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The nature of nursing wisdom: a grounded theory approach

Peter John McErlain

Southern Cross University

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THE NATURE OF NURSING WISDOM:
A GROUNDED THEORY APPROACH

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School of Nursing and Health Care Practices
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ABSTRACT

Fostering wisdom is often stated as the aim of nursing education, yet there is a great deal of uncertainty as to what is meant by wisdom. This thesis aimed to paint a collective picture of eighteen nurse’s stories and insights into the nature of nursing wisdom. Grounded Theory was adopted to explore the nature of nursing wisdom.

Nursing wisdom is seen as a journey and is depicted as an interconnected collection of character traits in wise nurses. The wise nurses’ journey has an emphasis on learning and sharing of what has been learnt. Wisdom in nursing comes out of wise nurses interacting with their environment including interacting with people, especially the recipients of nursing care. Wise nursing is in relation to an individual, a group of nurses or nursing as a whole.

There are some core characteristics of wise nurses. Wisdom is of the whole being. Wise nurses have a love of other human beings and this is what fundamentally drives nurses to do good. Wise nurses have an open character and utilise reflection, see the multidimensional complexity, see the varied qualities in a situation and in light of these make judgements. The wise judgements include the appropriateness of love.

Wise nurses choose three modes of being: a Seeing mode with an intent of understanding, a Doing mode with an intent of creating change and a Resting mode with an intent to recuperate. These three modes are like three notes in a chord where the wise nurse can choose to have any one of these modes dominant or all in harmony with each other.
The wise nurses model is very useful as it gives an insight into the characteristics which can assist in giving direction to nursing education. The wise nurses model also powerfully facilitates the interconnection of seemingly disparate ideas and concepts. This is due to nursing wisdom being ‘a whole greater than the sum of its parts’. Therefore when looking at a single aspect of the model one needs to consider all the other parts. For example the model interconnects learning, humour, ethics, love, problem solving, seeing varied qualities and seeing the multidimensional web and gives the insight that each aspect needs to be considered in light of all the other aspects. Valuable insights from these are interconnections that wise nurses, for example, see that in all problem solving there needs to be consideration of the means and the ends and to be ethical.
STATEMENT

This work contains no material, which has been accepted for the award of any other degree or diploma in any university or other tertiary institution. To the best of my knowledge and belief this work contains no material previously published or written by another person, except where due reference has been made in the text.

[Signature]

Peter McErlain
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CHAPTER 1

WHY NURSING WISDOM?

'To nursing, all stages were essential to bringing us to the stage of scholarliness, and from all stages will emerge the age of wisdom.' (Meleis, 1997, p.427)

The man is best who sees the truth himself;
Good too is he who listens to wise counsel.
But who is neither wise himself nor willing
To ponder wisdom is not worth a straw

(Hesiod in Aristotle’s Nicomachean Ethics 1095a29-b13 )

The study of wisdom involves the search for a better world
(Baltes and Staudinger, 1993, p.75)

If it is true that the ‘the supreme good’ of human life is wisdom, then all human endeavors are grounded in the search for wisdom.
(Peperzak, 1995, p.133)

Introduction: a story

I was working as a nurse in intensive care. I had been quite busy since the start of the shift at 7am and had not observed very closely the little boy in the next cubicle that was only divided intermittently by a curtain. I knew Jane, the nurse, well who was caring for this little boy, John. In my opinion she was an excellent nurse.

It was now ten o’clock in the morning and I began to notice that although John had been ‘intubated’ and a ventilator breathed for him, he was quite awake and alert. His eyes
caught mine. His eyes were saying, ‘Please talk to me’. I simply went over to him and although he could not talk, he mouthed words around his tube. Intermittently over the next few hours we talked about many things especially ‘Aussie rules’ football.

I was at the public swimming pool that evening and was up in the seats drying myself after a swim. I saw two people in the pool swimming in the one lane towards each other and I could see that they would collide, which they did, and then they went on swimming. I could see that they could not see each other very well, yet I could see the whole situation very well from my view point.

I began to think about John and Jane. Jane had been quite tired after several busy shifts and I could see she did not want to talk to John very much. She later told me that she was also aware that he was dying and she was a bit uncomfortable about this in such a young person. I felt that I was looking at John and Jane as if I was standing up in the seats at the pool. I could see from a perspective that gave insight from a distance. In addition to this I could also see as if through Jane’s eyes and John’s eyes simultaneously. The word that seemed to express this perspective was wisdom, although I sensed there was much more to wisdom.

The more I thought about John and Jane, the more I could see. I thought about talking with Jane and talking about the difficulties of talking with children who were dying but I could see how tired she was. I felt, on reflection, that the wisest thing to have done was simply to have talked to John as had occurred. I recognised that another person could have talked to John yet may not have seen the circumstances surrounding him. It made me think that two people can do the same act yet one maybe as a result of wisdom and the other not. Likewise two people can have two quite different, even quite opposite responses, yet both be wise. I felt that wisdom cannot be understood by observing only.

My full time position is as a lecturer in nursing and a reoccurring conversation at the time was ‘What is the purpose of education’? The frequent answer was ultimately the development of wisdom. Wisdom seemed to be very important in both nursing practice and in education generally, yet what is the nature of wisdom? How can we facilitate something such as wisdom unless we have a reasonably clear understanding of what it is?
At this time I started to read about the nature of wisdom. It seemed that the accumulation of knowledge was not enough for becoming wise and that there were different domains with different but overlapping types of wisdom. There seemed to be differing wisdom for different roles in life. For example a wise politician may not be able to be a wise nurse. It seemed to me that understanding the nature of wisdom within nursing was extremely valuable for education and for nursing practice generally.

Researcher's background

I have been working as a nurse for over twenty years. I have worked mainly with children and then in adult intensive care. For more than ten years I have worked as a lecturer in nursing in both undergraduate and postgraduate teaching. During this teaching period I have tried to work regularly on weekends in various hospitals. It has been during these weekend shifts that I have made many of the observations that helped capture my interest in wisdom in nursing.

As a lecturer in nursing I have had the opportunity to have informal conversations with many lecturers, students and others about the purpose of education. The facilitation of wisdom is a recurrent theme that is put forward. Yet when the conversation continues and more detail is sought as to the nature of wisdom, the discussion becomes vague.

I have a love of story telling. I can remember as a high school exchange student in Wisconsin USA undertaking a subject called story telling. It was a lot of fun and I discovered a deep pleasure in creating and recounting tales. Over the years I have joined the Moomba Clown Club and have also been a writer and performer of award winning songs. These have been outlets for my love of story telling in different forms. The love of story telling that now relates to the research approaches I enjoy using.

I spent almost two years as a volunteer with the telephone-counseling group ‘Crisis Line’. This taught me many things but especially to highly value listening and to be skillful at
listening. I feel this has been of enormous value in this thesis. I see this thesis at least in part, as another means for story telling. Stories convey much about being human as well can many other dimensions of life. The story can also take on a life of its own. Wise stories can stand alone as valuable, and collectively can give a deeper insight into the nature of wisdom. Wise nursing stories can give deeper insights into the nature of nursing wisdom.

Assumptions

Several assumptions are made in this thesis.

1. The majority of people consistently hold an understanding of the nature of wisdom. It follows that many people could potentially make a useful contribution to the understanding of wisdom. In this research I assume that any nurse could potentially give a useful contribution to the understanding of the nature of nursing wisdom.

2. Although people may understand what wisdom is, it is very difficult for individuals to clearly describe what it is. Therefore, although it is difficult to describe, people can at least partially describe wisdom and that there are other ways that can be used to uncover the nature of wisdom in nursing such as through stories and other insights.

3. Nursing is unique and there is some degree of uniqueness in the nature of nursing wisdom, therefore, it is possible to explore the nature of nursing wisdom with nurses.

Terms

The following are definitions of terms that are relevant to this thesis.
Situation specific theories

Situation specific theories are statements that are more clinically specific and may be blueprints for action, giving detailed guidance for clinical practice in a specific setting.

Domain

Domain is the territory and perspectives of the discipline. It involves the emphasized central elements of subject material, values and beliefs of the discipline. The people involved in their diverse roles are part of the domain. (Meleis, 1997, p.11)

Level of abstraction

There are three types of theories depending on the theory’s level of abstraction. These levels of theories are grand theories, mid-range theories and situation-specific theories.

Grand Theories

In relation to nursing, a grand theory is one that is a systematic construction of the nature of nursing, the mission of nursing, and the goals of nursing care. The Grounded Theory model presented in this thesis is a grand theory.

Mid-Range Theories

In relation to nursing a mid-range theory is one that has a more limited scope than a grand theory. A mid-range theory would address a specific phenomenon or concept. A theory that reflects a practice such as administration, education or clinical practice, is considered to be a mid range theory. Examples of mid range theories topics are ‘uncertainty’, ‘incontinence’ and ‘quality of life’.
Situation Specific Theories

In relation to nursing a situation specific theory refers to a theory that reflects clinical practice or a specific phenomenon that is limited to a specific population, or particular field of practice and may have a specific social, historic or political context.

Goal Orientation

A nursing theory can be described as either ‘descriptive’ or ‘prescriptive’, depending on the goals of the theory (Meleis, 1997).

Descriptive theories

The goal of a descriptive theory is to describe a phenomenon, event, situation, relationship and its properties or components. There are two types of descriptive theories; the first type is the factor-isolating, category-formulating or labeling type which attempts to describe the dimensions or properties of a phenomenon. This would describe the Grounded Theory model developed in this thesis as the model characterizes the nature of wise nurses which is an attempt to describe the properties of a phenomenon. The second type of descriptive theories is the explanatory theory. This type of theory attempts to explain the nature of a relationship between phenomena.

Prescriptive theories

A prescriptive theory is one that addresses nursing activities and the consequences of interventions. This includes propositions that call for change and predict consequences of particular nursing actions.

Thesis chapters overview

This chapter described some of my experiences, background and reflections that have been foundational to my interest in seeking to understand the nature of nursing wisdom.
Chapter Two explores the background to the study, reviewing some of the literature from nursing literature and beyond, relevant to wisdom. This study needs a clear philosophic position to be made to guide the investigation.

Chapter Three sets this out as methodology and describes the Grounded Theory foundations that have been utilised in this thesis. The process chosen for this thesis was to use the Strauss and Corbin (1990) approach to Grounded Theory. In conjunction with this, the Lincoln and Guba, (1986) approach to rigor, termed ‘trustworthiness’ was chosen. The ‘received view’ (Meleis, 1997) was also the perspective taken for this thesis which includes valuing subjectivity, induction, multiple truths, trends and patterns, discovery, holism and uniqueness.

Chapter Four describes the design and method of the study in which 18 nurses were interviewed and their accounts were audio-taped. Analysis of themes from the transcripts and feedback from participants was gained in a cyclic manner as further analysis was made. Other method issues are also discussed such as sampling, saturation, ethics, the interview process, trustworthiness and theoretical sensitivity.

Chapter Five is a collection of the wise nurses’ stories. These are presented as a whole, in keeping with the view that these stories are of value in themselves as well as for their deeper insights into the nature of nursing wisdom.

The participants’ insights into the nature of nursing wisdom are analysed and summarised in Chapter Six. There are some core characteristics of wise nurses. Wisdom is of the whole being. Wise nurses have a love of their fellow human beings and this is what fundamentally drives them to do good. Wise nurses have an open character and utilise reflection, see the multidimensional complexity and varied qualities, and in light of these mak[e judgements. The wise judgements involve all aspects including the appropriateness of love and even the appropriateness of judging. In addition to these core characteristics there are further non-core characteristics described in the chapter. The analysis also describes wise nurses as choosing three modes of being; a Seeing mode with an intent of understanding, a Doing mode with an intent of creating change and a Resting mode with an intent to recuperate.
The wise nurses model powerfully facilitates the interconnection of seemingly disparate ideas and concepts and some of these are explored in Chapter Seven. For example, from these interconnections wise nurses can see that in all problem solving there needs to be consideration of the means and the ends and to be ethical. In addition, the chapter raises the issue that the wise nurses model is useful in that it interconnects various theories and models, such as learning, humour, ethics, love, problem solving, seeing varied qualities, and the multidimensional web. The chapter explores how ethics models can be, and need to be, interconnected to learning models which can in turn be interconnected to different ways of knowing.

Chapter Eight provides a summation of the study, some personal reflections and some implications of the study.

Conclusion

This chapter described my interest in nursing wisdom and explained the style used in this document. My background and assumptions were presented to set the context for the study. The terms that are central to this document were also presented. Chapter Two will now explore the background literature relevant to nursing wisdom.
CHAPTER 2

LITERATURE REVIEW

Introduction

The concept of wisdom is ancient and has been passed down through civilizations often in the form of proverbs. Examples of this process are from the Egyptians the "Wisdom of Ptah-hotep" which comes from about 2500 BC, the writings of Confucius (6th century BC) and Mencius (4th Century BC) (Edwards, 1972). This chapter overviews various literature relating to wisdom, throughout history, from Western and Eastern worlds. The historic development of knowledge within nursing as described by Meleis (1997), is also summarised, as nursing knowledge development is relevant to wisdom in nursing.

Some general ideas regarding the nature of wisdom

In this section some introductory aspects of the various insights into the nature of wisdom will be raised. A useful definition of wisdom is as follows:

Wisdom is a form of understanding that unites a reflective attitude and a practical concern. The aim of the attitude is to understand the fundamental nature of reality and its significance for living a good life. The object of the practical concern is to form a reasonable concept of a good life, given the agent's character and circumstance, and to evaluate the situations in which they have to make decisions and act from its point of view. These evaluations are often difficult because many situations are complex. Conceptions of a good life are incompletely formed, and the variability of individual character and circumstances render general principles insufficiently specific. Wisdom may be identified then with good judgement about the evaluation of complex situations and concepts of a good life in the light of a reflective understanding of the human condition.

Although wisdom is what philosophy is meant to be a love of, little attention has been paid to this essential component of good lives in post-classical
Western philosophy. It is perhaps for this reason that those in search of it often turn to the obscurities of oriental religions for enlightenment. (Honderich, 1995, p.912)

Note that wisdom relates to one person, but it could also be the character of a group of people or a society. The intent of a good life is firstly a moral ideal, but also is a fulfilling element of self. Wisdom is viewed as knowing yourself well, as well as knowing the surrounding circumstances of a situation. Firstly, it is trying to understand the situation well, reflecting, then making a good judgement. The situations are complex and often without sufficient or adequate information to make a well informed decision. The Honderich definition emphasises the role of 'love' as an essential element of wisdom in relation to living a good life.

Reflectiveness and judgement are also highlighted in a description of wisdom by Edwards (1972, p.326). Edwards describes reflectiveness and good judgement as uniform traits in diverse minds in philosophy that would be generally agreed upon as a part of wisdom. Reflectiveness is the habit of considering events and beliefs in the light of their consequences and grounds. Judgement involves both means and ends according to Edwards. The goal of the judgement has been very wise and different for different people. For a military general, it is victory; for Plato, it is a good society. Epicurus and Mill have argued for happiness. Christian saints have argued that the motive for good judgement is self-sacrificing love. The judgement involves both intuitive understanding and is not arrived at by argument alone (Edwards, 1972, p.327). What is the goal of the wise nurse? This will be discussed in Chapter Seven.

Another useful insight into the nature of wisdom is that 'Wisdom was said to be a special and highest kind of knowledge of being and of its equally transcendental aspects, the true, the good, and the beautiful' (Clark, 1977, p.1). This definition raises the important issue that wisdom is more than rationality alone. It is also about aesthetics. Wisdom, historically, has been highly valued and from the time of early civilisation some people have been considered to have wisdom (Clayton, 1982; Levinson et al 1978). Wisdom is an Anglo-Saxon term comparable in meaning to the Greek Sophia (Reese, 1980, p.630).
Brentano asks: ‘Should we now say that there is also more than one wisdom?’ (Brentano, 1978, p.17). This concept of multiple types of wisdom is not new as Aristotle raised it by noting that different sorts of wisdom are required for politicians, generals at war and for everyday life. Though there is a core of similarity there are also differences. The wisdom of the general relates to winning a battle. His wisdom is motivated by the need to win but tempered with the need to be responsible with his soldiers. In contrast the wise politician is motivated by the need to serve his electorate but tempered by the desire to stay in power. The differing situations require different wisdom.

Wisdom is sometimes viewed as being acquired with age yet age may also be associated with senility and dogmatism. At times there is great wisdom in the smallest of children (Godlovitch, 1981). Wisdom is also about means and ends. It is involved in processes as well as outcomes (Kekes, 1983; Roccasalvo, 1980, p.78), and it is much more than problem solving.

Western philosophy

Western philosophy, which started from the early Hellenistic period including Socrates, Plato and Aristotle, has gained in momentum and predominantly sees wisdom as a search for truth in an atomistic, reductionistic and later, an empirical way. Clark (1977) states that Western philosophy has placed its almost religious-like faith in rationality. In a general sense Western philosophy has turned away from intuition, aesthetics and the metaphysical. Western philosophy has placed its faith in rationality and experimental objectivity. This is well reflected in the high esteem that science is given in Western society. Science is about solving problems through experiments, with a view to giving a rational explanation for phenomena and events to accumulate knowledge. Western society predominately values the accumulation of empirically gained knowledge that can be generalised with the goal of problem solving.

There is a tendency within Western philosophy, especially that which is played out under the heading of science, to consider that all knowledge is good or useful. In Western
philosophy there is a tendency to see that there is no knowledge that is harmful and generally the more knowledge one has then the more power one has, and that this is good. Francis Bacon (1561-1626), John Locke (1632-1704) and David Hume (1711-1776) have made empiricism as the primary epistemology of Western philosophy (Robinson in Sternberg, 1990).

Through the influence of Descartes, mind was separated from matter, with the material world of matter in motion and the immaterial world of thoughts and feelings and emotions, divided. The Western focus was then to see only ‘matter’ as important, and the immaterial world as less important (matter mattered and the nonmaterial was immaterial). The subjective world was seen as unimportant (Wertheim, 1995). Robinson (in Sternberg, 1990) notes that if wisdom is seen only in light of Western empiricist perspective, then wisdom will be seen as nothing more than a technical knowledge of how things work.

The historical development of Western philosophy under the headings of significant people such as Socrates, Plato, Aristotle and others will next be explored.

Socrates

Greek philosophy emerged through a mixture of mythology, mysticism, mathematics and a view that all was not well with the world (Solomon and Higgins, 1997, p.8). Socrates and the other Greek philosophers of his time were the first great Western philosophers (Solomon and Higgins, 1996, p.25). Socrates is described as the first Western philosopher, not because of a time sequence, but because of his importance and status (Solomon and Higgins, 1996, p.46).

Socrates (470-399 BC) is often compared to Jesus in that he lived in keeping with his beliefs and he did not simply philosophise (Solomon and Higgins, 1996, p11). He wrote no philosophical treatises, but his influence was enormous primarily through the works of Plato (Flew, 1979, p.329). Socrates is compared also to the original Buddha and Confucius. All four men created innovative philosophies of a humanistic nature and went against the common culture of the time to significantly change each of their cultures, and they lived out their humanistic beliefs.
Socrates believed that only wise people should run society and he was opposed to democracy. His accusation of not believing in the gods of Athens and corrupting the youth resulted in his self-execution. For Socrates, not all knowledge brought wisdom. He believed that craft knowledge did not bring wisdom. Knowledge that involved evaluative judgement especially pertaining to the good life, brought wisdom. The good life referred to prudence, truth and the welfare of the soul. For Socrates, human wisdom contains a recognition of one's own ignorance (Lehrer and Smith, 1996, in Lehrer et al pp.4-5; Evans, 1990). The Socratic approach to learning wisdom is engaging in conversation, testing the person's wisdom then persuading him or her of their ignorance (Benson in Lehrer et al 1996 p 30).

Plato

Plato (428-348 or 347 BC), was a student of Socrates. He wrote 24 dialogues in which Socrates is usually the central figure and many of which are about excellence of character. For Plato, all excellence of character is as a result of knowledge. For example, courage comes from knowledge of fear (Flew, 1979, p.329; Magee, 1987, p.21). Plato believes that all people are good and that bad actions are a result of a lack of knowledge. A paradox is that no person can ever do an intentional wrong, as all wrong is out of ignorance (Flew, 1979, p.329). A second paradox is that all excellence of character is not separable and there is a unit of virtue, so it is not possible to have only soundness of mind and to not also have piety or courage (Flew, 1979, p.329).

Knowledge, for Plato, was pre-existing in one's 'soul' before a person is born and one then needs to discover this knowledge (Magee, 1987, p.21). Plato recognises that wisdom involves intellectual, moral and ordinary life and gives emphasis to wisdom as a reflective or prudent process. He urges the resistance of passion and to avoid the deception of the senses. Wisdom is primarily good character (Robinson in Sternberg, 1990, p.14). Socrates is portrayed as seeking to understand various aspects of good character such as: Courage (in the Laches), Soundness of mind (in the Charmides), Piety (in the Euthyphro) or excellence in general (in the Meno) (Flew, 1979, p.368).
Plato described wisdom as one of the four chief cardinal virtues; prudence (practical wisdom), courage, temperance and justice. Wisdom for Plato was 'knowledge of the whole' and the way to wisdom required both scientific knowledge and practical experience (Reese, 1980, p.630). Plato viewed all knowledge to be in the soul and that life was just a shadow of this inner knowledge. Life was about seeking to uncover what was already known in a person's soul. This is called the doctrine of forms (Solomon and Higgins, 1996, p.11).

**Aristotle**

Aristotle (384-322 BC), a student of Plato, and for three years tutor to Alexander the Great, distinguished between speculative or theoretical wisdom (sophia) and practical wisdom (phronesis). Practical wisdom relates to the conduct of life whereas theoretical wisdom relates to the underlying principles of life (Reese, 1980, p.630). “Wisdom appears as the fruit of patient reflection upon experience” (Roccasalvo, 1980, p.78). Wisdom is intellect with knowledge according to Aristotle in Nicomachean Ethics and one has to be able to articulate how one knows or describe the logical path taken (Brentano, 1978, p.17; Skousgaard, 1976, p.445) and involves the use of logic alone, not intuition (Jecker, 1990, p.20). In tacit knowledge a person has difficulties in explaining the reason for their actions as it is a holistic decision rather than a linear one (Moerabeau, 1992; Polanyi, 1958, 1967). Tacit knowledge would not be valued by Aristotle.

Agape is an important Greek concept meaning love of fellow humans. Aristotle places wisdom seeking above all else and believes that the highest bliss is found in contemplation and that all practical life should be organised to facilitate seeking wisdom (Brentano, 1978, pp.17-18). Aristotle considers that wisdom seeking is a way of becoming more like a deity, but a deity has a great deal of difference in its ability to be knowledgeable and wise (Brandon, 1978, pp.17-18).

In Nicomachean Ethics, Aristotle presents the idea that if a person has an excellent character then they will live a good (eudaimon) or choiceworthy life. Excellence of character is not just what one does but what one likes to do. It is more accurate to refer to excellence of character rather than a moral character. Excellence of character is to be an
excellent human being. The moral character may find good actions difficult and uncomfortable, but the person with excellence of character finds any good action to be comfortable. The person with excellence of character arrives at the appropriate action through reason alone. The doctrine of means (or golden mean) is an important aspect of excellence of character. This does not mean that the person of excellent character always acts in a moderate manner, instead there is a tendency to be moderate. The person of excellent character can choose to eat heartily or minimally at times, but tends to eat a moderate amount. This is an example of the general point that the person of excellent character only tends to be moderate but can choose to do other actions such as be excessive, or abstain, at times (Solomon and Higgins, 1996; Urmson, 1988; Robinson, 1995).

Aristotle presents the view that the search for eudaimonia or ‘happiness’ or ‘flourishing’ is what everyone strives for. Eudaimonia could also be described as ‘being one’s best’ or actualising one’s potential (Flew, 1979, p.28; Warburton, 1996, p.18). For Aristotle, to be wise is to know oneself well, and to set about to develop one’s own abilities to the best one can be but with a strong sense of morality and sense of the golden mean (Robinson in Sternberg, 1990, p.17).

**Thomas Aquinas**

Thomas Aquinas (1225-1274) wrote voluminously but his best known works are the Summa Contra Gentiles (Against the Error of the Infidels) and the Summa Theologica (Flew, 1979, p.17). Thomas Aquinas drew on Aristotle’s division between theoretical wisdom (sophia) and practical wisdom (phronesis) but saw theoretical wisdom as sacred doctrine or revealed theology (Reese, 1980, p.630). Aquinas used Aristotle’s ideas and made them acceptable to Western Christians (Flew, 1979, p.17; Blackburn, 1994, p.22).

Aquinas believes that universal insights and simplicity are the essence of wisdom. Therefore he argues that simple faith is recognition of the goodness of God to be the cause of all things and this recognition is wise (Summa Theologica 1a-2ae. ivii. 2).
“Wisdom differs from mere science in looking at things from a greater height. The same holds true in practical matters. Sometimes a decision has to be taken that cannot follow the common rules of procedure. Consequently a higher judging virtue is called for, that of prudence called *gnome*, or the ability of seeing through things.” (Summa Theologica 2a-2ae li4)

**Rene Descartes**

Descartes (1596-1650) is noted for his statement in his ‘Second Meditation’ ‘I think, therefore I am’ (*cogito ergo sum*). This is the starting point, or foundation, that he can be truly sure about. All else could be his imagination. His mathematical perspective of the world supported the idea that there were two separate aspects, that of mind and body (Flew, 1979, pp.90-91; Warburton, 1996, p.35; Cottingham, 1996).

This view has significantly impacted upon the Western perspective. For example medicine has utilised this perspective in the belief that medical problems fall into categories of the mind or the body, thereby resulting in the biomedical tendency towards reductivism.

**Immanuel Kant**

Kant (1724-1804)

“Post Cartesian and most especially Kantian philosophy divorced wisdom from knowledge, which became the possession of the scientist.” (Clark, 1977, p.2). For Kant, (1724-1804) nature, art and morality are the three realms of human experience (Chang, 1976, p.399; Flew, 1979, pp.191-193). Kant developed what he called the ‘categorical imperative’. “Act only on that maxim which you can say, at the same time, will to become a universal law”. This is a source of moral principles (Flew, 1979, p.191). Kant believed that duty is the motivation of acts. He believed motivation such as love was not useful. The outcomes are not the measure of worthiness for there may be aspects beyond the person’s control that impact on the outcome. Therefore it is the intent formed by duty that is the measure of worth (Flew, 1979, p.191).
Kant believed ‘good will’ is the only good needing no qualification. For example, courage may be a good attribute to have, but without good will there is not necessarily a good intent. This is a clear contrast to John Stuart Mills utilitarian approach that judges the moral worth by outcome alone (Flew, 1979, pp.115-116). Good will is seen by Kant as different to ‘doing unto others as you would have them do unto you’ as he saw the difficulty of the possibility of a world that treated everyone else poorly, which would make a sham of this maxim (Hospers, 1997, pp.261-262).

George Hegel

George Hegel (1770-1831) in his book ‘Phenomenology of Spirit’ (translated by A.V. Miller 1977) demonstrates philosophy as a form of idealism. This means that everything is subjective, the external world is somewhat created by one’s mind. His works are extremely complex but signify a significant alteration and broadening (although not universally accepted) of Western philosophy (Robinson in Sternberg, 1990, p.22; Kearney and Rainwater, 1996, pp.240-241).

The following eclectic ideas help to illustrate the fluidity of truth. The discussion between Sophia and Alberto in Sophie’s World (Gaarder, 1995, pp.300-302) about Hegel points out that there are no timeless truths, as all rivers are constantly changing.

Other Western Philosophy Perspectives

Lum (in Lehrer et al, 1996, p.94) draws upon the ancient Greeks and states that “Wisdom is knowledge of how to make judgement.” He continues this idea seeing judgements as a process of thinking and wisdom is about knowledge of forms of thinking that enable one to make good judgements. Dalmiya (in Lehrer et al 1996) explores caring and wisdom. He starts by noting that (Western) philosophy rejects emotions as intrusive on rational paths needed for wisdom. He puts a counter view that if empathy is ‘putting oneself in another’s shoes’ then this can be an important part of wisdom. He sees that caring with its connection to empathy draws on another form of knowledge which he calls ‘experiential knowing’. Clark (1977, p.7) implores those in the West to draw on the wisdom of the East
and to recognise the one-sided view domination of the West by science and technology, and to take a more existential view of being wise.

**Eastern Philosophy**

In Eastern philosophy, a diverse array of approaches exists. An exploration of Eastern philosophy embodying Hinduism, Buddhism, and Chinese thought including Confucianism and Taoism can be explored as a means of gaining further insight into understanding wisdom.

Billington (1997) notes that the word for philosophy in Chinese *zhe-chez* or *zhe-xue* means the same in English: 'love of wisdom'. The word for wisdom in Chinese is *zhe* which is depicted by a character that indicates a hand and a mouth to symbolise both philosophically minded and to act in a happy and fulfilling way. Thus the ideal Chinese person will not only be a philosopher but a practical and fulfilled person such as a cook, who lives out, as well as reflects on, philosophic issues. The Hindu or Indian ideal person would be a guru who lives only in a philosophical world. This is said to give some insight into the significant variations in insights into wisdom in different Eastern philosophies. (Billington, 1997, p.86).

Comparing and contrasting Eastern and Western philosophies, in Eastern philosophy there is no distinction between mind and matter or reasoning and intuition. Nor is there a distinction between beauty (aesthetics) and other forms of knowing. There is a much stronger sense of interconnection and holistic perspective to life. Philosophy is not a separate theoretical entity as in Western society, but it is a part of everyday life. This interconnection emphasis is played out in a social manner in that there is less emphasis on the individual (whereas Western society emphasises the individual over the group). Philosophy is an everyday affair and brings together all dimensions of life including metaphysical, intuition (nature) and beauty, which are valued less in the Western culture.
There is somewhat less emphasis on dogmatism especially with regard to metaphysical matters in Eastern culture. Western culture tends to distinguish between the metaphysical and other aspects of life. There is greater emphasis on an individual’s enlightenment and finding their own path rather than being told which is the path of righteousness, although there is a change in Western individualism and other traditions with philosophers such as Hegel believing in a collective human consciousness (Solomon, 1994, p.iv).

**Hinduism**

Hinduism is ritualistic and mythological (Capra, 1991, p.93). The central purpose of everything in Hinduism is to attain enlightenment (*moksha*). Enlightenment means to see the light and to see as real that which has always been there before but to which the enlightened person is no longer blind (Billington, 1997, p 31). Hinduism cannot be called a philosophy nor could it be called a well-defined religion. It is rather a complex Indian socio-religion that involves worship of countless gods and goddesses. The spiritual source of Hinduism is the *Vedas*, which is a collection of ancient scriptures written by anonymous wise people. The four *Vedas* were probably written between 1500 to 500 BC (Capra, 1991, pp.85-86). The messages of the *Vedas* have been used to develop a large number of popular tales to develop a vast Indian mythology (Capra, 1991, p.86). In one of these stories a warrior, who is in search of enlightenment, hears the god Krishna speak, “Kill therefore with the sword of wisdom the doubt born of ignorance that lies in thy heart. Be one in self-harmony in Yoga, and arise, great warrior, arise” (Capra 1991). This is a demonstration of the style of the texts as they speak of wisdom.

The underlying spiritual instruction in Hinduism is the idea that the multitude of things and events around us are but differing manifestations of a deeper and ultimate reality called the Brahman or the ‘soul’ which is the inner essence of all things (Capra, 1991, p.87). Life is not an illusion but only a map of what lies beneath (Capra, 1991, p.87; Billington, 1997, p.31). This is similar to Plato’s view of life being a shadow of a deeper life.

The concept of *'karma'* or action (deeds) aids a Hindu to move towards the inner essence of all things. In both Hinduism and Buddhism one accumulates *karma* by doing good
deeds and avoiding bad deeds to achieve moksha in Hinduism and nirvana in Buddhism. This may take many reincarnations to reach the desired destination. One's situation in life, made up of one's genes, parents and situation from birth, are as a result of previous incarnations, but through good actions and avoiding bad actions one will progress in future incarnations and ultimately become wise (Capra, 1991, pp.37-40). Another important concept in Hinduism is Yoga. This combines physical exercise and mental training including meditation to aid in moving towards the inner essence of all things which is wisdom (Capra, 1991, p.89).

Buddhism

Buddhism is the dominant spiritual tradition in most parts of Asia. Buddhism goes back to the single founder Siddhartha Gautama (563-483 BC) who lived in India. The Buddha was not interested in issues such as the nature of the Divine, or the origins of the world or other similar questions, instead, Buddha focused on the human situation including suffering and frustration. He drew on some of the Indian concepts and gave them more psychological and more relevant interpretations (Capra, 1991, p.94). "As always in Eastern mysticism, the intellect is seen merely as a means to clear the way for the direct mystical experience, which Buddhists call the 'awakening' " (Capra, 1991, p.94).

