. Similarly, feminist, postmodern and critical social theorists are committed to unveiling the overt and covert oppression experienced by those less favourably situated in a given society. England (1997, 70-72) in a discussion on *'Troubling questions, professional armor, and the threat of the personal'* speaks to the power relationship that may evolve through, paradoxically, widening the range of voices brought into analysis of complex social issues. Regarding the researched, for instance, England cautions that care is needed not to appropriate their voices to ourselves: *'... part of the feminist project has been to dismantle the smokescreen surrounding the canons of neopositivist research - impartiality and objectivist neutrality. ... (we should treat the researched) like people and not as mere mines of information to be exploited by the researcher as the neutral collector of 'facts' (p. 71).*

Currently, more attention is being paid to what influences change rather than to what causes it. But the writer, noting the ephemeral nature of many of the social and health policy changes experienced by contemporary societies, questions the adequacy of the approaches being used to identify variables that influence change. A greater understanding and transforming of social change would appear to need a more dynamic approach. Such an approach emphasises the interplay between all involved and the mutuality of factors and relationships influencing what ensues from human action. England (1997, 71) comments, that:

*The intersubjective nature of social life means that the researcher and the people being researched have shared meanings and we should seek meanings that develop this advantage. We can attempt to achieve an understanding of how social life is constituted by engaging in real or constructed dialogues in order to understand the people studied in their own terms (sometimes described as the insiders' view); hence the recent efforts to retrieve qualitative methods from the margins of social science. These methods offer the opportunity 'to convey the inner life and texture of the diverse social enclaves and personal circumstances of societies' (Jackson 1985, 157).*

Another perspective on social change comes from the field of organisation and business. Handy (1995), in his text: *'Beyond Certainty'*, reveals the increasing sense of unease he feels about current trends in organisational and social development. It marks quite a shift from the tenor of his earlier texts, typified in the title of the first of five books, *'Understanding Organisations'*. As he perceives current change in organisations and communities there is much that concerns Handy. Handy (1995, 9) informs us, that:

*The common strand of the essays (in his 1995 text) is Uncertainty. (Handy, as does one of the participants of the present study, tells us of) Heraclitus (who) reminded his listeners that you could never step into the same river twice - it was forever changing, as was life. We have never wanted to believe him. (But) I myself came to realise that there was no certainty any more in human things, and how a search for point and meaning had to move up our agenda if we were not to be caught hanging around waiting for some mythical leader to tell us where to go and how to get there.*

*Looking again at these papers, there is nothing which I regret saying ... . The world is still unfolding as I suspected it would, and the discomforts are as great, but the changes too little. .... my preoccupations are still valid, now. We are not .. doing much to influence our destinies, .. as a country, as businesses, or .. as individuals.*

*(Because .. our) history is long we feel that our future will be a long time in coming. ... we can shape it (the future) but there isn't much time. It would be sad if we missed our future because of our past.*

### **The Context-of-Change**

The phrase 'context-of-change', as noted earlier, implies a grounding of the lived experience of any individual within the essential boundaries of a given lifespace. Just as implicitly, it signifies that no context or situation can remain unchanged. At all times, there is a sense in which everything is changing. But also there always will be continuity, sufficient for us to appreciate the difference between a past and present state of being and giving some understanding of future likelihoods. The difference may be subtle, however, and, as Heidegger's writings on '*What is Called Thinking?*' (1954/1968) stress, the nature of things is both obtuse and open. Only the thinking or reflective remembering that is attentive and focussed on what occupies our interest will assist discernment of what is concealed or revealed. Living as we do at a time of intense and continuing change in the social institutions through which communities and people negotiate the requirements of the everyday world, calls for alert, patient and disciplined thinking. For Heidegger, it is thinking that enhances our humanness and the measures we may take to deal with changing requirements; private, public or professional. People always are contextually involved as they dwell in their lifeworld as embodied, self-interpreting beings, experiencing the realities of change, natural and imposed, that influence their everyday world. For RRNS, as for others, personal, social and professional changes moderate the lived experiences undergone and previous meanings or understandings may be enhanced or diminished. Currently, there are few nurses, for example, who can foresee an unchanging career in nursing ahead of them. As Benner and Wrubel (1989, p. 398) point out:

*It is only in the changed context (for example, in the RRNS volatile workplaces and subsequent return to 'school'), that the hitherto unnoticed background meanings, habitual body understanding, and concern are seen to no longer allow for smooth functioning. People become aware of them and reflect on them.*

The concept of context has been used to refer to all the elements that define and describe the lifeworld of individuals and encompasses the locations where people live, work and learn. Understanding individuals is contingent upon studying them in the context of their daily life practices. Exploration into the nature of everyday situations, interrelations and understandings must start off from the premise that change is an inherent quality whatever the context(s) of the phenomenon under study. Additionally, van Manen (1990), extends what may be understood by the context or lifeworld of humans, when he describes what he calls '*lifeworld existentials*'.

van Manen (1990, 101/102) states, that:

*The four fundamental existentials of spatiality (lived space), corporeality (lived body), temporality (lived time), and relationality (lived human relation or community) may be seen to belong to the existential ground by way of which all human beings experience the world, although not all in the same modality of course. In the phenomenological literature these four categories have been considered as belonging to the fundamental structure of the lifeworld (see, for example, Merleau-Ponty, 1962).*

Hence, lived space, lived body, lived time and lived human relation or community are essential unitary constituents of the human way-of-living-a-life. '*Lived space (spatiality) is felt space*' (van Manen, 1990, p.102), and the RRNS narratives provide some very clear indications of how they feel about the lived space or context in which they live, work and study. From the literature we also gain increased understanding of the lived meanings inherent in the 'context-of-change' for the communities and organisations to which nurses belong.

### **The Paradox of Change: Constant and Volatile**

In talking about the reality that change **just is**, literally, a naturally recurring part of Dasein (Being or existence), the implication of acceptance cannot arise. It has nothing to do with acceptance. Change, to reiterate, is just a constancy of 'living-a-life'. Even so, while change in Heidegger's philosophy may be understood as a representation of an '*occurrence of truth*' (Marx,1971,165), care is needed to avoid suggesting the inevitability of change in all instances. Take, for example, the constant changing of health and educational policies in New Zealand and most other countries of the world. It can be appreciated that there will be naturally occurring elements related to continuing changing of health or educational policy. But, in the writer's view, we need to give more thought to the workability, sustainability, and desirability of such policies. When we review the 'context of change' in relation to communities, organisations and social institutions, such as nursing and education, planned change must be distinguished from naturally occurring change. Planned change in health

care needs to be structured around increased understanding of change that occurs naturally. Aging, for example, is natural and inevitable. But healthy aging can be promoted by health care planning that encourages and, if necessary, assists people to make changes in their lifestyles in a positive direction. Experience has shown the writer that development of effective 'communities of care' only comes when the voices of all involved in providing or using health care are heard. Planned change and the introduction of new policies requires genuine partnership between providers and users of care to be effective. Denny (1991,11), in sharing one of her favourite 'change' stories (included below) with her students, commented that:

*The management of change and encouragement of creativity and innovation is encapsulated in the tramp story. We are all creative and superb innovators able to adapt, change, grow if we are actively encouraged and enabled'.*

**' As the Tramp Sees "Us" '**

*There was an old tramp sitting on the park bench, enjoying the sun. I sat next to him.'*

*'Hello' said I. 'Hello' said he. 'Nice day?' said I. 'Nice day', said he.'*

*'Enjoying the sun?' I asked. 'No, I'm busy. I'm thinking he answered.*

*'Sorry,' said I. 'I didn't mean to interrupt.*

*'That's okay ... worked hard enough today. I've plenty of new thoughts. '*

*'Really? What'll you do with them now?'*

*'They're not important. .. only ideas about making park benches more comfortable. I'm an expert ...either (at) park benches, or thinking about them.'*

*.. 'you're probably expert at both. But I'm interested ... how could you make this bench more comfortable.'*

*'Well, I've plenty of ideas for that.'*

*'Why don't you tell the City Council?' 'Oh, they don't want my ideas.*

*They've got an engineer. He knows all about benches. I saw him here one day measuring them up. Of course, he doesn't sit on them.'* Did you talk to him?' *'Started to, but he told me not to be ridiculous and laughed. So I put my ideas back in my head. They're safer there.'*

Cited by Denny from Smith & Ainsworth, 1985, p.2.

This reflection on the 'context of change' in our communities, organisations and practices will end with a brief reference to Heidegger's writings on *'Identity and Difference'* (1957/1969). Coming from a much later period than his first exploratory studies on the question of *'Being and Time'*, it is a good illustration of the way Heidegger continually circled around in his thinking as he engaged in dialogue with the essential questions related to Being (Diekelmann, 1996; Marx, 1971). Heidegger stated that publishing *'Identity and Difference'* was his most important writing since *'Being and Time'* and Stambaugh (1969, p.7) notes that is *'quite a statement'* since in between the two writings is *'a veritable wealth of publications throwing light upon the problem of Being and wrestling with the historical oblivion of that problem. ... Identity.* One of the things we strive for, when we are particularly aware of changing aspects of our lifeworld, is in reconciling past and present understandings of perceived realities of the everyday world. What the

participants' narratives disclose of the lived meanings of 'being-as' a RRNS, contain an undertone of questioning what they are becoming in relation to previous and present understandings of themselves as nurses. Such questions as: '*Who am I ?*' and '*Who or what am I becoming ?*' (especially in relation to their work identity)? are implicit and explicit in their narrations. Diers (1994, 4) asking a different question, '*Why define nursing?*', answers: '*If we do not know what nursing is, how can we justify teaching it, or studying it or making decisions about it in a policy framework?*' What probably matters most is to recognise that, in essence, no one definition would suffice. McCloskey, J. & Grace, H. (1994, 2), commenting on Diers debate on 'What is nursing?', state that: '*This exercise illustrates the need to evaluate definitions according to the purpose and times for which they are written.*'

Discussion now moves to the first theme of phase two, which focusses on the significance of change in communities for nurses/nursing.

## **THEME ONE:**

### **Changing Communities: From a Nursing/Health Perspective**

Nursing and health care services currently experience unremitting change in the structures and processes through which health/ill health care is provided. Edman's (1996,6) background in the study of change brought her to questioning: '*How do nurses cope with this changing environment?*' This generated other questions: '*What is it like to be in the midst of massive change? What helps? What doesn't help? What factors enable nurses not only to survive but to actually thrive in the midst of the chaos of change?*' Edman is pursuing her questions by undertaking a study to gain understanding of how nurses respond to change. For the participants of this study, being asked to narrate the lived experience of returning to school is closely linked to having to respond to the '*massive change*' they have experienced and continue to experience as managers in some aspect of nursing/health care delivery. There is awareness that social change in the community, as a whole, impacts directly and indirectly on nursing and health care provision. When the participants talk about what stands out as significant and meaningful in their everyday world, they also highlight what is happening and changing in the community. So what is 'community' and how may it be described and defined?

### **The Nature Of Community**

In general terms, community may be described as a social group in which members share common interests, values and attitudes within a given environment (Idour, 1994, 13).

Communities have always existed in one form or another; at basic level, for survival and mutual support. The human is by nature a social creature and with few exceptions is dependent on significant and generalised others for managing daily life practices and maintaining well being. Writing about the evolution of community, Maddocks (1980) notes that living in small close communities in relations bound by kinship and custom is most natural to human being and yet, worldwide, social, political and natural change sees more and people grouping into larger and larger communities. The metropolis or immensely large cities are becoming an increasing feature of communal life in many countries. Doxiadis (1966) in writing about changing urban communities talks about the '*inhuman city*' and likens it to the restless waves of an ocean in a state of continuous movement and change. The health and well being of remote rural communities is also a matter for concern in countries at all stages of development, although more particularly in less developed and poorer economies. Increasingly, rural and urban communities experience a market philosophy in which health and other social services are commodified. Shurmer-Smith & Hannam (1994,182 -184) write, that:

*.. commodification is not a simple matter of putting prices on things, it is also an important ingredient of power in that it is selective, exclusionary and regulative. .... (it) is a cultural and political matter as it indicates a shift of 'free' things into the economic domain and creates scarcity of abundance. In Britain we are most conscious of commodification in the name of 'privatisation' ... things shift from the public realm ... to the private realm .. where profit will be taken.*

For nursing, the nature of a community at any period of time has always presented its challenges. But the commodification of health care services occurring in New Zealand in recent years has changed notably the nature of nursing work and opportunities for working . This is reflected in the return of registered nurses to formal (advanced) studies. Both as members of a community and as service providers, understanding the nature and characteristics of a community is important for nurses.

Mwansa (1988,13) at a Nursing Workshop in Lusaka, Zambia challenged nurses to: '*realise that they are as well placed as any other profession and should quit thinking that they are auxiliaries to any single profession. They should (he said) build confidence around the concept of interdependence and interaction.*'. Probably the most needed change, and this is beginning to happen, is for nurses to develop a sense of community and of health care institutions as part of the community and not its centre. As the writer perceives it, future possibilities ahead of nursing are more likely to be realised if nurses accept Mwansa's challenge and develop a stronger sense of health care institutions as a part of and not separate from the community.

## The Concept of Community

The concept of 'community' may also be used to denote the notion of a common identity and destiny, inclusive of a distinctive culture and the sharing of values and norms as pertains to a profession such as nursing (Lambert, C. & Lambert, V., (1989,7). Using 'community' in this way is to describe a 'community of interest'. It also indicates that 'community' is yet another word which possesses multiple meanings. Poplin (1979), for instance, directs our thinking to the relationship between social change and social problems in communities and it is generally recognised that social ills lie behind much of ill health. Since the WHO Tashkent Conference in 1978 promoted the concept of 'Health-for-all-by-the-Year-2000', and advocated a primary health care approach (PHA) to forward that goal, national health care systems have, from necessity if not with enthusiasm, been committed to its implementation.

What is not helpful for communities, is the tendency to confuse PHC with primary medical or nursing care. If the community is to advance its health status then PHC, as first or basic care, must be available and accessible and developed as a part of their everyday world. There are few places, even in a country of New Zealand's size or smaller, that will be able to offer the services of qualified nurses/health professionals in all locations and 'planting' care at a basic level means it is available where people live. Implicitly, therefore, the work of the professional nurse is to work with communities and individuals to build up resources within themselves to manage the simple ills and health problems associated with living-a-life. Heeding Mwansa's call (1988, 13) to '*build confidence around the concept of interdependence and interaction*', nurses are well placed to build confidence at the self-community-care level by working interdependently and interactively with communities and co-workers. Sharing knowledge and understanding of what promotes good health and how to deal with the daily ills that afflict us all is a priority call for the professional. Accompanying the development of caring communities able to deal with such ills requires a well planned and adequate structure that gives reasonable access to more advanced care. What is not happening, however, is an increase in the number of nurses working in various capacities in communities as tertiary health services are reduced and the very ill or chronically ill needing care at home increase.

Valuable sources of literature which target building up healthy communities from the grassroots come from the World Health Organisation (WHO) and other United Nations agencies, and from voluntary or non-governmental organisations (NGO) such as the Red Cross. There are also studies related to extensive research by health and health related sectors, for instance, social welfare institutions. And sitting central to all social institutions are the economic structures which differ in kind but not in essence in all communities. From amongst the massive output of related

literature from health, social, educational, and economic sources only a small selection of readings will be discussed.

A recent and very thorough study on health and societies from an interdisciplinary perspective, is closely linked to the nature of communities and their predominant social, cultural and physical characteristics. Curtis (whose disciplinary base is geography) and Taket (a Professor of PHC) in their text: **'Health & Societies: Changing Perspectives'** (1996) focus their study particularly on changing perspectives on health, health services and health policy, and link these to our increasing understanding of different societies and social groups. Another important issue is concerned with the rapid change that health care services are experiencing and the ways in which health care professions are renegotiating their approach to health with an intensifying emphasis on health promotion and the prevention of ill health. We see a similar emphasis in nursing texts and journals. It is, in fact, a feature of all social institutions associated with economic and technological variables. Somehow, the growing costs of technological advances with the attractions they offer for improving some aspect of health have to be met or denied within the resources available to a community. Communities have to weigh resourcing health promotion and preventing ill health against human needs for costly treatments. The difficulty is exacerbated when the argument is given a human face. There is no easy answer.

Another aspect (referred to earlier) related to the nature of communities, is the need to increase our understanding of cultural imperatives and how they influence attitudes towards health. Culture covers many aspects of the human way of life. It influences how a people understand or rate the importance of health and how nurses may work with the community. Learning and understanding the cultural assumptions on which a community's daily life practices are based is prerequisite to working with them to enhance health levels. In the New Zealand context the issue of cultural sensitivity, as noted elsewhere, has raised both acclaim and disapproval. Horton & Fitzsimons's (1996) study of the *cultural safety debate*, associated with the inclusion of a 'cultural safety' component in the basic nursing curriculum in Schools of Nursing and Midwifery, critiques the concept of professionalism in nursing and the confusion surrounding the role of the Nursing Council in relation to the Government's Industry Training Strategy. Controversy over the degree of cultural safety included in the basic curriculum has been prominent since 1992. Horton and Fitzsimons (1996, 171) argue, however, that *'the debate in the media masks, even distorts, a range of substantial issues'*. Probably, it is the 'how' rather than the 'what' that most concerns people, although content is an issue in deciding on multicultural learning experiences, with considerable divergence of opinions as to its prominence in the curriculum.

It is introduced into the discussion on 'community' because it is an important issue of concern for RRNS, in relation to both the context of work and study. From a nursing/health perspective the importance of cultural wellbeing for all for whom care is needed matters. Horton and Fitzsimons (1996, 184) in their concluding remarks, state that:

*While we agree that attitudinal and behavioural change are necessary conditions for the success of Cultural Safety - and as Murchie and Spoonley (1995) argue, are urgently in need of theorising, the argument in this paper is that without the alignment of the socio-political and legal institutions and institutional backing, the Cultural Safety programme is vulnerable to the conservative restoration.*

A further and very rich source of literature on 'Community' comes from the World Health Organisation (WHO). Studies from this source deal with the health/ill health concerns of people in their communities, individually and collectively, and have a strong concern regarding the causes of illhealth and disease and the management of health care delivery. WHO puts forward a variety of proposals for activating measures to achieve sustainable development and health for all communities, though there is a particular concern for less developed and poorer economies. A major WHO document (1978) '*Health for All by the Year 2000*', has prompted national and international commitment to change the emphasis in health care delivery from tertiary to primary (community based) services. Successful efforts to achieve better health and well being from a grassroots level are seen to be reliant on the strategic and operational planning that occurs within and between the different social systems or sectors through which communities organise themselves. WHO strategic planning proposals (1984, 1986, 1988) show awareness that the viability of the work of the health, socio-economic, educational and political systems is bound up with their inherent interrelatedness, interdependency and the impact and quality of their interactions as a whole. The building of sustainable patterns of living by individuals and their communities requires strategies that involve individual commitment and cooperating, intersectoral collaboration from all sectors of society. Intersectoral collaboration is considered vital in order to achieve goals set for improved standards of living and health in communities. The management of health on this basis requires what is signified by the imagery of a 'round table' planning committee representing community, social institutions and professionals.

Acknowledgement that focusing health promotion and health care at grassroots level brings up the question of access at the basic point of need is also very clear in WHO publications. Ofosu-Amaah, A. (1993) '*National Experience in the Use of Community Health Workers: A Review of Current Issues and Problems*', and Bennet, M. Wakeford, R. (1983) '*Selecting Students for Training in Health Care*' are both focused on the development of health workers who are a part of the

community, readily accessible, and are themselves able to access more advanced and skilled help as required. This aspect is central to a WHO report (1986) '*National Health Development Networks in Support of Primary Health Care*'. The importance of intersectoral planning networks at central, regional and local levels is strongly emphasised by WHO. Networking, it is noted, provides a practical way of decentralizing the making of decisions and thus helping to solve problems at source. The focus of health care delivery services, it is hoped, will move from being largely a repairing or curative service to one which is concentrated on educating for better health and management of simple ills before they worsen. Does nursing have the power to change the delivery of health care in ways such that it can make a significant difference to the health and well being of communities? Do RRNS have an important part to play in that development? The writer believes so and RRNS stories support that conclusion. Ohlson & Styles (1994, 413) note that nursing has had an important role in WHO from its inception and through ICN collaborated very effectively in short and long term projects to enhance health in communities in many different ways.

## **THEME TWO: Changing Organisations and Practices**

Literature reviewed under the first theme also applies in certain ways to this theme, in fact, all the themes are interconnected, disclosing something of the background meanings of the everyday world of RRNS. Although the situated context for discussion of theme two in the present study is New Zealand, the writer finds that, in general, the dilemmas confronting contemporary organisations are similar in essence around the world. It is now a rare day when something touching on nursing/ health care provision is not reported by the media. A stack of newspaper clippings, which the writer has collected but will not use, tells a mixed tale about the accessibility and acceptability of available care. Available resources become more and more limited as the demand for resources soars to limitless heights. The culture of the workplace is 'fragile'; nurses escaping one round of redundancies are never sure that next time around it will not be their turn for dismissal. Nurses who do remain in the workforce have excessive workloads, management protocols may be very different than previously, and connections and relations with co-workers may cross traditional boundaries. Nevertheless, the majority of nurses still practice in traditional health care settings. Hegyvary (1991) describes freedom and responsibility as issues that concern many people, including nurses, worldwide. But Hegyvary points out that it is time for nursing to assess the 'place' they have come to after several years of vocalising their grievances with strikes, surveys, and editorials. 'We must', Hegyvary (1991,8) stresses:

*assess what has happened to us as an occupational group, what we want and what responsibilities we are prepared to assume in health care. Like .. others .. we have subgroups with different identities and aspirations. (Some are equipped for greater responsibility .... have more understanding of their everyday world, an advanced knowledge base, more accountable for their decisions) . .... Another subgroup has quite a different identity, that of hired worker for a shift, with a spoken dislike for longitudinal responsibility. These are valuable and greatly needed people in health care institutions. But ... as a dependent worker specific to task, time, and space, this subgroup by definition does not and will not have autonomy.*

What Hegyvary challenges us to do is to decide just how much responsibility and autonomy nursing wants, as individuals and as a professional group, and then be prepared to pay the price of exercising the freedom gained. In recent years it has been demonstrated that we have to make our own choice, earn freedom not just verbalise it, and live with the results.

There are other challenges, not forgetting those that patients experience who, after all, give nursing and health care services their essential purpose, meaning and reason for existing in the first place. There are good things happening, too, and in creating caring communities for the nursed or promoting health perhaps we should be sharing more of those stories. But the pain of the ills of health care systems tends to mask them and, regrettably, the increasing range of independent practices or initiatives nurses are taking are still small in number in relation to the size of the nursing workforce. O'Brien (1997, 32), talking about his fourth year in private practice is thoughtful about the three years he has had managing the practice. His account suggests a successful practice requires business acumen, resource sharing, openness to new possibilities, continuing education, and diversity of practice skills if a business (the practice) is to survive. O'Brien comments, that:

*In private practice flexibility and independence meet head-on with accountability and responsibility - to yourself and your clients. ... Nurses are a minority in the field of private practice and novelty players in the field of private health care. (He concludes:) Nursing as a whole can learn and benefit by supporting well considered private practice initiatives. There has never been a better time for nurses to become self employed.*

Many of the difficulties experienced by organisations in the health care sector are similar to those of other sectors. Hence, in reviewing literature for this theme the writer ranged widely, but to keep within the confines of the study proposes to only briefly discuss: (a) what she perceives to be key writings from the field of organisation and business studies; (b) literature related to work redesign and the culture of the workplace; and (c), the challenge of resource management

### **(a) Interdisciplinary Insights from Organisation/Business Studies**

There are a number of writings of significance in this area, including those of Handy, who has

the gift of freshness and a new way of looking at organisations that motivates us to think more deeply about our daily life practices. The work of Senge (1990), of Kochan & Useem (1992), of Bolman & Deal (1991), of Morgan (1993) and of Adams (1984, 1986) have both unique and shared understandings to offer us. Adams's studies on *'Transforming Work'* (1984) and on *'Transforming Leadership: From Vision to Results'* (1986) have been in the forefront of work on transformation of our organisations and institutions. He is optimistic that there are better and more effective ways to 'be' in organisations and that we need to learn to focus our visions of how we want things to be. Adams (1986,5), has us asking: *'What lies beyond management?'* We are now moving away from the managed to the transformed organisation Adams suggests, but to what extent this is actually happening is questionable. Like Senge (1990), Adams emphasises the importance of personal mastery.

Senge (1990) has written one of the most interesting and innovative texts on organisation management; the change is from perceiving participation as a new form of entitlement and participation as the basis for learning. Central to his study is the notion of the *'learning organisation'* which is seen to offer an empowering approach to work, one which promises that, as Archimedes puts it, *'With a lever long enough ... single-handed I can move the world.'* Senge (1990, 3) informs us that:

*the tools and ideas presented .. are for destroying the illusion that the world is created of separate, unrelated forces. When we give up this illusion - we can then build 'learning organisations' .. where people continually expand their capacity to create the results they truly desire, ... where people are continually learning how to learn together.'*

Another major key to forming a learning organisation and transforming the way organisations fulfil their purposes is Senge's challenge to go beyond *'participant openness'* and *being free to speaking 'our minds' to engaging in 'reflective openness' in which we challenge and test our own thinking continually.'* When that happens in our nursing and health care organisations we may expect to enjoy some genuine transformation of the setting and culture of the workplace.

Kochan & Useem's text (1992) makes an important and wide-ranging contribution to deepening and extending our understanding of the transformation occurring in organisations. Like Senge the notion of a *'learning organisation'* is uppermost for bringing about affirmative change and an effective link is shown between economic, strategic, organisational, technological, and human resource management issues. These are vital links or connections upon which to build integrated systems of nursing/health care delivery. RRNS, the focus of this study, search for

learning experiences that will reveal the nature of the links between the different facets involved in mastering - in a creative and not just a power sense - management of the workplace. This study has benefitted from an effective mix of research and experience.

In '*Reframing Organisations*' Bolman & Deal, (1991) use the tool of '*reframing*' to look deliberately at situations from more than one vantage point. They use four practical perspectives or 'frames' - the structural, human resource, political, and symbolic frames to help us understand what is going on in our organisations and what can be done about it. They give many examples from health care and education to illustrate how these four frames can be applied to any organisation. All four texts reveal new ways of becoming effective change agents.

### **(b) Work Redesign and the Culture of the Workplace**

Simms (1993, 1) offers nurses a challenge, stating: '*Health Care is Changing: are you ready*' ?

Einstein, we are told, was clear that the significant problems we confront must be addressed at a different level than that prevailing when they were created. Simms names five trends that are shaping the future nursing/health care care labour force that we must attend to, including:

- # the multiskilled worker - diversity of skills is important to manage constant and volatile change;
- # the health information specialist;
- # recognition and certification for practice of advanced nurse practitioners;
- # emerging alternative therapies, both traditional and non-traditional methods;
- # effects of aging and the increase in chronically ill and healthy older adults.

A major change, Simms (1993,2) comments, is that which comes with a new style of manager, one who works to achieve goals by acting as an internal consultant or team leader and shares information and the making of decisions. Transformative management provides new opportunities for interacting and interrelating with co-workers and colleagues. The culture of the workplace needs transforming such that colleagues and co-workers encourage, support and facilitate each other's work. In the cultural climate that prevails in the nursing/health care workplace nurses, such as the participants of this study, do not believe that they are powerless and they show their belief in the power of the individual to take control of their future by being open to the new possibilities and opportunities, and acting accordingly.

#### **Redesigning Work and Practice Patterns**

Simms (1993,3) states:

*There is no simple or generally accepted criteria for a well-designed job nor is there a single recognised proper way to go about redesigning work. Work can be structured to be performed by individual workers or by a group of employees working in teams. .... It is important, therefore, to create environments in which work groups can learn as they work on redesigning*

*their own work and work groups.*

The culture of the work group is important in facilitating individual, group and organisational readiness to change and receptivity to innovation and new possibilities for working both as an individual practitioner and as a member of the work group. As noted in phase one, Simms with her associates and students, has been involved in a long intensive research study on 'work excitement' which she has defined as: '*personal enthusiasm and interest in work evidenced by creativity, receptivity to learning and ability to see opportunity in everyday situations*' (1990, 178).

The research is known as '*The Practice Excitement Project (PEP): Creating New Nursing Practice Patterns*'. Working and the nature of work are perceived differently in such a model. Work is no longer something you do only for gainful employment, although that has its own legitimacy, it is something the worker 'owns', manages, and is excited about. It is exciting in the sense that it creates enthusiasm, is meaningful and significant and full of possibilities. Dumas (1993, 311) writes:

*'Nurses continue to demonstrate the capability to provide high quality, cost effective health care to the sick and those who are well; in hospitals, at home, and various community agencies. .... (They) are powerful resources for health care reform. But the full impact of their capabilities has yet to be realized, because unnecessary restrictions on the scope of nursing practice have barred them from the mainstream of health care delivery.*

Changes in the workplace, particularly over the last decade, have altered the experience of work and different expectations prevail. Continuing education is an expected part of the work scene and the diversity of practice requires much greater learning options than before. Hegyvary (1992, 261) writing about: '*From Diversity to Enrichment*' says: '*Something about the word 'diversity' .. has an element of excitement, even adventure. Yet, it also may convey a threat - something dreaded and therefore dreaded. Nursing ..... must ensure that it is not just another short-lived cause.*' Both the nature of current work and cultural diversity offer enrichment, presenting challenge and opportunity for the present and emerging future. In regard to work, an important aspect concerns both resource management and nurses' work and this will now be discussed.

### **(c) The Challenge of Resource Management**

Literature related to resource management comes from many sources and is often interdisciplinary in nature. For instance, a very good source of such literature is released regularly from the Centre for Health Economics (CHE), York, UK. The research undertaken is vast, diverse and very useful because it most often uses an applied approach. Economic and resource management holds a central place in relation to both the constraints and challenges

that influence the organisation and management of health care provision. The research is both of a quantitative and qualitative nature but it is all closely related to what concerns both the providers and users of health care. Literature from this source includes studies related to the nature of the health workforce and includes a number of projects which seek to determine what is the most effective mix, for instance, of qualified and unqualified workers. In relation to the nursing workforce, for instance, a two year project funded by the Department of Health (UK) was carried out. A report of the project, *'Skill Mix in Nursing and the Effectiveness of Nursing Care'*, by Carr-Hill, Dixon, Gibbs, Griffiths, Higgins, McCaughan, and Wright was published in 1992. The main results of the several analyses that were undertaken found that the nursing grade mix affected the quality of care in that the quality of care was better the higher the grade (and skill) of the nurses who provided it. But it was also found that the quality of care between grades was lessened when the more qualified nurses worked in combination with less qualified/unqualified staff. The researchers believe that the results have strong validity because they resulted from using different approaches in measuring skill mix and by analysing the data at different levels of aggregation. It would be good to see, amongst further research and testing of the findings, qualitative studies that explore and report on the meaning and significance for registered nurses of working within current and emerging patterns of nursing skill mix.

Three other examples of research from the CHE that focus on resource management include Williams (1993) study: *'Natural Selection, Health Economics and Human Welfare'*. Another study presenting an economic viewpoint of health care provision is that of Akehurst, R., Godfrey, C., Hutton, J. (1991): *'The Health of the Nation': An Economic Perspective on Target Setting*. A very challenging appraisal by Borren and Maynard (1993) studied the New Zealand health care system: *'Searching for the Holy Grail in the Antipodes: The Market Reform of the New Zealand Health Care System'*. Acknowledging that universally health care provision is ineffective and inefficient they note that this is an outcome of the perverse incentives found in all health care systems. The radical reforms of the last few decades, which are still ongoing, are instigated in the belief that they will improve the effectiveness and efficiency of the NZ health care system. Borren and Maynard (1993), whilst finding that the NZ government has identified significant problems that need to be resolved, fault the economic base for the reforms although the political climate may demand immediate action. More effective, probing assessment of the impact of change is needed to overcome yet another instance of restructuring or what they call *'redisorganisation'* of the health care system for the next five years. Five years later, however good the intentions, the NZ health care system is still in turmoil, and registered nurses look for ways to manage it.

## **THEME THREE**

### **Curriculum in Transition: Transforming Schooling for RRNS**

If we acknowledge that a curriculum is a living dynamic entity subject to change we will also appreciate that a curriculum always will be in transition. Since prospective students need to make choices of what to study there has to be a framework and content for students to choose from. Within that framework, however, there is room for movement around other variables involved in developing a curriculum. The notion of transition suggests the 'place-between' the old and the new is very important and should be regarded as always needing to be there. Or rather, as always being there, for curriculum are always developing as requirements for nursing/health care change in communities. Oliver (Kai Tiaki, NNZ, September 1997, 16), in discussing: '*Giving a Framework to Nursing Education?*', debates the New Zealand Government's 'Green Paper on Qualifications'. A 'Green Paper' being one of those documents sent out to relevant parties for consultation and in order to test its reception and acceptability. Oliver discusses the approach taken in the document, its significance for nursing and the response of NZNO (New Zealand Nurses Organisation), both favourable and challenging, to the document. A major concern expressed is that, as presented, the proposed approach is likely to intrude into professional management of educational preparation of its members and has the potential to evolve into a form of privatisation. It is considered that there is too much at stake for the policy outlined in the 'green paper' to proceed in its present form. It does, however, exemplify how and in what way a curriculum is always in transition and under development.

There have been many curriculum studies which have examined important variables associated with the needs of mature experienced learners. Yet, at the heart of any inquiry to identify how well a curriculum fits the requirements of learners it is essential that we come to understand what they themselves find to be meaningful and significant. Transforming schooling for RRNS will benefit from a number of measures. For instance, the development of extramural or long-distance learning programmes have given nurses, heavily committed with family, work or other commitments, an opportunity to renew and extend their studies. But along with the opportunity to study we need to understand the lived meanings of taking up that opportunity. Figure 2 (p.37b): '*The Phenomenon of Process of Hermeneutic Inquiry*', depicts the path this particular research project took, illustrating how the participants narratives revealed what was significant for them in all aspects of their lifeworld. Major research studies which have set out with a particular focus on RRNS and have used a phenomenological approach, include a study by Rather (1990) and another by McCray (1996). In both instances, the

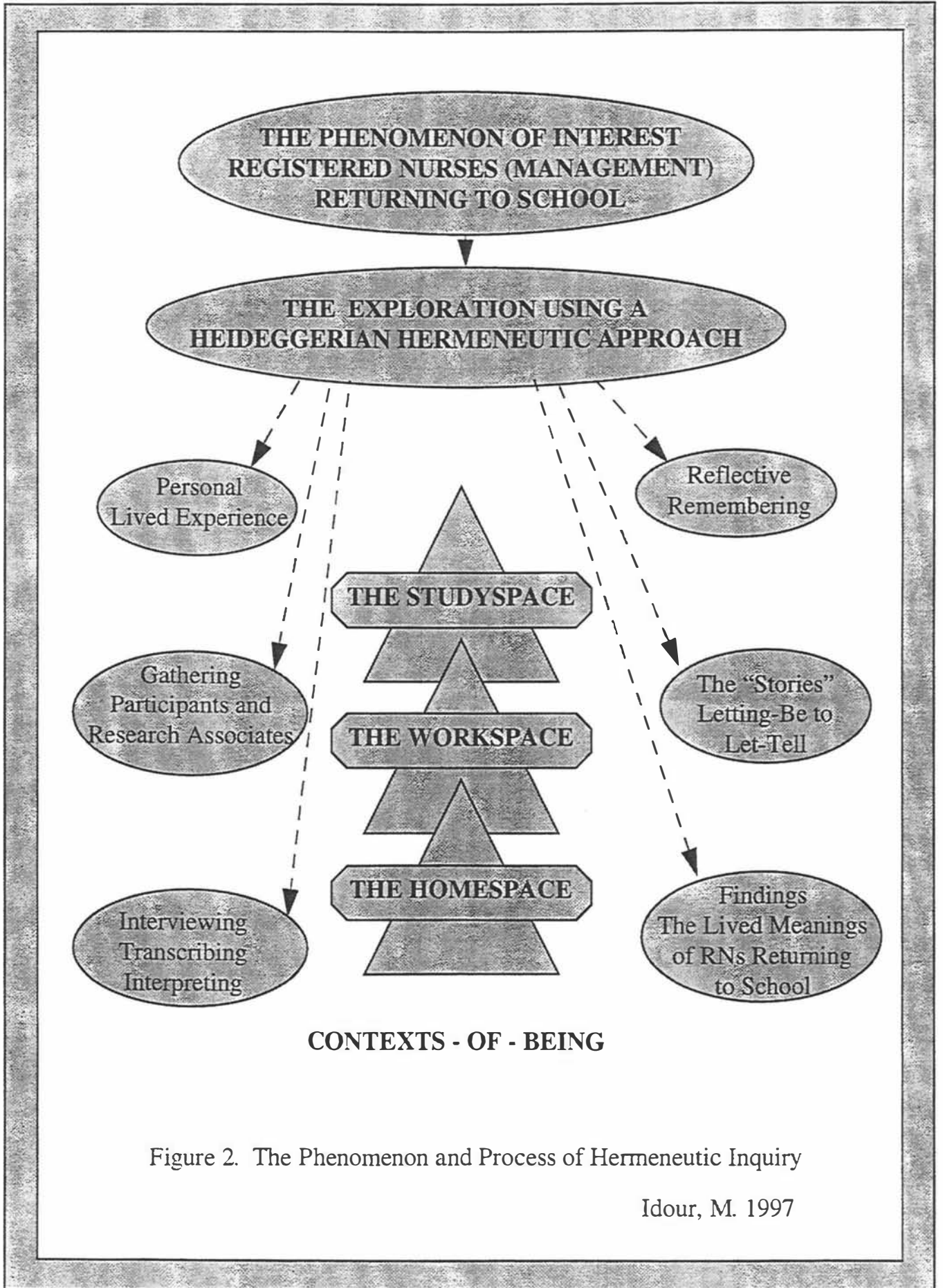


Figure 2. The Phenomenon and Process of Hermeneutic Inquiry

Idour, M. 1997

purpose was:

(a) for Rather (1990,13): *to discover and describe common meanings embedded in the lived experience of Registered Nurses ... who have returned to school for their baccalaureate degree;*

(b) and for McCray (1995, 1): *to gain insight and to understand the meaning of the baccalaureate nursing program for the returning registered nurse (RNN).*

Rather's (1990) study arose out of her concern for more and better educated nurses in the USA context, but it is a concern shared around the world by nurses, communities and governments.

And McCray (1995,1) stated that she had often:

*wondered" about RRNS perceptions of baccalaureate education especially the meaning it holds for them, as practitioners in various practice setting. .. It was not until I returned to school as a doctoral student that I began to realize how traditionally nursing education had become in the behavioral mode of learning, and I was embedded in and a part of this tradition - a rather unsettling thought!*

The present study arose out of the researcher's experience of teaching RRNS in such courses as curriculum development in nursing, human resources in health care and health care organisation and management. In class and individual discussions, RRNS shared the frustrations they experienced in responding to change in the workplace. Returning to study was one way participants chose to deal with such frustrations and to advance their skills and expertise. While the effect of constant change in the health services is also felt by generic nurse students, the impact on registered nurses of dislocation, relocation and redundancies has been especially severe. For this reason, the study has been confined to exploring and deepening understanding of *'the lived experience of registered nurse students from a nursing/health management context returning to school'*.

Lack of research as to what RRNS themselves find significant about the opportunities available for further study has been noted. But there is an even more negligible amount of research as to how the lived experience of being a RRNS is influenced by all three contexts, study-work-home, of their daily lifeworld. 'Looking-along' the phenomenon of interest necessitated, therefore, considering the whole being of the nurse and the mutuality of the contexts of study-work-home. In the stories they told about the common concerns, meanings and experiences that drew them back to formal study, balancing the requirements of study-work-home was problematic and of concern. This regard for 'looking-along' the entirety of the context-of-being of RRNS, especially during a time of such marked change in health care provision, is discussed in the next section because of its centrality in this thesis.

## Curriculum Development: A Participatory Approach

In the 'Foreword' of *Nursing Education (JNE)* (1997, 36, (6), p.1) Tanner describes how after a year's leave ... *I felt as if I had been in a time warp, and that in my absence, the future had truly arrived.* Whilst not implying that her institution was not part of current changes and innovative strategies, Tanner found that there were other changes some of which, like corporate management, she apparently hopes would go away. There are many New Zealand nurses who would agree with that sentiment. But Tanner does also refer to innovations which clearly involve a more inclusive participation of people in curriculum development. In fact, the whole edition of *JNE* Tanner writes in, consists of accounts of innovations that involve students, teachers, and others in partnerships. Tanner writes:

*This special issue of JNE brings you .... innovations in clinical education, such as student-to-student preceptorships, ... . You'll read about co-operative learning, writing as a means of learning, ... The authors willingly expose their pedagogical thinking in the spirit of engaging (readers) in a kind of dialogue about teaching. Few provide evidence in the form of student outcomes, evaluations and the like. We've learned ... that few specific teaching strategies are generalisable across subjects, teachers and students ... . (We've learned to make) shifts in strategy as required by the student, subject, and situation.*

Learning to make such shifts would have come, to a good extent, in the challenge of meeting the needs of their RRNS. Co-operative studies by clinicians and educators increase understanding that the most relevant, effective curriculum result from giving all who participate in the enterprise of learning-teaching and the recipients of nursing/health care a voice; as appropriate to the situation, the curriculum, the 'how' of its implementation. When the student is a mature, experienced nurse, irrespective of differentials in the levels of experience, then they come with different expectations and aspirations as to what kind of learning experiences they look for. Further, with older, second time around learners from outside of nursing entering nursing there are also similar, and different, requirements for the curriculum. Even from the generic nursing student we may expect a greater challenge in regard to expecting them to simply accept the 'received' curriculum.

The curriculum revolution has erupted at different times throughout nursing's history, but as the term is used today it refers to events that have transpired since the 1980s. Diekelmann, in a guest editorial in *JNE*, 34, (5), 195, tells us, that:

*In 1988, the NLN Curriculum Revolution was a call for major reform in nursing education. The exploration of alternative pedagogies has resulted in an era of renewed commitment to innovation. However, the danger in exploring alternatives is that traditional pedagogy becomes devalued. It is not necessary*

*to devalue or trivialize traditional pedagogy to create a place for exploring alternatives. This issue .. is committed to exploring phenomenological, critical, feminist, and postmodern pedagogies. ... (They) offer alternatives to traditional nursing education by reawakening thinking about teaching and learning.*

Dieklemann has written extensively in relation to the curriculum revolution along with Benner, Bevis, Watson, Allen, Simms, Darbyshire and other clinicians, educators and researchers involved in the pursuit of curriculum that are relevant to the time, context, culture and situation of the nursing and the nursed. A major text, in addition to a great array of articles in nursing journals and various reports, focussed on RRNS and edited by Diekelmann & Rather (1993) is concerned with: *Transforming RN Education: Dialogue and Debate*. Overall, the contributors offer nurse clinicians and educators a 'dialogue' that challenges and enhances thinking about the needs of RNs who, in the current climate of health care provision, have different and expanded roles to fulfil. As we contemplate present and emerging expectations for the role of nursing in health care we also need to look back and ensure we don't lose the essence of nursing, that which is constant in the art and science of nursing. Figure 3 (p.40b), gives us a reminder of that need from an African source. Theme three, as for all the themes does little more than introduce what we need to think about in regard to the curriculum we provide for RRNS. What is offered points to a great field of work, curriculum development for RRNS, an interesting and always evolving sphere of nursing work. The next theme looking at alternative approaches in nursing research will now be discussed.

## **THEME FOUR**

### **Nursing Research: Alternative Approaches**

Until the last ten years or so, modern nursing and research has evolved largely within the predominantly scientific, positivist approach of medicine. Even so, there has always been a stream of nurses whose approach has been wholistic and intuitive. Every country can name such nurses, aware of the need to attend to the whole spectrum of human need beyond the immediacy of some presenting health condition. But over several decades a greater diversity of research approaches have come into use and there is a growing trend towards qualitative studies of one kind or another. Morse (1991,p.14) notes that, '*the burgeoning interest in qualitative research studies delineates a most exciting and significant period for nursing research ...*'

Diversity in research approaches is now found across the research community as a whole. Generally, it was assumed that the quantitative methods largely utilized by the natural sciences

**GHANIAN PROVERB**

*If whilst clearing the bush  
to make a path one does not  
look back to see where the path  
is heading in relation to the  
starting point, one may end  
up with a path which goes  
completely round in a circle.*

Source Unknown

Figure 3. Readyng Ourselves for Future Possibilities  
Requires Thoughtful Study of Past and Contemporary  
Nursing and Health Care Concerns

was the one valid way to gather knowledge. It is now more commonly acknowledged that the study of individuals, groups, communities and their institutions may rightly use a variety of approaches. A concept that usefully describes the validity of acknowledging the worth of a variety of approaches in research is that of 'equifinality'. Coming from systems theory equifinality signifies that there is more than one path to the same goal. In broad terms research may be quantitative or qualitative. It may require the researcher to be uninvolved or involved and, in personal terms, to stand aloof from the process of inquiry or to be directly engaged as a co-participant in the process, as is described further on. In the writer's view it is likely that, to some degree, such differentiation is just another instance of the rather arbitrary way in which we tend to categorise something as being either 'this' or 'that'. Sometimes in our everyday world it may be either this or that; often, however, it typifies yet another paradoxical 'either-and' instance of our situated way of living a life. Action research, referred to a little later, may be viewed, in part anyway, as just such an 'either-and' research approach.

A well thought out piece of research will match the approach to the issue of concern and to the skills and way of thinking of the researcher. Yet, in essence a research inquiry may be expected to act by transforming and extending a researcher's understanding of the nature of the study. This may well challenge their choice of a research approach. Darbyshire (1994, p.206), for example, questions the assumption that a chosen research approach is used unproblematically and without change during the course of a study. He describes experiencing a change of focus from interpretive analysis based on grounded theory to that of phenomenology, particularly hermeneutic phenomenology based on Heidegger's philosophy. Yet Darbyshire (1994,207) points out that stressing '*the reflective element of the study*' in order to '*highlight its philosophical .. methodological basis*' should not be regarded as invalidating earlier sections based on the methodology he first used. It is interesting to find that McCray (1996, 5), had a similar experience with the focus of her analysis changing from one based on grounded theory to van Manen's (1990) '*hermeneutical phenomenological reflection method*'. As Darbyshire (1994) and McCray (1996) illustrate, alternative research approaches represent far more than just preferred choices or viewpoints. Instead, they are representative of continuing debate in the human sciences about the nature of knowledge and how it evolves. Even in research approaches that seek understanding rather than explanation, the researcher is expected to justify the choice made and to be ready to be challenged about the approach, its application and the findings that are presented.

New methods of inquiry continue to be presented and Anderson (1991, p.33) points out, that: '*Several versions of phenomenological research have been documented in the literature.*' For example, critical social theory, feminist theories, conversational analysis, ethnomethodology are some which may be mentioned. Another research approach that is not new but is being developed and used in different ways is that of 'action research'. Simms, Price & Ervin (1994, p. 110) remark that:

*Participatory action research provides a legitimate model for creating a learning environment model. Brown (1985) believes that using person-centered development and participatory research is a means for maximizing human resource development. Participatory action research asks adults to be interdependent participants and co-learners rather than dependent and researcher controlled. The researcher learns skills for general problem solving such as managing meetings, ... or planning activities. .... It is a way to promote people-centered development in various systems that encourage local empowerment. (Simms, 1991). This is especially appropriate for nurse executives at all levels as they seek to transform nursing work environments and redesign work groups and organizational downsizing, especially in relation to reduction in the workforce.*

Action research has had a place in educational research for some time and the process of engaging in action research is concerned with the maintenance of relevancy in curricula. It has a wide use, generally, in social science research and possesses elements of a quantitative and qualitative nature in its structure.

The research question is important and as it is discussed and debated, the nature of the question will draw attention to an appropriate research method. Diekelmann (1987, 7) notes that qualitative research was being promoted by Glaser and Strauss from 1966 and that:

*'in the late 1970's nurses scholars began to question the limits of quantitative research. .... Some specifically discuss the qualitative-quantitative issue, others speak of pluralism in paradigms of research. .... Norbeck argues that empirical researchers should utilize a wider range of empirical investigations before we evaluate (its) contribution to nursing knowledge. (An assumption arising from Diekelmann's hermeneutic analysis of the literature was) that "the more methodological approaches used to research a phenomena - the better." .... Embedded in this theme is a confusion of what constitutes a method.*

Two other themes that emerged in Diekelmann's study included that of '*pluralism or polarity*', and of *commensurability which attempts to equate the phenomena being researched with the characteristics being studied.*' Persistent debate on the use of qualitative research versus quantitative research, however, has a propensity to cloud the essential issues to be thought about in doing research. Diekelmann (1987, 6) is concerned with the degree of preoccupation with methods of any kind, emphasising that we will never, '*as Gadamer argues, know everything*

*there is to know through method.'* But, moving beyond the Gadamarian position' Diekelmann argues that: *'seeking to mend the schism between research and practice is a result of our interest in knowledge that can be generated through any kind of method.'*

When the purpose of a study is interpretive it requires a research approach such as grounded theory, ethnography or phenomenology (the latter being the choice for this study), in which the essential data is the conscious human being. The prime question of any phenomenological study concerns the nature of being human, and the understandings we seek relate, essentially, to the meaning and significance particular experiences have for people. Phenomenology gives primacy to an attentive, thoughtful study of lived experiences and the explication of phenomena as they present themselves to our consciousness (Diekelmann, 1989; Dreyfus, 1991; Gadamer, 1990; Benner, 1994; van Manen, 1990). In a phenomenological study the aim is not to establish if a premise of a researcher is fulfilled or not, but to unveil and increase understanding of what participants find to be meaningful and significant.

## **DWELLING IN THE 'MEANING' OF A PHENOMENOLOGICAL STUDY**

*Some people speak of method greedily, demandingly; what they want in work is method; to them it never seems rigorous enough, formal enough. Method becomes a law ... the invariable fact is that a work which constantly proclaims its will-to-method is ultimately sterile: everything has been put into the method, nothing remains for the writing; the researcher insists that his text will be methodological, but this text never comes: no surer way to kill a piece of research and send it to join the great scrap heap of abandoned projects than Method .*

(Barthes, 1986, 318)

The phenomenologist is always searching for meaning, and there is no 'end point', no conclusion. Dwelling in the 'meaning' of a phenomenological study, and journeying on the research pathway it takes us, directs our attentive thoughtfulness *'to the things (RRNS) themselves'* (Husserl, 1965; Heidegger, 1927/1962; Merleau-Ponty, 1962; van Manen, 1990). In this study, understanding has been sought by returning to the RRNS the telling of the significant and meaningful in their daily lifeworld. For obvious reasons, the *'will-to-method'*, which Barthe (1986, 318) notes is *"ultimately sterile"* (cited above) and is characteristic of analytic-empiricism is deliberately rejected as contrary to the purpose of this study.

## **DIFFERENT WORLD VIEWS: PHENOMENOLOGY AND ANALYTIC-EMPIRICISM**

In the phenomenological tradition, the study of human beings must aim at understanding in

contrast to the pivotal concern of the natural sciences with explaining (Benner, 1994). Looking for an explanation in an effort to make sense of some aspect of the happenings in our everyday world is all too often, unfortunately, believed to be simply a matter of generating more knowledge. 'Knowing that' and 'knowing how' (Diekelmann, 1993) is expected to lead to, for example, more effective nursing practice, and it would be foolish to deny the need for a knowledge base. But we need more than knowledge acquisition to appreciate the meaning of living through some everyday, and at times, challenging experience, as the findings in Chapters 5 and 6 exemplify. Madjar (1991, p.43), arguing 'the case for phenomenology in the study of human pain', gives a clear illustration of the need for understanding in contrast to explanation, and a more critical appraisal of what the analytic–empiricist (the traditional scientific research method) has to offer. Madjar states:

*Much of our present day research on pain is conducted within the paradigm of traditional science with its emphasis on testing of hypotheses derived from existing theories, and on quantification and data analysis through statistical manipulation (Pain, 1975–1990). Such research is heavily reliant on laboratory studies ... and it focuses primarily on mechanisms of nociception and the intensity dimensions of pain. Even in clinical research, pain, which is among the most subjective and private of human experiences, is frequently operationalized and reduced to observable behaviours ... but fail to capture the complexity and richness of this human experience. Such research is both useful and necessary, yet by (defining) .. pain as a series of biophysiological or behavioural events it can answer only a limited range of questions about it. Traditional scientific research has said little about pain as a lived human experience in the context of trauma, illness and therapy.*

Whatever philosophical orientation directs the research, and regardless of whether it is analytical–empirical, phenomenological or critical theory research, emphasis on knowledge generation is indicative of research that is overly concerned with methods of all kinds. There are clear, evident differences between the natural and human sciences, but absolute reverence for method seems to be a law of science which can also beguile phenomenologists. Munhall (1994, p.170) describes her seven year struggle with an idea of phenomenology as a method, stating:

*..... how can we (do phenomenological inquiry) .... if we have set the parameters before we gather the material? ... (then what we have done) is follow the same steps of deductive reasoning as our positivist friends to the extent that the proposal usually has as many boundaries and procedures as any other method. (I agree with Barthes that) over the years nothing has taken the life out of phenomenological inquiry more frequently than the idea of method. .... (This) cannot be overstated or underestimated. ... (Looking ahead, Munhall [p.173] says): Future ways of going about doing research from a phenomenological perspective might reflect confidence borne out of reality.*

The intention of interpretive phenomenology, however, as in the present study is to allow the

researcher to understand the concerns, meanings, experiences and practices unveiled in participants' narratives in a given context. Whereas, the traditional scientific paradigm offers explanation and prediction through causal laws and formal theoretical propositions. It is seen as important (Allen, Benner and Diekelmann, 1989), that methodological decisions be made in the context of the philosophic position from which the research emerges. They are emphatic that in any debate on methodological choices all three philosophical paradigms (analytical - empirical, phenomenological and critical) must be reviewed to fully cover all aspects of nursing research.

## **SUMMARY**

It is essential that any research concerning human activity and the human 'way-of-being', explores the meanings it holds for participants, whatever facet of human experience is under study. In view of the complexity and demands of present day health care delivery systems, choosing a research approach that explores the meaning for RRNS of working in some aspect of management was important. Accepting the need to give primacy 'to the things themselves' and 'hanging loose', so to speak, on what we might find to be significant is not easy. Munhall (1994, p.177) shares with us her feeling of being alone in taking a '*I'd rather have meaning*' approach to research. '*I must confess,*' she writes, '*to what I experience as tolerance (and sometimes not even that) and I do feel alone. Other individuals pursuing ... ( a phenomenological) approach to research share with me similar uphill, lonely struggles.*' Lonely struggles or not, and at times it has been that for the writer, there is a steadily increasing number of researchers whose research is based on the '*I'd rather have meaning*' approach. We must ask the phenomenological questions (Munhall, 1994,p.179), '*because we do .. have our being in a lived time and lived space of limited resources*' for health care and other essential services: and, in the writer's view, we will always experience such an impasse.

Heideggerian phenomenology which is the basis of HHA, the research approach used for this study, is presented and discussed separately in the next chapter.

## **CHAPTER THREE**

### **HEIDEGGERIAN PHENOMENOLOGY**

#### **INTRODUCTION**

This account of Heideggerian phenomenology, a particular tradition of philosophy whose concern is the meaning of Being (existence), extends the discussion of the final theme in phase two of the literature review. Phenomenology has been discussed generally but, as Heideggerian phenomenology is the philosophical base of the study, it merits a fuller review, preceding explication of HHA and its application to the present study. The researcher, having singled out key aspects of Heidegger's philosophy as relevant to the study, has drawn on various texts related to Heidegger's writings for the discussion. Heideggerian phenomenology, used in conjunction with Heideggerian hermeneutics, fits the intent of the researcher to let unfold what was most tangible and meaningful for RRNS in their daily lifeworld. The philosophy of phenomenology, which increasingly directs many research projects in the human science fields is not a method as such (Gadamer,1990). Instead, phenomenology emphasises the importance of returning to the 'things themselves' and the 'everydayness' of the experiences lived is always embodied (concrete), time, context and culture related. 'Thus, for Heidegger (1962)', van Manen (1990,p.184)writes: '*phenomenology is ontology – a study of the modes of "being in the world" of human being.*'

Heideggerian phenomenology, used in conjunction with hermeneutics analysis offers a descriptive, interpretive approach for unveiling the meanings inherent in the phenomenon under study. Some of the possible meanings of Being become clear through our experience of the world and our own being within it. Heideggerian phenomenology, with its intrinsic focus on the nature of Being, enables us to think about the lived experience of RRNS from their perspective and way-of-being in all aspects of their lifespace. Dreyfus (1994, p.ix) states:

*Human beings, Martin Heidegger, the most famous philosopher in existential phenomenology points out, are defined by their self-understandings and the stand they take upon themselves, which in turn sets up the range of possibilities open to them. On this view, human being is a unique way of being in that human experience and actions follow from their self-interpretation. The meaning of a whole life is basic and determines what possibilities show up and how they make sense to a person. Moreover, we are not objective, theoretical spectators of our lives and of the world, but involved spectators. Things show up as mattering to us. Heidegger's project is to demonstrate ... that the basic human way of being is care.*

The judgment made that an interpretive, phenomenological approach would suit this study has been confirmed by my experience in using it. It is supported also by Dreyfus (1994, p.x),

who found that nurses coming to his courses (in Kierkegaard, Heidegger, and interpretive methodology for the human sciences) for the past 18 years '*seem to have found a language there for the concerns, meanings, and practices of nursing.*' But there are other ways of looking at the 'world' as exemplified in phase two of the previous chapter, providing a brief description of the difference between a phenomenological and an analytic–empirical approach.

### **'WHAT IS CALLED THINKING?'**

*We never come to thoughts. They come to us.*

Krell (1973, 395)

Heideggerian phenomenology is rich in thought and, in fact, the essence of this philosophical approach is to call or to provoke us to thinking. In '*What is Called Thinking?*', Heidegger (1954/1968) has come to a point of change in his thinking triggered by a strong determination to grapple with Nietzsche's absolutizing of the will as a culmination of Western metaphysics. We are told by Gray, who translated '*What is Called Thinking?*' into English in 1968, that, by the time of this text, Heidegger had, in his own words, '*first found, and then lost*' in his endeavour to come to grips with Nietzsche's thought. Instead, he takes his students back to Aristotle and even further back to Greek thinking before Aristotle to facilitate their discovery of what thinking is! The most notable theme is the nature of language and its relation to thinking and Being: in this text progress can be discerned towards an understanding of language as 'that sphere in which man can dwell aright and make clear to himself who he is' (Gray, 1968). Pita Sharples (Newspaper Item, 1994, April 24) gives a good illustration of the centrality of language in human being from the context of Maori culture. In responding to a comment that:

*Language is power. It is the most potent agent of self–definition of individuals, of cultures and nations ... (and that) puts language at the centre of everything ..... (answers) No. It is bigger than that .... (it is) a loss of power (but the forbidding in 1907 of it being taught or spoken or used in schools) ... It stole our culture away. ... (it) came to a crisis point ... so we set out to create a whole way of life based around the language which is a pivot of our culture and pedagogy.*

Sharples gives us a very clear instance of language as '*that sphere in which man can dwell aright and make clear to himself whom he is*'. Language riots in a number of States in India over several decades provide us with another instance of the centrality of language to the 'self understandings' a people have of themselves and their way of living—a–life. The inclusion of interpreters in health care services acknowledges the importance of language as a cultural and caring resource for those who need it.

