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An Integral Philosophy and Definition of Nursing: Implications for a Unifying Meta-Theory of Nursing

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A unifying meta-theory of nursing is suggested, building from the foundation of Ken Wilber's AQAL (integral) framework. A definition of nursing as situated caring is presented. Historical discussion of contemporary nursing epistemology and theory are provided for context. Implications for practice, education, and research are discussed. A unifying meta-theory of nursing is needed to most benefit from the diversity in nursing education, practice, theory and research. A unifying meta-theory will enable nurses at both the practical and academic levels to appreciate the complexity and simplicity of nursing, allowing them to articulate confidently what we do and why we do it.

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> *From the frame of reference of mainstream thinking, a major issue in nursing is our failure to achieve unity. … From a feminist perspective, the real issue involves divisiveness and fragmentation that sustains oppressive relations in an industrialized, patriarchal medical system. Remaining divided from one another serves the interests of the dominant group. Rather than benefiting us, fragmentation in nursing serves to confuse us, to keep our minds and hearts focused on the dominant system for solutions that never materialize.*
>
> *~ Peggy L. Chinn*[1]

Fragmentation within the profession of nursing is still a pressing concern fueled by differences in educational preparation, specialization, disparities in working conditions, divergent worldviews, and, where I hope this paper will make a difference, a lack of a basic nursing theory that is easily understood. The following pages will lay the philosophical and theoretical foundation for a unifying meta-theory of nursing, which retains all the diversity of nursing while providing common ground for communication, both within our profession, and for better articulation of our work to other professions and the general public. The contemporary philosophical and epistemological grounding of nursing in systems theory is challenged, but not rejected, in this new vision for unification and growth of nursing as a discipline and a profession.

This work is derived from Ken Wilber's contemporary philosophical writings[2,3] and his conceptual model for the organization of thought and knowledge about any topic from multiple perspectives. An integral approach gives equal importance to the subjective and objective aspects of the world. Seen through this lens, science and technology are not divorced from questions

of meaning, identity, aesthetics, and ethics. Likewise, Nightingale's (1860) radical *Suggestions for Thought*[4] sought to unify science and religion in a way that would bring order, meaning and purpose to human life. This is also the aim of integral theory, which positions itself as being at the forefront of postmodern, or post-postmodern philosophical thought, through systematically transcending and including all other theories. Thus, an integral framework provides a general orientation from which models or perspectives can be compared and synthesized, to answer timeless questions like 'What is truth?'

Wilber's model is a framework for comparing certain fundamental types of perspectives, which at the most basic level are subjective or objective descriptions of individual or collective perspectives. These can be further expanded by adding the insider/outsider perspective referred to in anthropology as the emic or etic view. This framework provides an effective template for discussing the ways a topic can be approached from different disciplines and how these findings from different approaches can be understood in relation to each other.

This paper begins with an overview of the core components of an integral approach. This holistic way of understanding a topic is comprised of four complementary viewpoints, intermeshed with an acknowledgement of naturally occurring structural and developmental hierarchies. Next, the core components are described in more depth through a discussion of epistemological and ontological examples from and for nursing. On this foundation, an integral definition of nursing as situated caring is presented with implications for a

unifying theory of nursing. Lastly, the practical significance of these ideas is discussed in relation to the nursing profession, policy makers, researchers, educators and society as a whole.

Introduction to Thinking Integrally

The four main perspectives of the relationship between the essential elements of integral theory and thinking are 1) the individual-interior realm of self and consciousness, 2) the individual-exterior realm of the organism and language, 3) the collective-interior realm or culture and worldview, and 4) the collective-exterior realm of social systems and structures (Figure 1). Simplified, the basic epistemological domains are, subjective (I), objective (it/its), and intersubjective (we) – or what is good, true and beautiful. How we determine what is good, or true, or beautiful depends largely on the predominant paradigm or cultural values, and relevant current and historical events. Wilber's conceptual framework preserves and values these differences as well as those of a more individual nature such as a person's state of consciousness (gross, subtle, causal; ie. waking, dreaming, deep sleep), psychological development or maturational stage. These are referred to as levels, stages and states, enmeshed in the four-perspective model, and are described in more detail in the following sections.

Quadrants

Upper-Left This is the "I" or "my" perspective; the individual, interior, non-measurable realm of invisible states of mind, including the self and

consciousness. Key words for this quadrant are intentional, subjective, individual, interpretive, consciousness and truthfulness.