The wise person uses an experience to go beyond the intellectual distinctions and opposites, to reach the acintya, where reality appears undivided and undifferentiated. The original Buddha, Siddhartha Gautama, at the end of seven years of strenuous discipline, had one night in a forest sitting under a Bodhi tree, the tree of enlightenment. In his state of meditation he experienced the awakening and became ultimately wise (Capra, 1991, p.94; Habito, 1988). As a result the Buddha was able to express four noble truths.

The first noble truth (dukhka) is that the outstanding characteristic of the human situation is suffering. This results from resisting the flow of life whether they be things, events, people or ideas (Capra, 1991, p.95; Solomon and Higgins, 1996, pp.89-90; Solomon, 1994, pp.300-301). The second noble truth (trishna) is clinging or grasping. In this clinging, suffering arises instead of seeing the fluidity of all things. The third noble truth is that frustration and suffering can be ended for the wise person to reach the state of nirvana. At
this time the wise person, as he or she awakens, will see that there is no sensation of a separate self but a oneness with all of life. The fourth noble truth describes an eight-fold path of self-development, which leads to nirvana (Capra, 1991, p.96). One aspect of the eight-fold path is that one seeks never to cause harm to all sentient beings and it is good to foster a non-attachment to this transient world (Billington, 1997, p.63). A second aspect is that there are ten moral obligations. The first five are for everyone and the last five are just for monks and nuns, except on certain days. They include: not killing, not stealing, not indulging in prohibited sexual activity, refraining from unjust speech, abstaining from intoxicating drinks, abstaining from solid foods after noon, forgoing music, dance, drama and similar forms of entertainment, not wearing perfumes or ornamental jewelry, sleeping in simple, hard beds and, avoiding contact with money and other valuables (Billington, 1997)

Buddha emphasised that people had to find their own paths and should be free from spiritual authority (Capra, 1991, p.96). Buddhism is agnostic about deity or god (Billington, 1997, p.55). An important aspect, each of equal importance to Buddhism (or at least to a major form of Buddhism – Mahayan Buddhism) is faith, love and compassion. The two pillars of Buddhism are that firstly the transcendental wisdom is a oneness with both the spirituality and the material being and secondly the emphasis on love and compassion as essential parts of wisdom. One does not seek enlightenment for oneself alone but for others too. Wisdom is to be shared because nirvana is a oneness with all, a unified being (Capra, 1991, p.98; Billington, 1997, pp.54-55). A general, central and essential concept in Eastern world view is the unity and interrelation of all things and events (Capra, 1991, p.98).

**Chinese thought**

A great deal of Chinese literature emphasises what Westerners might call humanism, which is a strong tendency to value human life on earth. A distinct difference, also noted earlier, is that Western humanism emphasises individual freedom and fulfillment, but the Chinese philosophy emphasises relationships between individuals. There is a social empathy, which has more importance than the individual’s emphasis (Billington, 1997,
p.86). Another important difference between the Western approach and the Chinese approach, is that the Western distinction between mind and spirit is not held in Chinese philosophy. The search for wisdom is both a human and a spiritual pursuit (Billington, 1997, p.87).

The Chinese ideas concerning wisdom have involved two equally emphasised issues, the high spiritual plane and worldly affairs. This is reminiscent of Aristotle’s distinction between speculative or theoretical wisdom (sophia) and practical wisdom (phronesis). During the sixth century BC, the two aspects of Chinese concepts created two distinct schools, those of Confucianism and Taoism. Confucianism explored issues regarding social organisation through common sense and practical knowledge. Persona character was the goal of life in Confucianism and Taoism. For Confucius the character is mainly a social being and for Lao-tzu and Taoism the character is mainly in harmony with nature (Solomon and Higgins, 1996, pp.3-4). Taoism was about becoming wise through observing and understanding nature, listening and trusting one’s intuition and discovering nature’s Way or Tao (Capra, 1991). Confucianism and Taoism were seen as complementary. Confucianism was utilised for children to facilitate their education where Taoism was emphasised in older people to regain their ability to be spontaneous, and to be in tune with nature (Capra, 1991).

Confucianism

Confucius (551-479 BC) significantly altered Chinese thought and elevated humanism to its highest degree. He altered the concept of the ‘superior man’ (sic), which was previously an aristocrat, to a person who is wise, humane and courageous (Edwards 1967, p.189; Stevenson and Haberman, 1998, Chapter 2).

Socrates and Confucius, as stated earlier, had similarities in their historic experiences, and rare determination to respond with all their intelligence and character. They both also started significant philosophical traditions (Cohen, 1976) and they lived out their beliefs. While Socrates explored ‘wisdom’, Confucius emphasised Goodness (jen). Wisdom was but one of the components of jen (wisdom, humanity and courage). Both philosophers used a conversational method of conveying information. Confucius and Socrates
recognised that both the teacher and the pupil are always learning, and they are learning in
the moment. Both were social reformers as well as philosophers (Cohen, 1976).

The Confucian Analects (translated Leys, 1997), a collection of aphorisms, was compiled
by some of his disciples and this is the major source of understanding Confucianism,
although several other texts claim to reflect Confucianism (Capra, 1991). An aim of
Confucianism is to obtain chih, or wisdom which involves a balance between yin and yang
and nothing is done to excess (Billington, 1997, p.122) reminiscent of Aristotle’s golden
mean (Solomon and Higgins, 1996, p.94).

Confucianism has little to say about the metaphysical nature of phenomena but focuses
mainly on practical wisdom aspects, with special emphases on political wisdom, or how to
run a society well (Billington, 1997, p.119; Solomon and Higgins, 1996, p.2). Confucianism emphasises the collective aspects of society, although the society depends
on the virtue of the individual like the notes of music are dependent upon the whole
melody (Solomon and Higgins, 1996, p. 91).

There are two concepts that give Confucianism its distinctiveness. These are jen or loving
kindness and li or proprietary. Jen expresses all the elements that relate to expressing ideal
behaviour to another. Jen expresses the desire of sympathy for others, empathy and a
desire for others to achieve well (Billington, 1997, p.120). Billington compares it also to
Kant’s description of ‘goodwill’ which is the ideal basis for all human interactions. Jen
indicates that a person should be respected and there should be mutuality and loyalty in any
relationship. An important issue regarding goodwill to other people, or loving kindness in
relation to Confucianism, is that Confucius did not support the idea that one should love
everybody equally. He saw that there should be a basic level of love of humanity but that
there should be more love for one’s own family for example (Solomon and Higgins, 1996,
p.95). Confucius was asked for a straightforward guide to life and he said, “Never do to
others what you would not like them to do to you” (XV,23) as a reflection of jen. This is
the negative form of the golden rule in the New Testament “Do unto others as you would
have them do unto you”.

23
The second significant Confucian concept that tempers *jen* is *li* or proprietary. It is the combination of the two concepts that are needed for wisdom. *Li* means to do things in a manner that is keeping with the culture of the time. *Li* and *jen* together result in a person being able to lose an argument but keep face. This is seen as quintessentially Confucian (Billington, 1997, p.121). Some important concepts that Confucius depicted as not being wise are ‘cunning’, ‘manipulation’ and ‘an eye alert to opportunity’ (Tiles, 1992, p.390).

Taoism

The two main texts associated with Taoism are ‘Tao Te Ching’ and the Chuang-tzu written two hundred years apart. The Tao originally meant ‘the way’ meaning cosmically, the nature and order of the universe. An important element of the original concept of Tao is that it is a dynamic and flowing concept. The wise person aimed to understand the underlying order of things through being at one with nature and feeling and responding to the reoccurring patterns. Whenever there is an extreme situation then a turn around will occur and become the opposite (Capra, 1991). The Confucians had a variation of the meaning of Tao to mean the underlying moral or right way. The wise person in both Confucianism and Taoism according to Lao tzu the author of Chuang-tzu “... should avoid excess, extravagance and indulgence” (Capra, 1991, p.105). In the Chinese view the wise person chooses to have too little and not to have too much. It is better for the wise person to leave things to a degree undone, rather than overdoing them as it is better to go in the right direction in an incomplete way rather than to complete something that might be the wrong direction. Another example of the belief that it is better to under-do than over-do, is the view that a person who seeks to continually become more wealthy will eventually become poor (Capra, 1991).

The yin and yang is a structure that derives out of the cyclic part of Tao. The first meaning of yin and yang was the shady and sunny sides of the mountain. Yin and yang also means male and female as well as firm and yielding. The yin and yang relate to various organs in the body with interconnecting meridians where energy or *ch'i* pass between. Acupuncture points stimulate the flow of *ch'i* (Capra, 1991). The *I Ching* or 'Book of Changes' sets out in detail yin and yang elements, which is the accumulative collection of wisdom over many hundreds and possibly thousands of years (Capra, 1991).
Some insight into the ‘I Ching’ or the ‘Book of Changes’ can be gained by the following message from the ‘I Ching’.

The change is a book
From which one may not hold aloof.
Its Tao is forever changing
Alteration, movement without rest
Flowing through the six empty places,
Rising and sinking without fixed law
Firm and yielding transform each other
They cannot be confined within a rule
It is only change that is at work here

(Capra, 1991, p.110)

Mistrust of conventional reasoning and knowledge is very strong in Taoism and this mistrust is stronger than any other Eastern school of thought. Part of Taoism philosophy is that knowledge and reasoning will not make one wise and ‘the way’ to enlightenment is through being in tune with nature and one’s intuition (Capra, 1991 p.115). Wisdom is about speaking the truth and acting with understanding in accordance with nature (Owens, 1987, p.2).

**Psychology**

Psychology has adopted a Western philosophy valuing an empirical, reductionistic, scientific philosophy. This is played out in the psychology literature on wisdom as seeking to understand the parts that make up wisdom. In general there is a strong tendency in psychology to view wisdom as a form of intelligence (often the synonym for wisdom in psychology is ‘practical intelligence’) and wisdom comes under the sub-heading of cognition. Sub-categorising wisdom with intelligence and cognition (Sternberg, 2000) stands in contrast to the Eastern perspective, where wisdom is seen as of the whole being. (Billington, 1997)

One well-published Professor of Psychology, Robert Sternberg stood out as a pioneer for psychology and wisdom exploration. He compiled and edited a book entitled ‘Wisdom: Its
nature, origins and development'. In Sternberg's introduction to his book he stated that the concept of wisdom in psychology was previously a neglected field. At the time of publication of the book (1990) he also stated in the introduction that wisdom in psychology was in an early stage of development and was about to be established as a concept within psychology, a view shared by Baltes et al (1995). The book brings together a collection of ideas that significantly helped an understanding of psychology's view of wisdom.

Sternberg rarely uses the word 'wisdom' but sometimes calls the concept 'common sense' but more commonly 'practical intelligence' and tacit knowledge (ABC, Australia Radio National Program Health Report program transcript, 3 June 1996; Miele, 1995; Sternberg, 2000). Sternberg and some others (Smith, Staudinger and Baltes, 1994) within psychology, view wisdom as a type of intelligence and as expert knowledge in the fundamental pragmatics of life. The terms 'practical intelligence' and 'expert knowledge in the fundamental pragmatics of life' are indicative of the reductionistic view of wisdom most commonly found in psychology. This narrows wisdom from a whole being area to a cognitive problem solving ability. Problem solving is a common focus in psychology in relation to wisdom (Mumford et al, 1994).

Clayton (1975) and Meacham (1982) both question whether viewing wisdom as a domain of intelligence is adequate. Clayton (1975) views wisdom as the ability to grasp the paradoxes, changes and contradictions of human nature. Meacham (1993) describes wisdom through a knowledge-context model. In this model wisdom is seen as a balance of an increase in the amount one knows and simultaneously an increase in the recognition that there is much that one does not know. This model of wisdom integrated an increased recognition of what is not known (awareness of one's limits, or aware of what one does not know) with alterations in intelligence, rigidity, cautiousness and curiosity. Meacham's work is useful as the central idea of increasing knowing that one does not know, is an important part of wisdom. This is a central view of wisdom for Socrates as well, as was discussed previously. Meacham is trying to take a broader, or integrated perspective, on the nature of wisdom although in a limited manner (Lehrer and Smith, 1996 in Lehrer et al, pp.4-5). This is also discussed in nursing literature as 'Unknowing' (Munhall, 1993, Heath, 1998).
Sternberg, who has significantly written about intelligence, presented wisdom as one of the three major attributes of people. He viewed wisdom, creativity and intelligence as three different but overlapping characteristics of people (Sternberg, 2000, 1990, 1985). Each person has, in Sternberg's cognitive and reductionistic approach, a character that tends to be either intelligent, wise or creative. As stated earlier, Sternberg, in more recent years, tends to avoid using the word wise or wisdom and uses the term practical intelligence. Another alternative term for wisdom in psychology is 'cognitive maturity' (Blanchard-Fields, Brannan and Camp, 1987, p.499) which again demonstrates psychology’s narrowing or reductionistic perspective on the nature of wisdom.

Within psychology there has been an evolution that initially saw wisdom as independent of intelligence and now views wisdom as a component of intelligence (Blanchard-Fields, Brannan and Camp, 1987, p.499). An interesting and fun idea is that Kirk, of Star Trek fame, is seen by Sternberg to characterise the wise or ‘practically intelligent’ character, Spock, the Vulcan, to characterise the rational thinking or ‘intelligent’ character and Sternberg asks the question, ‘Who would you rather take orders from – Kirk or Spock?’ (Sternberg, 1993). This once again highlights the importance and high value of wisdom even above intelligence.

Baltes and Staudinger (1993, p.75) refer to wisdom as a form of ‘cognitive pragmatics [which] can be conceived of as the “software” of the mind’. This seems to be a very reductionistic perspective and certainly not a whole being perspective of wisdom. I have observed that wisdom in psychology draws predominantly on the empirical-analytical perspective and is mainly about problem solving. In turn, many authors within psychology, seek to quantify an aspect of wisdom through some form of testing.

Holliday and Chandler (1986) isolated two factors that they believe as unique to wisdom: the exceptional understanding of ordinary experience (e.g. the ability to see essences, understand contexts, and be in touch with the self); and judgement and communication skills (that is, perceptiveness, the ability to weigh consequences and consider multiple view points, and the ability to analyse and communicate about life).
Kramer (in Sternberg, 1990) summarises the psychology literature as exploring the following: the decision making and resolving dilemmas, advising others, management and guidance of society, life review (to give meaning and continuity to one’s life), and questioning the meaning of life. Kramer notes that these five elements are overlapping.

Clayton and Birren (1980), Heckhausen, Dixon, and Baltes (1989) and Baltes and Staudinger (1993) explored wisdom as a cognitive pragmatism of older people. These studies aimed to quantify people’s ability to problem solve issues that had strong social and complex situational elements. These studies showed that older people tended to do better on such scales. The areas explored in the scales are given below. Staudinger (1999) had a mixed result of older people becoming more wise.

<table>
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<th>Personality</th>
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<th>Interpersonal</th>
<th>Transpersonal</th>
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<td>Self-development</td>
<td>Empathy</td>
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<td>Cognition</td>
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<td>Recognition of limits of knowledge and understanding</td>
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<td>(Desire to act)</td>
<td>Integrity</td>
<td>Maturity in relationships</td>
<td>Philosophical/spiritual commitments</td>
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Table 1: Definition of wisdom by Orwoll and Achenbaum (1993)

Orwoll and Achenbaum (1993, p.275) present the above table as their definition of wisdom and they recognise this definition is limited because wisdom far exceeds the sum of its parts and that currently psychology is focusing on parts of wisdom. Orwoll and Achenbaum are trying to bring together many aspects of various ideas about wisdom within psychology. Drawing together various ideas such as Orwoll and Achenbaum have done is useful but the process is flawed. It is difficult to see that in the end the process of bringing together small parts of wisdom will be able to really explain what its nature. As Orwoll and Achenbaum say, wisdom is more than the sum of its parts so studying the parts can only ever give limited insight into its nature.

Smith and Baltes (1990) create a concept of wisdom, which they call the domain of expert knowledge of the fundamental pragmatics of life, for example, life planning, management and life review. In expert knowledge, the wise person shows exceptional insight into
human development and life matters, showing good judgement, advice and commentary about difficult life problems. There are five specific criteria for wisdom: rich factual knowledge, rich procedural knowledge, life span contextualism, relativism and uncertainty. Rich factual knowledge refers to general and specific knowledge about the conditions of life and its variations. Rich procedural knowledge refers to general and specific knowledge about strategies of judgement and advice concerning life matters. Life span contextualism refers to knowledge about the contexts of life and their temporal (developmental) relationships. Relativism refers to knowledge about differences in values, goals and priorities. Uncertainty refers to knowledge about the relative indeterminacy and unpredictability of life and ways to manage (Smith and Baltes, 1990).

The approach by Smith and Baltes (1990) has raised some useful elements relevant to the concept of wisdom such as ‘uncertainty’ and insight into life. The emphasis on expertise is limiting, as one can be wise even as a novice or without expert knowledge. Limiting wisdom to any domain is not particularly valuable as wisdom is one’s whole being and impacts on all a person is and does. To discuss wisdom as involved in the domain of ‘life matters’ implies there are domains where wisdom is not a part. It could be argued that there are no distinctions or domains to which wisdom is confined to, but is integral to all life or being, and all knowing.

Smith, Ursula, Staudinger and Baltes (1994) utilised the concept of wisdom discussed in Smith and Baltes (1990) above, in which they viewed wisdom as expert knowledge about fundamental pragmatics of life. In this study participants scored better when a scenario of a life dilemma was about an issue that was of their own age-related cohort, suggesting that wisdom is necessarily greater as one grows older.

An interesting and unusual approach for psychology taken by Achenbaum and Orwoll (1991), was to use the book of Job in the Old Testament as an exemplar of wisdom. Achenbaum and Orwoll conclude that there are gender specific elements to wisdom and one can become wiser over one’s life span. An important assumption is that an important part of wisdom in the book of Job is faith in the biblical God, and the greater the faith is the greater the wisdom.
Blanchard-Fields, Brannan and Camp (1987, p.501) view wisdom as a quality of thought requiring an integrated rather than reductionistic approach to studying the nature of wisdom. They view wisdom as beyond logic and emotion and the ability to redefine questions. Rather than a reductionistic approach, a broad and qualitative understanding is attempted.

The self actualising and ego-transcending people that Abraham Maslow studied may be seen as wise people and Maslow’s writings may give some insight into the nature of wisdom. The people in his studies focused on concerns outside themselves; they liked solitude and privacy more than the average person and tended to be more detached from the cultural concerns and expectations than the average person. They were inner focussed and creative with a sense of awe and wonder. In love they respected the other’s individuality and felt joy at other’s success. They seemed to give more love and need less loving than most people. Central to their lives was a set of values Maslow called B-Values or Being values (Maslow, 1968), which include valuing, wholeness, perfection, completion, justice, aliveness, richness, simplicity, beauty, goodness, uniqueness, effortlessness, playfulness, truth, honesty, reality and self sufficiency.

Deirdre Kramer (1990) describes five functions of wisdom. Function one allows individuals to resolve dilemmas, make personal decisions, and take initiatives. To be able to do so a person has to be in touch with one’s feelings, needs, and expectations, differentiate the needs of the self from the expectations of others and social pressures, be able to manage interpersonal relationships (including the ability to resolve conflict mainly through tolerant means), be open to the other, be open to differences and be able to adjust to change. Function two involves individuals advising others. Function three is management and guidance of society at family level or larger society level. Function four is the ability to review life and function five is the ability to question, including meaning of life issues and see the broad issues. Kramer takes a different and broader view of the nature of wisdom. Overall, within psychology, there has been predominantly small elements or parts of the nature of wisdom raised.
Western Christianity

The characteristics of the wisdom literature related to the Bible are twofold. Firstly, there are brief observations about non-theological matters such as wisdom in judicial matters, nature and wisdom that comes from experience. The second type of wisdom is of a theological nature (Eliade, 1987, p.402). Wells (1996) builds on the separate elements of wisdom and contends that Hebrew wisdom was a quest for wholeness and holiness. The wisdom literature gives insight into how to live wisely in all dimensions of life, which includes a theological dimension (Wells, 1996).

The Western philosophy style emphasises the role of the individual, who is redeemed or goes to Heaven or Hell at the end of the span of one’s life. Whereas Eastern philosophies see a more on-going nature beyond one life through multiple lives, especially in Buddhism, and this leads to a collective enlightenment or growth towards Nirvana and a collective oneness. Wisdom in Eastern philosophies, then, is as much about personal growth or enlightenment as it is about helping others to become enlightened. In Western Christianity it is the individual who is emphasised.

The New and Old Testaments derive from a complex interplay of Hellenistic and Hebraic concepts. The Hebrew view of awe and obedience and fear of God is central to the teaching that explains part of the Bible’s view of wisdom. The Hellenistic perspective of wisdom derives from analysis, observation and naturalism, which also has its presence in the Bible (Robinson in Sternberg, 1990, p.19).

Wisdom (Sophia) is female in the Old Testament, and God is intelligent and male, and married to Sophia who is female and wise (Walker, 1985, p.51). God is described in the Bible as Logos meaning reasoning and logic and later transformed or became a reality in its own right, into the Son of God (Eliade, 1987, pp.9-10; Leon-Dufour, 1973, p.463). Wisdom is the first of God’s creatures. Wisdom speaks “The Lord created me at the beginning of his work” (Proverbs 8:22-23). The wisdom of God in the Bible is personified wisdom (Proverbs 14:1). Wisdom personified is also grammatically female, having offspring and nurturing. She is present from creation playing at his side in Proverbs 8:27-
31. (Leon-Dufour, 1970). Wisdom is presented as ‘she’ and could be seen as Mother Nature or even the Holy Spirit (Eliade, 1987, pp.11; Metzger and Coogan, 1993, p.800; Walker, 1985, p.60). She is called Sophia and is a companion to God (Eliade, 1987, p.398; Metzger and Coogan, 1993, p.800).

Jesus is the embodiment of wisdom (Eliade, 1987, p.398). In the New Testament, Jesus is presented as the master of wisdom through proverbs and parables and the promise to others of the gift of wisdom (Luke 21; 15; Leon-Dufour, 1970).

Of great influence to the West has been the literature from the Hebrew people such as the Old Testament of the Bible and the Apocrypha. The most important parts of this collection, relating to wisdom, are the books of Job, Proverbs and Psalms and the apocryphal book called the Wisdom of Solomon (Edwards, 1972; Metzger and Coogan, 1993, p.801). Solomon was seen to be the wisest of all. God says of Solomon: “I will give you a wise and discerning heart, so that there will never have been like you, nor will there ever be” (1 Kings 3:12).

There are examples of wisdom in the Bible. The first aspect in scriptures is the art of living well. The wise person of the Bible is curious about the things of nature (1 Kings 5:13). The wise person admires nature, and nature teaches the wise person that there is a powerful God (Job 35: 22-37). The second aspect of wisdom is the reflection on existence. A book closely associated with the Bible is ‘The Book of Wisdom’ or ‘Wisdom of Solomon’. In this book the wise person has an acute sense of his or her situation in existence and attentiveness to his or her destiny and others’ destinies (Wisdom 10-12, 15-19; Leon-Dufour, 1970). The third aspect of wisdom in the Bible is revelation. For example, the sage, Daniel was able to see prophecies (Daniel 2:28). His wisdom was inspired by divine intervention (Leon-Dufour, 1970).
Wise women and witches

As medicine men developed as a class of people, often women applied the treatments. These tribal women discovered and applied medical herbs and various treatments and were often called wise women and witches. At times they were credited with powers not only to cure but to cause illnesses also. These beliefs in these wise women’s abilities led to the persecution of these women (Donahue, 1985, p.25) and the rise of male-centred biomedicine.

Wisdom in Nursing

Introduction

Kihuchi and Simmons (1992, pp.1-4) discuss the changes that have occurred in nursing especially over the previous two decades. Nursing has increasingly become aware of itself and sought a place among the disciplines. Nursing is evolving as an organised body of knowledge after seeking to disengage from the medical model in the 1960’s. The initial aims were scientific and resulted in many models and theories of nursing (Fawcett, 1995; Barnett, 1998; Greenwood, 2000; Kim, 2000). Carper’s patterns of knowing (1978) particularly attempted to broaden nursing from an empirical-analytical view. Increasingly development of nursing knowledge from practice and from broad theories has evolved. Meleis (1997) gives a useful overview of the nursing profession’s development. This will be described in the second part of this section. In addition, ways of knowing are an important meta-perspective for nursing and have a particular importance for this thesis and will also be described. Carper (1978) was significant in facilitating nursing to see beyond the empirico-analytical view of the world. Today there are other useful ways of knowing that could also be included and will be discussed. There are many nursing theories and models. Some of these will be discussed in Chapter 6 so that their interconnections with the wise nurses’ model developed in this thesis can be made.

In the second part of this section on nursing literature, I give an overview of the historical progression of nursing knowledge. The purposes of describing the historical progression of nursing knowledge are many including, giving a foundation for later comparisons to
various theories with the wise nurses' model of this thesis, and giving insight into the progress of knowledge development in nursing as this is a form of wisdom development in nursing.

The approach taken in this section is to use Meleis (1997) as a framework and add to this my own insights and those of other authors, with a specific view of giving the Western nursing perspective, particularly an overlay of the Australian perspective. The Australian experience of nursing was dominated initially by British nursing until the 1970's (Condon in Greenwood, 1996, p.4). After this time the North American Influence dominated Australian nursing (Lawler in Gray and Pratt, 1991, pp.212-213).

Ways of knowing in nursing

I have argued elsewhere (McElraine, 1999) the following discussion regarding ways of knowing and nursing. Carper's ways of knowing (Carper, 1978) opened nurses' eyes and valued new ways of knowing beyond the empirical-analytical tradition. Even now the struggle continues to truly value new dimensions of seeing knowledge in nursing.

Carper's four ways of knowing were empowering and helped nurses see through new conceptual glasses. Her four ways of knowing are empirico-analytical, aesthetic, ethical and personal (Carper, 1978). At the time the empirico-analytical domain was dominant in nursing and Carper's paper suggesting that there was any other way of viewing the world, and especially an aesthetic way, was revolutionary. Nurses knew that what she said was true in that these ways of seeing nursing resonated well. Aesthetics is useful as a way of knowing by creating a sense of the 'beautiful' or art aspects of care. Through identifying and describing aesthetics, this way of knowing allows nurses to understand, give language for and value aspects of, their nursing that was always there, but in a way was hidden. Carper's ideas were further explored by others (May, 1994, Sandelowski, 1994, Heath 1998)

Meleis (1997) provides a useful overview of the stages of nursing. The stages are summarized because the grounded theory developed in this thesis is relevant to the final two stages titled 'integration' and 'wisdom'.

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The stage of practice

Meleis (1997) starts her overview of nursing’s progress with Florence Nightingale in the Crimean War. Nightingale used the environment as her means of achieving her goal of hygiene. Meleis describes Rofaida Bent Saad Al-Islamiah who followed Mohammad in the Islamic wars as also organising women to care for the wounded. She also focused on hygiene and utilised the environment to achieve this. Meleis calls this the stage-of-practice for nursing, as nursing was formalised during the late 19th and early 20th centuries.

The stage of education and administration

Meleis (1997) describes the shift away from the apprentice style of learning and the emphasis on service. Different styles of curricula and different teaching modes were utilised with an emphasis on teaching and education. Prior to the 1970’s the dominant influence on Australian nurses was British nursing. Postgraduate studies in education and administration prior to the 1930’s were conducted in Britain but the British influence lasted much longer than this (Condon in Greenwood, 1996, pp.84-85). In Australia in the late 70’s a series of committees such as Noble (1974) Livingstone (1976) and Sex (1978), supported the change from an apprenticeship system to tertiary-based education.

The stage of research

Meleis (1997) describes that the previous stage’s emphases and changes in education and administration, resulted in an increased interest in research and the stage of research. In Australia the introduction of Masters and Doctoral studies, brought about a significant increase in research (Condon in Greenwood, 1996).
The stage of theory


During this stage, and still continuing, are exploration of issues such as: What fundamental process does nursing represent? What are its units of analysis? What are the goals of nursing? What are the desired outcomes? How do nursing interventions relate to desired outcomes? (Meleis, 1997, p.31)

The stage of philosophy

During this stage, issues such as what is the nature of nursing knowledge, the nature of inquiry and issues of congruence between research methods and nursing knowledge were expanded upon (Meleis, 1997).

The stage of integration

Meleis (1997) describes six characteristics of this phase. These characteristics are: dialogues exploring philosophical aspects of nursing, education programs using integrated processes of theory, research and practice, critiquing of different theories in nursing, attending to the strategies of knowledge development that are congruent with fundamental nursing philosophies, specialists developing theories relevant to specialty areas needs, and a broad and systematic reflection and reappraisal of fundamental philosophical and theoretical aspects of nursing (Meleis 1997).

Cameron-Traub (in Gray and Pratt, 1991, p.36) supports these characteristics. She believes that what is needed is a metaparadigm or at least to create a joint understanding where nursing focuses and builds on the interconnections and similarities in theories rather than focusing on the dissimilarities. This is of particular importance to the extent of this thesis, because the developed model integrates theories.
The age of wisdom

“‘To Nursing all stages were essential to bring us to the stage of scholarliness, and from all stages will emerge the age of wisdom’ (Meleis, 1997, p.427). This is how Meleis ends a section of her book titled ‘Theoretical Nursing: Development and Progress’ discussing the future evolution of nursing. She explores the current trends of nursing and raises the issue of domains, phenomena and their inter-relationships becoming clearer. This future time that will come as a result of the growth of nursing, she calls the age of wisdom. “During the age of wisdom, the bond between scientific endeavors and reflection will become stronger; adaptation and demand will be the key forces of progress instead of structure and inflexibility ” (Meleis, 1997, p.426).

Recent Nursing Related Theses on Wisdom

This next section will explore briefly some theses relevant to nursing wisdom.

The Unfolding Meaning of the Wisdom Experience (Truglio-Londrigan, 1997)

Marie Truglio-Londrigan (1997) utilised three participants who had been patients and had had one or more incidents with nurses that they felt were wise moments over a period of time. Interviews were up to one and a half hours and these were taped and later transcribed. Some field notes were also kept by Truglio-Londrigan. The analysis was based on Gadamer’s philosophy using a process recommended by Diekelmann (1992) whereby themes and patterns were looked for in exemplars taken from the text.

Two constitutive patterns arose from the three participants’ stories, transformation as a moment in time and transformation unfolding/evolving moment in time. Each participant spoke of a moment when an interaction with a nurse brought about a significant change in the participant. This was a transformative moment in time. This transformation continued over time to unfold and evolve. The transformative process went through a series of stages
that indicated an alteration of how the participants saw the world. These were: a place in the world, disconnection, loss of control, compassion, something in the way she moved (indicating the impact of the nurse) and, another place in the world. In addition, over a longer period of time, these themes of change were noted: a reaffirmation of one’s place in the world, passing it on and, integration. The participants’ experience fused with Truglio-Londrigan’s own experience and the following themes emerged: a recognition of the nurses’ presence, illumination as the nurses initially lit the way for participants to see alternative possibilities, the enlightenment of the participants, as they suddenly were able to see alternative ways to participate in and relate in the world, the empowerment of the participants to act and be in the world in alternative ways.

The nurses in the participants’ stories impacted on the lives of the participants resulting in lifetime changes for them. Truglio-Londrigan emphasised the process of change as a result of an interaction with a nurse and these were not an everyday or ordinary occurrence.

Truglio-Londrigan has given some valuable recognition for wise nursing, but her emphasis has been on unusual examples and a process of change that was similar for these stories. This is a valuable insight for such unusual situations. The metaphor of ‘illumination’ is useful as enlightenment by the patient, although wisdom is a two way process because both gain enlightenment from each other. By comparison the wise nurses’ model developed later in this thesis will show an ordinariness of wisdom in everyday nursing. Some of the anecdotes that are the basis of the wise nurses’ model are unusual examples but many are common place or everyday in their nature. Truglio-Londrigan’s participants had extreme issues in their lives and although the nurses were indeed wise, the impact was unusual.

Phenomenological Study of Wisdom (Montgomery, 1995)

Montgomery (1995), who describes herself as a gerontologist, uncovers that time and experience are two elements that give context to wisdom. She describes time as the landscape of the picture of wisdom and the significant features are that guidance reflects the elements of knowledge, and experience and moral principles are the functions that show the way. Guidance is connected to the picture of wisdom by relationships, and these relationships are accentuated by compassion.
Overall Montgomery’s study was in keeping with some major elements of the wise nurses’ model that will be described later, even though her participants were not nurses but six older people. This seems to support the universality of the essence of the nature of wisdom although there are unique elements to nursing wisdom.