### **MODERN SCIENCE AND TECHNOLOGY**

Another theme that occupies Heidegger's thought is the nature of modern science and

technology. 'Science', Heidegger (1968, 6) states, 'does not think', a seemingly anti-science statement. Gray, however, refutes this, pointing out that Heidegger goes on to clarify this comment, when he says 'science does not think in the way thinkers think' (and) 'the most thought-provoking thing about our thought-provoking age' is 'that we are still not thinking' and it has always been so since the early Greeks' (1968, 6). The sciences are more and more determining the character of contemporary reality and spring from an authentic source in our Western heritage, for *techne* was for the Greeks a species of knowledge and in its own way a disclosure of truth and Being (Gray, 1968). Heidegger's chief concern in '*What is Called Thinking*', and one central to his philosophy, is with the nature of thinking. 'What is called thinking?' begins and ends with a question, and an intimate connection between thinking and questioning is at the heart of what Heidegger is trying to master by these essays on thinking. 'What is called thinking?' is treated with far more depth than can be encompassed here but has a primordial base in Heideggerian phenomenology. Since, however, it is a major element of Heideggerian phenomenology, a summarizing statement of Heidegger's thought on the nature of thinking is given. This summary statement is culled from Gray's introduction to his translation of Heidegger's (*What is Called Thinking?*, 1954/1968, x - xi). '*Thinking is, in the first place, not*':

*having an opinion or a notion (nor) .. representing or having an idea (nor is it) .. ratiocination, developing a chain of premises which lead to a valid conclusion (nor, lastly,) .. is it conceptual or systematic in the sense .. (of the ideal) .. to be thinking par excellence. .... Opining, representing, reasoning, conceiving – all have their place and function. .... These accustomed ways ... are so stubborn 'because they have their own truth' .*

*He makes no claim that thinking can produce knowledge as do the sciences, nor .. promote practical wisdom, solve . cosmic riddles, or endow us directly with the power to act. (It holds) no salvation ... But, thinking in (his)sense does have its own importance and relevance. ... (Heidegger's theory) is at once poetic and philosophic. .. thinking is a response on our part to a call which issues from the nature of things, from Being itself ... (it) does not wholly depend on our will and wish, though much does depend on (how well and appropriately we prepare to) hear that call to think ... Thinking ... is more a way of living or dwelling .. a way of life.*

If thinking is a way of living or dwelling, then, in the creation of communities of care we must remain open to ways of listening-learning that leave us attentive and thoughtful 'to the things themselves'. Gray (1968, p.xiv-xv) comments:

*The call of thought is thus the call to be attentive to the things as they are, to let them be as they are, and to think them and ourselves together. This is .. difficult, (particularly) .. Heidegger believes, in this man-centred age of ours. (We think it difficult ) to follow the thought processes of modern theoretical physics. But to learn the thinking of thinkers is essentially more difficult, not because (it is even) more involved but because it is simple.*

Thinking may be regarded as a concentrating of our total being on what is before us in order to discover its essential nature and truth. 'Prosoche' is a Greek word that calls us to just such attentiveness. It signifies more than 'look out' or 'be alert', the sense in which it is used at railway crossings in Greece. It means an openness, a receptiveness that is synonymous with attentiveness. We are asked to focus and concentrate on that which engages our thought. Truth, for Heidegger, is the revealing of what is concealed, a bringing out into openness what has been hidden as opposed to a conception of truth as correctness or correspondence. The nature of things is both obtuse and open: only the thinking that is attentive, patient and disciplined, or fully focussed on what is before us can come to discern either the concealed or revealed nature of what is. We learn from Heidegger that thinking is a calling forth of our humanness. The more negligently or wilfully thoughtless we are in our daily life practices the more we diminish our humanness. Yet thinking is an inherent aspect of our 'being-in-the-world'. Learning to think is a finding of the nature of Being and our relatedness to Being. Heidegger's thought, in his text on 'What is called thinking?' closes, as it began, with a question.

*What is called thinking?' At the end we return to the question we originally asked at first when we found out what our word 'thinking' means. Thank means memory, thinking that recalls, thanks. But in the meantime we have learned to see that the essential nature of thinking is determined by what there is to be thought about: the presence of what is present, the Being of beings .*

Heidegger, 1968, 244

Heidegger believes that language is the House of Being since it is the way we are in the world. In order to understand our human experience we need must participate in dialogue which is a linguistic experience. Dialogue is (Diekmann, 1987, 11):

*more than conversation for it is being-in-the-world with each other through language and experience. .... (it) is a joint reflection on a phenomenon: it is a deepening of experience for participants .... (it) involves the lived experiences of everyone and seeks shared understanding. ...According to Weber, It is the seeing of that which is neither only you nor only I, but is rather our between that we learn about each other.*

Language as the 'House of Being' grants us through dialogue varied experiences such as the 'meaningful silence' (Diekmann, 1987, p.11) of listening and thinking, sharing meaning through gestures, moments of judgment and emotional responses, 'aha' experiences when we confirm for each other – 'yes, that is how it was for me also' or 'Oh, I had no understanding of that, no prior experience'. But whatever the nature of the interactive response dialogue will always have some affect on those involved or it is not dialogue!

In the Heideggerian sense what we experience in our everyday practices in a shared context

involves a common culture and language which makes dialogue possible and gives meaning and significance to our way-of-living-a-life. The interpretive phenomenological approach of Heidegger brings us to a way of capturing meanings inherent in the everyday world of individuals and communities. What people may disclose in the stories they recount about their lived experience in some aspect of their daily lifeworld, allows disclosure of the actuality of what concerns them, interpretation and shared understanding. Heidegger, Diekelmann (1987, p.11) states, describes dialogue as *'the very act of posing a question is disclosure, for to question is to sketch in advance the context of meaning in which a particular inquiry will move.* The answering in turn leads to further questioning and dialogue advancing explication of whatever issues of concern have been brought into the encounter by all participants.

### **THE NATURE OF BEING HUMAN**

Heideggerian phenomenology presents a distinctive shift in philosophical thought about the nature of being human. Before this the dominant pattern of thought had its basis in Descartes assertion that mind and body were two distinct entities: the mind exists in time only but the physical self, the body, exists in space. Since the subjective self (the mind) cannot directly experience the world it works through representations of the world which approximate reality. Hence, as the mind cannot be read the body is the source of its expression: only behaviour provides an opportunity for understanding another person's experience. In the Cartesian view there is a split between the knower and what is known: even one's own body becomes an object to the subjective mind and comes to be known only through fixed attributes. The Platonic view that dispassionate, abstract knowledge is the only 'true' knowledge is also widespread in Western thought and underpins, along with the Cartesian view, the prevailing scientific paradigm.

For Heidegger (1927/1962) the question 'How do I exist?' takes precedence over 'How do I know?': the question of being is constitutive of the answer to the question of knowing. The human is a self-interpreting being undergoing defining and redefining in the course of living. As we live our life our 'being' becomes disclosed though it always is already understood since it is the background pre-understanding which makes it possible for us to confer intelligibility on anything. In Heideggerian terms, 'understanding' is grasping one's own possibilities for being within the lived experience of the context we inhabit. We have a nonreflective preunderstanding of our being-in-the-world since we live in a meaningful context and can grasp meaning directly. This comes from the culture of context and the skills, practices, and language it holds. When we are not involved in a situation we are capable of reflective or

conceptual thinking but such deliberate thought is only one way in which we encounter the world. For Heidegger, the chief concern is to make clearer our understanding of the situations we become involved with in our everyday lifeworld. In this study the concern is to interpret and increase understanding of the everyday lifeworld, the lived experience, of registered nurses re-engaging in formal (graduate) study. Understanding is the appropriation of meaning (Heidegger, 1927/1962), it is made explicit by language, and it always operates contextually within historical and temporal relationships. Rather (1990, 95) comments:

*The immediate grasp of meanings (in everyday involved experience) is made possible by four aspects of humanness. One is .. that our bodies are knowers as well as our minds. This embodied intelligence enables us to move smoothly through situations in rapid, nonreflective ways. A second aspect is .. that we are brought up in a background of meanings through which we understand the world. Thirdly, things matter to us. As persons, we have the capacity to care, and our caring helps define us. Fourth, (since we are largely) involved participants situations have the capacity both to engage us and constitute us.*

These four aspects of humanness have been touched on in the preceding discussion but they will be described here, in summary, as a conclusion to this section on Heideggerian phenomenology.

### **Embodied Intelligence**

This is inclusive of all the ways that we have, tacitly and without conscious awareness, of grasping the significance of a situation for ourselves. It may include recognition of the familiar whether it be of people, places, things and events and encompasses a multitude of activities (Dreyfus, 1982; Benner, 1984a). What it allows, and this is important for 'being-at-home' in the world, is to let us grasp the significance of, and to be comfortable with, the situations that come our way in the context of our everyday lives. Later philosophers, especially Heidegger (1962), reject any notion of being able to distance ourselves objectively from that which is to be phenomenologically investigated. It would be a dehumanising world of abstractions, a deprivation, if we were unable to recognize the familiar accoutrements of everyday life as related to the cultural context of work, home, educational institutions or the community generally. Heidegger (Pinar & Reynolds, 1992, 51) argued that:

*... abstraction from the world was impossible because being-in-the world and being-of-the world meant to exist in constant interactive relationships with the world. It was impossible to abstractly assume a position that put one out of context of the whole. Phenomenological investigation illuminates contextualised humanity. The primary phenomenological pursuit became to describe what it is to be human with the understanding that the phenomenological standpoint was not one of detachment.*

As an example of the cultural meanings we gain through embodied intelligence during everyday

living take the example of walking along the street engaged in an absorbing conversation yet moving aside without conscious thought to avoid knocking into some other passerby. We may, of course, have adopted an attitude that has the reverse happening and leave it to others to make a path for us! From our everyday nursing or teaching practices we may take as an example how familiarity with facial expression or body language triggers a rapid response to a situation without making a conscious inventory of what is required. Both of the above examples illustrate well that as we grow up (Rather, 1990, 96), *'the body also learns cultural meanings, the use of tools, and skilled behaviour'* that shapes our comportment towards one another in acceptable ways. Heidegger (1927, 156) perceives sociality as part of the essence of human existence: *"being-in-the-world is constituted by being-with"*. Habitual cultural patterns displayed in our everyday world, that we learn as we grow or live our lives in chosen specialties of learning, are taken for granted and give rise to minimal conscious thought.

### **Background Meaning: Context – Culture**

Background meaning is seen by Heidegger (1927/1962) to be neither subjective nor propositional. We acquire it from birth from the cultural realities of everyday life and it is a shared, public understanding of the nature of things handed down to us and not obtained individually: it is not a thing or an entity but it is a way of understanding the world we experience. Like embodied intelligence we are never entirely aware that it is around or clear about its nature. It is rather like C.S. Lewis's (see p.1) experience with the light beam: he was not clearly aware of how it illuminated what was there for him to see until he 'looked-along' the beam and stopped 'looking-at' it directly. Background meaning is not part of our conscious repertoire of what we draw upon to understand the world but it is built up from the cultural and familial experiences we have from birth. This idea of background preunderstanding marks a major distinction between Heideggerian phenomenology and Husserlian (transcendental) phenomenology (Benner, 1985; Palmer, 1969; Polkinghorne, 1983; Rather, 1990). It is important to appreciate that background meanings are not unchanging and that they become modified by people within the cultural contexts they inhabit as daily experience imprints a different impression than previously. Intergenerational differences arise, for example, from divergence of experiences as the lifeworld is endured. The young of Nagaland (India), for instance, objected to being kept as 'museum pieces' at the request of their elders who asked that they be left intact in their own culture without intrusion from other States or Central Government.

The two key dimensions of the background meanings which help us to understand our world

are those of language and culture. Language, as discussed earlier, is central to Heideggerian thought as the following statements remind us. Heidegger explains, that:

*language is at once the house of Being and the home of human being (1947/1977a) ... Words and language are not wrappings in which things are packed for the commerce of those who write and speak. It is in words and language that things first come into being and are. It is precisely in the naming ... and in the transmutation of the world into word, that the real conversation, which we ourselves are, consists.*

Heidegger, 1947/1977a, 239.

**Language** discloses what it is to 'be' and is, therefore, constitutive of being. Thus, as noted earlier, language is ontological, a manner of human being which unveils Being. Language is also constitutive of experience which is a fundamental way of being-in-the-world, of engaging actively in the happenings of the everyday world. But experience has to be interpreted to unveil its meaning: language is constitutive of both people and their world and Heidegger emphasised both the shared and communal nature of all the background meanings that humans use to negotiate everyday life. Even the ways we perceive ourselves are to a great extent formed by the cultural practices and beliefs common to our context and seen as desirable for intelligible behaviour. Based on the history of our culture and the personal history our everyday lifeworld creates for us we have what Benner and Wrubel (1989) describe as '*situated freedom and situated possibility*'.

Similarly, we are not completely free to determine our interpretations of experience and it is reasonable, therefore, to expect common meanings, common themes, and common concerns evolving among individuals who experience comparable situations and have in common language and cultural practices. Certainly this study of RRNS from a nursing/health management context is predicated upon that expectation. Our lifeworld is linguistic in nature: even the deaf are introduced to the 'linguistic world' by a code of signs or lip reading. Language is core to our 'being-in-the-world and of-the-world', therefore, to understand human lived experience we must engage in dialogue, both written and spoken. Palmer (1969) describes experience, thinking, and understanding as linguistic through and through.

Seeking understanding is a move designed to reduce separation amongst individuals and to achieve synthesis of the relevant aspects of each: something that Gadamer (1960/1975) and Ricoeur (1981) refer to as 'fusion of horizons'. Diekelmann (1988) describes dialogue as private and confidential as well as social and public. Recollecting that it is '*thinking that brings us to language*' (Heidegger, 1927/1962), we can appreciate that dialogue characterized by genuine interpretive listening or interpretation of a text is an ongoing, thoughtful process of creating

meaning. It is a way of producing understanding not reproducing it since human understanding is always contingent, in context, and subject to change.

**Culture**, like language, is an inherent part of background meanings and stamps particular characteristics on those who share one. Individuals who share a particular context, whether it be of work, home, study, or a community of people of varying size, hold in common language, history, cultural practices and shared expectations. As the quote from Geertz (see p.65) explains, he perceives people to be '*suspended in webs of (self-sown) significance*' and that it is 'culture' (that forms) those webs, analysis of which he considers to be interpretive in search of meaning. The cultural aspects of a shared context form the background against which all human experience occurs and from which no one can remain unaffected. As Rather (1990, 121) found in her study of RRNS, '*nursing had become a way of thinking*' however varied individual experiences may have been. This study has a different story to relate but, in a similar way, the shared cultural context of the participants formed a background against which a unique constitutive pattern became revealed. The culture of nursing, as disclosed in the stories of the participants, had resulted in a constitutive pattern, '*Nursing is dwelling in thoughtful concern as context calls forth*'. This revealed a particular frame or window through which they viewed their everyday lifeworld. A view formed by a range of common background meanings specific to the everyday practices of their 'study-work-home' context of being.

Heidegger (1960/1971) developed the concept of cultural paradigms in his later work, and his discussion relating to paradigms is an important aspect of his argument on nihilism and the 'will-to-power' of an ill judged measure of technological advancement. Cultural paradigms Heidegger observes to be one way of saving or cherishing whatever meaning remains in cultural practices. The study of other cultural practices, in addition to those of our own context, has two beneficial outcomes: first, it can illuminate and/or reinforce what is significant and worthwhile and, secondly, it can, as noted earlier, lead to a greater, liberating understanding of what constitutes the background meanings of the everyday lifeworld.

### **Concern – Solitude**

Concern or caring is central to a phenomenological view of the human being and is demonstrative of the fact that to be human is to have an affective regard for other people, events and things. It is indicative that they matter to us and arousal of concern calls us to be involved and actively so. Though the nature of the activity, in fact, could well be to 'hold back' or 'let be' while people's understanding of what is 'needful' grows sufficiently to allow us to 'be'

there for them as they see fit.

Heidegger (1927/1962) uses the term '*solicitude*' to describe the nature of the concern we have towards others distinguishing it from that concern or regard that we may have towards things. It is here that he introduces us to the notions of '*leaping-in*' and '*leaping-ahead*' signifying the nature of our comportment to others for whom we, in one way or another, express caring concern. '*Leaping-in*' is solicitude expressed by taking over or dominating the lived space of the other, well intentioned though it may be. In contrast, '*leaping-ahead*' like '*looking-along*', considers thoughtfully the entirety of the being-of-the-other and the likely future possibilities in store for them. Solicitude, in this instance, is expressed by being affirmative of the strengths of the 'other' and acting alongside them to empower and to return to self-management as soon and as fully as may be. Authentic caring practices are designed to make it possible for self-care to be resumed without delay when the situation discloses readiness for this to happen .

An expression of caring concern that is solicitous of the need for the 'other' to be free for understanding new possibilities of being-in-the-world restores selfhood through such a regard. Leaping-ahead has the potential to avoid the negativity of a leaping-in or dominant comportment. Reciprocity, which may be described as that caring which is the most basic human way of being-in-the-world, makes possible mutual realization of the needful. Benner and Wrubel (1989, 367) state, that: '*Although embodied intelligence and background meaning can account for **how** the person accounts for why. ... (and) Caring for others contributes to a world where one can care and expect to be cared for.*'

Reciprocal caring is transformative, not transactional since in the offering and acceptance of care we advance our understanding of our way of being-in-the-world both for ourselves and for the 'other'. Heidegger's thought on the nature of care/concern has been well received and applied by nursing scholars such as Benner, Diekelmann, Baker, Chesla, Dunlop, Plager and Darbyshire. Benner and Wrubel (1989), applying it to a study of nursing practice, established three ways in which nursing might be aptly and primarily conceived to be a 'caring practice'. In the first place as caring establishes what matters it also reveals the associated problems or stressors and available ways of contending with them. Secondly, caring is established in a connected and involved way opening up what has priority and increasing identification of needs, their likely solutions and time variables. Lastly, caring begins the process of reciprocity, that is, a phenomenological understanding of caring can set up a context which makes it comfortable for care to be acceptable and appropriate.

Diekelmann (1988/1989) concludes that, in a similar way caring is primary to the practice of teaching. A climate of caring concern for RRNS will employ an approach that 'lets learn'; emphasises 'learning how' over 'learning what'; and promotes self-direction. A Heideggerian phenomenological approach towards teaching/learning endorses the priority of sharing serious meanings and issues and is located in the web of historical and social networks and practices of a given context. This is to be contrasted with the comportment of our individualistic and technological society which is inclined to devalue caring. Rather (1990,105) comments:

*(Our) heritage of shared and essentially human concerns (love, morality, dignity, suffering, etc.) is preserved in caring practices traditionally devalued or trivialised in our individualistic and technologic culture, such as nursing, parenting, and teaching. ... we can struggle to arrest the spread of nihilism by uncovering and preserving such shared meanings.*

The ethos of utilitarian individualism (Bellah et al, 1985) views society as arising from a contract that individuals enter into only in order to advance their self-interest. It is from this that our notion of people as economic or productive units of being arises and the current use of cost/benefit language prevails. This leads to a concealed message that our lives have no essential meaning and, as Rather (1990, 107) comments, '*nihilism is complete*' .

Clandinin (1993, 194) in writing on '*Teacher Education as Narrative Inquiry*' talks about the need for recognition of the inherent meaning in the everyday life of teachers telling us:

*(In various ways) .. with good friends ... and colleagues . I began to be aware of the ways in which we, as teachers, were writing our lives as we worked in our classrooms. As we listened to each other's stories and told our own, we learned to make sense of our teaching practices as expressions of our personal practical knowledge (Clandinin, 1986; Connelly & Clandinin, 1988), the experiential knowledge that was embodied in us as persons and was enacted in our classroom practices and in our lives. It was knowing that came out of our past and found expression in the present situations in which we found ourselves. For many of us (acknowledged what had been left out) in the prescriptive environments of schools where our stories as teachers had not been valued and the kind of knowledge we possessed had not been given voice.*

### **Situation**

It is because of concern that people are contextually involved as they dwell in their lifeworld and, together with embodied intelligence and background meaning, are able to make sense of situations as they arise. As we dwell in our world we are called to extend and accept caring concern, and are constituted by it. People, as embodied, self-interpreting beings, experience the realities of a lifeworld in which contexts change over time. Personal, social and professional changes moderate the lived experiences undergone and previous meanings or understandings may be enhanced or diminished. Benner and Wrubel (1989, 400) point out:

*It is only in the changed context (for example, re-engaging in formal study) that the hitherto unnoticed background meanings, habitual body understanding, and concern are seen to no longer allow for smooth functioning. People become aware of them and reflect on them. This breakdown in smooth functioning is what we mean by stress.*

For RRNS study is a way of 'looking-along' the changes and seeking to identify, interpret, better understand and respond to the personal, contextual, and professional changes experienced. The direct grasping of meaning is what is understood by phenomenology.

### **THE 'WILL TO POWER' AND NIHILISM**

One of the central issues of Heidegger's later writings (1960/71; 1967/1977b; 1955/1977c) is something he terms 'the will to power', and regards as an expression of the essential nihilism of the modern age. The 'will to power' is described as *'the principle of all positing of the conditions governing whatever is, i.e., as the principle of value-positing (through which) dominion over the earth passes to the new willing of man ... determined by the will to power'* (Heidegger, 1955/1977c, 99). The roots of this ethos are traced to 'objectification', the notion that what is known is separate from the knower, that there is a split between subject and object. The subject becomes the ground of certainty upon which all is founded and the human being becomes the relational centre of all else: thus through subjection of all it encounters (Rather, 1990, 107) states:

*'the subject even represents itself to itself as an object. Through subjection of all it encounters (i.e., Being) as object, the subject exercises its mastery over everything: the 'will to power' is complete..... Nothing is allowed to appear as it is in itself. It is in seeing the world as a picture that nihilism, the loss of a sense of meaning and seriousness in our lives, becomes explicit.*

Heidegger (1962/1977) also brings us to thinking about 'the will to power' as he found it to be revealed in techne/technology. Enframed by science and technology the apparently undifferentiated natural and human resources of the world, what Heidegger called the '*standing reserve*' is open to manipulation and control by dominant, powerful individuals who secure it to their own purposes. Havas (1992,p.238,) states:

*Heidegger likes to say that anyone in the grip of modern technological understanding of Being tends to resist the idea that it represents anything other than human progress. That is, it is difficult to give much content to our impression that something important is left out of the experience of the world as resource or 'standing reserve'.*

The summons to those who would make use of all potential resources (the '*standing reserve*') within the confines of a technological mode of thinking, a conjunct of the 'will to power', is to turn to a new way of thinking! A way of thinking which is a response to the call to be open to that which 'presences' or shows itself to us and takes us on a journey to a new 'clearing' which I take to be a 'space' for deeper thought.

Genuine thinking, Heidegger (1962/1977) tells us, brings us to the 'clearing' where we let be, for ourselves and others, what is and remains open to the ruling of Being. Governance of the clearing is by freedom, 'letting be', a comportment of openness to the possibilities that are inherent in a particular context. This is so whether the possibilities for being concern the 'self' or the 'other'. Further, whether the restriction or limitation of thinking is primarily focussed on oneself or some other it works to handicap both. Freedom is essential ground for being human but it is of the essence of Being and is not, therefore, unique to humans. Contrary to any belief or thought of being in control, the will to power actually disinherits us from the potential fullness or wholeness of our being, of being human. The narratives of the participants of this study may be expected to reveal what they found affirmative or restrictive in the context of their daily lifeworld.

The thoughts called forth by genuine thinking turn us away from an absorption with technology and fabrication, as modern usage displays it, and return us to being attentive to others and things as they are. We are obliged to attend to 'knowing-how' and to move on from a contemporary enthrallment with 'knowing-that' which characterises our theoretical and objectifying way of thinking. 'Knowing-how' originates from our cultural web of skills and practices and is constitutive of our human way of being and relating to each other. As the earlier description of embodied intelligence, background meaning and language indicated our understanding of *'knowing how'* can never be made fully explicit or it becomes objectified and therefore unable to 'presence' or show itself to us. Fortuitously, ancient caring practices such as teaching, parenting, nursing, which hold on to our essential way of being human retain for us shared meanings and 'know-how' as cultural paradigms (van Manen, 1990).

Cultural paradigms or patterns of living gather together for us the practices common to a given culture, such as nursing and education. This makes it possible to increase understanding for people, both of and outside of the culture, of how to act and relate towards each other. Issues of concern can be openly discussed and differences, as well as commonalities, acknowledged. On such a basis new ways of being 'there' for and with each other can be negotiated. Unfolding of our cultural ways of 'being-in-the-world' makes shared meanings and understanding of what is needful for 'letting-be', and to be 'let-be', attainable. It is only in partnership that the rich possibilities for 'being-in-the-world' and 'being-of-the-world' are capable of revelation since freedom for the self is contingent upon freedom of the 'other'.

## **HEIDEGGERIAN PHENOMENOLOGY: ITS APPLICABILITY TO NURSING RESEARCH**

The preceding discussion, in the light of the many writings, translations, and commentaries on Heideggerian phenomenology available, is necessarily limited for the purpose of this research study. But the explanation given is sufficient to show the suitability of Heideggerian phenomenology for the purpose of nursing research. As one of the ancient caring practices (van Manen, 1990) nursing needs to work from an understanding of the essence of what it is to be human. This understanding must be exercised both in relation to the person or being of the giver of care, in this instance the nurse, and the recipient of care. Understanding of the person of the nurse, student, beginning practitioner or a RRNS is a prerequisite to curriculum development and making choices about desirable learning experiences. The relationship of the context of reality for all involved in a nursing encounter and the cultural web of each one's daily lifeworld is clarified by a study of the nature of Being. Heideggerian phenomenology opens up for us a way of thinking that moves us on from a largely analytic philosophy to a way of understanding human experience through the study of Being and our everyday life practices. (Rather, 1990, 99) states:

*Heidegger placed great emphasis on the shared and public nature of all the background meanings (language, practices, skills) that mediate human awareness. He noted that even our self-interpretations are largely determined by the possibilities laid open to us by the shared culture's images and roles for coherent behaviour.*

Nursing is indebted to Heidegger whose philosophy provides an ontological view of the world in which it is the nature of Being and 'knowing-how' that is paramount for unveiling the possibilities that exist, in this case, for the management of nursing/health practices and the development of nursing curriculum. The calling forth is to a way of thinking that turns on dialogue with an emphasis on the building of relationships marked by a mutuality of regard for the 'self' and the 'other'. This has the potential to develop trust, commitment, and growth of new human relationships and deepened understanding. What is to be shunned are the 'I-it relationships' that can undermine trust and growth. Inherent in nursing is the concern or solicitude that nurses express towards those whose lived experiences include suffering, guilt, anger, dependency, alienation, despair, courage and hope (Diekelmann, 1987).

## **SUMMARY**

Heidegger brought phenomenology to hermeneutics and the interpretive phenomenological paradigm which developed subsequently has given to nursing a means of capturing the context and meanings intrinsic in nursing practice. It also offers a way of describing the actual, rapid decision-making exhibited by nurses, referred to earlier when discussing the nature of background meanings and other allied characteristics of Heideggerian phenomenology. As a way of research it holds the promise for nursing of finding a 'home' natural to its essence and an escape from the technological view which sees the world, the 'self' and the 'other' as essentially raw materials, as objects to themselves, thus limiting the opportunities for understanding the possibilities that exist in nursing practice and education. Heideggerian phenomenology seems to make it possible, Dreyfus (1992, p.xi) comments, *'to understand human beings in their physical and cultural diversity and not only as private, autonomous Cartesian selves.*

**RESEARCH APPROACH: HEIDEGGERIAN HERMENEUTICS**

*A common commitment of nurses is to care. Whether we provide nursing care, teach students, or conduct research, we conduct our practices in caring ways. This ethic of care and responsibility is shared by all nurses. I know of no one ... who would advocate practicing uncaringly. The issue is comportment. How do we go about creating communities within which we practice, teach, and conduct research that are caring?*

*..... What are the practices in nursing cultures that serve to make caring impossible? ... We can begin by reflecting on the times that we do come together (such as the gathering together of participants and associates in this research study). Is there a language of possibility that we can use ....? How do we see and learn the context from which the other speaks?*

Diekelmann (1990, p.301).

In the previous chapter Heideggerian phenomenology was reviewed. The review focused on key aspects of Heidegger's philosophy and his persistent attempts to describe what it means to be human and to increase understanding of our 'world'. For Heidegger, the disclosure of 'being' comes to the fore with the telling and interpretation of lived experiences. In bringing phenomenology to hermeneutics Heidegger provided a way to capture the context and meanings intrinsic to our everyday world. Through the interpretive phenomenological paradigm evolving from Heideggerian hermeneutics, we have gained access to a research approach, Heideggerian hermeneutic analysis (HHA) which is well suited to nursing research. The researcher has found HHA to be an approach which does provide '*a language of possibility*' for opening up the lived meanings of the daily lifeworld world of RRNS. It brings to the fore the context from which we speak to each other and fosters mutuality of understanding. The purpose of this chapter is to describe HHA and to delineate how it has been applied to this study of the lived meanings of RRNS (management) re-engaging in formal (advanced) study.

This description of HHA and its utilisation is delineated in four sections. It has been structured in this way to show that HHA, by its very nature, imposes a particular relationship between the researcher and the researched; that hermeneutic inquiry is a process leading to disclosure of the meanings of a given lived experience as experienced by the person (the RRNS) herself; to briefly depict the background or context of the wider health care environment, in which RRNS work; and to detail how HHA was actioned in this study. The four sections, outlined below, are closely interconnected.

**Section One** looks at the position of a researcher in a dialogical encounter, acknowledging that the researcher is an essential part of a Heideggerian hermeneutic approach and

explaining why this is important. There is a brief recapitulation of the phenomenon of interest and of Heideggerian phenomenology. Finally, since narratives are the core data of the research, this section ends with a discussion of: '*narratives as keys: understanding change*'; and, of '*deconstructing of texts: bestowing meaning*'.

**Section Two**, describes the particular HHA interpretive strategies employed by Heidegger (1953, 1969), Benner (1985), and by Allen, Diekelmann and Tanner (1989), the latter being detailed in the fourth section since this was the strategy selected for actioning the research. These three HHA strategies have been chosen because it is Heidegger who formulated the approach; Benner who brought HHA into nursing research and developed its application to nursing practice; and Diekelmann who has refined HHA for use, particularly, in nursing education. The seven step strategy described was developed by Diekelmann together with Allen and Tanner (1989). As the essence of all three strategies is the circularity of the hermeneutic process, implying no point of beginning or ending and allowing for refining of meanings in transitions, this section ends with a description of the researcher moving in a hermeneutic circle with research associates and participants.

**Section Three** discusses the context, inclusive of the wider health care environment, in which RRNS work. It also draws attention to the centrality of gathering, building and dwelling in HHA, prior to detailing in **Section Four**, the seven-step HHA strategy (Allen, Diekelmann and Tanner, 1989) used in the study.

## **SECTION ONE**

### **HERMENEUTIC INQUIRY: A DIALOGICAL ENCOUNTER**

Hermeneutic inquiry based on the philosophy of Heidegger has been used to discover what is of utmost significance and meaning for RRNS (management) during a time of complex change in the workplace. Through dialogue and hermeneutic interpretation increased understanding of the participants' everyday practices has been sought. The process of inquiry leading to textual interpretation of transcribed interview data is described in later sections, but an early comment on the place of the researcher in a dialogical encounter is desirable. For the researcher, the nature of a dialogical encounter with participants requires a delicate balance between an open stance of engaged listening on the one hand, and a commitment of involvement as a co-participant in uncovering the meanings of their narratives. Dialogue is a constant throughout the process of hermeneutic inquiry using a HHA approach.

Moreover, in partnership with the research team and participants, the researcher has to be mindful throughout that what is interpreted stays close to the transcribed text of the participants. The emergence of significant meanings inherent in the texts is the source of authenticity for the interpretations and conclusions drawn, and for their application to pedagogical competence (van Manen, 1990) and for nursing practice.

Phenomenological research involves interpretation of phenomena that attract our attention and for which we seek increased 'understanding'; '*understanding*' being the '*grasping (of) one's own possibilities for being, within the context of the world in which one lives*' (Ratner, 1990,p.9). The approach, it has been noted, is based on the premise that understanding of the phenomena comes from analysis of the data of '*the things themselves*' (Husserl,1965); in this instance, the RRNS *themselves*'. The data of a hermeneutics inquiry can come from any texts that are recognisable in a given context. They can come, for example, from historical records, art works, or tapes such as the taped, transcribed interviews of this research project. From a phenomenological perspective, the researcher or observer is an essential part of the situation within which the phenomenon is to be understood: both the interviewer and interviewees are embedded in historical contexts through which any interpretations are made. To understand what some particular lived experience means for another person, one must first explore what it means for oneself. Certain expectations, suppositions, and biases may be assumed to be a part of the researcher in a phenomenological inquiry, and these should be acknowledged as the researcher constitutes and is constituted by the situation. In dialogue with participants, it matters that we stay attentive, open, genuine and concerned throughout our conversations. As Diekmann (1990, 301) states:

*Our conversations need to be dialogues in which we hold mirrors up which reflect and call one another forth. Dialogue is engaged listening, seeking to understand, and being open to all possibilities. By (thus) being fully engaged in the situation, .. we seek to get the story 'right'. Reflecting and probing, we search for words that disclose and bear witness to our understanding.*

As we explore the 'question' to be researched and the meaning it holds for us, it evolves and takes shape, we live with it, and recollect related experiences. We bring into the dialogical encounter of a HHA study all that presents itself as we 'look-along' the phenomenon of interest. All that we read, think, debate or recall of our own experiences adds to the understandings that arise from dialogue and interpretation. As modern hermeneutics writers (Dilthey, 1926/1985/1987; Heidegger,1927/1962; Schleiermacher, 1969; Gadamer,1970; van Manen, 1990) argue, we can never entirely leave aside the historical context, way of thinking, and culture of our daily lifeworld. The preknowledge or prejudgments we bring to our

understanding are constitutive of our being. It is important and appropriate to acknowledge that such is the case. The overall purpose of exploring and acknowledging whatever pre knowledge or prejudices is held about the phenomenon of interest is to allow the researcher to focus on the meanings it holds for the researched. van Manen (1990, 47) points out that researchers are helped to focus on the meaningfulness and significance of the lived experience of participants when they suspend their own beliefs, assumptions, and pre-understandings by stating what they are.

*We try to come to terms with our assumptions, not in order to forget them again, but rather to hold them deliberately at bay and even to turn this knowledge against itself, as it were, thereby exposing its shallow or concealing character (van Manen, 1990, 47).*

### **'Happenings' in a Dialogical Encounter: Authenticity by Openness**

In a dialogical encounter, the researcher makes a clearing or space for those being interviewed to tell their stories. Responding to the question of research, after a period of time that allowed for pre-reflection, participants recount what they regard to be significant highlights of the experience. Any prompts for clarification or expansion during the telling are kept to a minimum. But as a participant in the dialogue, both during the telling and later when interpreting the transcribed text, the researcher is not a mute, disinterested, unthinking, unreflective partner. For, to reiterate, we can never entirely leave aside the historical context, way of thinking, and culture of our daily lifeworld. But after clarifying, acknowledging to oneself whatever pre knowledge or prejudices one may hold, it is necessary to question and explore how it may be for others. Munhall (1994, 64) writes:

*Knowing from the soul, that for others, it might be different and then being able to allow others (to tell how it has been for them) is the way to hearing (engaged listening) in a phenomenological way. Your study has nothing to do with assumptions; it has to do with the meaning of being human, which will differ for individuals.'*

Space is given to allow that which is implicit in the 'telling' of a lived experience to reveal itself to us for what it is. The reader is very important to the writer in a phenomenological study, also, so there is a need for regular checking as to how well one is attending to the narrator, and through whose 'lens' we are interpreting. The researcher has these expectations of herself.

*I believe it is important to be open as to one's purpose, the approach being used, and what will be required of participants and research associates.*

*I think it is vital to be attentive to the 'voice' of the narrator and to stay quiet, yet involved, throughout. This has to be maintained throughout all the stages of HHA as interpretation, re-interpretation and refining of meanings occurs.*

*I expect to find that at least some of my pre-understandings will be supported by the findings, whilst acknowledging that in a hermeneutic inquiry one does not set out to prove or disprove them .*

## **SUMMARY RESTATEMENT OF THE PHENOMENON OF INTEREST**

The phenomenon of interest chosen for study came to my attention during a decade of teaching RRNS who, in the main, were mature, well experienced nurses prepared to respond in various, constructive ways to changes in the workplace. Returning to 'school' was one of the ways in which they responded to the challenge of a changing, complex work environment. Review of the literature highlighted the concern that existent research has not significantly explored the lived experience of RRNS returning to 'school' during a time of marked change in the workplace. Many aspects implicit in their return to study have been examined, but even these are limited overall, and near to non-existent in human science or interpretive research. As van Manen (1990,1,2) points out:

*The questions themselves and the way one understands (them) are the important starting points, not the method as such. But of course it is true as well that the way in which one articulates certain questions has something to do with the research method that one tends to identify with.*

Like all interpretive phenomenological research approaches HHA favours the articulation of questions that regard, in an attentive, thoughtful way, the participant as an active partner and 'lets-be' to 'let-tell' what they have found significant and meaningful. Central to the question of research in this study has been asking the participants:

*How have you as a RRNS from a nursing/health care management context experienced returning to the world of 'schooling', what has it been like, what meaning and significance does it have for you?*

The question, as given to the participants in the *Letter of Information* (see Appendix A), is more detailed, but the essence of it is as given above. The purpose of asking that question has been to explore and make visible some of the common meanings embedded in the participants' experience of re-engaging in formal study at an advanced level. It should be possible to transpose the understandings gained from dialogue with their texts to RRNS in general, even though the study is focussed on those whose work is in some area of nursing/health care management. Dialogue and the narration of peoples' stories will always be a requirement for interpretation and understanding of a given culture. Geertz (1973, p. 5), states:

*The concept of culture I espouse ... is essentially a semiotic one. Believing, ... that man is .. suspended in webs of significance he himself has spun, I take culture to be those webs, and the analysis of it to be therefore not an experimental science in search of law but an interpretive one in search of meaning.*

It is a constant challenge for RRNS and all health care workers, to redefine their place in changing health care systems full of uncertainties. They are open to new possibilities for dwelling in changing health care cultures. The '*webs of significance*' which RRNS seek to '*spin*' symbolise, as Geertz notes, the new *culture*. Being able to *spin* new patterns or to transform the culture of work groups in health care services is important. Involvement in the contemporary context of work involves readjustment, renewal, and growth of understanding in order to practice collaboratively for the creation of healthier, healing and caring communities. The circular journey of engaging and re-engaging in study draws the RRNS into a constant mode of 'search': of re-examination of the demands inherent in the everyday world of work, study and home. For RRNS the culture of the workplace and of the many work groups within it, as well as the cultural realities of those who require care, spurs them into further study and, expectantly, into a greater, liberating understanding of what is asked of them.

### **HEIDEGGERIAN PHENOMENOLOGY: SUMMARY RECAPITULATION**

Essentially, phenomenology is a philosophy concerned with the meaning of being human and this leads to never ending questions as we seek meanings and understandings. In describing his philosophy, Heidegger (1927/1962) deals extensively with the situatedness of human being-in-the-world. It is, says Plager (1994,p.69): '*a world of shared background practices and familiarity. We get all of our possibilities and potentialities from this shared background.*' And, Sheehan (1997, p.2) writes: '*Heidegger claimed that his philosophy was about one thing only: the disclosure of being in conjunction with human experience and concern*'.

A brief quote from Heidegger reminds us of the importance of recognizing that, in looking for meanings and understandings there are no end points, no perpetual 'problems'. Heidegger (1962,p. 30 ) wrote that:

*.. the term phenomenology expresses a maxim which can be formulated as 'to the things themselves'. It is opposed to all free floating constructions and accidental findings; it is opposed to taking over any conceptions which only seem to be demonstrated; it is opposed to those questions which parade themselves as problems' often for generations at a time.*

Hermeneutics is an interpretive approach that is well suited to nursing research and, in conjunction with Heideggerian phenomenology, promotes our understandings of the '*situatedness of RRNS (management) being-in-the-world*'.

As narratives are the core data of the research, this first section of Chapter 4 ends with a

discussion of: narratives as keys: understanding change; and, of deconstructing of texts: bestowing meaning.

### **NARRATIVES AS KEYS: UNDERSTANDING CHANGE**

Heidegger (1959/1971, 189) speaking of the centrality of 'language' in defining our 'humanness', stated:

*Man speaks. ... We are always speaking, even when we do not utter a single word aloud, but merely listen or read ... We speak because speaking is natural to us.. It does not first arise out of some special volition. Man is said to have language by nature. It is held that man ... is the living being capable of speech. ... only speech enables man to be the living being he is as a man. It is as one who speaks that man is -- man. .... In any case, language belongs to the closest neighborhood of man's being.*

Language, Heidegger also explains, is much more than the acquisition of information about language. Such information is supplied ad infinitum by linguists, philologists and analytic philosophers. Although such information has its own justification, the experience one has with language is quite another matter. Heidegger (1959/1971) acknowledges that our relation to language is obscure and almost speechless, advising us that we might benefit by ridding ourselves of the habit of only hearing what we already understand. Heidegger (1959/1971, 411) states, that:

*In experiences which we undergo with language, language itself brings itself to language. One would think that this happens anyway, any time anyone speaks. Yet, .... language never itself has the floor. .... Many things are given voice in speaking ... what we are speaking about: a set of facts, an occurrence, a question, a matter of concern. ... in everyday speaking language does not bring itself to language but holds back ... thus we are ... able simply to go ahead and speak a language ... to deal with something .. negotiate .. by speaking. But when does language speak itself as language? Curiously enough, when we cannot find the right word for something that concerns, carries us away, oppresses or encourages us. .... when something is to be put into language that has yet to be spoken we are dependent on language giving and not withholding the appropriate word.*

An experience with language brings us face to face with some aspect of the human condition for which we look for the 'words' that will give us an understanding of its essence or essential meaning. Polkinghorne (1988), in his text '**Narrative Knowing and the Human Sciences**', shares with us the dissonance he experienced between the two sides of his work: that of the academic researcher and that of a practising psychotherapist. Alongside this feeling of dissonance or discontinuity, which he found to be shared by colleagues and students, was a '*nagging concern*' that the human/social sciences were perceived to be wanting and unable to deliver to individuals and society the promise of being able to solve their ills in one way or another. He came to the conclusion that the traditional methodology of

his discipline (and that of the other human/social sciences) had limitations that needed to be dealt with. Conversely, Polkinghorne (1988) also noted that, despite this lessening confidence in the ability of the human/social sciences to make any appreciable difference on the social ills that prevailed, people turned for help to those in practice. On examining the work of the practitioners he found that what they worked with was narrative knowledge. The practitioners concern with the stories that clients shared with them and their case histories he found to be an important factor in the reason why people turned to them for help.

Polkinghorne's move from a reliance on quantitative research tools, though he still uses these for large group characteristics, to an interpretive, qualitative approach has relieved his 'nagging concern' over the research–practice division. I have learned, he tells us that '*the practitioner's kind of knowledge*' can work with the narratives people use to understand their world. Other scholars, such as Derrida (1992); Foucault (1973), further help us to uncover the meaning and significance of the texts we analyse in discussing the concept of deconstruction.

### **DECONSTRUCTING TEXTS: 'BESTOWING' MEANING**

The concept of 'deconstruction' to be found in Heidegger's text 'Being and Time' (1927/1962) has been put forward by Derrida (Pinar & Reynolds, 1992) to indicate the intricate relation between experience and language. Derrida is emphatic that to deconstruct is not to be understood as a negative activity but rather that it means to circumscribe or to encompass the meaning and significance inherent in texts. Previously used as a term by grammarians in reference to sentence construction it is used, in Derridian terms, to unveil or to lay open the construction of discourse. Deconstruction is employed to reveal how a discursive strategy functions, including what it excludes or denies (Pinar & Reynolds, 1992). They illustrate this by citing Foucault (1973) who, in reference to his own study of madness, says '*I have not sought to write the history of that (medical) language, but rather the archeology of that silence.*' In that instance, the activity is seen to be political and to be seeking to expose the meanings and significance of the phenomenon under discussion. It is apparent that deconstruction is an activity that looks for the tacit meanings that are found in language. In fact, as Pinar and Reynolds (1992, 224) emphasise:

*(To be blunt) there are no primary texts, only interpretations of interpretations. The concept of primary text is implied, as is the concept of original and pure experience but it cannot be expressed linguistically. Any text is laden with human purposes and cross purposes, motives and counter motives – what is stated and what is not.*

They support this by again referring to Foucault who is cited as saying:

*Interpretation can never be brought to an end, simply because there is nothing to interpret. There is nothing absolutely primary to be interpreted, since fundamentally, everything is already interpretation; every sign is, in itself, not the thing susceptible to interpretation but the interpretation of other signs.*

Foucault, quoted in Descombes, (1980, p.117).

Meaning comes forth from a circular or roundabout unveiling of what is intrinsic to the phenomenon undergoing hermeneutic analysis. Deconstruction of the texts of the participants (RRNS) of this study, using a Heideggerian hermeneutics approach, brings us to an understanding of their lived experience on re-entry to 'school' and what it means to them. In using the term, the 'bestowing' of meaning, we acknowledge that, from an ontological perspective, what is sought is an uncovering of what has been significant and meaningful for the participant. It is not our analysis of the situation that is offered but what has been granted to us, something that Heidegger describes as a '*bestowing*'. But as we engage in dialogue in the interview and with the text, we do engage, collaboratively, in explicating the shared learning practices that have been experienced. Polkinghorne (1988) comments that narrative configuration is not simply a personal projection. He explains, that:

*... experience focuses on the notion of 'repetition or 'retrievability'. The past is not over, because it can be retrieved in memory – not a mechanical reproduction of what has been ... (More) it is a fetching back of the possibilities that have passed by in order to make them real again in the present .. a telling of the meaning or significance of the experience.*

Polkinghorne (1988, p.160)

The hermeneutic circle is, as noted before, a journey that is complete and never-ending. Meaning is bestowed through the activities of deconstruction and interpretation of the texts bringing us to understanding of the phenomenon. Deconstruction reveals the endless regress and arbitrariness of interpretation in order to let the text, and the reading, be free.

## **SECTION TWO**

### **HEIDEGGERIAN HERMENEUTICS ANALYSIS**

Heideggerian hermeneutic analysis is a research methodology comprising a fusion of (Diekelmann, 1993), listening, narratives and hearing. Hermeneutics is an engaged, profound way of listening where the researcher actively seeks to understand the meanings that a lived experience holds for particular individuals. When someone is asked to relate how a certain lived experience has been for them, such a researcher (a 'hermeneut'), engages resolutely in a silence that makes a clearing, leaving the narrator 'free-for' voicing their story. I learned to use,

with care the quiet moments that hint at an opportunity to call forth an extension of the story, or to seek elucidation of something uttered. The fusion of hearing, narratives and engaged listening is palpable in the stories of those who are left to narrate with minimal but masterly encouragement during the telling. I learned how difficult, but vital, it is to fine tune the giving of a hint or a prompt to clarify or call forth more of the story. But, when such a quality of hearing, narratives, and listening is attained, the researcher opens up an opportunity for participants to disclose the highlights of a given experience.

The dangers of a researcher-centred interpretation are avoided when the participants, research associates, and the readers (sufficient excerpts from the texts are included in Chapters 5 and 6 which report the findings to make this possible) are included in our analyses. Hermeneutic research, as introduced into nursing by Benner (1985), uses three strategies for the uncovering of configurational and transactional relationships in the data: paradigm cases, exemplars, and thematic analysis. It is important to realise that all three strategies, described further on, allow the reader to be a participant in validation of the findings, unveiled by textual interpretation. In engaging in thematic analysis, it is vital to remain mindful of the context related to the phenomenon under study since to do otherwise results in its distortion. As is germane to Heideggerian thought, it should be noted that meaning rests neither wholly within the individual nor within the situation but comes in the exchange between the two.

Hermeneutics in origin can be traced back to the early Greeks and from the Greek roots of the word comes the sense of a process that brings us to understanding through language. Through a process of description and interpretation we come to understanding and, thus hermeneutics evolved as a systematic approach to the interpretation of oral and written text. From the 17th to the 19th century hermeneutics was primarily associated with biblical exegesis. Palmer (1969), describes Schleiermacher as having redefined hermeneutics as the art of understanding any utterance in language and greatly extending its use beyond theology, literature, or law. The use of hermeneutics evolved further with Dilthey (Polkinghorne, 1983) asserting in 1900 that the same process of hermeneutical analysis could be applied to our understanding of life and other persons. Dilthey believed that hermeneutical analysis could be employed to aid understanding of lived experience or expressions of life.

Heidegger built upon Dilthey's thought and exegesis of hermeneutics, but Heideggerian hermeneutics differs in that interpretation is not regarded as a way of developing knowledge but as a telling of the way human beings are. It is, as clarified earlier, concerned with an

ontological phenomenon, that is, with the nature of human beings: with the 'how' of their being in the world. The job of Heideggerian hermeneutics is to facilitate our exploration of what it means to 'be' in the world. Exploration of the lived experience of the participants of any designated study, using hermeneutic inquiry, comes about through language and a continuing quest to explicate the significance and meaning of what it means to 'be' in a given time, culture and context. Written and spoken texts generally conceal more than they reveal, however, and hermeneutical analysis of texts aims to enter into a thinking dialogue with the texts for greater disclosure. Hermeneutics has been explicated by a number of philosophers and writers (for example, Husserl, 1931; Gadamer, 1970; Taylor, 1985b, van Manen, 1990) in their work. Rowan and Reason (1981) comment that it is just one way in which people make sense of their everyday world, emphasising that our understanding is hermeneutical and is very much influenced by cultural, contextual, temporal and relational factors.

But it was Martin Heidegger who developed hermeneutic phenomenology, which he explains as an approach which humans use to understand their world and the everyday life they experience. Essentially, it seeks to understand phenomena on their own terms, to provide a description of common human experience as lived and understood by those who own the experience. Heidegger (1960/1971) tells us that humans live as cultures. They are born into and experience living in many cultures of both a close and a remote nature. But in one way or another, through inherited and acquired experiences of living, they engage in shared learning of the significant and meaningful in their lifespaces. They both receive from and add to all that makes up the mosaic of their everyday world. The cultures they experience share languages, practices and common meanings. This is living within the frame of a larger society, a district or region, a community whether it be an urban neighbourhood or a rural village, a family, a school, a workplace and a particular practice within that context of work.

In the Heideggerian view, people always belong to, and participate in, cultural, social and historical contexts. This is a relational view of the person, and 'human nature' is not considered fixed. The person is self-interpreting through and through, and these self-interpretations are not individually generated, but are handed down in the language and cultural practices. Social practices and perceptions are already laden with interpretations. Underlying all interpretation-laden practices and self-understanding handed down through language and culture is the notion of 'The Background'. As described in Chapter 3, 'The Background' is something we acquire from birth from the cultural realities of everyday life; it gives us a shared public understanding of the nature of things handed down to us and not obtained individually.

## **Uncovering Meanings**

As noted (Rather, 1990; Diekelmann, Rather (Eds.) 1993), little research has been done to increase understanding of what RRNS, particularly those who come from a management context, find meaningful and significant on reentering formal (advanced) programmes. Consequently, the approach chosen to uncover the meanings of this lived experience has been determined by the need to describe what it is that RRNS themselves find significant and meaningful. For this study, Heideggerian hermeneutics was chosen because of the philosophic framework and the basic orientation to life it holds of the sense and purpose of what it means to be human. Its concern with the 'everyday life', and the meanings this holds for individuals in their lived experience of daily life practices, is grounded in Heideggerian phenomenology. In Heideggerian thought, meaning comes in the exchange between the individual and the situation experienced. The prime reason that draws us to hermeneutic inquiry is the need to enhance our understanding of a designated phenomenon and the context from which it originates and which endows it with meaning. The purpose is to explicate meaning and contextual awareness from the narratives or texts rather than to promote prediction and control of the phenomenon of interest.

## **A JOURNEY OF DISCOVERY: COLLABORATIVE INQUIRY**

Heideggerian hermeneutic inquiry involves exploration in partnership and has a distinctive pattern of relationships between the researcher, the participants and a team of research associates. Only a general account of the strategies used in hermeneutic inquiry is given here, but its application to this study is told in the the fourth part of this chapter. Investigating experience has the potential to reveal the essence and to aid comprehension of what is meaningful and significant for participants. In Heideggerian hermeneutics, the researcher is a co-participant who seeks to enter into dialogue with those willing to participate for a given purpose. Extended open-ended interviews are used to gather the data and, with prior consent, the narrations are audiotaped. Hermeneutic analysis of the transcribed texts is then undertaken. Recollect, that a collaborative inquiry demands that all participants commence with a clear explanation of intent and requirements. They also need time to reflect on the question put to them and the reassurance that they have the right of withdrawal if they should desire it at any time during the inquiry. Allen, Benner and Diekelmann (1989, p.30) tell us:

*Everyday understandings, meanings, practices, relational concerns, and skilled activities are the focus of study in the paradigm. ... The crucial difference for hermeneutics lies at the kind and level of description and explanation. What is important about the patterns is the meaning or interpretation they reflect, and the explanations of those patterns lies in meanings that shape them. Teleological explanations are used to account for*

*human agency and historicity ..... both description and explanation are grounded or constituted by meaning.*

Clarification of intent and the nature of the study is both the beginning and initiation of a Heideggerian hermeneutical study. The purpose of a HHA study being discovery of the significance and meaning of a particular lived experience for those recapitulating the experience. In Heideggerian hermeneutics, experience does not signify the mere passing of time. Rather, it signifies the turning around or refining of preconceptions (Gadamer, 1976). For Heidegger knowledge acquired through practical activity is valued. His well known explication of a hammer moves us beyond a description of its physical properties such as heaviness, density, and smoothness of metal; since, as he draws to our attention, these properties only make sense in relation to the task of hammering itself. Understanding what a hammer is comes with understanding of what a hammer does through the agency of the 'hammerer'.

In the present study, for example, the particular properties of a curriculum for RRNS from a nursing/health management context cannot illuminate for us the meanings which engaging in such a programme has for these people. We have to uncover what is meaningful for the RRNS from the narratives which they recount to us. In this way, and in partnership, we seek to identify learning which is significant in relation to their context of work. Practice, and the management of practice settings, are situations where theory interacts with practical activity and meanings are refined. In the educational setting, the choices made for the provision of desirable learning experiences must also be seen as context dependent and relational. Research, into how this experience has been for participant RRNS, has been shaped by the belief that it may be unveiled through interpretation of the 'stories' they tell about their experiences. The threefold relationship that evolves between the researcher in dialogue with the participants and the texts, incorporates the conversational relation with the phenomenon that occupies their thoughtful concern. And, as the research team participates, textual interpretation is enhanced as understanding of what the texts uncover is shared and consensus is sought during dialogue throughout the process of hermeneutic analysis.

### **'Roundabout' Way: A Fusion of Learning, Narratives and Listening**

Returning Registered Nurse Students, the phenomenon of interest in this Heideggerian hermeneutic inquiry, have different stories to relate than those of beginning students of nursing studies. They re-engage in formal, advanced learning with a very different baggage of expectations even though it is unlikely that either genre of students will find that the actuality of what they experience will match closely with their expectations. Regardless of the measure of discrepancy to be found in either case, the cultural experience that proceeds

from the programme of learning will be a rewarding one to the degree that it acknowledges, and works from, the realities of the lifeworld of the students. Unveiling through hermeneutic analysis what they find to be meaningful and significant in the lived experience of their everyday lifeworld as they re-enter 'school', is what has been sought. Textual interpretation of recorded and transcribed narratives is a 'roundabout', but worthwhile, way of gathering, interpreting and uncovering the meanings intrinsic to the lived experience of RRNS. It involves an engaged, profound way of listening and dialogue with the text to uncover meanings. The poetic brevity of the following lines (taken from the Eliot poem included on p. 8) is a tellingly simple illustration of what happens when we enter the 'hermeneutic circle' as we carry out a Heideggerian hermeneutics analysis study.

*We shall not cease from exploration  
Will be to arrive where we started*

*And the end of all our exploring  
And know the place for the first time.*

The process of hermeneutical analysis may vary in detail but not in essentials as the following account of Heidegger's, Benner's and Diekelmann's HHA strategies will demonstrate. As related on p. 62, Heidegger, Benner and Diekelmann are key people in the development and promotion of HHA as a research approach. The approach, of course, is based on Heidegger's teachings on phenomenology and hermeneutics. He is the originary source of the approach. Benner introduced Heideggerian phenomenology and hermeneutics into the nursing context and Diekelmann, in association with Allen and Tanner has refined and developed HHA, particularly, for application in the context of nursing education.

## **HEIDEGGERIAN HERMENEUTIC ANALYSIS: AS DESCRIBED BY HEIDEGGER (1969); BENNER (1985); DIEKELMANN, ALLEN AND TANNER (1989).**

### **Strategies used by Heidegger (1969)**

Heidegger (1969), describes the process of hermeneutical analysis as being comprised of three phases.

**Phase One** strives to find the overriding meaning of the whole text which though not explicit yet encircles it; a meaning which is at the heart of the text and is described as 'Being'.

**Phase Two** evolves from the first phase and consists of interpretation going 'to-and-fro' or 'back-and-forth' to parts of the text so as to delimit the specific field opened by the text. The two interpretations are scrutinised closely to determine conflicts and similarities and to establish an understanding of the whole in relation to the parts and of the parts in relation to the whole. The 'to-ing-and-fro-ing' between the parts and the whole constitutes the 'hermeneutic circle', and brings to light new themes, concerns, and questions as understanding of the text is sought.

In **Phase Three**, interpretation seeks to go beyond what was said, to take a place, poised as it were, in the centre of the text on the periphery between concealment and disclosure. In essence, hermeneutical analysis does not stay within the systematic exegesis of what is already created in the text but, by a process of originaive thinking, brings to light meaning that was not explicitly present in the text (Palmer, 1969). It is this thinking dialogue between the interpreter and text which moves the process of hermeneutical analysis into the domain of the transpersonal; thus uncovering meanings which were not apparent to either the narrator or the interpreter from an individual perspective. The quest of the 'hermeneut' is to seek commonalities in meanings, contexts, and bodily experiences in portrayal of the lived experience.

### **Strategies used in Hermeneutic Inquiry by Benner (1985, 1994)**

Benner (1985, 1994), describes three narrative strategies; paradigm cases, exemplars, and thematic analysis to be used in hermeneutic research for the unveiling of configurational and transactional relationships in the data. These strategies '*provide the basis for entering practical worlds and understanding socially embedded knowledge*' (Benner, 1994, p.112).

**Paradigms** are those instances which stand out strongly as examples of a specific and complex pattern of meaning which cannot be broken into smaller parts without the loss of intactness and a corresponding loss of meaning. A paradigm or constitutive pattern stands out clearly as a unique, intricate pattern of meaning which is intact in its own 'ground' or context. Textual interpretation is concerned with revealing as fully as possible the connectedness and complexity of relations in the situation experienced, but the interpreter does not presume to exhaust all the likely meanings it contains. There is no end point at which meaning is foreclosed; interpretation remains open-ended and new information or understandings may alter initial conclusions. In this study, HHA revealed one constitutive pattern (*'Nursing is dwelling in thoughtful concern as context calls forth'*), which stands out clearly in all fourteen texts. Understanding what is meaningful and significant for the RRNS arises from dialogue with the text and uncovers, without ambiguity, valuable practical knowledge to be brought into the everyday world and practices of RRNS from a management context.

**Exemplars** differ from paradigms in complexity and, whilst both grasp the significance of a given context, exemplars are more akin to vignettes which disclose the inherent meaning of a situation, while paradigms link multiple meanings into a pattern or meaningful whole

(Rather, 1990). 'Paradigm cases', Benner (1994, p.116, 117) states: 'can be augmented by exemplars and thematic analyses.' And, when the constitutive pattern or paradigm has been 'identified, ... exemplars (relational themes) may be extracted from the text to demonstrate the similarity or contrast. Exemplars convey aspects of a paradigm case or a thematic analysis.' Both strategies make it possible to portray people within their context and to keep unimpaired their intentions and meanings within that context.

**Thematic analysis**, the third of the three interpretive strategies, described by Benner (1985), involves the interpreter in identifying common themes in the texts under study. Whilst both themes and constitutive patterns (paradigms) describe the common meanings and shared practices found in the texts, constitutive patterns express the relationships among the themes. The analysis is called thematic because 'meaningful patterns, stances, or concerns are considered rather than more elemental units such as words or phrases' Benner, 1994, p.115). This involves the researcher 'to-ing and fro-ing' between texts and between parts and wholes of texts in order to uncover and develop the meanings that arise from textual interpretation. Interpretation to increase understanding of a given phenomenon requires considerable wrestling with the texts but must not, as Benner (1994, 116) warns, 'end in making the practical more rational, coherent, or consistent than it really is. People live with great incongruities between spheres of their lives'. It is here that we confront all the ways in which our daily life practices are not like a creative writing exercise in which all is predetermined and/or can be amended by cavalier cutting and pasting as may please us. Future possibilities and past and present periods of our lives are perceived and experienced differently.

But it is possible, through dialogue and interpretation of what is meaningful and significant in a given situation, to increase understanding of daily life practices. Whatever differences we may experience in our particular lifeworlds there are also similarities, and we can describe, dialogue or converse together, discover and share meanings and increase understanding of given contexts. As Benner (1994, p.116) states:

*We always come to a situation with expectations, sets, and a preunderstanding (Benner & Wrubel, 1989), and depending on our ability to be open and listen, these biases and preunderstandings can be challenged and changed. Dialogue cannot occur without our own personal knowledge (Polyani, 1958) being challenged.*

Heideggerian hermeneutic analysis (HHA) is an interpretive process which involves the researcher in active partnership with the researched. Thematic analysis presented by the

researcher is challenged by the researched (participants) and research associates as co-researchers. Thus, through dialogue shared understanding and consensus is sought and interpretation stays close to the texts. All three strategies, as noted earlier, make it possible for the reader to be a participant in judging authenticity of the findings or of what is uncovered through interpretation. In Heideggerian phenomenology, meaning comes in the exchange between the individual and the situation experienced. Rather (1990) comments that individuals both constitute and are constituted by the situation.