Lower-Left This is the “we” or “you and I” (in dialogue) or “our” perspective; the collective, interior, non-measurable realm of invisible webs of culture, worldviews, morals and religion. Key words for this quadrant are cultural, subjective, communal, collective and justice.

Upper-Right This is the “it” or “she/he” or “her/his” perspective; the individual, exterior, measurable realm of information processing and biological features. Key words for this quadrant are behavioral, objective, individual, empirical and truth.

Lower-Right This is the “its” or “they” or “their” perspective; the collective, exterior, measurable realm of social systems and the environment. Key words for this quadrant are social, objective, communal, collective and functional fit.

Levels/Stages

Any developmental or evolutionary model can be used to illustrate the concept of levels, with the definition being the levels or stages form a natural hierarchy. It is not possible to skip levels or stages; however it is possible to temporarily experience a higher level during a peak experience. One example is Spiral Dynamics,[5,6] which is a model describing the evolution of values or adaptive intelligences in individuals and groups, especially useful for negotiating group dynamics and mediating tension when there are conflicting values and worldviews. Spiral Dynamics Integral[2] (table 1) is frequently applied in business and politics and used to illustrate the interdisciplinary, integral literature. Other examples of levels or stages are plentiful in psychology including those most

familiar to nursing (Erickson, Piaget, Maslow & Freud). Patricia Benner's Novice to Expert framework,[7] based on Dreyfus & Dreyfus's typology of developing expertise[8] is another example of a developmental progression used in nursing. A major developmental pathway for societies follows economic technology from hunter/gatherers, to horticultural, to agrarian, to industrial and ultimately, for now, to information ages.

States

Familiar examples of states are the forms in which molecules of H_2O can exist: solid (ice) states, liquid (water), or gas (steam). Similarly, states of consciousness can be thought of in similar terms of tangibility: gross, subtle, causal and ultimate (or waking, dreaming, deep sleep and universal consciousness). Some interesting research has been done by Masaru Emoto[9] photographing ice crystals from samples of pure water that had been exposed to music, emotionally laden messages and Japanese characters for words like angel, devil, love and hate. What he found, and artfully documented, is how differently the ice crystals (physical state) formed depending on the exposure condition of the water (liquid state) samples. Similarly, messages and information at the causal, subtle and higher gross states (ie. psychological) are expressed or manifest in the gross states (psychological, biological, physical) of consciousness. Examples of methods that potentially work through these pathways are guided imagery, biofeedback, hypnosis, prayer and energetic methods like therapeutic touch. Integral theory takes this broader view of causality into consideration, providing a framework for asking questions about

non-tangible phenomena in a way that can appropriately be answered through "scientific" experiments.

Lines

An integral framework also recognizes that within each of the main perspectives there are many specific areas of development, for example, Gardner's[10] theory of multiple intelligences (Visual/Spatial, Musical, Verbal, Logical/Mathematical, Interpersonal, Intrapersonal, and Bodily/Kinesthetic). Other intelligences are cognitive, moral, psychosexual, and emotional. Development in each of these areas, which Wilber's framework refers to as lines, may proceed at different rates. The lines are unidirectional however they are represented as helical in nature, like the 'slinky' metaphor used by Martha Rogers, symbolizing the rhythmical nature of life.[11]

Types

Types are categories which we use to describe ourselves, for example gender or personality type, such as the Myers-Briggs[12] combinations of intuitive or sensing; and feeling or thinking. Another example from Ayurvedic philosophy is the types of doshas (governing principles characterizing every living thing): Vata, Pitta and Kapha. One type is not better or worse than another, however any type can be expressed in a positive or negative way. Additionally types refer to the more dominant traits, so a male who is predominately masculine also has feminine aspects, which may be expressed in a healthy or unhealthy way.

The next section describes an integral epistemology necessary for nursing to effectively work both among ourselves and with other disciplines to create the future we desire.