Towards an Integrated Concept of Wisdom (Morris, 1991)

Morris (1991) reviewed literature about wisdom and chose a total of 22 concepts associated with wisdom. He then created a questionnaire listing each of the 22 characteristics and asked the participants to circle a number between 1 and 5 (1 is very characteristic and 5 is not at all characteristic of wisdom) and used various statistical analyses such as varimax rotation. The subjects were 252 adult volunteers with a minimum of 30 in each decade of age group (20 - 29 years, 30 – 39 years and each group to the 80’s). He hypothesized wisdom to be a multidimensional and interactive concept and chose 22 characteristics identified from the literature as common themes associated with wisdom. These 22 characteristics were: love, humility, empathy, knowledge, insight, understanding, confidence and reverence for God or Supreme Being or single life force, abstinence/moderation (A combined concept), charitable, kind, mature, moral, older age, persistent, self-control, sincere, skillful, sociable, tender, thrifty and tolerant.

The results of Morris’ analysis were that there were four factors as there were several of the 22 concepts that could be grouped and were important aspects of wisdom. The concepts or factors that arose from Morris’s study were; compassion or empathy, humility, loving, belief in God, charitable and kindness; understanding, tolerance; confidence, insight, knowledge, maturity and self-control; persistence, skillfulness and thriftiness and; abstinence and moderation (a combined concept).

It is difficult to make insightful comment about this study, as there were significant difficulties that impacted on the results. The author, Morris, has summarised the basic mean score results of the questionnaire without a reasonable explanation. “The results [mean scores] were confounding as the test proved to inflate the scores significantly. Because of this inflation, these results are not valid and do not add further information to
this study” (Morris, 1991, p.99) which indicates a significant problem in the study. The 22 concepts are very limited and not inclusive of other relevant concepts such as ‘being reflective’ and ‘good judgement’ as suggested in Edwards (1972). Morris did not provide any definitions of the concepts for the participants and he noted that this might have led to some confusion and inconsistencies. Due to these significant difficulties, no comparison with the wise nurses’ model will be outlined.

**Medicine as Practical Wisdom (Goldstein, 1989)**

Goldstein’s (1989) study is a philosophical exploration in which he argues that biomedical ethics is better understood as a practical science guided by intellectual virtues of *phronesis* (practical wisdom) than a theoretical science that utilises principles of biomedical ethics. Goldstein’s argues that character, or virtue ethics, is the most useful approach to ethics, and a character is particularly wise in the practical matter of *phronesis* or practical wisdom. The wise nurses’ model makes no distinction between practical wisdom (*phronesis*) and theoretical wisdom (*sophia*) and also emphasizes character.

**Conclusion**

This chapter described literature relevant to the nature of wisdom. Western philosophy, starting with the ancient Greeks, took the view that wisdom is firstly knowledge, that it involves living a good life, good judgement and derives from logical reasoning where as others valued intuition more or equally to logic. A recurrent theme is that there are different types of wisdom and that a person can be better at being wise in one domain of life and less wise in another domain of life.

The empirical-analytical, or scientific perspective, has dominated Western views so that the importance of logic, objectivity, control and reduction has been highlighted as being wise. Wisdom, in the empirical/analytical spectrum, is technical knowledge measured by outcomes such as problem solving ability. This is different to the ancient Greek’s view of the importance of good character. The role of aesthetics in wisdom is down-played in the Western perspective. The golden mean, where the wise person tends to sit, according to Aristotle, capable of extremes yet comfortable in the middle, is in harmony with
Confucianism's aim of a balance between yin and yang. Wisdom is also depicted as simple faith as Aquinas believes and which is depicted in the Bible. Kant presents the view that wisdom is about learning the rules of life or categorical imperatives and then sticking to these regardless of the consequences. Wisdom can be depicted separately as the desire to do good or, in contrast, by the success of the outcomes.

The Eastern perspective on wisdom emphasises the whole being in contrast to the Western reductionism. Wisdom, in the East, is seen as not just about accumulation of knowledge or acting in an objective logical manner or only about outcomes. Wisdom in the Eastern perspective is a collective movement, similar to moksha in Hinduism and Nirvana in Buddhism, which are collective states of ideal being. Wisdom or enlightenment is for sharing to facilitate the collective movement, in contrast is that the Western view of the individual becoming wise or the individual reaching heaven. The Eastern view is that there are many paths to becoming wise in a body and spirit pursuit in contrast to the body-mind division Descartes describes, that has influenced Western perspectives of epistemology.

The importance of being aware of one's intuitiveness is emphasised in Taoism and it is reflective of a more general Eastern view. Being in tune with nature and all dimensions of life is an important attribute of being wise. Jen embodies all the elements that relate to expressing ideal behaviour to another person. The word agape in Greek has similar meanings to the concept that Kant described as 'goodwill' which is the ideal basis for all human interactions. Perhaps love of other people or caring can be used to describe collectively these concepts. This is seen as fundamental to being wise. Confucianism emphasises that there is a foundational or universal level of love for humanity, but sees that there is a gradation of love, such as greater love for one's family.

Psychology uses a reductionistic, positivistic perspective for exploring the nature of wisdom generally emphasising the cognition of problem solving. Meacham (1993) describes wisdom as a balance of an increase in the amount that one knows and simultaneously an increase in the recognition that there is much that one does not know, which related to 'unknowing' as discussed in ways of knowing in nursing. The Bible, especially the Old Testament, sees wisdom as faith, pragmatics in life and seeing the future like a sage.
Nursing has been growing as a profession with a rapid series of changes and stages. Carper significantly influenced nursing's way of viewing nursing and other ways of bringing greater wisdom to nursing. The stages of nursing can be compared to the growth of a person with wisdom development as an aim.

Further exploration of nursing and other literature will be explored in Chapter Seven so that comparisons can be made with the model developed in this thesis. The research undertaken in the thesis needed a philosophical foundation upon which to build. Consequently, the next chapter will explore the methodological aspects of this thesis including Strauss and Corbin's (1990) approach to grounded theory as a step by step method. In conjunction, the Lincoln and Guba, (1986) approach to rigor, termed 'trustworthiness' and the Meleis (1997) 'received view' will be described.
CHAPTER 3

METHODOLOGY

Introduction

Grounded theory began to influence nursing in the early 1960's (Benoliel, 1996). Grounded theory has two major forms, the classic Glaser and Strauss (1967) and the Strauss and Corbin (1990). For this thesis grounded theory is viewed as deriving out of, or being a part of, the interpretive world-view which seeks to describe the nature and effects of human phenomena (Roberts and Taylor, 1998, p.15).

This chapter outlines the approach chosen for this thesis as the Strauss and Corbin (1990) approach to grounded theory. In conjunction with this the Lincoln and Guba, (1986) approach to rigor, termed 'trustworthiness' will be described, although other views will also be discussed in Chapter Four. Meleis’s (1997) 'received view' is the perspective taken for this thesis and will be discussed in this chapter. This includes valuing subjectivity, induction, multiple truths, trends and patterns, discovery, holism and valuing uniqueness.

World-views

Lather (1991) describes four main current epistemological world-views. This section will briefly describe these world-views and emphasize the interpretive view, which is the foundational world-view used in this thesis.
A brief overview of four world-views

There are four world-views, these are empirical-analytical or scientific truth, interpretive and descriptive, critical social, and postmodern deconstructive (Lather 1991). The scientific perspective or quantitative view values objectivity and generalisations. If a result cannot be quantified and repeated then it is not a truth. The scientific research approach aims to control the influence of extraneous variables (Roberts and Taylor, 1998, Crabtree and Miller, 1999).

The interpretive and descriptive view comes out of qualitative research. The qualitative perspective values the human perspective, subjectivity and human consciousness. The qualitative perspective recognises and values changing and relative attributes of nature. The interpretive perspective within the qualitative view values and aims to describe the experience and generate meaning. The view is that the human experience cannot be removed from that which is observed and subjectivity is valued. Examples of research methods that draw from this perspective are phenomenology, ethnography and grounded theory, which is utilised in this thesis. The interpretive perspective will be explored further in the next section, as this is the perspective utilised in this thesis (Roberts and Taylor, 1998, Crabtree and Miller, 1999).

The critical view and related methodologies draw upon the qualitative perspective and interpretive view but aim to bring about change through exposing unbalanced power aspects that leads to harm such as oppression (Roberts and Taylor, 1998, Crabtree and Miller, 1999).

The postmodernism world-view is an umbrella concept that views all representations as having a non-neutral or strategic political agenda that are value-laden. Particular importance is placed on language and the impact language has on understanding. Deconstruction is a method used to unravel the underlying meaning (Greenwood 1996).
The interpretive world-view: relevance for this thesis

The nature of nursing wisdom could be understood well using a qualitative interpretive perspective. The nature of nursing wisdom is something that is connected to the human experience. It is easy to see wisdom draws upon all dimensions of our being.

The interpretive view aims to describe experience and to generate meaning (Roberts and Taylor, 1998, Crabtree and Miller, 1999). The nature of nursing wisdom does not have a strong dimension of power requiring change, therefore a critical social science view is inappropriate.

Wisdom is a human experience usefully understood by using an interpretive world-view used in grounded theory. There are many different philosophical positions that could be taken to study the nature of wisdom. An empirical-analytical or scientific perspective would emphasize reduction and objectivity. Through this perspective wisdom would be understood as a collection of sub-aspects collected together, making the whole the sum of its parts. In addition the researcher would be viewed as distant to the research and his or her self would not impact upon the research.

In using an interpretive view I am valuing my own being as a valuable attribute that assists in understanding the research. I am part of the research, as a participant. Wisdom is seen as more than an aggregation of parts. It is valuable to use a process of breaking down what I am observing and then rebuilding but the interpretive view is that the whole is more than the sum of its parts.

I aim to value the whole of a person's or a group's experiences. I see each person in this study as of equal worth. I have tried to capture each participant's descriptions with all its textures and colours and bring these together to bring a rich understanding of the nature of nursing wisdom. I do not claim that the picture generated is absolutely 'true' about the nature of wisdom as seen by others. I see that there is trustworthiness to the picture painted by collecting these insights into the nature of nursing wisdom in that it is a credible description of what the participants said. This is consistent with an interpretive world-view.
In the empirical-analytical world-view, 'generalisability' is important. For example, 'all wise nurses act in a prudent manner' would be a generalised statement. In contrast, the interpretive view values the uniqueness in individual or situations. This research values each wise anecdote as unique. In grounded theory, which is viewed as included in the interpretive view of the world, there is a tension that tries to edge towards generalization. The approach used is that I have developed a trustworthy theory that is useful, it is not absolutely true or able to be generalised, but it is relative to the context.

This world-view shifts the focus from a causative view to an interpretive view, from a Descartes view of the world to a more holistic and ecological view (Capra, 1983). This is consistent with the approach taken in this thesis firstly through the choice of grounded theory from a qualitative perspective and secondly through the exploration of the concept 'wisdom'.

Meleis (1997) presents a view that nursing development, from an epistemological perspective, could be described as an 'integrated process' which is different to evolution or revolution. Some key elements of an integration process include a process that is open, flexible and values contemporality and traditionality as well as innovation in a collaborative, supportive manner. This is consistent with the view presented in this thesis. The grounded theory model developed could apply to individual nurses, a small group of nurses, or the collective of nursing.

Meleis (1997) also raises the view that nursing theorists see nursing in the light of a 'perceived view' rather than a 'received view'. The perceived view is distinct from the empirical-analytic view (received view) in that the perceived view includes, subjectivity, induction, multiple truths, trends and patterns, discovery, holism and valuing uniqueness.

Again this is very much in keeping with the methodology and grounded theory model developed in this thesis and it has tried to capture, the humanness or subjectivity in the interviews. This includes valuing the totality or whole, of the communication that took place during the interviews. Each participant was unique and each story they told stood alone and was of great value. The process of the interviews was continually a process of
discovery. This thesis has utilised an inductive process through looking for trends and patterns. Simultaneously there are multiple ways of seeing the trends or patterns. I have drawn on my own enhanced theoretical sensitivity and, with the co-operation of the 18 participants, created an understanding of what the participants have said.

**A metaphor of the research process**

Together, the participants and I, painted a picture that represents what has been told as wise nursing stories and insights. This is not a photograph that one may try to claim is concrete and true. The painting has a degree of artistry as it has been painted through my hands and through my eyes. I bring to the painting a degree of my own personality just as painters place their personality on the canvas in amongst the swirls of colour, and this is good. The painting of wise nursing has not been painted in a dark room away from reality but in amongst the landscape of wise nursing. The stories described by the participants and the wide ranging literature on wisdom was in me as the painter and completely surrounding me. I have been completely immersed in the landscape for several years prior to starting this thesis and have continued to do so throughout.

The concept and all its preliminary sketches through to the final painting of wise nursing has been seen by all the participants and their significant comments have altered the final result for framing. This final picture has been commented upon not only by the participants, but also by dozens of other nurses. The overwhelming feeling is that it reverberates at many levels. The wise stories reverberate, the patterns and trends reverberate and the picture or model, as a whole, reverberates with nurses as it stirs their inner understanding of the nature of wise nursing.

**A Comparison of two approaches to grounded theory**

This comparison between the classic grounded theory method (Glaser and Strauss, 1967) and Strauss and Corbin (1990) is firstly drawn from Annells (1997) and augmented from my own insights into the two approaches. As background information the five moments of
qualitative research from Denzin and Lincoln (1994) are described. A moment refers to phases of time.

The first moment of qualitative research

This period runs from the 1890’s to the Second World War. During this time there were positivist descriptions of fieldwork that claimed to be objective. Inquiries utilised a separateness of researcher from the object of research. Temporality or transient elements of the field were ignored and there was a growing emphasis on naturalism and 'slice-of-life' ethnography.

The second moment of qualitative research

This moment, or phase, is between the post war period to the 1970’s. This is the period that influenced the Glaser and Strauss (1967) grounded theory. Issues that dominated this period included a desire to foster rigorous inquiry of social inquiry, a formalization of qualitative methods and the rising power of post positivism (or possibly neo-positivism). The critical realism was adopted by Glaser and Strauss, where reality was viewed as existing, but could never be completely uncovered from the human experience of it. The objectivity of positivism was softened. These elements influenced the grounded theory described by Glaser and Strauss (1967).

The third moment of qualitative research

This period was from about 1970 to 1986. Qualitative research was generally growing in stature. Nursing increasingly used grounded theory. Annells (1997) views the Strauss and Corbin’s (1990) grounded theory as connected to this third moment of qualitative research. She makes the following comparisons between classic grounded theory (Glaser and Strauss, 1967) and Strauss and Corbin (1990). Ontologically, the classic theory she describes as critical realism is a form of belief that we cannot directly know about objects outside ourselves, but we can indirectly (Bullock et al, 1988, p. 726). Strauss and Corbin are relativistic, highlighting the non-universal and brief moment that it is relatively true and culturally dependant (Bullock et al, 1988, p.736). Epistemologically, classic theory is
modified objectivism closely connected to objectivism, believing that one can be objective in observing, whereas Strauss and Corbin are subjectivistic, where nothing can be objective. Methodologically, the classic theory is seen as only a first step needing further verification by survey or experiment, whereas Strauss and Corbin view the theory as constructing a framework for action.

**The fourth moment**

In this moment arising in the mid-1980's a crisis arose in trying not to misrepresent, and to represent accurately the 'other'. Reflection was particularly emphasised as important for the researcher. These aspects influenced Strauss and Corbin's (1990) approach.

**The fifth moment**

In this current fifth moment, qualitative research is still preoccupied with how to assure representation of the other. There are concerns for ways of showing legitimation with multiple criteria for evaluating qualitative research.

**Grounded Theory**

Grounded theory as described by Strauss and Corbin (1990), has been used as method rather than methodology for this thesis. Therefore, a philosophical overlay is needed to guide the research. This has been presented on the interpretive world-view.

Grounded theory derives directly out of the data. By contrast, quantitative empirical-analytical theories are hypothesized prior to data collection then supported or refuted by the data. Grounded theory grew out of the symbolic interactionist tradition and values the participant's total experience, in keeping with the interpretive world-view, and values the objective and the subjective insights; whereas the quantitative world-view values objectivity.

In this research existing theory and literature is valued as a means of sensitising the researcher to the issues and later for support of the theory without imposing on the theory
development. In keeping with this grounded theory approach I read widely on relevant areas prior to data collection, then revisited relevant literature as data gathering and theory development occurred. I found it highly valuable to revisit the various relevant literature as the data gradually sensitized me to the literature, and spiraling up, the literature sensitized me even more to the data and so on.

In quantitative research there is a strong linear quality to the research in that the literature is read, hypotheses are made, then the research is undertaken with a view to refute or support the thesis. There is no linearity in grounded theory. The literature is revisited time and again, the data are collected and analysed, and themes and theories hypothesized back and forth. The hypothesis influences the researcher’s perspective on the data collection and analysis and further revisiting of the literature. The participants are involved with revising the various theories that emerge. This is quite different to the approach taken in quantitative research where the researcher is the interpreter of results and does not involve the participants beyond data collection. In constant comparison each part, issue or concept was compared to each other and similarities and dissimilarities were sought. This constant comparison within the data also took place to the relevant literature as it further sensitized the researcher.

It is important in grounded theory for researchers to recognise and acknowledge their own perspectives and views and reflect on the impact of these on the research. In this thesis, my background experience as a Registered Nurse and as a lecturer in nursing was useful. I utilised my sensitising experience to facilitate understanding of the data. Another issue, although unexpected, was my tendency to agnosticism by which I mean that I was open to possibilities in regard to spiritual issues rather than a particular view. I believe this is a valuable stance as there is a spiritual element that arose from the data.

The usual ethical clearances were needed for grounded theory. This will be discussed in greater detail in the next chapter, as will the details of participant selection. Generally unstructured interview processes were used throughout the interviews. If a specific area was relevant to the grounded theory hypothesis at a particular time then this would be raised at the end of the interview. An example was “What is the role of humour in wise nursing?” As hypotheses are developed, data gathering means can be altered to facilitate a
better understanding of the relevant issues. This might mean choosing particular participants or asking focused questions. In this research the theory regarding 'Resting Mode' was developed after the initial interviews had been completed. As a result further interviews took place with previous participants to gain their insights into this aspect of the developing theory.

Transcription of the participant's interview should be done as soon as practicable and coding and analyzing done as soon as possible. This is to facilitate the interconnected, non-linear grounded theory processing of the data. This creates the theory and facilitates greater insights into the development of hypotheses. These principles were adhered to in this thesis. At times two interviews were scheduled close together for issues of convenience of the participants and therefore the previous interview's transcript and analysis was not completed prior to the next interview, but generally the processing of prior interviews was completed before the next interview took place.

Category saturation occurs when no new components or elements arise within a category. For this research the core characteristics of wise nurses were saturated but there were many other characteristics that were not saturated.

**Conclusion**

The Strauss and Corbin (1990) method of grounded theory has been adopted for this thesis. This chapter described grounded theory as linked to the interpretive world-view, which is consistent with Meleis' 'perceived view' that values the human experience. A constant comparison approach, and a high level of involvement from participants in all parts of the research analysis was utilised. The method or detailed steps used in this thesis will be addressed in the next Chapter.
CHAPTER 4

METHOD

Introduction

The previous chapter focused upon the philosophical or methodological perspective used during this thesis. The intention of this chapter is to describe how this philosophical view is played out in the detail of the grounded theory method, or procedural steps, taken in this thesis. The chapter explores the sampling approach that was utilised and discusses saturation, ethics issues and the interview process. An exploration occurs regarding how well the research was constructed under the headings of trustworthiness, fitness, understanding, generality and control. How theoretical sensitivity was achieved will next be discussed followed by data collection and analysis methods.

Overview of process

The aim of the thesis was to uncover a degree of insight into the nature of nursing wisdom and create a grounded theory from this. The process was based on the Strauss and Corbin (1990) approach to grounded theory. Wisdom can be usefully understood by using grounded theory deriving out of the interpretive world-view that values the human perspective, subjectivity and human consciousness. The interpretive perspective within the qualitative view values and aims to describe the experience and generate meaning. Wisdom is best understood as a complex whole. Grounded theory requires that theory be generated from the data and its analysis, which is useful for attempting to understand such a complex area as wisdom. Eighteen Registered Nurses (Division 1) were recruited for an open convenience sample. After appropriate ethical clearance, participants accounts were audio-taped and analysed. A fuller explanation will now be given.
The participants: sampling

In quantitative research the sampling is chosen to represent the whole population so that generalisation may occur (Polit and Hungler, 1999). In qualitative research the sample choice is to facilitate uncovering meaning (Polit and Hungler, 1999). In this study I have chosen a qualitative perspective as the underlying philosophical view and grounded theory as the vehicle for this. In grounded theory sampling is undertaken to facilitate understanding of a developing theory (Strauss and Corbin, 1990). For this study a form of 'open sampling' was used. The aim was to uncover as many categories as possible, therefore an open strategy was adopted and the selection was quite indiscriminate (Strauss and Corbin, 1990).

I will share the process I went through to decide who should be selected as participants and the rationale for this. I initially thought to identify nurses who were seen by their peers to be particularly wise, and then ask these wise nurses to discuss the nature of nursing wisdom, and to tell insightful stories about that wisdom. To identify these particularly wise nurses I planned to interview nurses and ask them who they felt were wise nurses and to describe why they felt these people were wise. I recognised that the information these nurses gave was already the type of information that was needed for the study. Therefore instead of a means to an end, it became the research. Instead of identifying wise nurses with a view to interviewing them I realised any nurse could give valuable insights, avoiding the need to identify and talk to particularly wise nurses. This too was in keeping with various views about wisdom, such as, that wisdom may well be understood by all the people in a cultural group in a reasonably consistent manner (Sternberg, 1990). Therefore, a convenience sample of Registered Nurses (Division 1) of any background was utilised.

Saturation

Eighteen participants agreed to contribute to this research. The number of participants was appropriate because the analysis of the last few audio-tapes of the eighteen interviews indicated that no new major subject headings were forthcoming, also the category
developments were dense and the relationships between the categories were well established. These are the described elements needed for saturation to occur in Strauss and Corbin (1990). In qualitative research the sample size is chosen to uncover the information needed. When no new information is emerging, then data saturation has occurred (Polit and Hungler, 1999).

I observed that different degrees of saturation occurred in this grounded theory research data. In the next Chapter, the analysis Chapter, there are three levels of categorisation. In level one, also called core categories, (Seeing, Doing and Resting) are three broad categories that derived from and became saturated with three participants’ interviews.

A second level of analysis (such as ‘Being open to, and able to, ‘Learn’ and ‘Being Open’) emerged after further saturation. One of the categories in this second level relates to ‘Humour’ (to value and be skillful in humour), which did not emerge until the tenth interview. No further categories appeared at this second level in the last three interviews, therefore, saturation occurred at this second level by the eighteenth interview.

A third level emerged as sub-categories of the second level, for example ‘values diversity of views’ and ‘values a high level of empathy’ as sub-categories of the second level category ‘Being Open’. At this level new categories continued to emerge in the eighteenth interview, therefore no saturation could be claimed to have taken place. The level one and two categories saturation were of value and useful for this thesis.

**Ethics**

Full ethical clearance was gained from the ethics committees at Southern Cross University and Deakin University before accessing participants. Some of the basic principles for ethical research (Polit and Hungler, 1999) are:

1. **The need for beneficence** (above all do no harm). This includes freedom from harm, freedom from exploitation, and benefits from the research the risk/benefit ratio. This was
addressed in this research through gaining consent, ensuring participants were not coerced and could discontinue at any time. Support was available if the participants were distressed by the research and anonymity was ensured so no future harm could occur.

2 Principles of respect for human dignity. This includes the right to self-determination, the right to full disclosure and the right to respect. These areas were addressed in this research through full disclosure of the process using written and verbal plain language. The participants were respectfully addressed at all times and were not coerced in any way. They could withdraw from the research at any time.

3. Principles of Justice. This includes the right to fair treatment and the right to privacy. These were maintained during this research through various means including non-prejudicial treatment of the people who chose not to participate. There was a strict adherence to ethical guidelines and participants had easy access to myself and my supervisor with respectful and courteous treatment at all times. All identifying information was destroyed as soon as possible, altered identification aspects such as name and identifiable details given during the interviews were altered. Each participant saw all aspects of their transcript and analysis, and the total analysis in its anonymous form. In addition to this, access was restricted to my supervisor and myself. All these elements are in keeping with the principles of justice.

4. Informed Consent. Fully comprehensive and informed consent was obtained after detailed verbal and written information was provided describing what was required of the participants. The participants were informed that their involvement was completely voluntary, they could withdraw at any time and were given the phone number of my supervisor and myself. The participants were given the plain language information for easy comprehension (Appendix A). Written consent (Appendix B) was obtained before commencing the research.
5. *Vulnerable Subjects.* If the participants were children, mentally ill, physically disabled, terminally ill, institutionalised, or pregnant women, they would be seen as particularly vulnerable subjects (Polit and Hungler, 1999). In addition to these groups, Bea1land et al (1999) noted the special place of indigenous people as potentially vulnerable subjects. None of the participants in this research came under the classification of vulnerable subjects.

6. *External Reviews and the Protection of Human Rights.* This research was externally overseen in three ways. The proposal went through the Southern Cross University and the Deakin University ethics committees for approval. In addition to this there was continuous guidance from Professor Beverley Taylor as my supervisor for this thesis. Permission was sought to approach and include colleagues or nurses associated with Deakin University as I realised many of my nursing contacts would have connections with the University.

An A4 size flyer was created (Appendix C), distributed directly to potential participants by myself or my colleagues. I also placed some flyers on public notice at Deakin University. Participants self selected by indicating their willingness to be involved by contacting me. I verbally outlined the project indicating that their anonymity would be maintained and that they could withdraw at any time, and their time commitment was made clear to them. No coercion was used. After each participant received a verbal and written explanation of the research process, the participant signed a permission form (Appendix B). Prior to signing, the information was given to the participant using ‘plain language’ to ensure clarity of understanding. The written plain language statement is attached (Appendix A).

The tapes of the interviews and the transcripts are kept by myself in a locked cupboard. The transcripts were altered to maintain anonymity and so the person could not be identified in any way, yet they maintaining the essence of the stories. For example, one set of wise nursing stories was in a setting that was so distinctive and unusual that this would have identified the story teller. For these stories the name of the setting was altered but the wise nursing insights were still relevant and unchanged. In the majority of stories all that was needed was to change the participant’s name to maintain anonymity. A high standard was maintained throughout the process of this research.
It was felt that there was a small chance that some participants may have become distressed by telling some of their stories during this research. A counsellor was identified for the participants in case they needed such support. The questions were asked in a careful manner especially when sensitive issues were raised and I drew upon my own nursing background to support participants during stories that were at times disturbing. For example one participant’s story concerned the death of a patient. During this time the participant (and I) cried at the intensity of the emotion involved in the story. At an appropriate time I raised the counselor’s availability, but the participant felt this unnecessary. I tried to be as supportive to the participant as was possible. Certainly by the end of the session the participant had moved on to other, less emotional, areas.

The interview process

The interviews were conducted at a venue and time that was mutually convenient for the participant firstly, and then myself as interviewer. Approximately half of the interviews were undertaken at the participants’ homes. One interview was conducted over the phone, due to the long distance involved. The remainder were conducted at Deakin University in various offices or other vacant rooms.

The interview utilised a conversational approach. I welcomed participants and thanked them for their involvement, then explained again that the purpose of the interview, which was being audio-taped, was to uncover the nature of nursing wisdom. I asked them to think of other nurses or themselves and describe wise or unwise nursing anecdotes, or give any insights they had into the nature of nursing wisdom.

After this introduction, the remainder of the interview consisted of the participants giving anecdotes or general ideas that related to the nature of nursing wisdom. This process used an open coding approach, with no structure to the interview (Ansell and Corbin, 1990). I sought clarification of issues during this time. I frequently asked, at the end of a given anecdote, for the participant to draw out of the anecdote the elements that were either wise or unwise and to explain why were they so. This was found to be very valuable.
The exception to this approach was when I re-interviewed four participants and asked if they could give further insights into the nature of a core concept 'Resting'. This is consistent with 'discriminate sampling'. Sampling includes not only selecting participants but also questions. In discriminate sampling there is deliberate and direct intent to gather the data required (Ansell and Corbin, 1990). This re-interviewing occurred after the eighteen participants had been interviewed. The core concept 'Resting' had often been implied, and some aspects of it raised throughout the first interviews, but exploring the concept a little further enhanced the study. I approached four of the participants to give their further insights into the nature of 'Resting' and wise nursing. In these interviews some of the participants talked about wisely 'Resting' while interacting with patients and away from patients. I asked them to give their own view and anecdotes relating to this. These interviews tended to only be 20 minutes long, where as the other interviews were about one to one and half hours each.

How well constructed is the study’s grounded theory?

There exists a large number of different views on how to gage excellence in qualitative research (Emden and Sandelowski 1998). From the 18 nurses' interviews a model describing the nature of nursing wisdom was constructed using a rigorous process to give credibility to the study, and these will next be described.

Trustworthiness

Rigor in qualitative research is about good practice and strong emphasis on the detail of the research steps (Roberts and Taylor, 1998, p.172). Another term could be trustworthiness. In this section, Polit and Hungler's (1999) and Lincoln and Guba's (1986) description of trustworthiness will now be explored in relation to this thesis.

To ensure trustworthiness each participant’s interview was transcribed in full and then a copy of this was given back to the participant to comment upon. All the feedback about these transcripts was that they were accurate. One participant asked that a softer word be used instead of the one he had used in the interview. This request was complied with.
As a second stage I identified elements of each participant’s transcript and placed parts of them under representative headings. On average, each participant’s transcript had 20 different extracts from their interview. These were given to the participants with a description about why I had placed this under the particular heading, and I asked them for feedback about this. In all cases the participants agreed that the headings fitted the extract. Participants also suggested subtle changes and extensions to information contained in the heading and this information was included in the research.

The third stage was that once all the interviews, transcripts and preliminary analyses were completed and the whole grounded theory existed in a preliminary form, the whole of the theory was presented to each of the participants for feedback. This resulted in some further alterations to the grounded theory.

Once this process was completed I presented an overview of the theory to four separate groups of nurses with up to 20 nurses present in each group. The overwhelming response in all of these sessions was that the content of the grounded theory resonated with their intuitive understanding of the nature of nursing wisdom.

**Fitness, understanding, generality and control**

In Strauss and Corbin (1990, p.23) the reader is directed to Glaser and Strauss (1967, pp.237-250) for a thorough exploration of ‘fitness, understanding, generality and control’ as the criteria for judging the applicability of the grounded theory. Grounded theory has translated, to use Emden and Sandelowski’s (1998) term which means to modify validity and reliability, to form the concepts of fitness, understanding, generality and control. The tension that grounded theory raises as a result of its quantitative origins and its qualitative adoption, shows particularly in the area that relates to validity and reliability in quantitative language. Quantitative research is about starting at an hypothesis and specific instances, then moving to general patterns of combined instances, whereas qualitative research takes the view that knowledge is relative. Therefore, the knowledge generated in qualitative research cannot be claimed as absolute (Roberts and Taylor, 1998, pp.15-16).
Reliability is usually not an issue in qualitative research (Roberts and Taylor, 1998, pp.15-16) yet there are elements of reliability at least implied in Glaser and Strauss (1967, pp.237-250), where ‘fitness, understanding generality and control’ are raised as appropriate measures of the research. This highlights the tension in grounded theory being influenced by both qualitative and quantitative world-views, presented in the original Glaser and Strauss (1967) and reaffirmed in Strauss and Corbin (1990).

**Fitness**

Fitness is when a developed grounded theory is faithful to the everyday reality of the area of study (Glaser and Strauss, 1967, pp.238-239). Each participant was given progressive copies of their own transcript, my interpretation of their transcript, and finally a copy of the grounded theory. The feedback was overwhelming that the grounded theory resonated with their own experience and meaning. I have also presented the analysis and grounded theory to several diverse groups of nurses and there has been a strong affirming that this grounded theory resonates too with their own experience of the nature of wise nursing. These are supportive of the fitness of the theory to nurses’ everyday reality.

**Understanding**

Understanding refers to two elements, firstly that the theory ‘fits’ (as described above under fitness) and secondly that it is communicated in such a manner that it is well understood by the people involved in the area of exploration, in this case, nurses (Glaser and Strauss, 1967, pp.239-240). For the reasons discussed under fitness, the participants and other nurses gave a strong sense of resonance that implied they had understood well what was being conveyed in the grounded theory.

**Generality**

Generality is the development of a theory that is general enough to be applicable to the whole picture (Glaser and Strauss, 1967, pp.242-243). Glaser and Strauss attempt to distinguish their term ‘generality’ from the generality expressed in quantitative research where large numbers of facts are accumulated and statistically significant statements are made. The quantitative style of research is viewed as too narrow because quantitative generalisation yields too few concepts and relations between concepts and therefore has limited use. In grounded theory the aim is to describe a broader and more general picture
than can be offered through quantitative means. The grounded theory in this thesis resonated well with the participants and other nurses. This is supportive of the Glaser and Strauss term ‘generality’ meaning general enough to be applicable to the whole picture. The grounded theory developed in this thesis, has elements of interconnection. The theory is not narrow nor does it have only a few components. All of these aspects are in keeping with a strong grounded theory in terms of ‘generality’ (Glaser and Strauss, 1967, pp.242-243).