Dialogue as hermeneutic inquiry is central to a phenomenological approach to the concerns we seek to identify, interpret and, as it were, bring to understanding. Benner (1984), found the dialogue she held with nurses about their everyday experiences to be both satisfying and frustrating. She began to describe the emerging shared practices of nurses and enterprises such as first rendering help as and when required until medical care became available. Common meanings significant for nurses such as 'knowing the patient' (Tanner & Benner, 1994), became revealed through dialogue and some of the practical knowledge that nurses develop from their experiences, identified. Diekelmann (1993, 2), explains, that:

*While practical knowledge cannot be used to predict in a situation, it can help you to understand your practice in transformative ways. For example knowing that nurses have practical knowledge which develops with experience about how to manage a rapidly changing situation, you can understand why you are able to know what is going on in one rapidly changing situation and not in another. Reflecting on experience, not just intellect and talent, influences nurses abilities to develop practical knowledge. .... (such) understanding ... (makes) available to you the possibility to think of your practice and .. (that) of your nursing colleagues being differentiated along lines of experience.*

Hermeneutics, as a way of thinking, brings understanding through uncovering common meanings and shared practices that can transform; since, as a language experience, it both shapes and is shaped by experience. Hermeneutical thinking is thinking as 'comportment' which Diekelmann (1992, p.49) distinguishes from behaviour, usually perceived as something that is the object of analysis. 'Comportment' is described as 'those practices (such as teaching and learning) we all engage in on a day-to-day basis'. These practices are to be found within particular cultures that share meanings and skills that are unique to them. The 'how' of our comportment towards the practice of teaching, shapes, and is shaped by, the learning experiences available to students.

### **Strategy Used by Diekelmann, Allen and Tanner (1989)**

Hermeneutic analysis has been used, also, by Diekelmann, Allen and Tanner (1989) to study nursing education and practice. They describe a process involving seven steps of textual

analysis. This is detailed in the final section of this chapter which describes the steps as they were undertaken for the present study. Use of this **7-Step-Strategy** provided a way to facilitate interpretation of the texts and to uncover what the RRNS found to be contextually, professionally, and personally significant. Unveiling common meanings, practices and shared understandings generates the creation or reinforcing of communities of care in nursing, whether the context of work for the RRNS is clinical, management, education or the home base. The practice of teaching is bound up with an understanding of how nurses learn to practice ontologically: and to interpret human actions is basic to understanding teaching. The cooperative research and writings of nurse scholars, practitioners and educators, such as Bevis, Benner, Diekelmann, Baker, Rather, Darbyshire, Allen and Christensen, create a clearing where nursing curriculum and nursing practice find a common base and purpose.

Hermeneutic inquiry commences with writing a question; yet, as Diekelmann (1993) points out, this implies a beginning whereas it is better thought of as a point on the way, what Heidegger (1959/1971) calls a 'way-station'. Nevertheless, it is essential that a particular phenomenon of interest and concern is the focus of the research study, irrespective of the number of times prior or subsequent to writing of the question, something catches our attention and initiates reflection. We need to be clear as to what we are about when we begin such a research study, whatever else may come to our attention along the way. But it is vital, as the research progresses, that the researcher remains open to new possibilities that may arise. The three strategies do not differ in essentials. Although Benner (1985) and Diekelmann, Allen and Tanner (1989) moderate the hermeneutic process to the context in which it is to be applied, it is more an extension for a nursing purpose than a change of any essential aspect of the process. Depending on the nature of the research any one of the three strategies may be selected to guide the researcher's use of a HHA approach.

### **SEEKING VALIDATION: MOVING IN A HERMENEUTIC CIRCLE WITH THE TEAM**

Heidegger's, Benner's, and Diekelmann's explanations of the ways in which a hermeneutical analysis might proceed have been discussed. In undertaking this study I found the use of multiple stages of analysis valuable for making visible contradictions, conflicts, and inconsistencies. It is for this reason that a research team is important at certain steps of the analysis for reappraisal and comparison, although the degree of involvement necessarily varies with realities unique to each research study. In this instance, the realities to be dealt with had to do with team members being located in different places. But, as commented

earlier, this did not prove to be unduly difficult and active and sufficient participation at essential points of analysis by experienced Heideggerian scholars was invaluable.

In Heideggerian hermeneutical analysis, the researcher and co-researchers collaborate to make visible the underlying themes or meanings that reside in the text or are still present in the phenomenon. This is done in order to strengthen the researcher's ability to be aware of any weakness in interpretation and insight and to move beyond it, thus overcoming any limitations that may exist in the analysis. Individuals seek to make sense of, and to manage successfully, varying aspects of their daily lifeworld that can be very complex. Time, place, and space, or the cultural web (Geertz, 1973) of a particular lifeworld, bring different experiences which are best understood or brought to understanding when those who live the experience are allowed to tell **their** 'story' of how it has been for them. Sharing narratives and interpretive analyses with a research team, or even less formally with advisers, colleagues, or friends, strengthens the ability of the researcher to listen with more skill and to reduce bias and inconsistency in thematic analysis.

In conclusion, the phenomenological position is emphatic that all interviewing is to be regarded, most importantly, as a dialogue. For this research study, the dialogue has been a shared, thoughtful reflection on the phenomenon of RRNS re-entry into formal (graduate) study. The particular focus has been centred on RRNS from a nursing/health management context whose everyday lifeworld has been subject to considerable change and upheaval in the 'workspace'. Additionally, since life is lived in its entirety, even when the participants are occupied with a particular concern such as the complexity of new practices and interrelationships at work, the contexts of study and home become caught up in the challenges that originate in the health care workspace. Engagement in successive, clarifying stages of analysis in collaboration with research associates and participants, who are valued as co-participants, has been a vital and helpful aspect of this research study.

## **SECTION THREE**

### **THE CONTEXT OF WORK FOR RRNS (MANAGEMENT)**

#### **INTRODUCTION**

This section first discusses something of the context, inclusive of the wider health care environment in which RRNS (management) work, in order to illustrate the everyday world in which they work. It then draws attention to the centrality of gathering, building and dwelling in Heideggerian hermeneutic analysis (Heidegger, 1955/1977c); Diekelmann, 1993, 1994).

*The meaning of a (person's) reality through the phenomenological approach will reveal to (us) the qualities of each individual's experience, which subsequently will provide a more comprehensive understanding of the nature of (phenomena – the 'things' themselves).*

Ray (1985 , p.85).

Whatever life experience is the concern of a hermeneutic inquiry, the primary concern is, to reiterate, to call attention 'to the things themselves' (Husserl,1965; Heidegger,1969; Merleau Ponty,1962). For Heidegger, the main concern is that humans increase their everyday understanding of the meanings of daily life practices. For the researcher, the major concern has been to deepen and extend understanding of the lived experience of RRNS who have had to face unprecedented changes in health care work settings. I believe this dealt them two major challenges with which to contend: one related to the nature of the changes and its effect on their ability to engage 'nursingly', that is, to be able to act according to nursing judgment. The other, closely related challenge, concerns their sense of personal and professional worth and being able to make a difference in the creation of healthier, healing, caring environments. In the context of contemporary health care settings in New Zealand and elsewhere, a competitive spirit is confused with the natural desire of an individual to excel and to actualise their potential. Nurses/nursing need to 'look-along' the full picture of what is desirable in creating communities of care, inclusive of those who receive and those who provide care. RRNS who work in some aspect of nursing/health care management have particular concerns in relation to the work environment as it affects both colleagues and clients.

Current literature and reporting indicates that nurses/nursing's future rests on the ability to let diverse communities, as well as diverse groups and individuals within any given community, approach and say: This is what we require. What can you offer? It is my belief that the manner of the response to that request has the potentiality to either open up new opportunities, as relevant to the context, or to have both parties walking in different directions to the benefit of neither. This is true for all health and health related professionals. But, for nurses, there is a particular urgency since the nature and purpose of nursing requires nurses to be very finely tuned to bridging the gap between what people/communities require and resource availability and accessibility. Acknowledgment of the need for community involvement in health care planning and provision is important for nurses. In the Heideggerian sense, what we experience in our daily lifeworld as nurses, whatever its particularities, is that of a common culture and language. But this must be related to the wider culture of the community in which nursing is practiced. It is this that confers dialogue and meaning to our practices.

## **'The Empty Raincoat': Gathering, Building And Dwelling In A Hermeneutic Inquiry**

' *Our future is not what it used to be* ' forms part of the 'stew' experienced by nurses, and other individuals, as the daily lifeworld of the institutions in which they work undergoes repeated restructuring. Amongst a number of other outcomes, customary expectations of progression in one's profession was lost in the process and, for many, the alternatives seemed bleak or uncertain. For others, however, whilst appreciating the uncertainties and possible limitations of ongoing restructuring, it became a matter of preparing to contend with the challenges that were, or probably would be, confronting them . One way the participants did that was to become a RRNS in order to gain a better understanding of complex change in health care organisation and provision.

Handy, in a series of books ranging from *Understanding Organisations* (1985) to *Beyond Certainty* (1995), is particularly preoccupied with the shaping and reshaping of organisations and all that this means for individuals' and communities' present and emerging ways-of-Being. Handy (1994, p.1–3) tells of the unforgettable impact a sculpture, called "*Without Words*" had on him. Consisting of three shapes, ' *the dominant one, a bronze raincoat, stands upright, but empty, with no one inside it* ', and it was the empty raincoat that symbolised for him, the most pressing paradox of our time. The paradox is that of knowing more yet understanding less, of becoming more technically adept yet increasingly powerless. Yet, we are not meant to be empty raincoats ; ' *the challenge must be to prove that the paradox can be managed and that we, each one of us, can fill that empty raincoat* ' .

The filling of that empty raincoat, however, requires from all concerned a bridging of differences, a sharing of responsibilities, and a thoughtful regard for each other's judgments. Gathering, building and dwelling in a hermeneutic inquiry implies turning '*to the things themselves*' , giving them a 'voice' to tell us how it has been, how it is, for them. Heidegger (1955/1977c) uses the concept of 'building' as the paradigm case for our relation with things, and 'dwelling' speaks to our way of thinking and comportment as we interact and connect with others, with the '*things themselves*'. Any description of being human must account for things (and here 'things' is used, also, in reference to all else in the human environment), our relation to things, and how they show up for us. Our thinking must be kept open and problematic. Paradoxically, Heidegger (1954/1968), emphasises that all ( about some matter or other) is clear and then seemingly retracts that statement to say nothing is clear. But everything is significant and what does matter is the revealing.

Implicit in a dialogical encounter, which is at the heart of a hermeneutic inquiry, is giving primacy to what participants reveal as being particularly significant and meaningful for them in a given life experience. The intent of any phenomenological study is to understand phenomena on their own terms, and to give a description of human experience as it is lived by people, themselves. Nevertheless, a meaningful experience cannot be a wholly unique moment but, for the sake of intelligibility, it must connect with other similar or identical experiences and, itself, become the ground for other meaningful experiences. The hermeneutic approach assumes the interconnectedness of all aspects and elements of the intersubjective world. The narrative accounts of the RRNS participating in this study open for us the possibilities, inherent in the lived experiences they tell us about, of the meanings of their shared experiences coming together to transform their everyday work practices. The *'empty raincoat'* accrues fullness as the connecting conversations that evolve from narrating our stories and sharing meanings transform and liberate our practices of caring and curing; thus, always keeping open the door for future possibilities.

## **SECTION FOUR**

### **HHA RESEARCH APPROACH: A SEVEN-STEP-STRATEGY**

#### **INTRODUCTION**

This section now fulfils what was left for later when describing the strategies that may be used in HHA. After first relating what took place to prepare the ground for this study, the use of Diekelmann's, Allen's and Tanner's (1989) 'seven-step strategy' is described. Initially, important questions had to be asked and answered to the researcher's satisfaction, ethical concerns and how they were to be managed stated unambiguously, and what and who would be involved clearly delineated. A consideration of these issues precedes explication of what happens during the process of Heideggerian hermeneutic inquiry.

#### **Coming to the Point of Initiation**

Any study must have a starting point from which to explore a phenomenon of interest and, in this study, there were some basic questions to address prior to formulation of the research question. For instance, I needed to ask and appraise such questions as 'Why study this particular phenomenon?' or 'What brought this particular concern to my attention?' It is likely that long before a research question has been formulated, various matters that touch on it have been given thought. Under 'Background to the Phenomenon of Interest' (p. 3), it was

noted, for example, that the study arose from observations made over a decade of teaching various courses to RRNS. A participatory learning approach opened up many opportunities for students to share their lived experiences – challenges, frustrations and achievements – and this, in turn, evoked teaching/learning experiences which extended and deepened course goals and expectations. In phenomenology, both the researcher and the researched interact through shared culture and communicative ability. It is by virtue of being able to share communicative and subjective experience that the researcher can come to share, interpret and describe the lived experience of the informant. Benner (1994, p. 99) explains this in another way when she says: *'The goal of studying persons, events, and practices in their own terms is to understand world, self, and other.'*

The apparent complexity of Heideggerian phenomenology and hermeneutic inquiry is reduced when it becomes seen in the light of the everyday life practices of all participants; the researched and the researcher, the research team and the readers. What is interpreted in dialogue with the texts already has a background of meaning (and this was so for the researcher) since, as Allen, Benner and Diekelmann (1986,p.32) point out, *'A person can have direct access to situations because of concrete memories and perceptions of similarities and dissimilarities with past events.'* But the ethical comportment of the interpretive researcher is *'one of respect for the voice and experience described in the text. The guiding ethos is to be true to the text'* (Benner, 1994, p. 101).

### **Affirming the Point of the 'Exercise'**

As others report (Diekelmann,1993,1994: Rather,1990; McCrae,1995), experience has shown me that RRNS are some of the most thoughtful and committed of students. Equally, I have witnessed how hard teachers work to create flexible curricula and to provide appropriate learning options. Yet, we still strive to find a better match between what we offer and the learning experiences RRNS require and desire. It is critical that we generate greater understanding of the meaning and significance located in the return of registered nurses to formal (advanced) studies, and evolve new pedagogical practices that will enhance their learning. The research findings described in Chapters 5 and 6, will, expectantly, contribute to the revealing of new possibilities for developing learning experiences that are deeply satisfying for students and teachers. Martin (1989, p. 107), addressing the requirements of students with life experience, points out that:

*In a fundamental sense, humanising nursing education begins with the recognition that both students and faculty bring life experiences that greatly influence the success potential of the teaching–learning venture. In an ideal teaching–learning situation, all of those involved are engaged in a process of*

*becoming as they interdependently pursue discovery and learning.*

### **Gathering the Participants**

It has been noted as a basic tenet of Heideggerian hermeneutics that, to understand phenomena, one must go *"to the things themselves"*. This required being able to converse with RRNS participants and asking them to tell of their everyday concerns and practical knowledge. In order to establish the trust that such a relationship entails, the search for participants necessitated an honest dialogue with those who were representative of the phenomenon. The initial step involved conversations with RRNS from a nursing/health management context who, as described earlier (see p.38), had been members of one or more of the courses taught by the researcher over a decade. It was anticipated that the pool of potential participants would be able to articulate what the lived experience of being a RRNS signified for them at a time of complex change in the workplace.

Most conversations inviting potential informants to consider participating took place by telephone but, through serendipity, direct personal contact occurred with five of those who agreed to participate. An explanation of the research project and what it would require was given and, at this stage, they were simply asked to think about taking part, and if the researcher might contact them again by letter to detail in writing what was involved. This approach was seen as necessary to remove any pressure that a direct response (either in person or by telephone) might induce, and also to ensure that those approached would have sufficient time to reflect on the question before making a decision. In the event, the required fifteen participants were obtained without any difficulty or refusals, although one had to withdraw just prior to being interviewed because of time pressures at work. Hence, the study proceeded with fourteen participants and, after signing a consent form detailing rights and expectations (keeping a copy for themselves), they received another letter including a copy of the question they would be asked to respond to at the interview, and confirming the details of where and when we would meet. All the relevant documents, letters and consent form, are included in Appendix A.

### **An Ethical Stance**

In order to maintain anonymity only a general, composite profile is drawn of the participants. In the context of a small country such as New Zealand, and amongst this particular cohort of nurses, it seemed to me that a more specific detailing of participants' characteristics might breach confidentiality. This must not be seen to reflect any concern that a more open, transparent profile of participants had the potential to embarrass them in some way. All participants were given code numbers (from 001 to 014) and these were used on anything

that required transcription by a typist, or would be discussed with research associates and thesis supervisors. In this research report, anonymity is maintained but reference is made to each participant by a given pseudonym. A proposal for the study was submitted to the Massey University Human Ethics Research Committee (MUHERC) who gave it their approval. In keeping with the assurances given to MUHERC and to the research participants, the researcher remains the only person who knows the identity of the participants and interview tapes will be erased on completion of the study.

### **Profiling the Participants**

The participants may be described as mature, experienced nurses although there is an experience differential according to age, which ranges from the late twenties/early thirties to the late forties. All but one of the participants is a woman and all but two are married and are parents. All participants have experienced job changes although not, in all instances, a change to a different work site; and the ominous concept (to many ears) of 'redundancy' became a reality, for a time, for one or two participants. One characteristic sought, and found, in participants related to whether their work involved some aspect of management.

Participants had either completed, or were about to complete, a Bachelor of Arts (Social Sciences) degree, majoring in nursing but with some course options from other disciplines such as education, sociology, psychology, social anthropology and business management. Some had commenced masterate or post-graduate diploma studies. One or two were putting their energies into applying recent learning experiences to their jobs but all had the intention to engage in further advanced study at a time that would be appropriate to all the competing demands inherent in their daily life practices. The study was started with some knowledge of their personal and professional attributes and an assumption that they would be able to articulate how they lived the experience of being a RRNS at a time of distinctive, complex change in nursing/health care delivery services. The next two chapters, '*The Findings: A Story Waiting to Be Told*' (A & B) should indicate to readers that this was a reasonable assumption to make.

### **The Researcher**

The obligation of the researcher to be open, attentive, thoughtful and respectful in initiating an interpretive, phenomenological study is paramount. Although care has been taken to deal honestly with textual interpretation and description and to let the text 'speak' for itself, it must again be noted that the researcher becomes intimately involved in the process of uncovering the 'findings'. But having said that, it is believed that the findings presented in this report are authentic and that the seven-step-strategy of HHA which was used (Diekelmann, Allen and

Tanner, 1989) allowed for a rich and significant dialogue with the participants, the transcribed texts and research associates. The worth of the research and its findings began with the choice of a phenomenon of interest that mattered to the researcher and was of genuine interest and concern to the researched. Approaching the phenomenon of interest with respect obviated any prejudgment of what might be true or false or seemingly trivial from the researcher's perception.

When attention is directed to the primacy of the lived experience as the participants perceive it, then it is possible to understand the phenomenon from the *'inside-out'* (Diekelmann, 1994), rather than as an experience which is appraised external to the *'knower'* – the one who owns or who has lived the experience. As is the case for all human beings, the researcher must necessarily respect how others *'are'* in this world and it is from the *'stories'* of the researched that we can find out what they perceive to be meaningful and significant about their everyday life experiences. We are not setting out to be a therapist in the researcher's role but the aim of the dialogue and conversations we have is to increase understanding. Munhall (1994,p.40) states: *'Researching from a phenomenological perspective does not include 'breaking down' defences or suggesting to people other ways of 'being'.* The concern of the researcher, as interpreter, is to bring to understanding the everyday lifeworld of the participants: the work of the researcher is *'writing'* ... . Language is a central concern in phenomenological research because responsive–reflective writing is the very activity of *'doing phenomenology* . *Writing and rewriting is the thing . . . . . Writing is a reflexive activity that involves the totality of our physical and mental being. To write means to write myself, not in a narcissistic sense but in a deep collective sense* (van Manen, 1991, p.132).

### **The Research Team**

The research team is an indispensable part of a HHA and the process of analysis as described by Diekelmann, Allen and Tanner (1989). The research team included myself as the main researcher, one professor skilled in Heideggerian phenomenology, hermeneutics and nursing education, and two others skilled in policy studies in education, and nursing education and nursing/health organisation and management respectively. There was also a network of research associates who attended, along with the researcher, the Advanced Nursing Institute for Heideggerian Hermeneutical Studies (1993,1994), and took part in textual interpretation of some of the transcribed interview texts. As a factor of resource reality, the availability of team members varied since members were chosen from both New Zealand and the United States. This was necessary in order to benefit from the skill of those experienced and knowledgeable in HHA. Nevertheless, distance was mitigated by the use of modem

communication technology to extend the time available for analysis by direct contact. Although all team members were unable to be present at any one time, the process of HHA was fully engaged and the team contributed to textual interpretation and a growing, shared understanding of the meanings and significance to be found in the texts.

### **The Reader**

Those who read this research study will bring into that experience their own perceptual 'lens' and understanding of ways-of-being in the world. The measure of familiarity with the phenomenon of interest will vary but sufficient excerpts from the transcriptions of the interviews are given in Chapters 5 and 6 to allow you, the reader, to authenticate the 'findings'.

### **APPLYING THE SEVEN-STEP HHA STRATEGY**

The data for analysis consisted of the verbatim transcription of audio taped interviews given by the fourteen RRNS participants. Analysis of the transcribed texts then proceeded through the seven successive steps of analysis as described by Diekmann, Allen & Baker (1989). The use of this systematic seven-step strategy for textual interpretation allows for any contradictions, inconsistencies, or conflicts to surface, and similarities and differences across the texts to be observed as hermeneutic analysis proceeds. As noted earlier, although all seven steps were followed the process was modified to suit resource realities; in particular, the availability of appropriate members of the research team. It is important to note, also, that whilst there is a natural progression in engaging in all steps that is only part of the process. For there is considerable 'to-ing' and 'fro-ing', not just between texts and between parts of texts, but between the stages of HHA, as Figure 4 illustrates. That is the nature of a hermeneutic circle and an essential freedom of the process of engaging in a hermeneutic inquiry. Using a HHA approach necessitated the choice of team members in New Zealand and the United States, in order to benefit from the skill of those experienced and knowledgeable in Heideggerian hermeneutics analysis.

Hermeneutic interpretation of the fourteen texts commenced after all interviews had been completed. The extended, open-ended interviews were conducted in 1993. They took place, according to participants' choice, in various locations in New Zealand, some at home and others in various workplaces. The date and time of interviews was mutually agreed and all took place as planned. The audio taped interviews lasted from sixty to ninety minutes; each interview coming to a natural conclusion as the interviewees made clear that they had completed narrating their 'story'. Although the first interview was treated as a pilot study it

has also been included as one of the fourteen texts for this study. As the first interview, the transcript was sent, along with a tentative analysis (tentative in the sense in that it was my first expression of hermeneutical analysis), to a professor who is a recognised authority, internationally, in Heideggerian hermeneutical analysis and interpretive research. This proved to be a valuable learning experience for the researcher. Each participant was sent a copy of the transcription of their interview so that they could indicate whether there was anything they wished to amend or add to the text. Additionally, later in the study as the 'Consent Form' had indicated might be necessary, a subset of the participants agreed to review a draft of textual analysis and to share their reflective understanding of the interpretation, challenging or endorsing the findings as they saw fit.

### **Stage One**

The entire set of interviews was examined by all members of the research team in order to capture an overall understanding of the texts. They were examined by the researcher in the first instance and then, later, with three research associates. An opportunity was taken by the researcher, after an initial reading of all scripts, to write a brief page of 'unschooled impressions' as to the overall 'story' told by participants. Whilst this has not been formally included, since it is not a usual part of hermeneutic interpretation, I found this first immediate ('unschooled') impression of what the participants had articulated to be a useful exercise and, therefore, it is included as Appendix D. A 'schooled' reflection, a critique if you like, of the immediate impressions has been included also as an illustration of the refinement that is likely to occur as dialogue takes place during textual interpretation and re-interpretation.

### **Stage Two**

In this stage of analysis each text was summarised, general impressions of the substance of the transcribed interviews shared and possible themes identified. Written interpretation supported with excerpts from the texts were provided by some members of the research team. Since the team consisted of members from different countries, it was not possible for all members to work together at any one time. This proved not to be a hindrance, however, and modern technology offered as good a medium, in its own way, as if we had all sat and worked together in one room. Heidegger might disapprove, though I doubt it, since it is modern human's use of technology (the 'will to power') that he admonished and not technology itself. Dialogue regarding analysis and textual analysis took place through written, verbal and computerised means amongst the team members. Several sessions were held during which written interpretations of the various interviews, followed by analysis, by the researcher and other members of the research team were formally read and discussed.

The team, through dialogue in regard to the analyses, then sought evidence embodied within the text which either confirmed or refuted the identified meanings. The final goal set, to achieve group consensus, was achieved. What we sought as we read our analyses to each other was to share what textual interpretation revealed to be unique, the highlight of the lived experience of returning to 'school' and that which was most significant and meaningful for the RRNS. There were similarities and differences, but recourse back to the texts and dialogue with and between research associates, clarified and deepened understanding of what the participants were disclosing to be the concerns, meanings and experiences that mattered most to them.

### **Stage Three**

After further independent analysis, the interpretations of team members were compared with that of the researcher's for consensual validation and additional insight. Similarities and differences were sought and any discrepancies in interpretation were clarified by referring to the text, followed by a synopsis of each text. The synopsis was formed from a synthesis of the analyses made by members of the research team. This involved a lot of 'to-ing and fro-ing' between each text and its associated analysis, and between the texts. This stage needed considerable care and thoughtful, thorough reading, rereading, interpretation and reinterpretation of the texts and team analyses. As Benner (1994) and Taylor (1993) find, the focus of interpretive phenomenology is '*engaged reading in transitions. Thus the researcher keeps track of movements in understanding.*' First, the text is understood in one way and then, on reading the different analyses and comparing them with one's own, other themes and thoughts about what is in the texts emerge. Nothing is lost by differences of analysis since, as Benner(1994,p.101) notes:

*... when I began to consider conflicting stories and events and to hear certain arguments within the text, I was able to see new issues and new clearings. Typically there are false starts, but a rejected false start is an advance on understanding. ... Misunderstanding can illuminate the interpreter's own taken-for-granted background.*

### **Stage Four**

All the material gathered from the earlier stages was reread and reexamined and the researcher engaged in further indepth analysis in order to identify particular themes. This required reading and rereading of material generated in the previous stages to judge whether common or contradictory meanings were present across the various texts and in the interpretations made. Thematic analysis produced themes which were evident throughout all the texts and excerpts from the transcribed interviews were included to demonstrate that the themes did emerge across all texts. What was keenly sought was a particular meaning or pattern of thought that

could be recognized in all texts, whatever variations of context might be found among the participants. In thematic analysis, extensive documentation is given so that the reader can be an active participant in authenticating the findings.

### **Stage Five**

The preceding stages of analysis led to a point where it became possible to grasp more clearly and succinctly the relationships to be found among common themes. Constitutive patterns, the highest level of hermeneutic analysis, become evident in all the transcribed interviews or text of a study. In presenting a constitutive pattern or paradigm, the interpreter provides the reader with an opportunity ( Benner, 1994,p.114) *'to engage in the practical world of the participant and come closer to the lived experience, the understanding of the transition as it unfolds, or a particular way of being in the world ' .* In this study, a clear constitutive pattern emerged across all the fourteen texts of the lived experience of RRNS and this is discussed in the next chapter.

### **Stage Six**

In this stage, validation of the analysis by those who, although not members of the research team are conversant with the content area and/or the research approach, is sought. Doing so, makes a vital contribution to the authenticity of the findings. For this purpose, a draft analysis of the texts was sent for review to two colleagues whose background made it appropriate for them to participate at this point of analysis. This was followed by a reappraisal of the draft and a consideration of any suggestions or comments that they made. A second draft of textual analysis was then prepared to send to some of the interview participants who had previously assented to help, if asked, with validation of relational themes and the constitutive pattern. Expert consensual validation by those living out the meanings of the situation is a major strength of Heideggerian hermeneutics, as the researcher found to be the case; so it is an important part of textual analysis. This interpretive approach made it possible to look at the experience of RRNS and to unveil the meanings and significance that re-entry into schooling held for them.

### **Stage Seven**

As the last stage of analysis this involved preparation of the final report which forms the substance of the thesis. Sufficient excerpts from the transcribed interviews, at relevant points in the writing, have been included to allow the reader to authenticate the findings. It is essential in the presentation of the final report that interpretive, descriptive accounts of the findings are kept as near as possible to the original data and do not deviate from the meanings

inherent in the data. As Benner (1994,115) emphasises, by the time paradigms (constitutive patterns): *'are used in the writing-up process, it should be clear to the researcher why (they) have been chosen and what contrasts and similarities are being made between the cases'* .

Section Four concludes with a description of the interpretive 'to-ing' and 'fro-ing' involved in the hermeneutic process as the meanings of the RRNS return to school are disclosed.

### **INTERPRETIVE 'TO-ING AND FRO-ING': A 'ROUNABOUT' JOURNEY**

Engagement in multiple interpretations throughout the seven stages led to a systematic movement from whole texts (the transcribed interviews) to parts of texts and back again to whole texts. This 'to-ing' and 'fro-ing' in interpretation of the texts, to unveil meanings, is important and is constitutive of the continuing reflection on the lived experience by both those to whom the experience belongs and those who participate in the hermeneutic process of analysis. It is important to recognize that the attribute of multiple interpretations, as an inherent part of Heideggerian hermeneutical analysis, is not an indication of indeterminism or that 'anything goes'. On the contrary, the method has its own rigour and the extension and refining of the meanings that reside in the texts or narratives of the participants, as the stages of analysis are traversed, bring us to a clarity of understanding of increasing depth. Exact correspondence with some given statement of the 'truth' of a particular situation or phenomenon is neither sought nor desired. The findings of the research remain open-ended and additional information or shared reflection may amend conclusions as appropriate.

Polkinghorne (1988, 160) states that *' Narrative research, then, uses the ideal of a scholarly consensus as the test of verisimilitude rather than the test of logical or mathematical validity'* . In narrative research, reference to the reliability of data relates to the trustworthiness of interviews and to all the resultant transcriptions and analytical writings that ensue. The exegetical approach used in Heideggerian hermeneutics requires a strong reading and rereading, appraisal and reappraisal, by the researcher as principal investigator, the research team or associates, and a subset of the participants interviewed. The various stages of analysis must not be regarded as opportunities for 'simple' armchair philosophising (Van Manen, 1990). Rather, the strategies provide opportunities for multiple interpretations by the research team and participants as co-researchers. Further, Heideggerian hermeneutical analysis is designed to establish the study of phenomenon under investigation in a focussed, original and thoughtful manner. As a human science, Heideggerian phenomenology strives to unveil, reflectively, the basis for the possibilities inherent in a given phenomenon. This emerges from reflective reading /rereading, and interpretation/reinterpretation of the 'stories'

narrated in the interviews, and rests on an assumption that analysis is universal when there is a commonality of shared cultural meanings. In the composite nature of the research team, opportunity existed for individuals from the cultures of nursing and education, in addition to the RRNS participating in the study, to recognize and validate the meanings and understandings uncovered in interpretative analysis of the texts. In Heideggerian hermeneutics (Benner, 1984a, 1985; Benner & Wrubel, 1989; Diekelmann, 1988; Diekelmann, Allen, and Tanner, 1989), the reader is perceived to be much more than a passive purveyor of what is presented to them in the study. They are considered to be active participants in the process of validating what is presented to them in the reporting of a Heideggerian hermeneutic study. Validity, in this context, holds to the understanding that the themes and constitutive pattern presented are well grounded and sufficiently supported by excerpts from the transcribed texts. This approach helps to guard against the dangers of a researcher centred interpretation. As Rather (1990, 90) tells us:

*Much like a lawyer to a jury the researcher presents evidence to support conclusions and demonstrates why alternative conclusions are not as likely by presenting the reasoning (through which) the results were derived. The argument is one of likelihood not certainty or statistical probability. In this context an argument is valid if it is convincing and can resist challenge or attack.*

At all steps of Heideggerian hermeneutics analysis, it is important to stay reflective and re-appraising of the themes and constitutive pattern that are identified. The researcher and, at appropriate steps, the co-researchers and a subset of the participants, continue to appraise the significance of the analysis in the light of the original phenomenological question. Hence, the appropriateness of each theme has been tested by asking participants such questions as:

'Is this what the experience was like for you?'  
 'Is this what the experience meant?' OR  
 'Is this the significance it holds for you?'

And, of course, for the researcher, there has been a constant review of the analysis by asking myself: 'Is this really what the interviewee, reflectively remembers and discloses, as having been most significant and meaningful about the lived experience of 'being-"as" a RRNS?' Thus, as Van Manen (1990, 99) states:

*... the interview turns indeed into an interpretive conversation wherein both partners self-reflectively orient themselves to the interpersonal or collective ground (the shared culture) that brings the significance of the phenomenological question into view. .... Bollnow (1982) has described how good conversations tend to end: they finally lapse into silence (this does not preclude further conversational interpretation, but) ... when a conversation gradually diminishes into a series of more and more pauses, and finally to silence, something has been fulfilled ... (it) marks the triumph of an effective human science text: to be silenced by the stillness of reflection .*

On reflection, Bollnow describes exactly what I experienced in most of the interviews. There came a point when we lapsed into what Bollnow, as cited above, describes as 'a series of more and more pauses, and finally to silence; silenced by the stillness of reflection. Typical of many 'last' comments was *'I think I have said all I thought to say'*. What was also found to have been authentic is Van Manen's description that moving in a 'hermeneutic circle' with the team is much more like engaging in conversation which is similar to the:

*'dialogic relation of what Socrates called the situation of "talking together like friends" .. Friends do not try to (outwit each other); in contrast (they) aim to bring out strength' (Van Manen, 1990, 98).*

Similarly, in a human science, or Heideggerian hermeneutic dialogue, the researcher looks for a shared spirit of inquiry and a testing of the interpretations which the narrator has found to be meaningful and of significance in the texts being studied. Sharing the text and its analysis with the research team, other appropriate individuals and with a subset of those interviewed, is invaluable for the purpose of unveiling the themes. Questioning and pursuing consensual validation, concerning the interpretations that are made, with research associates, is both essential and enriching. Each stage of analysis brings forth a deeper uncovering of meaning and of the universality of themes and constitutive pattern across texts. Depth and clarity of the interpretations and understanding of the phenomenon being studied is a significant contribution or outcome of progressive textual analysis. Figure 4 (p.93b), depicts the 'to-ing' and 'fro-ing' that takes place in a hermeneutic inquiry.

## **SUMMARY: RESTORING THE NARRATIVE TO OUR DAILY LIFEWORLD**

Humans have always told 'stories' to describe and explain to each other the everyday world they inhabit. The "telling" varies in kind with time, place, and space (culture) but, whatever 'webs of culture' (Geertz, 1975) mark a people, they create an indelible imprint on individuals and the ability they possess to make sense of the daily lifeworld in which they dwell. Polkinghorne (1988, 160) explains that what he has learned from the practitioner is that, in the human everyday world, the narrative or story opens up new possibilities of "Being". He states:

*The practitioner's kind of knowledge is the importance of having research strategies that can work with the narratives people use to understand the human world. .... (such strategies) open up a realm for understanding human beings that will .. make our research (much) more successful and useful.*

Human experience holds meaning that is significant for those who undergo the experience and it generates behaviour; but the ground of the behaviour is not easily understood – not even to the one who lives the experience (Darbyshire, P., 1994; Chesla, C., 1994; Gordon, D., 1994).



Figure 4. Hermeneutic Inquiry: A Circling-Spiralling Interweaving Process Seeking the Lived Meanings of a Given Experience

The lived experience of RRNS re-engaging in formal (advanced) study, largely in response to complex and, not infrequently, 'disorienting change' is a story that we are now beginning to hear (Rather, 1990; Thompson, 1992; Diekelmann & Rather, 1993; McCrae, 1995). The quest of this study has been to increase understanding of what RRNS (management) have experienced on return to 'school' and its effects on their daily life practices. The next two chapters, report on the 'findings' and unveil '*the covered-up-ness*' (Munhall, 1994); that which presents itself to us as '**a story waiting to be told**' .

## CHAPTER FIVE

### THE FINDINGS: A STORY WAITING TO BE TOLD (A)

*.. to do research in a phenomenological sense is already and immediately and always a **bringing to speech** of something. And this thoughtfully bringing to speech is most commonly a writing activity. Is phenomenological writing thought brought to speech? .... phenomenology is the application of **logos** (language and thoughtfulness) to a phenomenon (an aspect of a lived experience) .....*

van Manen, 1990, p.11

#### INTRODUCTION

What is '*being brought to speech*' and reported as the findings, in both this and the following chapter, originates from hermeneutical interpretation of the RRNS transcribed texts or data of the study. The interpretive process began with listening to participants' audiotapes to verify that transcription of the texts was exact. Doing so, proved to be a valuable adjunct to reading the scripts, for there were nuances and points of emphasis heard in the spoken voice, which were not always apparent in the literal transcripts. It involved attentive listening, reflective remembering, and a 'letting-in' to my thinking what had stood out for the participants regarding the experience of being a RRNS. From this early stage, my understanding sharpened that, whilst standing intact in my own lifespace, I also stood in shared situations with the participants and research associates, or, as Gadamer (1975) describes it, I experienced: '*a fusion of horizons*'.

As detailed in Chapter Four, the transcribed texts were analysed to identify themes and to discover what the participants had experienced as most significant about the lived meanings of re-engaging in formal study. Next, commonalities and differences in themes across the texts were studied for identification of common or major themes. Throughout the rest of the text they will be referred to only as common themes, although they also merit the meaning implicit in being known as major themes. Common themes may also be designated relational themes (RT), as is implicit in Rather's (1990, 117) uncovering of nine RT in her study; although only two are highlighted and presented as such. In the present study, use of the term relational theme has been reserved for two themes that are less complex than the constitutive pattern but have a greater complexity of relations and connections than those designated as common themes. By means of continuing analysis and refining of meanings, the connections and relations between the common themes revealed two levels of complexity. At the first level of complexity, two relational themes emerged, and, at the second level, one constitutive pattern unfolded.

Recollect that, although both the constitutive pattern and the relational themes grasp the significance of a given context, the latter disclose the inherent meaning of a situation, whereas constitutive patterns link multiple meanings into a pattern or meaningful whole (Benner, 1994). For example, the first relational theme, '*Nursing is a whole pile of things*' communicates a particular aspect of the constitutive pattern (*Nursing is dwelling in thoughtful concern as context calls forth*), thus highlighting and attracting our attention to areas of special significance for the participants. Laura, for instance, first evidenced the significance of the diversity of nursing as experienced by the participants, and designation of the first relational theme as '*Nursing is a whole pile of things*' came from her narrative. The emphatic statement that: '*Nursing is a whole pile of things*' also brings into focus one of the threads of meaning that form the constitutive pattern, that nursing has many dimensions and is context dependent.

Discussion of the findings or data analysis resulting from application of the seven steps of hermeneutical analysis described by Diekelmann, Allen and Baker (1989), is presented in Chapters Five and Six. In this chapter the common themes and sub themes are described. An outline is provided below of the themes with their sub themes and, also shown, are the two relational themes and the constitutive pattern to be discussed in Chapter Six. The common themes and sub themes are discussed in the order in which they are shown below.

## **OUTLINE OF THEMES, RELATIONAL THEMES & CONSTITUTIVE PATTERN**

### **Common Themes and their Sub Themes**

#### **1. Leaping-Ahead: Letting the Context Reveal Itself**

Remapping One's Place: Opening-Up-To-The-Future  
Cooperating Practices: Changing – Boundaries

#### **2. Change: Challenge and Opportunity**

The 'Juggler' : Balancing Commitments in the Study-Work-Homespace  
Dwelling Reflectively: Second-Time-Round-the-River-has-Changed

#### **3. Bridging: Seeking Pathways of Connected Knowing**

Learning: 'Lifting-Us-Over-the-Gaps'  
Curriculum that Make a Difference: Generating Community

### **Relational Themes:**

1. 'Nursing is a whole pile of things'
2. Curriculum: Reflective Openness

### **Constitutive Pattern**

*Nursing is Dwelling in Thoughtful Concern as Context Calls Forth.*

## **A STORY WAITING TO BE TOLD**

The 'story' being told embraces all the lived meanings of significance found in the stories of fourteen RRNS from a management context, the core finding being epitomised in the words of the constitutive pattern, '*Nursing is dwelling in thoughtful concern as context calls forth*'. Laura's remark that: '*Nursing is a whole pile of things*', is a key element of the essentially pragmatic but concerned view of nursing that the participants express in their stories. Meaning came through deconstruction and interpretation of the texts, deconstruction revealing the endless regress and arbitrariness of interpretation in order to let the text, and the reading, be free (Derrida, 1992; Foucault, 1973). Thoughtful concern or solicitude related to nursing/health needs and other aspects of their everyday world is expressed in diverse ways by the participants, as will be evidenced in the description of the common themes, relational themes and constitutive pattern.

### **Unveiling the 'Covered-Up-Ness'**

*One thing stands firm: whether it be near noon                      Or close to midnight,  
a measure ever endures,      Common to all; yet to each his own is allotted, too,  
Each of us goes toward and reaches the place that he can.*

(Heidegger, 1971, 95).

For the present study, Heideggerian hermeneutics analysis (HHA), provided a way to hearken back to the silence, the 'covered-up-ness', at the heart of the daily lifeworld of the RRNS. Empirical 'proofs', which have no place in hermeneutics, are not reported. What is reported, the common concerns, meanings and experiences, as well as any differences arising from cultural and practice realities, is already there but not yet seen (Caputo, 1987). Understanding the two essential themes of Heidegger's philosophy, the '*temporal occurrence of being, which he called "disclosure" and the temporal structure of human nature, which he called "Dasein" ... and how (they) fit together is the key to grasping Heidegger's philosophy*' (Sheehan, 1997, p.1). Reporting the 'findings', is only a part of the writing involved. As van Manen (1990, 111) remarked: '*human science research is a form of writing. Creating a phenomenological text is the object of the research process. ... we always need to be mindful .. (as to) what does the research and writing serve?*' What is written, expresses my current understanding of the highlights of the participants return to formal study, and its effect on their daily lifeworld. But it is understood that this will continue to evolve since change is constant.

## **THEMATIC ANALYSIS**

Thematic analysis across the texts or data of this study brought to light the central concerns

experienced by the participants and, as the brief excerpts below illustrate, these go beyond an exclusive concern with curriculum.

**Theme One.** *'Leaping-Ahead: Letting the Context Reveal Itself'* (Excerpt from Paula)

*'I did a year or so staff nursing (after basic registration) when I went quite quickly and did my midwifery ... But (soon after) I actually looked around for what I could do for further study, because I had the feeling that although I had been trained as a nurse, I didn't actually know what nursing was.'*

**Theme Two.** *'Change: Challenge and Opportunity'* (Excerpt from Morven)

*'I was getting some very uncomfortable messages from an acting manager who was intent on seeing me out of the organisation, .. all sorts of funny things were going on .. thought .. will grit my teeth and hang on .. really found that year an absolute struggle ... passed three papers .. (but that) didn't end the problems .. just lifted me (over them).'*

**Theme Three.** *'Bridging: Seeking Pathways of Connected Knowing'* (Excerpt from Laura)

*'I could see that I had no future in any of the things I wanted to do in nursing without a degree. ... no matter how I looked at it, without a degree, I couldn't move or shape or change anything .... so that's why I did it, and I have never regretted it.'*

## **DESCRIPTION OF THE COMMON THEMES**

As the excerpts reveal, the participants are concerned with changing work environments from several perspectives: institutional, professional and personal. Hence, the first common theme reflects their preoccupation with 'leaping-ahead' to let the context reveal itself, and not just 'leaping-in' to exclaim against introduced changes. The second common theme shows similar concern about changing work requirements and the challenges this presented, but also discloses how opportunity for further study *'lifted (them) over the problems'*. The third common theme relates to participants' quest for bridging the gaps in their understanding by returning to 'school'; with the hope that this would help clarify concerns about the volatile health care workplace.

The placement of nursing in the everyday life of communities and their institutions has been subject to continuing change over time, but over recent decades it has been particularly volatile and rapid. It is a very important part of the background of meaning to be found in the lived experience of the RRNS, and a major component of the complexity of reasons that drew them back to 'school'. Recollect, that for Heidegger (1962), hermeneutical understanding is not directed at re-experiencing another's experience but rather the power to grasp the possibilities for being in the world in certain ways (van Manen, 1990). The RRNS, speak to us of the possibilities of certain ways of being *'as'* nurses; at study, at work (management), or at home. As Rather (1990, p.123) explained: (the use of *'as'*) *'is meant to communicate the hermeneutics sense of "as", that is, the lived meaning of, or becomes manifest/seen as what it is in its essence'*.

Exploring the essence of the RRNS experience by means of thematic analysis, made manifest their perceptions of the nature and significance of returning to 'school', especially in relation to the context of work. As we live and manage our lives we continually self-interpret and redefine ourselves (Rather, 1990). And, in effect, that is what the RRNS tell us about and is reflected in their stories, as they talk about the transforming nature of their experience, its highlights, and what they care about in their daily lifeworld. Morven relates a time when this happened for her:

*... at the beginning of that year (after being made redundant) I enrolled to train at the Citizen's Advice Bureau, and I found that a very humbling experience – all these wonderful people give up so many hours to help .. had worked in a community position – thought I knew all about community .. went along to Citizen's Advice work and I discovered I didn't know much about community at all! So that was a growing experience – something I really enjoyed.*

Since we naturally engage in our daily life practices with significant and generalised others, we are constantly involved in the redefining and relearning of ourselves and others. Shared understanding, with those who inhabit some aspect of our daily life (study–work–homespace), is increased when we are open and attentive to each other, as Morven's anecdote exemplifies. Ruth also exemplifies this, when talking about her efforts at work to encourage the development of a 'caring community'.

*I suppose we are sort of trying to develop the skills to help other nurses at all levels to deal with that (the turmoil of rapid change) .... it is perhaps a matter of trying to perhaps pass skills on (seeing, for example) the charge nurses develop those skills (who) themselves were actually struggling with a lot of responsibility, quite a bit of stress in dealing with it themselves, so it's a pretty tall order .....*

Ruth's story also makes a point, often overlooked, that **everyone** in the nursing/health work team is 'struggling with a lot of responsibility .. quite a bit of stress in dealing with it (effect of rapid change) themselves, so it's a pretty tall order...'. As Ruth indicates, authentic sharing calls out for reciprocity in hearing, telling, and listening attentively to common concerns, meanings and experiences (Diekelmann, 1994). One thread of meaning uncovered in the RRNS narratives, relates to this need for authentic sharing, being open and being 'there' for each other. But it is at a deeper level than that of working together and sharing work goals and planning strategies. Authentic sharing, being open and being 'there' for each other, also shows itself, essentially, to mean 'being available' emotionally, and clearly, yet unobtrusively, sharing a concerned, affective regard or solicitude for those for whom, and with whom, one works. Morven recounts a time when this did not happen for her :

*... the actual process of change was not done very well. (I had) a strong impression that it was being led from Wellington .. from politicians and the various departments, um – the big noises – that actually train people to put the process in place. And I am amazed that the Health Industry took it on board the way they did. The change had to take place. I said that I had no problems with*

*that, it was the way that people were treated while the changes were going on I found distressing. (We need to have) realisable goals.*

As noted in the introductory chapter, the frequency with which health policies change is indicative that the policy makers, planners and implementers have yet 'to get it right'. And 'stories', such as Morven's above, are indicative of the missing voices of understanding within the profession that could lead to '*realisable goals*'. Implicit in the concerns expressed by the RRNS and revealed by thematic analysis is the perennial question of 'What is nursing?', and the related questions of 'Who is a nurse?', and 'How do we, or others, determine the nature of our practices?'. As later description of the relational themes and the constitutive pattern will show, they are grounded in such questions, reflecting issues of deep concern to the RRNS.

## **ANALYSIS OF THE COMMON THEMES**

Three major points of significance arose from thematic analysis of the participant RRNS texts. The first point refers to the way the RRNS responded to the complexity of change in the workplace, and this will now be discussed more fully as the first of the themes and its two sub themes are described. At the heart of the first theme is a concern that nurses should be open to all the possibilities that exist in changing health care delivery systems. Nursing has a vital part to play in achieving productive use of available resources, and in managing the environment to promote health or healing, in either a specifically nursing, or a more general capacity. Holleran (1986, p.26, (executive director of ICN at the time), puts that even more strongly: '*I was told*', she says, '*by an .. (U.S.) senate staff person, (that) "nursing, if it could get its act together, could determine and direct the health care system and everyone knows that but the nurses, and that is why they work so hard to keep you divided." How true, how sad and how unnecessary.*' I think, by and large, nursing remains weakened by a lack of unity. But there are, and always have been, nurses who are thoughtful, probing, caring and well able to sort out the unimportant from important elements in changing health care policies and delivery systems. Finding ways to bridge the gap between resource availability and health care needs, for instance, is an important priority for nurses working in a management context. One of the participants (Dylan), talking about the management of change points out, that:

*'... it's (change) still going on and there's another raft of them - there's still no certainty about them ... it seems to me we want people well qualified, well versed in a host of agreements ... we should be supporting them ... I see it as a positive challenge'.*

Dylan's remarks, highlight the importance of first creating a place or a clearing for 'things' to be seen in their entirety before flexible health care delivery systems can be built. Heidegger

(1955/1977c), uses the concept of *'the clearing'* to describe the shared background understanding that makes it possible for us to appreciate the individual and joint interpretations we have of our everyday world, and provides a core meaning of the first major theme and its sub themes.

## **Theme One**

### **Leaping-Ahead: Letting the Context Reveal Itself**

As interpretive analysis proceeded, a picture emerged of nurses who enjoy the challenge of change, but were aware that they needed a better understanding of what it involved. Change, in general, was accepted as a naturally evolving aspect of the everyday world, but, in returning to formal study, the RRNS deliberately chose to expend time, energy, and personal resources to advance understanding of the changes being experienced. At times, it was, as Morven said, a case of thinking *'I will grit my teeth and hang on ...'* Finding ways to cope with the influence of the changing, volatile health care delivery systems on their everyday world and understandings, however, was a challenge that they accepted, and in some ways, welcomed. Tessa, issued her own challenge to nurses, emphasising the need for nursing, *'to'* :

*continue to develop its vision of the future within itself and not (having) that vision being imposed from above, so it's important to network even more so than ever before with other nurses, to share vision so that we can get a critical mass of nurses going through to a Division of Nursing, which they have been developing themselves, (and) which is not proposed by any other profession or agency, whether it be government or otherwise.*

The forceful call from Tessa, that nursing *'develop its vision of nursing within itself and not (having) its vision being imposed from above'* is not a call, however, for nurses to practice independently of others, nor would it be possible. For Tessa went on to say (in relation to industrial negotiations on employment issues): *'don't come away from the negotiations as continued adversaries .. bring nursing forward and you conciliate and you move forward ... . The base must be kept in perspective and the professional emphasis, vision ... the momentum keeps on going through so that, united, nurses stay as a nursing body.* As Senge (1990, 226), argued, and what I believe Tessa to be saying, is: *'that personal vision, by itself, is not the key to more creativity. The key is "creative tension, the tension between vision and reality. The most effective people are those who can "hold" their vision while remaining committed to seeing current reality clearly.'* Yet, the ability to think independently, to have *'vision'*, is a necessary forerunner to working interdependently and in partnership with co-workers, other disciplines and sectors, government agencies and communities. I think also that we can illuminate Tessa's remark: *'bring nursing forward and you conciliate and you move forward'* by

citing Kee (1993, 5), who described the 1980s as:

*a decade for (nursing) to develop our strength and to declare our independence, or as we called it, to be empowered. (But, in this decade), leading to the 21st century, we are being challenged to reach beyond independence towards interdependence, to join our growing powers to a full partnership with citizens, government and all health care providers to transform the health care system (N.Z) in the face of new realities.*

In contending with the challenge of change in the workplace, the RRNS reveal that they returned to formal (advanced) studies in order to have 'space' and time for thinking about the implications of the changes being experienced. They wanted an opportunity to separate out important issues of concern from the unimportant, and they had a keen desire to discover the interacting factors that enhance or diminish the possibilities for health, or health recovery, in a given context. Taking time out to thoroughly consider all factors that may influence change in health care policies and provision, varies from the responses of those who reject change or 'leap-in' into action, without sufficient thought. In accepting change, however, the RRNS also indicate that they see no sensible reason to accept imposed change, without thought and concern for its possible outcomes. The current debate on reforming the New Zealand health care system echoes much of the debate that has, and is, occurring in the U.K., and in other national health care systems. Achieving a balance between different types of health care, requires different solutions than generalised ones culled from other economic commodities (Bevan, Maynard, Holland and Mays, 1988). For instance, negotiation about access requires thought about equity, users of health care have a varying ability to judge what their needs are, and there is still a great deal to learn about the effectiveness of much of health care. Even Dylan, who, whilst not only accepting of change as a naturally occurring facet of the daily lifeworld but welcomes it, also implies that it needs to be managed, stating that: '*there's always room for negotiation*'.

*'I think', (Dylan explains), there's a lot of scope for change on a continual basis - I don't believe anything is ever set in concrete. .. there's always room for negotiation - nothing is static. Nothing is as it was yesterday. ... Looking specifically within nursing .. think it has got to be ongoing, if we say it stops, everything stagnates - and we remain at whatever point we are (at)... and I see that as a very negative thing...'*

Grasping the significance of the situations they have to contend with, and responding appropriately, matters to them. Tessa gave an example of this, when relating how post graduate study and experience had made her very questioning of her nursing practice. Discovering that there was a great deal more that she needed to know, Tessa was not only

keen to change, *'from then I planned to change' - .. learning from the medical - and the social sense'*, but put her determination to do so into action. This first involved study in a specialty area of her choice, *'chest nursing'*, and later on, she became *'very interested in Child Health'*. As time went by, marriage and the birth of two children put her studies on hold, and, until the children were of school age, she did not return to full time work. Tessa recalls, that:

*... I was quite interested in community and social influences on health, had a good understanding of the ethos of the community in which I worked, and ... even at that stage .. was able to, I think, integrate that in my practice .. able to encourage nurses .. (when a charge nurse) to practice from a more humanistic perspective and I encouraged them to challenge areas which they were not comfortable with - with valid reasons - and I would support them in this. And we found that developed a very open system of nursing through the early 80s ...*

It was at this stage, Tessa reflected: *'I realized that I needed some time out to really extend myself, and that was the key to (do an advanced diploma in nursing [ADN]) .... (I) did quite well ... there was a lot of experiential type learning .. and self-directed learning and I realized that I was okay.'* This gave her the confidence to enrol in two extramural papers and study towards a Bachelor of Arts (Social Sciences), majoring in nursing. Tessa acknowledged, that:

*The trigger for (me) as a RRNS returning to formal study was the year ... doing the ADN (Advanced Diploma of Nursing) .. (although) .. I was very good on the biomedical model, I really didn't know too much about nursing. ... this opened up all sorts of doors for me which I had no idea existed .. (it gave me confidence) that .. has been consolidated since (then).*

Tessa worked assiduously to find a 'home' for nursing within the contemporary health care system: *'we .. developed a very open system of nursing'*, and to prepare a place for herself in the restructured health care workplace. Accepting the challenge of the new possibilities opening up for nurses/nursing, Tessa reports, that: *'In preparing myself for the changes in health care systems I have read everything I can'*, whatever its relationship to my university studies. *'I am really interested in developing my own job .... I don't want to blow up my own practice, but I want to do it well, so I am trying to prepare really well what I do.'* Tessa has a questioning mind, something she tells us that was a gift from her parental family.

*'My parents are both teachers ..(was) brought up in a humanistic perspective and (in) .. what is now called "equity of access" '. (I) was the girl in the family, (but, I) wasn't denied any educational type opportunities. .. (I was) expected to fulfil all functions within a family as were my brothers.. Nursing appealed to me from a humanistic perspective. But I was not prepared for the military style training which I (first) entered.*

Realising, that she had a great deal more to learn, Tessa engaged in diverse practice and learning experiences. Rogers (1992), believes that diversity in nursing practice will continue to

increase, that this will accelerate, and that such qualities as flexibility, curiosity, imagination, courage, risk taking, compassion, and above all, an excellent sense of humour will be indispensable.

Textual interpretation revealed that, in responding to complex change in the workplace, the RRNS thought about it from every perspective; community, institutional, professional and personal. This first theme reflects their preoccupation with 'leaping-ahead' to let the context reveal itself, and not just 'leaping-in' to exclaim against introduced changes. As noted earlier, this theme is illustrative of their concern to gain understanding of changing health care policies, structures and strategies, and they display resilience in responding to change, as explication of the sub themes will show. It matters to them that nurses/nursing's responses to change are thoughtful, open, sincere, and show awareness of all the possibilities (challenges and opportunities) that may evolve with changing health care delivery systems. Dwelling in thoughtful concern is context dependent and, as the themes reveal, this is related to every aspect of the daily life practices of the RRNS. They returned to 'school' for the purpose of understanding the complexity of changing requirements in contemporary health care systems. As Dylan noted:

*We are constantly changing ... so that just makes it seem more chaotic ... . But from that chaos .. there are outcomes that are positive. ... work routines do change, there is a different requirement for whatever reason. ... that's life ... it's fine as long as you take it on board - let it be a new experience! Look for the positive aspect.*

Paula, as noted elsewhere, disclosed the ability to respond, as the context of change revealed to be necessary. Living in a dominant culture other than her own for the first time, opened up her understanding of what it meant when the position was reversed, and made her very thoughtful. Paula pointed out, that: "(this) gave me the opportunity to really challenge what I thought about life and what (it was like) living in a culture that was totally intact, and it made me look totally and completely at how dominant pakeha society was in New Zealand.' Tessa went searching for a way to overcome the gaps in her understanding of what was required, and like Laura and Lucy, took a longer look around at the possibilities opening up for nurses to be effective, caring practitioners. Dylan, thought deeply about the changes and the apparent chaos they create, and, to reiterate, said: *there are still outcomes that are positive. ... it's fine as long as you take it on board - let it be a new experience! Look for the positive aspect.*

**Sub Theme:****Remapping One's Place: Opening-up-to-the-Future**

Like dancers when the music changes, most of the RRNS have had to place themselves in new positions and remap their place in the scheme of things. This has been a different experience, of varying difficulty, for participants, but all came to appreciate the need to be open to other possibilities in the delivery of nursing/ health care. They found the paradox of striving to fulfil the purpose of nursing, whilst working in new ways with other members of the health care team, a difficult yet invigorating challenge. Lynley, for instance, talking about professional opportunities opening up for her, divulged that:

*... I think building on my knowledge from my major of nursing studies and the managerial, that puts me in a very good position to lead in health. That was my position. ... really didn't know (when I started) what my long term goal would be. (But), I fervently believe that the key to anything is to be educated.*

Lynley also told of an experience that seared itself into her memory and prompted the making of a promise to herself, that she would never let herself be put in that position again. Lynley explained, that:

*.... I guess this was a turning point for me to say where I should go. .. one day I had to go to a consultant .. get down on my knees and beg for him to come and see a patient that was really sick. And I thought, 'He will never do this to me again because I will get myself into a position where that should never have to be. ... From there I have become quite strong actually - in my pursuing of things, and the opportunity here came up quite all right, and it (the MBA) will be another stone that I need to turn over in order to get where I wanted to go!*

There is an element of what motivated Lynley to move more distinctly into a general management context of work, ('He will never do this to me again because I will get myself into a position where that should never have to be'), in the stories of all the participants, even though the particulars vary. Depending on previous work and life experiences, the degree of adaptation to change in the health care workplace varied in intensity for the participants. One participant, whose perception of nursing, and of herself, changed most graphically over the time of her studies is Alice. One of the oldest of the participants, Alice came from a nursing background which was very formal, very controlled and slow to change, and this was intensified by the specialist area of nursing in which she worked. During this time, she also experienced a personal crisis and the disruption of a critical personal relationship. I think it is important to note this, since it reveals that Alice contended with marked change in every context of her life, which escalated on her return to 'school', experiencing a different way of learning and thinking about nursing than before. Describing how her view of nursing expanded, Alice reflected, that :

*I think up until .. I got a long way with these papers, I was still thinking very*

*much on the institution of nursing. And it wasn't until I started reading, putting down on paper, finding out what it was like outside institutions (her nursing experience was entirely hospital based) that I could actually say that people who work in communities are nursing. Up until then I really didn't believe that they were. For instance, I could never quite understand how I as a mother, knew everything about raising a couple of children, but the Plunket knew more than I did. .... But that's changed!*

Part of the culture of her time of child rearing would have included the expectation that mothers would naturally know, by and large, how to care for their children. And, for Alice as a nurse, that expectation was greater still. But, Alice said, *'that's changed'*, the implication being that, returning to study gave her a new understanding of such matters. She described how other things, including her perception of nursing, had changed for her:

*Now I can see that nursing outside the hospital is just the same or maybe of even greater benefit. ... from my experience .. would have to say .. nursing really was a handmaiden profession – even nurses in high office such as Matron in my day ... don't think they made decisions .. decisions were made by medical people .. then passed down to matron .. to make sure nurses did what they said. (But) this has changed ... Now for the type of work I do (theatre) have to work with medical people very closely and I in fact enjoy working with them ..... simply because I can now challenge their ideas and they actually accept me as an equal of theirs.*

In describing her work, Alice discloses how learning experiences have changed her and altered relations in the work group for the better. *'I have come to work with medical people very closely .. in fact I enjoy working with them .. because I can . challenge their ideas'* and they accept me as an equal. Increased understanding of herself and of the significance of her everyday world has built up a self assurance that has eased relations in the workplace. Returning to study became an exciting journey of discovery about herself, her work, and her co-workers, opening up a future of considerable promise. Elaborating further, as to how her learning experiences altered her perceptions about the nature of nursing, Alice shared the delight she felt in regard to a new job which would expand the boundaries of her work in theatre nursing. This would let her use new skills and expertise in planning and managing a wider range of concerns than had previously been possible, or even recognised. Alice posed a question about her new job: *'It has wider boundaries doesn't it? ..... this job I am going to – and I am really quite excited about it ... I know (now) I can think about how these people got to the operating theatre – why they got (there) ..and what it means for them when they go back out.'* Alice, it is clear, had made a giant 'leap-ahead'. I wonder also how much Alice's experience relates to that of other nurses, who work within the boundaries of formal, hierarchically structured delivery care systems.