Contemporary Epistemology in Nursing

Historically, nursing knowledge has been passed on through apprenticeship and personal knowing however, the shift to trained nursing refocused nursing from the approach of traditional and social sciences, on what can be objectively observed and verified. Carper recognized that it "is the general conception of any field of inquiry that ultimately determines the kind of knowledge that field aims to develop as well as the manner in which that knowledge is to be organized, tested and applied …. Such an understanding …. involves critical attention to the question of what it means to know and what kinds of knowledge are held to be of most value in the discipline of nursing".[13,14(p1)]

Carper's Fundamental Patterns of Knowing: Empirics, Ethics, Personal Knowing, and Aesthetics[13] have been widely accepted in nursing as not only a description of how we have come to know, but also how we should know in the future. Chinn and Kramer extended Carper's work (1988-2004) noting that "[a]lthough the full range of possible patterns of knowing is not yet named or described, we continue to deepen our commitment to the view that multiple patterns of knowing, including those we hope to name in the future, are necessary for the development of disciplinary nursing knowledge. Once scholars and scientists assume a perspective that fully embraces all patterns of knowing,

the emphasis shifts away from formally defined empiric theory to an emphasis on knowledge and knowing to the fullest extent possible."[14(pvi)]

In the 1990s two nursing scholars suggested additional patterns of knowing which have received little attention in subsequent literature: Munhall suggested the addition of a pattern of unknowing, defined as intersubjectivity and openness to what one does not know, similar to personal knowing, hermeneutics and ethnomethodology.[15] A later review by White[16] critiqued and updated Carper, Chinn and Kramer's work, adding a sociopolitical pattern of knowing, defined as an appreciation of social, cultural, political & economic context. The new critical questions are: Whose voice is heard? Whose voice is silenced?

Whose voice is heard and whose is silenced in Carper's work? Carper used Phenix' Fundamental Patterns of Meaning[17] to guide the review of nursing literature for her dissertation on Patterns of Knowing in Nursing.[18] Phenix' six fundamental patterns of meaning are: Empirics (Physical Science, Biology, Psychology, Social Science); Esthetics (Music, Visual Arts, Arts of Movement, Literature); Synnoetics (Personal Knowledge); Ethics (Moral Knowledge); Synoptics (History, Religion, Philosophy); and Symbolics (Ordinary Language, Mathematics, Nondiscursive Symbolic Forms).[17] This is significant because Phenix's original patterns of meaning, included two patterns which he deemed essential (symbolics and synoptics), that Carper did not include. Examples of synoptics and symbolics in the nursing literature are widespread however, with historical research and Nightingale's extensive use of statistics being the most

obvious. Additionally the nursing diagnosis taxonomy and our commitment to spirituality and philosophy come to mind.

Phenix's patterns of meaning were outlined in *Realms of Meaning,*[17] published three years before von Bertalanffy's landmark book *General Systems Theory*.[19] The evolution of thinking and knowledge development since that time has been significant with many contemporary nursing theorists drawing on von Bertalanffy's work (Neuman, Rogers, Roy, King, Orem, Johnson) creating a need for additional ways of knowing. As we move forward it is important to look to the past and to the future when we discuss how knowledge should be acquired in the future.

Integral Epistemological Exploration of the Nursing Meta Paradigm

The central focus of the profession of nursing is using the art and science of caring to improve the health of human beings within their environments. How Fawcett's[20] meta-paradigm concepts (nursing, human being, health and environment) are defined can be divisive when a definition denies one or more of the ways in which we *know* and *come to know* as nurses. When understood through an integral perspective the meta-paradigm concepts are a powerful unifying core for the profession of nursing to translate amongst ourselves the importance of our work, conceptualized and carried out in so many different ways. Additionally, when conceptualized in the following manner, the meta-paradigm concepts provide common ground for communicating between nursing theories grounded in divergent philosophical underpinnings.

Human Beings

Like Nightingale's conceptualization of man, an integral conceptualization of human beings recognizes that the physical body is not the essence or "eternal dimension" of human nature, but rather the "vehicle" of the eternal spirit as it performs its work in the world.[21] This eternal spirit is in every sentient being and also spiritually connects everyone through the ultimate source of life. In addition to this spiritual connection, there are immensely important social and ecological connections between and among living creatures. In this way, the physical body (while animated with life) cannot be separated from the social and ecological webs (or systems, or networks if you prefer) that form the greater whole of people and life on our planet.

The concept of human beings mapped onto the four quadrant model is presented in Table 3. It includes our inner conception of who we are and the immortal aspect of our eternal spirit as well as our collective conception of who we are, shaped by our culture, place in society, family history, as well as the ultimate source of life that connects everything. Also included is the human body as an object; as it appears to the eye (phenotype) and as its genome can be molecularly mapped, and the collective groups that we are part of and interconnected with socially and ecologically; including our place within social, political, economic and environmental systems.