**Control**

Control is when a grounded theory is substantive enough to enable people to impact on the situation described by the theory (Glaser and Strauss, 1967, pp.245-249). This means the developed theory enlightens people, and gives them new influence through their gained knowledge.

For the grounded theory developed for this thesis the intent was to paint a picture of the nature of nursing wisdom by drawing from 18 participants. I saw that this was valuable, and a first step only. A second step (for research after this thesis) is to research the question ‘How do people learn to be wise?’ and the related question of ‘How do educators facilitate wisdom development?’ Therefore in this thesis there was no attempt to control variables because this did not fit the intention of the project, neither did it fit the broad aims of qualitative research. The grounded theory gives some significant insights into the nature of nursing wisdom and some elements of ‘control’ are given, such as a recognition that wise nurses not only care for others wisely but also care for themselves wisely as well. In the main though, much more control will be offered when the future question is explored ‘How is wisdom fostered in nursing?’.

Many useful elements inform nurses to give them new influence through knowledge gained as a result of this thesis. These include valuing being open, valuing reflectiveness and valuing calmness. Control in grounded theory is quite different to control in quantitative research. In quantitative research control means controlling the variables (Polit and Hungler, 1999, p.698). Glaser and Strauss, (1967) have tried to gain credibility from the people who have a quantitative world-view, through using this modified quantitative concept in order to gain greater acceptance in that scientific community.
Theoretical sensitivity

Theoretical sensitivity is an important feature of grounded theory and refers to the researcher’s personal qualities (Strauss and Corbin, 1990), which is the quality of being aware of issues relevant to the area for grounded theory study. Theoretical sensitivity derives from the researcher reading widely in areas relevant to the study topic. I read widely on the topic of wisdom in a variety of domains such as religion, education and popular understanding. Being a nurse with 20 years experience also fostered theoretical sensitivity to the nature of nursing wisdom, because I drew on my personal experiences of wise moments in nursing to give me insight into the thesis topic. The process of the research also facilitated further theoretical sensitisation. During the research process I tried to maintain an attitude of scepticism (Strauss and Corbin, 1990, pp.44-45). I constantly questioned all aspects of the research process and tried to see from different perspectives. I constantly stepped back and asked if what I thought was occurring fitted the data (Strauss and Corbin, 1990, pp.44-45).

Data collection and analysis method

Grounded theory is not a linear approach but a cyclic approach, or a backward and forward approach. This involves exploring and revisiting the literature as required gathering data and analysing, further literature exploration, data gathering and further analysis if required (Strauss and Corbin, 1990, p.30).

I interviewed a participant about the nature of nursing wisdom then re-read various relevant literature. The interviews gave new insights into the literature and the re-reading of the literature gave new insights into the interviews. I re-read Taoism and Confucianism with new insight and saw that Taoism and Confucianism were both useful and together they were even more valuable, not unlike theoretical and practical wisdom. The data gathering, analysis and literature exploration was an ongoing cyclic, spiraling process. I observed that it is not an external process like putting information into a calculator and receiving the answer, but an internal process with enlightenment gradually unfolding. My
own theoretical sensitivity was being impacted upon continuously and I needed to keep in
tune with all the dimensions that were impacting on me and on the research. The research
was about uncovering a useful theory and creatively achieving this, but it was intimately
tied with my own growth and understanding.

After one or two interviews I undertook the analysis. I had help with the bulk of the typing
of transcripts. This meant a slight delay occurred in getting the analysis done quickly and
often a second interview had taken place prior to the previous interview’s analysis being
undertaken, although this did not cause any problems.

Open coding

Strauss and Corbin (1990) describe in detail ways of coding the data. Each piece of data is
firstly broken down. An open coding method is then used where each piece of data is
examined, compared, conceptualised and categorised. This is consistent with the constant
comparison method described in Glaser and Strauss (1967) in which each piece of data is
compared to each other piece of data and similarities and dissimilarities identified.

I used open coding by identifying whole and discrete parts of wise stories plus other
insights. All three types of subcategories in the transcripts; whole stories, portions of
stories and discrete insights into the nature of nursing wisdom, I treated as stand alone
pieces of data. Each piece of data was given at first a number code, then a tentative
concept name in keeping with the ‘open coding’ process (Strauss and Corbin, 1990).
During the open coding process the constant comparison method was maintained. Open
coding is consistent with Walker’s ‘analysis’ process (1995) and breaking down to
fundamental elements.

Axial coding

During the data collection tentative ‘axial coding’ commenced (Strauss and Corbin, 1990).
This is consistent with Walker’s (1995) synthesis process and it is the process of
reconstruction. In axial coding similarities and connections are identified, especially in
ways such as conditions, context, action/interaction, consequences and strategies. The
cyclic nature of the data gathering analysis and literature revising continued, and as further data were gathered I observed a gradual shift from continuously creating new headings until no new headings were created at data saturation. During the time of data gathering I fed back ideas to the participants and their responses would often alter the coding (either open or axial). Every step of the research process was a combined effort, so that it was not just my analysis or my creativity that generated the thesis, but a shared process with the participants. I was not only constantly comparing all data and its coding to each other but constantly seeking trustworthiness through the participants and from within myself too.

Selective coding

Selective coding is the process of uncovering the deeper or core categories (Strauss and Corbin, 1990). It is the same process as axial coding or synthesis, but at a greater depth. It requires greater insight and, in my experience, was clearly a second phase of analysis. The axial coding categories such as ‘humour’ and ‘touch’ emerged by looking for ways of clustering the data, whereas the categories of ‘Seeing, Doing and Resting’ emerged later after a greater exploration of the axial codes for core categories around which all other categories are integrated (Strauss and Corbin, 1990).

Process

Process is uncovering and describing the interaction or linking between concepts (Strauss and Corbin, 1990). In the next chapter of this thesis the way in which the axial categories such as ‘humour and touch’ and the core categories interaction will be explained in more detail. Process describes some complex and unexpected interactions. For example ‘humour’ is an example of an axial category. Its relationship to wisdom is like the insight stated in the Old Testament’s ‘A time to every purpose under heaven’. There is a time to be humourous and a time to be not humorous. Wisdom is recognising firstly that humour has its place in the wise nurse’s character (axial coding), but secondly that wisdom is about choosing the appropriateness of humour in a particular situation.
The conditional matrix

Grounded theory originated out of sociology as reflected in the conditional matrix. The matrix helps the researcher to look at the data from different perspectives, which starts from an international perspective then a national, community, groups and two people. Finally the act itself explored. This approach utilises a broad to specific, sociological perspective.

The construct of wisdom is not confined to a sociological perspective but it is useful to consider wisdom beyond the individual. Indeed in the analysis in Chapters 5 and 6 of this thesis I raise the idea that wisdom in nursing is primarily focused as a description of wisdom about individual nurses. In addition nursing wisdom could be seen as a concept relevant to a group of nurses and to nursing collectively.

There is value in looking at various grounded theories from different and possibly increasingly complex perspectives beyond a sociological perspective. It might be valuable to explore a theory from a developmental perspective such as ‘Is there a difference in the model over different ages of people?’ Is wisdom different for a child through to being elderly? A useful perspective could be exploring an historical perspective, which raises the issue ‘Is there a difference in the nature of nursing wisdom in different time periods?’ There are possibly unlimited perspectives beyond the sociological perspective presented under the heading of ‘The conditional matrix’ that may give greater insight into any grounded theory model developed. Strauss and Corbin, (1990) use the sociological matrix presented as one useful perspective, and could encourage further perspectives. Examples could be given, such as the ones discussed above (historical, ages of people) but others could be cultural, aesthetic, political, spiritual and economic. I considered and viewed the nature of nursing wisdom from many perspectives.

In Strauss and Corbin (1990), the implications of using different perspectives is to maximise the ‘generalisability’ (p. 162), which is again indicative of the positivistic roots of grounded theory. It is useful to explore the data and constructed concepts (from grounded theory and possibly other methods as well) from diverse perspectives. If the
perspective gives an insight that is useful, the researcher can draw on this for enhancing the concept being explored.

**Theoretical sampling**

Theoretical sampling is choosing to gain data that are helpful to an evolving theory (Strauss and Corbin, 1990). Predominantly for this thesis ‘open sampling’ was used, which is the approach to data gathering being open with no specific guide for sampling (Strauss and Corbin, 1990). Primarily there were no particular selection criteria for participating, except for being at least a Registered Nurse Level 1 (At least three years of full time education to University level). Occasionally I asked specific questions after participants completed their responses to general and open questions. As previously mentioned I asked two participants if humour was a part of wise nursing, as it was present as a topic in the literature on wisdom. The second theoretical sampling occurred when I revisited with four participants and asked them if ‘Resting’ was a part of wise nursing and what form it manifested. Apart from these above instances open sampling was utilised throughout the research data gathering process for this thesis.

**Adjunctive procedures**

The main adjunctive procedure that I used was computer word-processing to keep track of the data. The data were transcribed, then extracted sub concepts (axial coding) and placed these in a second document. To each of the sub-concepts I added comments and reflections, which is the same as memo keeping. (Strauss and Corbin, 1990). I also developed various diagrams to represent the data, in various ways, the most useful being on a large whiteboard in my study area. I put up a diagram and altered it at various times as the project progressed. These diagrams were logic diagrams that visually represented the relationships between data (Strauss and Corbin, 1990).

**Core verses non core characteristics**

The core characteristics of a wise nurse are those characteristics that are at least implied in all the anecdotes. After the participants interviews had been analysed for characteristics I
revisited the anecdotes that were large and which gave a broad insight into wisdom. I looked for characteristics that were present, or at least implied, in all these anecdotes. I felt that this was a valuable thing to do as it gave a guide to central or essential characteristics of wise nurses.

The following anecdote is an example of the decision making process utilised. It is short anecdote; the larger anecdotes were often easier to see the core elements in.

I will start with the recent one, which is about wisdom. A colleague of mine, a nurse, probably with 20 years of experience (will be discussed). I worked with her and every time she has been in a (patient’s) room there is some sort of peacefulness there. In the ward we worked in we had 4 patients’ rooms or units, or we had 6 patients in each unit. I’ve been thinking what it was that made people so comfortable in her presence. What is it that she did to people to make them feel so comfortable?

Many of them (are) terminally sick (with) cancer. Most of them (have) lung cancer and they are very very difficult to manage in terms of pain relief. With her presence and with her way she was able to communicate, was able to make people feel comfortable.

Good listening is definitely one thing she had. She had an extraordinary ability of asking questions which prompted people to talk and I think that together with the (ability of) listening, she obviously identified or clarified things. Because she was listening so well, and it didn't matter if she was in there (for) 10 minutes or half an hour, she utilised that time she was with the patient in a way so the patient felt that she or he was the centre of her attention. And I think that’s wisdom. It could be her way of dealing with people and I don’t know whether you should call her (an) expert nurse but there was definitely an ability to be there. (She was) physically present. She is quite a big lady and I guess her calm movement also made people feel that she had time to talk. I think that the physical ways she moved also helped.

One patient once said to me “You know you are (always) walking so fast down the corridor so I am sure you never have time to talk to me” and (this) really really stung me. I didn’t feel that. I was busy at that particular time but the patient perceived that I was busy due to my physical movement. I think the non verbal communication is very very important, and she very definite had that calmness around her when she was walking.

She got the work done. She could settle people with the pillows and be there in a very calm pleasant manner. I would probably say she is a bit of a role model for me because of her wisdom. She obviously also had long experience in the field so her clinical knowledge was immense too.

What is even more important is that she never made me, as a new comer to that ward, or the patient feel incompetent or feel stupid. So she was able to apply that knowledge in, I can't use other words, an appropriate manner. You never felt left out, or put down. So that is one person I can identify (as being wise).

(Sue page 2 lines 3 - 35)

The core characteristics are present or implied in this anecdote. These core characteristics are: wisdom is a journey of a life time; being open to, and being able to learn; being open;
seeing varied qualities; good judgement; seeing the multi dimensional web complexities; able to love and be loved; able to be good; values and is able to reflect.

In Sue's anecdote the wise nurse has an extraordinary ability to listen, implies being open and being able to reflect and learn. There is a strong sense of love or caring and good towards the patients in that she was able to make people feel comfortable at many levels. The wise nurse utilises good judgement in her communication asking appropriate questions. There are multiple issues implied with multiple patients in her care and a ‘satisfaction’ felt by these patients. This implies seeing the multi dimensional web complexities. I see that the willingness to learn from others through the wise nurse’s ability to listen reflects the continuing or developmental nature of wisdom, which is consistent with wisdom being a journey of a lifetime. The anecdote to me gives a sense of all the core characteristics.

By way of contrast for example the non-core characteristics of; to value and be skillful in humour; able to be courageous or able to understand rules are not present or implied.
Conclusion

Eighteen Registered Nurses (Division 1) narrated nursing stories that gave insights into the nature of nursing wisdom. No new information arose at two levels of the developed theory when saturation occurred. The ethical issues were considered and the appropriate steps were taken to address these.

The cyclic approach of reading around the topic, gathering data through taped and transcribed interviews, analysing the data, revisiting the literature, gathering more data and so on was used. The process was used of breaking the data down, re-constructing and looking for themes. A deeper exploration of the relationships and further re-construction lead to the grounded theory being developed. Trustworthiness was used for rigor as well as fitness, understanding, generality and control and the 18 participants were highly involved with the development of the grounded theory. The final grounded theory resulted from this process titled ‘The Wise Nurses’ Model’ or ‘Wise Nursing Model’ described in the next chapter.
CHAPTER 5

THE STORIES

Introduction

This chapter presents a few of the stories about the nature of nursing wisdom as told by some of the participants. The stories have been slightly altered from the original transcripts, but remain honest to the intent. The original tape-recorded interviews lasted around eighteen hours. Due to space constraints only a small sample of these highly valuable and insightful interviews are presented here. These stories give significant depth and quality to the understanding of nursing wisdom, which is consistent with a qualitative and interpretive perspective.

Stories

FRIEDA

My Greek family (for whom I was caring in hospital) consisted of a husband, a wife (who) had a terminal illness, (she had breast cancer) and they had three children, two sons and a daughter. The wife came into us, into hospital and I observed her over a few days and we knew that this lady was dying. She would sit up in bed and she would interact with the staff, when the family members came into hospital she would sit up in bed like a neat little doll all tucked in. The family members would sit around her and I observed that there was very little interaction between any of them. It was just like a curtain came down in between them. They just didn't talk. And yet I knew that this family was a loving caring family from things that I heard the family say and things that the mother had said.
One day I'd made up my mind. I'd look at them and just try and sort all of this out. I felt that I needed to do something about this barrier between the mother who was dying and all of the family. I was very much aware of their Greek culture. We had been taught that Greeks like to have the family involved in decision making and they don't like the sick member to be told of their prognosis. I really didn't want to disturb that culture. I didn't want to upset these people but I felt that this barrier had to be broken, or something had to be done so they could interact. So I made up my mind that I would speak to the children. The children I must say are in their forties.

The next day came along and the father came in, the husband, and two of the children, a daughter and the son. So I went up to the daughter and I said, "Do you have time. I'd like to speak with you" and she said, "Oh all right". I said, "Would you like to come down and talk with me"? And she said, "Can my brother come too"? I said, "Yes of course" and we went down into my office which really is just a hand over room; quite a barren room, just a desk in the middle of the room with chairs around the side quite bright lighting. We sat there and I said to them "You realise how sick your mother is?" and they said, "Yes", that they understood how sick she was. I said "You understand that your mother is dying" and they said, "Yes", and at this stage the daughter is crying and the son was very upset. I said "And you know that your mother understands this too" and they started to cry and they said "We'll we've never told her and we don't think she knows and my father says she doesn't know and my brother last night when we were talking about it said she didn't know". So I said, "Well, she does know, please believe me. She does understand but she just can't say this to you. And you, it seems to me, that you can't talk to her about it either". And the daughter said, "Well, we just don't know what to do. We don't want to upset her and we don't want to talk to her, you know my father said she doesn't know and my brother said she doesn't know". I said "Well what would you like to do? Do you want to take her home or her to stay here with us because she hasn't got very long to live"? They said "We would like to take her home and look after her".

So at this stage I said "Well, could we go and get the father and bring him down?" The son said, "Yes", so they went and got the father. The father came down, this lovely elderly gentleman and he sat down. I took his hand and I looked at him and I said "You understand that your wife is dying" and he said, "Yes". There were tears coming down his
face. I said, "You know she does know that she is dying. " he said "No I don't, we don't talk about it. She doesn't know, we don't ... we don't talk about it". I said, "Please trust me. She does know that she is dying". I said to her husband "Can you talk to her about this". He said to me at the time, and I will never forget this "I can not tell my wife that she is dying even if it is in my heart" And he held my hand at this time, and he was holding it very tightly and the son and the daughter were both crying. I said, "Well, what do you want to do?" and I said, "You know, she hasn't got long to live. Do you want her to stay with us and for us to care for her"? The daughter said that she wants her to go home. And the husband said "Yes I want her to go home". I said, "Well, today's Friday. We could sent her home Monday. If you can't tell her that you know that she is dying perhaps you could go and say to her would you like to come home and just see what happens".

We talked a little bit longer about these different issues and they were all very distressed and once again I didn't want to intrude upon their grief and I didn't want to intrude upon their culture. I did say it at the time, "I'm aware of the fact that you really don't want to tell your mother or your wife about these things that we discuss, because you may feel that you have to control all of this".

So we go back down the passageway and I go back into the nurses' station and a couple of minutes later they came, the daughter and the son, and they were both crying and I thought "Oh god! What have I done now? Have I really messed it up?" and they said "No! We have talked to our mother and she said when we said "Do you want to go home Monday" she said "No, take me home today because I won't see my home if I go home Monday". So after that the barriers were broken down. We looked at them and there they were within their area. They were hugging each other, they were holding each other and they were crying, and they were sharing it. We eventually got that lady home later that day, quite late in the day, anyway she died Monday morning at home.

I wrote down a number of things why I thought it was wise, and why it does it come to my memory the most. I think it comes to me because I can still see this very caring family and the barriers around them and the barriers about dying and about communication. I've thought about it and I've wondered 'Why?'. I thought it I needed some skills (in this
situation). I needed to be able to assess the situation, see what was going on and observe it. I waited a few days to observe it and see what was going on. I had spoken to the mother and I had spoken to the family just to get a feel of what was actually happening. I had learnt, back at University, about cultural beliefs and about illness and dying and death and about family values. To try and talk and find out (what) they knew. To ask them in an unthreatening way what (was) happening. I think I developed those communication skills through the University. I also learnt through communication courses (about) body language. I watched their body language and the way they interact toward their mother. How they sat there with their arms folded and how the mother sat ridged in the bed. I also looked at their faces and I saw this caring aspect about the faces. It’s all part of the communication. Not only what they said but what they didn’t say. And that once again that was through University learning.

I also learnt through University and by working in the area, about death and dying. I learnt about death and dying and how people relate or don’t look at death and dying in the face. It is part knowledge but it is in part experience.

But I also had to look at practical things. I had to get practical about what we were going to do about it. So once again I had to have knowledge and the ability to be able to act practically. We need to have an ambulance to get her home, we need to have a district nurse to come in with all these different things. We need to supply with medications, we need to do these practical things enabling your mum to come home.

I think it was also the timing. This is not the word. I think it's just something I felt the timing was right to talk to the family and I think that the woman's time span was very limited and she would probably die within a week. So I had to time it to talk to the family about these issues. If I had done it too soon there might have been a problem if I did it too late she might have died. So good timing was something there.

I had to be empathetic. I had to show that I really cared about these people too. But I think not only show but also I actually did care for them. I think that actually showed. So we had to (show) empathy. Perhaps that comes back to communication again. I think that empathy is something that is actually in (a) person to start with. I think it is something
innate that you actually care for people but I think that once again my education has developed empathetic skills. To communicate the empathy to show them that you care. That you are on the same wave length as them.

I guess also I had to sum up the whole situation too so that was (bringing) together all the threads. All these bits of knowledge, of timing, assessment and drawing them all together. Perhaps to come up with an assessment diagnosis. All together to come up with an answer. I see it as a wise decision. That's all I can say about that. Gut feeling too! That's it.

JEFF

There was a particular person that came to mind that I have had the pleasure to work with. I thought I would consider initially this person to be a wise nurse in the broad sense, but since we spoke initially I have sat down and thought what is it about this person.

What is it that makes me consider her to be wise? I couldn't just narrow it down to clinical competence, although she is extremely competent, because there are other staff on the same ward that show the same level of competence. Seeing her interact with patients in what I consider extremely difficult situations she appears to do it very professionally on a very personal caring level and with an air of calmness and confidence.

She would probably have to be nursing for 10 years, and it is a she. I have worked with her as a student on this particular ward and also as a graduate in my first year out. I would like to model a lot of my nursing practice after what I saw with her. To unravel her and say well look she is wise because of this and this (it is too difficult).

Wisdom isn't knowledge, you can have a lot of knowledge, but use that knowledge very poorly and not be a wise person at all. You describe it from your gut. You know what wisdom is but to actually get it into the head and verbalise it is extremely difficult. From her point of view it was being able to be very competent in a clinical situation. She managed a dying patient (very well) and I saw her handling the family (very well). Her wisdom was demonstrated by the way she was able to empathise with them, as well as being (a) competent and confident and calming influence and being able to motivate other
staff. (She would) bring out the best in them. She was a very patient orientated (and) person orientated nurse. That that came out in her practice so that probably how it described her initially.

Her manner was quiet and I think there on the same ward there were other nurses, probably a little bit brash in their approach and tended to look at the situation of the dying client and their family separately. They were there as a helping professional. They were sort of a step back from the situation. Whereas this nurse actually gave the impression that she was involved with the person on an individual basis caring for them. There was a lot of diverse (apparatus). We had cardiac monitoring wards that were very technically driven. She seemed to be able to handle the equipment almost as a by-the-way, yet concentrate on the patient. She did not give the patient or their family the impression (she was) distracted by the equipment, the technology, the drips, the tubes or what ever. I think that probably her biggest attribute was being able to show her concern for the patient. She appeared to be able to spend time and not be rushed with the clients and with their families. Yet she was given the same workload as every one else and was able to do it well within the time restraint.

I'll give you an example of what I think is not a wise nurse. A nurse specialist was employed by a particular hospital to run a ward because of her history in rehabilitation. Now what she said wasn't technically wrong, but she introduced herself to the staff and said "This ward is no longer a hospital. It is a business and our client care needs to be seen from that perspective". Now I'm sure that the nurse I'm praising here (in the previous story) has exactly the same concept. There are business like management attributes that have to be taken on board. Obviously you have got budgets. You have got staffing levels. You have got facilities. You have got consumables and you're trying to save money everywhere, but I couldn't imagine in a moment her (the wise nurse) saying that to her staff if she ever got to unit manager level. They are factors and I just compared those two and I thought I know which one I'd like to warm towards.

I'm not saying that you ignore business practices or management practices (these are) vitally important in any organisation but to ignore what I believe (is) the very reason for our existence. Just purely look at it from a business perspective I think is dangerous.
Whether it is a hospital (or) whether it is a church. Like if you take your faith and put it on the shelf and say right we are going to run this as a business, well I don’t believe that’s wise either. I think we seek expertise and training in whatever specialty we are at but don’t loose sight (of) what it is.

CATHY

I remember a woman that had these hideous abscesses under her inner armpit. A staph abscesses. She always had one, she couldn’t clean under her arm and that was why she would get another one. No one had educated her to use Betadine scrub for example. When she started to use these scrub packs, they worked. I mean that’s good, that’s wisdom.

(It is wise because we were) looking at that person through a bigger lens than just the abscess. I’m not having a go at the doctors but I would say that the medical lens was interested in the abscess only, not the total picture and she had always had them. The wisdom there is looking at the bigger picture.

STEPHEN

I was working on nights in an acute admission area in a psychiatric hospital. I was a student (psychiatric) nurse but I was a Registered General Nurse and I was in my last place (for experience) of a graduate psychiatric nursing course. We got a call that the police were bringing in a man who had apparently pulled a gun on some people, and they decided to transport him, under a doctor’s order, for detention. The doctor had done an examination but had said he should be transported to a psychiatric facility.

In those days, this is going back the late 70’s, there were many more psychiatric hospitals and this was one of the larger psychiatric hospitals in the area. So we rang around and got people from other wards, which we needed to get support when people were coming in who were potentially aggressive. I was feeling very anxious being still a student nurse and never having really seen someone in such a full-blown psychotic episode.
There was probably about 10 or 12 of us, mainly men, standing around outside the door of the ward waiting for the police paddy wagon to turn up. The wagon comes in, pulls up the motor goes off and there is all this yelling going on inside the van. There is banging on the doors of the paddy van. It's like a cage on the back of a ute. There is all this banging as the guy was throwing himself against the sides of the van, obviously in a fairly distressed state. Two big policemen get out. One's got some of his teeth knocked out and he is bleeding. Two or three more police cars turn up. At this stage my heart is starting to beat.

Our job is to get the guy out of the paddy wagon into a security space (called) a time out room. This is like a locked room. Then a psychiatrist would review him and then there would be some sort of treatment. The charge nurse actually was talking to the policeman and a bit of a tradition (of) toughness was showing through.

This is where the wisdom comes in. One of the other nurses (Ron) said to the policeman, "Maybe we should use you guys to help us get this fellow in", because we actually had to take him in and up some stairs into the only room that was vacant. And the police said, "Yeah we will do that". The tough charge nurse said "Maybe we could pull the gun on him and get him in", and this other fellow (Ron, the wise nurse) said "No! We need to give this person as much space as possible, but in a fairly measured way. Just walk him up the steps, because if we start using force here, we are going to be in real trouble".

The banging had calmed down now, and we were standing away from the wagon. The decision's quickly made. They are going to open the door and this guy's (Ron, the wise nurse) we will follow and walk him up (to the locked room).

When you are dealing with some one who's very aggressive, the aim is to establish rapport and basically you want to leave them alone. However, we have got to get this guy into a room so he doesn't run away or go crazy. Anyway, this really impressed me greatly. They open the door and the guy's standing there, (Bill) and he looked enormous. He was manic. He was quite over the top with a crazed look in his eyes.

He (Bill, the patient) was (very) scared. You could see it! Fear could turn quickly into anger. The guys standing on the paddy wagon like this (Stephen demonstrates a very
aggressive stance). Ron the nurse says very quietly, calmly, called him by his name, “What we need to do is go inside now and get a doctor to have a look at you, so just follow me”. He (Ron) turned his back on him, and the fellow stepped down and starts to follow. Everyone is looking at each other and we are all walking along, surrounding him.

Courage is the virtue I saw there. It is wise courage though. It wasn’t stupid courage. He was courageous in that he, while he turned his back he still sort of half maintained eye contact. With an aggressive person you try to avoid eye contact. Ron made himself small and non-threatening and said, "Just follow me". Ron was a reasonably tall man, but he was thin.

The entourage walked him in the door up the stairs and up the next lot of stairs and along the corridor. Everything was going well, and I was just astounded, you know. It was like this great gorilla walking along. He was glaring around and we were all trying to look away. Ron, who was leading, would use soothing words to bring him up.

I don’t know exactly what happened, but there was an interaction between the patient and the charge nurse and then it was a policeman. It was quick, and the patient just went bananas. He turned around and started running down the stairs. The charge nurse then, and I think this, I don’t know whether this was wise, jumped in the air and grabbed him around into the choker hold, it was horrific and we all dived on this guy and then we carted him. We got him in to the room and we laid him down, and then the next trick is getting out of the room, I mean we had been taught how. Anyhow we got out, slammed the door, and the guy went berserk. People have been killed in that sort of situation.

Now in all of that, I felt that was horrific, a horrific experience. I felt that wasn’t the way to manage a situation. I saw unwise behaviour from the police, but you know who could blame them. I saw courage, which was Ron, and sometimes I wonder if we had backed off a bit more and if we had got the police out, whether Ron would have been able to walk him in. I think he would have. I think that was the good nursing. Then I saw just: an out of control situation where there was no wisdom or anything it was just survival and a nurse had to put a choker hold. It was pretty heavy stuff.
I had the opportunity of nursing him (Bill) much later, but that night was one of the more intense experiences I think I have had in nursing. I saw really good nursing and I think that changed me. I realised while, we didn't get him all the way up there, I knew that what he (Ron) was doing was right. That is what wisdom in nursing is, doing something that is right.

SUE

I think the touching part is also a tremendous forceful and powerful tool we have and should be applied wisely so to speak. Some nurses can do it. Touching wisely, I mean, firstly appropriate for that particular person. That would mean that you would have to consider the background and the cultural aspects. Like just to give an example, Thai people, you never touch their hair for instance. It is like us giving a kiss on the lips. I mean it can be quite offensive. That is just a culture aspect, part of being wise is also to know the cultural aspect. It is also to know how close you can get physically before people get uncomfortable. I am thinking very physically and practically. How you lift the blanket. How you introduced yourself. Have you told what you aim for, what you are there for before you start touching people; before you start lifting the blanket off or fiddling with the pillows? You then can be invited to give a bit of massage, back massage or leg massage or whatever you are able to do. What I was talking about was lifting or how you make people comfortable. More than actually massage, but massage of course is a part of making people comfortable too.

KIM

I saw a director of nursing’s actually lack of wisdom. A Registered Nurse (RN) had gone to the Director of Nursing, while the Director of Nursing was in talking to the kitchen staff. The Registered Nurse in a light hearted way said “We'll have to fix up this (some medication procedural problems) we are not doing this correctly” and got blasted at by the Director of Nursing. When I heard about this I said, “Well perhaps this wasn’t a good time to do that because the Director of Nursing may have looked compromised in front of her non-nursing staff; that she wasn’t running a tight ship”. However well intentioned the RN
was, she was actually pointing out something that wasn’t being done right which may have been reflected on the Director of Nursing.

Then the Director of Nursing was pursuing it later and came up during handover and again pressed the issue with the Registered Nurse in front of all the other people at handover and possibly relatives and patients too. Yes I thought that it was unwise for the RN to have not picked the right time to bring up the issue of what was not being done correctly, but it was also unwise of the director of Nursing to address that division one nurse (RN) in front of other staff members. So there’s been a loss of respect. Not a good situation.

MARY

I think a wise person that I met was one of my clinical teachers when I was a young student. It was her wisdom in how to deal with students and how to get the best out of them. The gentleness, the right approach, the right things to say to nurture a student to get the best of them.

I suppose she had a huge burden in her life because she developed, in her mid 30s, rheumatoid arthritis and here she was continuing to teach with a struggling with her own life. I admired her ability to cope and go on. I suppose I thought of her as having wisdom because, back in the 70s in training the hospitals senior staff was still of the old school where you had to do as they told you and not say a word. You just didn’t get any inspiration for anything they did.

It’s unwise but they don’t know themselves that it is unwise because they think it is something that they have just learnt. I suppose maybe wisdom is removing those learnt traits and finding the best ones to nurture people.

This clinical teacher was very different and I admired her so much. I modeled my education and attitude to students and the nurturing and support sort of role. That is so important for the novice if they don’t get that they can hit upon situations that will make them decide not to do nursing any more. I enjoy my role knowing that I’m giving what this person that I looked upon as being wise gave to me.
JASON

I had a (nursing) student last year and she's only a second year. We had a gentlemen who'd been diagnosed with CA (cancer). Inoperable! It was in his gut. She was so concerned about this gentleman because what they were doing was they weren't really covering a couple of his systems. One of them (the problem areas) was peripheral edema and he was quite edematous, scrotum and ankles and legs. We were giving this guy 4 hourly IM (intramuscular) morphine and it is the student’s first time in acute care. She comes to me and she says” I reckon that we are not covering his pain and “I reckon that we should be doing something about the edema”.

They were talking of within a week that they expected him to pass away. I talked with her and she was feeling helpless, but we discussed what we could do. We got a plan together and we went to the nurse in charge who greeted us with a little bit of ‘Well he’s going to die, and its so hard’. From a student’s point of view you can’t accept that. So we negotiated a deal. We ended up getting sub-cut-morph (sub cutaneous morphine). (Previously) he wasn't getting an injection every 4 hours and I think that was a wonderful intervention in itself, and his pain seemed to be covered better. We also gave some lasix and that did appear to bring down (the swelling). I just thought that there's this student with such limited experience whose been able (to make a difference where others, more experienced and knowledgeable nurses, did not).

GARY

I suppose in that clinical context (this story) was almost a team approach to wisdom. Not (any) of us had the (total) answer but together and between us we managed to reach the endpoint through various moments of insight.

I actually later debriefed with an ACN (Associate Charge Nurse) about the situation. That wasn't a formal thing because I was upset or anything like that it was an educational thing to get feedback on my performance during that situation. Another aspect of wisdom (in this story was) this particular ACN. He was able to look at the things in such a broad way.
He was able to encompass things a lot faster than I could have. Perhaps I may have over time and with more reflections, but within, the situation was he was able to see the big picture of this man, where he come from, the context that he was hearing, the overdose, his social back ground, you know, his psychotic state the physiology behind that, do we re-intubate, or do we not, all those sorts of things. He was able to he managed it and manage what the risks involved were for the entire unit, not just himself. He was able to bring together very very quickly much faster than I could, that big picture and understand it all, all at once.