Tessa, is another participant who described the relationship between her study and her practice, how she values it, and her eagerness to remap her position in the restructured health

care system.

*'I am really interested in developing my own job which is sort of like a bona fida clinical nurse specialist. Like the States which is moving nursing from an institutional based subservient practice into an autonomous health profession.' And studying, actually gives you a formal discipline to do that (to develop her own job). I am very interested in how the health records have changed. The future health scenario plan which I mentioned earlier is a facet which we actually don't do very well, I think. We tend to be reactive rather than proactive. ... particularly with the accelerated amount of change which is upon us at the moment, we can be a bit reactive in coping with policy changes or whatever, that officially comes our way .. then they obviously change once they are here, so it is helpful to go forward.*

Again, we see an instance of the paradox which marks the everyday world and understandings of the RRNS. But new ways of practice or of living—a—life do not deter Tessa from 'bridging' from what is to what might be. In fact, they beckon because she says:

*I've got this strong feeling that when you go forward never lose sight of your dreams, and I actually believe in that. It helps you to keep a vision ahead, so that you don't stray too far from the path, and you progress.. There's always someone else who has sort of gone the same way – I am really interested in rural nursing – it is not part of my current studies. I research around, and I find reports of the National League of Nursing (NLN), read those, and then (look for) some ways of integrating that into my nursing assignment, so that all is not lost.*

In mapping or remapping her place in nursing/health care delivery, Tessa discloses herself to be one who travels hopefully, but also prepares well for the 'journey'. She also is characteristic of nurses whose caring concern for the purpose of their journey (as well as seeking personal fulfilment), constitutes, and is constituted by, their way of practising nursing. Baker & Diekelmann (1994, p.68) consider that: *'Caring is understood as setting up the condition of trust where care could be given and received.'* They also refer to Benner & Wrubel (1988), whose studies revealed for them that caring makes it possible for people to become aware

*Caring enables people to discern problems, to recognize possible solutions, and to implement those solutions. Caring makes the nurse notice which interventions help, cause the nurse to notice subtle signs of patient improvement or deterioration. In fact, caring – implementing a certain level of involvement – is required for an expert practice.*

There is a danger, as Baker & Diekelmann (1994) point out, that nursing has taken on "caring" as its own. Whilst it may be regarded as core to the nature of nursing, and nurses way of 'dwelling-as' a nurse, it is also constitutive of other helping practices, such as medicine, and of affirmative human interaction in general. This is an appropriate place to turn to describing the second sub theme belonging to the theme of *'Leaping—Ahead: Letting the Contest Reveal Itself.'* A basic regard and recognition, that the element of 'caring' is not exclusive to nursing, forms a

grounding for its meaning.

**Sub Theme:**

**Cooperating Practices: Transforming-the-Boundaries**

Transformation of health care systems since the 1970s in New Zealand, as elsewhere, has brought considerable and continuing change to the workplace for nurses. Amongst other, less desirable outcomes, it has led to the emergence of a wider range of work opportunities for nurses, including educational opportunities not generally available previously. As the participants have disclosed, it has altered familiar relationships and job prospects. Those who are forward looking, as excerpts from the participants given above reveal of them, consider it important that health professionals work together in partnership to exact the best outcomes in dealing with changing boundaries and interrelations in the workplace. Coeling & Simms (1996, p.7) point out that:

*Research on nurses' work behaviour, responses to innovation, and work excitement is beginning to explain work-related puzzles, such as why it sometimes takes a long time to implement changes designed to improve client care or why people work in a certain, perhaps perplexing, manner (Simms, Erbin-Roesmann, Darga, & Coeling, 1990). Work group culture is one specific focus of (that research).*

Some of the connections and relations that constitute 'work group culture', and how they may influence cooperating practices between nurses and between nurses and other health workers are made visible through the stories of the participants. Excerpts from two of the participants voice how this has been for them. Firstly, Morven expresses how important it has been for her to travel on in partnership with other concerned people, including, very importantly, the patients themselves. Coming to appreciate the contribution of informal or voluntary caregivers was a very important learning experience for Morven. In fact, in this regard, her way of thinking about those who needed some form of nursing/health care changed markedly. Morven related that, during a period of redundancy she spent some time at a Citizen's Advice Bureau, learning from that experience that nurses, as professionals, do not have all the answers!

*We think we have got all the answers – now I was learning in studies at the same time, that the patient has a tremendous lot to offer us and in fact has the best knowledge about himself and how he feels – .... at Citizen's Advice Bureau that was – you know, reinforced .... so there was lots happening there, I enjoyed it .... you go in with a certain knowledge and experience .. to contribute ... and they, in fact, have an equal amount to contribute that comes from their experience, .. community background ....*

Later, in reference to a new job offer, Morven talks of some of the challenges that she hoped this would provide, saying:

*...it's on a Continuing Care Ward (with the elderly) but . I believe the focus is going to change to assessment of the elderly .. think I've been a first choice because of my previous community experience ... we have to refocus .. much more on rehabilitation ..... there is a very real need for more options in the community – nursing and supporting people to live out their life style the way they choose to live it out rather than having it forced on them – can see an important job to be done there ... believe very strongly that it needs more skills than are recognized, and more knowledge ... they have wonderful experiences ... even those confused – they still have wonderful things to share with us .....*

Morven makes visible the significance that cooperating partnerships with individuals and community groups hold for her, since they have much to offer the professional. As well, Morven disclosed how significant and meaningful it has been for her to have grown in the understanding that the core partnership, if we can speak of it as such, is the relationship between the cared for and the carer. I like the warm, affective regard, as well as the thoughtfulness, expressed by Morven when she talks about some of those whom she looks forward to working alongside, and not to dominate (*'even those confused - they still have wonderful things to share with us'*). All other cooperating partnerships or practices can be said to gain their meaning and purpose in a similar way, and to be grounded on the carer/cared for relationship. In reference to work group culture and *'creating the climate for redesign'* of work groups in nursing/health care, Beckman & Simms (1992), discussing the nature of flexible work groups, stress that leadership in flexible work groups (citing Idour, 1992, p.3) is:

*fluid and responsive to changing patients' needs. Reforming (which is a feature of such groups) is a process of continuing engagement and disengagement in flexible work group patterns .... (and) .. As the patient is regarded as an integral member of the .. group as well as the focus or purpose of (its) existence ..... directions and decision-making about required work may be a naturally occurring right of the patient or, for that matter, of any other member.*

Molly is another participant whose story reveals the importance placed on responding to change positively, and on becoming comfortable with the development of new partnerships/ practices in the health workplace. Molly tells us:

*I am really pleased .. (my new job is) within a paediatric area ... can share and try and get people to – not necessarily take on my vision .. of nursing .. you know that wholistic, all encompassing notion of health (that) is more easily attainable ... when you are working with a family. It is only in the last 8 months that things are starting to move (and opportunities to get on committees and work in cooperative partnerships have come her way).*

Like Morven, her appreciation of others involved in the 'circle of care' grew when she worked with a voluntary group, (Parent Centre). Returning to 'school', as it was for all the participants, mattered to her in several ways, so Molly's story also made visible the second major point of

significance which is reflective of the second main theme and its sub themes.

## **Theme Two**

### **Change: Challenge and Opportunity**

Theme Two, uncovers the concern and interest shown by participants in the challenges and opportunities associated with changing work requirements. It also became apparent as refining of meanings took place, that the RRNS had an impassioned desire to transform the understandings they had of themselves, of their work and relationships with co-workers, and those they cared for, individuals and communities. The participants also show a growing appreciation of the connectedness of every facet of their daily lifeworld, as they talk about the challenges and opportunities which arose with change in the workplace, and the need to learn how to balance commitments in the work-study-homespace. Molly, for example, told a story of a time that was very significant for her. She began by saying:

*It goes back to 1976 I think, and I left nursing to have a family, and at that time it was what most young women did ..... (and) I missed nursing terribly. .. (and it was) through a friend (that the possibility of studying at \_\_\_\_\_ came up). All of a sudden to get home and to not do anything!*

Initially, Molly had no thought of starting university studies, but encouraged by her friend enrolled in various certificate courses and, on being successful, applied to study extramurally part time at \_\_\_\_\_ University. After enrolment, an unexpected difficulty arose when Molly became pregnant, giving birth in September and sitting her first examination in October. With three children under 3, Molly thought her studies would come to an end. But, support in the homespace enabled her to 'juggle' her commitments successfully. And: 'Yes, (Molly decided) "I can do it". You know – this is supposedly an underqualified person going to university .. my parents saw university as a place for people who were either very bright, or .. higher income people.' This first success was very significant for Molly, bringing her to realise that:

*I saw then, that I always wanted to get back into nursing ... when children were old enough ... wasn't in a rush ... became involved in Parent Centre at national level ... getting confidence in myself in a group situation. I knew that people valued me for what I knew. I was perhaps a little shy and lacked self-confidence prior to that.*

It is interesting to note, as pointed out earlier, that like Morven, Molly gained a valuable learning experience through her association with a voluntary agency, and one that enhanced her sense of personal worth and wellbeing. In her everyday world, Molly experienced other changes such as moving to different locations (work-related), and as a consequence, her vision of nursing, or rather the possibilities she saw unfolding, altered. But what was unchanging, was

her recognition that to compete equally and achieve her dream (to do midwifery and be charge nurse of the Labour ward), required further education to keep up to date with change in the work setting . In relation to where she was living and working at the time of her interview for this study, Molly reflected, that:

*I was perhaps a little before my time in terms of wanting to educate myself further (in this setting) \_\_\_\_\_. (It) is only now (1993) (that they are) recognizing that need ..... I felt very frustrated, (but) you know my new position just eased it a little bit. (Before that happened) I was thinking "What am I doing this for?".. nobody is recognising it, (that is, the additional, advanced studies). ... it is only in the last 18 months that things are starting to move for me, .. been allowed to get on to committees .... . Basically, that is all I wanted someone to say, " Let's run with her .... let's see if she can do it in practice." And I am hoping that I can prove it to them! - Well, I am capable in practice.*

The turning points that Molly came to, are revealing of the naturally changing, if not planned for, experiences that mark our daily lives. Moving beyond understanding that change just "is", to dealing with the possibilities change brings, is to move beyond the challenge, accepting and building on the opportunities that thus unfold. As Molly says, in relation to the planning and committee work connected to her job:

*People said, 'Oh, you came well prepared'. ..... I sat and thought about that, but that was a Massey discipline in terms you (were) taught to think analytically about things and to work things out. .... came prepared with knowledge .. that perhaps my peers didn't have, of the health system, and where we were going and what we needed to do. .... And now, its okay that I can .. have that wee platform now – I can use that knowledge .... it is what I have sought, I have got it, and now I want to use it. I was a bit hesitant about going into management, having had a strong clinical background, but it's a decision I made, and it's what I wanted to do, and it's the direction I was wanting to go in. .... one thing that will always stick with me, is, I think, in the use of the systems approach. .... the whole time I am looking at my ward, you know, as an organisation within itself, but I am always seeing it (and its role) within the broader organisation. .... the good comments that I have had coming since my time in the Paediatric Unit – is seeing (it) as a whole (not in parts).*

Molly exemplifies the notion of 'leaping-ahead' (Heidegger, 1927/1962), by looking along at the issues of concern in their entirety. Her daily life practices, for all the negativities that she experienced, is revealing of one who considers all interrelated factors in their entirety. It is a story that reflects the lived experience of nurses in many places, and not just of the participants of this study. I think Molly's story also indicates the importance of, and the need for, strengthening connections and relations between learning experiences and practice settings. Whilst many aspects of learning have an inherent value in their own right, it is important that learning which stems from practice, on being applied to the work situation, is relevant and understandable. It is much harder to divert from familiar ways and practices when new ways of

working or practising are little understood, let alone welcomed. It also matters that learning experiences create a strong sense of self worth and that self direction is valued. As reported above, that is what Molly was asking for when she said: *'Basically, that is all I wanted someone to say, " Let's run with her .. let's see if she can do it in practice." And I am hoping that I can prove it to them! - Well, I am capable in practice.'*

### **Sub Theme:**

#### **The 'Juggler': Balancing Commitments In The Study-Work-Homespace**

As discussed in Chapters One and Two, the concept of context is used, broadly, to refer to all the elements that encompass the life space of individuals as a whole and in specific areas, inclusive of the study-work–homespace. 'Space', it was pointed out, being used in preference to 'place' because it is perceived to signify the culture, the events, and the ways people dwell within their communities. Whereas, 'place' signifies the location where people study, work and live, endowing the context with unique physical and socio–cultural characteristics that influence the culture or 'space' in which people grow, live and change. Changing patterns of work led to the participant RRNS returning to study and, as a natural consequence, changes took place also in the homespace. In highlighting for us what they experienced as most meaningful and important in their daily life practices, they recount how they had to strive for balance to fulfil the requirements of every aspect of their daily lives. This requirement is expressed by all the participants, but it is Dylan who first talked reflectively about this effect of returning to 'school'. He is quite explicit as to how demanding it could be to balance the daily commitments that came his way in relation to the contexts of study, work, and home. And equally explicit as to his priorities, and when he would, or would not, yield homespace time to that of study or work demands. Dylan, speaking of what he set out to achieve by returning to study, said:

*I set a goal to achieve a degree – um – but at a distance but also with with the determination to carry on with the things that are important for me – um – the home/family and all those things ..... as well as personal reasons ..... things of concern of what is going on. .... the demands are great. I am the first to acknowledge this. – I think it is a matter of balance – of trying to be the perpetual **juggler** – of trying – that you have to try and fit around it, but it (the study/place) can't become absolute – for me if I can't study tonight then that's okay, no great thing for me. So long as I know I've got somewhere to catch up. .... So I guess that's where the personal bit comes in – putting in the time but it can't be done to neglect the other parts and I guess they are the parts of the whole person and that includes the house, and those real mundane things like going to the bank, taking the kids to the library – which can be a real chore and a bore – but if you really integrate things – I suppose it reminds me of (the saying) 'Busy people will always find time to do more!' ... a lot of truth in that. I think I live and eat by it. I can juggle ..... balancing is very, very critical and it's balancing home, work, persons ... everyone has a right to personal time, to do whatever they*

*want ... have a commitment to the home, personal relationships, everything – yeah – it's a balancing act, none of them is any more or less important and I think it's fine – it's a very tight rope! And it's not all light and sunshine! It's a bit tense at times ... assignments .. and a spouse ... doing extramural studies as well ..... Balancing for me means harmony – harmony – ... yeah!*

Later, when asked to tell something about the strongest experience, some highlight associated with returning to formal (advanced) study, that stands out for him, Dylan said:

*Guess it has always been a combination of things – yeah – I've always consulted widely and for that consultation is with the family so, if I am looking at a career change or a development, then that's openly discussed – it's not a solitary decision – that whole process thing, but .. there were people who were important, people, I guess professionals, who shaped my direction .... but not events, no ... So, yes, partnership in the family is very significant .....*

Dorcas is another participant who talks about the balancing of commitments between study, family, relationships and how hard it could be. Initially, it required a lot of organisation around the family expectations of what, as they designated it, "**Mum's Hobby**" involved. During the 13 years it took to complete her baccalaureate Dorcas advanced from part time work (10 hours initially) to full time clinical practice and, latterly to a full time teaching post. Dorcas describes how her daily life practices changed after she became a RRNS and returned to work:

*Some people live a very orderly life and they have so many hours of this, and so many hours of that ..... sounds a marvellous idea, (but) never to me worked out in practice, because as soon as you thought you would have a day to do something, something would turn up and the day wasn't there! So balancing it was a very difficult thing ..... getting time around family (at that stage they were young) ..... but I used to try and get 3 hours in the morning. I had to work at my studies around my family .. and work ... and gradually I became interested, and very interested in what I was doing, we met new people, and my husband wasn't very supportive at first, and it was for many years he called it "**Mum's Hobby!**" (This) I think was very time consuming. I played along with that game because I could see it was the only acceptable way in the household to consider it as a hobby.*

Emma also recounted how difficult she found it to balance study with family needs, especially when studying extramurally:

*..... when you are an internal student and you have to be in class and you have to front up, you jolly well get down to it, but ... (as) an extramural student you have to fit in everything else ... found that my own needs always come last – like it was my family, my full time work and then it was me. And so my study always came last .... in terms of actually planning ... to get some sense of direction, that came last.. So years went by and I still hadn't really got it ... and the awful thing ... was that I kind of didn't really know where I wanted to go. .... I did two interrelated papers one year, but it was .. (a time) when I did three and a half years .. permanent night duty ..... and I couldn't cope, I pulled out .....*

Gordon (1991) claims that women are not only finding it harder to gain equality but are losing the battle for balance. Dorcas and Emma illustrate the reality of that claim, even if they have not been tried to the point of losing the battle. Instead of appreciating what has been gained, we are, Gordon writes 'haunted by our compromises – with our children, our spouses, our friends, our parents'. Gordon calls for a political agenda that would allow men and women alike to both work and care and, in turn, to live more complete lives. The RRNS, as they strive for balance in their daily life practices, make visible the pressures they experience in being a good parent, spouse, worker and student and reinforce the meaning of Gordon's words. The lived meaning of living—a-life 'as—a-juggler' is made visible in the stories related by the participants. It is interesting to note that Gordon (1991), whose theme is '**Prisoners of Men's Dreams**', acknowledges that men as well as women, require a political agenda that makes it a reasonable undertaking to both work and care and, in turn, to live more complete lives. van Manen (1990, p.7) emphasises that:

*phenomenological research always begins in the lifeworld. This is the world of the natural attitude of everyday life which Husserl described as the original, prereflective, pre-theoretical attitude. In bringing to reflective awareness the nature of the events experienced in our natural attitude, we are able to transform or remake ourselves in the true sense of **Bildung** (education). Hermeneutic phenomenological research edifies the personal insight (Rorty, 1979), contributing to one's thoughtfulness and one's ability to act towards others, children or adults, with tact or tactfulness.*

In talking about the need they experienced to find a balance in their daily life practices, the RRNS tell us, as Dylan expresses it, that: '*Guess it has always been a combination of things .... I've always consulted widely and for that consultation is with the family so, ..... yes, partnership in the family is very significant ...*'. Additionally, if it is a career change or development that is a matter for discussion in the workplace, '*it's (also) not a solitary decision*'.. *People (professionals) are important, .... but not events, no ...*'. The RRNS remarks disclose their thoughtfulness and their comportment or way of acting towards others. But, if the political agenda that Gordon calls for, that would allow men and women alike to both work and care and, in turn, to live more complete lives, is not promoted, then for RRNS, as for others, the struggle to find balance may be lost. An excerpt from Nina reveals what may happen when this is the case. In talking about her need to balance and deal with her various commitments, Nina speaks of personal difficulties experienced during her studies. Such as, for example, her mother's illness and death, and of general and policy changes that, she finds, in some instances, have made nurses less responsible, less accountable.

..... nurses gatekeep enormously .. in practice, ... in a social sense .. and they don't even know they are doing it. I'm chasing that wherever I can and I also realise that change has its own momentum. (But ), it's a point of being ready that is the big point ... not whether you do or don't actually change something in one year. So the balancing of commitments is a necessity for most .. students anyway, ..... The whole thing is linked to the person's perception of the real world, and (that) is a different thing today. (One) might have dropped one role to learn another ... some .. you can't drop ... not inclined to drop the family ones .. or some values that are the core of your being ... (but, to) drop nothing strikes me as a rather superficial attitude towards the whole thing. So, it asks a question this business about learning at university ... about a person's individuality really and what learning means ..... if you think of the numbers in technical institutes that have resolved marriage situations by getting out of marriage but have not learned how to deal with differences between individuals – who learn about power and relations, and ..... see (it negatively) from their point of view .... (this can) set up the role (for students) 'success means doing your own thing'.

How to uncover and let this kind of learning occur without burdening students is an area fraught with difficulties, but it is an important area for teacher talk. Keeping in mind what Gordon (1991) and van Manen (1990) have expressed, and what the participants disclose they found problematic as they strove to 'juggle' commitments, indicates how important it is to encourage a climate of work and learning that considers all interrelated factors. Further, a political agenda that allows men and women alike to both work and care and, in turn, to live more complete lives is vital. As Diekelmann (1993,p.149) noted: '*It is easy to divorce living—a life and all its problems from the contexts of our classrooms and clinicals.*' Another writer (Hogan, 1993), from the context of education has a similar concern. Hogan (1993), writing of student teachers coming to terms with new experiences, also points to the need for learning opportunities that enable students to recognise connections and relations between the different aspects of their daily lifeworld and understandings. '*We struggled*', she said, '*to learn to speak a new language and to question the taken-for-granted ways of knowing that pervaded our practices when we worked within these (educational) institutions. We began to value our own knowing and to speak of constructed knowing within the institutions of university and school.*' In accepting the challenge of the changes that came their way, the participants looked for new ways of making sense of what they were experiencing in the workplace. It made them very reflective about present and emerging possibilities in their everyday world.

### **Sub Theme:**

#### **Dwelling Reflectively: Second-Time-Around-the-River-has-Changed**

Acknowledging the reality of marked change in the delivery of nursing/health care is a characteristic of the participants. They are, as noted earlier, reflective about the challenges and

opportunities that arose due to constant changing of health policies. The theme of 'Second-Time-Around-The-River-Has-Changed', arises from their discourse, reflecting a growing, thoughtful realization that the 'river', representative of all that forms the boundaries and the contexts of their daily lifeworld, is never static; it is always changing and dynamic. As Dorcas remarked: *'you only have to step out of the river for a very short time and there is just so much that has gone and you have missed it'*. As they step into the 'river' and confront the ever changing currents of the everyday world, they are also aware that they, too, are inevitably subject to ongoing change. Awareness of change in themselves and their lifeworld is a growing one and, like the hermeneutic circle, has no end point, although there are definings on the way which make visible future possibilities and directions. Figure 5 (116b) : *'Stepping into an Everchanging River'* (Simms, R., 1997) depicts the participants' awareness of both the inevitability of change and the need to be involved in the direction of planned change. Note that the figure in the illustration does not entirely turn her back on the direction she has come from. There is still a need for reflecting on that which endures from the past and influences the future.

A participant, Dylan, disclosing his experience and response to the constant challenge of change in his everyday world, details his belief, that:

***Every challenge is an opportunity that comes through. ... 'crisis' .. means challenge and opportunity simultaneously .. I see – everything in that light and, yes, you can take on all the negative things and think that nothing is going to change – wont actually influence anything – but if you take on that frame of reference then nothing will change but if you take the view that 'I can be significant – that I might make some change then the outcome may be different .... that's the tenet that we've got to look at and believe in. .... I believe in the importance of the individual, what we believe in, whether it's health .. welfare ... whatever, those things are central – they must be held centrally .....***

In talking about the politics of 'change', Dylan refers to the dangers of nurses missing out on the possibilities that might be found in *'the changes in the structure of the health system'*, remarking, that:

*you can mount a proposal and know you have support and a lot of that goes on. .... nurses are becoming better at it .... but given the changes in the structure of the health system – we run the risk of losing the benefits of that – because of the mode we are in and that would be very sad. Yeah – I think that politics are a part of us – that's part of our baggage. It can still have a positive outcome if we get the right people on board with our proposals – get our support – things can still happen. ... many good things are happening and a lot of them are coming from individual initiative that gains momentum – a lot of that is happening in nursing and now that we have nurses in management positions (we should be able to develop this further).*

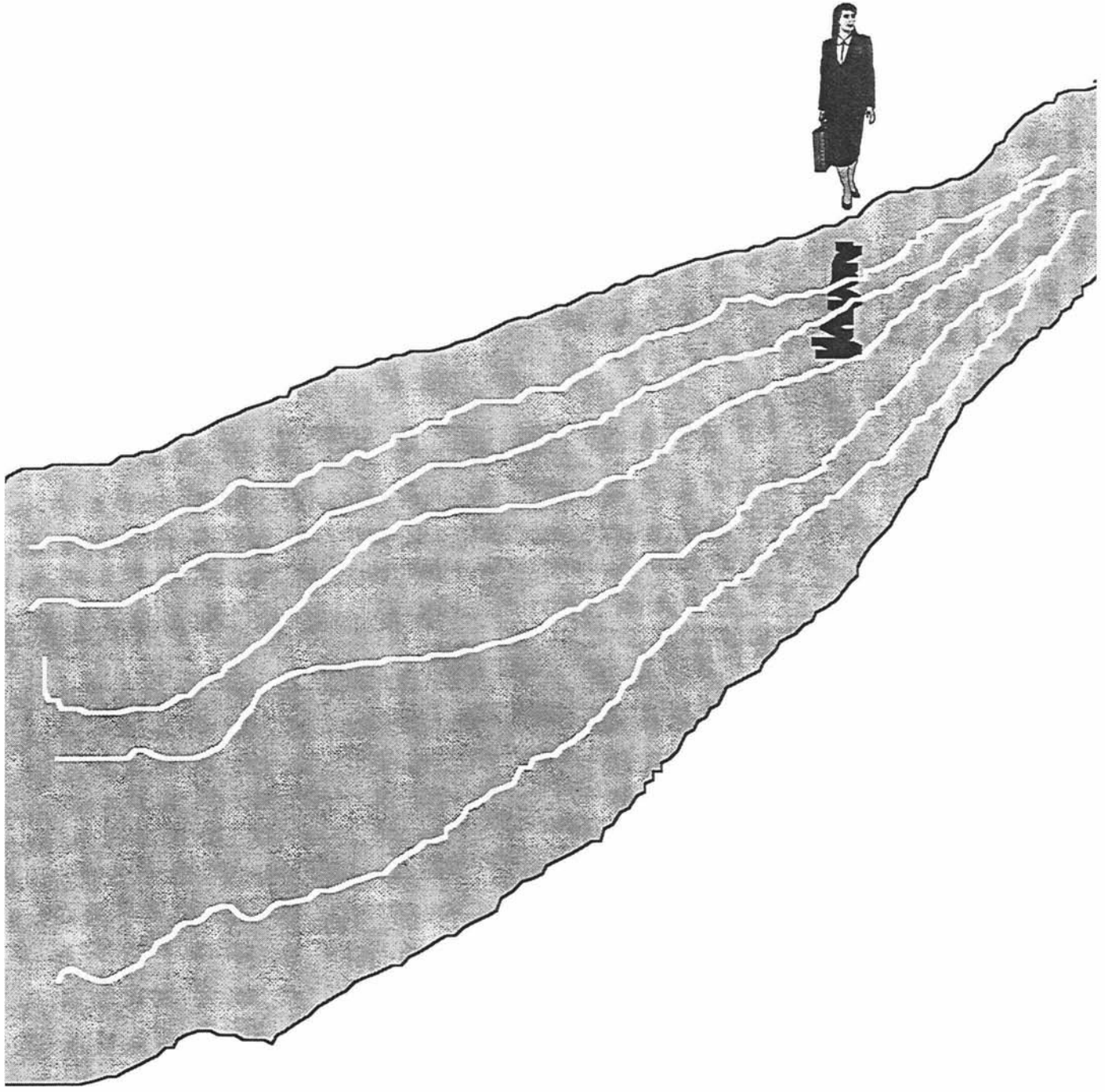


Figure 5. Stepping into An Everchanging River

Simms, R. (1997)

Another participant, Dorcas, told a story of how she set out to transform her understanding of herself and to widen her horizons or daily life practices, having first established, as noted earlier, that studying at university level was not beyond her.

*..... I knew I had to create a goal, and ..... it wasn't for a long time that I (did that), and that was done after 5 core papers. (At first I organised) my study (by) checking out with friends "Now what did you do next?" ..... later on I could see – I had always been very interested in education, particularly nursing education, and I worked part time in a unit, and did a lot of work, part time ... in the education area ... really enjoyed that .. and gradually realised that I did have some abilities along that line ... .*

Dorcas was emphatic that reading and learning must be maintained to stay abreast, and to respond effectively to changing requirements ... . What I tell others, Dorcas recounted, is that there is:

*' no point in studying for an end goal ... you must keep abreast to function because you only have to step out of the river for a very short time and there is just so much that has gone and you have missed it ..... be nice to say that you could finish at a certain point, but I don't think you ever finish. I always see life as a positive thing ... one door closes another one will open. I think that has come from a confidence that you get from proving to yourself that you are able to do things.*

The assurance of being able to manage, to be self directive, has evolved for Dorcas - as it did for Alice, Tessa and other participants, through '*proving to (the self) that you are able to do things*'. In responding to the question of what had been most significant for her, in returning to study, Nina gives yet another example of the need to '*let-go*' in order to learn (to '*let-in*') and understand new challenges and possibilities that unfold in the daily lifeworld:

*Well the question is quite easy to answer really, because the ideas that you are asking about are what you face every day. They are not miles away. .... I noticed that colleagues that I had when I was working ... lost interest (in me) when I became a full time student. .... so for me the big thing was actually giving up a job that I was never able to get back to anyway, so that was the big risk. Well, I found that very strange for a person who recognizes that they could actually gain knowledge, that you (were) actually lost to the workforce at the same time ..... (they) couldn't see that you were doing it for the advancement of the work that you were involved with ... that you needed to do something for 'nurse-self' to be able to continue the job as a nurse ..... those that were colleagues and friends did not lose interest in me, but straight job colleagues did! ..... Because I decided to learn something 'I had to 'let go'.*

What Nina describes, is experiencing living her life '**as**' if in two 'worlds'; that of the university and the workplace. As a mature student, she changed things by going forward and taking a new part time job in order to stay in touch with the practice environment, and made new friends and colleagues. But being a student altered her because she came to see things differently:

*I learned ... and I felt that the straight knowledge at a clinical level needed to be tested in the 'real' world ..... started using some of the values and ... techniques that I had picked up on or had reinforced, in many cases in practice, and I was quite intrigued to see the response from the general public, and that to me had to be the biggest plus of all ... found that the straight dialogue I had, had a high social significance ..... (I worked) at a lower salary and a far more insecure situation, (but I came to work happily with many nurses without degrees ) and it meant we had to find dialogue (since they) were suspicious about ideas that someone writes about! (I had a feeling) .. towards their experience and a way of seeing ideas that are just put another way sometimes but still have a place ..... the essence very often (is unchanged).*

Expanding the boundaries of her work was an exciting venture and, with satisfaction, Nina says:

*I have ended up doing a job which is fairly unique and having national credibility – which I never had had .... in my old job anyway. .... (working with nurses in practice and sharing ideas Nina found that) they picked up what they wanted from it and realised that new ideas still have to be applied in essence to the discipline that they consider themselves, and so it didn't actually represent a whole lot of new actions that they couldn't hook into. And I found that out too. That's just one of the benefits I suppose (of having returned to study) that I would never have communicated with people like that (before). Not in the same way, I think I would have spoken from the 'outside' to them, and yet now I find the type of dialogue I use with them carries huge meaning.*

Returning to 'school' helped Nina to discover a new awareness of her own possibilities. She also came to appreciate the opportunities that became available to nurses/ nursing to make a significant difference to the health of people, by working in partnership with colleagues, co-workers, and communities. All the participants (as well as those involved in their daily life practices in some way), naturally, entered the 'river' in a different place and at different stages of readiness for working with others to achieve better health for individuals and communities. But they all stepped into 'the river', looking for ways of moving purposefully with the flow or direction of change, yet, striving to find (another instance of the paradox - *the 'both -and'* - of nurses' everyday world), familiar toe-holds of meaning to make sense of what was happening.

Tessa, for instance, spoke of how hard she worked to prepare a place for herself within the different opportunities arising in the practice setting. While, what she has to say may appear to be focussed on what it means for herself, it is also to be expected that such thorough preparation will have its effect in practice and benefit others. Tessa herself makes this clear in telling us, that:

*.. (in) preparing myself for the changes in health care systems, I have read everything I can, whether it is to do with my Massey work or not. .... And I want to be able to – I don't want to blow up my own practice, but I want to do it well, so I am trying to prepare really well what I do. .... The future health scenario plan ... is a facet .. we actually don't do very well. We tend*

*to be reactive rather than proactive ..... I've got this strong feeling that when you go forward never lose sight of your dreams, and I actually believe in that.*

A participant, whose lived experience of returning to 'school' gave her a new understanding of how she could be a part of the changing context at work, in ways that were personally and professionally satisfying to her, is Ruth. Relating how it had been for her, Ruth said, it had been implied that in working in a top managerial position, she had only done so because of ambition.

*..... there didn't seem to be any recognition that it was actually important for you as a person, or to attain something, or to actually gain knowledge to be able to do the job a bit better. .... (But) I think I can honestly say ... that was the last thing on my mind. You know, I had come out of this thing, had postnatal depression, lost quite a bit of self esteem, and so I was actually trying to prove something for me. .... My work as a manager (has been enhanced through my studies). I am absolutely certain about that, because it certainly gives an awareness .... (one) gathers so much knowledge and experience. And, yes, it certainly helped deal with nurses too. You know where they are coming from. You can understand their frustration. ... can help by passing that knowledge on. But ..... in hands on nursing, I feel as though I have got a bit of unfinished business. .... I have also got to say that the work I have done and the papers have been of immense help from a managerial point of view. I mean I got there to keep the cheque book in order and now I am responsible for a 14 million dollar budget, .... I suppose that was the nice thing about the degree, that flexibility to be actually able to also, like the Human Resource Papers, to be able to build on those management papers ..... found it a good discipline to be able do that.*

What Ruth exemplifies, in the story just related, is that to go forward there is a need to take courage in one's hands. It also is illustrative, I think, of those who find it difficult to deal with current and repeated upheavals in the workplace, and revealing of Ruth's understanding of the frustrations and difficulties that nurses are experiencing. It is from such understanding that, hopefully, nursing can generate caring communities, beneficial for both the carers and the cared-for.

Lynley, at the beginning of her narrative, voiced something that she had found very significant, indicating that although returning to study had been hard, it really changed things for her. Lynley said: *'I am not sure it's been exciting, but it definitely has been hard work, but as a result the world opened up to me!'*

Responding to a variety of challenges in her work and study contexts, Lynley enrolled in various courses, such as undertaking a post graduate course at the time she commenced Accident and Emergency nursing. At that stage, Lynley comments:

*I was very motivated .. had spent 3 years as a registered nurse ... to make nursing a career, in terms of going up on a ladder ... (and) I applied for a job*

*as a charge nurse which I became, over at \_\_\_\_\_ and at that stage I really embarked a lot on education. .... The impact that has had on me has been quite a lot though. For my work I have had to (look around at many things) – that's been exciting, almost because its been brought into things all the time, and I find now that, for instance, ..... (someone who has) just become a charge nurse rang me "Oh, the place is just a mess" she said. .... The first thing I am going to talk about is "What is nursing?" And I said "What do you know about nursing? And whose theory are you going to use ..... And she said "What are you talking about?" And that is when I found I had actually come to grips (with understanding what nursing is about). .... So its actually had a vast impact. I would not be in my position today if I had not had that background. It has allowed me in my position as nurse manager to really have a vision , because I have seen that other people 'have been there, done that' in different ways, and been able to bring their things in to seeing where I think (it could be) for us here .... where we should be going for the year 2000.*

The participants disclosed a growing awareness or insight into the lived meaning of their daily lifeworld at work, in their studies, and in the homespace. Some of this awareness showed them what has been there already, and their understanding is transformed through reflection on the highlights of what they had experienced, since re-engaging in formal study. As they related the highlights of their experience, they revealed how '*second-time-around learning experiences*' or returning to formal (advanced) studies has changed them. There are differences for each one in the particularities of what they experienced. But they all reveal a growth in their understandings of the nature of the changes experienced, and of the meanings of changes both for themselves and for everyone else on whom the changes impinged. Reflecting on nursing's recognition and valuing of postgraduate study, Dorcas recalled, that:

*It was for a long time not valued in the nursing profession to have extra study, and in fact you had to keep very quiet about it because people would often give you the impression that they felt quite threatened by you. Particularly those in roles of power. .... For a long, long time, in nursing, advanced nursing education has not been seen to be of value. .... But, .... I think the value has not come from within the profession ..... for example, the introduction of technicians to do nurses' work. I think (that's had an effect) – for them to recognise that they have tall poppies, and what they have been saying for some years is now of value and they need to be looking at that. It has been a very satisfactory end, because .. have already read .. . how important it is for nursing as a profession to advance and it can only do that by educating nurses to an advanced level within their own professional discipline. And even though I have spread the word among my own colleagues, it has been pooh-poohed, but now I have lived to see that it is, actually, now a fact. And to me that is very satisfying.*

For Dorcas, her 'world' widened and became more meaningful and satisfying. But, she also reported some of the struggles she encountered in the workplace. Such as, being distanced by colleagues, who '*would often give you the impression that they felt quite threatened by you.*

*Particularly those in roles of power. .... I think (they have now come) to recognise that they have tall poppies, and what they have been saying for some years is now of value and they need to be looking at that.* ' Nurses are beginning to look at relations between practice and education differently, and, Dorcas stated: *to me that is very satisfying.*' As Leonard (1994, p.46) explains:

*From a phenomenological viewpoint, the first essential facet of a person centers on the relationship of the person to the world. "World", in the phenomenological sense, has a fundamentally different meaning from our common understanding of world as environment, or nature, or the sum total of all the things in our world. 'World' is the meaningful set of relationships, practices, and language that we have by virtue of being born into a culture. .... World, as Heidegger (1975) describes it, " comes not afterward but beforehand, in the strict sense of the word.*

Initial reading and interpretation of the RRNS narratives disclosed a greater awareness and concern for personal development and expectations, but this became redefined with rereading and reappraisal of the texts. And, listening more attentively to what was being voiced, showed that evolving self understandings and expectations were intimately related to their understanding of significant others in their lifeworld. Naturally, self-understanding and the meaning of our daily life experiences can develop only in association with those who share our daily lifeworld. But, one way or another, as they tell their stories the lived meanings of their everyday world unfolded. Concernful regard for others is the essence of nurses/nursing: perhaps a growing understanding of the lived meanings of concernful regard for some 'other', will grow only from increased understanding and uncovering of what matters to the carer. Textual interpretation revealed across the texts, that re-engaging in further study to increase understanding of the relations and connections between the work-study-homespace was very important. Looking for learning experiences, that would '*lift them over the gaps*' in their understanding of change in their daily life practices, will be considered next as the third major or common theme is described.

### **Theme Three**

#### **Bridging: Seeking Pathways-of-Connected-Knowing**

The third main theme that emerged with thematic analysis, reveals the strong compulsion felt by RRNS to re-engage in formal (advanced) studies. The urge to return to 'school' was called forth by a mix of personal, professional and organisational issues that concerned the participants. Learning experiences were chosen for a mixture of reasons. A major reason the RRNS disclosed, was assuaging an urgently felt need to clarify current and emerging health/health care policies, and their subsequent influence on the planning and management of their daily lifeworld in general and, about nursing, in particular. For some participants, like Lynley (who said '*if*

wanted to really get into more of the management mode .. which I intend to do, (the MBA) would really meet my need, because - a lot of it was strategic planning - to find answers'), the focus was especially related to career expectations in nursing/health care provision.

All participants, however, sought learning experiences capable of bridging the gap between familiar and emerging patterns of work, work group relations and connections, and personal commitments. Hence, the naming of the third main theme as: *'Bridging: Seeking Pathways of Connected Knowing'*, illustrates, that primarily the RRNS are looking for meaning in their daily life practices, and an enhanced understanding of the connections and relations between the context of the study-work-homespace Lynley, for instance, shared her interest in learning that would meet her goals. Showing openness to new possibilities in the workplace, the RRNS sought learning experiences that would be relevant and meaningful in relation to the opportunities becoming available in the workplace. Learning is a natural or inherent part of our everyday world, extending beyond learning in planned, formal ways. But, the RRNS revealed that planned learning experiences to lift them over the gaps in their understanding of change in the health sector and the consequent dimensions of nursing work mattered greatly. The sub theme: *'Learning: Lifting-Us-Over-the-Gaps'*, will consider that issue in more detail.

The RRNS disclosed the strong relationship that existed between what they experienced at work and what they perceived to be appropriate learning experiences. Dorcas, for instance, in further elaboration of how she had experienced indifference, a lack of understanding, or some measure of hostility as a RRNS – 'being one of those' doing advanced studies - stated:

*..... only now is there some recognition (of its value) ..... think it's because there's movement within the profession, the professional body, like the Nursing Council, who .. have been stipulating really firm stands on what nursing is all about .... And of course the centrality is considered to be caring – a particular type of caring .... at long last the profession has made a stand on what they believe nursing to be, and that's never happened before, not quite so firmly anyway. .... (Later, Dorcas again returns to the theme of some nurses reluctance to become involved in advanced learning) ..... maybe it could have become too theoretical so that there is a gap between the practice and the theory, but I don't really perceive it as such. I think a lot of the gap has been created by nurses themselves not wanting to know about the academic arm of the profession, because it threatens their status quo. (But I) .. have never had any difficulty in all the papers that I have done in relating them to practice, so therefore there can't be too much of a gap if you can relate this. And I think sometimes these ideas creep in by the dominant group because it doesn't suit them to take hold of this. This has been my impression.*

Several of the participants reported that they were troubled by colleagues' indifference to the possibility of further study, and a dislike of RRNS who were perceived as challenging cherished

preconceptions of nurses' work. Other interrelated factors which were of concern, included economic commitments, personal responsibilities, and the uncertainties and turmoil of notably different workplaces. Alice remarked, in relation to her peers, that:

*... there are two groups there, .. the group that say "I wish I had done that as well" and for various reasons can't .... then there is the other group that is able to do it and quite a few of them are. But .. as you can imagine, that (as for) nursing in every country in the world, but certainly in \_\_\_\_\_, there is what what one might call a 'refrigerator' nurse' that she goes to work to buy a new fridge! ..... it's true I think that group of people who just go to work, do their nursing, and go away again are not necessarily thought of any less than those who do what I did and who use those experiences over the years to develop standards, teaching programmes, or whatever else it may be ... we do that ..continue to do that .. (but it could be at any time, not necessarily in our 8 hour day) ... .. there is wonderful personal involvement in that – but I don't think the organisations for whom we work actually appreciate sometimes that extra effort goes into the extras*

... ..

'Bridging', and 'seeking pathways of connected knowing' between past and emerging experiences, expectations and practices is important and meaningful for the RRNS. The observations they make about colleagues indicate that 'bridging' is needed between those who contend with change by leaping ahead to view all variables and possibilities, and those whose practices are entrenched in organisational culture that is long standing. There is much that needs to be redesigned to fit contemporary contexts of need in the workplace. Like Lucy, other participants who were discerning that, along with what will endure, there are new possibilities that will enhance their practices, just want to be allowed to 'run with them'. Senge (1990, 274), points out, that:

*... few people truly want to live in organisations corrupted by internal politics and game playing. This is why internal politics is the first of many organisational "givens" challenged by prototype learning organisations. Challenging - (their) grip .. starts with building shared vision. ... But a nonpolitical climate also demands "openness" - both the norm of speaking openly and honestly about important issues **and** the capacity continually to challenge one's own thinking. The first might be called participative openness, the second reflective openness. .... Together vision and openness are the antidotes to internal politics and game playing.*

In association with the possibilities and opportunities that have, or are, opening up to the participants, we see them displaying a readiness to cope with more flexible ways of identifying the fluid boundaries of nurses' work and of the learning choices available to them. As Senge advocated, the RRNS reveal a willingness to speak: '*openly and honestly about important issues **and** (reveal) a capacity continually to challenge (their) own thinking*'.

The RRNS disclosed a strong personal hunger for learning, and both appreciation and

frustration, in regard to the range of courses that were available and relevant. Learning that satisfied them, came when they were able to select courses with the potential for bridging the 'gaps-of-understanding' they experienced working in the contemporary health sector. For instance, Alice reported what an advantage her studies have been in relation to her work and the opportunities it has provided.

*... certainly over the last 3 or 4 years in the job that I am in at the moment (the study undertaken) has been a great advantage, because I have been involved in projects, developing all sorts of strategies for teaching nurses for budget projects – and it doesn't matter what it is that the hospital asks me to do, I am able to do it because I actually know how to go about it, which is half the battle isn't it? And also with my new job which I am moving into very soon – I suspect that I may not have even had the job suggested to me, had I not done those Massey papers. Absolutely, (yes, it has opened up new doors). Whereas perhaps I might have been thinking about semi-retiring at this point, I am actually running the other way! So I am just beginning! ..... the celebration (the actual Graduation day) was great. The achievement of my goals was really worth while.*

Alice's studies opened up new ways of thinking and managing what was required of her in the workplace. Work had become meaningful – a place where she mattered. So, difficult though it was at first, returning to study expanded the possibilities inherent in her specialty (theatre nursing) and reaffirmed her sense of personhood. As Alice said, '*.. it doesn't matter what it is that the hospital asks me to do, I am able to do it because I actually know how to go about it.*' Work became part of her 'being-at-home' in her world, and the interest and encouragement she experienced in her new place of work was significant. Alice found this a welcome change after the disinterest and discouragement she had experienced in a previous job. She discloses a sense of wonder/excitement at the new skills and knowledge gained, referring to a new found ability to engage attentively when hearing or reading what is reported by the media or in literature about health issues. She tells us:

*..... now I can pick out information from comments, from the way an article is written .. (can) enjoy reading about the health sector, but before I thought 'What on earth are they writing about?'*

Much of what Alice has to say as to what stands out for her, or highlights the lived experience of returning to 'school', is focussed on the outcomes of her learning experiences, and how differently she came to understand the daily life practices of herself and others. The connections between her way of living-a-life, and her interrelations with others in the study-work-homespace evolved, from being a largely unquestioning acceptance of the way things were, to a challenging and questioning concern as to how they came to be the way they were. As Heidegger (1975) wrote (cited by Leonard above): "*The world as already unveiled in*

*advance is such that we do not specifically occupy ourselves with it, or apprehend it, but instead it is so self-evident, so much a matter of course, that we are completely oblivious to it (p.165)."* Learning experiences opened up new windows of understanding for Alice, a 'coming-out' as it were, a willingness to articulate her perception of the nature of something, a questioning of what others were saying. She no longer 'sat quiet' and coasted along with other expressed views. Now she expresses a growing appreciation that she did matter, could make a difference, and Alice expressed how much she valued this development:

*I also feel very lucky that I have been involved – .... in the way group discussions were run and that everyone did participate. It wasn't just left to the few who felt articulate and wanted to talk. You very subtly, by good management or whatever, actually got me to stand in front of groups of 30 or 40 people ..... once (one starts) talking in front of groups, it is not such a painful experience, is it? ..... on the other side of that coin, too, is to be able to sit there and listen to 30 other points of view ..... and even though we were nurses, we were from both ends of the scale in the world (from Directors of Nursing to Staff Nurses). .... when we went off into small groups .. always get someone very strongly projecting their opinions. .... then back in the wider group (found) that another group had actually totally opposing ideas and opinions and that made me think ..... I couldn't sit quietly anymore because then I realised that there was something else to find out about if I would only think about it! ..... And that was a highlight, because it actually happened to me very late I suppose, in this Massey University career of mine. And it was .. an enlightening experience to find that it doesn't matter what the questions, there isn't one answer – not in nursing anyway . ..... It was quite heartening for me to stand up and have someone else say, 'Well I know what you are saying, but here's another view' . And it's not just professionally .. my children (young adults) .. quite often say: ' She should never have done those university papers you know!'*

Dylan (who had completed his baccalaureate and was planning to commence his masterate) told of his expectations regarding what was available in the study context to assist in advancing his understanding of change in the workplace, and preparing himself for the opportunities he wished to take hold of. He states:

*..... towards the end of Bachelors completion ..... I approached 3 different departments – nursing, education and business studies. .... My experiences in each of those – um – found no forward planning and no commitment that I could see for me, personally. (I was) unable to get the detail required so I could make a commitment ... so in that way the negative feeling (he felt). Then came a slightly more positive one (experience) in \_\_\_\_\_ ..... they were able to map out quite specifically what was available .... were prepared for some level of commitment back ... of reimbursement (paid work). ..... Then I went to \_\_\_\_\_ and they said this is the programme we offer, what are your interests? .... then we suggest you look at these options .... (all) very clear, very explicit and freedom to choose within it. I guess the choices came in that I could act, look forward, forward plan and act out and map it out so as it could cover a breadth and be a value at Master's level. .... important then to .. take that*

*back to discuss its implication in the home setting ..... so we could come to a collaborative agreement .....*

Dylan's way of thinking brings to mind what Rather (1990, p.151) wrote about the RNs she studied. Discussing one of the themes found in her study, 'Gleaning What You Could', Rather stated, that : ' Many of the returning RNs sifted through the chaff of their nursing courses to glean precious grains of information which represented "new" knowledge or knowledge they felt they could use in their practice.' Dylan's exploration of possibilities was somewhat different, in that he was looking also for the economic feasibility of 'being-as' a student and supporting his family, as well as the learning choices that matched what he wanted to achieve. Dylan is quite firm about this. He says:

*I believe as a mature person, as a responsible person I know what I need to meet that responsibility if I want to carry on to do a thesis. Um – as far as the workplace is concerned um I don't believe (they) are that committed to the furtherance of knowledge. .... am still formulating ideas about that one .... there are different trends (in) the country but a lot of people, given the rapidity of change in the workplace, are actually threatened about the furtherance of knowledge and the only response is to be not that supportive – yeah. .... (In talking about some developments in nursing education, Dylan comments): I find that there are more opportunities now for the furtherance of nursing education in its broadest sense than there has ever been – I think the high level of specialisation there is now almost demands further knowledge and skills updating. That is probably because of the change in other allied fields as well – so I see a lot of good things happening and I can think of local initiatives (greater cooperation between work and study places, study days and so forth from both sides). At a more local level again .. the Nurses' Association is doing a lot of positive things ... setting up things, .. taking the lead (but, latterly they ) tended to get bogged down in the industrial arena and that's merely a reflection of what is going on ..... for the education things are still happening ....*

Dylan shows his awareness that, whatever differences we may be experiencing in our particular lifeworlds there are also similarities, and, in whatever sphere of nursing our energies are engaged, it is important to take time to discover, share meanings, and increase understanding of given contexts. We always come to any situation with expectations, ways of thinking and preunderstandings (Benner & Wrubel, 1989), but when we heed each other attentively preunderstandings can be shared, challenged and changed or expanded. Dylan, exploring what learning possibilities existed for bridging his preunderstandings of what the workplace presently required with what is emerging, studied available opportunities that would be favourable to every context of his daily lifeworld. Learning is one of those daily practices we all engage in, and RRNS from a management context, like Dylan, share expectations as to the nature of the learning experiences they require (Diekelmann, 1993).

Paula related, that on return to New Zealand from \_\_\_\_\_ she commenced doing nursing papers which initiated her interest in nursing and general management. Paula explained, that:

*... when I came back to NZ ... got a lot more interested in nursing management then, and that's when I did 203 and 303 (human resources in health care, nursing/health care organisation and management) which I have to say would be my favourite papers that I have ever done ... started doing other management papers ..... And there's no way I would ever want to be in this job unless I had done those studies. .... still need to know more about management but .... I feel really confident about where I am at as far as where nursing is... certainly this "Knowledge of Nursing" paper' ..... I wouldn't want to be in this job unless I had done both nursing studies and certainly the management studies. And ... your two papers (203/303) actually tied those two together. ... doing 203 was when I became interested in management. .... and where I (thought) I might have some skills, so I am quite ambitious in a way, (in) that I have a real craving to learn more.*

Paula found, that engaging in learning experiences to increase her understanding and knowledge of what 'nursing is all about', took her on a pathway of ongoing learning which opened doors to new opportunities in nursing/health care practices. These ranged more widely than her previous work had made possible, especially in relation to management of health services, and the development of alternative ways of providing nursing/health care. Paula narrated, that: *'every time – the problems with doing ongoing study is that you think it will actually meet your learning need, but it actually just causes you to want to learn more and more, and it gets wider and wider! Whereas one set out with the idea that you will learn and it will get narrower !'*

Paula's love of learning and continuing desire to know what nursing was all about, kept her major study interest in nursing but she *'dabbled in all sorts of things' – in psychology, anthropology and sociology'* - whilst overseas. Living in \_\_\_\_\_ and being a member of a minority culture, as we have seen, challenged her to be more thoughtful about life in general and about cultural issues in particular. Paula talks about experiencing learning *'as-bridging'* the gaps in her understanding about the nature of communities and their requirements. Learning arising from practice, influenced Paula's choices of what studies to pursue and, in turn, her studies increased her understanding of the realities and requirements of the practice field. Different opportunities, connections and relations arose in the workplace, and, as a consequence she could pursue and develop different avenues of work. For instance, she points out:

*.. the positive thing from being the teacher or leader or whatever, was that people had been able to share. ... my role was always to get the group to do that. But there's no doubt that I learned group dynamics through doing all of this study ..... one of the little things it definitely did for me, was that might not actually always be part of the actual course, but ... (it) would whet my appetite to read further if it was going to be important in particular work I was doing. .... my understanding of the community .. of the*

*environment really increased. Um – it sharpened up awareness. .... am just starting to get a bit of a picture now as to what it might mean to do a Masters! What I would gain, .. how it would help.*

And, in relation to 'cultural wellbeing', Paula added:

*I have put in a submission to do a special topic on 'Cultural Safety' because that's really become a burning issue to me over the last year.. And as a manager now, when I interview people, I always ask a question about it. .. And there's probably 70 to 80% of (those interviewed) who are really struggling to understand what that might mean. .... it's a really big issue for nurses .... as far as my personal experience .... this is a burning issue for me ...*

Seeking 'pathways–of–connected–knowing' involved the participants in a variety of 'bridging' imperatives. Bridging between past, present and emerging understandings of the nature and requirements of nursing work from a personal, professional, organisational and community perspective was a constant challenge. They disclose it to be an important and meaningful aspect of the lived experience of being RRNS. As their stories reveal, learning took place in every aspect of their everyday life practices. Connections and relations with colleagues, clients and communities became understood differently as learning, arising both from the context of work and study, gave them a fresh understanding of the lived meanings of being–**as** a nurse, particularly of being–**as**–a–nurse–in–a–management position. As Paula said: *There's no doubt that my management learning, gives one a big headway to planning for those sorts of changes (upskilling with districts nurses, for example).* Learning from the experience of living and working as a minority person, in a culture different to her own, brought with it a leap in her understanding of what a community may require. Paula learned that the first requirement was to be a learner, and to let the community reveal itself and its cultural ways, before determining, with them, what skills and expertise would best facilitate the building of healthier, healing and caring ways of living–a–life as a community.

### **Sub Theme:**

#### **Learning: Lifting - Us - Over - The - Gaps**

Learning is a natural, intrinsic part of our daily life practices and extends beyond learning in selected or planned, formal ways. When we talk of learning '*as constitutive of the human way of comportment*' (Diekelmann,1993), a link is being made to the everyday understandings and practices with which we live our lives. Background pre-understandings are acquired from birth, coming from the cultural realities of our lifeworld, and giving meaning to our way-of-Being (Heidegger (1927/1962). What we acquire is a shared awareness of the nature of things, a way of understanding the world we experience. Paula illustrated this perfectly, when, as

reported earlier, she related how it was not until she moved to an unfamiliar place and experienced, for the first time, what it was like to live-'as' a minority member of a community that she came to understand its significance for those living as part of a minority community in New Zealand. Background pre-understandings acquired from birth came to the fore, as living-learning in a different culture both challenged and advanced Paula's understanding of how we 'see' others in relation to ourselves. Learning is an inherent part of everyday living and, as Paula exemplifies, provides a 'bridging' over the problems or gaps that concern us, and arise in the context of the study-work-homespace. As Morven, to reiterate, said: '*I .. thought .. will grit my teeth and hang on .. really found that year an absolute struggle ... passed three papers .. (the learning) didn't end the problems .. just lifted me over them!*'

Hermeneutic interpretation of the narrations of the RRNS unveiled some of the background pre-understandings the RRNS shared in the work-study-homespace, and the lived meanings they experienced on returning to 'school' to increase understanding of the workplace. They related what they experienced as they sought relevant and meaningful learning experiences in relation to the needs and opportunities in the workplace; or that were personally significant. As they talk about this, they uncover some of the background meanings of being "as" a RRNS, as perceived by themselves, those who taught, fellow students, colleagues, and significant others. The participants reveal something of their everyday understandings about living-a-life "as" a RRNS, and of their connections and relations as mature students with relevant others in the work-study-homespace? '*Being-in-the-world, in its everydayness and its averageness, has become visible*' (Heidegger, 1927/1962, p.168), more acutely, for mature students like the RRNS. They reveal it to be a different experience from 'first-time-around' learning, and they report how relationships altered with further study. Nina, as already noted, at first approached returning to 'school' as a job and experienced some instructors as threatening, and some co-workers/students as indifferent or hostile towards herself as a returning student.

*... I realized that I was sailing along entirely on my own course ... as (I) got involved in the student role .. in a less protected environment .... [B]ringing a position with you as a student into a classroom .. brings also .. some defences. Now another thing I noticed (as a student) is the time when you test yourself with abilities and try and renew some abilities which you had previously. And it was very difficult to know that you had abilities previously unless you put them back to test when you would find out perhaps they weren't as marvellous as you thought they were! ..... (It was) to a large extent testing yourself I found out. And so .. it was testing yourself to see what would happen if .. and it wasn't the same thing as 'do as I do' and that will be automatically correct. (To) 'see what you want to do' and then see whether it works ..... was actually a difficult thing. ... And I got better at putting ideas together ... it was to some extent of 'do' and get the feedback that actually helped the process.*

The world of the RRNS is centred on themselves, especially as the 'person' of the RRNS is so closely related to the wellbeing of other people. As Nina disclosed, the meaningfulness of the proving/testing ground and its relationship to, potentially, making a mistake, became important to her. For her, university education, initially, was a process of 'learning as self-testing' (small 's'), but, what textual interpretation uncovered is that the experience of advanced learning on returning to 'school', actually became a matter of Self testing (large 'S'). Nina said:

*'The experience was to a large extent testing yourself I found out. .... to see what would happen if ... and I got better at putting ideas together, both verbally and in the written form.'* (And, Nina added:  
*... when working and not being a student the ideas in your head seem .. most .. important and never mind if anyone can see them or not. But when you are a student the reverse is the case, you try and be very explicit, sometimes you are actually saying things you didn't think you were saying. So, actually it's a reverse situation in terms of dealing with information ... there's a big difference (when) working in a job and your performance is measured against criteria that is quite remote from actual nursing knowledge. (It's) a totally different context.*

Nina disclosed that her way of thinking became transformed by a different type of learning experience. It called for much more than that of mimicking an instructor or .. memorising what should or may be done in a number of different situations. She narrated how she had been challenged by certain attitudes about learning and describes experiences with teachers that speak to an absence of caring.