Personhood, viewed from an integral perspective thus regards the non-measurable essence of being human and the measurable dimension, providing a solid base for holistic and interdisciplinary dialogs. This integral conceptualization

of person includes and transcends the individual and collective dimensions; as well as the spiritual, cultural, biological and socio-political dimensions of human life.

Kosmos/Environment

From Nightingale to Newman, nurse theorists have emphasized the dynamic relationship between human beings and the environment.[14,20] In *Suggestions for Thought*, Nightingale described physical, social and spiritual conditions necessary for health.[4] She later justified, in the spirit of Marx, why so much of her writing and efforts aimed to improve the physical conditions of men: "We in vain labor at the moral progress of a population if we leave it festering in unhealthy dwellings. Probably there is no influence stronger than the buildings they live in, for bad or for good, upon the inhabitants."[22]

The concept of environment as a determinant of health has been described through the philosophical lens of contemporary nursing theorists as physical and social (Orem), as internal and external (Neuman, Levine), as expanding consciousness (Newman), and as exchanging energy fields (Rogers). Furthermore, there are at least two ways of conceptualizing the nurse's place in the client-environment process. The first, which is most common, is to think of the nurse as being *in* the environment of the client. In this view, nurse and client are looking out, if you will, from the same vantage point into the same environment.[23] In addition to this, another view of the nurse's place in the client-environment is to "think of the nurse *as* the environment of the client. In this

perspective, the nurse turns toward her or his understanding of the 'nurse-self' as an energetic, vibrational field, integral with the client's environment."[23]

Mapping the concept of environment on the four quadrant model (Table 4) the interior (within a person) and exterior environment, including the social, spiritual and physical dimensions all have their place. In this sense we are both *in* the environment and we *are* the environment. In this way, we have the ability to significantly alter our environment through both physical and non-physical means, recognizing that the two are not really two, but merely different perspectives of our environment or Kosmos as a whole.

Health

The various ways health can be defined are nearly endless. For the purpose of an integral theory, health consists of an inner and outer state of wellness or dis-ease from an individual and collective perspective. Individuals' inner states are how they (or society) perceive their level of wellness. Some cultures or value systems consider this to be a function of how well the individual can fulfill their role in society (as mother, employee, husband, etc.). The outer state of wellness may refer to an individuals' physical appearance (complexion, body composition, etc.) or physical measures of their bodies' functioning (blood pressure, lab values, etc.). Some cultures form their inner conception of health based on the physical measures obtained by health care professionals. These various aspects of the concept health are mapped on the four quadrant model in Table 5.

"How a culture (LL) [Lower-Left quadrant] views a particular illness—with care and compassion or derision and scorn—can have a profound impact on how an individual copes with that illness (UL) [Upper-Left quadrant], which can directly affect the course of the physical illness itself (UR) [Upper-Right quadrant]. The Lower-Left quadrant includes all of the enormous number of *intersubjective* factors that are crucial in any human interaction—such as the shared communication between doctor and patient; the cultural acceptance (or derogation) of the particular illness (e.g., AIDS); and the very values of the culture that the illness itself threatens. All of those factors are to some degree causative in any physical illness and cure (simply because *every* occasion has four quadrants)."[3] Completing the picture, the "Lower-Right quadrant concerns all those material, economic, and social factors that are almost never counted as part of the disease entity, but in fact—like every other quadrant—are *causative* in both disease and cure. A social system that cannot deliver food will kill you" as in the example of famine-racked countries.[3]

Nursing

Nightingale stressed that the unique role of nursing was to place the patient in the best condition to assist nature in healing the patient. This was to be accomplished through assisting in the management of the internal and external environments in a way consistent with nature's laws.[14] Over time different aspects of Nightingale's conceptualization of nursing have been emphasized and many contemporary nursing theorists and schools of nursing around the globe cite the influence of Nightingale in their views of nursing. Table 6 maps onto the

integral framework many of the different aspects defining nursing practice across theorists and around the globe. When viewed through the lens of the right-hand quadrants, nursing is technical actions and physical behavior. When nursing is viewed through the lens of the left-hand quadrants, nursing is the caring thought, feeling and intention behind the action. These are not two different types of nursing for without caring our work would merely be tasks that could be performed by machines; on the flip side, without action our most caring intention is little more than silent prayer.