GRACE

The wisdom here is to know when (and how) to take (a joke and when and how to be humorous). I had a situation that there was one gentleman, he loved a risqué joke and he started telling the nurses the joke in the shower area and there were a couple of nurses who were quite upset by it. I had a talk to him and I said, “If you hear another joke, feel free to tell my hubby”. My hubby called through most lunch times to pick me up. Or else if you like to, just in your room, share it with me. I thought that way it goes no further. His whole demeanour after that was great.

I think laughter (can be wise). I use laughter to defuse a potentially aggressive situation with a demented resident. I have got them smiling or laughing about some or rather nonsensical thing I’ve said or something. Just as a diverting tactic. I’ve used humour a lot. I don’t mind looking the ‘raw prawn’ as they say.

KAY

The wisdom I saw is her having the gift of being able to get to the center of something quickly, and cut through the trimmings and be very clear and have a clarity about things. Also she was a very good boss in that she had absolute undying faith in me as an individual and I think that was an incredibly wise practice because of course she got a lot of things done, by having absolute belief and respect in people around her.
I would go to her and say “I don’t know how to do this, I’ve never done this before or I don’t want to be on this committee”. She would say, “Neither does anyone else. You can do it as well, if not better than others”. So I think that her wisdom was in having absolute faith in people that surrounded her, and their ability to carry out things and do things well. As opposed to other bosses I have worked with over the years in nursing who would be mistrustful and follow you around and check up on you. That kind of practice I think is very unwise, because it takes away the confidence of the people on a ward. If they have a boss that behaves in that way rather than someone who trusts and yet is always there for mentoring to tap for experience if they’re absolutely lost. I think that is a very important way to practice and she was one of the most important models in my career, still is, as a friend. I still see her very much as a friend.

SARAH

Andria was the grumpiest lady. She had no hips. The hip replacements eventually failed after 10 years and she couldn’t get new ones so she just had all the muscle holding the hips. She could still walk, but with the walker. She was a very private lady, she wasn’t a hugging lady. How I developed a relationship was that I respected her not wanting to be touched, not wanting to be hugged and her privacy,

I must have looked after her for 3 to 4 years so when I was there 3 or 4 days a week every night Sarah’s on the bell would ring. Andria would be ready to be put into bed and somehow it became my duty from Andria’s point of view because no one else could do it the way I did it. It often puzzled me because I didn’t do much, except I did it exactly what she wanted. If she wanted her teeth cleaned, if she wanted to soak them, if she wanted the thing there, if she wanted cream on her legs, if she wanted, I didn’t care. I did whatever she thought she needed and she was very much in control. So I allowed her to be in control of her world and her life. She was sharing a room, and she hated it. Eventually she got her own room, that was wise that she got her room on her own. She could have more of her own life style that she really wanted to have and the toilet wasn’t too far away so that changed her independence and her dignity.
I said to Andria “Why won’t you let the other girls get you ready for bed”. She said, “You do it the best. They throw me in, they don’t put cream on my legs, they don’t offer to do my stockings, and they just don’t take the time They just don’t do it how you do it you know”. I suppose what I consciously did was give her time because I didn’t ever have to do much for her anyway. I would shut the door, pulled the screens around and I thought I’ve got at least a quarter of an hour for Andria and that can be a long quarter of an hour particularly if she didn’t need much. So this went on as you can hear for years and years. The same thing and you would never touch her, never hug her.

I used to take the pups in and sit on her bed. I’d ask “Andria would you look after the pups for me. They’re too little. They need to be somewhere”, and she’d say “That’s fine”. So I’d let them in and then she’d ring the bell and say “They’re not happy Sarah”. I said “Can they sit on your bed”. She’d move her legs over a bit. She was having a rest for the afternoon. Well then the hand went down, touching and they really loved her and would crawl up and the biggest sort of warmth and touching going on there. I thought that was interesting and so that was another thing that sort of built that relationship.

Andria would look after the dogs for me. Then one weekend I went in and I thought she is not well and I said to her “Andria, how do you feel”? She said “I’m OK, I’m not ready to die yet”, just straight out. I said “Andria I wasn’t thinking about you dying, but you don’t seem well, has the Doctor been” and she said “No”, so I said “We’ll get the doctor in”. She kept telling me, “I’m not ready to die” and death scared her and a whole heap of stuff, and I’m going “Where did this all come from?”.

The next weekend she was dying when I went back and I went to her and I thought, my God what am I going to do. She is dying and I knew what she had told me. She was frightened of death. She was scared of dying. She didn’t want to die. I thought I have got a lot of work to do here. I went in and sat down and I said “Andria, you’re not well” I said “Andria last weekend you told me you weren’t ready to die”. I can’t remember all the details but we talked a lot and I said have you thought about what if you don’t pull out of this one?”. “No I haven’t,” she said.
Sunday she was worse and the family was involved looking after Andria. She didn’t lose consciousness and she said to me “Something is really happening and I’m really, really frightened”. I said “I think you’re really dying” and I think that was wise to say; not say “Oh you’re all right. You’ll get better” I think that’s cruel. That’s very unwise.

I’d go in and talk to Andria about not exactly dying but about how sick she was; how she might not get better. Then the daughter was “Oh no, no, we don’t want to talk like that”. Andria would say “Yes we do, because if I do die, I want to get it right”.

I turned up Monday night and I walked in and here’s Andria still bright as a button. The eyes just about out of its head you know and this filthy pillow slip and sheets. The daughter was there and I said “Andria, you have got the same nightie on that you had yesterday. She said “Sarah, they don’t want to touch me” We got the bowl, I said “You don’t mind if I get you cleaned up here” and she said “That was fine.”. We get the bowl and we get the clean sheets and we get the linen carrier and daughter and everyone’s involved and their helping me to turn her and we put the cream on and we do the whole bit and Andria said “Sarah, you are the only one who can do it. The only one that can do it all right” I said “Right Andria” and the eyes are staring and she said “Do you think I’ll die tonight?”, and I said “Andria, I don’t know”. She said, “Will you be there”? I said “How about we get a promise from your daughter that you will not be on your own at all”. She looked at her daughter and said, “What do you think?” The daughter had mellowed and got used to Andria’s talking straight. The daughter said, “I promise Mum”. Andria said “But Sarah you won’t be there”. I said, “I don’t know. I don’t know when you’re going to die”.

I had brought the pups in also to say goodbye. The daughter went out of the room and I said “Andria, how are you feeling?” She said “You know what, I didn’t think dying would be so good. I feel great. I have no pain. This is the first time I have had no pain. I just feel so good”. I didn’t have a clue what happening. Every one’s death is so different.

That night at the end of the shift I went in and I said “Andria I need to say goodbye”. I’m crying and she said, “I love you”. God you know I said “Andria I’m going to have to hug you” and she put arms out and this woman who doesn’t hug, arms out and we had a hug. I said goodbye and walked out. She died on the Wednesday morning.

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I think the wisdom was respecting where that lady was at and allowing her that dignity that she’d lived with right to the end. She did know what was going on all the time. She was in control. There is something unknown about it all. Even now I say something went on that I’d never experienced before.

**Conclusion**

This chapter has been a collection, indeed a gallery, of word pictures painted on the theme of the nature of nursing wisdom. The stories are left to speak for themselves and give some further insight into the nature of nursing wisdom. The next chapter gives the detail of the wise nurses model and further insights into the nature of nursing wisdom.
CHAPTER 6

ANALYSIS

Introduction

Stephen: ...Ultimately yes. Good nursing must be wise nursing. It must be, otherwise it's not good nursing (Stephen's transcript, p.12, lines 30-31).

This chapter describes the grounded theory regarding the nature of nursing wisdom; which was derived from 18 Division One Registered Nurses' interviews. Figure one (p.92) lists the major themes that will be described. Additional sub themes will also be noted. Under these headings a brief discussion may be given, followed by relevant parts of the interviews with a view to give some insight into how the themes were derived, and to give some understanding of these themes. Several additional headings that derive from the participant's interviews will also be raised. Finally the nature of nursing wisdom theory will be briefly explored in light of four recurrent central concepts relevant to nursing. These are the person receiving nursing care, the environment in which the person exists, the health-illness continuum within which the person falls at the time of the interaction with the nurse, and nursing actions themselves.

The participants

A brief introduction is given for each of the 18 participants. Each participant is a Victorian State Registered Nurse Level 1 (the highest level) and has been given a pseudonym. The participants have come from a variety of backgrounds.
1. Cathy
Cathy was in her mid 40's with a background in Intensive Care Nursing. She has a Master’s degree in nursing, and is a very clear thinking and articulate person.

2. Stephen
Stephen was in his early 40's with a background in psychiatric nursing. He has a Master’s Degree and a strong interest in philosophy, and is very articulate and reflective.

3. Sue
Sue was in her 40's and arrived in Australia three years prior to the interviews. She lived in Europe and worked there as a nurse with a community focus.

4. Kim
Kim was in her early 50's and has worked extensively in aged care. She has had many years of nursing experience.

5. Frieda
Frieda was in her early 50's. She was in her 30's before starting her nursing career but quickly became a Charge Nurse and then a Nursing Manager. She has recently completed a Bioethics Masters.

6. Julia
Julia was in her late 50's and has a background in Intensive Care Nursing. She has travelled and worked as a nurse out of Australia including working in a war zone. During the course of these interviews two participants referred to her as an example of a very wise nurse.
7. Gillian
Gillian was in her early 50's with an extensive background in perioperative nursing.

8. Jeff
Jeff was in his early 40's and is a first year graduate in nursing. He has had his own business, which was unrelated to nursing.

9. Jason
Jason was in his early 30's and has a combination of Accident and Emergency and Paediatric experience.

10. Gary
Gary was in his late 20's and had graduated with honours two years prior and had recently completed a post graduate diploma in Intensive Care. He is an extremely reflective and caring person, who has a young family.

11. Louise
Louise was in her late 40's. She has a strong nursing administrative background.

12. Christine
Christine is in her late 30's and has had diverse nursing experience.

13. Patrick
Patrick was in his late 30's and is a very intelligent, caring and able person. His background is primarily in Accident and Emergency, but he was a senior administrator at the time of the interview.
14. Mary

Mary was in her late 30's and has a broad range of nursing experience.

15. Karen

Karen was in her mid 40's and has a strong background in midwifery where she worked until recently as a Unit Manager.

16. Grace

Grace was in her 40's and has extensive experience in aged care where she has worked as a Unit Manager.

17. Kay

Kay was in her mid 50's and has an extensive background in psychiatric care and counsellor. At the time of the interview she was mainly working as a counsellor in a psychiatric team and in private practice.

18 Sarah

Sarah was in her early 50's. She has a diverse background including recent extensive experience in aged care. She is a very caring, reflective and wise nurse much admired by other nurses.

Themes

The following themes and sub themes emerged from the participants' interviews in no particular order. The themes depict the characteristics of wise nurses. The anecdote or part of an anecdote chosen highlights the theme or sub theme. Sometimes several anecdotes or parts of anecdotes are given to demonstrate different variations to the theme.
It is important that the reader keep in mind that wisdom is a totality, and that the themes that are described, if taken alone, do not depict wise nurses' characteristics.

Participants spoke of wisdom mainly in other nurses when they were younger and talked of their own wisdom later on in life. Wisdom is a whole person development that needs to be worked at in order to become wiser. The various aspects of wisdom, such as 'wisdom is a journey', is still a part of the whole and in itself is not wisdom. It is still useful to discuss the aspect of wisdom such as 'wisdom is a journey' as if it stands alone, but it is best to keep in mind that it is a part of the whole and needs to be seen in light of this.

A group of nurses and/or nursing as a whole could be also seen as on a journey. The wise nurses' model is not only about the character of one wise nurse, but it is relevant to a group of nurses or even to the whole of nursing.

Knowledge and experience have some positive bearing on wisdom. Wise nurses have a degree of knowledge and experience, although not all experienced and knowledgeable nurses are wise.

The themes and sub themes will be presented next with some of their associated anecdotes or insights from the participants. There may be several sub themes under a major theme. At times some comment is also made.
| Core characteristics | wisdom is a journey  
|                       | valuing learning  
|                       | love is the engine of wise nursing  
|                       | the desire to do good derives from love  
|                       | openness  
|                       | good judgement  
|                       | awareness of qualities  
|                       | seeing the complex web  
|                       | reflectivity  
| Non-core characteristics | courage  
|                       | respect for autonomy of others  
|                       | able to be honest  
|                       | able to trust  
|                       | is intuitive  
|                       | is able to make decisions  
|                       | is able to be calm  
|                       | is able to motivate (accentuate the positives)  
|                       | can understand rules  
|                       | can communicate well  
|                       | can use touch  
|                       | can be humourous  
|                       | can be creative  
|                       | can share  
| Modes chosen by wise nurses | mode of Seeing  
|                       | (seeking to understand)  
|                       | mode of Doing  
|                       | (seeking to cause change)  
|                       | mode of Resting  
|                       | (seeking to recuperate)  

Figure 1 Wise Nurses Model

Wisdom is a journey of a lifetime

Wise nursing is about a journey that involves the patient and the nurse together. An important overarching grounded theme that emerged was that wisdom was a process of becoming. The wise nurse is about becoming an integrated being. Wise nurses do not stand outside their environment, but are interdependent with their environment. Very often in nursing the environment that is interacted with is social, especially in relation to patients.
The characteristic of being open to and able to learn is a highlighted aspect of ‘wisdom is a journey’ though it is only an aspect of this. Implied is a sense of direction, intent and end purpose. Implied is an individuality of the journey with unique and overlapping elements. There is a sense of each person having a distinct journey and an element to be shared.

Christine remarked “…so they’re on a journey there are other people who seek other things in order to find out about themselves” (Christine’s transcript, p.10, Lines 9-10)

**Being open to, and able to learn**

Being open to and being able to learn is a core characteristic as it was always present, or implied, in the wise nursing anecdotes. The connection to different wise nursing characteristics needs to raised for being open to and being able to learn. The characteristic of judgement is still important. Wise nurses recognise that learning needs to be judged for its appropriateness. Some learning, either for its content or the process of learning can be harmful or have an element of harm.

**Wise nurses have a strong tendency to promote being open to learning and recognition that they are always learning.**

**Learning about self**

So if we come back to being wise and being on a treadmill of being wise, if you look at some of the people that we consider in nursing to be wise and have a lot to contribute to nursing they are people that are continually growing and developing.

*(Louise’s transcript, p.4, lines 41-49)*

But it is not just one way, it is the growth you get in yourself as well. So part of being wise is I think may be seeing that potential within yourself. OK I’ve learnt something out of this relationship role. I learnt heaps from the patients I looked after during my clinical years. I learnt heaps from the students that you interact with. Every time you interact with someone you learn something different about yourself, and I suppose going into study with a completely foreign group of people again you’re learning different aspects o’ way you interact with people.

*(Patrick’s transcript, p.6, lines 26-33)*
Improving

There might not be an answer but we've learnt something in the process to improve or get a next step.
(Sarah's transcript, p.6, lines 40-41)

Willing to learn from others

I think you're safe if you have the attitude that I do know something but there's a hell of a lot I don't know. I might not ever know it all either, but someone else knows something. To have that openness and willingness to learn from someone else too.
(Sarah's transcript, p.23, lines 30-33)

Wise nurses have a strong tendency to value more information and this may facilitate being wise, but knowledge of information alone is not wisdom as one can be wise with minimal knowledge or information.

Wisdom is more than knowledge

The participants differentiated between knowledge of information and wisdom although knowledge of information was still highly valued.

(The wise nurse) she obviously also had a long experience in the field. So her clinical knowledge was immense too. So that also is a part of it.
(Sue's transcript, p.2, lines 29-30)

Wisdom isn't knowledge. You can have a lot of knowledge but use that knowledge very poorly and not be a wise person at all.
(Jeff's transcript, p.2, lines 16-17)

I think that wisdom comes with experience but then that situation just disproved it really 'cause you would think that they were both experienced people but the situation really wasn't handled well. They both had a lack of wisdom really.
(Kim's transcript, p.2, line 37; p.3, line 33)

I think that wisdom is something a lot broader, or to use that terrible cliché, more holistic than an expert. Like an expert maybe wise, but I don't think it's a necessity for that classification for that person who's an expert to be actually wise. ... I'm not really convinced that you have to be an expert to be wise. You know you can be a beginning practitioner, a novice, even a student, some of them, can demonstrate wisdom in their maturity, in their ability to analytically think, their ability to be creative their adaptability. All those sorts of things.
(Patrick's transcript, p.1, lines 33-43)
I do align it (wisdom) a lot with, probably somebody who has a lot of experience. I don’t see somebody who has, when I’m thinking about clinical nursing. I don’t necessarily see somebody who’s got a lack of depth in nursing to necessarily have the wisdom in nursing that’s necessary to be able to make the clinical decisions that are necessary. An example of that probably comes from the observations that I did when I was involved with developing the standards for critical care nursing and looking at how nurses worked. Asking them how did they come to make those choices, which sort of allowed me to sort of understand the decision making processes that they had. So I align it very much, a lot, with somebody that has a lot of experience in nursing because they are able to sort of look back on their life experiences, their past experiences in nursing, to be able to make the choices about what is the best for that patient and the family. They were also making choices and decisions what is best for their work mates their peers and how to react. To be proactive in certain situations like in nursing in the clinical environment.

(Louise’s transcript, p.1, lines 11-23)

I wonder if the wisdom comes from the fact I have had a wealth of experience.

(Julia’s transcript, p.6, lines 5-6)

I have had 3 months in the emergency department. It is all very nice. You get someone in and you don’t know what is wrong with them. Once you have got tests back once you have had C.T. scan or once you have got something to hold in your hand look at in the form of an X-ray look back and think I should have picked that. But I still don’t necessarily equate that with wisdom. That’s clinical competence that comes with practice.

(Jeff’s transcript, p.4, lines 20-24)

Wisdom I guess is how you would use that knowledge or how you use that competence.

(Jeff’s transcript, p.4, lines 24-25)

Wise nurses have a strong tendency to have awareness that some knowledge or experience can be detrimental.

Some knowledge can dull wisdom

Some knowledge can potentially make a nurse less wise or dull ones wisdom as Jason’s observation indicates.

I think that there’s huge wisdom in the students on clinical placements. My experience with doing clinical tutoring and stuff, I just I see so many of those kids out there doing this job that are just wonderfully wise. Especially from a humanistic point of view. I mean these kids really seem to be quite sensitive to the needs, and I really think that is so wise. Because there is an element as we go on we get a little bit harder in our approach. I think we can lose that humanistic side a little bit, but the issues of the students come up with because they’re new issues, I think shows great wisdom. To identify a lot of things that are our there. Death and social interactions, loneliness, all of those things I think they highlight them very well, and I think they’re very aware of them. I had a student last year and she’s only a second year and we had a gentlemen who’d been diagnosed with CA
(cancer). Inoperable! It was gut and she was so concerned about this gentleman because what they were doing was they weren't really covering a couple of his systems. One of them was peripheral edema and he was quite edematous, scrotum and ankles and legs. Really there was some involvement there and we were giving this guy 4 hourly IM (intramuscular) morphine. This kid, her first time in acute care second year student and she comes to me and she says "I reckon that we are not covering his pain and I reckon that we should be doing something about the edema". Because literally the prognosis of the gentleman was very poor, they were talking of within a week they expected him to pass away. I sort of talked with her and she was feeling helpless within it, but we talked and we discussed what we could do and we got a little plan together. We went to the nurse in charge who greeted us with a little bit of 'Well he's going to die.' ... So we negotiated a deal. So we ended up getting sub cut morph (sub cutaneous morphine) so he wasn't getting an injection every 4 hours um and I think that was a wonderful intervention in itself, and his pain seemed to be covered better. And we also got some lasix happening - intra venous lasix. So and that did appear to bring down that (edema). I just thought you know, there's this student with such limited experience who's been able to sort of go, "Here's a couple of problems. I think we should be doing more". I've even got a couple of ideas of what we should be doing. Then with a little bit of help we have been able to implement them.

The wisdom there is the observation to look beyond. ... I think that is unwise to be in acute care and to think that's (getting the person well is) the only focus because you know as the students shown is not, comfort is huge and I think it is forgotten it can be forgotten you know because everything's so busy.  

((Jason's transcript, p.5, line4 - p.5b, line2)

**Being open**

Being open is a grounded theory theme and characteristic of wise nurses. It involves a strong willingness by wise nurses to listen, to be interested in others and be in-tune with others. It also involves a willingness to listen to others ideas, and value diverse ideas, recognise the importance of really listening as it is valuable to the person talking to be really heard. Being open is not being dogmatic, rigid or arrogant but involves empathy and a willingness to take time to listen and to search for useful questions.

Wise nurses have a strong tendency to be very open with a high level of sensitivity (sensitively perceiving in its many forms including and beyond one's eyes) to within themselves and beyond themselves.
Good Listeners

Sue and Cathy say that wise nurses are good listeners.

I believe it is the way it is communicated. Good listening is definitely one thing she had. An extraordinary ability of asking questions which prompted people to talk and I think that together with the listening she obviously identified or clarified things because she was listening so well. It didn't matter if she was in there 10 minutes or half an hour she utilised that time she was with the patient in a way so the patient felt that she or he was the centre of her attention. And I think that's wisdom. It could be her way of dealing with people and I don't know whether you should call her expert nurse or but there was definitely an ability to be there. Physical present also. She is quite a big lady and I guess her calm movement also made people feel that she had time to talk, calm movement I think that the physical ways she moved also helped.

(Sue's transcript, p.2, lines 13-21)

You might have suggested a particular way and think that is the way to go but someone says something different. You have got to be willing to grab. I think that's pretty wise to be open to better ideas and better ways of doing things. You can't be a closed shop.

(Cathy's transcript, p.4, lines 15-18)

Wise nurses have a strong tendency to value a diversity of views.

Value diversity

I guess there is a group nurses who have that cultural camaraderie. People are wanting to hear any suggestions that you might have thought about. You get a lot of wisdom that way. You get the best decisions sometimes.

(Cathy's transcript, p.4, lines 7-9)

Wise nurses have a strong tendency to recognise that being open is an action, not only of great importance to oneself in order to understand but often of great value to others, as they value knowing they have been truly and deeply listened to and their situation truly understood.
Listened to

...there with a sense of that I had been listened to and that something would eventuate and that would be a positive outcome.
(Kay’s transcript, p.4, Lines 9-10)

Being open is powerful

Grace tells that being open is an action, not only of great importance to oneself, but often of great value to others, as they value knowing they have been truly and deeply listened to and their situation truly seen.

Oh, listening, the art of listening is nursing wisdom personified, I don’t, won’t have anyone say that is not important in any aspect of nursing.

Peter: But your saying it’s not necessarily in order for you to do something, it’s just the listening itself is of value.

Grace: Oh the listening. Yes definitely of value. It’s amazing what else, side issues come up if you just listen and not put your interpretation on the conversation. You don’t guide it too much. You sometimes have to guide an issue or two, have that person be talking to you about something, but they often sidetrack something. If they feel relaxed with you they’ll side track and be. The thing that is worrying them will often come out even though its just a word or phrase that you pick up you might not follow it up then, but you make sure you follow it up another time when again they’re relaxed, you know a little bit more social. Hello, how are you chat chat, but ah I found that very useful.
(Grace’s transcript, p.3, line 37- p.4, line 10)

Listening is giving

Mary explains that listening is very giving. There is a degree of suspension of judgement.

The preparedness to listen and give of yourself to another person, to understand and let them be. Not to step in. I don’t think you can be making decisions and things for other people, but you can be there for them and help them through the time, support in a pleasant way, not an overpowering way. I think that is all I can think of off the top of my head.
(Mary’s transcript, p.4, lines 10-14)
Wise nurses have a strong tendency to value a high level of empathy.

These anecdotes give a strong sense of the value of empathy in being open as a part of wisdom.

I saw her as a wise person before that to a degree, just because of who she is, her intellect and how she approaches people and her ability to talk to people and those sorts of things. The thing that surprised me the most and it struck home, her wisdom was that, that she could really see where I was coming from and she seemed to understand me completely. She could almost take words out of my mouth about how I was feeling at the time and she was completely understanding.  
*(Gary’s transcript, p.8, line 31- 36)*

*Experience helps empathy*

The strong role that empathy plays in wisdom is highlighted in the way an experience gives Grace greater insight into how time is altered during an operation.

Not nursing wisdom so much as something I’ve taken into nursing. My great grandma bless her soul she’s up in heaven, she always said to us children ‘Walk a mile in someone else’s shoes, before you really understand’. There are so many instances occur in the aged nursing that until we are any way near the situation there is no real way we can understand or be wise about it. So, it is very hard but I think I know that some nurses have had operations as I have and I’ll tell you what, if you’d been there on the other end of care, it’s very easy to apply that wisdom that’s learned with, you know.

Peter: Would you just explore that a little bit further for me?

Grace: Well just the effect of waking up. One instance I had been given a Temazapan as a pre med. Previously other operations I had injections and I thought I wonder how this is going to work, so a little bit later on I was talking to the RN (Registered Nurse) and she said ‘How are you feeling?’ and I said ‘Not bad’. Next thing I obviously fell asleep and I knew my theatre case was at 1.30. I said to the sister you know ‘What time is it?’. ‘Quarter past one’ she said. I said ‘Oh, not long to go then’. ‘What do you mean?’ I said ‘Not long to go to the theatre’. I said ‘In a quarter of hours time’ and she said ‘uh uh that was yesterday.’

They had sedated me completely for the 24 hours. I had a very major op., and I can still remember the nurse turning me. I said ‘Oh your joking’ then they rolled me. They weren’t joking. The pain was intense.

Peter: So tell me how does this relate to wisdom?
Grace: This relates to wisdom (in) the fact that since then I had realised that your perception of time makes the world of difference. Now looking at something in the nursing field, in our nursing home if something has been in vogue, for a week yes perhaps it might be reasonable, we make that carte blanche. We’ll always do it from now on, but no, I really think you learn a wisdom, that the period of time is not always what it seems to be.

(Grace’s transcript, p.1, line 30 – p.2, line 25)

I had to be empathetic. I had to show that I really cared about these people too. But I think not only show, but I actually did care for them and I think that actually showed. So we had to (have) empathy. Perhaps that comes back to communication again. So that's empathy as well. I think that empathy is something that is actually in (a) person to start with. I think it is something innate, that you actually care for people, but I think that once again my education has developed empathetic skills. OK. To communicate the empathy, to show them that you care that you are on the same wave length as them.

(Frieda’s transcript, p.3, lines 8-13)

**Wise nurses have a strong tendency to not value dogmatism, rigidity or arrogance as these may tend to make one less open.**

**Dogmatic**

Being dogmatic implies a lack of willingness to listen and a lack of openness to a different idea, which is not wise. Arrogance shows a person is not open to listening, or really being open, and is not wise.

Well why wasn’t she wise? She was dogmatic.

(Julia’s transcript, p.7, line 28)

**Too Rigid**

Christine considers that being too rigid may not be wise.

I would consider unwise people who were extremely rigid. There was only one way of doing something and it was their way and their way was the right way and if you did it any other way well you were wrong. Generally I found those people couldn’t be adaptable in a situation where they had gone in to do something for a patient such as change a IV or just a specific job. And something happened in that room that needed their attention but they wouldn’t stop what they were doing or stay with that person to spend time with them. They’re just too rigid and too clockwork. I also found I came across people in life who are like that. They just don’t seem to get the same enjoyment (out of life). They’re just too rigid … because if things don’t go according to plan then they get all stressed and up tight.

(Christine’s transcript, p.3, lines 12-21)
Wise nurses have a strong tendency to have a strong willingness to take time, if possible, to observe and absorb.

*Take time*

Wise nurses, where ever possible, don’t rush things when observing. Frieda explains that it is valuable to have a strong willingness to take time to see and absorb.

I needed to be able to assess the situation, see what was going on and to observe it. I waited a few days to observe it and see what is going on. I had spoken to the mother and I had spoken to the family. Just to get a feel what was, what was actually happening get a feel for what was going on.  
*(Frieda's transcript, p.2, lines 23-25)*

*Accentuate the positive*

Wise nurses, if possible, get to know people well. Jason tells that wise nurses have a strong willingness to take time, if possible. His anecdote also highlights accentuating the positives or motivating with genuine positiveness.

I used to see her do things, like be in the tea room. She would never talk about negatives which was fine, although she’d acknowledge negatives when people would have a beef, but she would talk individually with people and she would find out their background by talking to them. What they sort of do. What they’re about and so it was gathering information and you have got to know your audience. You have got to know your staff in order to get the best out of them cause what gets the best out of me isn’t going to be what gets the best out of the next person. So, she was just so talented at doing that.  
*(Jason’s transcript, p.8, line 16-23)*

Wise nurses have a strong tendency to place importance on seeking appropriate questions.

*Find questions*

Wise nurses find questions. Julia and Louise express that it is valuable to seek out useful questions to help with understanding.
I think often with wisdom it's the process of questioning, which is not necessarily an answer, which an ideology has ... Do you know what I mean?
(Julia's transcript, p.2, lines 25-33)

Question finding different to answer seeking

Louise and Julia highlight the importance of questioning and question finding in wisdom. The distinction between question finding and answer seeking is important and valuable. Both have a role to play.

Asking questions. Lots of people that are developing nursing wisdom will often ask more questions about what is going on and will start a cascade of enquiries going on, so they are very valuable.
(Louise's transcript, p.4, Lines 13-31)

I think often with wisdom it's the process of questioning which is not necessary an answer which an ideology has ... do you know what I mean?.
(Julia's transcript, p.2, lines 25-33)

Timing

Grace describes it is important to correctly judge the time that it is appropriate to listen.

Another area of wisdom, I don't know whether it is similar or not but, wisdom to know when to speak and when to simply shut up and listen. There is no other nice way I can say this, but you have to shut up and listen especially with the aged and their family members. There is times they want to ask you something. They really don't want to hear you. They want to be able (to) air whatever it is they are feeling at the time.
(Grace's transcript, p.3, lines 26-33)

Being involved

Jeff explains that being involved with a person on an individual basis is wise.

They (other people) were there as a help professional. They would sort of a step back from the situation whereas this nurse (the wise nurse) actually gave the impression that she was involved with the person on an individual basis caring for them.
(Jeff's transcript, p. 3, lines 5-7)
Seeing varied qualities

The ability to see one’s own and other people’s qualities is a characteristic of wise nurses. It involves recognition and acceptance that we all have different qualities that can be limitations and strengths, that we all make mistakes and sometimes do not know what to do. Wise nurses recognize that at times there is no answer or right response in a particular circumstance. Wise nurses project a sense of being humble and engender in others a sense of acceptance. Even when others are making mistakes or showing limitations, wise nurses are willing to forgive. Wise nurses recognize that there is a degree of uncertainty in many situations.

This characteristic of wise nurses is a core component and is always present, or implied, in all wise nursing anecdotes.

Wise nurses have a strong tendency to recognise and accept that there are qualities, limitations and strengths (within and beyond themselves); and respond appropriately to one's level of ability without making others feel uncomfortable about their own qualities, limitations and strengths.

A time to defer to others

Cathy tells that it is wise to defer to one who is more knowledgeable in an area of expertise.

Ringing the surgeon up continuously on night duty because the patient in I.C.U I thought was bleeding but she wasn't bleeding a huge amount. (The blood) was just drip drip drip drip (a continuous small amount). ... I rang him up three or four times in the night and kept on telling him and finally he came and operated. I suppose that is wisdom. Just to let him (the surgeon) know what is going on because he knew more than me.

(Cathy's transcript, p.9, lines 24-28)
Valuing a team’s insights

Gary spoke of drawing on a team approach, to value other’s qualities, extent or intensity and perspectives although one needs to eventually evaluate these.

I suppose in that clinical context it was almost a team approach to wisdom if you like. Not all of us had the answer or the insight if you like, but together and between us we managed to reach the endpoint through various moments of insight if you like, that we wanted to achieve or we needed to achieve for this particular person.

(Gary’s transcript, p.4, lines 26-29)

Knowing self

Gary and Christine explain the importance of knowing the extent or intensity of one’s own and others’ qualities.

That gave me enough time to call security and have them on hand if needed and we actually didn’t need them. That again (came) from my own experience. I knew we should have someone who is better at restraining people than myself, because restraining people is not really my special field or primary job.

(Gary’s transcript, p.3, lines 55-58)

Christine spoke of the need to recognise what we know and do not know about ourselves.

[Wisdom] - I think part of it is knowing yourself.

(Christine’s transcript, p.11, line 3)

Not making others feel uncomfortable

Gary showed that it is necessary to recognise other’s qualities, and respond appropriately without making them feel uncomfortable.

But he forgets that not everybody thinks as fast as he does all on the same level, or has the same background and those sorts of things. I suppose there is where he may lack insight as to ... where people are situated and that is not to say he doesn’t try. He certainly does try to do it in his own way, but it seems to be for him a gap that he is not quite able to reach the students.