*.. in thinking about the studies involved I found the grades .. given .. have got to be balanced against your other commitments .. found this can be quite personalised, like some lecturers might think that C grades mean not a very bright student. This is entirely false because (what it could mean is) that their assignment is of very little value to you as you see it. .... I found out that some lecturers made up their minds about how they thought of you, depending on the grade. ... thought (that) was interesting ... felt rather immature at the time ... took learning as a continuum, not as a "do this for an A", saw it as a growth thing ... building up to some end .... (Further on she returns to this theme and talks about what matters to her). .... There were difficulties ... balancing priorities (for example, caring for a dying mother) .... that's another thing that probably contributed to the C's I had and the B's .... though I might not have been a straight A .. I had the capacity to be a straight A. But I felt that balancing things for me meant that competition was not the name of the game ... because if I was in a caring mode - .. well then .. at least I had to know where I was going with that.*

In talking about different ways of caring, Heidegger describes the difference between 'leaping-in' from 'leaping-ahead'. Heidegger's explanation, when thought about in relation to Nina's learning experiences suggests that, however well intentioned teaching responses were to Nina's work or accomplishments, the responses were characteristically, 'leaping-in', in kind. Heidegger (1927/1962. pp.158/122), explained, that:

*'Leaping-in', as it were, can take 'care' away from the Other and put itself in his position in concern: it can leap-in for him. This kind of solicitude takes over*

*from the Other that with which he is to concern himself. The Other is thus thrown out of his own position ... in such solicitude the Other can become one who is dominated and dependent, even if this domination is a tacit one and remains hidden from him. This kind of solicitude, which leaps in and takes away 'care', is to a large extent determinative for Being with one another.*

But, of the 'caring' shown in 'leaping-ahead' Heidegger states:

*In contrast to (that of leaping in) there is also the possibility of a kind of solicitude which does not so much leap in for the Other as leap ahead ... not in order to take away his 'care' but rather to give it back to him authentically as such for the first time (pp.158-159/122).*

Nina was explicit about the expectations she had for herself as a student, including being committed to dealing with 'introductory things promptly and to get a feel for what the workload was going to be'. But by rationalising the time involved, this took most of the first term and led to her being accused of an obsession with the amount of work to be done. Nina explained, that she was telling about this experience because of feedback received for an assignment she had handed in before anyone else but which was mislaid. And, she stressed:

**... for someone who comes from the workforce, workload matters!**  
*And it is rather silly doing one (an assignment) perfectly and another one not at all. ... also for me a commitment was just that and a deadline was a deadline. .... (those) who almost started point one of doing an assignment like 'give me an extension' (instead of being penalised) often landed up sifting all the information from everyone else who had already done it .. found that very unfair ..... other departments ... were much stricter ..... The others all got theirs back and .. the class (was given) a MEAN.. (But) she didn't know where mine was. I said it must mean I would get the Mean at the very least .. And just to prove a point, she gave me a percent less than the Mean ..... So all these things crop (up) in my mind to mean something ..... so things to do with grades became a saga at times ..... Now I find that very strange behaviour ... however, when I did a 'special topic' where there was no prescribed course as such, I found that more demanding, creating assignments, putting forward proposals, and it was also more satisfying in a sense, and the relationship with the lecturer on those occasions was much more like self testing, exploring your own capacities and pursuing lines of thoughts, and I found that much more what I would have expected a university education to be.*

The latter type of learning involved risk taking and was, therefore, more challenging. Nina, however, disclosed an eagerness to learn and to explore new possibilities and challenges, even though her delight in learning, and the possibilities opening up in front of her, were tempered by testing and evaluative practices. What is also revealed in Nina's story is, as Heidegger described it, representative of the two ways of 'caring' that a student, particularly mature students like Nina, may experience. Proving a point by altering a grade is an instance of 'leaping-in' and taking 'care' away from the Other and put itself in his position in concern: *it can leap-in for him. This kind of solicitude takes over from the Other that with which he is to concern himself. '*

Nina's story has a lot of significance for RRNS, which a research associate, presenting parallels from her own experience as a returning registered nurse, viewed in terms of 'house and home'.

L.K. said:

*Many of the stories told by the participant (Nina) were and are very familiar to me. (This) encouraged me to reflect on my own experiences of being a (RRNS). One school that I thought about attending told me that my ACT scores (in a USA context) were inadequate and therefore I was not welcome. The school I chose to attend, accepted students based on past nursing experience, as well as academic performance, but the emphasis was clearly on nursing experience. In this way I began to view my experience of returning to school in terms of house and home. There is a kind of teaching that leaps in and feels very 'house-like.' There is another kind of learning/caring that leaps ahead and attends to home. It is this home-like experience that (Nina) described (when she voiced her experience of doing a 'Special Topic'. [H]ome is a place to explore your own capacities with the way being lighted by a knowing guide. It is these schools and homes that attend to the welcome.*

Analysis and reflection of the narratives of the participants gathers or focuses attention on the relationships between past and present experiences. From the learning experienced, comes the 'how' of their comportment to the future possibilities, clinical or educational, that lay ahead of them. Nina gave another instance of how important and meaningful it is for RRNS to be able to self-set the framework of a topic, or to self direct their learning, but within mutually established limits. Recounting how satisfying she found doing a 'special topic' to be, Nina emphasised that:

*... I didn't become too much interested .. until we had these opportunities put before us. So to a large extent I was a sleeping dog on the side. It was quite a big change for me ..... So this acquisition of knowledge from the actual experience which is what I knew could be done .. am thinking now of a course where we were dealing with clinical teaching (in which I was experienced) and the techniques that I knew had been around for centuries suddenly got a new name but also the attitude was that it couldn't have happened before ..... to put new labels on things, doesn't mean that there is a new thing and I knew that.*

Nina also spoke of the difficulty she experienced in relating to, or in making connections between, the achievements of academia and the 'real world'. Sharing lived meanings and the good things she learned and found transforming, mattered to her.

*Having the chance to update on a particular topic or field was brilliant. But the achievements in an academic world isn't always part of the real world. .... there were some (nurses I studied with) that turned right away from nursing. (Those) who I thought were 'change-agent' types were lost to nursing. .... (or those) that got high grades and did their jobs easily and well were not sufficiently challenged. (And this she regretted for she found them to be) energetic intellectually .. with a more direct way of sorting out values. They were quite open .. prepared to take the knock backs ..... they were flexible and it is an interesting thing, too, because of (those) who choose to go .. to university there must be some element of curiosity and ability to adapt ..... it*

*seems to me that many .. courses do not extend the notion of what nursing can mean in a changing world.*

*... (But) telling you about the good things. .... I learned that the straight knowledge at a clinical level needed to be tested in the real world ..... the biggest plus of all (was) that the straight dialogue I had, had a high social significance ..... put me in contact with many nurses who were not 'degreed' nurses and it meant we had to find dialogue..... .*

Another highlight for Nina, related to a time when she struggled to stay in a course, but was lifted over that difficulty by a teacher giving her the opportunity to reconsider a decision to 'drop' it.

Nina explained:

*This business of dropping things because it's the easiest way out! .. (I) went along to a course .... I was having troubles with .. and halfway through I thought the way out was to drop (it) and then I wouldn't have to worry and so I said 'I want to get out of this course' and the question was asked 'What is your reason?' ... my reason was 'I think I am too stupid to do it!' A bad reason ', I was told, 'Stay in the course'. And I walked out of the door exactly the opposite of what I went in with. I went in to get rid of it because it was just being a nuisance, and I walked out still in it, having to deal with it and it was probably the biggest lesson and a very good one that lecturer had actually done. ... struggled on with (it) .. caused me a lot of headaches but I finally passed it. ... learned an enormous amount from that. .... And that person's belief that somewhere in me I did have the ability ..... (turned me around)!*

Nina's story makes visible her reliance on a teacher that could let that happen, the '*belief that somewhere in me I did have the ability ... and my reason ... that I didn't ... and I was finding it too difficult ... (she) didn't believe it. So there you are.*' There is a loneliness and struggle to be found in learning, and there are practices of learning that cannot be taught, only experienced. The 'how' of 'being-with', and available to students, as the above story exemplified, unveiled the comportment of the teacher as one of encouragement and keeping open a future, when learning difficulties and possible failure diminished a student's belief in her ability to stay the course. For Nina, going to university went beyond gaining a qualification. It uncovered unrecognised abilities and aspects of learning, taking her on a journey of self discovery that became part of her way of Being-in-the-world. It is the journey that revealed what was hidden, but nonetheless was there.

Dorcas, like Nina, believes that the gap between 'academia' and the 'real world' needs to be better understood. From her early days of returning to study and part time work, Dorcas became aware of two areas of change that she found were not accepted. Clarifying why she thinks this is the case, Dorcas explained, that:

*The first things that I was aware of really was the advent of the 'Nursing Care Plan'. That was not something that I learned about in the nursing process. Now to this day (early 1993) they are not accepted (in the practice setting).*

*Because I do believe, that nursing, to this day still maintains a strong oral tradition of passing on information. (.. have thought about this a lot and just come from two weeks updating my skills in the clinical area) and I can see that they are totally inappropriate, nobody has got time to write them out - so the oral tradition is still strong in places, certainly in specialised areas where things are fast moving, it is just so much easier to pass on information from person to person. Sometimes . old habits are still important .. actually functional. ... documentation is very important as well .... invaluable for continuity of care. But .. places, like Emergency Departments ..... they (need to be) much more rapid ... write things on a white board ..... have created a system that works for them in their context. Another change ..... is recognition that the consumer's voice is very important - in a much more overt way than in the past. .... And there are changes that have come from health policies. .... (But) there is a real gap there in the ideology and then the services coming to support the ideology.*

In looking for connections between 'academia' and the 'real world', other participants also sought learning opportunities that would allow them, as appropriate, to both accept and challenge existing ways of managing nursing/health care practices. Connectedness in and between our daily life practices is promoted by helping students to become aware of, and to value, what they understand to be the relationships between existing and emerging realities in the practice field; and between different ways of thinking about the possibilities that exist through returning to 'school'. As, for example, Benner (1984, 1991; 1993); Diekelmann (1989, 1992a, 1992b); Rather (1990, 1992, 1993); and McCray, (1995) have shown, RRNS everyday understandings arise from their context of work and, while we are accustomed to thinking of teaching-learning as the particular purpose of educational institutions it is, as the participants reveal, constitutive of our human way of comportment whether we are situated in the study-work- or home-space. *'This student population rather than being an insufficiently educated group that must be shored up has much to teach the open nurse educator' (Benner, 1993,p.5).*

All institutions or organisations connected to health/health care provision should be regarded as learning organisations. The challenges that confront RRNS like Nina and Dorcas do not lie in fighting for retention of familiar practices, but in learning opportunities that bring them to understanding different viewpoints, and the freedom and confidence to either introduce - or not introduce - new ways of practising, or to modify or enhance existing practices. As Dorcas instanced, she became aware that the Nursing Care Plan was still not accepted by many in the practice context, and that:

*'to this day nursing still maintains a strong oral tradition of passing on information. .... sometimes . old habits are still important .. actually functional. ... documentation is very important as well .... invaluable for continuity of care. But .. in places, like Emergency Departments ..... (movement between work is) much more rapid ... (they) write things on a white board ..... have created a system that works for them in their context.'*

It is also enlightening, as Alice told us: *'to find that it doesn't matter what the questions,'* such as what documentation suits a given situation best, *'there isn't one answer - not in nursing anyway.'* As Senge (1990, p.142), stresses: *'Learning in this context (learning how to generate and sustain creative tension in our lives) does not mean acquiring more information, but expanding the ability to produce the results we truly want in life. And learning organisations are not possible unless, they have people at every level who practice it.'*

Morven gave another slant on learning as constitutive of the human way of comportment, when relating what she experienced during exploring the possibility of further study, and also tells us something of what induced her to do so.

*Well I can remember seeing the principal nurse and wanting to ask her about studies .... - and I got a very defensive sort of reaction. Telling me I was busy with work, and busy with a family - but I have always - well I guess it's a personal philosophy that I have .. you know, lifelong we are learning ... got to the stage where I needed to do something to prove that the brain wasn't rusty .....*

Morven's experience with authorities in the workplace, can be related to something Diekelmann (1993,p.3), wrote about teachers/teaching. In describing a pattern or paradigm found revealed in the 'stories' of teachers as that of *'learning as remembering'*, Diekelmann stated, that:

*This pattern ('learning-as-remembering') is an overcoming of the human-centred positions of teachers as experts in knowledge and knowledge development or as gifted, caring, creative individuals. .... Living as learning as remembering is shaped by an engaged concern within particular situations the meanings of which CANNOT be predicted and perhaps not even described. These are the patterns of practice that describe a loving, caring, connected attention to issues of justice and mercy that teachers recall when they speak of remembering. The absence of these possibilities also shapes remembering and the patterns of oppression and violence emerge.*

Textual interpretation, as shown in the excerpt above from Morven, revealed two things. One is experiencing an absence of the possibilities of a fruitful engagement in future developments at her place of work. *'Issues of justice and mercy'* would appear to be lacking in the responses of authorities to a staff member at a professionally, and personally, critical time. The second aspect revealed is that, notwithstanding the rebuff and oppression experienced, Morven stayed alert to the future of possibilities opening up for nurses and applied her energies to a resolute return to 'school'. When we come to appreciate that all organisations should be 'learning organisations', then the possibility exists for perceived gaps between the lived meanings of the study-work-homespace, and between 'academia and the real world' to be bridged. Such organisations have the potentiality to plant tremendously empowering ways to work and to establish relations and connections between workers to forward shared and personal goals. Senge (1990, 279) states: *'... there can be a positive synergy between*

*participative and reflective openness. When this synergy develops it is a powerful force to undermine politics and game playing. The key, ... is both making it safe to speak openly **and** developing the skills to productively challenge one's own and others' thinking'.*

### **Sub Theme:**

#### **Curriculum that Make a Difference: Generating Community**

There is a growing appreciation that teaching and learning are two sides of the same coin. This probably explains the more frequent use nowadays of the term 'learning experience', which, in effect, promotes moving the emphasis from 'being taught' to 'letting learn'. It also holds the implication, as the Benner reference above stressed, that the population of RRNS *'rather than being an insufficiently educated group that must be shored up has much to teach the open nurse educator'*. Teaching as 'letting learn' rearranges or recreates the relations and connections between learners and teachers. It creates 'a circle of learning' such that sharing experiences and understandings opens up the learning environment in a way, as Diekelmann (1993) emphasises makes a level playing ground of the learning relationship between students and teachers. Teaching and letting learn in such a way creates a space for learning for both teachers and students, giving both freedom to participate in the learning situation without either dominating or appropriating a central role for themselves. It requires a time of 'dwelling' before 'building', for, to reiterate: *'The nature of building is letting dwell .. Only if we are capable of dwelling can we build'* (Heidegger, 1971, p. 160).

This can also be stipulated as a time of *'letting-be'* and *'letting-grow'*, making it clear that it is not a passive giving-up or an 'anything goes' learning encounter for the teacher - or for the students for that matter. There are limits and boundaries. The circle of learning is formed by an engaged involvement of students and masterly activity/inactivity on the part of the teacher. The teacher creates the 'space' for the student to be free to learn uncluttered by excessive content, but whose learning, as relevant to the person and the context of need, is kindled by the possibility for anything to emerge in the 'space' of a given topic or curriculum. Diekelmann (1993,p.3) states:

*It is learning as a teacher how to let learning and only learning occur. .... it reveals the practices where teachers "do the least amount possible". .... It is the deepest sense of knowing that the teacher is both more teachable than the student and open to the situation such that there are the possibilities for anything to emerge.*

Curriculum embodies the boundaries, the design, the process and the content or substance of the learning experiences that students look for, to increase understanding and knowledge about some aspect of their daily life practices. *'Curriculum that make a difference'* arise through providing 'learner opportunities' that will lead to a successful 'endpoint'. For this to happen, course designers need to make clear the boundaries of a given course of study, the logistics of time and pre-understandings that make it a reasonable undertaking, and how, in dialogue with the student, learning experiences relate to the everyday world and concerns of the RRNS. Note the use of the term *'endpoint'*, in preference to that of conclusion, since it is in keeping with the Heideggerian understanding of *'learning as constitutive of the human way of comportment'*, going beyond the limits of an assigned course or location of study.

Several of the participants disclosed considerable satisfaction that they had been able to take hold of learning opportunities to test or prove their abilities, and could study nursing within a wider frame of reference than before. Exploring the significance of radical change in the workplace and its implications for future career and work choices mattered a great deal to the participants. Many of the RRNS also disclosed their uncertainties: 'What do I need to study and how should I go about it?' 'What is available and accessible for me to study?' 'Can I match up to course expectations?' or, 'Why do I need to cover this area of learning again?' 'What resources can be utilised to support my studies and to further my goals?' There were those who were more questioning of the applicability of what they were learning, wanting more input into curriculum choices and options. Earlier excerpts have already voiced some of these concerns. For instance, Emma disclosed her difficulty in attempting to determine what direction she wanted her studies to take her, saying:

*"Now you need to sort out which direction you are going in. But ... it .. got waylaid .. years went past .. but still with no set direction. ' .... (as) an extramural student you have to fit in everything else ... – like it was my family, my full time work and then it was me. And so my study .... to (actually) get some sense of direction, . came last.. So years went by and the awful thing ... was that I kind of didn't really know where I wanted to go.'*

For Dylan, it was important to be able to balance the daily commitments that he experienced as a RRNS. 'I set a goal (he said) to achieve a degree –um– at a distance but with the determination to carry on with the things that are important for me – um – the home/family .... as well as personal reasons ..... things of concern of what is going on. .... the demands are great.' He put an embargo on time allotted for study, and clearly needed to know the boundaries of his studies. Voicing his expectations of further study (a masterate), to further advance his understanding of change in the workplace Dylan stipulated, that: *'I believe as a mature person, as a responsible person I know*

*what I need to meet that responsibility if I want to carry on to do a thesis.'* He described exploration of the possibilities for further study in three departments as being of varying usefulness. Dylan's demand to be recognised as a mature student, one who is a self-directive and *'responsible person'* was expressed also by other RRNS. What is unveiled is a desire for a curriculum designed to take note of how important it is for the RRNS to be fully involved in specifying and choosing what the curriculum offers.

Nina is another participant who pointed to the need for RRNS to be self-directive and self-managing as regards their learning goals and, consequently, in the selection of what best to study. Nina described also the kind of learning experience that she thought would enable RRNS to choose from within the discipline of nursing, explaining that:

*..... what they (RRNS who moved into non-nursing degrees) couldn't have room to do ... was to critically analyse within the discipline .... they didn't necessarily know how to discipline the grey matter to do something with it ..... that's what I think is the problem. What I actually learned mostly is how to create positions and to examine positions and change positions from within the discipline. And I have never learned that any other place.*

Later, stating how important she believes it is to take time out for reflection in learning, Nina remarked, that: *'(It is) ... probably very valuable .. and if I was actually running after stars in various directions I would never be able to keep up ...'. ' .. I went about it ',* said Nina:

*.. to further my knowledge and development ... (but) I think .. there isn't sufficient flexibility in the courses. .... the thing that I noticed repeatedly was the difficulty of the theories that you learn being able to be analysed in the sense of the experiences that you had. Um - there was quite a lot of gatekeeping that needs to be exposed ..... for some lecturers it looks like someone 'being angry' ... (if a view is expressed for something different) - they have said this to me.'*

Nina also spoke of difficulties she experienced in her personal life and the connections she made between them and other aspects of her lifeworld.

*I missed one week of lectures the week my mother died .. (I am now) recovering from being exhausted .... it was quite disturbing to know that (the practice of nursing could be different from that which was advocated) ... . which is why I am working (towards) working closer than ever with the recipient of care. .... Yes .. it (the personal/professional) is linked which is why I keep saying about the meaning of assignments .... of grades ... of courses ... The whole thing is linked to the person's perception of the real world , and the real world is a very different thing today....*

Another aspect of 'letting learn and letting grow' that Nina's story discloses is related to the difference between studying as an external (extramural) student than as an internal student.

*The first thing that I remember when I began as an internal student at*

*university was the excitement that was associated with a new experience, because I have never been in a student situation before totally. ... because doing extramural study you (don't) have the same situation as ..... an internal student. ... though you manage with extramural studies, you still feel outside the learning environment - (also) some courses weren't available extramurally anyway, so you have less choice .. more difficult to get to access to journals ..... much more recent material which as an internal student you can just wander around (and get) ..... even if you went in a 'seek-and-find' mode, which is what I did, it was amazing what you would fall upon. ... information coming through as recently as you could get your hands on ..... Using the library more, and getting better at it, was good because it is the biggest library I have ever had to deal with, and it's very formidable.*

Embarking on unknown waters led to other experiences that were not expected and not liked. Anticipating changes that did not eventuate always left her disquieted, yet she finds in the disquiet of that discovery that '*Pain gives of its healing power where we least expect it*' (Heidegger, PLT,p.7).

*Having done extensive study, you do expect new challenges in the workplace, and to have this situation put to you - 'Yes, there is a job .... but you will do as we ask' was a very strange acknowledgment ... that you had gone through the (education) process. .... I did not go to the university to expect no change. I actually expected change, and I expected more knowledge. .... it became quite difficult to get a job that I desired. And I think that is a result of people seeing you in a different light. (Nevertheless) ... I have ended up doing a job which is fairly unique and through which I have (acquired) a national credibility*  
.....

For Nina, going to university involved much more than gaining a qualification and acquiring knowledge. What was particularly significant for Nina in her journey as a RRNS, was discovering new abilities and gaining a fresh understanding of herself, of her 'personhood'. It is the journey that reveals what was hidden but, nonetheless was always there. In designing and actioning curriculum, moving the emphasis from 'being taught' to 'letting learn', has the potential to electrify the learning environment. Coming to understand '*teaching as learning and learning as teaching*', releases '*the freedom for letting learn that both decenters teachers and students such that they are in situations but not the center of it*' (Diekelmann,1993). For this to happen, a time of 'dwelling', giving space and time for what is present in the learning context to become visible is prerequisite, before 'building' or creating the boundaries of the learning enterprise. As stated earlier, Heidegger (1971, p. 160)) emphasised: '*The nature of building is letting dwell ... Only if we are capable of dwelling can we build.*'

Nina's journey of learning brought to mind for a research associate [B.S.] Frank Baum's story of the 'Wizard of Oz'. B.S wrote, that:

*(Nina's) journey is similar to the journey of others. Frank Baum sets Dorothy, the Scarecrow, the Tinman and the Cowardly Lion off on a journey along the yellow brick road. Each is seeking what is presumably lacking or elusive to*

*them; the Scarecrow seeks a brain which will bring him intelligence, the Tinman seeks a heart and the capacity to love, and the Cowardly Lion seeks courage. Little Dorothy seeks only to go home. What the Wizard delivers is the outside-in trappings of what already was inside each of the travellers. The Scarecrow is intelligent, the Tinman is loving and the Lion is courageous. Dorothy finds that in order to 'go home', one must (first) Be-at-home with her Self. Each had at the beginning of their journey along the yellow brick road, exactly what they had at the end. The Wizard called-forth and gathered their knowledge, revealed their caring and bravery and their hidden Selves so that each was 'at-home' with them-Selves.*

Nina describes a similar revelation she experienced in coming to recognise the possibilities of her 'personhood' in a different future, which has always existed within the realm of those possibilities. Referring to something that had been said to her about the learning potential that a person might possess, Nina recounted, that:

*If someone is interested and has the ability to work at masters level, for example, then they have got that ability at the beginning of their university time, and anyone who works in a university thinking they are preparing someone for that, may have an exaggerated opinion of what the worth of their teaching really does for the student because the view that this fellow was saying was that if you are PhD material, you are PhD material when you get here, not after you have ploughed through an undergraduate degree.*

From this experience, Nina became more aware of the possibilities for anything to emerge and discovered an existing, but hitherto hidden capacity, for transformation of her level of skills, expertise and understanding. The learner's potential becomes the actual when the learning climate is both challenging and caring, providing learning experiences affirmative of the strengths of the student and opening up a future of possibilities. An instance of that happening was given by Nina when she related how a lecturer's belief that, '*somewhere in me I did have the the ability* (to stay in a course and complete it successfully), *and that my reason for throwing it in was that I didn't have the ability ... (it was) too difficult*', was wrong. '*And ... they didn't believe it.*'

Another participant illuminates the difficulties that may be experienced in choosing which courses to study, even though she was clear as to what direction she would like her learning experiences to take. Morven recalls that:

*I got hold of the (extramural) handbook .. found it rather overwhelming .. really needed to digest all of it to start making choices. I really didn't have any guidance or support in making choices with the first enrolment .... think when you are looking at doing study from the extramural perspective, it wasn't obvious to me where the help was. .... didn't know (others) studying locally ... found myself studying alone. I was accepted to do two papers. (Part time work with young children proved to be too much - but) Anyhow I plodded on .. did two years .. passed ... and had a letter to say matriculated ..... absolutely marvellous. ... had to prove that I was capable of doing it, and I don't know why had to prove that to myself ... was very aware of the need to keep abreast of changes ..... newer graduates had a much broader training .. was aware that I*

*was lacking .. that was really the base that got me going .... realised was actually setting an example for the children (by not giving up) .. it was a struggle, and I had to be disciplined to do it.*

Returning to study had important personal connotations for Morven such as proving to herself that ' (she) *was capable of doing it*' and could keep up with the changes. Persisting, whatever the difficulties, also mattered because she '*realised (that she) was actually setting an example for the children.*' Recalling the range of introductory social science papers she took, Morven told how she:

*... enjoyed the broadening they gave .. the sharpening up of skills that helped more (than what she) got in her basic training ... found that extremely valuable. It disciplined me .. helped me .... how to consider other perspectives found myself having quite firm convictions about certain things (in late 30s at this stage), and feelings, so that they would go to me and say well - come on - was really upset at times when I was put down by quite young tutors who denied or decried that - so - but it taught me .. if I knew something well enough, then - would have to go and find sources .... the Human Development paper, the first one I did, this is where it popped up .. so I did fail the odd paper, (but) didn't take that as personal - well, I didn't see it as unsuccessful - it was just impossible to have done more with the family and work commitments - it was purely lack of time.*

Morven disclosed the satisfaction and amazement experienced in what she did achieve, and her determination not to let failures deter her from continuing. What she also revealed was a strong commitment to '*follow through in nursing studies*', and feeling that otherwise: '*.. I was letting down myself and my training.*' ("I):

*. can't really understand or explain .. why I felt like that but it was something I wanted to do and I hadn't sat down at the beginning and written out goals or anything like that. .... at this stage was in a management position and finding variable support from the organisation ..... finding that very frustrating .... lots of controls within it ... so decided to do some management papers .. needed to do something .. (to) have more knowledge of nursing so that I could actually function more effectively as a Nurse Manager .. (But) felt the reported colossal work load of nursing as a hurdle to avoid .. needed to do Management to find management skills and feel more confident and become more competent .. really.*

Remembering the enjoyment and stimulation of the management papers completed, making her feel more secure in her position as a nurse manager, '*gave me*', Morven said:

*the pat on the back I needed. (And so the time was right) to look at those nursing papers that I had been delaying doing. And there was a lot of negativity (about this from some). ... But I got in there, found the workload was reasonable .. things had changed.. workloads had eased ... ..*

Morven recalled that life - and study results - improved the next year, after she had decided that the hard experiences of the previous year made her unfit for work, and she focused her energies

on family, studies and other professional interests. 'It was', Morven remarked:

*a good year, I enjoyed it ... started a professional nursing interest group going in my home area - another challenge - it was a contribution that I was able to give, had the time to do, and I enjoyed that. I found it very stimulating to go on campus for the (extramural) courses .. the nursing papers required .. relished the opportunity of being able to concentrate on a group of papers at once, and I think I got more out of doing it ... even though I didn't have the same access to a library ... (but the extramural library service was) absolutely wonderful, particularly when ..doing 300 level papers .. they appeared to give a lot of support ..... had one paper to do (the last year of the degree) and I was really actively looking for work (but) a frustration with doing nursing papers ... you often didn't know what was available for the next year ... until an August course ... then had to rely on the Handbook - so often ended up by taking some papers by default ..... (realising that new possibilities/requirements might make it possible for her to have a Masters by the time she was 50 she) started out on that little journey. (But there were frustrations because making more 'specialist choices' was even harder and there were to be changes at the 400 level). I found myself seeking advice as to what was available ... knew that I could go to the Department and find what to do - possibly to another - .. finding some interesting alternatives ... followed up an avenue about rehabilitation , but that wasn't available that year, and ... quite late - this was January ... discovered .. after I had sent in my enrolment, that there was a primary health care management paper, and that gave me - I think a focus.*

Remembering what she learned and the 'reading' she had enjoyed, Laura related how:

*.. it's there, you've got that knowledge, and .. (you) read things you .. never would pick up otherwise ... quite exciting (that in) education .. somebody suggests something and you look at it and think 'I don't think I have ever read anything like this! ... pages become all dog-eared ... I mean it opens you up to (extends) your interest in literature ... and to me that is as exciting as anything else that comes after. I think learning is unique.*

Extramural campus courses are a brief interlude in a year of extramural study. RRNS, predictably, are eager to make the most of that time to clarify learning concerns and to develop their overall understanding of a course of study. There are differences in how they experienced 'on-campus' courses. Laura, for example, talks of her frustration with some aspects of course structure and management:

*I had a lot of frustration about extramural vacation courses ... We didn't use our time valuably, and maybe that is because we all learn in different ways. .... some got a lot out of it ... (some) were a waste of time to me. They were compulsory, so I went. ... and there was an hour and a half or 2 hours for lunch. Well I live in a world where I have 10 minutes, and to me 2 hours is a waste of time ... can't spend that much time in the library. And we had some discussions about it with a tutor (who was irate because of conflicting views). And no way could we arrive at a compromise that suited all .. And that was frustrating because most .. who attended .. are more mature. There are very few young people, and we do have minds of our own. .... I think there are individuals - I am probably one of them, that go as much for knowledge as for interaction ..... endless group discussions become almost meaningless if you just cover the same ground over and over again. ...*

that has happened (to me). ... in 'Women & Health' (there is) a lot of discussion time .. really important in that paper but irrespective of what we were meant to discuss (those with pet topics took over whatever direction we were heading). And why not look at another dimension alongside it - 'Men & Health!') Now, 'Women & Education' was one of the most exciting papers I ever did - to me was about ME - I learned a lot about what other women had experienced in their developmental years, and in the learning (it was) a very, very important paper in my degree. .... probably was most excited .. because could feel myself growing and understanding of my own needs ... why I was (as I was), who I was, and why I did things the way I did. .... one thing we asked for in that course was more structured time, simply because the group things were not taking us anywhere ..... lot of extramural students feel that lecturers have so much to give us, and we have so little time to get it ... we want to maximise everything we can ... (our) anxiety is 'What am I missing out?' (In) coming to terms with new concepts ... want that time with the person who knows it. .... (It's) quite a strong, really strong feeling ..... a thing that people, particularly people of my age, and older, will talk about in (the coffee breaks).....

My desire for knowledge has always been like that. ... it's almost like sucking people dry so that you can make your own judgments and your own decisions about it ..... (It's) really good about going back and learning again. You change so much! You change. .... Everything I wanted to do I did .. ended up with 23 papers though only 21 were required.

Learning, and loving to learn, is pivotal to Laura's 'way-of-living-a-life' and her passion for learning was whetted by a gap of eleven years between starting and restarting her university studies. Hermeneutic analysis of her story also reveals how strongly she was rooted in her family, for she put her formal learning aside to meet family commitments such as living at home with a 70 year old aunt ('I was her companion really') who required quite extensive care and her father's illness and death. By the time of restarting in 1986 Laura had married and had two children so family remained a strong factor in how she organised and managed her study and full time work.

*I planned my work around my study, around my children, and it was much easier and study became a part of the day, not - 'Oh I have got an assignment due for one paper, I can give a couple of days over the weekend!' It actually became a part of my life .... as a mother I was able to teach my eldest good study habits which she has not lost .... used to study together .. learned not to put things off .... as a student I actually have quite strong feelings about asking for extensions on those kind of things ..... if you procrastinate .. - well, you never actually do the best for yourself .... had calendars all over the house 'Mum's assignment due in one week!' ... It was very much a family effort (before marriage it was just studying as a student extramurally). When I graduated, it was my family who graduated, nearly as much as me. .... (is emphatic that) learning is really important to me (so returning to study was a natural thing for her to do).*

In the context of Laura's learning experience there is a clear illustration of the need for 'dwelling' or 'letting-be' before building and creating a caring community through curriculum, whether it is in the context of work-study-or home. And this can be problematic for the curriculum/course

designer for, as Laura herself acknowledged, '(she) had a lot of frustration about extramural vacation courses ... We didn't use our time valuably, and maybe that is because we all learn in different ways. .... some got a lot out of it ... (some) were a waste of time to me.' Somewhere in the studyspace and cultural realities pertaining to it, it is helpful to consider Diekelmann's (1993) description of the teacher as learner and the learner as teacher. In the designing and implementation of curriculum for mature students such as Laura ('we do have minds of our own') recognition of this dual nature of teaching as learning and learning as teaching matters. It encourages awareness of the different learning needs of student; as Laura stressed, 'we all learn in different ways .... some got a lot out of it (more structured extramural on campus courses)'. Others, like Laura, who sought more teacher time and less group/library time found vacation courses, largely, a waste of time. Alice, for instance, commented, that:

*(I) hated every time going down to Palmerston North for vacation courses. I just hated it. But every year I enjoyed it just a little more, and just a little more, so it made it possible for me to carry on. .. also very expensive (since) I was using holiday annual leave time .... quite a struggle to be quite honest. But the more struggle, the more determined I became.*

Tessa and Ruth are representative of the 'some who got a lot out of it'. Tessa found attending vacation courses a highlight of her experience of learning as an extramural student at Massey:

*(It was) 'totally invaluable. .... being an extramural student .. is expensive .. time consuming, and you don't have that much interaction, ... (But like) every other extramural student I have spoken to, we dream about being able to afford to spend a year away - just to be a student, and have all the interaction, .. library time, bouncing off ideas, with no other pressures. .... I seem to be an integral part of Massey - I can't imagine ever not being there! ..... It's very important for nursing to develop its vision of the future within itself, and not (having) that vision being imposed from above, so it's important to network (as gained through extramural study) even more so than ever before with other nurses, to share vision .... of (nurses who) have been developing themselves (and becoming able, therefore to direct nursing's future).*

Ruth also expressed how important it had been for her to have gained 'networks of friends/colleagues' through studying with nurses from throughout New Zealand at vacation courses. She found this not only reduced her sense of practising in isolation, but it became a forum for authenticating her everyday life practices.

*You know, as I talked to you before (about) the isolation, you know having lived in reasonably isolated places, you can go back from vacation courses feeling quite invigorated. Um - probably (gives) a lot more self confidence, that the things you are (thinking/doing) are right, and it's a good measuring stick talking to people in the same line of business, and just working out where you are. .... picking up so many different ideas, going back to try out things. And also the comradeship - ..... you might meet them much later, but you immediately gravitate towards them and talk .. remember things (about each*

other). *And I think that is quite a special sort of relationship. And from the first time you .. turn up at the Nursing Studies Department, you actually start to feel at home, as a place that 'belongs to me', so you actually feel .. part of campus for a time.*

Learning-"as"-remembering (Diekelmann,1993), unveils the memories that are always contextually, culturally and time bound. As is always the case, the RRNS both constitute and are constituted by the situation or context of their everyday understandings and life practices. This theme will be revisited when the relational theme '*Curriculum: Reflective Openness*' is discussed in the next chapter.

## **SUMMARY**

In this chapter, the common themes and sub themes unveiled through textual analysis have been discussed. Hermeneutic interpretation of the narrations of the RRNS disclosed some of the background preunderstandings the RRNS shared in the work-study-homespace and the lived meanings of what they experienced on returning to 'school'. The participants have revealed something of their everyday practices and understandings and the interactive nature of the relations experienced between the work-study-homespace. *'Being-in-the-world ("as" as a RRNS), in its everydayness and its averageness, has become visible'* (Heidegger, 1927/1962, p.168), more acutely, for mature students like the RRNS. They reveal it to be a different experience from 'first-time-around' learning, and they report how relationships altered with further study and their understandings of nursing changed.

The next chapter continues the presentation of the 'findings'. Continuing analysis and refining of meanings made visible the connections and relations between the common themes at two levels of complexity. The two relational themes which emerged at the first level of complexity and, at the second level, the constitutive pattern will now be described.

## CHAPTER SIX

### THE FINDINGS: A STORY WAITING TO BE TOLD (B)

#### INTRODUCTION

Relational themes are formed by linkages and relations between themes but, as noted earlier, in a more limited and less complex way than that of the constitutive pattern. What the relational themes do is to make more explicit certain situations of the lived experience of the RRNS, thus highlighting particular aspects of the constitutive pattern. Benner (1994, p.117) explains that 'exemplars' (relational themes), make it possible for a researcher to make visible the 'intents and concerns within contexts and situations in which the "objective" attributes of the situation might be quite different'. For instance, the first relational theme, 'Nursing is a whole pile of things', makes visible the concern that, whilst the essence of nursing is expressed in responding to human ills or health issues as, when and where they arise, too precise a definition may deter, limit or negate needed responses. What the participants made visible in this regard, makes us thoughtful about the way nursing is defined and nurses are perceived. Although the stories of the RRNS are expressed with different intentions, and in a wider range of contexts and situations, what they have to say concurs with the essential meaning of Louisa May Alcott's remark (cited by Lynaugh, 1990, 254) that: '*Wherever the sickest or most helpless man chanced to be, there I held my watch*'. Lynaugh commented, that:

*Alcott's report of her tense exhausting nights nursing soldiers after the Battle of Fredericksburg foretold contemporary nightline tales of the fears and responses of modern nurses watching over the "sickest ... most helpless" patients in critical care units one hundred years later.*

#### DESCRIPTION OF THE RELATIONAL THEMES

The relational themes bring together what the participants in their stories signify as highlights of the experience of returning to formal (advanced) studies. The most ancient and, many would say, best way of illuminating our past, is accomplished in the telling of stories. Learning-"as"-remembering unveils the memories that are always contextually, culturally and time bound, bringing recognition, as happened for the participants of this study, that the past is more than what has been. What endures gives continuity (Heidegger, 1962) and meaning to present and emerging possibilities in the workspace. Dorcas instanced that when she spoke of the 'enduring' use of oral reporting ( p.100 ) in some areas of practice. What the relational themes facilitate in the present study, is a more focused look at two major areas of concern for RRNS

from a nursing/health management context. The first relational theme, in essence, is concerned with the boundaries or fencing within which professional nursing endeavours to confine itself and its practitioners. The second relational theme is related to a similar but different challenge. In this instance, the concern is associated with the nature of curriculum for RRNS and the measure of control or openness that directs the enterprise of designing curriculum favourable to mature experienced 'second-time-around-learners'.

What also comes into consideration is the need to look at the issues of concern in their entirety. Dorcas's experience at work, (*'for a long time it was not valued in the nursing profession to have extra study ... you had to keep very quiet about it .. people .. felt quite threatened ... particularly those in roles of power'*), reveals that the lived meanings of her experience embraced personal as well as professional and workspace aspects of the everyday world. As Leonard (1994, 46) pointed out: *'From a phenomenological viewpoint, the first essential facet of a person centers on the relationship of the person to the world. .... ' World ' is the meaningful set of relationships, practices, and language that we have by virtue of being born into a culture.'* Like the participants of McCray's (1995) research project, *'learning for meaning'*, involved an intricate web of relationships constituted by what they experienced in the entirety of their everyday 'world'. What the relational themes of the study will be found to add to the 'findings' is a more specific, intentional accenting of some aspect of the constitutive pattern. Recollect, that even though the relational themes are described separately, like the common themes, they are intrinsic elements of the constitutive pattern. Yet, singling out these aspects of the constitutive pattern adds significantly to our understanding of the everyday lifeworld of the RRNS.

The relational meanings which are part of the background of the daily lifeworld of the RRNS also require thought. Fundamental to the lived experience of RRNS is having to contend with new challenges and opportunities in differently structured health care services. This has necessitated registered nurses reassessing the work they do they are *'thrown'*, Edman (1996, 5), comments:

*into an unavoidable encounter with change. ... massive organisational change in the health care system forces mergers or closings of long established hospitals, such as free-standing surgical centers and short-stay clinics. New nursing care delivery systems such as case management, critical pathways and cross-training of unlicensed personnel feel impersonal and often downright dangerous. Patients zip through the system before we get to know them. Even home care faces seemingly unrealistic strictures. If the newly diagnosed diabetic doesn't learn to give insulin within the three allowed visits, it's just too bad.*

## **The Workspace: Challenges and Opportunities**

Edman (1996) wrote in relation to the U.S. health care system, but it could equally appropriately be applied to the N.Z. context. Nursing work in all contemporary societies has altered in a number of ways and is under continuing challenge and review. Essentially, nursing always implies a concerned regard for some frailty of individuals or communities. But how that concern is negotiated in practice always is influenced by health policies, determining how VOTE HEALTH is spent. Wide sweeping changes in health care delivery has had a marked effect on all health workers in New Zealand, particularly since the 1970s. For nurses, this is demonstrated by the changing nature and location of practices, and the reduced opportunities available for gainful and satisfying employment. There are occasions when nurses are asked to '*speak openly and honestly about important issues*' (participant openness), such as impending policy changes in health care provision. But there is less opportunity given to nurses and others concerned with health care reform, to exercise '*reflective openness*', that is, to draw on '*the capacity continually to challenge one's own thinking*' (Senge, 1990).

As the participants reveal, there are also new possibilities and opportunities. The boundaries of work have expanded and interrelations between health workers are, potentially, modified to increase interdependency. But as Lucy disclosed earlier, conflicts in the workplace due to changing work boundaries and relations are experienced. '*It was stressful*,' Lucy said:

*because I .. (was working) for the whole division. And that created problems, especially conflict. Nursing saw it as their new position – 'how dare I look at things for other people'!*

The changing culture of the health workspace, especially of team or work groups, is such that staff are needing 'planned paid time out' for '*reflective openness*' as well as opportunities for '*participant openness*'. Nonetheless, as Heidegger (1968, p.6) has pointed out: '*the most thought-provoking thing about our thought-provoking age is that we are still not thinking*'. Certainly, at best, the thinking engaged in has yet to provide solutions sufficiently beneficial for the majority who seek health care assistance, and, as well, promote the effectiveness of service providers such as nurses. Beckman and Simms (1992, 6), note that the major factors needing thought and: '*determining the practice pattern (of a work unit or setting) are patient characteristics, work characteristics, nursing/technological resources, and organizational support*'. Even though opportunities are around for nurses to advance or to fulfil nursing's purpose over a greater range of work than before, there still appears to be a considerable need to advance our '*capacity continually to challenge (our) own thinking*' (Senge, 1990, 277), as to how we might use, or not use, different

ways of working.

### **The Studyspace: Expectations and Opportunities**

For any individual or community, meaning is understood within the lived experience of the daily lifeworld. Hence, meaning is not to be found exclusively within people nor within a given situation, but in the exchange that happens between the two. Similarly, expectations and opportunities related to continuing education requirements, stem also from relational meanings existing in the everyday world of RRNS and of all others with some involvement in developing an appropriate curriculum. RRNS come with different expectations to those engaging in a course of study first time around. Interfaced with that are the expectations of several other groups of people; providers, purchasers, communities, institutions each holding similar and dissimilar expectations of what they hope will come about through changing the educational opportunities and learning experiences available to RRNS. The 'hermeneutic circle', which is complete but never ending, redirects thought to the ongoing saga involved in curriculum development (Diekelmann, 1993). Allowing returning students, teachers and relevant others to jointly voice their expectations regarding the significance of changing educational requirements and opportunities is part of the revolution in curriculum development that many hope for. This puts students, especially experienced nurses such as the RRNS participants of this study, on a path of lifelong learning with the potentiality to transform their future of possibilities, as relevant to changing conditions.

Nursing has an opportunity, at a time of distinctive change in health care delivery, to, as Greene (1988, p.2) puts it: *'break with the cotton wool, of habit, or mere routine, of automatism to seek alternative ways of being, to look for new openings.'* Consequently, whatever the work setting, giving RRNS opportunities to develop the skills and expertise a given situation requires, offers the possibility of making a significant difference to the health/ill health requirements of individuals and communities. As part of that growth of understanding, as the stories of Paula and other participants reflect, it is vital that the learners (RRNS and their teachers), be attentive to the voice of the community as a whole, and to that of related disciplines and sectors.

### **The Homespace: A New Take on Partnership**

*'Looking-along'* (Lewis, 1971) at the entirety of the lived experience of the RRNS, reveals the connections and relations between the study-work-homespace. Part time extramural study, as the previous discussion of the constitutive pattern and themes has shown, eased some of the constraints the participants had to deal with in asking families for 'space' to study. What has been uncovered, and will be reflected also in the following discussion of the relational themes,

is that relations within the 'family' were a delicate balance of mutual adjustment as yet another call was made on the energies and time of the participants. As Dorcas and Dylan, in particular, revealed, tolerance, patience and thoughtfulness, facilitated understanding. 'Mum's hobby', became a shared activity when 'Dad's skills' contributed to new areas of study, for example, business/general management. The young were now ordered to 'clear the table' and leave the parents undisturbed! Dylan ensured all decisions as to time sharing of commitments were joint ones, Lucy, somewhat more arbitrarily, organised a 'place' and a 'space' in the day when she was unavailable, and Laura sorted out the 'must be done' from what could wait and, by her account, is not only a skilful organiser but a successful 'juggler' of the study-work-homespace.

## **ANALYSIS OF RELATIONAL THEMES**

### **RELATIONAL THEME ONE**

#### **'Nursing is a whole pile of things'**

One of the core issues highlighted by the participants, related to experiences which brought concern as to the way nurses define nursing, and the perceptions of nurses (and others) as to what is or isn't nursing work. There is an implicit cry of frustration from the RRNS when they speak of the need for change, for opportunities to actively participate in shaping a better future for the provision of nursing/health care, and in striving for a climate at work which is less restrictive and demanding of conformity. They show willingness to accept the challenge of differently structured health care services and are prepared to work in management with or without a specific nursing component. But, even if work is designated as a non-nursing position, they firmly reject being no longer regarded as a nurse. Listening attentively to their stories, reveals the participants asking colleagues and co-workers, who question their altered ways of working within health care delivery, to think more thoughtfully and openly about what is the best future for nursing. Moreover, that nurses should do so by debating questions such as those McBride (1987) posed, when contemplating a preferred future for nursing. McBride stressed, that we should ask a series of questions. For instance, in the best possible conditions what future would we like to work towards, or what may we expect under most circumstances, or, to be more specific, *'what would the "best" look like in a severely limited economy as opposed to an expanding economy?'* (McBride, 1987, p.125).

Before reporting relevant excerpts from participants' stories, not yet referred to, some data

already presented is revisited. For instance, we heard from Laura, that:

*Nursing, by its very nature is a whole pile of things!* And, that: *'Everything that you do, is something that you never leave behind .... I will say I'm a nurse first. .... I interviewed 92 new graduate staff nurses recently ... each was asked what their philosophy of nursing was - or what did nursing mean to them? Not one answer was the same .. none were wrong! So how can you define it? ... just say "It IS this!*

Dylan emphasised, that:

*We are constantly changing ... so that just makes it seem more chaotic ... But from that chaos .. there are outcomes that are positive. ... work routines do change, there is a different requirement for whatever reason. .. that's life ... it's fine as long as you take it on board - let it be a new experience! Look for the positive aspect.*

Lucy reported the stress she experienced as a unit manager, due to conflicts in the workplace associated with altered structures and patterns of work. *'it was stressful, because I wasn't working for nurses (but) for the whole division. And that created problems, especially conflict. Nursing saw it as their new position – 'how dare I look at things for other people!' Well, people learn in different ways.'* Lucy's story revealed something of what it costs and means for RRNS (management) to respond, as they see fit, to the situated context of practice.

Another participant, Alice also disclosed how she had come to appreciate that there are many ways in which nursing can be described or defined, noting that: *'it was .. an enlightening experience to find that it doesn't matter what the questions (are), there isn't one answer – not in nursing anyway'.* The boundaries of nursing are more open than they have been for a very long time in modern nursing, and the work that nurses do can range far more widely. But from what the participant RRNS disclose in their narratives, the fatigue and fears associated with repeated restructuring predisposes, regrettably but understandably, to a siege mentality in many of their colleagues.

Some participants speak of the importance of being open to the future. For instance, when discussing *'politicking'* at the local level and the uncertainty it generates, Dylan described how he *'lights his own small fires in the darkness of uncertainty'*, remarking, that:

*... you can mount a proposal and know you have support and a lot of that goes on. ... nurses are becoming better at it - ah - but given the changes in the structure of the health system - we run the risk of losing the benefits of that - because of the mode we are in and that would be very sad. Yeah - I think that politics are a part of us - that's part of our baggage. .... can still have a positive outcome if we get the right people on board with our proposals ... things can still happen ... many good things (are) happening .. a lot .. from individual initiative that gains momentum (such as having) nurses in*

*management positions - they still - because their grounding is nursing - by virtue of that (are) still committed to it...*

Later, he tells of differences in attitudes, such as looking for opportunities through change occurring or just enduring it. 'A lot of my colleagues', Dylan said:

*are aware of my quench for knowledge and a lot of them draw on that thirst .. certainly used as a resource .. not put on a pedestal ...but, they see that maybe I'm doing some of the things that some would like to do ... guess our attitudes are probably different in some respects ... guess that goes back to me looking for opportunities (most don't look at it like that). They're enduring it. And the rapidity of the change (leaves them looking) very battered. ... there is a chance we might regress if we do do not get together in a collective way ... otherwise we will be relegated to second rate citizens. I see pockets of it happening in the community where they are looking at the case management model and a lot of my colleagues are taking back seats .. happy to see everyone do it instead of being in there .. and (influencing those) changes ... it's an opportunity to get in .. and have a significant input into the way we shape things - at whatever level, local, regional Or a more global level for direction and policy.*

Unspoken, but implicit, is the difference between being entrenched in the past and looking forward to the future and its possibilities. Owning our past is to acknowledge its riches, taking forward what endures as the essence of nursing, but applying it in ways that are temporally, contextually, culturally and relationally appropriate. There is an ancient African proverb (see figure 3, p.40b) that informs: '*Only if you look back at where the path began can you see the direction in which the path is taking you.*' The past informs the present and indicates future possibilities. Nothing is lost except that which is applied to a particular time and context. I think this is something social institutions, such as nursing and education, and individuals are having to continually relearn. '*Owning the past - looking to the future*' is yet another paradox, a '*both -and*', not an '*either-or*' situation.

We have to contend with the world as we find it, but in partnership with all involved in the 'circle of care', nurses can play their part in transforming, affirmatively, the challenges that contemporary communities and the workplace present to us. Tessa, although somewhat daunted by what she experienced when broaching matters of concern with colleagues at work, commented that:

*If you confront it (matters of concern) head on - you just might as well not say anything at all. If you look at things from a professional perspective, where (we) are going, it seems to me it is better to keep on communicating however different views are. .... I think we are ... fortunate within this particular organisation ... we have a forum .. can discuss, debate professional issues, .. have newsletters (in which we can discuss issues). But I do think there are some nurses in the current climate .. (who are) frightened to speak out because they may be disadvantaged in their career prospects or whatever. ...*

*and you stay away from people who are negative ... who like to hold power over you .. (and) keep strictly to their position. .... you target people with vision and who are supportive, and you go to them with your questions, (and) arguments.*

As well, Tessa found it challenging to experience a perception of nursing that, she said, still had nurses making such remarks as:

*" We still have a legacy that you are either a born nurse or you are not." (It is) "A self-sacrificing type of profession." "You all come out of the same mould at \_\_\_\_\_." What use is a nursing theorist anyway?" But, ( Tessa emphasised) one has one's own experiences, ... as one goes through life, the humps and the hollows, the good and bad times .. from both the equivocal perspective and the changed management perspective, (as) a returning student - it's the expectation you meet. Well that's me I suppose. .... I seek like-minded people (and in this organisation I am fortunate, that) what it has done for me from a very personal level, it has developed friendships . (that) I would never, ever have had the opportunity to develop and I think .. from a personal growth perspective, (that) has just been wonderful.*

Tessa sought opportunities for genuine thinking with like-minded people. Freedom to do so was important for Tessa, but she also had a regard for the freedom of others: *'If you confront (things) head on - you just might as well not say anything at all... it seems to me it is better to keep on communicating however different views are.'* As Rather (1990, 109) observed:

*'Freedom is not the opposite of control. Freedom is being "free-for" one's ownmost potentiality for being, i.e., comportment which opens oneself to one's own possibilities for being. Freedom also means to let other things be, to allow things and persons to show themselves in all their possibilities; in the disclosure of the being of all that "is" we see new possibilities for our own being (Heidegger, 1927/1962).*

Tessa's way of thinking and practising as a nurse/nurse manager, revealed itself to be such that confronting and perhaps restricting other individuals' freedom to express their thoughts or beliefs was rejected. The *'will-to-power'* which is embodied in technological and objectifying thinking (Heidegger, 1927/1962), actually diminishes the person who exerts it; not just the person who experiences its controlling and restrictive domination. Keeping open the paths of communication, however dissenting the views expressed by participants of opposing views might be, mattered to Tessa. Tessa tells us that she walked away from confronting opponents (*'you stay away from people who are negative ... who like to hold power over you .. (and) keep strictly to their position'*). Yet, implicit throughout her story is the strong affirmative regard she holds for what is of the essence of her being, and the freedom to disclose it - or not - as she adjudges to be fitting. This she will not compromise, but neither will she compromise the freedom of others; ensuring authentic disclosure for the *'self'* necessarily involves granting that right to the *'other(s)'*.

As reported earlier, Tessa observed, that *'while you are negotiating (or debating, arguing, presenting diverse views) you don't come away from these negotiations as continued adversaries'*. Bringing that perception of reciprocal regard from a personal level to the level of the profession, Tessa pleaded: *'bring nursing forward .. conciliate and move forward. .... don't divide the profession ... . The base (essence of nursing) must be kept in perspective and the professional emphasis, vision (keep it intact)!*

Being respectful of differences, of dissenting approaches, has, paradoxical though it might sound, the potential to unify nurses and give nursing the 'freedom' to let evolve varied, rich patterns of nursing/health practice. Thus opening up circles of caring, with greater possibilities for gathering in the many who remain outside the defining barriers of who may have a share in the utilization of health/health care resources. *'Resoluteness' and caring (solicitude for others and concern for things) allows us to let others "be" ; relating in such a way to others also unveils other possibilities for our own personhood or way of being, within the actuality of the world we inhabit (Heidegger, 1927/1962; Rather, 1990). 'Letting-be', authentic disclosure of ourselves and of those we relate to in our everyday world in the 'study-work-homespace', is the antithesis of the 'will to power'; it provides a 'place' (Heidegger's 'clearing') from which to build communities of belonging and caring.*

Another participant, Lynley, voiced her concern about the ways in which nursing services might be structured, expressing her thoughts about centralisation or decentralisation, and related issues such as who gives direct care and the flattening of lines of management in nursing. A matter of particular concern for Lynley, was experiencing inconsistency in the way nursing was organised at her place of work with half of nursing based within units, and the other half still functioning and controlled from a central base. Lynley disclosed that, as she experienced it:

*It doesn't work. You can't have people reporting to two lines of managers. ... For me now, whilst I liked centralisation, and felt very comfortable (there) it has been a challenge to work in a decentralised manner and now I like it. (But to be beneficial it has to be one way or the other). .... part of it is accountability in terms of - for - the whole discipline of people in health. When we were centralised we could go off and do our own thing literally, and that's what we did. We didn't work in a collaborative - and as you would say 'intersectoral collaboration manner at all. And if (that) taught me one thing .. it was really to look at that concept, and to me that's where it lies now! The sectors have to collaborate. ... if we don't do that, we don't get where we need to be for the patient. And decentralisation has actually brought (that) around a bit more. We (nurses and other health workers) are starting to work together because we have the same operation lines. We meet as a unit now not as a discipline. And that has a larger impact than probably any other one single factor. (And I have a person) at service manager level (who knows the business). And he can drive it.*

Yet, as Lynley continues she reveals another facet of the ambivalence towards changes experienced in the workplace that is expressed across the texts. Yes, Lynley says, being decentralised and having an effective service manager who knows the business is good, 'but' :

*whilst we can take a direction in nursing, we actually have to convince the service manager that's the direction that should be taken because that person has the autonomy to develop his or her service. So it's a little difficult. (Relating an experience that highlighted that issue for her - that of development of a clinical career pathway, Lynley said:) .. we are the only service to have developed that ... (but) when our document came up (it was) "Oh well" - Now they can go like that, .... whether because people have been inherited into positions, that may be something that will change and therefore that will change the culture of nursing. ... if that comes about, then we will have a different basis with which which to work with too ...*

Lynley's account of the lived meaning of working and being "as" a manager within changing health care delivery services, uncovers the dilemmas encountered in owning and holding on to what endures from the past - the essence of nursing -, but learning to 'let-go' of that which had meaning in a past time, context and culture. It doesn't devalue past ways of being-"as" a nurse, but being 'free-for' the new possibilities opening up ahead, allows nurses, as Lynley advocates, to look forward to - and to own - their future. What may be seen to be emerging from Lynley's exemplar, is that new ways of connecting and relating are an integral, essential part of the pathway of change nurses are experiencing. Collaboration and partnership will evolve, as described earlier, by encouraging nurses and their co-workers in health and health related fields to go beyond speaking freely and openly to each other and to their communities and authorities (participant openness), by creating a 'place' (a time, an opportunity, an acknowledgement) where the need 'to continually challenge their own thinking (reflective openness)' (Senge, 1993) can happen. *'Through genuine thinking we arrive at "the clearing", that place of openness where we can let what is be, and open ourselves to the ruling of Being'* (Rather, 1990, p.109). The shifting nature of relationships is an actuality of contemporary communities and of their institutions such as health, nursing and education. In the everyday world it remains a continuing challenge, but by staying 'free-for' our own possibilities we necessarily let others live in that same freedom. As Heidegger (1962, p.168) stated: *'One belongs to the others oneself and enhances their power ... and for the most part 'are there' in everyday Being-with-one another. ... Being-in-the-world, in its everydayness and its averageness, has become visible.'*

Whether the structures which govern nursing practice use a centralised or decentralised approach, is probably less important than the stance nurses hold in regard to themselves, those they work for and with, and the work of nursing itself. Lynley alerts us to this aspect of work

culture, when telling of an experience she had overseas, which gave her a fresh look at what it could mean to be "as" a nurse. It brought me, Lynley said, to '*seeing*' nursing '*has the potential*' :

*to be, not a job to come to - you know people say 'I love my job, I hate my work', and 'I love my work, I hate my job'. ... in nursing, I think that's been so for a lot of people. (There) I saw people loving both aspects: loving their work .. their job - and the organisations for which they work. And it really came about with one person at the top, who has driven the system for 15 years and managed to pull those people into her thinking pattern. ... can see that as an ideal situation ... interestingly, (it is) also a centralised nursing service. (On being asked 'What is that like for you?' Lynley said:) I am ambivalent in some of that because the reforms in NZ have really said you have to be service based. And the leaders in those services can dictate what they want out of their service. Now maybe the ideal should be that all service managers are nurses, and not just my level.*

Perhaps Lynley's ambivalence towards nursing's way of working and participating in general management structures is only an apparent one. Being '*free-for*' (her) *ownmost potentiality for being*' (displays) *compartment which opens*' her up to all the possibilities that exist for her (Rather, 1990, p. 109). Engaged listening to Lynley's story brings to mind some of Heidegger's verse: '*Way and weighing Stile and saying On a single walk are found.*' And: '*To head toward a star - this only*'. Everything seen on the walk has its own significance. There are a number of defining points, or as Heidegger calls them '*way-stations*', as Lynley heads towards her '*star*' or to finding what McBride (1987), suggests we go looking for, '*the best*' ... *under most circumstances*'. Reflective - and participant - openness on the '*single walk*' should make it possible to approximate towards something close to the healthier, healing and caring communities nurses want to be collaborators in creating.

Three other participants point, in their narratives, to the importance of nurses working in partnership with the community in general, and, in particular, with those who are actively involved in some aspect of nursing and/or health care or health promotion. Some women (in New Zealand it is mostly women) assist with, or even run, self help or 'first-care clinics'; they are representative of those, who worldwide, are available in the location of need. Various called health auxiliaries, health/nursing assistants, nurse aides, or, increasingly, caregivers, they are regarded by the politicians, regional health authorities and crown health enterprises as economically viable substitutes for a deliberate reduction of fully qualified registered nurses. Additionally, recent workforce policies have led to enrolled nurse training being discontinued, the implication being that a valuable practical nurse can be replaced by caregivers paid a minimal wage. That is a story in its own right! It is introduced here since it is bound up with an unceasing attempt by many in nursing to define nursing in a way that excludes all but the

professionally qualified registered nurse. Additionally, as the participant RRNS of this study have experienced, even the professionally qualified nurse whose work covers a wider range of responsibilities beyond the ambit of nursing care or management has been regarded as no longer a nurse. This is changing, but the majority of nurses still think in this way.

Paula, Morven and Dorcas reported what they had experienced and found significant in nurses/nursings' relations with what I will broadly call 'community caregivers'. Paula, as told earlier, had her understanding of life in general and nursing in particular changed dramatically after working overseas and '*living in a culture that was totally intact*'. It left her reflecting:

*'what New Zealand was about. ... worked for two years as a midwife .. in a western imposed health system .... and it was extremely frustrating working with .. nurses within the confines of the hospital ... (In the last three years there) ... worked in the area of community development and with primary health care .. which fits perfectly because it deals with basic health issues that are going to have a long time influence on (their) health. It allowed for lay midwives and lay healers and for the community .. to provide their own health care services in a way that suited them ..... and the local public health nurses .... were able to work within their own communities and take (PHC) information to them.'*

Morven also stressed the need for nursing to change its focus and to give more thought to the need for rehabilitation, particularly of the disabled and the elderly, in the community. Morven pointed out, that: ...

*'we have to refocus .. much more on rehabilitation..... there's a very real need for more options in the community - nursing and supporting people to live out their life style the way they choose to live it out rather than having it forced on them ... can see an important job to be done there ..... believe very strongly that it needs more skills than are recognised and more knowledge ..... they have wonderful experiences. (Morven also spoke of a time she spent working with Citizen's Advice and what it helped her) to come to terms with most, was that ..... the patient has a tremendous lot to offer us and in fact has the best knowledge about himself ... (as a professional) you go in with a certain knowledge and experience .. to contribute .. and they in fact have an equal amount to contribute that come from their experience .. community background.*

Dorcas reported that a highlight which she found to be particularly significant, was experiencing the change that had occurred with realizing, that: '*the consumer's voice is very important - in a much more overt way than in the past. .... also there have been the changes that have come from health policies - primary health initiatives like 'health for all by the year 2000' ... But, I think there has been a real lag, that there has not been the resources placed (the services have yet to come to support the ideology)'* .