Where is this going?: Application

In the context of a nursing shortage there is increased pressure on nursing schools to 'produce' technically proficient (safe) nurses in as short a time as possible. Training and socialization that once took years is being condensed into as little as 12 or 13 months. Shortages and cost-cutting or cost-shifting also strain nurses working in all practice settings to accomplish and document more tasks than ever before. The left hand side (Table 6) of nursing is not directly measured on board exams but does make a large difference in the quality of nursing actions (right hand side of Table 6). The impact on nursing outcomes is an area that is beginning to be studied in earnest through hospital satisfaction surveys designed to capture the intentional and cultural aspects of nursing that can be correlated with length of stay and cost-benefit outcomes.

Contemporary nursing theorists have presented many grand theories, models, frameworks and philosophies to guide or orient nursing practice. Hospitals desiring Magnet status are required to select one or more nursing

theories to guide nursing practice. Schools of nursing also structure their curriculum or philosophy statement around the work of one or more theorists. Finally, nursing research, especially quantitative research is generally guided by a grand and/or mid-range theory of nursing. There are unitary and caring theories, systems theories, cultural theories, and behavioral theories of nursing. Additionally there has been a shift over the past years toward advanced practitioners of nursing using biomedical models to guide their work, necessitated by prescriptive authority.

As a profession we are in danger of following in footsteps of the field of psychology which is split into various subfields of cognitive, social, behavioral, educational, industrial and organizational psychology as well as psychiatry (the biomedical form of psychology). Ken Wilber's book *Spectrum of Consciousness*[24] was heralded as a work that would reunite the splintered field of psychology however after 30 years this has yet to occur. It is with great respect and appreciation for the work of each nursing theorist mentioned in Table 7, as well as those that I have missed, that I suggest we, as a profession, discover the common ground in our work so that we may always be united in spirit, even as the day to day aspects of our practice become increasingly diverse.

Integral Definition of Nursing and Preliminary Unifying Meta-theory of Nursing

Nursing is situated (lay or professional) **caring, shaped by internal and external environments.** These environments include a) the individual nurse's state of mind, intention and personal nursing philosophy, b) his/her level of skill, training and experience, c) societal and professional norms, values, and

worldview, and, d) the practice environment, embedded in social, political, and economic systems (includes resources in the broadest sense).

Like many before, we make the claim that *caring* is the essence of nursing and the unique and unifying focus of the nursing profession.[25-29] Unfortunately for the profession; Leininger's important work[30] has often been overshadowed by her reputation as an anthropologist and style of speaking and writing. Others, such as Martha Rogers, have not been able to accept the word **care** as Benner explains "Distortions of caring conjure up images of controlling, in the form of addictive co-dependency."[25(p?)]

To clarify what situated caring in nursing means, looks like, feels like, etc. examples following the previously outlined elements of an integral approach to inquiry are provided (Table 8). What 'caring' is depends on where you are (time, space, culture) as well as one's level of development (training and experience; psychologically and spiritually) and the context of the situation (disaster, high pressure situation, routine business, relaxed, etc.) An integral approach to nursing takes into consideration all these factors as well as both our patient's (insider) perspective and our (outsider) perspective. An awareness and understanding of what it means to care, and be cared for, from different perspectives provides a solid foundation to guide ethical decision making.

In terms of levels, the framework of Spiral Dynamics (refer back to table 1) provides a spectrum of caring exemplars: Caring at the most basic, instinctive level is exemplified by nursing (breastfeeding) an infant. The term 'wet nurse' has faded from common language but the idea that infants need caring as much as

nutrients to survive has been studied extensively by psychologists (monkey reference, orphanage reference). Progressing in complexity, the tribal value meme caring is extended to nurturing the survival of members of a small, close group, such as coworkers. From the egocentric (power) value meme caring may be rescuing patients from harm (as opposed to working as a group to change the conditions). From the traditional (conformist) value meme caring is maternal or paternalistic and rigidly regards rules, for the patient's best interest of course…. From the achievement value meme caring is pathway and outcome based, goal oriented and values restoring independence. From the pluralistic or postmodern value meme caring is tailored to the individual with the patient's best interest in mind and if bending a rule or focusing on the positive instead of the negative is what it takes, that is just fine. From the holistic level or systemic value meme caring gets much more complicated! Now the nurse must integrate all her/his previous definitions of caring, working toward reimbursable outcomes while maintaining flexibility in the process. Finally, from the holarchical or integral value meme this complex understanding of caring is directed toward extended groups (co-workers, a community or city, population, etc.).