(Gary’s transcript, p.1, lines 32-36)
Know one's self well

Kay explains the importance of knowing one's self well.

For example one of the effective ways of treating depression in young people, in anybody, is with cognitive behavior therapy. I'm not a trained cognitive behavioral therapist although I use the techniques and I have learned background of that knowledge base, but I'm not a trained cognitive behavioral therapist. So one of my supervisors pushes me to use cognitive behavioral therapy and because I'm not trained in that and I don't claim to be an expert in everything, I use what I know at times. At times I discard it. I don't think it is appropriate for the moment and then I am where I am with my learned background in that moment with a client which is much more humanistic in my clinical background and my academic background. So I use that and that is about being there in that moment with that person and having advanced empathy and being able to feel their world as though it were you and being able to use that as a tool to reach them, to help them not to feel alone, which I think in itself is quite a therapeutic thing to do so its being. I suppose the wisdom comes in with knowing my deficits and my skills, and knowing what I'm good at and being able to utilize that so there is wisdom in that as expected.

(Kay's transcript, p.11, lines 13-27)

Not having the Answer

Wise nurses are willing to accept that we may not have the answer, recognising and accepting the stage one is at, as a part of one's qualities, extent or intensity is important.

[Wisdom is a] willingness to accept that we may not have the answer.

(Sarah's transcript, p.6, lines 34-36)

It is OK to not know

Recognise what one does not know and that make this known rather than hiding it is important. ... I think being wise is that a fact that I don't know is OK and you recognize that. Yeah there were some nurses who instead of saying 'I don't know' (do a) big cover up or the lying or fudging or all that sort of stuff, when its simple to say ('I don't know').

(Sarah's transcript, p.16, lines 6-9)

A person is not 100% wrong in everything

Mary explains that almost everyone can be right at times and have some value.

I think that you have to remember that the person that might have done something wrong isn't a hundred per cent wrong in everything. So you can actually start by empowering them and saying 'I like the way that you do this and you do this really well.'

(Mary's transcript, p.8, lines 40-43)
Humble and asking for advice

Christine explains that there is a time to be humble. We all have limitations and strengths.

... humility, being able to ask for advice and take advice.

(Christine’s transcript, p.2, lines 10-11)

Not making a new comer feel incompetent or feel stupid

Sue spoke of the value of avoiding making others feel incompetent.

But what is even more important is that she never made me as a new comer to that ward or the patient feel incompetent or feel stupid. So she was able to apply that knowledge in an, I can’t use other words, in an appropriate manner I guess, so you never felt left out of, or put down.

(Sue’s transcript, p.2, lines 31-32)

Wise Nurses are not going to put people down

Mary explains how a wise nurse she had in mind was approachable because she did not put people down.

I think it is difficult. One would become comfortable with the thought of approaching the person with a question and perhaps you approach them because you know that it will be tackled in a very sort of wise manner, knowing that you’re not going to be put down – you’re not going to be thought of as silly or whatever.

(Mary’s transcript, p.2, lines 28-31)

I know what I don’t know

Sarah explains the importance of knowing her qualities, extent or intensity and the importance of being honest about this as judged appropriate.

I think you’re safe if you have that attitude, ‘Well I do know something but there’s a hell of a lot I don’t know and I might not ever know it all either’, but someone else knows something and to have that openness and (be) willing to learn from someone else too.

(Sarah’s transcript, p.23, lines 30-33)
Wise nurses have a strong tendency to recognise that there is a degree of uncertainty and that it is generally good to not be absolutely certain, but nevertheless have an appropriate level of confidence.

_Recognising uncertainty in life and the valuing of doubting things as they are_

Julia’s commentary shows that there is a degree of uncertainty, but this needs to be balanced with a degree of confidence.

I’m interested that you when you’ve been describing the background of your study, that you all knew what wisdom was deep down and I know we’ve had preliminary discussions about it. I’ve been giving it some thought about what do I think is wisdom and I suspect I think being wise means living a life of uncertainty. In as much as a life of doubt, do you know what I mean. I think to be wise is almost to always be doubting and so when you see something happen to you or something happen to a patient or something happen to a student it’s almost I think from my point of view to be wise is to act on your sense of doubt. In terms of don’t accept things as they are, try to explore things, explore situations to the fullest extent. I don’t know whether that is what I mean by fullest extent to be always questioning. So I see that wisdom then wise is to be uncertain and always doubtful. Yeah, never accepting things as they are I suppose.

_(Julia’s transcript, p.1, lines 12-21)_

_Good judgment_

“Judgment is the capacity or power which “sees” this light of worth” (Lehrer et al, 1996 p.16).

Although each theme is described distinctively and separately from each other, all the characteristics are not completely separate. There are clear overlaps and interconnections between the characteristics. Wise nurses in this theme, value and are highly capable of good assessment and judgement in nursing related fields, and are willing to make evaluations even if there is insufficient information. This characteristic of wise nurses is a core component and is always present, or implied, in all wise nursing anecdotes.
Wise nurses have a strong tendency to value, and are highly capable of, good assessment and good judgment.

Good timing

Wisdom is knowing when it's a good time to back off, or its a good time to press on.

If I had done it too soon there might have been a problem, if I did it too late she might have died. So good timing was something there.  
(Frieda's transcript, p.3, lines 5-6)

Back off or press on

So I see nurses in (the) clinical environment making decisions about the clinical practice their work environment. How they interact with their peers, and also their multidisciplinary teams. So knowing from knowing experience, that it's a good time to back off, or its a good time to press on, or how to be supportive, or based on your experiences sharing those experiences with other members of staff or you know which could be medical or nursing or dietary or physiotherapist.  
(Louise's transcript, p.1, Lines 27-31)

Making valued judgements

You are seeing the person that is very ill, but is going to pull through, but the nurse making valued judgement, which is sort of like, based on their nursing wisdom, their body of knowledge and that allows them to sort of come and get the best out of the patient. You know. They do it all the time.  
(Louise's transcript, p.6, lines 8-12)

(Some nurses are ) more wise than the others in their judgment (of) situations.  
(Sarah's transcript, p.3, lines 10-11)

Seeing the multidimensional web complexities

Wise nurses are open to seeing the multidimensional web complexities, including means and ends and valuing the journey not just the arrival. They are willing to seeing from a diverse array of perspectives, but they also are able to focus on the selected, important aspects. There is a strong interconnection to some of the other characteristics of wise nurses such as good judgement on what to focus and openness. This is not to infer that
wise nurses see everything involved in a particular situation, but they can see the situation broadly with recognition of the limits of what they can and cannot see. This characteristic of wise nurses is a core component and is always present, or implied, in all wise nursing anecdotes.

Wise nurses have a strong tendency to be open to, and see the multidimensional web complexities, including means and ends, value the journey, not just the arrival and they are willing and open to seeing from a diverse array of perspectives.

*Wisdom is the notion of the multidimensional integration of all these different aspects of (the web) of life*

Patrick explains this well.

This notion of wisdom is the notion of the multidimensional integration of all these different aspects of life. We have got to accept that there is this broader, more complex interaction in our lives than what’s easier to understand and cope with now. We can make life easy by being very black or white and blinkered and going on and becoming mechanistic and know that this will do this or this. But I think that we are missing out on, so much enrichment in life and challenges in life if you don’t look at all the different aspects of it and be broader and accept that we are just part of a bigger interwoven web of life. I think that’s a really, I suppose to me I fined that’s a nice comfortable way of thinking of it.

*(Patrick’s transcript, p.12, line 30 39)*

*It’s unwise to separate the science and the humanity*

I guess it’s unwise to separate the science and the humanity. I guess that’s what I’m saying that some people do it. We can get caught in our critical care and in our emerg. (emergency department) and we can start to concentrate more on the science, than on the person. I think its always been that we needed the two and we need to bring them together, no matter what the circumstance.

*(Jason’s transcript, p.4, line 8-12)*

*Looking at the person through a bigger lens*

Cathy explores this concept.

Looking at that person through a bigger lens than just ‘the abscess’ I suppose the medical lens. I’m not having a go at the doctors, but I would say that the medical lens was
interested in the abscess only not the total picture and she had always had them, no one had seen, I mean she was told to wash with a anti-bacterial soap or something but ... that wasn't enough. She just didn't have enough education ... so she needed to be told, I mean you think about it if you have got a very painful abscess under your arm, how the hell are you going to be cleaning under the arm properly. So therefore, the cleaner her armpits are, the less she is gonna get (infection). And sure enough it worked ... because they kept lancing them and draining them and lancing and draining them lancing and it went on and on and no one thinking how they could be prevented. I mean, she had antibiotics. She had all that prophylactic active active stuff - antibiotics stuff. It was pretty obvious if she wasn't clean under the arm pits ... that worked.

The wisdom there is looking at the bigger picture. Looking at the patient. Obviously, listening to what the medicos have to say. Not just looking at the abscess but why was she still getting them she had a great diet she was very healthy and she was just prone to these horrible abscesses under her arm and I guess it's not within a Doctor 's vocabulary to try and tell people to wash themselves you know . That's not part of their job is it. They just step in when it's enormous ... Whereas nursing is way beyond that. It encompasses wellness, promoting health. It's not just illness its more than a holistic picture of the patient almost a global arena that nursing and not just in hospitals.

(Cathy's transcript, p 6, lines 3-27)

Consider all the parts

Cathy explains the value of not rushing a decision and considering all the parts.

I'm just thinking of the clinical things I've done here and there's been trouble ... Like there's always troubles with clinicals. ... I suppose one in here has to use a bit of wisdom with the tensions between the clinical educators, the workplace and the students. You have to be diplomatic in communications and not barge at what someone says. Absorb it, compute it, think about it in that time. You probably hear other variations of the story or whatever and so in the end you don't rush in and make a decision ... You know, you consider all the parts that make up the whole that is another way of looking at what wisdom seems to be.

(Cathy's transcript, p 6, lines 36-42)

Holistic

I think that wisdom is something a lot broader, or to use that terrible cliché, more holistic than an expert. Like, an expert may be wise, but I don't think it's a necessity for that classification for that person who's an expert to be actually wise.

(Patrick's transcript, p.1, lines 33-36)

Being able to bring in the big picture and understand it all quickly

Gary explores seeing the big picture.
Another aspect of wisdom in this particular ACN (associate charge nurse) was that he was able to look at the things in such a broad way. He was able to encompass things a lot faster than I could have. Perhaps, I may have over time and with more reflections, but like (before) the situation was even over he was able to see the big picture of this man, where he (came) from, the context that he was hearing, the overdose, his social background, you know, his psychotic state the physiology behind that. Do we reintubate, or do we not? All those sorts of things, he was able to (do). How he managed it and what the risks involved were for the entire unit, not just ourselves all those sorts of things he was able to bring together very very quickly much faster than I could. I suppose therein lies another aspect of insight as being able to bring in that big picture and understand it all, all at once.  
(Gary's transcript, p.4, lines 31-40)

**Seeing the science and art perspective**

Kay describe the role of both an art and a science view.

I guess I haven’t equated nursing with beauty, as part of the arts. I guess I saw the arts more equated with philosophy and that side of academia and being a person as opposed to the other side being a science. I think that the science side is very important. It stands me in good stead. I have a strong background. I can make sense of what I’m doing when using a scientific model of thinking but the arts come into it when I practice and I am with a person and I am in a counseling mode as opposed to say teaching mode where I am teaching about ... self care and drugs and harm minimization, which I see as scrt of more on the science side. When I’m being at one using empathy and entering that person's world and helping them as a counsellor, that's the art of work. I see in my current work as a nurse, which I’m working as an out patient therapist, is that the arts side is probably about 70 to 80% of my work balance at the moment.  
(Kay's transcript, p.10, lines 9-20)

**Interconnectedness and intertwined**

Patrick explores the interconnected and intertwined web.

I believe very strongly is a notion of the interconnectedness of everything, but everything is intertwined and interrelated and you have to accept that type of existence to try to understand where things fit and where they don’t fit, or whether (a ) sort of the web if you like, of life rather than this notion of being able to group things into little nice tidy areas.

Peter: So wisdom is something about seeing

Patrick: Seeing that bigger picture

(Patrick's transcript, p.4, line 20-28)
To understand wisdom we need to get the big snapshot picture

Patrick explores capturing and describing the big picture.

Well, I think what we have got to do is work out ways to that we can describe that looking at the whole. I don't know whether I'm being really unrealistic. It is impossible to get the big snapshot picture of that, but I think what we have got to try to do is move towards to this is if we value this concept of wisdom of wise practice is an ability to look broad to accept, ok, these gut feelings, intuition, whatever have meaning, but are one of a myriad of things that are influencing (the) decision making process, what ever it might be that your talking about.

(Patrick’s transcript, p.5, lines 39-45)

Context

Patrick describes the importance of context.

A wise person is ... able to see the context of their practice of their life, what ever it is, and deciding in that particular point which of these aspects we were talking of earlier you know the creative, the humorous, the analytical or whatever, to use in that context. That is what wisdom is about is that ability or demonstrating that to some degree.

(Patrick’s transcript, p.9, line 7-11)

The bigger holistic global web integrated notion

But it's the bigger holistic global web integrated notion, what a person is that, that's where to me wisdom emerged. So to be a wise nurse, you're a wise person. Does that make sense? So I think that's to me what wisdom is. It's the bigger picture stuff.

(Patrick’s transcript, p.11, lines 13-16)

Unwise to look at the situation separately

Unwise - tended to look at the situation of the dying client and their family sort of separately.

(Jeff’s transcript, p.4, lines 4-5)
Seeing the whole

I think what I’m saying is we can miss important things, if we are going to reduce everything to task, we are going to miss out on. I think wisdom has to do with seeing the whole. When we are looking after someone holistically, we are going to be more wise, because we see more as far as what needs to be done and what their needs are, and also the patient has a say, for example
(Sarah’s transcript, p.2, lines 19-23)

Wise nurses have a strong tendency to see the multidimensional web complexities and are able to focus on the selected, important aspects.

Handling the equipment almost as a ‘by-the-way’, but yet concentrate on the patient

Jeff describes a nurse who can see the complexity, yet focus on the important aspects.

We had cardiac monitoring wards as well that were very technically driven and she seemed to be able to handle the equipment almost as a by-the-way, but yet concentrate on the patient and not give the patient or their family the impression they were distracted by the equipment or the technology, or you know, the drips or the tubes or what ever.
(Jeff’s transcript, p.3, lines 7-10)

Being able to get the center of the issue quickly

I think a wise person, or as I see her, is a person that can actually lead and attract people to them, who have dilemmas or issues that they need to work through. They see her as being a mentor … of wisdom, in that way she displayed an incredibly uncommon commonsense. I was always think commons sense is not common. I think it’s a learnt thing too, but just incredible practical sense. She would be able to cut through a lot of the trimmings that surrounded what seemed to be very complex issues and be able to get the center of the issue really quickly I’m not so good at that. I get lost on the edges a bit sometimes and I sometimes need help with the clarity. That was what she was very good at being able to see that.
(Kay's transcript, p.3, lines 1-10)
Able to love and be loved

Wise nurses are able to love others and themselves and allow others to love them. This is interconnected with other wise characteristics. Wise nurses, although capable of love, draw on that other element of their wise character and judge the appropriateness of love and its expression. The word love drawn from participants' transcripts encompasses caring, positive regard and humanism. All variations or aspects of love are intended as possible, but wise nurses judge the appropriateness of this. Able to love and be loved is a core characteristic of wise nurses and is always present, or implied, in all the wise nursing anecdotes. In addition, a model of wise nurses discussed later presents love as the engine or driving force behind wise nurses. Love is the motivation for acting wisely. If one does not love, then it is more difficult, and perhaps impossible, to be wise.

Implied in this is that without love for others the drive to do good for others will not be appropriate. There may well be other drives to do good such as fear of harm coming to self, which this model suggests will be less likely to lead to wise actions. Also if the absence of love for self is absent this may lead to unwise actions being taken. Love of others balanced with love of self is valuable as the drives for doing good, in combination with other wise characteristics leading to generally wise actions.

A part of the wisdom of nursing is the recognition that there is another way of looking at love or caring rather than saying love or caring is a moral imperative (Brykczynska, 1997, p.15). Rather than it being a requirement, wise nurses possess love for others balanced with a love of self.

Even so there may well be other drives that are relevant but did not appear in this research. For example there may be a drive for aesthetic good.

Wise nurses have a strong tendency to promote the ability and high capacity, for loving and being loved, having positive regard, caring, respect and compassion for self and others.
Loving

Mary highlights the foundational importance of love.

Well I suppose my aim to be a nurse was to help people and to help people get through illness and tough times and things and done in a loving respectful way to a reasonable standard. That sort of ensures safety on both sides.

(Mary's transcript, p.6, lines 20-24)

Caring

Stephen expresses that caring is the central to nursing.

Compassion, I think, is probably important. There are many more instances of compassion that you can identify from a profession like nursing. I think caring is a virtue. How we describe caring, I think is very interesting, but generally you could say that if one is caring to another then that is a good virtue and given that nursing is arguably a profession of caring. I mean that is a central aspect of our practice I think.

(Stephen’s transcript, p.9, line 15-20)

Positive regard

Stephen describes three important foundational ideas, the last is positive regard.

I guess because my practice is predominantly in the area of psychiatry and particular counseling, I would go back to Carl Rogers’ three philosophical underpinnings of his professional interactions, and there three of the big ones. One is congruence, congruence with yourself with what you’re expressing and ability to also observe congruence in another. Empathy, and we all know what empathy, is probably sympathy to some extent as well but certainly empathy putting yourself in the other persons shoes I guess. At a very low level, I think empathy is a bit more than that, and while maybe it is never possible positive regard and Roger talks about unconditional positive regard for another.

(Stephen’s transcript, p.8, lines 21-28)

Caring

Stephen expresses the view that caring is central to nursing and to being wise.

What makes me wise is that I care about people.

(Jason's transcript, p.2, line 23)
The wisdom is never to lose sight of the fact you are dealing with people—humanistic

Jason views that a humanistic view is the basis of nursing

The wisdom is never to lose sight of the fact you are dealing with people ... it is a people business so the wisdom within that is that. Sure it's got to be humanistic. If it is not (a) humanistic base, it doesn't matter where you're at, it's not going to be as good.

(Jason's transcript, p.3, line 27-33)

Desire to do good

Wise nurses have a strong desire to do good. The concept of good includes acting in a beneficial manner for others but also includes consideration of doing good for self. Wise nurses judge the appropriateness or degree of acting in a good manner required in any particular situation. The desire to do good is a core characteristic of wise nurses and is present, or implied, in all the wise nursing anecdotes. Love is the engine that drives the desire to do good in the grounded theory model. Love and the desire to do good are intimately connected.

Wise nurses have a strong tendency to value fairness justice and desire to do good.

Courage is part of compassion, for the greater good

Courage is all part of compassion. It's feeling compassion for someone that makes you want to do that, and you need to do that and its not even just compassion for that one person, though it is in the immediate sense. You need to be totally focused there, but it's for the greater good, I mean that's what its all about isn't it? Individually, nursing interacting that are wise contribute to the greater wisdom in society. I think, because it changes the system ... I mean there are still people who are psychotic and very aggressive, but all those other instances of people who were aggressive when they didn't need to be, we've basically, were able to manage in a much better way.

(Stephen's transcript, p.11, lines 4-10)
Doing something that is right

I knew that what he was doing was right, and that is what wisdom in nursing is, doing something that is right.
*(Stephen’s transcript, p.4, lines 46-47)*

Being a humanitarian

I used to think she was a very wise nurse, and what made her wise? It was partly her humanitarian trait that she had. You know being, very humane.
*(Julia’s transcript, p.7, lines 13-18)*

Unless it is used with the patient in mind it’s not wise nursing

I seem to be latching this wisdom to be able to use the whole gamut of nursing knowledge, of knowledge of practice, of practical skills, of ability. I’m saying all that is fine but unless it is used with the patient in mind then its not wise nursing. That is just how I see it.
*(Jeff’s transcript, p.12, lines 14-20)*

Help people get through illness and tough times

I suppose my aim to be a nurse was to help people and to help people get through illness and tough times and things, and done in a loving respectful way to a reasonable standard. That sort of ensures safety on both sides and I suppose it was just reminding me that that’s why you went into it you know don’t forget that.
*(Mary’s transcript, p.6, lines 20-24)*

Values, and is able to be reflective

A core characteristic of wise nurses is valuing and being able to be reflective. This characteristic has a strong connection with the characteristic of being able to judge. How much time spent on reflecting in a particular situation needs to be judged by wise nurses. Reflection is a process and skill of consideration. This seems intimately connected to some other core characteristics of wise nurses such as seeing the complex web, and judging and seeing the qualities.
Wise nurses have a strong tendency to value reflection

Wisdom is people who are reflective.

(Christine's transcript, p.11, line 15)

Actually, sometimes I think the nursing wisdom that I've experienced in the past, or develop, that it's the wisdom to know when not to give an answer that's not considered. I think considered learning to give considered answers, what a nurse has got to do, not to feel she has to answer straight away because of in the care of the aged where I am still, a doctor would say "Well what do you think about such and such? Do we change his medication whatever" and sometimes if you didn't stop and think the overall pattern of that resident's care and outcome just wouldn't be the correct one. If you answered just off the cuff, and its wise just to stop and think and ask whether you can think about it, and get back to them, and sometimes it is a good thing to do.

(Grace's transcript, p.1, lines 16-26)

Able to and willing to make decisions

Being able to make decisions is not a core aspect of the wise nursing anecdotes. Decision-making is closely connected to the action process. Skills in making decisions and a willingness to make decisions are both important. Decision-making by wise nurses needs to occur at times in spite of inadequate or limited information. Wise nurses recognise these limits in many situations.

Decision making implies a process associated with critical thinking implies rational thinking and exclusion of intuition. The emphasis also is on process. Good judgement implies being outcome oriented and taking into consideration all perspectives, including intuition and going beyond rational thinking. Some wise nursing anecdotes did not include an element of decision making as there was no decision to be made.
Wise nurses have a strong tendency to promote being able to problem solve and make decisions especially when there is complex or incomplete information.

*Part of wisdom is being able to work things out when you don't have the full picture.*

I don’t know whether its got to do with wisdom or not or whether it’s a maturity thing, just between myself and my other student colleagues (in) last year’s critical care course. A lot of them were a lot younger that I were at least 5 years younger than I. I’m 28 and a lot of them were say 4 or 5 years younger. Some of them were almost only one or two years post graduate and even though we had been to the same course and learnt the same things and had the same education, I still find that a lot of my student colleagues would come to me and ask, and still do and come to me and ask me questions. … We may not necessary know but we can work out, like for an example, someone came up and asked me, one of my student colleagues came up and asked me about, volume assured pressure support ventilation which is a new motor ventilation, … which we are trialing and its also available to one of the other ones but we just never normally use it. She came up to me and asked me, “What does this mean? What is it?” and I didn’t actually know. But I sat there and I worked it out in just a couple of minutes. She couldn't understand it and I explained it back and I was able to explain it to her in a matter of minutes. I thought to my self we have had the same education. Why couldn’t you work that out for yourself. I don’t know. It’s certainly not a greater intellect or anything. It’s not like I’m smarter than what she is or anything like that but somehow the mechanisms in the head seem to flow in a certain way. I was able to work it out. We’ve got the same knowledge, this is what I can’t understand if you like. We have the same level of knowledge and one would assume we have got similar levels of skills. We have both been working in intensive care unit in the same place all year. … I suppose just being able to understand the concepts as an aspect of wisdom if you like, not so much as understanding the concepts but also being able to, with a small piece of information work something out, which is not necessarily the logical process, but piecing together a puzzle if you like. You’ve only got a few pieces or the pieces are mixed up and you’re not really sure of how to put them together, just being able to put them together. You know how some people are better at putting together: problems than others, but I suppose what has that to do with wisdom?

It felt wise to me and I think that some degree that that would have been problem solving ability that sounds very technical, but that problem solving ability is perhaps part of wisdom. Being able to work things out when you don't have the full picture. If you like. I know I was using a particular fairly cut and dry clinical things, but we didn't have all the pieces to that puzzle, of what it was.

*(Gary's transcript, p.7, line 22 - p.8, line 7)*
Well when I’m thinking about nursing wisdom. I’m thinking about it in terms of professional practice, thinking about the decision making process of the nursing critical care basically looking at the knowledge they have the skills they have, the attitude, the attributes that they have to bring to the bedside to make certain decisions. So that’s how I tied in with professional practice, I see nursing wisdom sort of being tied in with that OK. So probably when I think about specific situations, I can think about times where we have had long term critically ill patients, where there’s been a difference of opinion in terms of whether we should be continuing the treatment or where we should progress with this patient.

(Louise’s transcript, p.2, line 12 – p.3, line 4)

... that is like decision making from experience and that to enable them to enact or demonstrate their nursing wisdom.

(Louise’s transcript, p.6, lines 19-20)

... so your decision making from experience is as much a part of wise nursing as action.

(Louise’s transcript, p.6, lines 19-20)

Wise nurses have a strong tendency to realise that there are times no decision is the best decision.

Wisdom may involve complex situations

... When somebody has actually demonstrated their wisdom, there’s usually quite a lot of interaction going on around it, either from discussions going on between nurses, other medics or family or whatever. ... There is quite a lot going on at the time. On the other hand I can think of situations where there is not anything going on but the person is demonstrating nursing wisdom deciding not to be active in certain situations such as you know allowing the patient time to rest, keeping people away. Keeping the doctors away from them so that they can rest and recuperate, recognising that sleep is one of the best medicines, not necessarily invasion technology. You know in intensive care that happens to you all the time. There always seems to be something that the patient has to have done to them day or night, 24 hours a day so basically you know sometimes they’re enacting a part of their nursing wisdom in keeping everyone at bay. Keeping them away from the patient so that they can let the healing process happen you know. Doesn’t happen when you have got things happening to the patient all the time, so inaction is a part of is as much a part of wise nursing as action.

(Louise’s transcript, p.7, lines 28-40)
Able to be courageous

Courage is not a core characteristic of wise nurses in that it is not always present or implied in the wise nursing anecdotes. Wise nurses recognise their own fear in particular situations, but despite this, judge the appropriateness of being courageous. Wise nurses may recognise their own inability to be courageous in a particular situation and this is a form of wisdom, but there may be situations where courage is needed in order to act wisely.

Wise nurses have a strong tendency to acknowledge their own fear, promote a courageous disposition and a preparedness to respond appropriately to the fear in other ways, as judged in the situation.

Having Courage

I suppose not to just think that what is going on in that place is right, but to have the courage and the wisdom to look at other better ways to doing things.

(Cathy's transcript, p.3, lines 37-38)

That was probably his attitude to his work as a nurse, was that we are here in a caring capacity. We are not here to control, so much. Maybe an element of social control and responsibility here to ensure the guy doesn’t hurt himself, but we do that in a subtle, non aggressive, courageous and caring manner.

(Stephen's transcript, p.5, lines 6-10)

Well, in the instance of psychiatry in the acute setting, you know, it is courage, not for yourself. Well, you are worried about yourself and you’re frightened but you have to act.

(Stephen's transcript, p.10, lines 9-10)

You don’t have to act on it. You can have a feeling about something but you think, ‘Oh well’. Maybe you know that could be the case, but I won’t worry about it. But it’s going that next step, and I suppose personality might come in to it too, because you know you could be wrong. So you are putting yourself on the line. So you so are asserting yourself to say ‘I’m concerned about this person. I’ve got a feeling or I think something is not right’. Or you could say ‘Oh gee, what if I get it wrong?’ and I’ll look foolish or whatever, so I won’t say anything. So it’s having that strength to go that next step too.

(Kim's transcript, p.4, lines 25-31)
*Intuitively felt wisdom was the best approach*

I just haven’t had confidence in my own experience, in my own wisdom, if you like, so putting that into practice was difficult for me (although) I intuitively felt what is wise in the situation (and) what was the best approach.  
(Stephen’s transcript, p.11, lines 4-10)

... courage in wisdom,

(Sarah’s transcript, p.12, lines 7-8)

*Courage is all part of compassion, but it’s for the greater good*

Courage is all part of compassion. It’s feeling compassion for someone that makes you want to (act), It’s not even just compassion for that one person, but it’s for the greater good. I mean that’s what it’s all about isn’t it. Individually nursing interacting that are wise contribute to the greater wisdom in society.  
(Stephen’s transcript, p.11, lines 4-10)

*Values and fosters others’ autonomy*

This characteristic of wise nurses is to value and respect the autonomy of others. It is not a core characteristic of wise nurses in that it is not always present or implied in all the wise nursing anecdotes. Though wise nurses value and respect autonomy for others, they judge its appropriateness.

*Wise nurses have a strong tendency to promote and value autonomy as judged appropriate, and respect others.*

*Respect and consideration for the individuality and humanness of that person*

I would think that one of the principles about wisdom is the way we are with other people and the way we treat other people. I think the respect for, and the consideration for the individuality of that person, the (respect for their) humanness (is wise).  
(Sarah’s transcript, p.5, lines 16-19)
Allowing them to become empowered to take control

Allowing them basically to become empowered, to take control of that situation so it's a very different scenario from the nurse being the controller.
(Sarah's transcript, p.5, lines 36-38)

I think that being wise is realizing that you don’t have to have the power, you don’t have to be in control.
(Sarah's transcript, p.20, lines 2-4)

Respectful

She was very respectful, even though at times I would go to her and say ‘I don’t know how to do this. I’ve never done this before, or I don’t want to be on this committee I don’t know how to do this’.
(Kay's Transcript, p.3 Lines 22-24)

Able to be honest

The characteristic of wise nurses to be able to be honest is not a core characteristic of wise nurses in that it is not always present or implied in all the wise nursing anecdotes. Though wise nurses are able to be honest, they judge the appropriateness of this.

Wise nurses have a strong tendency to promote and value honesty, as judged appropriate.

I think … acknowledging your limitations and being honest (is important). So whether honesty is part of wisdom I don’t know. Well I mean it’s wise to be honest, isn’t it? I don’t try to be dishonest. I don’t think I could sleep at night.
(Karen’s transcript, p.15, lines 23-15)

I think that part of maturity is being honest with yourself and with others. What you don’t know and … have the willingness to find out and increase your knowledge.
(Mary’s transcript, p.5, lines 12-14)
Able to trust and be trusted

The characteristic of wise nurses to be able to trust or be trusted is not a core characteristic of wise nurses in that it is not always present or implied in all the wise nursing anecdotes. Though wise nurses are able to trust, they judge the appropriateness of this.

Wise nurses have a strong tendency to promote trusting as judged appropriate.

It is unwise to make others feel they aren't trusted

I have worked with (people) over the years in nursing who would be mistrustful (of me) and follow me around and check up on me. That kind of practice I think is very unwise, because it takes away the confidence of the people on a ward.
(Kay’s transcript, p.3, lines 27-33)

You have to trust your colleague you are so closely related to you are so close in patient care you have to trust them.
(Cathy’s transcript, p.8, lines 13-14)

Being able to sense and value intuition

Wise nurses are able to sense and value intuition. Intuition is listening to one’s inner voice in all its facets and valuing this. Intuition is not a core characteristic of the wise nursing anecdotes as the characteristic was neither present nor implied in some of the anecdotes. My explanation for this is that wise nurses may judge that intuition at times does not have a strong role to play in particular situations, but it is important to be able to listen to all facets of self and to value intuition if judged to be useful in a particular situation.

Wise nurses have a strong tendency to recognise and value use of intuition as judged appropriate.
Thinking intuitively

Well because it expressed the virtue, a lot of virtues probably, but there was courage there. The way he dealt with the situation. He was gentle. He was non aggressive himself and he was nursing. He was being therapeutic even in such a crisis situation. He wasn't responding ... to aggression with aggression. He was thinking, but intuitively.

(Stephen's transcript, p.18, line 2)

Acting on intuition

I guess the other scenario I have in my mind is about a nurse who was acting on her intuition. I guess this is back when I was a student (in an) abdominal surgical ward. We had a patient who came up after a haemorrhoid operation and was as they are when they have had a haemorrhoid operation. They are sleepy because they have to go deep down in the anaesthetics level to do that sort of operation. So ...we were used to seeing fairly tired and sleepy (patients) when they come back from theatre. This particular patient had lots of past history of some mental illness and was perceived as neurotic and complaining and obsessed about his haemorrhoids. Probably ... after an hour or two after he came back to the ward he was complaining about pain. I think some of us ignored him a bit due to his past history but in walked this nurse. (She) just knew instantly that this needed to be acted on and before she even got a doctor up to look at the patient, she actually already ordered X ray or abdomen and got the whole thing going for an acute operation. Within a few minutes he actually started to have distended abdomen and obviously had a perforation of his intestines. So we (knew) actually intuitively. I don't think there were any clinical signs. We all looked at the blood pressure, no clinical sign saying that we should act on this, but that particular nurse did. She did initiatives to get something done and I'm not sure otherwise in the end that she actually saved his life too, because when the doctor eventually came the abdominal X ray of the abdomen had already (been) taken and was all ready and the blood it was cross matched and ready to go. I admire nurses who can act on their intuition. I think that's very wise too.