At the centre of much of the debate as to what nursing is, and who is a nurse, and who

determines the nature of their practice is the issue of professionhood. Properly understood, and with more opportunity and encouragement for nurses to engage in 'reflective openness' (Senge, 1993), the distinction between the practice of nursing being based on a wider educational basis than skilled craftwork/manship (a valid and desirable goal), and nursing in the general sense of nurturing or caring, can be clarified and understood by the discipline of nursing and the public. The public, generally, are quite unmoved by efforts to restrict their use of the word 'nurse'. But, equally, they are well able to distinguish what expectations they may have of those who tend them and the level of care that is possible. On a wider scale, the debate on the drive for professionalization by many groups of workers is seen, as Rather (1990) observes, by revisionists (Allen, 1986; Apple, 1986; Melosh, 1982) to be yet another power play to legitimate rather than define professional prerogatives.

Reflective thinking, concerning the lived meanings participant RRNS have experienced on re-engaging in advanced studies, has disclosed they have developed a deeper and broader understanding of the relations and connections between everyone who plays some part in the 'circle of caring'. As noted, *'freedom is not the opposite of control'*. For nurses to be *'free-for'* the utmost potentiality intrinsic in nursing, they must let others also be free for their own possibilities. Nurses, engaging in *'reflective openness'* (Senge, 1993) to answer McBride's questions (1987), as to what future in the best possible conditions we would like to work towards, or what may we expect under most circumstances, or, what might the "best" look like in a severely limited economy, are likely to consider that the gaps in health/ill health care need a generous use of all who provide some form of general or nursing care. Being *'free-for'* attaining their utmost potentiality to be **"as"** a nurse requires, I believe, accepting responsibility that nursing/health assistants or caregivers, both for their own and patients' wellbeing are provided with learning experiences commensurate with what is asked of them. They are, of right, entitled to the dignity of an adequate and fair wage, and the acknowledgement that they, too, have a worthwhile place in the health care team. For RNs it goes beyond being 'accountable' for their own practice, whatever that may be. It includes being responsible for those cared for by ensuring that all who have a part in providing some form of the 'nursing' care required, know what they are about, do it well, and feel 'good' about it.

## RELATIONAL THEME TWO

### Curriculum: Reflective Openness ( '*... we do have minds of our own*')

The concept of curriculum, as used in this study, is seen to embody the boundaries, design, process and content or substance of learning experiences, sought by RRNS to enhance understanding of some aspect of their everyday world, especially the uncertainties of the workspace. It is also applied in a global sense in that it refers to the whole curriculum RRNS draw upon, inclusive of the variety of courses within the faculty in which nursing studies is based, and some from other faculties. '*Curriculum that make a difference*' for this cohort of nurses, arises through providing 'learner opportunities' that may take them on other pathways of learning than they had thought about. Nonetheless, in essence, it must maintain a strong connection to the dilemmas in the workplace which largely, though not alone, prompted their return to 'school'. As noted earlier, for this to happen, course designers need to make clear the boundaries of a given course of study, and the logistics of time and pre-understandings involved that would make it a reasonable undertaking. Further, in dialogue with the student, available learning experiences to choose from need to be explored in relation to issues which are of most concern to RRNS from a management context, and that also are personally significant.

A more common usage, nowadays, of the concept 'learning experience', in effect, signifies a greater acceptance and emphasis on 'letting learn' rather than preoccupation with students 'being taught'; particularly, although not only, for mature '*second-time-around-learners*' like RRNS. Teaching as 'letting learn' rearranges or recreates the relations and connections between learners and teachers. It creates 'a circle of learning' such that sharing experiences and understandings opens up the learning environment in a way, that as Diekelmann (1993) remarked, '*levels the power relationship between the student and teacher*'. Teachers and students with this approach move away from either party, either by intention or tradition, dominating teaching situations. Granting to each other the opportunity to be '*free-for*' learning enables anything to emerge that has the potential to enrich all participants in a learning encounter. Both Dylan and Laura claimed the right to be active participants in judging what learning experiences they required. Dylan remarking that: '*... as a mature person, as a responsible person I know what I need (to study)*', and Laura, finding that on campus courses could not '*suit all*', explained: '*that was frustrating because most of (us) are more mature. ... and we do have minds of our own.*' To be able to appropriate that right, Dylan, Laura, the other participants and RRNS need '*the power relationship between the student and teacher*' to be levelled by involvement in debating and

deliberating the nature of the curriculum and the choices it grants them.

This longing for learning experiences '*that both decenters teachers and students such that they are in situations but not the center of it*' is revealed, either explicitly or implicitly across the texts. I think Diekelmann's elaboration above of what '*letting learn*' signifies, is very well said, as there is a need for both teachers and learners to situate themselves in such a way that learning can flow freely in both directions. Responsibility for disclosing the boundaries of a curriculum, and possible relations and connections to other areas of desirable learning that can be linked to a nursing major, is enframed in teaching. At the same time, responsibility for thoughtfully determining and considering what possibilities may exist within or beyond what a given curriculum offers, is the learner's. Hence, recognising the significance and value of self direction and self management situates teachers and learners (RRNS) in a circle of reciprocal learning and teaching. Providing a place for both '*participant openness*' and '*reflective openness*' (*challenging our own thinking*) (Senge, 1993) in the studyspace, makes it more probable that future possibilities for curriculum development will be revealed.

Perhaps for both teachers and learners related to this study, there is a need to '*dust off old images*' by developing more '*creative tension*' in planning and implementing curriculum. As Senge (1990, 226), argued: '*personal vision, by itself, is not the key to more creativity. The key is 'creative tension', the tension between vision and reality. The most effective people are those who can "hold" their vision while remaining committed to seeing current reality clearly.*' If the 'circle of learning' expands to have both teachers and students collaboratively debating the range of learning opportunities available, there is a chance for '*creative tension*' to arise. Shared vision and perception of reality will, hopefully, be the outcome of such open dialogue. Pamplin (1993, 137), related how she learned '*a great deal about the power of collaborative relationships*' (as a cooperating teacher for (an) Alternative Programme.' Founded for the purpose of looking '*at student teaching in a collaborative way*', Pamplin is emphatic, that:

*These relationships require commitment. They are not always easy. They must be nurtured over time and treated with care and respect. They can be frustrating as similarities and differences are honestly shared. Yet 'differences, viewed positively, provide more food for thought ... we discover more about ourselves through each other'* (Pamplin & Payne, 1989b, p.26). (Learning also comes ) *through our stories* (Clandinin & Connelly, 1996; Coles, 1989). ..... *I have come to realise that mine is a complicated story. ...* ..... (As) *Schon (1983) explains 'often we cannot say what it is that we know. ... Our knowing is ordinarily tacit'* (p.49).

From reflective remembering of how it has been for them in returning to school, '*wiping away the*

*dust of untold stories'* (Pamplin, 1993,139), participants share the *'knowing (that) is ordinarily tacit.'* Much of what the participants remembered as especially significant and meaningful regarding the lived experience of being-"as"-a RRNS in the context of study, has been discussed. There will again, therefore, be some revisiting of what has been described earlier in relation to the third major or common theme: *'Bridging: Seeking Pathways of Connected Knowing'*, and its sub themes. Next, relevant excerpts from participants' stories, not yet referred to, will be presented and discussed.

Laura is the participant who first brought vividly into the open the sense of learning as a 'bridging' that would carry her forward to a place of 'enlightenment', opening up a future of possibilities in nursing. It was clear to her, Laura explained, that: *'I had no future in any of the things I wanted to do in nursing without a degree. ... no matter how I looked at it, without a degree, I couldn't move or shape or change anything .... so that's why I did it, and I have never regretted it.'* Opportunity building and connectedness between what she wanted to do in nursing and studying for a degree was very important for Laura.

For Alice, learning experiences that made a difference were strongly based on their connectedness with her work and the opportunities they provided.

*'Certainly over the last 3 or 4 years in the job that I am in at the moment (the study undertaken) has been a great advantage, because I have been involved in projects, developing all sorts of strategies for teaching nurses for budget projects – and it doesn't matter what it is that the hospital asks me to do, I am able to do it because I actually know how to go about it, which is half the battle isn't it? And also with my new job ... I suspect that I may not have even had the job suggested to me, had I not done those \_\_\_\_\_ papers. ... it has opened up new doors. ... So I am just beginning! ..... The achievement of my goals was really worth while.'*

Dylan disclosed a sureness and confidence as to what he was looking for: *'I set a goal to achieve a degree (extramurally), but also with the determination to carry on with the things that are important for me - home/family - as well as personal reasons... things of concern going on.'* ..... Later, knowing that he *'was going on to Masters'*, he explored the possibilities of where he could best fulfil that goal, believing as a mature person that he knew what he needed. Dylan illustrates well, the value of making a place for *'creative tension'* in developing nursing curriculum.

In telling their stories, the participants discover and disclose how the lived meanings of returning to school has transformed them. The learning encounters that can revolutionise the nursing curriculum, and let that happen, arise from: *'conversations among students, teachers and clinicians*

as we seek to transform health care, and the institutions in which we practice nursing, teaching, and research. In our conversations, we both shape, and are shaped by our language. This revolution is about the HOW of our speaking' (Diekelmann, 1990, 300). In other words, how attentively do we listen to each other 'and what do we hear?' There is a danger with continuing restructuring of health care delivery systems that we become preoccupied with changing what the curriculum offers, rather than how it is offered, and to what purpose. Watson (1993, p.xvii), in the Foreword to *'Transforming RN Education: Dialogue and Debate'*, points to what RRNS look for in returning to school, in commenting that:

*This book confirms for us that nursing's knowledge must be experientially and critically explored in order to uncover and sustain the richly contextual whole, ...it (also) reminds us that it is only in returning to the lived world itself can we be truly reflective and critical in our practices.'*

Nina, recalling two different learning experiences, disclosed how in one instance learning was impeded, and in the other, she was excited and stimulated because:

*I learned a lot about what other women had experienced in their developmental years, and in the learning.. was most excited. . I could feel myself growing and understanding of my own learning needs, why I was (who) I was, and why I did things the way I did. (But learning was impeded in another course because), I think there are individuals - I am probably one of them - that go as much for knowledge as interaction ... endless group discussions become almost meaningless if you just cover the same ground over and over again ... but, irrespective of what we were meant to discuss.. those with pet topics, whatever direction we were going, and no matter how hard we tried, we got back .. on the same topics.*

Nina portrays a hunger for a mode of learning that allows more self direction and self management. The skill of teaching students who have a clear direction of what learning they require and how best to acquire it, and this is often the case for mature RRNS, lies in dialogue in which we learn the art of listening to each other. There are ways of dealing with diverse learning needs in groups/classes, and narrative learning, sharing our stories and listening to each other, is one way this can be managed. Benner (1993, p. 9) comments, that:

*'Many RN students return to school with the hopes of gaining increased power over the inequities and exigencies of their work life. ... Rhetoric and idealisation that ignores the actual realities of the workplace will not address this educational need.'*

Attentive listening lets us hear what is not said as well as what is actually voiced. There is perhaps a hidden urgency in what this participant has expressed related to the workplace, a running to catch up with the challenges of relentless change. Although this is now changing, alternative points of entry and programmes for RRNS could obviate some of the difficulties associated with the largely formalised, vertical approach to granting entry to advanced learning

regimes which still prevails. We are beginning to see RRNS allowed entry into innovative programmes at Master's level which should make possible a more individually planned course of learning. There are dangers for curriculum development, and frustrations for students who feel previous learning and experience is devalued, and a blunting of their enthusiasm for advancing their skills and expertise. I believe there are also dangers if the changes in entry requirements are cosmetic, not entirely honest as to intentions, and hidden blocks to progress exist.

Another participant, Toni, highlighted three aspects of being a RRNS, commencing her narration by saying:

*The two words that I would like to talk to about my studies and what it has meant for me are 'stress' and 'challenge'. ... in a sort of workplace where (there are) a lot of people impacting and in the position I am in, coming ... (for) sorting out problems and so on, I think \_\_\_\_ studies has landed extra stress to me, because sometimes I am just wanting to switch off when I (get) home . In some ways you never seem to get away from the work environment ... because its all health related.*

*The 'challenge' ( however ) has been - I think for nearly every nursing paper I've done, I've been able to actually practice that in my (work) , and I have really enjoyed that fact. ... to be able to use it in what I am doing .. have been very privileged ... in my position that I have been asked to be involved in all sorts of things, and ... been able to use my studies. ... also that put me in contact with people in lots of other departments ... and gave me an insight into the human resource management side of nursing. .. and also with a nursing quality assurance programme. .... So, my \_\_\_\_ studies were sort of in tune with what I was doing.*

Significant connections between her learning experiences and the work and challenges of the workplace, opened up a succession of opportunities for Toni. What is also disclosed is her ability to discern the connections and relations between the two and, as she points out, the serendipity of being *'in the right place at the right time with the right people at the top to nominate me to do these things.* And, she added, *because I felt these were wonderful opportunities to be involved in, I felt very capable of the jobs that I was given.'*

Toni found being able to network and use her new skills and expertise, within a supportive and dynamic working environment, very satisfying. *'... my studies kept me very much in touch with what was changing in the health environment ... I think (otherwise I) would have been very lost in the changes over the past five years.* Nonetheless, there were some aspects for which Toni felt ill prepared, such as financial management, and business planning. Other participants also expressed a wish for such learning experiences and, in light of the wider range of general management work available to nurses, that issue may need to be addressed. RRNS have, of

course, had opportunities to enrol in such courses, but have had to consider doing so in relation to everything else they wished to study or to fulfil course requirements.

Developing an individual study plan amongst all the options available is, for several participants, such as Dylan and Laura, an easy matter since they are quite clear as to their intended goals. But for several participants it presented a lot of uncertainties, they were unsure of what work would be available or what they might choose to do, and what plan of study would be manageable, plus what prerequisites they would need. Nursing studies at university level started in New Zealand in 1973, and one or two of the participants had begun in the first year or so. As extramural students, part time study was both helpful and unhelpful in this respect. Lucy, for instance, related how she became stressed in the last couple of years of study, because:

*'I did three papers that last year ... I had this real burning thing to finish it (the degree) that year, and I did. ... knew things were going to hot up here (the workplace). ... the degree has touched on lots of things that I have now been able to expand on, it has given me a base. Particularly as I talk about the human resource papers we changed the whole human resource system there - it has changed a whole lot of issues. It is really good to have had that happen.*

Another participant for whom being a part time extramural student stood out as she reflected on the experience of being a RRNS was Morven. Describing herself, Morven remarked, that:

*I guess for myself where I am at and where I have been I have come from a family of ... strong people. People determined to get on and do whatever needs doing. ... the last thing I want to say is that though I have been a long time eternal registered nurse student - that I have enjoyed it ... its been difficult at times fitting it in with other commitments, but its been a challenge. The networks that have come from it are wonderful. And, we need to be very conscious that we don't get stuck with the theory, but learn how to make the theory work in practice. And I found that a very interesting experience to work through. ... hard, but invaluable.*

Overall for the RRNS, studying at long distance provided a unique opportunity to pace themselves through the degree at a rate commensurate with everything else with which they were contending in their daily lifeworld. For some doing it slowly was irksome, for others (like Tessa) doing it more quickly was possible or suited their ambition to be nearer some planned goal, for yet others it either put pressures on the homespace or, imaginatively and successfully, they made it an activity the whole family was a part of. As Laura's daughter said to some 'All Blacks' (for non-New Zealanders, NZ Rugby team) when the family was celebrating her graduation: '**We have just passed our degree!**'

## **SUMMARY**

The most ancient way of illuminating our past is accomplished in the telling of stories. Grealy

(1995, 20 - 21), reflecting on her past, describes how a present experience transcended time revealing the meaning of a past time. *'Sometimes'* (Grealy said), *'it as is difficult to know what the past holds as it is to know the future.'* Discovery and description of the two relational themes unveiled meanings which show both ambivalence and certainty about the changes and demands of restructured health care services in New Zealand. Connections and relations between past understandings of nursing work and present and emerging possibilities are not grasped easily. To understand future directions also means, perhaps, more thoughtful unravelling and description of nursing's past. Important aspects of RRNS re-entry into formal (advanced post-basic) studies have been disclosed by the unveiling of the relational themes. Discussion concerning background meanings and the dialogue associated with description and analysis of the two relational themes, touched on issues related to challenges and opportunities in the workspace; expectations and opportunities of the studyspace; and new ways of relating in the homespace. As the discussion now moves to a description of the constitutive pattern, the highest level of interpretive analysis, greater complexity of the relations and connections between the themes becomes revealed.

## **DESCRIPTION OF THE CONSTITUTIVE PATTERN**

### **'Nursing is Dwelling in Thoughtful Concern as Context Calls Forth'**

The constitutive pattern emerged as the lived meanings of the themes in the RRNS texts interwove together, constituting a complex pattern of relations and connections. The constitutive pattern formed in this way is incapable of being broken up without loss of meaning. As described in Chapter 4 (p.90) the constitutive pattern or paradigm stands out clearly as a unique, intricate pattern of meaning which is intact in its own 'ground' or context. Thematic analysis, concerned with revealing as fully as possible the connectedness and complexity of relations in the situations experienced by the RRNS, progressed from uncovering the common and relational themes to the point at which the constitutive pattern unfolded. Even so, it is not presumed that all the likely meanings it contains have been exhausted. There is no end point at which meaning is foreclosed; and new information or understandings may alter initial conclusions. The constitutive pattern revealed: *'Nursing is dwelling in thoughtful concern as context calls forth'* stands out clearly in all fourteen texts. Understanding what is meaningful and significant for the RRNS has arisen from dialogue with their texts and uncovers, without ambiguity, valuable practical knowledge to be brought into the everyday world and practices of RRNS from a management context.

In telling their stories, the participants disclose how changing health care policies altered familiar

patterns of work and interrelationships in health care delivery systems. So this is a story about nurses remembering how it has been, and attempting to understand, manage and implement change in ways that will transform their practices. Bernard Shaw (cited in Theunis, S. Ed., 1992, 123) once said something that is exemplified by the RRNS, although we need to be careful not to push the analogy too far.

*You see what is and ask, 'why?' I see what could be and ask, 'why not?' The reasonable man adapts himself to the world; the unreasonable one persists in trying to adapt the world to himself. Therefore, all progress depends on the unreasonable man.*

The RRNS disclose, somewhat paradoxically, that, while seeking new or different opportunities for nurses/nursing, they were ready to grapple also with quite diverse job opportunities; even if they should go beyond the ambit of traditional nursing spheres of work. But it is of the essence of paradox for things to appear as opposites to each other, when, in reality, paradox is a continuum, *'an integrated unity, ... (which) can be seen as 'both - and' (not) as 'either - or'; the elements of paradox refract off each other; they are inclusive of each other'* ( Ross, M., 1990, p. 44). Thus, in relating what mattered to them, and how they responded to the challenges and opportunities that arose, the paradox of diversity in their responses to nursing and nursing related work, in reality, reveals *'an integrated unity'*, a thoughtful, situated *'both - and'* response to whatever claimed their attention and involvement.

As the themes, and the constitutive pattern depicting the complexity of relationships between the themes, became visible, three major points of significance emerged. One is that change per se was not seen to be something that needed to be feared or avoided. It is understood to be a natural part of the everyday world. Constructive change, the participants believe, is achievable through grasping the significance of the situations they have to contend with, and responding appropriately. Second, a marked personal interest in returning to study is revealed, but it is not a shallow concern. Rather, it became apparent as refining of meanings took place, that they had an intense desire to transform the understanding they had of themselves, of relationships with co-workers, and of the connectedness of the different facets of their daily lifeworld. Third, there is a strong sense of wishing to advance their personal and professional development through learning experiences that would enhance their daily life practices and understandings. A participant, Nina, relates how this happened for her: *'I ended up doing a job which is fairly unique (and) having national credibility.. which I would never have had'* (prior to returning to formal study). It involved working with a group of nurses in practice, and sharing ideas which they could relate to from the context of practice, and, Nina reflected: *'That's just one of the benefits, I suppose, of*

returning to study. *I would never have communicated (before) with people like that ... would have spoken from the outside to them ... yet now I find the dialogue I use with them carries huge meaning.'*

## **ANALYSIS OF THE CONSTITUTIVE PATTERN**

The constitutive pattern, '*Nursing is dwelling in thoughtful concern as context calls forth*', unfolded from the discourse of the RRNS as they talked about the challenges, the opportunities, the frustrations and the satisfactions they experienced in their practices (the workspace), through their learning opportunities (the studyspace), and in the homespace. The three major points of significance, referred to earlier, are illustrative of the complex threads of meaning, interweaving together to form the constitutive pattern or paradigm. Thoughtful concern as to what is happening in the health care workplace is a key thread of meaning that interweaves between the common themes. Laura's story depicts well what RRNS contend with in their everyday world, as they endeavour to adjust to whatever the context of 'being—as' a nurse, a learner, or a homemaker calls forth. Laura is urgent, that: '*Nursing, by its very nature is a pile of everything.*' And, in responding to a prompt to expand on this remark, elucidated that:

*Everything that you do, is something that you never leave behind. People say 'Oh, you are not a nurse anymore.' And I will say 'I'm a nurse first.' And I think you can take all that knowledge and apply it equally as a whole, as other knowledge is applied to nursing, and what you learn as a nurse is so broad. I interviewed 92 new graduate staff nurses (recently) ... and each was asked what their philosophy of nursing was – or what did nursing mean to them? Not one answer was the same. And none of them were wrong! So how can you define it? You know, how can you just say 'It IS this!' And to me that was quite exciting, and ..... (we) talked about it afterwards .... And we learned a lot of what nursing is ... .*

Laura's comment, that when (*'all 92 .. nurses .. [were] asked what their philosophy of nursing was .. Not one answer was the same. And none of them were wrong! So how can you define it?'*), expands the meaning of her statement that '*nursing, by its very nature is a pile of everything*'. It is, as well, reflective of the perception, revealed in the narratives, that 'nursing' is undefinable, at least in the sense that any one definition can be applied. Discourse, as to whether nursing is definable or not, is the particular aspect of the constitutive pattern accented by the first relational theme, '*Nursing is a whole pile of things*'. But Laura is quite firm that, although her work responsibilities are seen by some of her co-workers as outside of nursing, this is not so: '*Everything that you do, is something that you never leave behind. ... I will say 'I'm a nurse first .... you can take all that knowledge (what you learn as a nurse is so broad) and apply it ... (just) as other knowledge is applied to*

*nursing.*' As interpreted, what Laura is expressing, is that in essence, whatever her job involves, she still fulfils the purpose of nursing by responding, thoughtfully and caringly, as the context of need reveals to be prerequisite.

In talking about presenting challenges and opportunities, Laura remarked: '*I found that having the opportunity to study for a degree and it really is an opportunity that a lot of people can't have ... it got dearer .. and harder ... it concerns me that nurses and others in the future may actually not be able to afford to have the same opportunities.*' Continuing, in regard to the challenge of competing demands on her time and energies, she recounts how she manages at home:

*Well – I have learned what is important at home! I can leave anything at home! I don't **have** to have the bench cleared or the bed made, or any of those kind of things ... if I had ... could never have done 4 papers in a year. You actually have to say 'Okay, there's a bit of dirt on the back door from the gumboot – that doesn't matter!' ... at the end of it you've got to balance everything out. .... . And that helped – doing my papers, it actually helped me to adapt to the demands of the job I have now. .... I've learned from about 10 o'clock everybody else in our family shuts down – and I can have half an hour and get everything (housework) done ..... I guess because, as I said, my degree is OUR degree that we all shared it. We all shared the tough times ... the really good.*

What matters, Laura indicates, is not to become an object to ourselves. Only in the totality of our being can the lived meanings of work, study, home, and relationships, locate us in a pattern of daily life practices and understandings, capable of transforming the possibilities of the everyday world. Heidegger (1955/1977c), is emphatic that we can only build community, only if we first become capable of dwelling, meaning making a place or a clearing in which the possibilities of our everyday world can reveal themselves to us. The significance and meaning of the constitutive pattern, '*nursing is dwelling in thoughtful concern as context calls forth*', becomes apparent as the connections and relations between the study-work-homespace emerge in Laura's (and in the other participants') narrative(s). As she stressed above, Laura found that, on interviewing 92 new graduate nurses recently, when asked what nursing meant to them, '*not one answer was the same. And none of them were wrong! So how can you define it?*' She perceives it to be impossible to define nursing, to '*just say IT IS THIS.*' Implicit in her understanding of nursing, I believe, is discernment that there is no immutable pattern of nursing practice. I think Laura also implies that, only thoughtful, informed responses to what a given context calls forth, will build effective nursing/health care practices. Making thoughtful, concerned responses as the context of need requires, is another way of saying, only if we first dwell (let '*the things themselves*' become visible, for example, let people identify their health goals, or at least work

with them, and not for them), only then will we build practices with the capability of making a significant difference to the wellbeing of those cared for. An anecdote, reporting a time when the researcher did not experience this happening, will be told in the epilogue.

Other participants also communicate in their dialogue the hermeneutics sense of nursing 'as' *'dwelling in thoughtful concern as context calls forth'*. Lucy, for instance, shows that being caring, supportive, sharing of skills and knowledge as well as being challenging – and directive if survival of the unit requires it – is important in her daily work practices. Hence, she welcomed the challenge of a job in management, even though it was not exclusively a nursing one. For Lucy, mutual support and networking with colleagues and other coworkers, is also a priority. Likewise, although she sees this as something for all the family to work at, creating a caring environment in the homespace matters to her. Disclosing how the lived experience of being a RRNS 'transformed' her, Lucy stated, that:

*.... in terms of a highlight, the most important thing for me has been the overall personal growth and development. .... to me comprehensive nursing (the basic nursing programme she completed) opened (things) up ... was like a taste of everything (her learning experiences in the baccalaureate programme) to come. (And Lucy posed a question for self-answering) 'What has it meant?' It has meant a lot of things ... had all this knowledge .. to share with colleagues (but) you had to be very careful because it came across as being over zealous ... at meetings, it was .. , here she goes again! There were positives and negatives about that .... positives were .. (being listened to generally), and then (they) gave you a chance to expand things. The negative (someone taking and running off with her ideas) .. used to annoy me for a while, and then I thought "No. I'll take it as a – um – a compliment.*

Something of the complexity of the relations and connections that exist in the workspace, is unveiled in what Lucy has to say about her desire to share the benefits of her learning experience. Her enthusiasm had to be tempered to the readiness of her co-workers to 'listen' to her ideas, but she shows an understanding of the need to accommodate herself to their 'situated' everyday understandings. Pertinent to the culture of Lucy's work situation, is McBride's (1987) insistence, that nurses need to become more concerned with anticipating problems, relations, strategic planning, and policy making. We need nurses who live in the present, mindful of shifting realities and new possibilities. Benner's (1994, p.116) remark that: *'An interpretive maxim is that the other person's world is livable'*, translated to the changing, sometimes volatile workspace (world) of RRNS (management), reflects their readiness to regard *'as livable'* the changing world of health care delivery. It also shows their awareness of shifting realities, of the need to be open to new possibilities, and of opportunities in the workplace for nurses/nursing to work co-operatively to generate caring 'communities'.

Recounting how she selected her learning experiences, Lucy indicates that her choices were pragmatic ones, closely related to what she perceived the context of work required of her:

*I guess I have to say I did papers that I found most valuable ... most relevant .. in later years (they) were the human resource papers ... because they covered things I was starting to look at with work. I think that they were vital. .... the nursing skills and knowledge gained for the degree have made a significant difference in my work ... some .. I could apply on the ward ... the odd paper I did because I had to, and it wasn't for a while later that I actually recognized the relevance of it. One of the biggest challenges (presently) is the requirement for new quality, improved quality management systems ... (for the Public Health Nurse is) ... normally a pretty autonomous practitioner .. we have had to bring people into line. And that is quite stifling in some ways, but at the end of the day that is what we have to do to get our funding. And that is the real dilemma for me at the moment – how do we encourage people to be – to do all the really creative things, and to use their skills and knowledge ... it is actually quite difficult for nurses here.*

For Lucy, it is important to recognise and build up understanding of the dilemmas that nurses/nursing, currently, are experiencing and what this requires of them. ' *Dwelling in thoughtful concern as context calls forth*' underpins Lucy's desire for building new practices, clinical and management, that are relevant for contemporary nursing/health care provision. Lucy reports, that:

*I was under stress ... because I did 3 papers that last year ... but this real burning thing to finish it that year, and I did. ... knew things were going to hot up here ... the degree has touched on lots of things .. (that!) have now been able to expand on, it has given me a base. ... (talking) about the human resource papers we changed the whole human resource system there – it has changed – a whole lot of issues ... really good to have had that happen. ... was Human Resource Adviser for a period of time .. that was a very valuable time for me. (But) it was stressful because I wasn't working for nurses (but) for the whole division. And that created problems, especially conflict. Nursing saw it as their new position – 'how dare I look at things for other people!' Well people learn in different ways ... other things need to happen. .. needs to be tailored to meet people's different needs, different times, .... so inservice, continuing updating of skills at work – and such like activities. (And) yeah, the balance of home and work became quite difficult with my new role ... as a new manager – I was taking a lot of work home .. I have to be careful I don't get accused of favouring the nurses. There ( has been some) medical muttering in the background occasionally. Um – there was also some family muttering by now about how much time the degree took. But I don't think they were very serious about it!*

Lucy disclosed that returning to 'school' had transformed and increased her understanding of herself, her colleagues, and their mutual need to grasp what is happening in the practice field; whether it is managing the 'environment' for the provision of affordable, accessible and acceptable care, or for the provision of direct clinical or community care. Understanding and coming to terms with different perceptions of what is required, and what is possible, is indicative

of nurses who are solicitous or mindful of the difficulties/dilemmas that nurses and other colleagues have to contend with. Dwelling in such a way, makes creating or building up opportunities for everyone to develop their potential, a realizable undertaking. Acknowledging differences, affirmatively, is not easy but it is a vital starting gate for transforming our everyday understandings of the context of practice. For all the trials and dilemmas experienced, Lucy, revealing the paradox - the 'both - and ' (Ross,1990, p.44) element existing in how RRNS perceive the nature of their work - tells us, that:

*.. for . this position (Unit Manager) there is no way I could do it if I wasn't a registered nurse. I had an overview of it, and a knowledge, a deep knowledge of all the issues that happen on the unit. I really feel that quite strongly, because that is why I feel concerned about the wards, and the unit managers, etc., if they are not nurses.*

Yet, Baker and Diekelmann (1994, p. 65) in emphasising the need for collaboration in the story of healing, give us a timely reminder of the need also for interdependency amongst health workers. They comment that: *'all members of the health care team need to share their stories of caring. Central to building collegial, collaborative relationships is an understanding of the lived experiences of the other.'* And they cite Stein (1967, 609 - 703), who pointed out that: *'dual hierarchies imposed by sexism and by traditional beliefs about professional-occupational accountabilities caused nurses to cloak advice and recommendations to physicians about patient care in indirect and deferential language.'* Undue deference to senior colleagues is also common amongst nurses, though there are more undertones of hostility as well as compliance in relations with other co-workers, especially with doctors. As may be interpreted from Lucy's story, this aspect of nursing practice shows a strong need for transformation of relations in the work culture. Whatever the setting, the need exists for everyone to be involved in the continuing debate about reforming our health care systems and our practices. In particular, those who provide meaning and purpose to our practices, that is, the users of nursing/health care delivery services whatever the setting where care is provided.

As unit manager, Lucy experienced stress due to conflicts in the workplace associated with altered structures and patterns of work. *'... it was stressful,'* (Lucy, said): *because I wasn't working for nurses (but) for the whole division. And that created problems, especially conflict. Nursing saw it as their new position - 'how dare I look at things for other people!' Well, people learn in different ways.'* Conflicts with nursing colleagues and 'mutterings' from physician colleagues were experienced. Mutterings also from the family, although she says, *'lighthearted ones'*, as a possibly excessive demand of her time and energies came from the work and study contexts. Lucy's

narrative makes visible something of what it costs and means for RRNS (management) to respond, as they see fit, to the situated context of practice. In stating that she will continue her studies beyond the bachelor degree, Lucy remarks, revealing something more of the paradox that RRNS experience in their work, that:

*... whatever I do it will be health related, because that's where I want to be – although the push is to become the general manager, it is not my scene. I actually think my nursing background and health background is where I want to stay. (In my position as Unit Manager) there is no way I could do it if I wasn't a registered nurse.*

In hermeneutic interpretation, as the researcher, research team and readers listen attentively to the 'voice' of the researched (the tellers of the stories within the stories), they come to the '*chiasma between the one who speaks and the one who listens, we are open to the story as discourse, a talking-with that which makes understandings manifest by 'letting something be seen by pointing it out ...'*' (Baker and Diekelmann, 1994, p.67). And, they refer to Heidegger (1927/1962), pointing out that in the retelling of our stories the range of that mutual sharing which sees is widened. The 'storied narrative' of the everyday life practices and understandings of RRNS in a management context has been little heard, although this is beginning to change. Yet, they have an important contribution to make since they disclose that, as well as being perceptive of the dilemmas that changing, volatile workplaces bring to nurses, they are aware of the wider possibilities associated with it. Implicit in their stories, is a desire to bridge some of the 'gaps' between health workers, which diminish the quality of care in health promoting, healing and caring environments.

Another participant, Paula also brings to our attention some of the threads of meaning inherent in the constitutive pattern. She discloses, in particular, how meaningful it has been for her to develop awareness of the diversity and shared understandings to be found in nurses' everyday practices and understandings. Consequently, Paula is especially concerned about the ways in which nurses' attitudes to clients, co-workers and communities, particularly a lack of cultural sensitivity, can influence the quality of nursing/health care. This is an issue, related to evolving nursing, health and education policies and health care provision, that is presently being strongly debated in New Zealand. New Zealand nurses have aroused both acclaim and severe criticism for a deliberate and quite extensive inclusion of the issue of cultural safety in the nursing curriculum. It has aroused enough dissension to have the New Zealand government establish a commission to consider if the amount of learning content in the curriculum on cultural safety is excessive, to the detriment of learning seen to be essential in the giving of

direct care to individuals. The result has been favourable to the curriculum designers, but not without certain observations being made as to desirable changes in regard to its inclusion and implementation in nursing curriculum. Describing how she searched for meaning as to what nursing is about, even after completion of a general nursing programme, because of a strong sense that she didn't really understand what it was about, Paula says:

*I thought (that) I would find out what nursing was ... by being a midwife. But found that (this was the late 1970s) was an incredibly medicalised (service) ... dominated by doctors and by a group of midwives who were just incredibly powerful and quite uncaring both about their colleagues and .. mothers. .... then in the early 80s went as a volunteer midwife to \_\_\_\_\_ and . lived there for five years. .... This (whilst overseas, Paula studied psychology, anthropology and sociology) gave me the opportunity to really challenge what I thought about life and what (it was like) – I was in a very small minority – living in a culture that was totally intact, and it made me look totally and completely at how dominant pakeha (non-Maori) society was in New Zealand. (This was) the first time I had actually ever reflected at all on what New Zealand was about. But those experiences of living in a different culture, shifted my mind set totally about what nursing was about. And I worked for 2 years up there, in a western imposed health system on a country that should never have had that sort of health system imposed on (it), and it was extremely frustrating working with the \_\_\_\_\_ nurses within the confines of the hospital ..... in the last 3 years .. worked in the area of community development and with primary health care (PHC). And PHC model fits perfectly because it deals with basic health issues that are actually going to have a long term influence on the health of the nation. .... it actually allowed for lay midwives and lay healers and for the community to do, to provide their own health care services in a way that suited them, and the good things from outside – coming through on PHC, such as sanitation, and (attention being paid to food, water supply ... , and those basic (measures) could be provided in a way that was acceptable – and the local Public Health Nurses (PHN) were able to work within their own communities and take that information (to them).*

Living as a member of 'a very small minority – . . . in a culture that was totally intact ..made me look totally and completely at how dominant pakeha (non-Maori) society was in New Zealand', had a great effect on Paula, changing her thinking about nursing (*those experiences of living in a different culture, shifted my mind set totally about what nursing was about*) , what she might do and where she would live. Paula describes how they:

*... bought this little place in \_\_\_\_\_ about as remote as living in \_\_\_\_\_ (overseas). And I went into Public Health Nursing (PHN). .. it did definitely challenge the decisions about what courses to take and where I wanted to go, and things I wanted to do. And after about 6 months of starting work as a PHN ... we got the opportunity in \_\_\_\_\_ , among PHNs, to put up proposals for some new way of .... providing public health projects ..... and when I put up the proposal (for) development of \_\_\_\_\_. a network of community health workers which has been going now 7 years ... extends right through \_\_\_\_\_, and (has) something like 60 odd members of the group. .... Largely Maori women ....about 25 to 70, probably. And some Pakeha women .... either married to Maori people ..... or in Pakeha*

*communities which are remote ... my role as the nurse was actually setting up and providing the training opportunity, and the group is .. self-determining now and they raise and organise their own funding in different bodies. (Each year, for my studies) I looked at what was relevant to take. And courses, like 'Groups and Nursing Practice' – that helped me a lot ..... and also the management papers as to how you actually allocate resources to try and enable things to happen. .... and things in management about .... leadership, organising and planning. Because in the early stages there was no doubt that I took quite a strong leader role which I backed off on as the years went by.*

Paula experienced, for the first time, the meaning of living in a community where she was not a member of the majority or dominant culture. Self-understandings grew from that and altered her perception of the preconditions or background understandings required in the provision of nursing/health care. Paula discloses an active commitment to the development of 'caring communities', in which professional/personal skills and understandings work alongside individuals' self-care abilities, avoiding 'taking-over' and creating unwarranted dependency. Interdependency grows in such relationships, since encouraging self management is not merely leaving people 'to get on with it'. It is learning with them what their needs are, what strengths they have, what encouragement and support is required; either short, medium, or long-term. It involves a transformation, very often, from thinking that you can change everything and 'make it all better' before too long. Laura's experience illustrates for us, how our perceptions of present and future possibilities become transformed when we let ourselves be open to the realities of the context of practice – cultural, personal and pragmatic realities.

Self understandings grow best when there is a readiness for reciprocal learning and understanding with others who inhabit our daily life space; in the work–study–homespace. Paula recounted the rare opportunity that came her way when her life context changed from living as one of a majority to being one of a minority. It opened a new 'window' on herself that enabled her to have a fresh understanding of 'dwelling–as' one who is distinguished by being different. It exemplifies how, generally, the most effective learning experiences are 'inside-out' ones, rather than those that are imposed on us from outside of ourselves (Diekelmann, 1993). It probably should be said, also, that Paula had what some would call a 'divine discontent' – wanting to know what 'it' (nursing, in particular) was all about. So she was already in a 'seeking–mode' for increasing her understanding of what the essence of nursing is all about, and how she could apply this in her daily life practices. One's world is both constituted by, and constitutive of the self. Leonard (1994, p.47) explains, that:

*Heidegger uses the term **thrownness** to express his view of the person as always already situated, as being–in–the–world and therefore, as Benner (1985,p.5) says, not a radically free arbiter of meaning. Human existence is involved in the working out of the possibilities that exist for us*

*by virtue of our being "'thrown' into a particular cultural, historical, and familial world. .... Freedom, in the Heideggerian view, is **situated** freedom (Taylor, 1991).*

Paula, and this is reflected in the narratives of the other RRNS who took part in the study, although in ways specific to each one's context of life, looked for ways of coming to an understanding of the possibilities that existed for her by virtue of being situated in a particular cultural, historical, familial, and professional world. 'Thrown' on to her own resources (though she shared the experience with a partner), so to speak, her understanding grew of how she was 'situated' in the world by experiencing what she was not in relation to those of another, and, in their own space, dominant culture. Paula's experience can be used as an analogy for that of nursing's – or of any other profession or discipline for that matter. Nurses are coming to understand, and to be transformed by the understanding, that our purpose – the 'what is nursing about' question that sent Paula off on her journeys – arises from what individuals and communities, according to the context of practice, require of us in ways that are acceptable and practically possible.

I think that part of the current struggle experienced (although there is nothing new about this) by nurses/nursing, and our co-workers in health care provision and management, is in learning how to generate caring communities within the realms of what is 'practically possible', and doing so in partnership with the community. Supporting and working alongside colleagues and community, also means moving in concert with what they understand to be significant and important. And that requires careful thought as to the best use of resources, people and material wise, as relevant to a given context. Nothing stays unchanged; not people, not practitioners, not nursing practices, but this is something that probably most of us are continually relearning. Paula discovered, for instance, that when she made use of adult education principles so that people actually sat down and shared, rather than just being taught, that not all could accept learning in that way., rather:

*... some of (them) ... chose to leave because they said that I never gave them any answers about whether they were right or wrong .. interesting .. it was usually Pakeha women that struggled with that ... Maori women might have left for other reasons. But ... (they) are much more comfortable about sitting around and talking and sharing and not worrying about whether what they are saying is right or wrong. .... But, also, for a lot of people at the end of the week, all that they would have been able to say is that she talked a lot and shared a lot.*

Another matter of concern for Paula, related to cultural diversity, is that of 'cultural safety'. Her own 'journey' of learning and study allied to her work, and the experience of living immersed in other cultures, drew her to thinking and questioning what it might be like for nurses who have

not had similar experiences – what is their understanding or awareness of this concern for 'cultural safety'. 'What I (hope) to look at next year', Paula said, is:

*"How are Pakeha nurses that haven't had all this experience that I've had – and where are (they) at in relation to this (cultural safety) ? " Because this is a management issue and a very much quality issue as far as, – particularly in \_\_\_\_\_, where in our children's ward, for instance, we have something like 75% of our kids are Maori children, and the same with our mental health unit .....*

'Bridging' is a Heideggerian concept which is very applicable to Paula's everyday understandings and daily life practices (Heidegger, 1927/1962). It does not simply imply going between one point and another; whether one is talking about a physical structure, or a personal 'go-between', informing, explaining, revealing or whatever, either in relation to individuals or communities. Bridging is a facility, whatever the medium, that comes from some existing structure or state-of-Being (existence) and goes forth into another structure or state-of-Being, providing a continuity or a link that is essential for caring and survival. Bridging can also be used as an analogy for that which continues on from the past and merges into the future, holding on to that which has meaning in the present, even though still subject to change. Something of this is reflected in Paula's disclosure of the different responses to the participatory learning experiences she provided for women who attended community health groups. Bridging between the women's past, present and emerging expectations of their daily life practices, and how to participate in learning experiences is important. Reflecting on the changes over the last eight years or so in \_\_\_\_\_ Paula talks about the effect of the changes on nurses in traditional practices such as district, public health, and Plunket services. Paula, sees that:

*... the PHN (Public Health Nurse) role is virtually disappearing, and definitely the role they are seeing between GP and District Nurse (DN) is not a partnership role. So that really worries me ... and we are doing a lot of planning to ensure that our community nursing service which we have, is integrated with PHNs, DNs, community mental health nurses and community health workers – in the primary area to see that the group stays viable and is ready for going into this Crown Health Enterprise (CHE), and ready to contract with the RHA to provide services. We are actually ready to go and to do battle with Plunket, because we would like to have a go at getting all of 0 – 5 child health services under \_\_\_\_\_ our community nursing service. .... Plunket never has actually had a very strong position in \_\_\_\_\_.*

Paula, as a nurse manager with a particular interest in community nursing, shows concern that community nursing services be put on a sound footing. We are, to repeat what she said above: 'doing a lot of planning to ensure that our community nursing service .. is integrated with PHNs (and others) .. - in the primary area to see that the group stays viable' in the reformed health care system. She also considers it important that nurses work in partnership with, but not be subservient to, general

practitioners, as that would be destructive to nursing. She states:

*There's no doubt that management skills are needed. We (are) doing a lot of upskilling with district nurses ... so they can actually provide more services to people in the community ..... So um – there's no doubt that my management learning, gives (me) a big headway to planning for those sorts of changes.*

Initially, Paula reveals that her urge for further learning arose from a personal need for gaining meaning and understanding as to what nursing is all about. But, it is shown also as evolving from the lived experience of Paula's everyday world. A distinctive pattern unfolded as Paula responded to the needs of the community/workplace (clients/colleagues). This took her on a circular journey of continuing learning, and application of the understanding she gained from learning, in response to concerns that arose in the workplace. Her story, whatever aspect of her life she may be telling us about, reveals a pattern of practice as a nurse that is constitutive of her way-of-Being (existence) in the world. Paula's everyday world and understandings is marked by reflective, probing attention to her own ideas, and those of others. The political, social, caring and affirmative nature of nursing is important and meaningful for Paula, and she shows a particular regard for the community as the natural or rightful location of care, the provider of care and the user of care. She also believes that nurses/nursing are at the crossroads, and that the issue of more autonomy in nursing is critical.

*I think that nurses that are able to be autonomous and practice independently can work well in teams where there are other people with like minds, because you don't actually get threatened by them. But .. we are now .. in a bit of an autonomy crisis at present. ... we have got a number of new managers who are very into challenging and in looking at where nurses and nursing are going, and they are actually being isolated by some of their peers, because they are seen as being .. radical. . almost excessive about their professionalism and about being advocates. But ... some of their colleagues wish that they would sit down and shut up ... they feel threatened that they might rock the boat too much with us going into the CHE ... and jeopardise the future for the others.*

But, Paula says, I see it differently:

*I see them as being right in there, and saying 'Nursing has this to offer going into the CHE' . And getting us ready for the new world. ... they are taking a lot of flak from the medical people (and) from other nurses as well. I've only just learnt this 'horizontal violence' term – but yes there's plenty of that going on. So, as a manager, they require a lot of support – and the others – too. They need a lot of support to help to slowly turn them to look at what might be the opportunities for the future.*

Paula does, however, question the rate of change and the time and energy that it imposes.

*.....Well ... the energy that either one of those changes (CHE/ RHA) actually takes to be well prepared, is quite enormous ..... And the skills that have been required both from nurses and .. from management for this Award*

*negotiation, they are all things people have never had to do before.....*  
 (And for herself, she notes): *I have had the opportunity to represent PHC nurses particularly, but ... hospital nurses as well.*

Paula's concern also touches on the survival of peripheral hospitals from the perspective of what this means for communities and staff.

*.... peripheral hospitals are a whole different story , and they are definitely looking at community trusts and things .. (there are) a lot of issues for management there. (But) I think the optimism is the whole thing about where nursing is at .. that nursing has a future and has a relevant role to play. My role as manager is .. helping nurses to open their horizons .. all of their horizons.*

Paula is optimistic, pragmatic, open to new opportunities and committed to encouraging nurses/nursing to '*open their horizons .. all .. their horizons*', as appropriate to context. Along with the other participants, Paula emphasises the need for nursing to work in partnership with other providers, including the community, if it is to find its place in changing postmodern/industrial contexts of health care. There is perceived to be enough stress in health care systems for health professionals, without unnecessary dissension, and vocalised or incipient hostility to physicians (Baker & Diekelmann (1994). Even though it is hard for nurses to understand and manage the increasingly wider 'gaps' between available resources and health/healing requirements, Paula still thinks, that: '*optimism is the whole thing about where nursing is at .. that nursing has a future and has a relevant role to play.*' In a book consisting of a collection of writings about personal burdens and challenges, and entitled '***The Bridge Called My Back***', Aurora Levins Morales, a Jewish Puerto Rican writer (cited by Kee, 1993), challenges nurses/nursing to bridge the gaps in health care provision. Morales challenges us: '*If we're the ones who can change it, If we're the ones who dream about it, If we're the ones who need it most, then no-one else can do it. We're the ones.*' We can assume that Morales' emphasis that, '*if we're the ones* (with the dreams)... *then no-one else can do it*', refers to nursing fulfilling it's own dreams, it's own purpose, but in co-operating ways with other health care providers and communities. Understanding the work culture of health care institutions, clinical or community, is necessary in order to facilitate effective redesign of health care delivery systems (Rizzo, Gilman, M., Mersmann, C., 1994).

Dialogue describing the constitutive pattern, '*Nursing is dwelling in thoughtful concern as context calls forth*', has challenged the notion that nursing practice is fixed in some time warp. It is affirmative of Laura's statement that: '*Nursing, by its very nature is a pile of everything*'; Paula's vision, that her role as a manager is '*helping nurses to open their horizons .. all their horizons*'; and, understanding of

Lucy's challenge, that in meeting current management goals, public health nurses, '*normally . pretty autonomous practitioner(s) (have to be brought into line) .... And that is quite stifling in some ways, but at the end of the day that is what we have to do to get our funding. And that is the real dilemma for me at the moment – how do we encourage people to be – to do all the really creative things, and to use their skills and knowledge ... it is actually quite difficult for nurses here.*' That is a cry from the heart from Lucy that I am sure is echoed in the heart of many nurses.

Hermeneutic interpretation, across the texts, has revealed agreement with Laura's remark, that: '*nursing ...is a pile of everything*'. The actual responses of the RRNS are as diverse as they show the contexts of practice to be, but what they hold in common, are the thoughtful, caring but pragmatic responses made to a given context. Building acceptable communities of care comes with making a place (a 'clearing') for all the 'voices' to be heard, the 'cared-for' (individuals and communities) and the carers, and the sharing of background understandings. The excerpts from Laura, Paula and Lucy reveal something of what they experienced as highlights in their everyday world, reflecting also the lived meanings found across all the texts.

## **SUMMARY**

Reporting the 'findings' of this study of the lived experience of RRNS from a management context, does so at a point of time when some of the things they have told us about have developed in ways they hoped would come about. For instance, there are more flexible options for entry into formal (advanced) study programmes available. What also needs more thought, however, is ways of determining readiness for the level at which RRNS desire entry. But change is so relentless in the health sector, and its consequent influence on curriculum development, that this is a story that is still being written and rewritten. Since change is a natural part of living a life it will continue to do so. What will not change, I believe, is the readiness and ability of nurses, such as the participants, to attempt to respond affirmatively to the challenge of change. But not in a passive, unthinking manner, as an earlier comment of Lynley's instanced, that: '*building on my knowledge from my major of nursing studies and the managerial, that puts me in a very good position to lead in health.*' And the turning point for her, Lynley said:

*' was ... (having) to get down on my knees and beg for (someone) to come and see a patient that was really sick. And I thought, 'He will never do this to me again because I will get myself into a position where that should never have to be. ... From there I have become quite strong actually - in my pursuing of things, and the opportunity here came up quite all right, and it (the MBA) will be another stone that I need to turn over in order to get where I wanted to go!*

There is much to be thankful for, as well as thoughtful and concerned, as we read the narratives of RRNS. As Heidegger (1968, 142) explained:

*The things for which we owe thanks are not things we have from ourselves. They are given to us. We receive many gifts, of many kinds. But the highest and really most lasting gift to us is always our essential nature, with which we are gifted in such a way that we are what we are only through it. That is why we owe thanks for endowment, first and unceasingly.*

The next and final chapter draws the thesis to a conclusion. Research findings are reviewed, limitations noted, implications are drawn regarding curriculum for RRNS (management) and some possibilities for future research are suggested. Finally, the challenge of developing a climate of 'reflective openness' (Senge, 1990) in the context of the study-work-homespace for RRNS (management) is discussed.

## CHAPTER SEVEN

### DISCUSSION AND CONCLUSION

*What matters is that lives do not serve as models;  
only stories do that. And it is a hard thing to make up  
stories to live by. We can only retell and live by the  
stories we have read or heard.*

Heilbrun, 1988, 37.

#### INTRODUCTION

Chapter Seven brings this study to a close, yet there is really no point at which it may safely be said that interpretation and refining of meanings has been exhausted. In Heideggerian hermeneutic analysis, we do not so much seek to draw conclusions as to make visible what participants reflectively remember as the highlights of their lived experience. It is conceivable that the findings reported in the previous two chapters, will bring a rich and varied mix of thoughts to all who participated in the study and to the readers. Whatever foreknowledge or pre-understandings we hold about the learning requirements of RRNS, it is the 'inside-out' account from the participants that is the heart of the study and from which meaning comes. Nonetheless, the researcher and, at certain points, the research associates were intimately involved in unveiling the lived meanings of the participants' experience. It is only in this context of mutual commitment that shared understanding or '*fusion of horizons*' can emerge (Gadamer, 1960/1975; Ricoeur, 1981). A lived experience is part of the cultural realities of our 'world'. We acquire background pre-understandings from birth, endowing us with a shared, although often tacit, awareness of the nature of things; a way of understanding our everyday world (Heidegger (1927/1962). It is only when some future experience heightens or make us aware of something past, that what is tacit finds expression. Grealy (1995, 32), diagnosed with a rare form of jaw cancer at the age of nine, had learned that she had 'Ewing's sarcoma', but without foreknowledge of its significance it apparently made no impression. Later, however, after overhearing the remark: '*before Lucy had cancer*', she explains:

*It was as if the earth was without form until those words were uttered, until those sounds took on decisions, themes, motifs. There may have been thousands, millions of words uttered before those incisive words, but these had no meaning, no left-over, tell-tale shapes to show that they had ever, no matter how fleetingly, existed.*

Background pre-understandings of the concept of cancer gave shape or significance to the phrase Lucy overhead. And so it is, however different the context, culture or time that life is lived, that our everyday life practices and understandings evolve. As life is lived we acquire a

'baggage' of understandings or misunderstandings about different facets of our daily lifeworld. What the participants have expressed about the lived meanings of their everyday world is a composite of reflectively remembering and looking along at what the past holds and the promise in the present of future possibilities.

In the following discussion, the study is reviewed, its implications and limitations noted, and some possibilities for future research are suggested. Finally, the challenge of developing a climate of *'reflective openness'* (Senge, 1990), in the context of the study-work-homespace for RRNS (management) is discussed.

## **SUMMARY OF THE STUDY**

The research has explored the *'lived meanings'* for the participant RRNS from a management context of re-engaging in formal (advanced) studies and its influence on their daily life practices and understandings. What the participants disclosed in their narratives invoked awareness of the mutuality of the contexts of the study-work-homespace and of the fine line they tread in balancing these three aspects of their 'world'. If there had been any intention to focus the study on the lived experience of RRNS only in the context of the studyspace, that notion was soon dispelled. Recognising that the connections and relations between the study-work-home space could not be ignored, the research question was designed to give them a broad forum for reflection and later narration.

The researcher did not set out to do a specific analysis of the nature of nursing curriculum; of content, administration; or of the learning experiences provided. The intent, using HHA, was to study the everyday lived experience of the fourteen participant RRNS. No grand theories were sought, discovered or disproved; instead the participants related their stories within their own temporal, contextual, cultural and relational way of living-a-life. What was sought was an 'inside-out' account of the participants' lived experience, as that is where meaning resides. In the light of narrative disclosure and interpretation, the possibility exists for the philosophy and culture of the study-work-homespace being revisioned, so that the *'things'* (RRNS) *can show themselves* (and the nature of the study-work-homespace) *'for what they are'* (Dreyfus and Hall, 1992). It is the 'how', rather than the 'what' of responses made, that will matter most, as change will be a continuing reality of the RRNS everyday world and practices. Past, present and future constitute the horizons of nurses/nursing temporal landscape. The past changes itself because we live towards a future which we already see taking shape (van Manen, 1990). In a way, I observed that happening as the participants reflectively remembered the lived experience of being-"as" a RRNS. The participants revealed

discernment of aspects of their daily lifeworld, which had always been there but of which previously they had not been consciously aware. Several participants later told me that thinking over the whole experience was a transforming experience for them. Reflectively remembering and telling their story, reading the transcript, further reflections and conversations for those participants proved to be a 'turning point'. It transformed their understanding of the significance of what they experienced in their everyday world.

Although many aspects implicit in nurses returning to study have been examined by other researchers there is little that reports what RRNS themselves found significant and meaningful. With that in mind, hermeneutic inquiry, an interpretive approach grounded in Heideggerian phenomenology, was chosen to interpret the lived meanings of the participants' experience. Unveiling the lived experience of RRNS (management), uncovered how their studies intersected with their needs for managing the changing context of work and commitments in the homespace. Interpreting the participants' narratives uncovered a growing maturity in managing change and being open to new possibilities for the practice of nursing.

### **Reviewing the Research Approach**

The narratives of the RRNS recount the highlights they experienced on returning to school and hermeneutic interpretation uncovered the lived meanings inherent in their *'inside-out view'* of *'meanings coming together to shape, and be shaped by, our shared experience'* (Baker & Diekelmann, 1994,p.68 ). HHA is an approach that makes it possible to uncover the lived meanings for the participants of being- 'as' RRNS and through the insights thus gained to revision the nature of the curriculum they require. As Diekelmann (1990, 300) stressed: *'For me, the curriculum revolution is conversations among students, teachers, and clinicians as we seek to transform health care, and the institutions in which we practice nursing, teaching, and research.'* Further, in relation to the participants coming from a management context there are other dimensions to add to the conversations such as the altered relations and boundaries in the restructured health care delivery systems. Several of the participants talk about the difficulties they encountered with colleagues and co-workers as the nature of their work in management changed relations and connections in the various work groups with which they were associated.

The findings demonstrate that through narrative dialogue and interpretative analysis, it is possible for the lived meanings of a given experience to be brought to understanding and to transform our thinking. HHA is a more rigorous approach than the description of it as narrative dialogue and interpretation may suggest to those who utilise analytic-empirical research

methods. Even although critics of HHA and other qualitative approaches find it difficult to acknowledge, such approaches do, like analytic-empirical research, have ways of showing (not verifying for that is contrary to the philosophy behind the approach) the authenticity of the findings. Recollect, that the findings emerged from a careful lengthy process of dialogue and interpretation throughout the various stages of HHA, as described in Chapter 4. Just as the findings, reporting the participants' *'inside-out'* account of the lived experience of returning to school, provide the core meanings of the study, so dialogue is core to the research approach. In the present study, dialogue began during the interviews with informal, 'making ourselves comfortable conversations', followed by participants having as long as they needed to clarify any questions regarding the research. Next, participants told their 'stories' with the researcher only intruding to ask for clarification or extension of what was being told. During the fourteen interviews my skills in *'letting-be'* to *'let-tell'* increased and the tellers of the stories became more articulate as each interview proceeded.

The findings (presented in Chapters 5 and 6), report the *'something .brought to speech'* (van Manen,1990,p.11), involving dialogue with participants and interpretive conversations with participants and research associates. The purpose of the considerable dialogue, as for any hermeneutic interpretation, was for exposure of any interpretive conflicts or inconsistencies. Reviewing, comparing and discussing differences and repeatedly returning to the texts to substantiate interpretations, is a major strength of HHA. Consensus during the process of thematic interpretations is sought but all interpretations have to be consistent with the text, any uncertainties or conflicts discussed with the research team, and, if required, (prior permission having been obtained) participants asked for clarification.

### **Finding Voice: Relating the Study to the Literature Review**

This thesis will add to the scarce literature available detailing studies focussed on an *'inside-out'* understanding of what registered nurses, particularly those whose work is in the domain of management, experienced on returning to school. The researcher knows of no other phenomenological or qualitative study of RRNS, from a nursing/health management context, which has been undertaken; certainly not in New Zealand. Two recent North American studies, (Rather , 1990 and McCray 1995), that looked at the lived experience of RRNS, were focussed on the context of education, although not without reference to interrelated concerns. Both studies, referred to in review of the literature (Chapter 2), have commonalities and differences in relation to the present study. This present study provides another link in strengthening our understanding of what contemporary nurses/nursing contend with and how

nurses utilise educational opportunities to advance their skills and expertise.

Rather's doctoral study (1990) explored and uncovered the common meanings of RRNS return to school in order to deduce new possibilities for curriculum and instruction and, so, to enhance learning. Rather's study based on Heideggerian phenomenology and Heideggerian hermeneutics is seminal in the emerging field of phenomenological studies in nursing. Study of this text, not available until after my research proposal had been accepted, was helpful in providing some 'signposts' for my study, even though there are significant differences. For instance, as her literature review disclosed, Rather not only looked at the phenomenon of registered nurses return to study but also took a wider coverage to include research literature on re-entry women in general. Interestingly, both categories of research were found to be sparsely represented in literature that examined the meaning for mature experienced students returning to 'school'. A major difference between Rather's study and the writer's is in the approach we took to the lived context of the participants. Rather revealed that, although most participants wanted to talk to her about their families, how this related to the context of returning to school was not clear to her. But Rather's study, on the lived experience of RRNS, was focussed on the meanings it uncovered for the discovery of new possibilities for curriculum and instruction and increased learning. Whereas, from the time that RRNS (management) shared in class concerns, meanings and experiences associated with their daily life practices, my awareness of the mutuality of the contexts of the study-work-homespace for RRNS was heightened. Understanding the intactness of our being at all times, irrespective of the context of activity, is central to the present study. As narrative interpretation disclosed, the relationality of the study-work-homespace is evident throughout the participants' stories and this is reflected in the themes described in the previous chapter. Arising from the participants' discourse, for example, was the theme of: *The 'Juggler' : Balancing Commitments in the Study-Work-Homespace*. Organising study time around the family, for instance, Dorcas played along with the family's tolerance of it as 'Mum's Hobby' for initial acceptance. Dorcas found studying and finding work that fitted in with family and study commitments needed a lot of fine tuning.