The predominant value memes in a culture have a major influence on how the concept of 'ideal' nursing care; for example, "[s]elf-care practices will be valued and practiced in cultures that value individualism and independence in social structure features, whereas group care practice will be valued and practiced in cultures where interdependency and high individualism is *not* espoused."[27(p11)] Likewise, it appears that nurses' working environments largely

shape how they experience and practice nursing,[31] similar to the following observations by a well-regarded physician with many decades of experience: “By human caring is meant that feeling of concern, regard, [and] respect one human being may have for another. Its roots lie in the maternal and paternal behavior of all higher living things, and it may be impaired or reinforced by environmental circumstances.”[32]

Benner’s Novice to Expert framework[7] is another example of levels of development. The progression from novice, to advanced beginner, to competent, proficient and expert is developmental, requiring (but not guaranteed by) time and experience. The hallmark of an expert is someone who views a situation holistically and is able to intuitively grasp meaning in a situation that defies the limits of objective description.

> I first witnessed this as a junior-ambulance volunteer when I went on a call for abdominal pain. Upon arriving my preceptor (a licensed practical nurse) took one look at the patient sitting in front of a half-eaten plate of dinner and told me to RUN for the code bag. Within one minute the patient stopped breathing and later we learned he had ruptured an aortic aneurysm. Miraculously he regained consciousness in the ER long enough for his family to say good-bye before coding again and dying. As a novice I could not understand what had clued my preceptor in to the severity of the situation when we arrived. Neither could she explain how she knew, she just knew, but assured me that over time I would understand. And I did.

The important thing about levels or stages is that it is possible to have a peak experience at a higher stage and conversely to work at a lower level when the circumstances or conditions are unsupportive. In homecare an expert nurse may choose to merely work at a task level with some clients and an expert level with others. This is the reality of limited time and resources. The expert nurse

does not become a novice, rather she or he may ration their energy and time as a survival mechanism. In a similar fashion the value memes in Spiral Dynamics are navigated, occasionally briefly experiencing an understanding of a higher level and adapting or coping with difficult situations by responding from a previously developed value system.

A full discussion of lines of development and states of caring in nursing is a paper in itself. Briefly, Roach's Six Cs of Caring,[28] Watson's Clinical Caritas Processes[33] and Leininger's taxonomy of caring constructs[27] are examples of lines in caring. Newman's theory of Health as Expanding Consciousness,[34] Rogers' Unitary Perspective[11] and Watson's transpersonal writing[35] acknowledge and account for non-ordinary states in caring.

Finally, different types of caring, classified by Leininger[27] to include professional (nursing and non-nursing) as well as non-professional health care providers. These can be considered levels of nursing but are types of caring. Since Nightingale's time there has been recognition that nurses with training are able to provide a different type of care than nurse without training; even though nearly all individuals (women in particular) provide nursing care during the course of their lives.[36] Despite this, when nursing is considered from different entry points or job titles (certified nursing assistant [CNA], licensed practical or vocational nurse [LPN, LVN], registered nurse [RN], advanced practice registered nurse [APRN]), the levels 'novice' to 'expert' apply for each level. An expert CNA may be able to provide 'bedside' care such as bathing much better than an APRN. With training a nursing assistant can learn to recognize signs and

symptoms which should be assessed by a licensed nurse with advanced clinical knowledge. The nursing assistant; practical, vocational or registered nurse; and advanced practice nurse are all doing the work of nursing but the type of nursing they are able to provide is different based on their professional preparation.

In the same way, the mother or sister or aunt of a sick individual often provides lay nursing care at home, every woman is a nurse, in the most basic sense, and should know “how to put the constitution in such a state as that it will have no disease, or that it can recover from disease.”[36(p3)] Just as basic skills in accounting, auto maintenance and home economics are taught in high schools and community education classes there is room for nursing to increase the public’s competence in basic nursing principles to promote health and prevent illness.

In conclusion, situated caring shaped by environment becomes the unifying definition of nursing and serves as the core of a unifying meta-theory of nursing.

Implications for Nurses

Nursing as situated caring can be readily grasped by nurses, nursing students and the public, regardless of their level of education or experience. It articulates a focus for the profession of nursing that is distinct from the diagnosis/cure focus of medicine, necessary for nursing to create the future we desire for ourselves, our patients/populations, and our planet. The meta-theory of nursing as situated caring will create common ground for nurses in different countries, practice settings and with different educational backgrounds to share

their ideas and speak with one strong voice, without threatening the unique contributions of nurses from different specialties or with different levels of education.