(Sue's transcript, p.3, lines 30- 49)

I mean you often hear stories about registered nurses, that divisions ones will say they just knew that "so and so" was going to go flat over night and yet what was about them, a look about them, their intuition coming up.

(Kim's transcript, p.4, lines 5-7)

Based on intuition

They've got a lot of wisdom, but it is based ... on intuition

(Jason's transcript, p.1, line 20-21)
There is a real correlation between intuition and wisdom

I think there is a real correlation between intuition and wisdom, and much of our practice (is) like we say, intuitive. So we pick something up and ... I just knew something was wrong. I think the wisdom is to trust your intuition, but it's deeper to have analysis of what your intuition is. Intuition is based on ... experience, but it is also based on a scientific approach and humanistic approach again, because you are looking at the person. You can see real pain in (the) non-verbals. I mean you can see that stuff and it's intuitive. You can go ‘There is something wrong here I don’t know totally what it is, but I just know’. I think that there’s a huge wisdom in that and most people within are usually right about their guesses their diagnosis. I think it emerged like we do full assessment and I reckon for 70% of the time if you went and spoke with the nurse and said ‘What do you reckon it is?’, they'd be right.

(Jason's transcript, p.9, lines 21-33)

Able to be calm

Wise nurses are able to be calm where judged appropriate. Also the presence of wise nurses often engenders calm for those in contact with them. This was not a core characteristic, but it was a strong recurring element in wise nurses. Calmness was expressed in the whole being of the wise nurses. There were often many interconnecting characteristics such as accepting that people make mistakes, a strong sense of openness and really listening were closely connected to engendering calm.

Wise nurses have a strong tendency to value and promote having the skill of being calm as judged appropriate.

Comforting presence

I will start with the recent (story) which is about wisdom. A colleague of mine, a nurse, probably with 20 years of experience. ... I worked with her but every time she has been in a room there is some sort of peacefulness, there is some sort of satisfaction among the patients. With her presence and with her way, she was able to communicate was able to make people feel comfortable. I believe it is the way it is communicated. Good listening is definitely one thing she did. An extraordinary ability of asking questions which prompted people to talk and I think that together with the listening identified or clarified things. It didn’t matter if she was in there 10 minutes or half an hour, she utilised that time she was with the patient in a way so the patient felt that she or he was the centre of her attention. I
think that’s wisdom.

It could be her way of dealing with people and I don’t know whether you should call her expert nurse or but there was definitely an ability to be there. A physical present. She is quite a big lady and I guess her calm movement also made people feel that she had time to talk, calm movement.

(Sue’ transcript, p.2, lines 3-21)

*Projecting some calmness.*

If someone comes in with an MI (myocardial infarction) they’re going to be stressed out and you can imagine. If you’re moving quickly around them and you’re a little bit flustered, then I guess it’s really not going to help ignoring the humanistic side by stirring up the stress. It’s kind of like well there’s a double edge to it. I think that you have got to be calm you need to project some calmness. If it takes you an extra couple of minutes to set up the streptokinase infusion for a myocardial infarct (that is OK). Settle the person, but be settled yourself, you know if it takes you 30 seconds to really pull yourself together and get everything ready and that’s OK. ... If you’re projecting anxiety, I just believe that the person in the bed is going to be affected by that as much as what is going on with his myocardium.

(Jason’s transcript, p.3, line 13-34)

*Aura of calmness*

... but there was an aura about her you know that and also a calmness I think too um but I used to think she was wise, but I can’t I mean that’s over 30 years ago so I can’t think why I would put her.

(Julia’s transcript, p.7, lines 18-20)

*The manner was quiet*

Probably her manner was quiet and I think there on the same ward there were other nurses probably a little bit brash in their approach.

(Jeff’s transcript, p.3, lines 3-4)

*Able to motivate and accentuate the positive*

Wise nurses have a characteristic of being able to motivate and accentuate the positive. This is not a core characteristic. There is a sense of positiveness associated with wise nurses, and other people found this motivating. This characteristic includes being uplifting and positive, accentuating the positive, being competent and confident, positively constructive, making the most of situations and being willing to try. This characteristic is overlaid with judging its appropriateness.
Wise nurses have a strong tendency to value, promote, and have ability to motivate.

_Inspiring_

It's wonderful being around people that you think are wise because it's inspiring.  
_(Mary's transcript, p.1, lines 17-19)_

_Wisdom is best if one uses an uplifting positive side._

If ... someone feels put down and that's all that is coming through are put downs then, I don't think they are receptive to changing anything. If you have an uplifting positive side given to you. You say 'Well I'm basically OK it just this and that needs to be addressed. I'm willing to do that'. I've experienced it on the receiving end myself. I know that if you have been told that you are really doing well in these things, and perhaps you just need to know a little bit more about this or, I've noticed that you don't do something. That's helpful or correct in this manner. Willingness to help the other person that you're telling that needs some help, that helps too. Maybe that's when they talk about wisdom coming with maturity. As you get old and wise. They are inferring that it takes years to build up this wisdom. It's probably by witnessing a lot of things that you see don't work or do work or experiencing them yourself and taking it on board. I've also seen some people appear to have a natural wisdom that hasn't come from being old and wise but on young shoulders as well.  
_(Mary's transcript, p.9, lines 3-16)_

_Motivating other staff._

So you're right, it is hard. You describe it from your gut. You know what wisdom is, but to actually get it into the head and verbalise (that is) extremely difficult. It was being able to be very competent in a clinical situation, managing a dying patient (and) family. Her wisdom was demonstrated by the way she was able to empathise with them. That was as well as being competent and confident and (a) calming influence and being able to motivate other staff to bring out the best in themselves. She was a very patient orientated nurse and that that came out in her practice.  
_(Jeff's transcript, p.2, lines 18-25)_
Wise nurses have a strong tendency to be able to foster genuine positiveness in self and others and accentuate the positives as judged appropriate.

*Bringing out the best in people*

I guess the wisdom ... bringing out the best in people. I mean that's the wisdom of making the best of a tough situation there. Yeah!
*(Jason’s transcript, p.7, line 19-21)*

*Positive constructiveness.*

I can learn positive constructiveness, that's even better. Wisdom is constructive, yeah useful (and) constructive.
*(Sarah’s transcript, p.8, lines 28-29)*

*Nurture other people*

Somebody who is wise to me is able to nurture other people and the good things come out of other people from the wisdom of others. Someone who is not wise seems to do unwise things, (and) of not getting the best out of people.
*(Mary’s transcript, p.1, lines 14-16)*

*Willing to sit down make suggestions and offer encouragement*

She was willing to sit down and look at what I had done, and make suggestions and also offer encouragement.
*(Jeff’s transcript, p.11, lines 39-40)*

*Accentuate the positives*

I used to see her do things like be in the tea room. She would never talk about negatives, which was fine, although she’d acknowledge negatives when people would have a beef.
*(Jason’s transcript, p.8, line 16-28)*
Wise nurses have a strong tendency to try to make the best of most situations.

Recognise and valuing the situation

There might not be an answer, but we've learnt something in the process to improve or get a next step.
(Sarah's transcript, p.6, lines 40-41)

Wise nurses have a strong tendency to be willing to try.

Being willing to apply

I think that what is wise about that situation is that they're willing to apply, have a go and apply the knowledge within their limits of knowledge and then take their experience to someone who knows a bit more than them and then be wise.
(Sarah's transcript, p.9, lines 26-28)

Able to understand rules

Wise nurses are able to understand rules and judge their appropriateness. This is not a core characteristic.

Wise nurses have a strong tendency to have the ability to understand rules and use these as judged appropriate.

Take a traditionally non professional stance.

It's not a stereotypical place that I work in either. ... One could be quite wise and yet take a traditionally non professional stance on something. I guess for example I'm thinking of mandatory reporting. As a nurse mandatory reporting is a part of our work and I have no issue with mandatory reporting. My colleague doesn't always mandatory report. Now I don't think that is professional, however at times maybe wiser than what I do because he would see mandatory point in some sort of situations as interfering with the well being of the child, in the sense (if) the family gets disruptive the child becomes more at risk.
(Kay's transcript, p.8, lines 15-28)
Able to communicate well

Wise nurses communicate well. This seems to be true especially in face to face communication. This is not a core characteristic although it is an important one.

Wise nurses have a strong tendency to communicate well, and value and promote this communication including using diplomacy and tact as deemed appropriate.

Tactfulness

Tact! Because there are issues with educators and students that have to be addressed and you need a certain amount of tact to be able to bring them up in a way when the students will realise that there is a need for a change and they will attempt to address it.

(Mary's transcript, p.8, lines 27-31)

The ability to interact with people.

Because I think one of the fundamental things about nursing practice is the ability to interact with people, like when we were talking the other night about coming up with wise examples and I looked at what I did as in my various roles from being a student to being a practitioner, going on into specialty areas. There is this need, I believe the fundamental ability of a nurse is their ability to communicate and interact with someone, and so to do that and I use the word “wisely”.

(Patrick's transcript, p.5, lines 45-50)

Able to skillfully utilise touch

Wise nurses skillfully utilise touch. It is not a core characteristic though the high level of importance that this has in nursing helps to give a feel for a feature of the distinctive nature of being a wise nurse. Although touch is a form of communication, the high level of importance touch has in nursing justifies a category of its own.
Wise nurses have a strong tendency to promote and value the skilful utilisation of touch.

**Touching for comfort**

Thinking of that nurse again with the calming effect, I sort of seem to be tuned into ... that cancer ward. One thing that is terrible important for dealing and providing nursing care to terminally ill is to actually have a good lifting technique. I ... have alternative ways of lifting people because they have so tremendously sore bones and joints. You have to be very aware of the way you physically touch people and I think people who have that ability to flexibility touch people in a way. This is of course not offensive but also can get them over to feel, lift up or over whatever the needs, to be comfortable is very very important. I don't think you can do that alone by just learning or just practicing. I think you need more than that. I think you need more of an intuition as well because I remember how the patients always ask for special nurses to do lifting. So even some of us who have long clinical experience in that particular field would not ever be able to do such as a simple thing as making them physically comfortable and having the correct lifting technique or have the flexibility to lift people up. I think ... the physically touching of people is also a tremendous forceful and powerful tool we have, and should be applied wisely so to speak. Some nurses can do it. ... Touching wisely I mean firstly (find what is) appropriate for that particular person and that would mean that you would have to consider the background and the cultural aspects you should be aware of. Like just to give an example Thai people you never touch their hair for instance.  
*(Sue's transcript, p.5, lines 3-39)*

**To value and be skillful in humour**

Wise nurses value and are skillful in humour. This is not a core characteristic. There are some situations in nursing in which it would be wise to draw on humour. In addition, though, a wise nurse who recognises that humour is not a strong characteristic, may choose other approaches that may be more suited to his or her abilities. Humour has its place for wise nurses, but the judgement of its suitability is paramount in a particular situation. Nonetheless it would seem that a common feature of wise nurses is a sense of humour and a willingness to laugh.
Wise nurses have a strong tendency to value humour and promote having skills in humour fostering enjoyment and happiness.

Being humorous

I had contact with a deputy director of nursing and she shared one thing with me and another time she was talking to me about something, she walked into the area one day and she followed a sister in on duty and the resident said ‘Oh good morning sister how are you?’ and the sister said ‘Oh all right till I saw you’. Well the DDON (Deputy Director of Nursing) went to walk away horrified. You know by what she said and then she sort of thought ‘Oh well I’ll just wait and see how this poor resident is affected by that.’ and then she was going to discipline her you see. So the sister went ‘How are you’? ‘Oh I was all right till I saw you sister’. Then the resident and the sister both laughed together. Sister gave resident a pat on the shoulder and she walked off smiling. The resident was left chuckling, so it was obviously an interaction pattern that they had. But if she had walked away after the first inter change she would have had a terrible opinion of that sister, and perhaps later disciplined her. The wisdom here is to know when to take what.

I personally had a situation that there was one gentleman there he was a bachelor and he loved a risqué joke. He started telling the nurses the jokes in the shower area and their was a couple of nurses quite upset by it. So I had a talk to him and I said look if you hear another joke feel free to tell my hubby. My hubby called through most lunch times to pick me up and I said share it with Pete, or else just in your room share it with me.

(Grace’s transcript, p.4, line 33 - p.6, line 12)

Being light humoured.

Serious! It sounds very serious, probably because the way I have been discussing it it’s very serious, ... but it can actually be quite light. I mean nurses can be amusing. Nurses will tell themselves amusing anecdotes about things that you should or shouldn’t be doing. I think (they) are wonderful story tellers and I think that that is one of the ways that they actually convey their wisdom is through being light humoured.

(Louise’ transcript, p.7, lines 4-13)

Wisdom and humour

Humour in wisdom (is) sometimes what people are drawn towards. ...It’s probably because of the fact that it makes the person more approachable. ... Wisdom through humour (makes) people feel they are allowed to step across the threshold and share with you.

(Louise’s transcript, p.9, lines 8-34)
Value and are able to be creative

Wise nurses value and are skillful in being creative. This is not a core characteristic. Like humour there are some situations in nursing that it would be wise to draw on creativity. In addition wise nurses recognise that creativity may not be a strong characteristic, (note this is a wise insight) and may choose other approaches.

Wise nurses have a strong tendency value creativity and promote creativity skills.

Creativity

If you are open to looking and searching for other means of solving a problem that is being creative and I suppose we get confused between that and say creative arts. ... So you can come up with ways of using either the creative arts or other means of solving the problem.
(Christine’s transcript, p.8, lines 15-23)

Consider alternatives, consider something that seems totally unacceptable. ... Writing down the four disadvantages and advantages of an approach even can be the wise thing to do.
(Grace’s transcript, p.3, lines 17-22)

Not concrete thinking

Encourage the development of things like lateral thinking rather than concrete thinking. Wisdom is not concrete thinking, it’s the ability to sort through all the information you have. All the experiences you have or who you are and attitudes et cetera and then decide what you are going to do. Whether it’s something you are doing for a patient or something that you are doing for yourself, that will guide you towards a certain pathway. Which will enable you to be wise in certain areas of the nursing practice.
(Louise’s transcript, p.8, lines 3-8)

New possibilities and alternatives

Well I think wisdom has to do with being open to lots of different ways of doing things and lots of different possibilities like problem solving. I can think of another girl. She has no idea how to problem solve so she stuck with the problem for 3 or 4 weeks and I’d say ‘Listen Jessie you have been going on about this for 3 or 4 weeks have you thought of?’ and she’d say "Oh I hadn’t thought of that". It’s like some people do know how to do it and some don’t.
(Sarah’s transcript, p.6, lines 12-27)
Able to share

Wise nurses are able to share. This is not a core characteristic, but it is important.

Wise nurses have a strong tendency to sharing, and giving as judged appropriate.

Wisdom is a willingness to part with information for (others) benefit. A willingness to share.
(Mary's transcript, p.5, lines 7-8)

Sharing knowledge.

She would share her knowledge. ... I think that's where the wisdom is
(Jason's transcript, p.1, lines 31-32)
Wise Nurses model Diagram 1 -

**Wise Response**

*Including a fusion of theories*

- **Non essential, Non core Characteristics**
  - courage
  - respect others
  - autonomy
  - able to be honest
  - able to be trusted
  - to innovative
  - able to make decisions
  - able to be calm
  - able to motivate
  - can understand rules
  - can communicate well
  - can use touch

- **Further Core Characteristics**
  - GOOD JUDGEMENT
  - REFLECTIVITY
  - AWARE OF QUALITIES
  - SEE COMPLEX WEB
  - OPENNESS

- **Foundational Drive Core Characteristics**
  - DESIRE TO DO GOOD
  - LOVE
  - VALUE LEARNING
Core concepts in the wise nursing

This section gives some further insight into the central concepts within the characteristics or themes of being a wise nurse described in this chapter and depicted in Diagram One.

How the core concepts were developed

The way the central concepts were uncovered was to reread each of the anecdotes, or stories, described by the participants and ask if there were any of the characteristics of being a wise nurse 'always' present either in an implied or overtly present. One could extrapolate, or theorize, from this to suggest that these characteristics are necessary for a nurse to be wise. It is important to note that for a nurse to be wise in a particular situation he or she must have all the necessary characteristics to be wise for that particular situation. The second element in describing the core concepts was an attempt to try and make sense of the characteristics and their interplay.

A description of the core concepts of wise characteristic

In this section there is some repetition of previous discussion with further clarification. In summary the core characteristics of wise nurses are those that are always present or implied in the nursing anecdotes in this study. The implication is that these are important characteristics of wise nurses and need to be present in wise nurses to be wise. By contrast, non-core characteristics may not be necessary in some situations as other approaches and other characteristics could be drawn upon instead. For example, if wise nurses found they were not particularly good with humour then they may draw on other characteristics in order to be wise in a particular situation.

In summary, as depicted in diagram one, the process of being able to be wise is as follows. Love is the drive, which leads to the desire to do good. The wise nurse also has the ability to see all the issues involved (including seeing the varied qualities of what is seen or understood) through being open and seeing the complex web, finally making a judgement
of the situation. Remembering that ongoing learning is also an important foundational characteristic.

**Love: the Engine of Wisdom**

Wise nurses are able to love others and themselves and allow others to love them. This is interconnected with other wise characteristics. Wise nurses are capable of love and wisely judge the appropriateness of love and its expression. Again the interconnective nature of wisdom is demonstrated. The word love, utilised from participants’ transcripts, seems to encompass caring, positive regard and humanism. All variations or types of love are possible, but wise nurses judge the appropriateness of everything including love. Love is a core characteristic of wise nurses and is always present, or implied, in all the wise nursing anecdotes. Love is the motivation for acting wisely.

Without love for others the drive to do good for others will not be appropriate. There may well be other drives to do good, such as fear of harm coming to self, which this model suggests will be less likely to lead to wise actions. Also if the love for self is absent, this may lead to unwise actions being taken. Love of others balanced with love of self is valuable as the drives for doing good in combination with other wise characteristics will lead to wise actions.

**Good Deriving from Love**

Wise nurses have a strong tendency to want to do good for others and self. The concept of good includes acting in a beneficial manner for others but also includes consideration of doing good for self. This is consistent with love of others combined with love of self as the engine or drive of wisdom in nursing. Wise nurses judge the appropriateness or degree of acting in a good manner required in any particular situation. Goodness is a core characteristic of wise nurses and is present, or implied, in all the wise nursing anecdotes. Love is the engine that drives the desire to do good in this grounded theory model. All the stories had the characteristic of ‘good’, described by the golden rule ‘Do unto others as you would have them do unto you” (Flew, 1979).
The drive for the wise nurse is caring or love for others, balanced with love of self, which in-turn is the motivation to do 'good'. Good for others does not exclude good for self. The wise nurse takes account of many features including consideration of his or her self.

Openness

Being open is a characteristic of wise nurses. It involves a strong willingness by wise nurses to listen, to be interested in others, and be in-tune with others. It also involves being open, a willingness to listen to other's ideas, value diverse ideas and recognise the importance of really listening as it is valuable to the person talking to be really heard. Being open is not being dogmatic, rigid or arrogant but involves empathy and a willingness to take time to listen and to search for useful questions being open is a core component of wise nurses. It seems to be always a component of wise nursing anecdotes, or is implied, whereas some other characteristics of wise nurses are not always present nor do they need to be.

Varied Qualities, Multidimensional Web, Reflectivity, Good Judgement

In this section the four core wise nurses characteristics of seeing varied qualities in self and the surrounds, seeing the multidimensional web interconnections and reflectivity are brought together to facilitate good judgement. As core characteristics it is suggested that these need to be present in all wise nursing situations. This occurs through wise nurses seeing their own varied qualities in a particular situation plus the varied qualities in their surroundings. This means the elements that are relevant to a situation such as other people involved and various components and their qualities are considered. Wise nurses also see the interconnections of that particular situation and reflect on these to make a wise judgement. Wisdom is the combination of all the characteristics not just good judgement. Wisdom is a state of being which is closer to a process rather than an outcome, although wise outcomes may occur.

The wise nurse is able to judge well, or estimate well, a situation, including means and ends. The wise nurse considers not only the outcome but also the process, although
wisdom may not necessarily always lead to an end. The wise nurse’s judgement is particularly important with regard to judging values and the many elements of one’s being. The interconnection of these characteristics is particularly strong. The themes or characteristics of judgement and reflectivity from the nurses’ anecdotes are consistent with a shared view in philosophy that good judgement and reflectivity are central elements of wisdom such as in Edwards (1967, p.323).

A model of nursing wisdom

The model depicted in diagram one, shows wise nurses and their modes of being. Wise nurses have a whole ‘Being’. Within wise nurses’ are three overlapping sub modes. The first is ‘Seeing’ where the wise nurses’ modes are emphasising, observing and understanding. The second and overlapping mode is ‘Doing’ where wise nurses are emphasising action. Note too that there is a Resting mode of Being for the wise nurses. Each theme will be described in detail in relation to the previously discussed characteristics of wise nurses.

The ‘Seeing’ and the ‘Doing’ modes for wise nurses and the focus of the situation interact with, for example the patient. In contrast, the ‘Resting’ mode may not be interactive.

![Diagram two](image)

Being is Seeing, Doing and Resting

*Diagram two*
Rationale for model

The model is useful in that it adds to our understanding of wise nurses as it helps to give some applied and dynamic dimensions to the nature of nursing wisdom. The wise nurses’ required characteristics alter throughout this model. For example being ‘open’ is highly important in the Seeing mode where wise nurses need to be in-tune and astutely observant. In this mode wise nurses also need to be judging to not judge too early. Yet when wise nurses are in a Doing mode, they may need to be less ‘open’ and more draw upon their good judging characteristic.

Derivation of model from data

A recurrent theme throughout many of the anecdotes and stories, especially when participants are reliving the wise moment, is a period or process of seeking to understand (Seeing) and a period of implementation (Doing). The third area called ‘Resting’ is discussed later.

Derivation of Seeing & Doing from participants’ interviews

Frieda (pp.70-74) describes a complex situation with a woman of Greek origins dying of cancer in hospital and difficulties within the immediate family. She describes how she suspended any significant degree of evaluation of the situation while she tried to understand the circumstance over several days, finally followed by a time of action involving discussion within the family and facilitating the woman to go home to die. This example of a recurrent wise approach shows a strong sense of the wise nurse seeking to understand. It is an interactive and question-finding time with a suspension of judgement and high level of openness. For Frieda’s anecdote the Seeing mode was over several days. Whereas for Gary (pp. 81-82) the period of Seeing mode was shorter. In Frieda’s anecdote there was a time to act (Doing) and attempts to make changes in a wise manner. This mode draws on some different characteristics from the wise nurse, for example, courage.
Seeing Doing and Resting Modes
Of the Wise Nurses Model
Diagram 3

Note that each mode can also be highly or minimally intense.
Description of Seeing – Doing – Resting model of wise nurses

This section will give a brief overview of the emergent relationship, represented in diagram three, between ‘Seeing’ and ‘Doing’, give examples and then discuss ‘Resting’. There are different and overlapping characteristics that come to prominence when the wise nurse is ‘Seeing’ or when the nurse is ‘Doing’. An example of the overlapping being in the wise nurse is good judgement and love. These are important in both ‘Seeing’ and ‘Doing’. The characteristic of not-being-arrogant or being open-to-possibilities is an important ‘Seeing’ characteristic in the wise nurse, whereas courage is an important characteristic of the wise nurse when in the ‘Doing’ mode.

Seeing: The intent of understanding

Seeing means that wise nurses are Seeing with all their senses but it also means much more. As well as Seeing that which is outside their being, it is also about Seeing what is inside their Being. It is about being in-tune with themselves and their surroundings. Seeing is not an objective, one way mode, but an interactive two way interaction with self and environment. Wise nurses are not passively taking in or gaining information via their senses from their surroundings or from in themselves. It is an interactive mode involving active seeking to understand, although the wise nurse recognises there are always limitations to understanding. It may take moments, days or a lifetime for understanding in relation to a specific issue. Wise nurses judge that it is important to suspend their judgement to a degree in this mode. The core characteristics and more, in the wise nurses Being, are still being drawn upon such as caring (love) which is an underlying driving force, the desire to do good, respect for the autonomy of the person, ability to be calm, hope, sharing, and many other elements previously described as important elements of the wise nurses’ Being. The central element is that the wise nurses’ characteristics are utilised in a manner that will enhance understanding.
Doing: The intent of altering

Doing is the intent to alter or allow a change. Because the intent is different from Seeing, different characteristics are needed or the characteristics are altered. An example is the need for courage although not all Doing by wise nurses needs courage, and Openness may be minimised during the Doing mode. The Doing or act of wise nurses often comes as guidance or facilitation. There is a strong sense of helping others to learn in a guiding and supportive manner.

Resting mode

*Deriving the Resting Mode from the participants’ anecdotes.*

A third mode in which wise nurses are either not engaged in Seeing or Doing or a degree choosing to withdraw from Seeing or Doing is Resting. Louise explains it in part by “basically nurses can be in situations as we said that they choose to leave that area, whether they leave physically or mentally”.

Seeing, Doing and Resting modes intensity

Diagram four represents the varying intensity of the Seeing mode that wise nurses would choose in a given situation. This would also happen for Doing and Resting modes but for their relevant representative colour. The resulting mode that wise nurses choose in a given situation is as a result of the combination of the presence and intensity of each mode. The mode combination in a situation could be depicted by a colour representing the three modes.
Summary of nursing wisdom

Wisdom in nursing has similarities and differences to other forms of wisdom. It is a journey that is unique for each person. Each of us can be wise or unwise in a particular moment or situation, but some people who are particularly wise are more likely to act wisely in a particular situation than others. In a particular situation there may be many different responses, all of which may be wise. There is usually no one act in a particular situation that is most wise but many approaches, all of which can be wise. Also the measure of wisdom is not in an action alone but also in the intent. Wisdom is a process for which the action or non-action is the outcome, but the whole process needs to be considered.

Wisdom is a collection of attributes in a wise nurse. Although it is useful to dissect out components or different attributes that combine to make the nurse wise, it is important to recognize wisdom comes from the interconnection of various attributes that it is the whole, that makes a nurse wise.
Wise nurses are able to simultaneously see the horizons within themselves (knowing self) and around themselves (knowing beyond themselves) and are therefore able to act and interact usefully with their environment. As wise nurses look around the external and internal terrain they can recognize the limits and shades of gray. The wise nurse sees strengths and weaknesses (Sees the varying qualities). Wise nurses recognise that they need to constantly be working at, and exploring, themselves and their environment. They recognise the importance of working at their own abilities involved in understanding and recognise the need to maintain their own attitude of willingness to try and understand (Openness). Each part of wisdom needs to be worked at and understood more deeply in order to become wiser.

The motivation of wise nurses' actions needs to fundamentally be love, that is, a love of others as well as a balanced love of self. This love is the basis of the desire to achieve good. Without this love as the underpinning drive behind actions, the actions are not wise. The action could well be as a result of in-depth understanding, but understanding without the desire to do good based on love is not wisdom.

Wise nurses have three modes to their wisdom. These three modes are like three notes to a chord, but with varying intensity. Wise nurses know the right balance in the moment, as the blend needs to be changing for understanding (Seeing) altering (Doing) and recuperating (Resting).

Other concepts related to wisdom from the participants

The following is a collection of additional issues relating to wisdom in nursing that came out of the interviews.

A characteristic of a group, not just individuals

How should a just society provide for people who are unwell. Provide health care! ... I'll give you an example of that at an individual level wisdom requires a level of consideration of equity. It requires considering ... most people to be equal to any others. That, could be applied very easily to health care (in) any health society. ... Outcomes which are going to be bad for the society as a whole (are) not just.

(Stephen transcript, p.11, lines 40-50)

I suppose in that clinical context it was almost a team approach to wisdom if you like. Not
all of us had the answer or the insight. But together and between us we managed to reach the endpoint through various moments of insight that we wanted to achieve or we needed to achieve for this particular person.
(Gary transcript, p.4, lines 26-29)

**Circumstances and situations can impact on capacity**

The unconscious aspect can actually block us from being wise because our own stuff gets in the way and may be we have had a row with our staff or maybe we have been in trouble with out boss or maybe we have had an upsetting episode with a client and that can actually block us at an unconscious level from functioning wisely at that next encounter.
(Kay's Transcript, p.2, lines 12-16)

**Good nursing must be wise nursing**

Ultimately good nursing must be wise nursing. It must be otherwise it's not good nursing. However generally people could say she, he is a good nurse. Why is he a good nurse? He is fantastic at prioritization, he gets all the work done, and when we come on duty there is no mess to clean up the pan room is done and he is great. But that is not the measure.
(Stephen transcript, p.12, lines 29-44)

**Wisdom is different to intelligence**

Is he wise or is he just smart? ... I think that there is a bit of a difference there, wise being is having that insight, smart being having a lot knowledge and to a degree being able to use it but not necessarily having insight.
(Gary transcript, p.1 lines 24-26)

**Professional practice in action**

I think wisdom is professional practice in action. It is not something that you sort of like sit around and in a room and be wise about things. I think nursing wisdom is something that's happening in action on the floor.
(Transcript, of Louise P.6, lines 4-8)
Central Concepts Relevant to Nursing

There are four recurrent central concepts relevant to nursing (Greenwood, 1996, pp.4-5; McKenna, 1997, pp.2-3): the person receiving nursing care, the environment in which the person exists, the health-illness continuum within which the person falls at the time of the interaction with the nurse, and nursing actions themselves.

The person receiving nursing care

In the wise nurses' model, the person receiving the nursing care is described as the being. The being is interactive with its body(s), other people and its environment. The being is not separate from its surroundings and could be a single person or a group of people.

Wise nurses would view the being as multidimensional, but they could focus on a selected aspect and recognise the limits of what can be known about a person. A being's autonomy is valued highly and fostered, but wise nurses make a judgement about the appropriateness of this. Wise nurses judge in the moment a being's ability to make autonomous decisions. This decision is based on a humanistic motivation, or love of fellow persons, that guides the wise nurses desire to do good. Each being is unique. Wise nurses recognise the limits of what they know about the being and themselves, and in light of these make the best judgements they are able.

The environment in which the person exists

For simplicity, 'person' will now be used instead of 'being'. The person interacts with, other people and the environment. The environment is all that surrounds the person and the wise nurse is intune with it, aware of the limitations of his or her understanding of a situation and able to focus as appropriate.
The health-illness continuum within which the person falls at the time of the interaction with the nurse

Health is not just about a person but includes the environment. Health is whatever wise nurses as a result of the nurse and client interaction, uniquely decide upon. While the client's health is the main focus, the nurses' health needs to be considered. The health of the nurse is also important in as much as it impacts upon the health needs of the client.

Nursing actions themselves

The wise nurses' model depicts that nursing is about the interaction between nurses and clients. Wise nurses are prepared to respond uniquely to each situation. A fundamental assumption at the start of the thesis was that there was something distinctive about wise nursing, yet it overlaps with other domains. The wise nurses' model emphasises the character of wise nurses and places less emphasis on the nursing actions.

Conclusion

This chapter has utilised 18 nurses' insights to describe the nature of nursing wisdom. Wisdom was described as a journey in which wise nurses' characters become wiser if developed. Wise nurses' wisdom was described as a collection of characteristics. The core characteristics were always present or implied in all the participants' anecdotes. This implies that these characteristics are essential for wise nurses. The core characteristics of wise nurses and these core characteristics' relationships to one another were explained. For any particular situation, love of others and self, forms the drive for wise nurses to do good. An open character by wise nurses enables the absorption of insights where reflection combined with seeing the varied qualities of self and the surrounding, and seeing the multiple web complexities of the situation, leads to making good judgements. Note that any one characteristic is not in itself wise, but it is found in collective characteristics.

Further non-core characteristics were raised. These characteristics are useful additional characteristics for wise nurses, for example, a good sense of humour is useful but not essential for wisdom noting that a good sense of humour is not in itself wise.
In addition to these wise nurses' characteristics, wise nurses can take on different modes. A characteristic is a distinctive trait of a person, and a mode is a manner or method of proceeding. Each mode alters the wise nurses' characteristics in a manner that is useful for that mode. The first mode is a Seeing mode where the wise nurses' characteristics are altered in a manner to facilitate seeking to understand a particular situation or circumstance. The second mode is a Doing mode where the wise nurses' characteristics are altered in a manner to facilitate seeking to alter a particular situation or circumstance. A third mode is Resting. A part of this mode includes withdrawing into self. These three modes can be likened to a three-tone chord where each note can be louder or softer than the other notes or combinations of intensity can occur.

Some additional insights from participants were described and finally the model was discussed in relation to four recurrent central concepts relevant to nursing.
CHAPTER 7

DISCUSSION

Introduction

This chapter utilises the interconnections of various models and theories to the wise nurses' model. This will aid in deepening the understanding of the model and show the usefulness of the model as a means of connecting various disparate models and theories. These models and theories will only be discussed in brief as the intent is to show the usefulness of the wise nurses' model rather than to offer critique. Table (1) (p.153) summarises this chapter. It shows the various elements of the model of wise nurses and related models and theories that connect to various elements of the wise nurses' model. The text will then uncover in some detail these connections. Bishop (in Mariner-Tomey, 1994, p.35), notes that the nursing literature in the 1990's emphasised the desire for establishing interconnections among central nursing concepts.