McCray's (1995) dissertation, not available till this study was well advanced, is based on an adaptation of van Manen's method of hermeneutic phenomenological reflection. van Manen's method involves theme identification and analysis with the purpose of grasping the intrinsic nature of all essential phenomena in a given study. McCray sought to discover and to understand the meaning of the baccalaureate nursing program for the returning registered nurse. This differed in emphasis from the present study which set a wider context looking for

an 'inside-out' view of the lived meanings of being a RRNS in the context of the study-work-homespace. Additionally, as the participant RRNS all came from a management background, the present study had some unique features. For instance, the nature of relations in the workplace with colleagues and co-workers was of concern for participants of this study.

Observing that so little is known about the meaning of baccalaureate studies for RRNS, particularly in practice settings, McCray (1995,p.i) '*explored the question, What does the lived experience of being students in a baccalaureate nursing program mean to RRNS in their practice setting?*' A key finding for McCray (1995, p.ii) was discovery of the phenomenon of the '*Personal and Professional Awakening of the RRN or what it now means to be a nurse*'. In this regard, there are commonalities between Rather's, McCray's and the writer's studies. They differ, however, in that the diversity of nursing and its many dimensions, as exemplified by Laura's remark that '*Nursing is a whole pile of things*', gave a different focus to the understanding held by the participants' of the present study of what it meant to be a nurse. Additionally, McCray reported that, unfolding from the relationship of all phenomena, was the metaphor '*Learning for Meaning*' which bestowed understanding of the entirety of the lived experience of RRNS in a baccalaureate programme. An important theme throughout McCray's study relates to the effect of RRNS sharing learning experiences with generic students, which data analysis revealed diminished '*learning for meaning*'. This issue did not arise in the present study since generic undergraduate nursing students did not exist in New Zealand.

There are some important shared findings between all three studies, but there are also clear differences, as noted above, based on the question explored in the present study. Common to all three studies (Rather, 1990 McCray and this study), is the meaning(s) of the experience for the participants of returning to school. What may be regarded as unique to the present study was leaving it open to the participants to articulate the highlights of the lived experience of being a RRNS, whatever particular aspect of the context of their daily lifeworld it involved. Further, since the purpose of the research was to make the participants' lived experience intelligible, as that is where meaning lies, the question left them free to relate their stories within their own temporal, contextual, cultural and relational way of living-a-life. Our daily life experiences affect us in the whole of our being; not in discreet, detachable components of our personhood. Another feature of the present study was disregarding the gender of participants. As it eventuated only one of the 14 participants was male, but that was not by intention. For McCray also, as data analysis shows, gender is apparently not an issue though this is not discussed in the text. Since Rather (1990) chose to review literature on re-

entry women in general, as well as on RRNS, her study was confined to women.

In addition to the two major studies just discussed, there are an increasing number of other writings, focussing on curriculum, classroom and clinical instruction in Registered Nurse Education. They examine various aspects of the relationship of continuing education for registered nurses to practice and community requirements. An important text, *'Transforming RN Education: Dialogue and Debate'* (Diekelmann & Rather, Eds., 1993), features contributory articles by well known and emerging nurse writers. Issues related to understanding experience in RN education hermeneutically; innovative approaches to curriculum and learning-teaching strategies; and creative instructional strategies are discussed in the above text. These writings challenge and advance our thinking about Registered Nurse Education from a hermeneutic, phenomenological perspective. From the perspective on which this research study was based, a unique opportunity was used to give a voice to a cohort of nurses who have struggled to maintain a nursing identity in restructured health care services, in management. Since, as the findings reported in Chapters 5 and 6 evidence, they have experienced being distanced by colleagues as working outside of a specific nursing role, being given a 'voice' mattered to them. Some have moved out of a direct nursing role to a wider one with responsibilities covering general management in the new health care structures. But, looking back at the exemplars of participants, Laura and Paula, for example, you may judge for yourself just how strongly they retain a perception of themselves as nurses.

Three closely related and interconnected aspects of the everyday world of the RRNS are described next as part of the background meanings of the everyday world of the participants.

### **UNDERSTANDING THE DAILY LIFEWORLD AND PRACTICES OF RRNS**

On the verge of the third millennium, human settlements around the world continue to look for solutions to age old concerns, many of which are connected to the need to balance resources against collective and individual needs for survival and an acceptable level of wellbeing. A common fear is that resources, what Heidegger (1927/1962) calls the '*standing reserve*', are being seriously depleted at the same time that sophisticated technology further multiplies their use. Only one aspect of that dilemma is the particular concern of this study; how best to resource the health, healing and caring requirements of people. It is argued that technology expands the possible and often potentially productive uses of resources. For instance computerised information systems in health care delivery are said to have that potential, but trial and error on the way to a foolproof system are costly consumers of diminishing budgets.

However brilliant the promise of a new technology, it is the people in the system who will bring it into productive use, demonstrate its limitations or reveal its dangers. Like Heidegger's hammer, any form of technology, in itself, lacks significance or meaning without the human application of it to some given purpose. As the participants found, Paula in particular, the importance of developing health care from the grassroots is because that is where the most effective and economic use of resources exists.

Resource availability and management are central to the delivery of health care services, as has always been the case for nursing. The details of inadequate resources, human or material, vary over time but it is an unvarying part of nursing practice. In contemporary health care provision, resource availability and judgments as to priority in its use are of great concern to everyone: public, professionals and the polity. What RRNS find problematic in their everyday world and practices has a strong connection with depleted resources in the workplace, in the community generally, and its subsequent effect on nursing/health services. Efforts to come to terms with the changing face of New Zealand's (NZ) health care system and the management of precarious resources, was an important reason for participants returning to 'school'. As one participant (Morven) noted, the need for change was accepted but not the manner of the changing.

Returning to 'school' also stemmed from an expressed need to satisfy personal as well as professional and institutional issues of concern. Hermeneutic interpretation of the highlights of what they experienced as they returned to 'school' uncovered a number of themes that describe the nature of that experience. For example, going to university for Nina involved much more than gaining a qualification and acquiring knowledge. What was particularly significant for Nina, in her journey as a RRNS, was discovering new abilities and gaining a fresh understanding of herself, of her 'personhood'. Complex linkages and connections between the themes gave rise to the constitutive pattern, '*nursing is dwelling in thoughtful concern as context calls forth*', which emerged across all the texts. The hurdles or challenges latent in nursing's response to presenting need was seen to have become increasingly problematic. But, whatever the nuance of meanings revealed in the telling of their stories, the constitutive pattern reflects the concern of the RRNS to establish patterns of work responsive to presenting needs for care. The RRNS are open, in varying degrees, to the possibility that anything might emerge as requiring a nursing presence in the context of contemporary societies. For instance, they have revealed their willingness to take up positions that have a wider responsibility in health care provision and go beyond a purely nursing field of work. Nursing, participants (Paula in particular) tell us, is concerned care

expressed in ways pertinent to the 'context-of-need' and that has always been the case.

Participants revealed a major preoccupation with the meaning and significance of returning to 'school', the effect it had, or they hoped it would have, on their professional and personal development. There is an associated concern for the advancement of nursing and for a greater recognition of nursing as a full partner in the development of health, health care policies and the management of health care delivery systems. They display a determination to do their utmost not to let things happen by default, but to use educational advancement to transform their expertise to manage the work environment. For this aim to be realised they accepted or sought positions in the health workplace that would provide them with such an opportunity. In doing so, they match up with McBride's (1987, p.124) quite exacting requirement, that:

*Nurses have an obligation to become more concerned with anticipation of problems, public relations, strategic planning, and policy making'. ... The best way to meet the future is for our profession to be peopled with individuals who live in the present, mindful of shifting realities and new possibilities.*

Lynley, in her story, exemplifies the determination of the RRNS to earn positions that would enable them to manage rather than to simply avoid reacting or passively submitting to change. Moreover, they also sought learning experiences they desired personally. Some participants, Tessa and Molly, for instance, disclosed that in the background of their daily lifeworld, sometimes from childhood, they had yearned for opportunities to test whether they had the ability to do advanced studies at university level. Emma pointed out that she was told: *"Now you need to sort out which direction you are going in. But ... it kind of got waylaid .. years went past .. still doing papers, but still with no set direction."* This was a matter of some significance for most participants and highlights an issue that would repay more dialogue.

As common meanings emerged in their 'stories' the participants showed concern that, whatever new opportunities in the workplace might arise, they saw their work as essential for bridging the disabling, often painful, gaps between available resources and health/healing requirements. And since nursing is an intrinsic part of the healthcare provision, managing the environment to promote health or healing, in a specifically nursing or more general capacity, was welcomed. Whatever the nature of the work, the participants are telling us in their stories, that *'nurses do what nurses do as the context of need calls forth from them'*. The actuality of what they do is important in as much as it meets the essential requirement expressed in the constitutive pattern. The participants' stories show that they are responsive to new challenges and possibilities; they are able to move beyond the ordinary or expected pathways of practice because they are concerned and imaginative enough to find new ways to 'be there' for those for whom or with

whom they work. The ability to raise new questions, to be open to new possibilities, to look at issues of concern in new ways requires an imaginative approach to life and work.

There are dissimilarities as well as commonalities in the ways the RRNS think about, and respond to, changing work patterns. Paula, for instance, was emphatic that: *'(my) role as manager is ... helping nurses to open their horizons .. all of their horizons.'* On the other hand, Tessa, although equally concerned, was somewhat daunted by what she experienced when broaching matters of concern with colleagues at work: *'.. there are some nurses in the current climate .. frightened to speak out because .. they may be disadvantaged in their career prospects or whatever. ... (so) you target people with vision and who are supportive, ..... (but) stay away from people who are negative ... like to hold power over you .. keep strictly to their position.'*

But over all the texts, dialogue with RRNS from a nursing/health management context has disclosed a common culture and language. The culture of the work team and relations within and between other work units was an evolving one, involving tension as marked and continuing change was experienced. As participants experienced and responded to complex change in health care settings they sought new learning experiences to increase understanding of such change. Paula related the close links between the questions that arose from practice and what she chose to study each year. What Paula discloses in her story depicts well how learning evolves from the questions that arise in the practice setting; and also how her learning experiences challenged and advanced her practice. Dialogue, as they told their stories, generated further questions leading to fresh opportunities for discernment of present and emerging issues of concern.

### **RRNS: Working in Changing Health Care Delivery Systems**

Although giving an account of the history of nursing is not a part of this study, our history or our past holds understanding of present and emerging health/ill health concerns. Taking the example of mental health services, we learn that at the beginning of this century hospitals were established to provide a place of safety and care for those mentally unable to manage their daily life practices. But now the concern is to deinstitutionalise care and return people to their communities. For nurses and other health workers this has required a lot of rethinking, relearning and, regrettably, hurtful confusion. The confusion is less a matter of concern about changing to an emphasis on community based care, but more a concern for the inadequacies of the policies and plans involved and the way they have been implemented. Benner (1993, p.11) draws attention to the need to think carefully around the *'organisational, political,*

*and economic skills that can transform the untenable day to day realities of (nurses). It is not tenable to suggest that nurses just abandon hospital work settings and flee to the community... We must find ways to reclaim all work settings for human health care.'* These are issues that reflect some of the concerns that have prompted RRNS to return to 'school' and to acquire the skills and knowledge that will prepare them to challenges for positions in health care provision in which they can influence the decisions made about care delivery.

The participant RRNS belong to a specialist group of nurses, whose practices and studies place them within a nursing/health management context at a time when there are more questions than answers to the dilemmas of health care provision. It is recognised that, whilst general and medical technology increases the range of possibilities for managing health and ill health issues, an effective and balanced utilization of available resources remains elusive. Advanced general and medical developments present us with much that is problematic as well as potentially beneficial. Although such developments may hold the promise of improving or extending a person's daily lifeworld and practices, there needs to be more thought as to the desirability of actioning every possibility of doing so. This '*thought-provoking age*' (Heidegger, 1927/1962, ix) calls us to be actively and reflectively thinking, in partnership with relevant others, about a more responsible use of collective resources.

RRNS participate in an unremitting struggle for the bridging of seemingly unfillable gaps in socio-health services. For instance, there is what might be called a gap-of-silence; a muting of nursing's voice in advising on, and helping to formulate, health policy. Dylan noted, that: '

*... some (nurses) look as if they had had ten rounds with a boxer or something .... and that's sad . ... nurses and nursing are the losers if we don't become collective, become vocal – um articulate and challenge some things – ..... have to support nurses and nursing .... otherwise we will be relegated to second rate citizens.'*

At the time this thesis is being completed, it can be said that nursing's voice is being listened to more attentively; but, regrettably, the response shows little significant advance favourable to nurses/nursing and the nursed. For instance, there have been frequent discussions (and calls for submissions) with the Ministry of Health by the New Zealand Nurses Organisation on issues such as the relation of staffing complements to patient safety and quality care management (NZNO, 1996, 1997). But policies to reduce staffing complements still proceed regardless of the discussions NZNO hold with the Ministry of Health.

Another gap relates to the availability or nature of learning experiences appropriate to changing work/social environments which McCray (1995) describes as 'learning-for-meaning'. Lynley,

in recounting what is being developed to fill some of the gaps she finds lacking in the everyday practices of her organisation, said: *'I have a peer who has done education and psychology – that's helpful, but it doesn't actually tell you about what you are managing, which is nursing and nursing practice.'* Lynley is not, I believe, denying the value of learning other than nursing studies, but is concerned that the major focus of the studies is based in nursing. Allied to that gap is one that is due to limited understanding of the contemporary nurse 'persona' or identity. The generally more mature and experienced RRNS, some with considerable practical and learning experiences, look for more options and more say about the courses that are offered. Looking back reflectively, brings hidden things into the open; possibilities and opportunities are revealed. Recollect how Alice, for example, reveals a re-establishing of her identity as a nurse. Alice disclosed, that:

*up until .. I got a long way with these papers, I was still thinking very much on the institution of nursing. .... Now I can see that nursing outside the hospital is just the same or maybe of even greater benefit. ... from my experience .. would have to say .. nursing really was a handmaiden profession ... (But) this has changed ... Now for the type of work I do ( theatre ) I have to work with medical people very closely and I in fact enjoy working with them ..... simply because I can now challenge their ideas and they actually accept me as an equal of theirs.*

Alice disclosed how learning experiences changed her and altered relations in the work group for the better. Increased understanding of herself and of the significance of her everyday world built up a self assurance that eased relations in the workplace. Her return to study opened up a future of considerable promise. As Heidegger (1971) wrote: *All our heart's courage is the echoing response to the First call of Being which gathers our thinking into the play of the world.* The 'play of the world' of the RRNS, working in volatile changing health care systems evidenced a need for *'all (their) heart's courage'*. But stories like Alice's, also revealed that they are alive to the possibilities and opportunities in the change being experienced, as well as of its costs. The participants disclose, as we read Dylan's story, that they are ready to take hold of new policies, new strategies and structures in contemporary health care settings. But RRNS also look for learning experiences that will transform their understanding of the new ways of managing nursing/health care provision. And for responding to such testing questions as Jardine (1992, p.116) poses:

*How are we to educe new life (practices) in a way that conserves what already is? The opposite extreme is one that finds this ideal to be precisely the **hope** of education. How are we to educe the new? Underlying both of these (the) more fundamental question (is): How are we to respond to new life (ways-of-Being) in our midst in such a way that life together can go on, in a way that does not disclose on the future? (Smith, 1988a).*

They are important questions, close to the concerns expressed in the texts of the RRNS.

Enframed by science and technology, the apparently undifferentiated natural and human resources of the world, the '*standing reserve*' is open to manipulation and control by dominant, powerful individuals who secure it to their own purposes (Heidegger, 1954/1968). I find myself wondering how long it will be before those who have dropped into 'world consciousness' the ability to clone a sheep, put forward some imperative reasons to clone a human. If that seems somewhat removed from the context and purpose of this study it is greatly otherwise. Every decision as to how VOTE HEALTH is spent has a controlling effect on the services available, their accessibility, and the opportunity for service providers (nurses) to offer the care they perceive to be essential. Competing demands for a share of VOTE HEALTH, intensifies with every development that draws upon the '*standing reserve*'.

Common to all the participants' narratives is some expression of the difficulties of resource management in health care. They are also a part of the wider community, which debates such issues as to how to balance, for example, the need for resources for intra-utero interventions against resources for safe crossing over a road for children? The tensions that exist worldwide in the management and use of collective resources are apparent to the RRNS. The participants in various ways have disclosed their awareness that they can no longer disregard the dilemma of decreasing resources and increasing demands for health/ill health care. Nurses return to 'school', amongst other reasons, to better grasp the significance of what the changing context of work requires. Presently, the boundaries between nurses and health/health-related workers are more fluid, the health workplace is a very differently managed enterprise, and clear cut, unambiguous expectations of nursing responsibilities and career pathways, have been challenged, altered, become hard to grasp or dismissed.

Furthermore, the locations of care or the work sites have changed just as markedly for nurses. The key directive set by the polity and health authorities is that of 'rationalisation' of services. Retrenchment and redundancy are key 'offsprings' of rationalisation and the impetus for this development is economically driven. This is so for communities worldwide, and the majority of people appreciate the actuality that the common purse is not bottomless, its ability to stretch is not limitless, and closing the gap between required and available resources is unlikely to eventuate. Nevertheless, how judgments are made as to the curtailing or reshaping of services, such as reducing the number of sites where health/illness advice or care is available and accessible, impacts on clients (individuals and communities) and service providers alike. Over the last several years the survival of community or small town/rural hospitals has become threatened. A number of small hospitals have closed and further closures are imminent. From a

nursing perspective, the opportunities to provide a primary health/health care service with distant, more advanced services, as 'backup' are possible and attractive and there are places where this is happening.

But it is critical to 'look-along' at all the issues involved in the provision of health care for a community from every perspective, not just nursing's. Paula related her concern about the future of small hospitals and their place in the everyday world of the communities they serve. Along with being 'accountable' for running first level or primary health clinics or dispensaries, with or without a small bed complement for emergencies, for a few elderly residents and for normal birthing, nurses need to draw on their '*capacity continually to challenge (their) own thinking*' (Senge, 1990). Thus, to be 'responsible', requires us to work in partnership with a given community and other service providers, when judgments are made as to what health care provision best suits a given context. Corporate restructuring has been put forward as the key to solving many of the difficulties associated with running viable, effective health care services. But, to date, adopting that approach has had very mixed results.

We need more of the qualities that organisation writers like Handy (1995), Senge, 1990), and also the participants of the present study, advocate. Genuine openness, attentive listening, working in partnership with others, and avoiding introducing schemes without sufficient resources for successful implementation and outcomes are essential qualities for the health and health related workforce. The contemporary health scene has widened the range of work available to nurses, and their co-workers. We need to look more thoughtfully at nurses, like the participants of this study, who can move beyond too narrowly defined areas of nursing work, and are aware of the future of possibilities that may be found in nursing/health services. What do they need to do to ensure that they can fulfil the purpose of nursing work, and yet be mindful also that in working in the health sector they are, like everyone else, dependent on, independent of, and interdependent with colleagues and co-workers? There is a great deal that is problematic for nurses, as the participants reveal in their narratives, as they try to respond affirmatively to the challenges and dilemmas that exist in such questions. The participants' narratives disclose their awareness of the need for change in nursing and health care delivery and their return to formal (advanced) study is one of the ways they respond to that challenge. Seeking new opportunities in the workplace where they can influence the development of more effective management and provide an environment which promotes quality care is another way. The participants of the present study show awareness of current dilemmas in health care and respond constructively by re-engaging in formal studies although it adds to the need for careful juggling of their time and use of their energies.

### **Understanding Curriculum: Learning experiences for RRNS.**

There is a strong relationship between the way the participants talk about work experiences and their perceptions of desirable learning experiences in relation to their work. This has had a liberating effect on the boundaries of work they see as desirable for transforming their work in nursing/health care management. It speaks again to the paradox of the participants' willingness to move beyond a nursing position as such, to one outside of an assigned nursing jurisdiction. Yet, as exemplars from Laura, Tessa and Lucy made clear, irrespective of altered work responsibilities, in Laura's words:

*Everything that you do, is something that you never leave behind. **People say 'Oh, you are not a nurse anymore.' And I will say 'I'm a nurse first.'** And I think you can take all that knowledge and apply it equally as a whole, as other knowledge is applied to nursing, and what you learn as a nurse is so broad.*

Returning to 'school', for most of the participants coincided with the adoption, from early to mid seventies, of a general management approach in New Zealand health care delivery systems. Professional management became subsidiary to general management and the trend was towards nurses managing nursing not nurses. General management, in reality if not by intention, has restricted the creation of a healing environment by nurses, which Nightingale (1969) strongly advocated as central to nursing work. In her understanding, healing is perceived to be an attribute of the patient (person); creating an environment, in the widest sense of the word, conducive to healing is the work of the nurse. Just how widely Nightingale ranged in her thinking about the centrality of the environment in creating conditions conducive to healing is illustrated by her *'plans to have hospitals designed jointly by architects, nurses and hospital administrators'* (Dolan, 1969, p.v). 'Leaping-ahead' to look at all that is involved in creating conditions conducive to healing and promoting health has been deeply ingrained in many nurses for a very long time. Furthermore, this has grown (or should one say 'returned' on thinking about how nurses in earlier times worked), with the development of ecological models of health care in which, resilience is judged to be more important than stability as the key to planning and managing change (Holling, 1979).

Three very closely related concepts in Heideggerian philosophy, 'building, gathering, dwelling', form a fruitful background of meaning in relation to the themes from which the constitutive pattern arose. Gathering, and dwelling in this hermeneutics inquiry required turning *'to the things (RRNS)themselves'*, giving them a 'voice' to say how it has been, how it is, for them. In our somewhat frantic world where turmoil, if not chaos, has prevailed for two decades or more for nurses (and for their communities and relevant others), *'we are'*, as Aoki (1992, p. 17),

expresses so well in his discussion on 'Layers of Understanding': *'surrounded by layers of voices, some loud, some shrill, that claim to know what (nursing) is. Awed, perhaps by the cacophony of voices, certain voices became silent and, hesitating to reveal themselves, conceal themselves.'*

Returning to 'school' has encouraged the RRNS (Alice's story is particularly revealing of this) to let their voices be heard, and to be committed to bridging the 'gap of silence' by voicing concern about the happenings of the workplace and the effects of changing health policies. Opportunities for bridging the dislocations that have resulted with restructuring, by gathering what endures (Heidegger, 1962), has challenged and transformed their understanding of the future possibilities that lie ahead for nursing/health care provision. Evident, as well, is the strong urge the RRNS have to test their learning abilities and to transform their knowledge, expertise and everyday understandings. Personal and professional development matters to them and is keenly sought. Dorcas disclosed this need by testing herself, saying *'Well, if I could actually do it that was the first challenge'*. Her first foray into testing her learning abilities was a mixed experience, but left her thinking *'Well, it isn't beyond me ..... but I knew I had to create a goal (to attain a Diploma of Nursing initially) ... and I had to work at my studies around my family and around my work'*.

The themes, and the complex pattern of relations and connections between the themes, tell a story of nurses with fortitude and imagination. They reveal a concerned regard for family, colleagues and clients. But they also possess an affirmative regard for their own personhood and possibilities. Recollecting how it has been for them, they tell a story of personal and professional survival. Yet it is also a story that tells of a far greater reward than survival; they reveal to us the various ways in which their everyday understandings have become transformed. The *'gathering of what endures'* (Heidegger, 1962) is harvested in a present time that does not foreclose on the future opportunities that lie ahead. Nicoll (1984), talking about a paradigm shift, points out that it: *'is not moving **from** one perspective **to** another. ... the new is (not) supplanting the old. ... (it) is emerging alongside the old ... appearing inside and around the old ... building on it, amplifying it and extending it.'*

Polkinghorne (1988) is concerned that the ability of human/social services, such as psychotherapy or nursing, to contribute effectively to the amelioration and/or correction of human ills, has severe limitations related to the 'lens' or 'frames' we use to view and understand our world, and the specific practices within which we work. Disorienting change is, perhaps the most constant and essential reality of the lives of contemporary peoples. Every

sphere of practice, some more than others, has been challenged by variable social policy and the effect this has on the structures and processes of social services. Polkinghorne (1988), for example, refers to the funding cuts psychotherapy has had to contend with and compares it with the more favourable state of medicine. The presupposed unlimited resources that many service programmes have been built on have been shown to be a myth, and reality undermines the suppositions that the technological and industrial models will overcome most of the problems that beset contemporary societies.

For all nurses, whatever their sphere of practice, the realities of contemporary practice offer different challenges than before. Contemporary nursing practice can no longer be regulated within establishments where the boundaries of work or interactive patterns and protocols guide relationships so distinctively. This is so throughout interdisciplinary and intersectoral work settings and is something the participants have accepted and responded to as they reveal in their narratives. The interpretation of what the participants disclosed in their narratives as important is not simply the interpretation of what the researcher and research associates understood to be the case. It is the uncovering of what they disclosed, on reflective remembering, to be of particular significance and meaning. Yet, the narratives are a dialogue and as analysis proceeded the researcher and co-researchers, inclusive of the research participants, other expert nurses, advisers and a subset of the participants, arrived at a point of consensual validation as to the significance of the lived experience the RRNS unveiled for us. Moreover, it gives a greater understanding of the realities that confront and challenge the RRNS from a management context. This opens up, potentially, a greater, shared appreciation of the linkages that need development between education and practice. RRNS need opportunities from the educational sector to experience learning that gives them an understanding of 'knowing-how' to go on, to continue learning, and to be adaptive to the challenge of change.

Curriculum that will allow this to happen are embedded in, and need to work from, the realities of the RRNS context of work. Understanding, as Heidegger (1959/1971) describes it, that life in general for the RRNS, and their work in particular, encompasses a succession of 'way-stations' (turning points) on route to some anticipated goal. Then each 'turning point' can be welcomed as a new opportunity and not as a restrictive barrier. Language, is described as ontological: a manner of human being which unveils Being. The narratives told by the participants of this research inquiry unveil a manner of Being (existence) as registered nurses in the workspace that motivated their return to study and influenced, and was influenced by, their way of Being in the homespace.

The nature of nursing work in contemporary societies has altered in a number of ways, and is under continuing challenge and review. Morven, talking about the way she had experienced restructuring and Paula, who developed a new understanding of community health requirements illustrate the awareness of the participants that planned change was needed to to be effective required good management. Whilst, in essence, nursing always implies a concerned regard for some frailty of individuals or communities, how that concern is negotiated in practice, as noted already, always is influenced by health policies, determining how VOTE HEALTH is spent.

Wide sweeping changes in health care delivery has had a marked effect on all health workers in New Zealand, particularly since the 1970s. For nurses, this is demonstrated by the changing nature and location of practices, and reduced opportunities available for gainful and satisfying employment. There are many occasions when nurses are asked to '*speak openly and honestly about important issues*' (participant openness), but less opportunity, together with other participants in health care reform, to exercise '*reflective openness*', that is, to draw on '*the capacity continually to challenge one's own thinking*' (Senge, 1990). As the participants reveal, new possibilities and opportunities also are available, but require a very thoughtful 'leap-ahead' to consider all the issues involved in health care reform. Nonetheless, as Heidegger (1968, p.6) has pointed out: '*the most thought-provoking thing about our thought-provoking age is that we are still not thinking*'. Certainly, at best, the thinking engaged in has yet to provide solutions that are beneficial for the majority who seek health care assistance, and, as well, promote the effectiveness of service providers such as nurses.

Educational opportunities for RRNS have developed steadily over the last few decades with university study for registered nurses commencing in New Zealand in 1973. From the mid nineties, the range of programmes (including those of offshore institutions) has increased notably. This development is associated with social change in general, as well as with changing health care delivery systems. Additionally, the need for curriculum to be such that they remain responsive to context is vital. Changing educational requirements and opportunities for nurses, emerging from the basis of need for concerned care and for management of scarce resources, predisposes to a revolutionary approach. 'We will all draw different conclusions as to if, and how we might need to '*break with the cotton wool*', or change our '*habit*' ,or *mere routine*, (or) *automatism* to seek alternative ways of being, to look for new openings' (Greene, 1988, p.2).

But, engaged listening to what the RRNS reveal in their stories opens other 'windows' for us to look into for clarifying and enriching our perceptions of what may be needful. Lynley, for

example, relating the difficulties she had experienced getting care for a patient determined that she would get herself in a position where she could prevent that from occurring. Lynley and the other participants require, from what they reveal in their narratives, learning experiences that will enhance their ability to work cooperatively but effectively in interdisciplinary health care work teams. Yet, at the same time the participants are concerned to retain their identity as nurses. Lynley, and this was common in all the stories, looked for more options in choosing courses of study. The nursing 'curriculum' will be truly and beneficially revolutionary when its review, development and actioning is accomplished by practitioners and educators in partnership. And, it will be even more effective when, as Martin (1989, 101-102) expresses it:

*For nursing education, going to the sound of the guns (as she cited Peters (1988) stating when challenging leaders to secure front line information as the basis for proactive decision making) means obtaining first-hand information from both our prospective students about their needs and potentials, and from nursing's patients and clients regarding their need for professional nursing care.*

## **IMPLICATIONS OF THE STUDY FOR NURSING PRACTICE AND CURRICULUM DEVELOPMENT**

As one of the ancient caring practices (van Manen, 1990), nursing needs to work from an understanding of the essence of what it is to be human. Understanding of the personhood and way of living-a-life of a RRNS, and the background preunderstandings that are a part of their lifeworld, is a prerequisite to curriculum development and making choices about desirable learning experiences. Heideggerian phenomenology provides an ontological view of the world which enables the unveiling of the possibilities that exist, in this instance, for the management of nursing/health practices and the development of nursing curriculum. The calling forth is to a way of thinking that turns on dialogue with an emphasis on the building of relationships marked by a mutuality of regard for the 'self' and the 'other'. We will benefit from listening to what RRNS tell us about their expectations and experiences. 'Letting-be' to 'let-grow' comes with relating to them as partners in building curriculum, such that it builds up understanding of the requirements of individuals and communities. Consequently, whatever the work setting, they are open to the opportunity to develop the skills and expertise that may make a significant difference to the health/ill health requirements of individuals and communities. As part of that growth of understanding, it is vital that the learners (RRNS and their teachers), be attentive to the voice of the community as a whole, and to various other disciplines/sectors through which a community cares for its members, individually and collectively.

For instance, the relational theme '*Nursing is a whole pile of things*' highlights a particular aspect of

the constitutive pattern, which relates to nursing's ability to service a community. Whilst the essence of nursing involves responding to human ills or health issues as, when and where they arise, paradoxically, defining it too precisely may prevent, limit or negate what may be done fulfil its purpose. This is part of the very thick 'stew' into which has been poured issues related to 'who' may be employed to help with basic nursing cares; 'how' they are prepared, 'who' has responsibility for preparing them, and 'who' will judge why and how basic nursing cares are relinquished by qualified nurses. Darbyshire (1996) has said that the fundamental question that needs to be asked is: *'How have we let ourselves get to a stage where basic nursing care has been lost?'*

It will, of course, depend on how we define *'basic nursing care'* as to how that question is answered. What the participants tell us, in regard to this relational theme, discloses other possibilities and relationships in meeting all the requirements for nursing/health care provision. Although the second relational theme, *'Curriculum: Reflective Openness'*, became visible as an entity in its own right, the two exemplars are intimately related. There is a close connection between the call in the texts for more meaningful learning experiences, more self direction and self management, and the sentiment voiced in the first relational theme. For example, Dylan's emphatic remark. *'I believe as a mature person, as a responsible person I know what I need'*, is closely linked to the implicit and explicit concerns expressed in the texts, that *'Nursing is a whole pile of things'*.

In addition to what RRNS perceived to be damaging or restrictive changes in the workplace, they came to see a future of new possibilities opening up for them at work. They do not regard favourably everything they experienced at work or on return to school'. But, as the dialogue proceeds, even when they voice frustration with learning experiences that did not extend, match expectations, or were perceived to be irrelevant or wasteful of their time, they disclose what was good about the experiences. They revealed the mix of certainty and uncertainty that accompanied their return to school. They were sure of the importance of learning that would 'lift them over the gaps' in their understanding of change in the workplace; they were less sure of what pathway of learning would best apply to them. This is the place where dialogue, at depth, will help them to create a 'personal curriculum' from the overall curriculum available to them. Clarifying pre-understandings of what curriculum offer, and relating this to individual expectations and ambitions, is required from the start and at regular points as the course of learning proceeds. Learning both confirms and shatters preconceptions and preunderstandings; that is the nature of learning. Molly was transformed,

for instance, when, as she told us, she finally felt recognised at work: *'Basically,.. all I wanted (was for) someone to say, " Let's run with her .. let's see if she can do it in practice." Well, I am capable in practice.'*

The curriculum revolution that is advocated by nurses such as Benner, Diekelmann, Bevis, Watson, Tanner, Rather, Darbyshire, Leonard (1993, 1994) turns nurses/nursing to learning encounters in learning organisations (work and study institutions) in which everyone is a learner and a teacher! The revolution is both philosophical and practical in intent. It promotes the 'how' of learning and discourages the preoccupation with content, the 'what' or substance of learning. Both aspects of learning, the 'how' and the 'what' need to be addressed. But no programme can ever cover all that a nurse needs to know for effective, safe and satisfying practice. Emphasising the 'how' , for instance, is directed to promoting self-direction and self-management and cultivating the attitude (in generic and RRNS) that learning is a continuing process. At a point when participants of the present study could look back reflectively on the meaning of living-a-life as a RRNS, they reveal a sense of surprise at just how much they have been transformed by what they have learned, and the opportunities this led to in the workplace. And all of the participants are either enrolled for further courses of study or plan to do so; their reasons for doing so are generally both personal and professional.

The stories of the participants are so rich that, readers standing intact in their own situated way of being, are likely to discern other implications of the study and suggestions for further research. To be honest, the researcher was tempted to give headings only and then to leave the pages blank to allow you, the reader, to be *'free-for'* for drawing your own conclusions. The small box below will expand to any size you choose to draw to contain the thoughts that come to you on reading the findings. In other words, what the researcher is trying to say, is that any implications that may be offered constitute and will be constituted by the situated context of our everyday world of practice of nursing; whether it is clinical, educational or research based.

## **LIMITATIONS OF THE STUDY**

Limitations may reside in the research approach, in the researcher, or in some dimension external to both of those key factors of a study. In a phenomenological study, in this instance, hermeneutic inquiry grounded on Heideggerian phenomenology, 'limitation' is possibly

the wrong term to use. Staying aligned to the key requirement of a Heideggerian hermeneutic inquiry, means staying open to whatever, by narration and subsequent transcribed text, participants report as the highlights of a given lived experience; in a certain sense the researcher is constrained by that given. On the other hand, it allows the freedom for anything to show itself as it is; that can be valued on its own merit for the disclosure bestows or increases understanding of what 'is' or is needed in a given situation. To be authentic, thematic interpretation of the narrated experience has to stay close to the text and to ensure that this happens, at certain stages, the researcher is reliant on research associates so that any inconsistencies and conflicts are made visible. Engaged reasoning in transitions (Benner, 1994, Taylor, 1993) till a consensus of interpretation of the text is gained, is challenging, cannot be rushed and demands an alert attentiveness as the lived meanings of the text are explored. But it is also rewarding as the lived meanings of the experience become clarified through dialogue. Learning an open, patient, disciplined attentiveness to what the participants disclose in dialogue, verbal and written, liberates the researcher from the limitation of self-understandings, avoiding reading into the text what is not there. The researcher, Benner (1994, xiv`) states:

*By engaging in interpretive (analysis) .. seeks to understand the world of concerns, habits, and skills presented by participants narratives and situated actions. ... Understanding human concerns, meanings, experiential learning, and practical everyday skilful comportment ... is the goal as opposed to explanation or prediction ... .*

Rather (1990, 261), critiquing HHA, refers to those who find Heidegger's exclusion of politics a conservative philosophy (Habermas, for example), and 'take issue (with him) that it is impossible to stand apart from one's cultural and linguistic traditions, i.e., that interpretation can only occur within the hermeneutic circle.' Heidegger's later writings, however, overcome this limitation to some extent in his discussion of nihilism and a technologically driven ethos of contemporary societies. The writer, accepts that Heidegger is not overtly political, but on reflection, perhaps that is irrelevant. For, as Sheehan (1997, 2), writes: 'Heidegger claimed that his philosophy was about one thing only: the disclosure of being in conjunction with human experience and concern'. And if, as Toffler (1973) states, politics is the art of decision making, disclosing through hermeneutic inquiry the concerns, meaning, and experiences of being-'as' a RRNS must surely lead to the possibility of some sort of political thought and activity.

Limitations may apply also to the boundaries or scope allotted to a research study, but any piece of research work and writing must necessarily have some definitive characteristics to

make it a manageable exercise. At an earlier point of this study I did pose some questions for myself. For example, was one interview sufficient or did it need a layered disclosure with at least one more interview, and how relevant would the findings be as time elapsed? In fact, I admit to being somewhat surprised as to just how fresh and vivid remembering the interviews has remained, and even more so, how rich and meaningful are the findings. As disclosed by thematic analysis, the concerns, meanings and experiences of the participants are topical and relevant. There has, of course, been a continuing process of change in their workplaces and in an increasing number of study options open to RRNS. In that sense the passing of time has brought some developments that answer some of their concerns. For instance, RRNS now receive an entitlement of a number of credits in recognition of past learning and experience. There are also a number of entry options available such as direct entry into a Masters programme. It is not an automatic right of entry, but one that has to be 'defended' as showing ability to engage at that level. As the curriculum for RRNS needs to keep pace with changing health care and educational policies, flexibility in developing curriculum is important. Some caution is needed also that flexibility of choice is not confused with a stop-gap remedy for yet another crisis in socio-economic-political mismanagement.

There are also limitations related to the extent that time may be expected to bring changes in the participants since the time of their interviews, giving them other perceptions of the experience of being a RRNS. Time and resource constraints precluded revisiting all participants, but there have been opportunities to meet and share the findings with some participants. One participant has contributed her thoughts after reading and reflecting on the findings reported in Chapters 5 and 6. It is fascinating to note her comment: *'At the time I was interviewed for this study, there was considerable change going on in the Health Sector. In fact, that interview could have occurred yesterday, because for me the constant in my workspace has been change.'* Perhaps it is limiting to have included only one participant's finding in the 'Epilogue', but verbal communications with several of the participants tell a very similar story. It is likely, however, that the response from all the participants would be the same since rapid, continuing change in health care settings has been a constant feature throughout the present study. Another possible limitation relates to working alone in a phenomenological study or, in reverse, with a research team. This is something that needs to be carefully thought about in planning and designing the methodology. The use of research associates in HHA is generally the case and, in the particular strategy used in the present study, it was important. Nevertheless, the extent to which a research team is used depends on availability of those familiar with a HHA approach and are able to participate. As noted earlier, the research team was formed with

associates from the U.S. and New Zealand in order to meet that need. Finally, if we accept that 'writing' is key activity of a phenomenological team, then the primary responsibility must be accepted to be that of the researcher. In the next section which presents suggestions for further research, there are also implications which could just as well be discussed as limitations of the study.

### **Suggestions for Further Research**

Firstly, the lack of research into an area of practice for nurses which has evolved with constant restructuring and upheaval in most national health care systems, needs to be addressed. The focus of the study on the lived experience of RRNS would benefit by:

(a) being replicated, possibly with some or all of the same participants because in HHA interpretation is never complete and simply expresses what is understood at the time of the writing. Replication was not a possibility or needed at present. But that does not foreclose the benefit of doing so in the future. A participant's contribution of reflective thoughts after reading the findings is a valuable addition to the analysis of the stories (interviews).

(b) A study of RRNS extended to inclusion of family members to give them the opportunity to articulate how they have experienced an event in which they are so intimately involved; and  
 (c) the inclusion of the voices of those involved in curriculum development and implementation would illuminate and promote dialogue which could be significant for learners and teachers. A team of researchers from practice, education and management would be able to explore more deeply and extensively the lived meanings for RRNS of re-engaging in formal (advanced) studies.

### **CONCLUDING REMARKS: REFLECTIVE OPENNESS**

One aspect of the study that impressed the researcher was a growing awareness that central to development of nurses and their everyday life practices and understandings was the need to continually challenge and test their own thinking (Senge, 1990). In the stories the participants told and the overall story that interpretive analysis uncovered, the participants disclosed constant challenging of their own and colleagues/ coworkers' thinking. Senge (1990) challenges organisations to grow into 'learning organisations' and to develop a climate of '*reflective openness*'. There is a danger that in experiencing repeated restructuring in health care, nurses and other workers will either become so dispirited that they look for the least line of resistance in dealing with the latest round of changing health policies. Or, they 'beat the drums' vociferously trying to give a voice to nursing amongst those who determine the policies directing the structures and processes through which nursing and health care is delivered.

Service professions like nursing have to find ways to generate better provision for the communities in which they work. Urgently needed to underpin the dialogue that participant openness involves is the need to also engage in '*reflective openness*'. As the participants reveal new possibilities and opportunities are available, but we require a very thoughtful 'leap-ahead' to consider all the issues involved in health care reform. But until we look beyond immediate and pressing issues that most concern us and challenge our own thinking, improving health and health care to a reasonable degree will remain elusive.

In conclusion, narrative learning from RRNS of this study suggests that, amongst other areas that might benefit from nurses/nursing engaging in '*reflective openness*', can be included:

- # challenging our perceptions about the nature of nursing work and appropriate locations of practice and learning experiences;
- # moving beyond being accountable for our practice of nursing to a wider understanding of the essence of nursing, which is being responsible for the creation of a healing environment.
- # being more open to a greater variety of work opportunities; there is more than one route to the same goal.

Reflective remembering and openness in narrating the lived meanings of 'being-as' a RRNS by the participants connects and strengthens nurses as they learn, work and live in the study-work-homespace. Ford and Walsh (1994) have talked of the paradox of nursing having reputation for being very traditional and reacting professionally, yet it also seems capable of embracing new ideas, leading to radical change with little or no evidence to support it. They wonder why it is so and it would be an interesting study to pursue. The present study, emulating Heidegger, began with a question and will end with a question. The question being:

*'Is the paradox of nursing being both very traditional and reacting professionally, yet revealing the capacity for embracing new ideas and so contending perhaps, with radical change an attribute only of nurse leaders and innovators or is it inherent in the nature of nursing?'*

In conclusion, the substance of the thesis ends with an epilogue. This offers two instances of '*reflective openness*'. First, a participant provides a reflective review of the 'findings', and then the researcher reflectively remembers and narrates a past experience exemplifying one of the meanings implicit in the constitutive pattern of this study.

## **E P I L O G U E**

### **A PARTICIPANT'S REFLECTIVE REVIEW OF THE FINDINGS**

*Although I did not choose my name for this study, I instantly recognised myself in : 'A Story Waiting to be Told'. Furthermore, I find myself comfortably in tune with excerpts quoted from other participants in this study. I relate to the common themes, relational themes and the constitutive pattern that have been uncovered.*

*Idour has noted (p 63): ' What is written expresses my current understanding of the highlights of the participants return to school, and its effect on their daily lifeworld. But it is understood that this will continue to evolve since change is constant.'*

*How true! At the time I was interviewed for this study, there was considerable change going on in the Health Sector. In fact, that interview could have occurred yesterday, because for me the constant in my workspace has been change.*

*For me personally, remapping continues as boundaries change. Commitments are rebalanced as patterns in our lives change. Without continuing education and the qualifications gained from re-entering school, the reviews, progress and change would have been too much. The challenges have been stressful but manageable and even tolerable. Instead of being caught in the undercurrent of a downward spiral, education has helped lift me up into a positive current and created a springboard for the opportunities that open up.*

### **A RESEARCHER REFLECTIVELY REMEMBERS**

Reading and rereading the findings of the present study: 'A Story Waiting to be Told' provoked a good deal of reflective remembering of past times and working in a different context to that in which this study has been predominantly based. Yes, it was a different context, culture and time. But what the findings reveal about present and emerging trends in nursing and health care provision in the context of New Zealand society, also illuminates past times, needs and responses in another context. What the 'Story' reveals can, reasonably, be

related to the kind of responsiveness from nurses required by communities worldwide. Worldwide, communities are preoccupied with demands for resources that exceed what is available for general and individual purposes. Technologically advanced societies' needs may appear to be less stringent than those whose way of life, for the majority, evidences greater poverty and all the ills associated with a harsh social and physical environment. But common health concerns, whether the origin of the ills is predominantly related to affluence or poverty, include chronic physical and mental conditions, alienated or disaffected youth, the frail elderly, and the vulnerable young. Reflection on the major finding discovered in the participants' narratives, that: *'Nursing is dwelling in thoughtful concern as context calls forth'*, brought to mind a past experience when that did not happen for a very small remote village in the most impoverished state in \_\_\_\_\_. Good reasons were given for a judgment made not to accede to their request for help. Now, looking back and remembering the way of asking and the response reveals that it could have been otherwise.

In a verse from the: *'The Thinker as Poet'*, Heidegger (1947/1971, 5) expresses this thought:

*As soon as we have the thing before  
our eyes, and in our hearts, an ear  
for the word, thinking prospers.*

Perhaps, from the distance of time, we can more easily look along and see the totality of what was involved in a given situation and other possibilities related to its management. But as Heidegger indicates, when we look fully at what is put before us and listen attentively, thinking is enhanced. In conclusion, using the word 'poetry' in *'its sense as a verb, ... where poetry is the activity that corresponds in a neighborly way to singing and thinking'* (Hofstadter, 1971, xi - xii), the past encounter that would have benefited from the kind of response implicit in the understanding that *'nursing is dwelling in thoughtful concern as context calls forth'* will be described in verse.

*A supportive group of four they came in abject poverty.  
But not in poverty of spirit.  
Come they said, see our need, work with us, bring change  
Tend our ills, better still, teach us to prevent our ills.*

*Come they said, we will build you a strong mud house.  
Watch over you, learn with you to let the young grow strong.  
And growing strong lead us to better days and ways of life.  
See, walk a while with us, see what is, what can be.*

*Sadly but unyieldingly we said 'not yet', we are too few.  
Quietly, acceptingly, they turned, retreading the pathway home.  
Looking back - we could have taught and sent a simple helper.  
Created a caring community understanding the basics  
Of healthy ways of living. It's what the context called for!*

Idour, M., 1997

## BIBLIOGRAPHY

- Abbott, M. (1991) Editorial: Doors Close: New Doors Open. **Mental Health News.** Winter, 1991, 3 – 4.
- Adams, J. (Ed.) (1984) **Transforming Work.** Alexandria, Virginia: Miles River Press.
- Adams, J. (Ed.) (1986) **Transforming Leadership: From Vision to Results.** Alexandria, Virginia: Miles River Press.
- Ailes, R. (1988) **You are the Message: Secrets of Master Communicators.** Homewood, IL: Irwin.
- Aiken, L. (1993) On the Brink of Health Care Reform, Nursing Poised for Impact. **Nursing Dimensions, 5, (1),** Fall 1993, 2 – 3.
- Akehurst, R., Godfrey, C., Hutton, J. (1991) **The Health of the Nation. An Economic Perspective on Target Setting.** York: CHE, University of York.
- Allan, P. & Jolly, M. (Eds.) (1987) **The Curriculum in Nursing Education.** London: Croom Helm.
- Allen, D., Bowers, B. & Diekelmann, N. (1986) Writing to Learn: A Reconceptualization of Thinking and Writing in the Nursing Curriculum. **Image,** December, 1986.
- Allen, D., Benner, P., Diekelmann, N. (1986) **Nursing Research Methodology: Issues and Implementation.** Rockville, MD: Aspen Publishers.
- Allen, D. (1990) The curriculum revolution: Radical re-visioning of nursing education. **JNE, 29,** 312 – 316.
- Apple, D. (1979) **Ideology and Curriculum.** London: Routledge & Kegan Paul.
- Archibald, R., Villoria, R. (1967) **Network-Based Management Systems.** New York: Wiley.
- American Nurses Association (1986) **Clinical Nurse Specialists: Distribution and Utilization.** Kansas City: ANA.
- American Nurses' Foundation (1988) **Nursing Practice in the 21st Century.** Papers presented at the Forum: 'Nursing Practice in the 21st Century', 20 – 23, 1988. Papers cosponsored by the American Nurses' Foundation Inc., and the Anneberg Center for Health Sciences of the Eisenhower Medical Center.
- AAN (1983) **Structure to Outcome: Making It Work.** Orlando, Florida: AAN.
- AAN (1985) **The Economics of Health Care.** Kansas, Missouri: American Academy of Nursing
- ANA (1991) **Nursing's Agenda for Health Care Reform: Executive Summary.** ANA.
- Anderson, R., Ashmos, D. (1990) **Nursing Participation in Strategic Decision Making: Implications for Practice, Education, and Research.** Paper presented at IPNSIC, October 1990.

- Anderson, C.A. (1994) Exciting Times (Editorial). **Nursing Outlook**, **42: (1)**, Jan/Feb, 5–6.
- Ansari, M.A. (1990) **Managing People at Work: Leadership Styles and Influence Strategies**. London: Sage.
- Arndt, C. (1990) **Education and Research for the Vitality of Nursing Services Administration**. Paper presented at the IPNSIC, October 30, 1990.
- Axelrod, R. (1984) **The Evolution of Co-Operation**. New York: Basic Books.
- Babich, B. (1992) Questioning Heidegger's Silence: A Postmodern Topology. Ch.7, 83–106. Dallery, A., Scott, C. (Eds.) **Ethics and danger: Essays on Heidegger and Continental thought**. New York: State University of New York Press.
- Baker, C. (1991) Our Stories, Ourselves: Reflecting on Practice. **AJN**, October 1991, 66–69.
- Baker, C. & Diekelmann, N. (1994) Connecting conversations of caring: Recalling the narrative to clinical practice. **Nursing Outlook**, **42**, 65 - 70.
- Ball, M., Douglas, J., O'Desky, R., Albright, J. (Eds.) (1991) **Health Care Information Management Systems**. New York: Springer-Verlag.
- Barratt, B., Sloan, T. (1988) Critical Notes on Packer's Hermeneutic Inquiry. **American Psychologist**, **43, (1)**, 131 – 133.
- Beck, S. (1995) Co-operative Learning and Feminist Pedagogy – A Model for Classroom Instruction Nursing Education. **JNE**, **34: 5**, 222 – 227.
- Beckman, J.S., Simms, L. (1992) **A Guide to Redesigning Nursing Practice**. Ann Arbor, Michigan: Health Administration Press.
- Beckman, J., Simms, L. & Associates (1992) Creating the Climate for Redesign of Work Groups and Practice Patterns [Ch.1. Part 1]. **A Guide to Redesigning Nursing Practice Patterns**. Ann Arbor, Michigan: Health Administration Press.
- Beerel, A. (1987) **Expert Systems: Strategic Implications and Applications**. New York: Ellis Horwood.
- Benner, P., Tanner, C. (1987) Clinical judgment: How expert nurses use intuition. **AJN**, **87, [1]**, 23–31.
- Benner, P. (1984) **From Novice to Expert**. Menlo Park, CA: Addison-Wesley Publishing.
- Benner, P., Wrubel, J. (1985) On What it is to be a Person. **Primacy of Caring**. Menlo Park, LA: Addison-Wesley Publishers.
- Benner, N., Tanner, C. & Chesla, C. (1992) From beginner to expert: Gaining a differentiated clinical world in critical care nursing. **Adv Nurs Sci** **1992; 14, 3**, 13 – 28.
- Benner, P. (1993) Transforming RN Education: Clinical Learning and Clinical Knowledge Development. Diekelmann & Rather (Eds.) **Transforming RN Education: Dialogue & Debate**. N.Y. NLN.
- Benner, P. (Ed.) (1994) **Interpretive Phenomenology: Embodiment, Caring and Ethics in Health and Illness**. London: Sage.

- Benner, P. & Tanner, C. (1994) Phenomenology of Knowing. **Image**, June 1994
- Bennet, M. & Wakeford, R. (1983) **Selecting Students for Training in Health Care**. Geneva: WHO
- Bennis, W. & Nanus, B. (1985) **Leaders: The Strategies for Taking Charge**. New York: Harper & Row.
- Beruquo, E. & Xenos, P. (Eds.) (1992) **Family Systems and Cultural Change**. Oxford: Clarendon Press
- Bernal, H., Church, O.M., Arevian, M. & Schensul, S. (1995) Community Health Nursing in a Former Soviet Union Republic: A Case Study Of Change in Armenia. **Nursing Outlook** **43**, (2), 78–83
- Bevis, E.O. (1988a) New Directions for a New Age. **Curriculum Revolution: Mandate for Change**. New York: National League for Nursing.
- Bevis, E.O. (1988b) Needed: A New Curriculum Development Design. **Nurse Educator** **13**, (4), 14–18.
- Bevis, E.O. (1989) The Curriculum Consequences: Aftermath of Revolution. **Curriculum Revolution: Reconceptualizing Nurse Education**. New York: National League for Nursing.
- Bleicher, J. (1980) **Contemporary Hermeneutics**. London: Routledge & Kegan Paul.
- Birmingham, P. (1992) Ever Respectfully Mine: Heidegger on Agency and Responsibility. Dallery, A., Scott, C., with Holley, R. **Ethics & Dangers: Essays on Heidegger and Continental Thought**. Albany: State University of New York Press, Ch.8, 109–123.
- Bishop, A. & Scudder, J., Jr. (1991) Dialogical Care and Nursing practice. Chinn, P.L. **An Anthology of Caring**. New York: NLN.
- Bogdan, R. & Biklen, S. (1982) **Qualitative Research for Education: An Introduction to Theory and Methods**. Boston: Allyn & Bacon.
- Bolman, L.G., Deal, T.E. (1991) **Reframing Organizations**. San Francisco: Jossey-Bass.
- Bordo, S. (1991) The Cartesian Masculinization of Thought and the Seventeenth-Century Flight From The Feminine, Ch.6, 98–131. **The Flight to Objectivity: Essays on Cartesianism and Culture**. New York: State University of New York Press.
- Borren, P., Maynard, A. (1993) **Searching for the Holy Grail in the Antipodes: the Market Reform of the New Zealand Health Care System**. York: CHE, Uni of York.
- Boston, C. (1994) If It Ain't Broke...Break It! **JONA**, **24**: 1, January, 16–17.
- Boyd, D., Keogh, R., Walker, D. (1985) **Reflection: Turning Experience into Learning**. London: Kogan Page.
- Breed, C. (1983) Folk, wisdom, and hindsight. **The Human Science Newsletter**. Phenomenology Seminar, School of Education, University of Michigan.
- Brink, P., Wood, M.J. (Ed.) (1989) **Advanced Design in Nursing Research**. London: Sage.

- Broughton, H. (1995) Editorial 'Straight Ahead' **The Canadian Nurse**, March, 3.
- Buckley, P. (1992) **Husserl, Heidegger and the Crisis of Philosophical Responsibility**. Dordrecht: Kluwer Academic Publishers.
- Burch, R. (1989) On Phenomenology and its Practices. **Phenomenology & Pedagogy**, *Z*, 187 – 217.
- Buschman, P. (1990) Ethical Issues in Oncology Nursing Resulting from New Technologies. Ashwanden, P. et al. **Oncology Nursing: Advances, Treatments and Trends into the 21st Century**. Gaithersburg, Maryland: Aspen.
- Bushy, A. (Ed.) (1991) **Rural Nursing, Volume 2**. London: Sage.
- Carr–Hill, R. et al (1992) **Skill Mix and the Effectiveness of Nursing Care**. York: CHE, University of York.
- Carson, T. (1986) Closing the Gap Between Research and Practice: Conversation as a Mode of Doing Research. **Phenomenology & Pedagogy**, *4*, 73 – 76.
- Carroll, J.S., Johnson, E.J. (1990) **Decision Research: A Field Guide**. London: Sage.
- Cassell, P. (Ed.) (1993) **The Giddens Reader**. London: Macmillan Press.
- Castro, Fidel (1988) Leaders Too Must Contribute. **World Health**, April 1988, 2–3.
- Center for Nursing (1989) **Restructuring the Work Load ... Methods and Models to Address the Nursing Shortage**. Chicago: AHA.
- Chafetz, J. (1988) **Feminist Sociology: An Overview of Contemporary Values**. Illinois: Peacock.
- Chesla, C. (1994) Parents' Caring Practices With Schizophrenic Offspring. Benner, P. (Ed.) **Interpretive Phenomenology: Embodiment, Caring, and Ethics in Health and Illness**. London: Sage.
- Christensen, J. (1990) **Nursing Partnership: A Model for Nursing Practice**. Wellington: Daphne Brasell Associates Press.
- Chinn, P. (1990) Gossip: A Transformative Art for Nursing Education. **JNE**, Sept. **29**, (7), 318 - 321.
- Chinn, P., Watson, J. Eds. (1994) **Art and Aesthetics in Nursing**. New York: NLN.
- Clandinin, D.J., Davies, A., Hogan, P., Kennard, B. (Eds.) (1993) **Learning to Teach: Teaching to Learn**. New York: Teachers College, Columbia University.
- Cody, W. (1995) Intersubjectivity: Nursing's Contribution to the Explication of Postmodern Meaning. **NSQ**, **8:2**, Summer.
- Coeling, H., Simms, L. (1993) Facilitating Innovation at the Nursing Unit Level Through Cultural Assessment, Part 1: **JONA**, **23**, 4, April 1993.

- Coeling, H., Simms, L. [1993] Facilitating Innovation at the Unit Level Through Cultural Assessment, Part 2: Adapting Managerial Ideas to the Unit Work Group. **JONA**, 23, 5, May 1993.
- Coeling, H., Simms, L. (1996) Understanding Work Group Culture on Rehabilitation Units: The Key to Facilitating Group Innovation and Promoting Integration. **Rehabilitation Nursing**, 21, (1), 7 - 12.
- Cohen, M. (1987) A Historical Overview of the Phenomenological Movement. **Image**, 19, (1), 7-27.
- Colledge, P. (1993) The Primary Health Care Focus of Community – Based Learning. **ANZAME BULLETIN, JAN.'93**, 20, (1), 19 – 34.
- Commission on Nursing (1990) Commission Finds Technology Vital in Fighting Nursing Shortage. **Nursing and Technology**, April 1990.
- Cowan, L. (1990) **T.S.Eliot: Man and Poet**. Volume 1. Orono, Me: University of Maine.
- Comstock in Breido & Feinberg (1982) **Knowledge and Values in Social and Educational Research**. Philadelphia: Temple University Press.
- Coyle, D. (1993) **Increasing the Impact of Economic Evaluations on Health-Care Decision – Making**. York: CHE, Univ. of York.
- Craig, M. (1993) Are Between 2.45 and 4.5 million Australians Disadvantaged by our Medical Education System? **ANZAME Bulletin, January '93**, 20, 1, 11 – 17.
- Curtis, S., Taket, A. (1996) **Health and Societies: Changing Perspectives**. London: Arnold.
- Cuthbert, M., Duffield, C. & Hope, J. (1992) **Management in Nursing**. Sydney: Harcourt Brace Jovanovich.
- Daly, J., McDonald, I. & Willis, E. (1992) **Researching Health Care: Designs, Dilemmas, Disciplines**. London: Tavistock/Routledge.
- Darbyshire, P. (1993) In Defence of Pedagogy: A Critique of the Notion Of Androgogy. **Nurse Education Today**, 13, 328 –335.
- Darbyshire, P. (1993) Preserving Nurse Caring in a Destitute Time. **JAN**, 18, 507 –508.
- Darbyshire, P. (1995) Lessons from Literature: Caring, Interpretation, and Dialogue. **JNE**, 34: 5, 211 – 216.
- Davies, E. & Lynch, S. (1994) Student-Centred Learning: The Caring Factor. **ANZAME Bulletin**, 21, (2), 4 – 12.
- Davis, P. & Park, D. (1987) **No Way: The Nature of the Impossible**. New York: Freeman.
- Day, W. (1988) Hermeneutics and Behaviorism ( Comment on Packer's 1985 article) **American Psychologist**, 43, 1, 129.
- de Bono, E. (1985) **Six Thinking Hats**. Boston: Little, Brown & Co.
- del Bueno, D.J. (1994) Visions, Hallucinations, and Wannabes, Part 2. **JONA**, 24:2, Feb., 7-8,15.
- Derrida, J. (1992) Pinar, W.F. & Reynolds, W.M. [Eds] **Understanding Curriculum as**

**Phenomenological and Deconstructed Text.** New York: Teachers College, C.U.

Descombes, V. (1980). **Modern French Philosophy.** N.Y.: Cambridge University Press.

DeVellis, R. (1991) **Scale Development: Theories and Applications.** London: Sage.

Diekelmann, N. (1987) **Investigating Nursing Practice: Dialogue and Dialectic.**  
Paper presented at Dallas, Texas.

Diekelmann, N. (1989) The Nursing Curriculum: Lived Experiences of Students. **Curriculum Revolution: Reconceptualizing Nursing Education.** NY: NLN, 25 – 41. ✓

Diekelmann, N., Allen, D. & Tanner, C. (1989) **The NLN criteria for appraisal of baccalaureate programs: A critical hermeneutical analysis.** N.Y.: NLN. ✓

Diekelmann, N. (1991) The Emancipatory Power of the Narrative. **Curriculum Revolution: Community Building and Activism.** NY: NLN, Ch.4, 41 – 62.