I see the wise nurses' model as a representation of the whole being (one nurse or a group of nurses), which means one cannot look at any single part of the model in isolation. For example, 'learning' is an important and core part of the model. Learning then cannot be separated from all the other parts of wise nursing. Therefore, all the other core elements of the wise nurses' model impact upon 'learning'. The issues of 'being open', 'seeing the complex web', 'love', etcetera, cannot be removed or isolated from learning. Nor can learning be removed from any other part of the wise nurses' model.

The implications are that when exploring learning one needs to always consider all the core parts of the wise nurses' model in relation to learning. Likewise, the reverse is also true that all the other core characteristics of the wise nurses' model need to be viewed in light of learning. Also any models that are deemed to be representative of an aspect that
is a part of the wise nurses' model (for example problem based learning as a model of learning), need to be viewed from every aspect of the wise nurses' model. The discussion for each characteristic of the wise nurses' model and the relevant theories or models and the implications are outside the scope of this thesis. Instead a sample of areas and relevant models or theories will be discussed briefly to give some insight into the implications.

Nursing Knowledge

A common discussion issue in nursing literature is 'What knowledge is unique to nursing?' (McCloskey and Grace, 1990, p.42). In this thesis I have assumed that there is a uniqueness to nursing; just as Aristotle stated that there were different types of wisdom needed for the General of an army and for a politician. If we extrapolate this view to nursing it seems reasonable to suggest that there is a unique form of wisdom needed for nursing. The uniqueness of nursing is subtle and found in the detail.
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Table 1 Interconnections to other theories and models
Wisdom is a Journey

An important overarching grounded theme that emerged was that wisdom is a process. Wisdom is whole-being development that needs to be worked at, in order to become wiser. In Chapter 5, ‘Learning’ was presented as an important part of being wise and a part of ‘wisdom as a journey’. The following will briefly explore an overview of problem based learning (PBL), some implications for PBL from the wise nurses’ model and the implications of some interconnections with other models via the wise nurses’ model. This approach will be repeated throughout this chapter for different elements of the wise nurses’ model.

Problem Based Learning

Processes of learning and learning theories connect, or become relevant, at this aspect of the wise nurses’ model. A learning approach example is Problem-Based-Learning (PBL). PBL can be described as “...the learning which results from the process of working towards the understanding of, or resolution of, a problem” (Barrows and Tamblyn, 1980). Commonly a scenario is presented and students are facilitated to explore the issues, recognize what they need to know, explore and learn these areas of deficit and finally utilise this new knowledge to resolve the issues present in the initial scenario. (Boud & Feletti, 1997).

The wise nurses’ model can augment PBL. There are several implications of Seeing varied qualities from the wise nurses’ model overlaid upon PBL. One should aim to learn the limits of what one knows and to recognise what one does not know. There should be reflection on issues such as the how well one person can understand another person. For example, although nurses may have a great deal of experience, what are the limits to understanding another person’s experience? What are the limitations of any person understanding another person’s pain? What is known and not known about a particular topic? The facilitators of the learning would be encouraged by the wise nurses’ model to feel comfortable in recognising and expressing their own limits of knowledge as well as their strengths.
PBL facilitates the learner to gain knowledge, skills or attitudes for problem solving. The concept of ‘seeing the multidimensional web’ in relation to PBL has implications and raises the following questions. When exploring a topic or subject what are the interconnections within that topic or subject? What are the interconnections between different topics and subjects? Which areas should be focused on in particular situations?

The wise nurses’ model facilitates interconnection of disparate theories and it would be valuable to explore each interconnection with each model or theory. To illustrate this for example, Carper’s typology will be interconnected with PBL and some of the implications raised.

Carper’s typology (Carper, 1978) raised the concept that a scientific or empirical perspective was only one of many possible perspectives. Other perspectives Carper offered were aesthetic, personal knowledge and ethical. By interconnecting Carper’s typology and PBL for example, one may explore learning and solving the problem from Carper’s different perspectives. Issues such as the following are raised in this interconnection. How would a student problem solve using an aesthetic approach? What learning processes are involved in this perspective? How would a student problem solve using an empirical approach and what learning processes are involved? How can students be facilitated to explore themselves and understand themselves more and explore their own preferred approaches to problems solving and learning? How can the ethical aspect of solving a problem and learning be highlighted? What is a reasonable degree of students helping fellow students to learn? What is the most ethical way of approaching and solving the problem set?

**Morse et al (1990) exploration of Caring Models**

Morse, Solberg, Neander, Bottorf. and Johnson (1990) undertook a meta-analysis of caring as a concept and explored 25 authors’ definitions of caring and the main characteristics of their perspectives. The following will briefly explore an overview of the paper, describing some implications for the paper from the wise nurses’ model, and explore the implications of some interconnections with other models and theories.
Morse’s et al paper characterises definitions of caring as: caring as a human trait, caring as a moral imperative or ideal, caring as an affect, caring as an interpersonal relationship and, caring as a therapeutic intervention.

The wise nurses’ model brings together diverse approaches, models and theories. If one explores the five categories above, all these elements are found in the wise nurses’ model. Morse et al would characterise the wise nurses’ model as primarily caring as an affect (love) which leads to caring as a moral imperative (the desire to do good) which in turn leads to caring as an interpersonal relationship. (Wise nurses are learning as well as giving, when judged appropriate.) Wise nursing is a human trait (about being) and can result in therapeutic intervention (both Seeing and Doing modes). Thus all five categories of caring can be found in the wise nurses’ model. This seems to make sense, as all the five categories are relevant to nursing.

The criticism that caring as an affect may result in nurses becoming ‘too involved’ is addressed in the wise nurses’ model. The wise nurse is able to love, but judges the extent and appropriateness of the love’s expression. Caring in its various forms as presented by Morse et al can be connected to other concepts. Caring is only a part of what wise nurses do. Wise nurses reflect, see the varied qualities, see the multidimensional web and utilise good judgement as well as the various other aspects of the wise nurses’ model. All of the forms of caring are important but need to be seen as part of the whole of wise nursing. An important element that was not raised by Morse et al in relation to caring is that wise nursing is about caring (love) for others, but in balance with caring (love) for self.

**Ethics Models**

Beauchamp and Childress (1994) present a range of approaches to ethics. The ethical perspective that “Character Ethics = Virtue-Based Theory” are in harmony with the wise nurses’ model. I will give a brief overview of this theory and then discuss the implications and the interconnections with the wise nurses’ model.
Character Ethics: Virtue-based theory (Beauchamp and Childress, 1994) (hereafter referred to as character ethics) emphasises the agent or character of the person making the decision. If a person has a virtuous character and is therefore properly motivated towards making proper and morally correct decisions, they will not be guided by rules alone or be swayed by factors other than those that impact. This theory emphasises appropriate motivation of the person.

Character ethics combines well with various other ethics theories and emphasises that the person of good character will draw on these, as judged appropriate. This, in many respects, is the essence of the wise nurses' model. The wise nurses' model depicts aspects of a wise nurse's character that leads to ethically good outcomes. Character ethics (Beauchamp and Childress, 1994) draws on several characteristics noted in the wise nurses' model such as valuing others' autonomy, able to trust, be honest and be able to forgive. Other areas such as generosity, compassion and kindness, although not specifically raised in the wise nurses' model, are in keeping with the model.

Character ethics seeks to understand and give insight into ethics, whereas the wise nurses' model seeks to understand and give insight into wise nurses. While there is a significant interrelationship between these ideas, there are differences. The difference of emphasis is important. Character ethics theory emphasises the ethical aspect of interaction, but the wise nurses' model has a broader and more inclusive emphasis. The wise nurses' model recognises as highly important, the ethical dimension of being but there are many other attributes that need to be recognised and valued as important parts of being beyond but including ethics attributes. Valuing humour, creativity, touch and calmness are examples of aspects of wise nursing that go beyond but include ethical aspects. The wise nurses' model emphasises the interconnection between wise nurses and their environment with emphasis on the interconnection with the patient, which is not addressed in character ethics.

The wise nurses' model facilitates the connection of ethical theories, such as character ethics, to other ideas and theories. For example communication skills and educational theories can be interconnected via the wise nurses' model to ethics theories. Wise nurses need to have strong ethical character but also need good communication skills and
methods for learning. The implications for ethical theory such as character ethics from the wise nurses' model include encouragement to recognise that having an ethical character should or could be wisely enhanced by recognizing that the other character qualities should be given recognition and valued. At least some insight or discussion about what further character elements and connections beyond the individual such as environmental issues should or could be raised.

**Benner's Novice to Expert**

Benner's (1984) descriptive work identified five levels of competency in clinical nursing practice. The five levels are novice, advanced beginner, competent, proficient and expert. From her exploration of small groups or individuals in patient care situations a number of domains of nursing practice were isolated including: the helping role; the teaching-coaching role; the diagnostic and patient-monitoring function; effective management of rapid change situations; administering and monitoring therapeutic interventions and regiments; monitoring and ensuring the quality of health care practices; and organizational and work-role competencies.

Benner's novice to expert connects into the wise nurses' model primarily through 'Seeing varied qualities'. Wise nurses see varied qualities such as the level of expertness in others and are aware of their own level of abilities. The domains of nursing in Benner's novice to expert connect primarily at the 'Seeing varied qualities'. Benner's novice to expert is useful for wise nurses as it aids by giving further insight into seeing varied qualities.

From the wise nurses model's 'seeing varied qualities recognition and acceptance that there are qualities, limitations and strengths within themselves and beyond themselves; and respond appropriately to one's level of ability without making others feel uncomfortable about their own qualities, limitations and strengths'. Wise nurses can see others' abilities and their own but it is wise to accept each person as they are. They recognise that it is really important for a nurse to see their own qualities and know their own limitations and to draw on other people as judged appropriate. This is more important than having Benner's expert levels of abilities. That is, seeing one's own
limitations and seeking other help as judged appropriate is wise. Expertise is a useful attribute of nurses but wisdom is far more important.

The wise nurses’ model facilitates connection of Benner’s novice to expert concept to other concepts, for example Carper’s typology where the empirical, aesthetic, personal and ethical dimensions are explored. As a result of this one could say that wise nurses could try to recognise within themselves their own level of abilities, novice to expert, in seeing a situation. What level of ability do wise nurses recognise in themselves and in others in seeing the world through these four lenses? One wise nurse may recognise a strong expertise and ability in seeing situations from an empirical perspective but be more novice-like from an aesthetic perspective.

The domains of Benner’s novice to expert can be used as an illustration of the interconnection with Carper’s typology using the wise nurses’ model. For example, ‘monitoring and ensuring the quality of health care practices’ may be seen more expertly from an empirical perspective for particular wise nurses and ‘the helping role’ may be able to be seen expertly through the aesthetic and ethical lenses.

**Reflection**

Reflection is an important part of nursing education. (Taylor, 2000; Atkins and Murphy 1993) summarise reflection in nursing as ‘reflection-in-action’ and ‘reflection-on-action’. Reflection in action is thinking while acting, whereas reflection on action is thinking about the action. In addition the authors present three stages of reflection, triggering of uncomfortable thoughts, a critical analysis and developing a new perspective on the situation. The wise nurses’ model supports the importance of reflection in nursing but also shows the importance of resting and having time out from reflecting on patient care. Reflection in the Seeing mode seeks to understand. There is time within the Seeing mode to reflect and just listen with one’s whole being, in a non critically analytical manner, conveying acceptance and non judgment. Reflection in the Doing mode would seek to cause change.
Neuman’s Model

Betty Neuman’s model of nursing (1982) is an example of one of many models that seek to facilitate an understanding of nursing. Neuman’s 1982 book was written with the intent of applying the Neuman model to nursing education curricula and to nursing practice. The Neuman model is based on systems theory. The focus of the model can be a person, a small group, a community or society. The interconnections between a person and their environment are strong and are constantly interacting. Around a centre such as a person are lines of defence which can be strengthened or weakened by various means. For example, a person having influenza, experiencing a death in the family, or being in an unfamiliar environment would be more likely to have weaker lines of defence.

Following are some assumptions on which Neuman based her model. (Meleis 1997, p.303). The nursing clients are dynamic: they have both unique and universal characteristics and are in constant energy exchange with environments. The relationship between client variables – physiological, psychological, sociocultural, developmental and spiritual – influence a client’s protective mechanisms and determine a client’s response. Clients present normal ranges of responses to the environment that represent wellness and stability. Stressors attack flexible lines of defence, then normal lines of defence. Nurses’ actions are focussed on primary, secondary and tertiary prevention.

The Neuman’s model interconnects primarily with the wise nurses’ model at the ‘awareness of qualities’ aspect. The Neuman’s model facilitates wise nurses to see patients and therefore have greater awareness of qualities such as the lines of defence and areas that influence these lines of defence. The Neuman’s model is particularly strong at engendering a desire to love and therefore to do good for a person. Through the wise nurses’ model facilitating the interconnection between the Neuman’s model and love of others and self-driving the desire to do good, further concepts can be created and questions raised. How can one ensure a model engenders love of others and self? Does the model tend to make a person seem less human-like and less individual? It would be valuable to raise issues of the interplay of the nurses’ love of others and the balance needed for love of self when drawing upon the Neuman’s model.
The wise nurses’ model provides many other interconnections including a connection to Carper’s typology. This interconnection will be explored under the heading of Carper’s typology.

**Communication skills**

Communication skills are a fundamentally important aspect of nursing (Crisp and Taylor, 2001). The skills are focused on use of verbal and body language, awareness of self, the other person and the environment. While communication skills are not a specific model or theory they represent a significant and important aspect of nursing. The wise nurses’ model and the communication skills have some valuable interconnections, which will next be discussed.

Communication skills interconnect primarily with the ‘being open’ and ‘able to communicate well’ characteristics of the wise nurses’ model. The ‘mode of Seeing’ in the wise nurses’ model is particularly important and in harmony with communication skills, especially in relation to listening. Recognising that there are always limits to one’s understanding of another is important. One can never fully understand another’s feelings, for example. Recognising the power of being-open is of great value in itself as is Seeing the importance of question finding.

The ‘Doing mode’ and the ‘Resting mode’ have important contributions to communication skills. The model aids in recognising that there may be a need to act, even though there is inadequate information and understanding. Recognising one’s own attributes such as humour, intuitiveness, courage and the impact these bring to communication are further examples. Recognising that there is a time and appropriateness to step into the Resting mode as a form of self loving is an appropriate and wise action.
Intuition

Mitchell (1994, p.2) illustrates wisdom by saying ‘On occasions, mothers know when something is amiss with a child, mechanics know when a motor is not running up to par, and nurses know when some event is about to happen. Intuition is defined as an immediate apprehension, or the power of gaining knowledge without evidence of rational thought’ (p.2).

The wise nurses’ model supports the importance of intuition in nursing but it is interesting that it is not a core characteristic. Wise nurses may choose to focus on intuitive understanding in particular situations while at other times they may not. A judgement is made about the importance of the intuitive understanding in a given situation. In some situations, such as when events are very clear-cut or when the situation raises no strong intuitive responses, intuition has minimal or no role. Wise nurses choose to utilise intuition as judged appropriate.

Carper’s Typology

Carper (1978) presented a broader way of seeing the world than the dominant scientific view at that time by suggesting that a scientific or empirical perspective was only one of many possible perspectives. Other perspectives Carper offered were aesthetic, personal knowledge and ethical. Carper’s typology interconnects primarily at the ‘seeing the complex web’ in the wise nurses’ model. For example, Carper’s typology assists with seeing from a diverse array of perspectives. Some valuable results can occur by exploring additional aspects of ‘being open’ from the wise nurses’ model and connecting this to Carper’s typology.

Carper’s typology can be seen as four ways of looking at the world, but the wise nurses’ model encourages exploration of a limitless number of further perspectives. The wise nurses’ model fosters exploration of Carper’s four perspectives and their interconnections as well as seeing the multi dimensional web complexities. This means that the wise nurses’ model not only suggests there are multiple ways of seeing, for example Carper’s typology, but it is important for wise nurses to recognise which perspectives are more
useful in particular situations. The wise nurses’ model fosters self-understanding and self-recognition of the ways individual wise nurses see the world.

As raised earlier, the Neuman’s model is connected to Carper’s typology via the wise nurses’ model, allowing some useful results. For example, exploring the Neuman’s model through aesthetic eyes would encourage artistic perceptions of people and their lines of defence. Some wise nurses might see people through their artistic eyes as wearing a coat of armour and on days where there are weaker defences the armour is more rusty or made of plastic instead of metal. Whereas, seeing more empirically, wise nurses might explore the layers of the skin and aspects of a person’s psychological makeup in order to understand a person’s lines of defence. The wise nurse would utilise good judgement to recognise the most useful perspective in particular situations.

**Praxis and the Relationship Between Theory and Practice**

Praxis is ‘the reflection and action of [people] upon their world in order to transform it’ (Friede, 1972). Praxis integrates theory and practice. In nursing the relationship between theory and practice, sometimes called the theory practice gap, is still a significant issue (McKenna, 1997, pp.36-37). Concepts such as praxis facilitate bringing theory and practice together. An essential element of the wise nurses’ model is that all actions of a wise nurse come from reflection. The wise nurses’ model raises a different perspective that not all outcomes of reflection ‘termed action’, aim to transform, such as when wise nurses wisely go into their Resting mode by choosing to make a bed alone or perform a task that needs little thought. The action of choosing to go into this Resting mode is as a result of reflection.

The wise nurses’ model raises an interesting and valuable issue in the ‘Seeing mode’, where the wise nurse seeks to understand. Certainly in the ‘Doing mode’ the wise nurse seeks to cause a change or permit a change to continue. This is in keeping with Freire’s concept of praxis. Not all wise nursing is about making changes occur as shown by the various anecdotes that were the basis of the grounded theory element of the ‘Seeing mode’ of the wise nurse. Also when wise nurses choose to go into their Resting mode, although this is as a result of reflection, it is not necessarily to cause change. Therefore
all wise nursing combines theory and practice, but it is not always with the intent of causing or allowing change to occur.

McCloskey and Grace (1994, p.58) raise the issue of theoretical models utilised in nursing education programs that they are not very representative of nursing practice. The wise nurses’ model, created from nursing practice stories will be highly relevant to education and to ongoing nursing practice. The wise nurses’ stories are insightful and useful for practitioners and students alike.

**Critical Thinking**

Critical thinking is the skill of analytical thinking. Critical thinking emphasises the ability to develop good arguments and avoid fallacious arguments. Critical thinking is what critical thinkers do.

A critical thinker is “...someone who is able to think well and fair-mindedly not just about her own beliefs and viewpoints, but about beliefs and viewpoints that are diametrically opposed to her own. And not just to think about them, but to explore and appreciate their adequacy, their cohesion, their reasonableness vis-à-vis her (sic) own. Moreover, a person who thinks critically is not just willing and able to explore alien, potentially threatening, viewpoints, but she (sic) also desires to do so.” (Paul, 1995, p.vi)

These are useful attributes for a wise nurse and connect with the wise nurses’ model through characteristics such as ‘good judgement, ‘able to communicate well’ and ‘Seeing the multi dimensional web complexities in which they are willing to seeing from a diverse array of perspectives, but they also are able to focus on the selected important aspects’. Some implications of the interconnection with the wise nurses’ model are that wise nurses should also have a large range of other skills including recognising when not to use ‘critical thinking’. This is especially so when in the Seeing mode. Argument development can be detrimental to being open. Also listening to intuition is important. Valuing attributes other than logic and argument has its place. So learning the skills of critical thinking should include when not to be a critical thinker.

The wise nurses’ model aids in the interconnection of different ideas and concepts with critical thinking. Remembering that the process is as important as the outcome and the
model suggests this is valuable to be connected to critical thinking. The process of the good argument is as important as the final intent. If the process of the argument affects the person badly this needs to be considered. The wise nursing model reminds wise nurses to keep in mind that love and the desire to do good are the essential drives. There are times when sound arguments are unwise nursing and love as the drive for doing good based in good judgement, is the key.

Model or Theories Related to Resting Mode

The Resting mode of the wise nurses’ model is a relatively unique concept. The various caring concepts raised by Morse et al (1990, pp.1-14) emphasise caring for others. The wise nurses’ model raises the issue that wise nurses need to love others in balance with loving self. The Resting mode reflects the need for nurses to love themselves and do good for themselves, but in a wise way that does not cause harm to others. The wise nurses choose appropriate times and ways for the Resting mode.

After combining Benner’s novice to expert concept and the wise nurses’ model, it becomes apparent that novice nurses might be less able to judge the appropriateness of being in the Resting mode. Carper’s typology via the wise nurses’ model may give various ways of wise nurses’ viewing their Resting mode. They might look at the moment through aesthetic eyes or very distinctly personal ways.

Ontology

‘Ontology is the study of existence itself’ (Roberts & Taylor, 1998, p.99), the study of the nature and relationships of being. The wise nurses’ model attempts to give greater understanding to the nature of being wise. It is vital to recognise that although this model of wise nurses seems to emphasise the nurse and the character of the nurse this is not the fundamental basis of the model. The wise nurses’ model is firstly about interaction with the context or environment and the person. The very basis of the wise nurses’ model is grounded in anecdotes that are highly rich in interactions between nurses and patients. The nurses’ characteristics derive, grow and alter from interactions with others plus inner
processes. It is unlikely that a successful wise nurse develops from only reflection without interaction, which is fundamental to the development of wise nursing.

Wise nursing is also about the collective of nurses. A nurse does not exist in isolation, but his or her wisdom is a collective wisdom, which can be seen from various levels. All the attributes described in the wise nurses’ model are applicable at the level of a single wise nurse, a small sub group of nurses working side by side, a larger group of nurses working in the same organisation or the world wide collection of nurses. The ontological view of the wise nurses’ model is all of the above. The model emphasises the character of wise nurses with some similarities to the emphasis on character described as virtue ethics (Beauchamp & Childress, 1994).

Epistemology

‘Epistemology is the study of knowledge and how it is judged to be “true”. Inverted commas have been intentionally used around the word “true” to show that truth is, and has always been an uncertain concept in philosophy itself’ (Roberts & Taylor, 1998, p.99).

Lather (1991) presents four common world views, empirical analytical or scientific truth, an interpretive and descriptive view, a critical social view and a postmodern deconstructive view. Fawcett (1993) brings together four sets of world views: Organicism – Mechanistic; Change – Persistence; Simultaneity – Totality and Particulate - Deterministic, Interactive - Integrative, Unity – Transformative.

The wise nurses’ model presents the perspective that there are multiple ways of Seeing and if a particular way of Seeing is useful in a situation it is good. If another perspective or combination of perspectives is useful, then Seeing is from those perspectives. The model encourages openness, self-awareness and judgement about perspectives, and values character to make that choice and that different situations will be judged differently by wise nurses. Mitchell and Cody (1991), for example, present an argument that nursing should use a human science paradigm. The model would suggest that it is advantageous to explore and be informed of such a model, but the wise nurses’ model
suggests that wise nurses will decide upon the epistemological and ontological perspectives appropriate in each situation. Kemp (in Chaska, 1990) raises the issue that nursing theorists are advocating eclectic approaches to theory development in nursing which is in keeping with the wise nurses model.

Conclusion

The wise nurses model is useful in the insights for nursing education. The model is also powerful in that it gives a means of interconnection between diverse areas of thought. The model highlights the importance of keeping in mind the interconnectedness of everything. In the next chapter, the concluding comments will be made; reflecting on the research process and some further implications of the research.
CHAPTER 8

CONCLUSION

Introduction

The final chapter reflects upon the research process. After a brief summary of the research the chapter briefly explores the implication of the wise nurses model for nursing education, nursing practice and future research. Finally the limitations or qualities of the thesis will be explored.

A summary of the research

The aim of this study was to explore the nature of nursing wisdom. Nursing wisdom is important in nursing practice and education. Grounded Theory was used in the project utilising a constant comparison of all parts of the data and the use of a cyclic development process where the participants were involved with all parts of the research process. The model describes wise nurses as driven by a love of fellow human beings, which leads to a desire to be ethically good. Wise nurses have an open character and utilise reflection, see the multidimensional complexity, seeing the varied qualities and in light of these make good judgements. The wise judgements involve all aspects including appropriateness of love and judging. A collection of useful, non core characteristics also added to the painting of wise nurses.

These non core characteristics include: courage, respect for autonomy of others, able to be honest, able to trust, is intuitive, is able to make decisions, is able to be calm, is able to motivate (accentuate the positives), can understand rules, can communicate well, can use touch, can be humourous, can be creative, and can share.
Wisdom in nursing is a journey involving a lifetime of learning. The model is relevant to one nurse or a group of nurses. The model also highlights the interconnection of the nurse with the environment, and the person for whom the nurse is caring. There are three modes that wise nurses use. Seeing is the mode for understanding, Doing is the mode for creating change, and Resting is the mode to rest. Each mode can be concurrently utilised by the wise nurse.

Comparing the wise nurses model to other perspectives of wisdom

The ancient Greeks' view was that wisdom is: knowledge, living a good life, good judgement and derives from good logic (Clark, 1977). The wise nurses model values these attributes, recognising that wisdom is in a person's character, but the model also recognises that some knowledge can be harmful and values not only good logic but intuition as well. The empirical-analytical view of wisdom as a technical knowledge towards problem solving moves away from character (Robinson in Sternberg, 1990). The model has within it valuing problem solving, but there are occasions when other elements such as question finding, or listening, are more important. The aesthetic is valued in the model in contrast to Western values. Aristotle's golden mean where the wise person tends to be, yet capable of extremes, (Robinson in Sternberg, 1990) is consistent with the model which, in addition, emphasises positives.

The ancient Greeks distinguished between practical wisdom (phronesis) and theoretical wisdom (sophia) (Reese, 1980). The wise nurses model makes no such distinction drawing on multidimensional areas as required. Kant's view of wisdom was that it involved learning the rules of life, or categorical imperatives, and then sticking to these regardless of the consequences (Flew, 1979). The model encompasses this view but moves beyond it, recognising the importance of learning the rules of life as guiding principles, but at times competing principles can cause conflict and good judgement is required.

The Eastern view of wisdom emphasises the whole being, and the collective, in contrast to the Western's emphasis on the individual (Solomon, 1994). The model draws on this
Eastern view valuing the whole being and beyond the individual, such as nursing moving collectively to becoming more wise. The model does not specifically describe wisdom in terms of seeing the future or seeing wisdom in faith, as is the view in the Bible, but emphasises being open to possibilities. The model describes love as the foundation of the model, which is consistent with the Confucian jen the ancient Greek agape, and the Kantian description of 'goodwill'.

Implications for Nursing Education

The model has significant implications for nursing education. It suggests the value of exploring the limits of what is known including being aware of what is not known is valuable. This is relevant to exploring what is not known about a content area in the nursing literature, fostering self exploration of what is unknown by an individual nurse, and fostering valuing of openness to explore and express what is not known by nurse educators.

The model facilitates the interconnection of different models and theories. This gives new insights into these perspectives. The model has implications for nursing curricula in using an integration of ideas. All learning can be based on the principle of love of fellow human beings and development of the other core characteristics. This is not only true in the content of teaching but also in the culture of nursing educational facilities.

Implication for Nursing Practice

The wise nursing stories gave voice to an important aspect of nursing practice. It is valuable to nurse practitioners to share and learn from these. For example, the model raises the issue of the limitations of what one can know about another person. Implied is that one can never fully understand another person’s view of the world or their experience and that there are always limits to understanding.
The model is valuable in that it encourages the nurse practitioner to value the time spent in seeking to understand a particular situation and to recognise that there is a great deal of benefit to a person being well understood and heard. It is important to recognise that seeking questions has its place and the nursing is much more than problem solving. The model helps to recognise the importance of understanding self and continuing to develop this understanding as a part of the journey for oneself, and for all aspects of one's nursing practice.

The three modes raised in the model, Seeing, Doing and Resting each have important implications for nursing practice, by recognising which mode is needed most in a particular situation. Wise nurses appropriately rest throughout the day in various ways. It would seem that what is resting for one person may be work for another. This is in keeping with the view raised in the wise nurses model that wise nurses not only love their fellow human beings but also love themselves and, as judged appropriate, ensure they look after themselves as well as others.

Implications of the thesis for future research

This research shows a strong interrelation that can occur between theory and practice. The research in this thesis is alive with practicality, and rich with accounts of foundational nursing practice, yet it is interwoven with theory highly relevant for future research. The interconnections of ideas made through this research give rise to potential further research and theorising. What are the implications, for example, of exploring the interconnections between 'nursing diagnosis' and Carper's ways of knowing, or of Resting and learning theories? Exploring how nurses wisely Rest is important. This research has emphasised the character of wise nurses. Further useful explorations could include seeking to understand how to develop wise rules. This has implications for development of processes and procedures that govern nurses. A significant research area is a means of facilitation of nurses to become wise.
Limitations of this research

Involving nurses with more diverse background and in greater numbers may have enhanced the study, and provided greater richness, but due to time constraints this would have been difficult to achieve. Also qualitative research seeks meaning and does not rely on large numbers of participants to ensure the trustworthiness of the results and process (Roberts and Taylor, 1998).

Reflections on the process of undertaking this research

The process has been enlightening and I recognize that the end of this thesis is really a beginning. The research topic has changed my nursing and teaching practice, as well as other areas of my life. I now seek to understand the limits of what is known and try to facilitate this in others. I try to be in the ‘Seeing’ mode for as long as is necessary, not rush into a ‘Doing’ mode, and I recognize that I can improve on my ‘Resting’ mode. I have had reinforced the importance of loving one’s fellow human beings as well as loving myself. I am continuing to seek to understand others, my environment and myself.

Conclusion

Seeking to understand the nature of nursing wisdom is important. This research is a useful beginning. I end as I began this thesis using a quote form Meleis. “To nursing, all stages were essential to bringing us to the stage of scholarliness, and from all stages will emerge the age of wisdom”(1997, p.427).
References


Truglio-Londrigan, M. (1997). The unfolding meaning of the wisdom experience; a hermeneutic inquiry. *Faculty of the School of Nursing, Adelphi University*.


Appendix A  Plain Language Statement

Dear Colleague

Hello

My name is Peter McErlain, a PhD student in the School of Nursing Health care Practices at Southern Cross University, Lismore NSW.

I am trying to develop a greater understanding of wisdom in nursing and would like to invite you to describe wise nursing anecdotes (see definition) with a view to developing theory from this that it is hoped will help with nursing education.

The research will use Grounded Theory and the wise nursing anecdotes will be explored for themes and from this theories about what is wise nursing will be developed.

Participants will be asked to give one or more wise nursing anecdotes and then asked some clarifying questions. This process might take up to an hour to complete in a place that you feel comfortable in speaking. The interview will be audio taped and later transcribed.

Participants will be asked for permission to meet with them on a second occasion for up to half an hour to confirm the transcript of the wise nursing anecdotes and to ask for any brief further clarification that may be needed.

- Your anonymity and privacy will be assured and any identifying information will be removed.
- You may discontinue at any time.
- No coercion will be used.
- A counselor is available if you feel it is necessary.

If you have any queries please telephone me (03 9244 6909) or my research supervisor, Professor Bev Taylor, Southern Cross University (066-203156).

If you would like to participate please return the enclosed consent form.

Thank you for your time.

Peter McErlain
Appendix B  Permission for Participation

Consent Form for Nurses Interested in Joining the Research Project.

I

would like to participate in a Grounded Theory research which has been explained to me by Peter McErlain. I understand that the research involves telling wise nursing anecdotes that will be audio taped.

I also understand that:

the research may be beneficial to nursing generally and valuable to individual nurses.

the anecdote/s and questions may take up to one hour and a second interview of up to half an hour to confirm the transcripts and to answer brief clarification questions.

I am free to discontinue at any time.

My privacy and anonymity will be maintained.

If I have any concerns or questions I can contact Peter McErlain (03 9244 6909) his research supervisor, Professor Bev Taylor, Southern Cross University (066-203156)

Signature ...........................................................................

Date ................................................................................
Appendix C  
Flyer

A Definition of Wisdom

Intuitively we know what wise nursing is, yet it would seem difficult to explain. Through greater understanding we may be able to have a clearer way of fostering the development of wise nursing.

A Definition of Wisdom:

Meleis (1997) in *Theoretical Nursing* says that wisdom 'combines knowledge, feelings, morals and practice. Wisdom is a sense of proportion... Only wisdom and understanding can ensure their appropriate use for our clients without imposing our own values. Wisdom is a total perspective, seeing an object, event, or idea in all its pertinent relationships." (p.426)

I am currently collecting stories that tell wise nursing anecdotes and would greatly value your story/s. Your anonymity and any identifying material will be removed. (see the accompanying plain language statement for more details).

I can be contacted on (03) 9244 6909 to arrange a time to tell your valuable anecdote.

Thank you for your valued support.  

Peter McErlain