Diekelmann, N. (1991) Practicing Interpretative Research: A Heideggerian Hermeneutical Analysis of the Lived–Experiences of Nurse Academics. **Curriculum Revolution: Community Building and Activism.** NY: NLN, Ch.4, 41 – 62. ✓

Diekelmann, N. (1991) **Behavioral Pedagogy: A Heideggerian Hermeneutical Analysis of the Lived–Experiences of Students and Teachers in Nursing.** Paper given at St.Luke's College of Nursing, Tokyo, Japan.

Diekelmann, N. (1992) Learning–as–testing: A Heideggerian hermeneutical analysis of the lived experiences of students and teachers in nursing. **Adv Nurs Sci 1992: 14,** 72 – 83. ✓

Diekelmann, N.L., Rather M.L. (Eds.) (1993) **Transforming RN Education: Dialogue and Debate.** New York: National League of Nursing. ✓

Diekelmann, N. (1995) (Guest Editorial). Reawakening Thinking: Is Traditional Pedagogy Nearing Completion? **JNE, 34: 5,** pp. 195 – 196.

Diekelmann, N., Rather, M. (1992) RN Education at the University of Wisconsin–Madison School of Nursing: A Proposal for an Innovative RN to MS Curriculum. An unpublished paper presented at a **Knowledge Development in Nursing Series Workshop: 'Transforming Education: Pluralistic Approaches to Curriculum Development.** Madison, WI: UM.

Diekelmann, N. (1992) **The Context of the Nursing Revolution in the United States.** Madison–Wisconsin: UW.

Diekelmann, N. (1992) **Nursing Education: Caring, Dialogue and Practice: Hermeneutic Experience as Inquiry:** Madison–Wisconsin: UW.

Diekelmann, N., Olsen, S., Jorgenson, M., Crabtree, A. (1987) **Clinical Nursing Knowledge Research: Implications for Nursing Education.** San Francisco, CA: Presented, Society for Research in Nursing Education 1987 Scientific Meeting.

Dienemann, J. (1990) **Implications of Theoretical Frameworks for Restructuring Nursing Care Delivery Systems.** Paper presented at the IPNSIC, October 1990.

Dienke, I. (1985) Beyond Words: On the Experience of the Ineffable. **Phenomenology & Pedagogy, 3,(1),** 3 – 118.

- Diers, D. (1994) Debate. What is nursing? McCloskey, J. & Grace, H. (1994) **Current Issues in Nursing**. St. Louis: Mosby, Chapter 1, 4 - 14.
- Dillon, D. (1983) The Encounter between Reader and Text. **Phenomenology & Pedagogy**, 1, (1), 94 – 95.
- Doyle, M. (1987) Role of the Clinical Nurse Specialist. **Nursing Administration Quarterly**, 11, (3), 53 – 54.
- Donabedian, A. (1990) The Quality of Care: How Can it be Assessed? Graham, N.O. (Ed.) **Quality Assurance in Hospitals: Strategies for Assessment and Implementation**. Maryland: Aspen.
- Donabedian, A. (1986) Criteria and Standards for Quality Assessment Monitoring. **Quality Review Bulletin**. 12: 99 – 108.
- Doxiadis, C.A. (1967) The Inhuman City. **Health of Mankind**. Proceedings of CIBA Conference. 100th Symposium. London: Churchill.
- Dreyfus, H. (1991) **Being-in-the-World. A Commentary on Heidegger's "Being and Time"**. London: MIT Press.
- Dreyfus, H.L., Hall, H. (1992) **Heidegger: A Critical Reader**. Oxford: Blackwell.
- Dreyfus, H.L. (1994) Preface. Benner, P. (Ed.) **Interpretive Phenomenology**. London: Sage.
- Drucker, P. (1985) **Innovation and Entrepreneurship: Practice and Principles**. New York: Harper & Row.
- Drucker, P. (1990) **Managing the nonprofit organization**. New York: Harper Collins.
- Dumas, R.G. (1993) An Immodest Proposal. **Nursing & Health Care**, 14, (6), 308–312.
- Egan, G. (1975) **The Skilled Helper**. Monterey: Brooks and Cole.
- Edman, S. (1996) Coping with Cataclysmic Change. **JCN**, 13, (1), 5 - 11.
- Edwards, W. L. (1986) **The Principalship in a New Zealand Secondary School: An Ethnographic Study**. Unpublished Doctoral Thesis, University of New England, Canada.
- Edwardson (1990) **Organizational Effectiveness and the Effectiveness of Nursing Service: In Search of Commonalities**. Paper presented at IPNSIC, October 1990.
- England, K. (1994) Getting Personal: Reflexivity, Positionality, and Feminist Research. Barnes, T. & Gregory, D. (Eds.) **Reading Human Geography: The Poetics and Politics of Inquiry**. London: Arnold, Chapter 3.
- Erickson, H. (1990) **Nursing, Holism, and Health: A Personal View**. Paper presented at IPNSIC, October 1990.
- Elmer-Dewitt, P. (1992) Oregon's Bitter Medicine. **TIME**, August 17, 1992, 37.

- Erbin–Roesemann, M. (1990) **An Emerging Conceptual Model of Work Excitement.** An Unpublished Research Report (part of requirements for PhD, degree). Ann Arbor, UM.
- Ertl, N. (1988) Choosing Successful Managers: Participative Selection Can Help. Blancett, S. (Ed.) **Classics from JONA: Readings in Nursing Administration.** London: Lippincott.
- Ethridge, P. (1987). Building Successful Nursing Care Delivery Systems for the Future. **NCNIP [FORUM II]** Milwaukee, WI: NCNIP, 1–7.
- Etzioni, A. (1984) **An Immodest Agenda: Rebuilding America Before the 21st Century.** New York: McGraw–Hill.
- Fay, B. (1987) **Critical Social Science.** London: Polity Press.
- Field, P., Morse, J. (1985) **Nursing Research: The Application of Qualitative Approaches.** Rockville, MD: Aspen
- Freeman, K. (1956) **Ancilla to the Pre–Socratic Philosophers.** Cambridge, MA: Harvard University Press, 41 – 46.
- Freire, P. (1973) **Extension or Communicating in Education for Critical Consciousness.** New York: Seaberg Press.
- Freire, P. (1970) **Pedagogy of the oppressed.** [M. Ramos, Trans.] New York: The Continuum Publishing Corp. (Original work published 1968/1970).
- Frenzel, I. (1967) **Friedrich Nietzsche. An Illustrated Bibliography.** New York: Pegasus.
- Freund, C. (1990) **The Unity of Education, Research, and Practice: A Kaleidoscopic View of Nursing.** USA: ANA.
- Frost, P.J., Moore, L.F., Louis, M.R., Lundberg, C.C., Martin, J. (Ed.) (1991) **Reframing Organizational Culture.** London: Sage.
- Foucault, (1973) Pinar, W.F., Reynolds, W.M. [Eds] **Understanding Curriculum as Phenomenological and Deconstructed Text.** New York: Teachers College. Columbia University.
- Fox, J., Long, J. Scott (1990) **Modern Methods of Data Analysis.** London: Sage.
- Fuzzard, B., Green, E., Kujala, E., Talley (1994) Rural Magnet Hospitals of Excellence. Part 1. **JONA**, 24:, 1, January, 21 – 26.
- (1994) Rural Magnet Hospitals of Excellence, Part 2. **JONA**, 24: 2, February, 35 – 41.
- Gadamer, H. (1975) **Truth and Method.** London: Sheed & Ward (Originally published 1960).
- Gadamer, H. (1976) **Philosophical Hermeneutics.** Berkeley: University of California Press.
- Gaut, D. [1983] Development of a Theoretically Adequate Description of Caring. **Western Journal of Nursing Research**, 5, 4, 313 – 324.
- Gayatri Chakravorty Spivak (1995) Feminism and Deconstruction, Again: negotiations. Tallack, D. **Critical Theory. A Reader.** Sydney: Harvester/Wheatsheaf, 212 – 230.

- Geertz, C. (1973) **The Interpretation of Cultures: Selected Essays.** New York: Basic Books.
- Georgopoulos, B. & Christman, L. (1991) **An Experiment to Test the Effectiveness of the Nurse Specialist.** Lewistown, New York: Mellen Press.
- Globus, G. (1990) Heidegger and Cognitive Science. **Philosophy Today, Spring, 1990, 2029.**
- Goodwin, D.R. (1994) Nursing Case Management Activities. How They Differ Between Employment Settings. **JONA, 24: 2,** February, 29 – 34.
- Gordon, S. (1991) **Prisoners of Men's Dreams. Striking Out for a New Feminine Future.** Boston: Little, Brown and Company.
- Grealy, L. (1994) **In the Mind's Eye: An Autobiography of a Face.** London: Arrow.
- Green–Hernandez, C. (1991) A Phenomenological Investigation of Caring as a Lived Experience in Nurses. Chinn, P. (Ed.) **An Anthology of Caring.** New York: NLN.
- Greenleaf, N. (1991) Caring and Not Caring: The Question of Context. Chinn, P.L. (Ed.) **An Anthology of Caring.** New York: NLN.
- Gruca, A. (1994) The Taste of Nursing: An Initiative to Attract a New Type of Nursing Student. **Journal of Continuing Education in Nursing, 25: 1,** January/February, 17 – 20.
- Gubrium, J., Sankar, A. (Ed.) (1990). **The Home Experience: Ethnography and Policy.** London: Sage.
- Gudykunst, W.B. (1991) **Bridging Differences: Effective Intergroup Communication.** London: Sage.
- Guignon, C. (ed) (1993). **The Cambridge Companion to Heidegger.** Cambridge University Press.
- Gray, J. (1968) (Co-Ed.) **(Heidegger's) What is Called Thinking?** (Translated by Gray & Wieck) San Francisco: Harper, xiv - xv.
- Hadley, R. & Young, K. (1990) **Creating a Responsive Public Service.** Sydney: Harvester / Wheatsheaf.
- Hamric, A. & Spross, J. (1989) **The Clinical Nurse Specialist in Theory and Practice** (2nd edition). Philadelphia: Saunders.
- Handy, C. (1985) **Understanding Organisations.** London: Penguin.
- Handy, C. (1990) **The Age of Unreason.** London: Arrow Books.
- Handy, C. (1994) **The Empty Raincoat: Making Sense of the Future.** London: Hutchinson.
- Handy, C. (1995) **Beyond Certainty: The Changing Worlds of Organisations.** London: Hutchinson.
- Havelock, R.G. (1971) **Planning for Innovation through Dissemination and Utilisation of Knowledge.** Ann Arbor, MI.
- Health Promotion Unit, Northland. Public Health and District Nurses Integrate in Northland. **Healthspeak, Community Newsletter.** Issue: Winter 1992, 1 – 2

- Hegyvary, Sue T. (1991) Education. Freedom and Responsibility. **Journal of Professional Nursing (JPN)**, 7, 1, (January – February), 1991, 8.
- Hegyvary, Sue T. (1991) Education. Collaborative Relationships for Education and Practice. **JPN**, 7, 3, (May –June), 1991: 148.
- \_\_\_\_\_ (1991) Education. The Limits of Curriculum. **JPN**, 7, 4, Jul–Aug:203.
- \_\_\_\_\_ (1992) Education. Nursing Education for Health Care Reform. **JPN**, 8, 1, (January–February), 1992: 3.
- \_\_\_\_\_ (1992) Education. From Diversity to Enrichment. **JPN**, 8, 5, (Sept–October), 1992: 261.
- Heidegger, M. [1957] English Translation, Stambaugh, J. (1969) **Identity and Difference**. New York: Harper & Row.
- Heidegger, M. (1962) **Being and Time**. (J. Macquarrie & E. Robinson, Trans.). New York: Harper & Row. (Original work published 1927).
- Heidegger, M. (1966) **Discourse on Thinking**. (Translation of Gelassenheit: Anderson, J.M.) New York: Harper & Row.
- Heidegger, M. (1968) **What Is Called Thinking**. (Translation & Introduction: J. Glen Gray) New York: Harper & Row. (Original work published 1954).
- Heidegger, M. (1969) Bossart, W. Three directions of phenomenology. Green, M. {Ed}. **The anatomy of knowledge**. Amherst: University of Massachusetts Press.
- Heidegger, M. (1971) **Poetry, Language, Thought**. (Translations and Introduction by Hofstadter, A.). New York: Harper & Row.
- Heidegger, M. (1971) **On the Way to Language**. (P.Hertz, Trans.) San Francisco: Harper. (Original work published 1959).
- Heidegger, M. (1977) **The Question Concerning Technology and Other Essays**. (Translation & Introduction W. Lovitt) New York: Harper & Row (Original work published 1955).
- Heilbrun, C. (1988) **Writing a Woman's Life**. New York: Norton.
- Hendricks, J. (ed) (1995) **The Meaning of Reminiscence and Life Review**. New York: Baywood Publishing.
- Henry, J. & Walker, D. (Ed.) [1991] **Managing Innovation**. London: Sage.
- Henry, J. (Ed.) (1991) **Creative Management**. London: Sage.
- Henry, B., Arndt, C., Di Vincenti, M. & Marriner–Tomey, A. (Eds.) (1989) **Dimensions of Nursing Administration**. Boston: Blackwell Scientific.
- Hirschhorn, L. (1988) **The Workplace Within: Psychodynamics of Organizational Life**. London: MIT Press.
- Hodge, B. (1992) Practising Within an Ethic of Care. **Nursing Times**, 88, 14, 50 – 53.
- Hoffman, S. & Fontegn, M. (1986) Marketing the Clinical Nurse Specialist. **Nursing Economics**, 4.

- Holleran, C. (1986) **Cooperation for Leadership Among Nurses Around the World.** WHO - ICN Conference, Geneva, March, 1986.
- Holzner, B. ed. (1982) **The Sociology of Knowledge.** Special Issue of **Knowledge**, 1982, 4.
- Home, C. (1993) Ideological Barriers to Nursing Education for Returning RN Students. Diekelmann & Rather (Eds.) **Transforming RN Education: Dialogue and Debate.** New York: NLN, 61 - 78.
- Horton, E. & Fitzsimons, P. (1996) The Cultural Safety Debate and the Conservative Restoration in Aotearoa/New Zealand. **N.Z. Journal of Educational Studies**, 31, (2), 171 - 187.
- Hoy, D. (1994) **The Critical Circle: Literature, History, and Philosophical Hermeneutics.** Oxford, UK: Blackwell.
- Hunt, J.G. (1991) **Leadership: A New Synthesis.** London: Sage.
- Idour, M. (1980) **The Social Context and the Relevancy of Nursing Curriculum.** An Unpublished M.A. Thesis. Massey University, Palmerston North.
- Idour, M. (1991) **Sustainable Development and Health: Contingencies and Holograms.** (In Proceedings of the First Regional Workshop of the ASEAN- New Zealand Inter-Institutional Linkages Programme, 10 - 12 December 1991. Palmerston North: IILP, Massey University.
- Idour, M. (1992) The Flexible Work Group. Beckman, J. & Simms, L. **A Guide to Redesigning Nursing Practice Patterns.** Ann Arbor, Michigan: Health Admin. Press.
- Ihde, Don (1984) **Listening and Voice: a Phenomenology of Sound.** Athens: Ohio Uni. Press
- Ihde, Don (1986) **Experimental phenomenology: an Introduction.** Albany, N.Y: Suny Press.
- Ihde, Don (1990) **Technology and the Lifeworld: From Garden to Earth.** Bloomington: Indiana University Press.
- Issel, L.M. (1990) **The Service Component in Nursing Care: Economic, Managerial and Measurement Implications.** Washington: SN, University of Washington, Sept.1990.
- Jackson, R. (1995) The Heartbeat of Reform. **The Canadian Nurse**, March, 23 – 27.
- Jaco, P., Price, S. & Davidson, A. (1994) The Nurse Executive in the Public Sector: Responsibilities, Activities and Characteristics. **JONA**, 24, (3), 55 - 62.
- James, J. (1990) **Piecing the Puzzle: Building a Professional practice Model in a Nursing Service Setting.** Boston: NBWH.
- Johnson, J. (1988) Managing by Behavior and Results-Linking Supervisory Accountability to Effective Organizational Control. Blancett, S. (Ed.) **Classics from JONA: Readings in Nursing Administration.** London: Lippincott.
- Johnson, M. (1990) **The Iowa Model: A Proposed Nursing Administration Model.** Paper presented at IPNSIC, October 1990.
- Kaelin, E. (1988) **Heidegger's Being and Time: a Reading for Readers.** Tallahassee: University Presses of Florida.

- Kalnins, I. (1995) *Pioneers in Academia: Higher Education for Nurses in Estonia, Latvia, and Lithuania. Nursing Outlook* **43**, (2), 84 – 87.
- Kanter Moss K. (1989) **When Giants Learn to Dance: Mastering the Challenges of Strategy, Management, and Careers in the 1990s.** New York: Simon and Schuster.
- Kee, N. (1993) **Nurses on the Move: Creating New Patterns of Nursing Practice.** (Unpublished paper given at the NZNO: National Nursing Research Section Annual Conference). Massey University, Palmerston North.
- Ketefian, S. & Redman, R. (1990) **Education for Nursing Administration: An Agenda for the Twenty-First Century.** A paper prepared for the Inquiry and Practice of Nursing Service Invitational Conference, October 31–November 3, 1990.
- Koerner, J., Spitzer–Lehmann, R. & Vestal, K. (1992) **Initiating Change: Re–entry Planning.** Gaithersburg, Md.: Aspen
- Koerner, J. (1992) **Future Innovations for Nursing Leaders: Management of Change and Team Development.** Gaithersburg, Md.: Aspen
- Koerner, B., Cohen, J. & Armstrong, D. (1986) Professional Behaviour in Collaborative Practice. *JONA*, **16**, 10, October, 1986.
- Kocham, T. & Useem, M. (Eds.) (1994) **Transforming Organisations.** Oxford: Oxford University Press.
- Koch, M.W. (1994) Integrated Quality Management. Simms, Price, Ervin (Eds.) **The Professional Practice of Nursing Administration.** New York: Delmar.
- Koska, M. (1990) Cover Story. CEOs as risk takers – from vision to reality. *Hospitals*, 24 – 31, November 20, 1990.
- Kosowski, M. (1995). Clinical Learning Experiences and Professional Nurse Caring: A Critical Phenomenological Study of Female Baccalaureate Nursing Students. *JNE*, **34**: 5, 235 – 242.
- Krell, D. (Ed.) (1973) **Martin Heidegger: Basic Writings.** (Revised & Expanded Edn.) San Francisco: Harper, 395.
- Lagergren, M. (1985) Care in the Community. *Canadian Journal of Public Health.* Supplement One to Vol. 76, May/June, 63-66.
- Lamb, G.S. & Stempel, J.E. (1994) Nurse Case Management from the Client's View: Growing as Insider – Expert. *Nursing Outlook*, **42**: 1, January/February, 7 – 13.
- Lambert, C. & Lambert, V. (1989) **Perspectives in Nursing. The Impacts on the Nurse, The Consumer, and Society.** Connecticut, USA: Appleton & Lange.
- Lang, N. (1990) **Quality of Health Care for Older People in America: A Review of Nursing Research.** USA: ANA.
- Langan, T. (1966) **The Meaning of Heidegger (4th ed.)** New York: Columbia University Press.

- Langer, M. (1989) **Merleau-Ponty's Phenomenology of Perception: a Guide and Commentary.** London: Macmillan.
- Lemieux-Charles et al (1993) Ethical Issues Faced by Clinician/Manager in Resource Allocation Decisions. **Hospital & Health Services Administration, 38, 2,** 267–285.
- Leonard, V. (1989) A Heideggerian phenomenologic perspective on the concept of the person. **Adv Nurs Sci,** July 1989, 40 – 55.
- Leonard, V. (1994) A Heideggerian Phenomenological Perspective on the Concept of Person. **Interpretive Phenomenology,** USA: Sage, 43 - 83.
- Levin, D. (1985) **The Body's Recollection of Being. Phenomenology and the Deconstruction of Nihilism.** London, Melbourne: Routledge & Kegan.
- Levinas, E. ( Interview with Richard Kearney, 1995) Ethics of the Infinite. Tallack, D. **Critical Theory. A Reader.** Sydney: Harvester/Wheatsheaf, 434 – 441.
- Lewis, C.S. (1945) Meditation in a Tool Shed. Hooper, W. (Ed.) **First and Second Things.** Glasgow: Collins, 50 - 54.
- Locke, L.F., Spirduso, W., Silverman, S. (1987) **Proposals That Work: A Guide for Planning Dissertations and Grant Proposals.** London: Sage.
- Long, N. (1984) Creating Space for Change: a Perspective on the Sociology of Knowledge. **Sociologia Ruralis, 24,** 168 – 184.
- Long, N. & Long, A. (Eds.) (1992) Battlefields of Knowledge: The Interlocking of Theory and Practice in Social Research and Development. **From Paradise Lost to Paradise Regained.** London: Routledge, 18 - 35.
- Lubic, R. (1985) Reimbursement for Nursing Practice: Lessons Learned, Experiences Shared. **Nursing and Health Care, 6,** 1, 23 – 28.
- Lundy, M., Bradley, H., Hogan, H., Lemmon, B. & Mildon, B. (1986) Teaming Up For Total Care: A Support Team Approach to Palliation. **Humane Medicine, 2,** (2), Nov., 116 – 118.
- Lynaugh, J. (1990) Moments in Nursing History. **Nursing Research.** May/June, 190-191.
- McBride, A. (1987) Shaping Nursing's Future. **Nursing Outlook, 35,** (3), 124 - 125.
- McCallister, M. (1995) Feminist Pedagogy: Creative Approaches for Teaching Students of Nursing. **JNE, 34:** 5, 243 – 245.
- McCloskey, J. & Grace, H. (1994) **Current Issues in Nursing.** St. Louis: Mosby.
- McCray, J. (1995) **Learning for Meaning: The Lived Experience of Returning Registered Nurse Learners.** Unpublished Doctoral Thesis. Madison-Wisconsin: University of Wisconsin- Madison.
- MacLeod, M. (1995). What Does It Mean To Be Well Taught? A Hermeneutic Course Evaluation. **JNE, 34:** 5, 197 – 203.
- McDonagh, K. (Ed). (1990) **Nursing Shared Governance: Restructuring for the Future.** Atlanta, Georgia: McDonagh & Associates.

- McInnis, B. (1987) Nurses Clinic as a Model for Health Care for Homeless People. **NCNIP** (Forum II). Milwaukee, WI: NCNIP, 4 – 6.
- Mackie, F. (1985) **The Status of Everyday Life: a Sociological Excavation of the Prevailing Framework of Perception.** London: Routledge & Kegan Paul.
- McWhinney, W. & Bushnell, D. (1987) Correspondence. Education for Systems Practice. **Systems Research**, **4**, 4, 289 – 295.
- Maddocks, I. (1980) The Impoverishment of Community Life and the Need for Community Health. Stanley & Joske (Eds). **Changing Disease Patterns and Human Behaviour.** London: Academic Press.
- Madjar, I. (1991) **Pain as Embodied Experience: A Phenomenological Study of Clinically Inflicted Pain in Adult Patients.** Unpublished Doctoral Thesis, Massey University, Palmerston North.
- Magee, B. (1987) Husserl, Heidegger and Modern Existentialism. **The great philosophers: An introduction to Western philosophy.** London: BBC Books.
- Maglacas, A. (1986) **Implications for the Future.** WHO Conference - ICN Post Tokyo Nursing Summit. Geneva, March, 1986.
- Mark, B. (1992) **Concepts of Chaos in Organizational Theory and Nursing Administration.** (FETC).
- Martin, C. (1989) Alternatives for Students with Life Experiences: Reconceptualizing Nursing Education. **Reconceptualizing Nursing Education.** New York: NLN, 101 – 113.
- Martin, D., Hunt, J. & Conrad, D. (1990). The Planetree Model Hospital Project: An Example of the Patient as Partner. **Hospital & Health Services Administration**, **35**, 4, 591–601.
- Marshall, C. & Rossman, G. (1989) **Designing Qualitative Research.** London: Sage
- Marx, Werner (1971) **Heidegger and the Tradition** (Trans. Kisiel, T. & Greene, M.). Evanston: Northwestern University Press.
- Maynard, A. & Walker, A. (1993) **Planning the Medical Workforce: Struggling out of the Time Warp** (Discussion Paper 105). York: CHE, University of York.
- Maynard, A. (1993) **The Future of Health Services Research.** York: CHE, Uni. of York.
- May, K. (1991) Interview Techniques in Qualitative Research: Concerns and Challenges. Morse, J. (Ed.) **Qualitative Nursing Research: A Contemporary Dialogue.** London: Sage.
- MCA (1987) **The Economic Rationale for the Freestanding Birth Center: A Case Study.** New York: Maternity Center Association.
- Menard, S. (1987) **The Clinical Nurse Specialist : Perspectives on Practice.** New York: Wiley
- Merleau-Ponty, M. (1962) **Phenomenology of Perception.** (translator, Smith, Colin.), New York: Routledge & Kegan Paul.

- Merleau-Ponty, M. (1965) **The Structure of Behaviour** (translator, Fisher, A.L.). London: Methuen
- Milano, M. (1989) Long-term care issues and trends. **Michigan Hospitals**, 7-12, June '89.
- Miles, M.B. & Huberman, A.M. (1984) **Qualitative Data Analysis**. London: Sage.
- Ministry of Health (1996) **Healthy New Zealanders. Vol.1: Key Policy Issues; Vol.2: The Health and Disability Sector**. Briefing Papers for the Minister of Health 1996. Wellington: Ministry of Health
- Mintzberg, H. (1989) **Mintzberg on Management: Inside Our Strange World of Organisations**. New York: The Free Press.
- Mitchell, G.J. (1994) Intuitive Knowing: Exposing a Myth in Theory Development. **Nursing Science Quarterly**, 7:1, Spring, 2-3.
- Mitchell, G. (1995) Reflection: The Key to Breaking with Tradition. **NSQ**, 8:2, Summer 57.
- Morgan, G. (1993) **Imaginization**. Newbury Park: Sage.
- Morse, J. (Ed.) (1991) **Qualitative Nursing Research: A Contemporary Dialogue**. Stanmore, N.S.W.: Sage.
- Morse, J. (1994) **Critical Issues in Qualitative Research Methods**. Thousand Oaks: Sage.
- Munhall, P. (1994) **Revisioning Phenomenology**. New York: NLN.
- Mwansa, L.K. (1988) **Effecting Change: The Theoretical Framework**. In Proceedings of ICN's Regulation of Nursing Workshop. Lusaka, Zambia: Social Development Studies, University of Zambia.
- Nagelkerk, J., Henry, B. & Dougherty, J. (1992) **Leadership Through Policy Research**. [FETC]
- Naisbitt, J. (1982) **Megatrends**. New York: Warner.
- Nagarta, Utaka (1982) The Nurse on the Management Team... **World Health**, July, 27-29.
- NLN (1988) **Curriculum revolution: Mandate for change**. New York: NLN.
- NLN [1989] **Curriculum revolution: Reconceptualizing nursing education**. N.Y.: NLN
- NLN (1990) **Curriculum revolution: Redefining the student-teacher relationship**. New York: NLN.
- NLN (1991) **Curriculum revolution: Community building and activism**. New York: NLN.
- Naylor, S. (1993) Body & Soul: Health Attitudes, Youth, Decisions, Disease. **Evening Standard**, Tuesday, November 16, 1993.
- Neske, G. & Kettering, E. (1990) **Martin Heidegger and National Socialism. Questions and Answers**. New York: Paragon.

- NCNIP (1987) **National Commission on Nursing Implementation Project: Overview of the Project, 1 – 4 & An Introduction to Timeline for Transition into the Future Nursing Education System for Two Categories of Nurse and Characteristics of Professional and Technical Nurses of the Future and their Educational Programs, 1 – 4.** Milwaukee, WI: NCNIP.
- Nehls, N. (1995) Narrative Pedagogy: Rethinking Nursing Education. **JNE**, **34**: **5**, 204 – 210.
- New Zealand Nurses Association (1984) **Nursing Education in New Zealand: a Review and a Statement of Policy.** Wellington: NZNA.
- Neuhs, H. (1992) **Nursing and the Business Model.** (FETC)
- Nightingale, F. (1970) **Notes on Nursing: What it is and What it is not.** London: Duckworth.
- NCNIP (1989) **Nursing's Vital Signs ... Shaping the Profession for the 1990s.** Battle Creel, Michigan: Kellogg Foundation.
- Noddings, N. (1984) **Caring: A Feminine Approach to Ethics and Moral Education.** Berkeley: University of California Press.
- Norton, P., Stewart, M., Bass, M. (Ed.) (1991) **Primary Care Research.** London: Sage.
- Oakes, K. (1993) RN Dual Option Student Profile. **Nursing Dimensions**, **5**, **1**, Fall, 1993, 22-23.
- O'Brien, B. (1997) Private practice: brave new world. **Nursing Review**, August 1997, 32.
- Ofosu-Amaah, A. (1993) **National Experience in the Use of Community health Workers: a Review of Current Issues and Problems.** Geneva: WHO.
- Ohlson, V. & Styles, M. (1994) International nursing. The role of the ICN & the WHO. McCloskey, J. & Grace, H. (1994) **Current Issues in Nursing.** London: Mosby, 407 - 415.
- Oiler, C. (1986) Phenomenology: the Method. Munhall, P. & Oiler, C. (Eds.) **Nursing Research: a Qualitative Perspective.** Norwalk, Connecticut: Appleton–Century–Crofts, 69 – 84.
- Oliver, H. (1997) Giving a Framework to Nursing Education? **Kai Tiaki, NNZ**, September, 16 - 17.
- Packer, M.J. (1985) Hermeneutic Inquiry in the Study Of Human Conduct. **American Psychologist**, October 1985, 1081–1092.
- Packer, M.J. (1988) Hermenetic Inquiry: A Response to Criticisms. **American Psychologist**, 133 – 136.
- Pagano, J. (1988) Teaching Women. **Educational Theory**, Summer 1988, **38**, 3, 321–339.
- Palmer, R.E. (1969) **Hermeneutics: Interpretation Theory in Schleirmacher, Dilthey, Heidegger, and Gadamer.** Evanston: Northwestern University Press.
- Pamplin, L. (1993) Dusty Images. Clandinin et al. **Learning to Teach: Teaching to Learn.** New York: Teachers College, Columbia University.
- Parse, R. (Ed.) (1995) **Illuminations. The Human Becoming Theory in Practice and Research.** New York: NLN.

- Parse, R. (1995) Editorial: Building the Realm of Nursing Knowledge. **NSQ**, 8:2, Summer, 51.
- Patterson, C. (1991) New Joint Commission Standards for Selecting technology: The Nurse's Role. **Hewlett Packard Quarterly Newsletter**, 2, 1, 1–3, January 1991.
- Patton, M.Q. (1990) **Qualitative Evaluation and Research Methods** (2nd.Ed). London: Sage
- Pearson, A. (1992) Lessons Learnt. **Nursing at Burfood: A Story of Change**. Middlesex, U.K.: Scutari Press, 161 – 171.
- Pennington, E., Abdoo, Y., Ketefian, S., Simms, L. & Whall, A. (1990) **Transforming Teaching with Technology: A Progress Report** on the Satellite Project. Ann Arbor: SN, UM.
- Petardi, L. (1995) (Poem) Weathering the Storm. **NSQ**, 8:2, 93.
- Phillips, J.R. Homeless Nurses and Feeling Homeless in Nursing. **NSQ**, 8:2, Summer 1995, 55 –56.
- Pinar, W.F., Reynolds, W.M. (Eds.) (1992) **Understanding Curriculum as Phenomenological and Deconstructed Text**. New York: Teachers College. Columbia University.
- Polanyi, M. (1958) **Personal Knowledge**. London: Routledge & Kegan Paul.
- Polkinghorne, D. (1988) Human Existence and Narrative. **Narrative Knowing and the Human Sciences**. New York: State University of New York, 125 – 155.
- Polkinghorne, D. (1988) **Narrative Knowing and the Human Sciences**. New York: State University of New York Press.
- Polkinghorne, D. (1989) Phenomenological Research Methods. Valle, R., Halling, S. (Eds.). **Existential-phenomenological Perspectives in Psychology: Exploring the Breadth of Human Experience**. New York: Plenum Press.
- Polkinghorne, J. (1988) **Science and Creation**. London: SPCK.
- Poplin, D. (1979) **Communities**. New York: McMillan Company.
- Porter-O'Grady, T. (1994) The Real Values of Partnership. Preventing Professional Amorphism. **JONA**, 24: 2, February, 11 – 15.
- Porter, E.J. (1995) Fostering Dialogical Community through a Learning Experience. **Nursing Education**, 34, (5), 228 - 234.
- Prideaux, D. (1993) Left to Pick Things Up? ... Self Directed Learning in Clinical settings. **ANZAME Bulletin**, January '93, 20, 1, 2 – 10.
- Quindlen, A. (1994) The Nurse Paradigm. **New York Times Op-Ed** Wednesday, June 1, 1994.
- Quinn, M.P. [1990] **Qualitative Evaluation and Research Methods (2nd Edn.)**. London: Sage.
- Rae, M. [1993] Role Of Teacher in the Year 2000 – Some Personal Perceptions. **DEANZ, Bulletin**, No.16.
- Rather, M.L. [1990] **The Lived Experience of Returning Registered Nurses Students: A Heideggerian Hermeneutical Analysis**. Ann Arbor, Michigan: U.M.I.

Dissertation Service [Published PhD Dissertation].

Rather, M.L. (1992) 'Nursing as a Way of Thinking' – Heideggerian Hermeneutical Analysis of the Lived Experience of the Returning RN. **Research in Nursing**, 47 – 56.

Raths, C.E. [1978] **Values and Teaching: Working with Values in the Classroom**. (2nd. edition). Columbus: Merrill.

Rawnsley, M., Evans, J. (1992) **Nursing Science and Nursing Administration : Creating an Empowering Environment**. (FETC).

Reason, P. (Ed.) (1988) **Human Inquiry in Action: Developments in New Paradigm Research**. London: Sage

Reason, P. & Rowan, J. (1981) **Human inquiry: A sourcebook of new paradigm research**. N.Y.: Wiley and Sons. An edited collection.

Reed, M. & Hughes, M. (Ed.) [1991] **Rethinking Organization: New Directions in Organization Theory and Analysis**. London: Sage.

Reinharz, S. (1983) Phenomenology as a Dynamic Process. **Phenomenology & Pedagogy**, 1, (1), 77 – 79.

Rich, R. [1981] **The Knowledge Cycle**. Beverley Hills: Sage.

Richardson, M. (1974) Anthropologist – The myth teller. **American Ethnologist**, 517 – 530.

Ricoeur, P. (1974) **The Conflict of Interpretations: Essays in Hermeneutics**. Evanston: North Western University Press.

Ricoeur, P. (1975) **Phenomenology and Hermeneutics**. II (1). France: Nous.

Rivers, J. (1994) Researchers contribute own influence. **Sunday Star-Times**, March 27.

Rogers, E.M. (1983) **Diffusion Of Innovations**. (3rd. ed.). New York: Free Press.

Rogers, E.M. & Shoemaker, F.F. (1971) **Communication of Innovation: A Cross Cultural Approach**. New York: Free Press.

Rogers, E.M. & Kincaid, D.L. (1981) **Communication Networks: Towards a New Paradigm for Research**. New York: Free Press.

Rogers, Martha (1994) The Science of Unitary Human Beings: Current Perspectives. **Nursing Science Quarterly**, 7:1, Spring, 33 – 35.

Rohe, D., Crowell, D., Hanks, C. & Kerfoot, K. (1989) "Super Unit": The Ideal Process for the Ideal Unit. **1989 Conference Proceedings – Quest for Quality and Productivity in Health Services**. Chicago: Institute of Industrial Engineers.

Ross, M. (1990) **Pillars of Flame**. London: SCM Press.

Rowan, J. & Reason, P. (1981) On Making Sense. Reason, P. & Rowan, J. (Eds). **Human Inquiry: a Source Book of New Paradigm Research**. New York: Wiley, 113 – 137.

- Russell, R. (1988) A Critical Interpretation of Packer's 'Hermeneutic Inquiry in the Study of Human Conduct'. **American Psychologist**, 43, 1, 130 – 131.
- Sabatier, P. & Mazmanian, D. (1980) "The Implementation of Public Policy: a Framework for Analysis." **Policy Studies Journal**, 8, Special Number 2, 538 – 560.
- Samson, A. (1991) Technology defined as subject. **Dominion Sunday Times**, September 22.
- Sandelands, L. (1988) The Concept of Work Feeling. **Journal for the Theory of Social Behaviour**, 18, 4, 437 – 457, December 1988.
- Sandelands, L. & Buckner, G. (1989) Of Art and Work: Aesthetic Experience and the Psychology of Work Feelings. **Research in Organizational Behaviour**. 11, 105 – 131.
- Saxton, K.M. (1996) '**Playing a Sustaining Role**'. **Lifestories as to the Significance and Meaning of Modern Change on the Traditional Lifestory of a Group of Older Cook Islanders**. An Unpublished M.A. Thesis, Massey University, Palmerston North.
- Scharfstein, Ben-Ami (1993) **Ineffability. The Failure of Words in Philosophy and Religion**. Albany, New York: State University of New York Press.
- Schleiermacher, F. (1977) **Hermeneutics: The Handwritten Manuscripts**, (ed. H. Kimerle), Atlanta, Georgia: Scholars' Press
- Schon, D. (1983) **The Reflective Practitioner: How Professionals Think in Action**. New York: Basic Books
- Sears, J. & Marshall, J. (1990) **Teaching and thinking about curriculum: Critical inquiries**. New York: Teachers College Press.
- Senge, P.M. [1990] **The Fifth Discipline: The Art & Practice of The Learning Organization**. New York: Doubleday.
- Seung, T. (1982) **Structuralism and Hermeneutics**. New York: Columbia University Press
- Shaw, B. (cited in Theunis, S. Ed., 1992) **Non-governmental Development Organisations of Developing Countries: And the South Smiles**. London: Martinus Nijhoff.
- Shurmer-Smith, P. & Hannam, K. (1994) **Worlds of Desire Realms of Power: A Cultural Geography**. London: Edward Arnold.
- Sibbald, B. (1995) 2020 Vision of Nursing. **The Canadian Nurse**, March, 33–36.
- Silverman, H.J. (Ed.) (1991) **Gadamer and Hermeneutics**. New York: Routledge.
- Simms, L., Price, S. & Pfoutz (1987) Creating the Research Climate: A Key Responsibility for Nurse Executives. **Nursing Economics**, July/August 1987, Vol.5, (4).
- Simms, L., Erbin-Roesemann, M., Darga, A. & Coeling, H. (1990) Breaking the Burnout Barrier: Resurrecting Work Excitement in Nursing. **Nursing Economics**, May/June, 1990, 8, 3.
- Simms, L. (1990) **The Professional Practice of Nursing Administration: Integrated Nursing Practice**. A Position Paper presented at the Inquiry and Practice of Nursing Administration Invitational Conference, Sante Fe, New Mexico, Oct.31–Nov.4 Conference, 1990.

- Simms, L. (1992) Nursing Unit Cultural Assessment Tool: NUCAT – 1. **Practice Excitement Project** (In process). Ann Arbor: MI.
- Simms, L. (1993) **From Visionary Research to Action Planning: Moving your Practice Pattern Redesign Agenda.** Keynote Address given at the NZNO: National Nursing Research Conference held at Massey University, Palmerston North, 19 November, 1993.
- Simms, L., Price, S. & Ervin, N. (1994) **The Professional Practice of Nursing Administration.** 2nd. Edn. New York: Delmar.
- Sjef Theunis (1992) **Non-Governmental Development Organizations of Developing Countries: And the South Smiles.** London: Martinus Nijhoff.
- Smith, Anna (1994) Tomorrow's work could sound like jazz. **The Dominion, Feb.2.** (First of four articles looking at the future of work).
- Smith, N. & Ainsworth, M. (1985) **Ideas Unlimited.** Melbourne: Nelson (Cited by Denny, S. 1991, in SG 3, HCOM, Massey University).
- Smith, Peter (1993) **Large Scale Models and Large Scale Problems: The Case of the Health Services.** York: CHE, University of York.
- Smith, M. & Whitney, G. (1991) Caring for the Environment: The Ecology of Health. Chinn, P.L. **An Anthology of Caring.** New York: NLN
- Smith, M.L. (1987/88) From the Other Side. **Nursing Forum, XXIII, 2,** 52 – 54.
- Sparacino, P., Cooper, D. & Minarik, P. (1990) **The Clinical Specialist: Implementation and Impact.** East Norwalk, Connecticut: Appleton & Lange.
- Special Report. Interview with the Federal Minister of Health Diane Marleau. **The Canadian Nurse, March,** 19 – 21.
- Spiegelberg, H. (1971) **The Phenomenological Movement: a Historical Movement.** (2nd edition). The Hague: Martinus Nijhoff
- Spradley, J. & McCurdy, D.W. (1972) **The Cultural Experience: Ethnography in Complex Society.** USA: Science Research Associates.
- Stambaugh, J. (1969) Translation and Introduction of **Identity and Difference.** (Martin Heidegger, 1957). New York: Harper & Row.
- Stapleton, T. (1994) **The Question of Hermeneutics: Essays in Honour of Joseph J. Kockelmans.** Dordrecht: Kluwer Academic
- Steiner, G. (1978) **Martin Heidegger.** New York: Penguin Books, 1 – 18.
- Stein, L. (1967) The Doctor - Nurse Game. **ARCH GEN Psychiatric, 16,** 699 - 703.
- Steiner, G. (1979) **Martin Heidegger.** Hassocks: The Harvester Press
- Stewart, D. & Mickunas, A. (1974) **Exploring Phenomenology: a Guide to the Field and its**

**Literature.** Chicago: American Library Association

Still, J. (1940) **River of Earth.** Kentucky: The University Press of Kentucky.

Strauss, A. & Corbin, J. (1990) **Basics of Qualitative Research: Grounded Theory Procedures and Techniques.** London: Sage

Tanner, C. (1990) Reflections on the curriculum revolution. **JNE**, 29, (7), 295 – 299

Tate, Ormond. (1993) A Vision of Distance Education in New Zealand. **DEANZ, Bulletin**, 16.

Taylor, Charles (1991) **The Ethics of Authenticity.** Cambridge, Massachusetts: Harvard University Press.

Thompson, D. (1992) Beyond Motivation: A Model of Registered Nurses' Participation and Persistence in Baccalaureate Nursing Programs. **Adult Education Quarterly**, 42, 2, Winter, 1992, 94 – 105.

Tonges, M. (1989) Redesigning Hospital Nursing Practice: The Professionally Advanced Care Team (ProACTtm) Model Part 1, **JONA** 19, (7), July – August, 1989 and Part 2, **JONA** 19, (9), September, 1989

Trinh T. Minh-ha (1995) Difference: 'A special Third World women issue'. Tallack, D. **Critical Theory. A Reader.** Sydney: Harvester/Wheatsheaf, 231 – 245.

Trofina, J. (1995) The Brave New World of Health Care. **The Canadian Nurse, March, 8:2**, 28 – 32.

Trout, F. (1995) **Experiencing Subjectivity and a Critical Stance.** An Unpublished Paper. Palmerston North: Massey University.

Udike, P. (1991) The Other Side of the Polished Doors. Chinn, P.L. **An Anthology of Caring.** New York: NLN.

Vaill, P. (1982) The Purposing of High Performing Systems. Sergiovanni, T., & Corbally. **Administrative Leadership: New Perspectives on Theory and Practice.** USA: Jossey-Bass.

Vail, S. (1995) Financing Health. **The Canadian Nurse, March**, 59 – 60.

Van Den Ban, A.W. & Hawkins, H. S. (1988: modified English edition). **Agricultural Extension.**

van Manen, M. (1990) **Researching Lived Experience: Human Science For An Action Sensitive Pedagogy.** New York: State University of New York Press.

Watson, J. (1988) A Case Study: Curriculum in Transition. **Curriculum Revolution: Mandate for Change.** New York: National League for Nursing

Watson, J. (1995) Postmodernism and Knowledge Development in Nursing. **In NSQ, 8:2**, 60 – 64.

Watson, G. & Seiler, R.M. (Eds.) (1992) **Text in Context: Contributions to**

**Ethnomethodology.** London: Sage

- Weber, S. (1986) The Nature of interviewing. **Phenomenology & Pedagogy**, 4, 65–72.
- Wenger, A. (1991) The Role of Context in Culture–Specific Care. Chinn, P.L. **An Anthology of Caring.** New York: NLN.
- White, S. (1991) Introduction: The Postmodern Problematic. Ch. 1, 1 – 12; Understanding the Modern – Postmodern Tension, Ch. 2, 13 – 30. Heidegger's Ambiguous Legacy for Postmodernism, Ch.3, 31 – 53. Difference Feminism and Responsibility to Otherness, Ch. 6, 95 – 113. **Political Theory and Postmodernism.** {Modern European Philosophy Series}. Cambridge: Cambridge University Press.
- Williams, A. (1993) **Natural Selection, Health Economics and Human Welfare.** York: CHE, University of York.
- Winning, A. (1991) The Speaking of Home. **Phenomenology and Pedagogy**, 9, 1991
- Witherell, C. & Noddings, N. (1991) **Stories lives tell: Narrative and dialogue in Education.** New York: Teachers College Press.
- Wittig, M. (1995) The Straight Mind. Tallack, D. **Critical Theory. A Reader.** Sydney: Harvester/Wheatsheaf, 246 – 252.
- WHO (1978) **The Global Strategy for Health for All by the Year 2000** (Tashkent Conference). Geneva: WHO.
- WHO (1984) **Strengthening Ministries of Health for Primary Health Care.** Geneva: WHO.
- WHO (1986) **National Health Development Networks in Support of Primary Health Care.** Geneva: WHO.
- WHO (1988) **Economic Support for National Health for All Strategies.** Geneva: WHO.
- Yin, R.K. (1989) **Case Study Research: Design and Methods.** London: Sage. Version of paper presented at the Midwest Nursing Research Society Pre–Conference Workshop – Qualitative Research Section – Oklahoma City, OK – April 1991

## **Appendix A**

1. Letter of Information about a study of RRNS from a nursing/health management context.
2. Consent form for RRNS participants of the study.
3. Interview appointment letter and research question.

### **1. LETTER OF INFORMATION**

Dear \_\_\_\_\_,

You will be aware that returning registered nurse students (RRNS) are increasingly returning to formal (university) studies in order to engage in undergraduate/graduate studies in nursing and other relevant courses of study. As a RRNS working in a nursing/health care management setting you are invited to participate in a study designed to learn more about what is important to you in your endeavours to understand, and to respond appropriately, to the complexity of changing requirements in the workplace. As one who returned to formal study after considerable prior learning, nursing practice, and nursing education experience I am aware that the process can be a frustrating, difficult, even painful one at times. It is important, both for nursing and the nursed and for those who provide or manage nursing care systems, that the process of re-investing energies and resources in advanced studies is as profitable and as meaningful for RRNS as possible.

I expect that you are aware, also, that there is a dearth of research as to just what RRNS do find significant about their experience of re-engaging in study, so as to enlarge their capacity to manage change in work environments that remain volatile and stressful as restructuring and reforming of health services goes on unabated. The lack of good information, handicaps the planning of courses of study that are relevant to your purpose.

It is for this reason that I am conducting research to learn more about what is important to you in returning to formal (advanced) studies, and about the expectations that you hold of gaining from them increased understanding of the nature of the changes in health care delivery systems. The research method selected is an indepth qualitative one that uses a Heideggerian hermeneutic analysis (HHA) approach. Heideggerian phenomenology holds that our foundational mode of existing is interpretation and understanding. Understanding is,

therefore, the appropriation of meaning, the meaning of what it is 'to be'. It is constitutive of the way we are and always functions contextually within a set of given historical and temporal relationships. Hermeneutics is a systematic approach to interpretation, described by Heidegger as a process which is circular, a continual movement from the parts to the whole and back again. Hermeneutic analysis, as described by Benner (1984, 1985), who introduced it to nursing research has 3 stages. This has been further refined by Diekelmann (1988) into a seven step process of analysis that is to be used in this research. Associated with myself, as principal investigator, is a designated research team as required by the process of analysis being used. The research team consists of:

Associate Professor (Dr.) Wayne Edwards, Department of Education, Massey University, who is chief PhD Supervisor.

Professor (Dr.) Nancy L. Diekelmann, School of Nursing, University of Wisconsin-Madison, USA, who is a well known American nurse researcher and scholar who has developed, teaches and uses a HHA approach for nursing research and the expansion of nursing knowledge.

Professor (Dr.) Nancy J. Kinross, Department of Management Systems, Massey University.

Professor (Dr.) Lillian Simms, School of Nursing, University of Michigan-Ann Arbor, USA, also a well known American nurse researcher and scholar who has developed and has several teams of nurses engaged in research on work redesign for nursing and health care delivery as appropriate to contemporary requirements.

For this research anything about your experience of being a RRNS is important to me. The selection of courses, their contents, your assignments, how you balance work, family and study commitments, what influenced you to return to formal study, what it feels like to be a student again, and just any other concerns that preempt your attention and relate to the experience of being a RRNS. In order to gain this information, I am asking you along with up to 15 other former students of mine, working in a variety of nursing/health management settings, to be a participant in this study.

I am asking you to allow me to interview you about your experience of a RRNS. The interviews would be audiotaped and would take about an hour, but no longer than 90 minutes. The interviews will take place in a location, and at a time of your choice. It may be necessary to contact you again after the first interview, if I need to clarify any of the text to ensure that I have understood precisely what you told me. If you decide that you would like to help by participating in my study, please sign one of the enclosed consent forms and return it in the stamped, addressed envelope.

Your name and any personal information that might identify you will be never be known to anybody but myself. All audiotapes will either be numbered anonymously or be identified by a given pseudonym, and will only be altered if there is anything that might identify you. The transcripts will be discussed by my research teams as we analyse all the interviews but they will not know your identity. Information shared with me in this study will be used for publication in the final research report which is kept on file at Massey University. I expect to publish the findings in a professional journal and will share information with you and other nurse managers and educationalists through appropriate channels. A summarised report of the research findings will be sent to you on completion of the study.

Thank you for your time and consideration. If you have any further queries please do not hesitate to call collect on my home telephone number.

Yours sincerely,

Margaret G. Idour M.A., RGON, RM, Dip R.Ed.

## 2. CONSENT FORM

I volunteer to participate in a private interview to provide information about what it has been like for me to return to formal (university) studies in nursing, and other relevant courses of study. I have read the letter of information about the study enclosed with this consent form (information about 'a study of the lived experience of RRNS with a nursing/health management background') and agree to the conditions stated here.

1. The interview will be conducted in the setting of my choice at a time convenient to me.
2. My answers will be audiotaped and the interview will take approximately 60 - 90 minutes.
3. The audiotape will be kept securely locked by the researcher until after the examination when it will be destroyed.
4. My name and any other information that identify me will be deleted from the transcripts and not used in the reporting of this study.
5. Word for word transcripts will be shared only with the research team.
6. My signature indicates my consent for information provided in the interviews to be used, as appropriate, for publication in research articles, books and teaching materials, as well as for presentation at research seminars and workshops.
7. I am willing to be contacted by the researcher if clarification of information is needed, and I understand that I may telephone the researcher if I require further information.
8. I understand that I am free to withdraw from this study at any time.
9. A summarised report of the research findings will be sent to me on completion of the study.
10. My signature attests that I have received a copy of this consent form.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PLEASE PRINT YOUR NAME: \_\_\_\_\_

PLEASE GIVE YOUR TELEPHONE NUMBER AND A TIME SUITABLE FOR THE RESEARCHER TO CALL YOU TO SET UP THE INTERVIEW: \_\_\_\_\_

### **3. INTERVIEW APPOINTMENT LETTER AND RESEARCH QUESTION**

Dear \_\_\_\_\_

Thank you for consenting to participate in my study of what it is like for RRNS, from a nursing, health background, to re-engage in formal (advanced) studies in order to increase understanding of the changing requirements of the workplace and to better manage complex change in nursing and health care systems.

This letter is a written confirmation of our appointment to record your interview on \_\_\_\_\_ at \_\_\_\_\_. If there should be a need to cancel our appointment, please notify me by a collect call to my home telephone number ( \_\_\_\_\_ ).

To help you to prepare for the interview, I am including here a copy of the question that I will ask you at the beginning of the interview. There will be no specific questions asked after this initial one; subsequent questions will depend on what you tell me, and what else I may need to know to understand what returning to study has meant for you.

This is the question for reflection and preparation for the interview.

What does it mean for you, as a nurse from a nursing/health management background, to have returned to formal (advanced) studies with the purpose of increasing understanding of the changing requirements of the workplace and to better manage complex change in nursing and health care systems. The intent of this question is to call forth experiences that have meaning for you. I am interested in finding out as much as possible about your experience of being a RRNS.

Anything about your experience of being a RRNS is important to me. I am interested in the events or experiences that prompted you to return to study, and in the process of your deciding to re-engage in formal study, becoming enrolled, the selection of courses, their content, your assignments, how you balance work, family and study commitments, what it feels like to be a student again, the kind of things you experience in the workplace associated with being a RRNS, and just any other concerns related to your experience of being a RRNS. I would like you to begin by telling me something that stands out for you as highlighting the essence of what it is like to be a RRNS with the goal of increasing your understanding and management of complex change in nursing and health care systems.

Yours sincerely,

Margaret G. Idour

## **Appendix B**

1. 'Unschooling impressions': a preliminary analysis.
2. 'Schooled impressions': anecdotes as refinement.

### **UNSCHOOLED IMPRESSIONS**

For all participants, though not in a uniform way, nursing has become a way of thinking through which practice and learning experiences are filtered and not just a way of acting or getting something done. In responding to changes at the workplace educational experiences have been sought to reorder or to 'rehabilitate' their sense of being 'in control', of being able to manage the contexts of care in which they are variously engaged. The concept of rehabilitation is a useful one since, in telling their stories and the meanings these hold for them, they express a sense of loss in being less able to manage their work through a repertoire of skills which have served them well till recent and continuing change occurred. But interfaced with that is a determination to manage the change and not to be managed by the change and associated constraints. As a result, whatever the particular configuration of educational opportunities selected, an essential element is the search for learning experiences that inform, transform and rehabilitate them in current practice settings.

An interesting thread running through their stories is ambivalence towards distinguishing nursing management from general management. Moving into general management is experienced as regaining control and grasping the opportunity to exert leadership in the health care system. The boundaries between nursing management per se and general management have always been fluid, but current distinctions and management structures would appear to have somewhat solidified the boundaries rather than shifted the 'gates' or interactive relationship points. Significant in their stories is the experiencing of a crisis of identity - at least initially, as they try to make sense of and be constructive about the management of nursing and health care delivery systems. Even direct patient/client care management is a cause of frustration when experienced as restricted by sources outside of the actual encounter. An example: retraction of bed space and/or bed occupancy by early discharge may run counter to a nursing judgment that a productive resolution of the health problem requires, in fact, an X2 period of time rather than X1. Here the dilemma is the resolution of conflict between a nursing judgment and politico-economic directives. Certainly this conflict is seen as one that is experienced by other health professions, especially medicine, but the dialogue of discussion in this research study is one between nursing and

emerging management structures.

There is a strong, continuing expression that the opportunity to practice nursing as nursing judgment is under challenge. But the challenge is not for many, if not most of the participants, experienced negatively. Understanding, through interpreting the experiences, leads to an awareness that nurses/nursing have a unique opportunity to advance if the knowledge and skills are acquired to manage the contexts of care as well as the practice of nursing/health care. The 'stories' also tell of critical views of colleagues who resist change and negate chances to influence what happens in a positive direction. Convinced of the importance of nurses managing nursing, participants have asked themselves: *'What do we need to learn to be able to achieve this? What educational choices do we have? What will increase or ensure the likelihood of a job as a nursing/health care manager? Can nursing management per se, apart from direct patient care management exist satisfactorily in the present context of health care systems? If not, then what redesign of work and the management of work is necessary?'*

Since participants in the study do not exist in a social vacuum, other major areas of significance link to experiences within their families, and there is the excitement of proving that they could profit from educational opportunities denied to them or not available previously. Affirming the worth of the 'self' and using the 'self' as a role model for their young has been a very significant part of the experience of actively responding to change in nursing/health care systems for most of the participants. Personally and professionally growth in confidence and self assurance is expressed with some wonderment as well as satisfaction. Readiness to cope with fluid boundaries is a spin-off from this, but disquiet is experienced at the cost of changes abandoned before being fully implemented and evaluated. A dynamic system is differentiated from a chronically chaotic one.

The above commentary is referred to as *'unschooled impressions'* since it is simply an expression of general understanding of what the text of the 14 transcribed interviews revealed to me. Now as stage two of HHA is explored, summarisation of each interview and identification of themes involves deeper and more extensive analyses. Written interpretations with excerpts from the interviews is now underway. Identification of possible themes goes beyond the *'telling'* of the analysis of the *'story'*: it concerns rather the meaning to the person who tells the story, it is being open to the possibilities that anything can emerge. It is the meaning of the *'lived experience'* of *'being'* that is authentic.

## 2. **SCHOOLED IMPRESSIONS: ANECDOTES AS REFINEMENT**

Rereading the very early '*unschooled impressions*' at this stage of preparing the final report of the study makes for interesting reading. In retrospect it is a reasonable analysis of that early reading of the texts. But after completion of all the stages of HHA, the reading and rereading and frequent refining of meanings both alone and, at appropriate points, with research associates and some of the participants, the early conclusions are found to need deepening and extension. In effect, as is to be expected, of course, the unschooled impressions have been very extensively deepened and expanded in the description of the findings in Chapters 5 and 6. What the participants disclosed in their narratives invoked awareness of the mutuality of the contexts of the study-work-homespace, and of the fine line they tread in balancing these three aspects of their 'world'. This refining of the '*unschooled impressions*' concludes with several anecdotes or excerpts from participants. Just enough is given to illustrate some of the deepening of my understanding of the lived meanings experienced by the participants on returning to formal (advanced) studies.

Paula, as a nurse manager with a particular interest in community nursing, revealed a particular concern that community nursing services be put on a sound footing. We are, to repeat what she said above: '*doing a lot of planning to ensure that our community nursing service .. is integrated with PHNs (and others) .. - in the primary area to see that the group stays viable*' in the reformed health care system. Paula also considers it important that nurses work in partnership with, but not be subservient to, general practitioners, as that would be destructive to nursing. She states: '*There's no doubt that management skills are needed. We (are) doing a lot of upskilling with district nurses ... so they can actually provide more services to people in the community ..... So um – there's no doubt that my management learning, gives (me) a big headway to planning for those sorts of changes.*

Initially, Paula's return to study was prompted by a personal need to understand what nursing was all about. But it also evolved from the lived experience of her everyday world, marked by reflective, probing attention to her own ideas, and those of others. The political, social, caring and affirmative nature of nursing is important and meaningful for Paula, and she shows a particular regard for the community as the natural or rightful location of care, the provider of care and the user of care. She also believes that nurses/nursing are at the crossroads, and that the issue of more autonomy in

nursing is critical. *'I think that nurses that are able to to be autonomous and practice independently can work well in teams where there are other people with like minds, because you don't actually get threatened by them. But .. we are now .. in a bit of an autonomy crisis at present. ... we have got a number of new managers who are very into challenging and in looking at where nurses and nursing are going, and they are actually being isolated by some of their peers, because they are seen as being .. radical. ... I see them as being right in there, and saying "Nursing has this to offer going into the CHE". And getting us ready for the new world.'*

Concern for the survival of peripheral hospitals from the perspective of what this means for communities and staff also deepened my perception of what the changes meant to the participants. Paula found that: *'peripheral hospitals are a whole different story'*, (there are) *a lot of issues for management there. (But) I think the optimism is the whole thing about where nursing is at .. that nursing has a future and has a relevant role to play. My role as manager is .. helping nurses to open their horizons .. all of their horizons.* This focus on the community and helping nurses to widen their horizons is a common theme in the participants' stories, but was not voiced in the earlier, 'unschooled impressions'.

In summation, extending the earlier and more superficial recording of what impressed the researcher in their stories, dialogue related to the constitutive pattern: *'Nursing is dwelling in thoughtful concern as context calls forth'*, challenges the notion that nursing practice is fixed in some time warp. It is affirmed and supported by Laura's statement that: *'Nursing, by its very nature is a pile of everything'*; Paula's vision, that her role as a manager is *'helping nurses to open their horizons .. all their horizons'*; and, by Lucy's challenge, that in meeting current management goals, public health nurses, *'normally . pretty autonomous practitioner(s) (have to be brought into line) .... And that is quite stifling in some ways, but at the end of the day that is what we have to do to get our funding. And that is the real dilemma for me at the moment – how do we encourage people to be – to do all the really creative things, and to use their skills and knowledge ... it is actually quite difficult for nurses here.'* That is a cry from the heart from Lucy that I am sure is echoed in the heart of many nurses. Building acceptable communities of care comes with making a place (a 'clearing') for all the 'voices' to be heard; deeper analysis of the texts was critical for understanding the significance and the highlights of the lived meanings experienced by the RRNS on re-engagement in advanced formal studies.