The benefit of a unifying meta-theory of nursing is to have one strong voice articulating what is *most* essential to nursing as a profession, without which we would cease to exist. We know that a “cap” is not needed to “be” a nurse; neither is a stethoscope. It makes perfect sense that nurses working in complex medical environments need a minimum of a college education to communicate with other health professionals (on an equal level) and provided optimal care to patients. This does not lessen the work of nurses with primarily practical training. Consider for a moment the work of Mother Teresa and the Sisters of Charity --- or the home health aide or nursing assistant that is a “nurse” angel in the patient’s mind. We cringe when an aide is mistaken for a nurse when in reality the major difference is one of education, ability and legal status. With a focus on the centrality of caring in the work of nursing we will be able, as individuals and groups, to justify why a variety of nursing education levels are necessary for optimal patient care (and positive outcomes).

Implications for Education

Appreciating the wealth of knowledge that beginning students already have about what it means to care and be cared for would provide a unifying focus for programs that currently are based on a body system/disease framework. It provides a rationale for everything from bed making to highly technical tasks. It provides a reason for holding someone’s hand or calling an interdisciplinary or

family conference. It provides a motivating force for nurses to engage in political and policy issues, in their institutions, communities and at the state and national level. Situated caring becomes a philosophy, a theory and a context. In education, theory is often seen as divorced from practice, at least within the eyes of the students. Situated caring will become a part of every action, thought and perspective of each student. Theory is not divorced from but integral to nursing praxis.

This integral meta-theory contextualizes the multiple pathways through which nurses receive their education or training. The various lines of development in nursing do not, by definition, proceed at an equal rate and certainly may or may not correlate with a nurse's highest level of education. This conceptual model of nursing situates the different levels of nursing and types of nursing within the context of the profession as a whole. By identifying the primary orientation of an individual, organization or culture toward the meta-paradigm concepts students can learn to justify and document their caring actions and intentions in a manner that will be understood by their colleagues in other disciplines and reimbursed by insurance or health financing systems. If situated caring is the underlying and overarching theory that holds us all together, we are then unified in direction, purpose and need for positive outcomes.

Implications for policy

Situated caring, as a unifying frame, provides one voice for nursing within the political world. Too often, nurses are viewed as disparate groups not knowing what the whole of nursing is all about. This tendency toward separation and

distinction gets blurred when situated caring is the focus. Policy activities will be more focused and more unified with this type of approach.

Implications for Researchers

Likewise, as nursing researchers explore the relationship between caring and healing the value of nursing will be translated into cost effective care and positive outcomes. An integral approach to asking and answering research questions will generate creative research designs that will show the value of a nurse's inner state and intention; the value of the nurse's relationship with others and the value of "non-measurable" knowledge.

Considering the relationship between theory, methods and findings will become an essential component of the training of researchers in the future. This will be true across disciplines and interdisciplinary teams will gather formally and informally to tackle questions from multiple angles simultaneously, and synergistically to rapidly advance our ability to prevent and respond to illness. The suggestion to use an integral model for research on the healing relationship has already been put forth by Janet Quinn and colleagues as consistent with nursing's caring science framework.[40]

To summarize, I'll use a recent example from the nursing literature of a research study that tested a middle-range theory (derived from psychology) to "examine the effects of perceived racism and emotion-focused coping on psychological and physiological health outcomes in African Americans."[41] One of the limitations noted by the author was the model did not include potentially moderating variables such as optimism and social support that might have

confounded the relationship between the variables that were included. Unfortunately I have heard this theme many times while listening to scientific sessions at nursing conferences when explanatory models grounded in other disciplines to not adequately account for variance in datasets. I would argue that if any of the nursing theories mentioned in Table 7 had guided Peters' development and testing of her middle-range chronic stress emotion theory (CEST) we would be closer to the larger goal of reducing health disparities related to race and ethnicity. What might we accomplish if researchers (of Peters' caliber) tackled the issue of health disparities from each of the nursing perspectives in Table 7, and simultaneously pooled that knowledge? It is time for nursing research to start taking into account the same things that expert nurses do when they holistically care for their patients. A unifying meta-theory of nursing as situated caring succinctly provides a way to connect our profession and create the future we desire, whatever that may be.

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Figure 1. Some Examples of the Four Quadrants in Humans

Source: K Wilber, *A Theory of Everything,* p 43. Boston, MA: Shambhala; 2001.

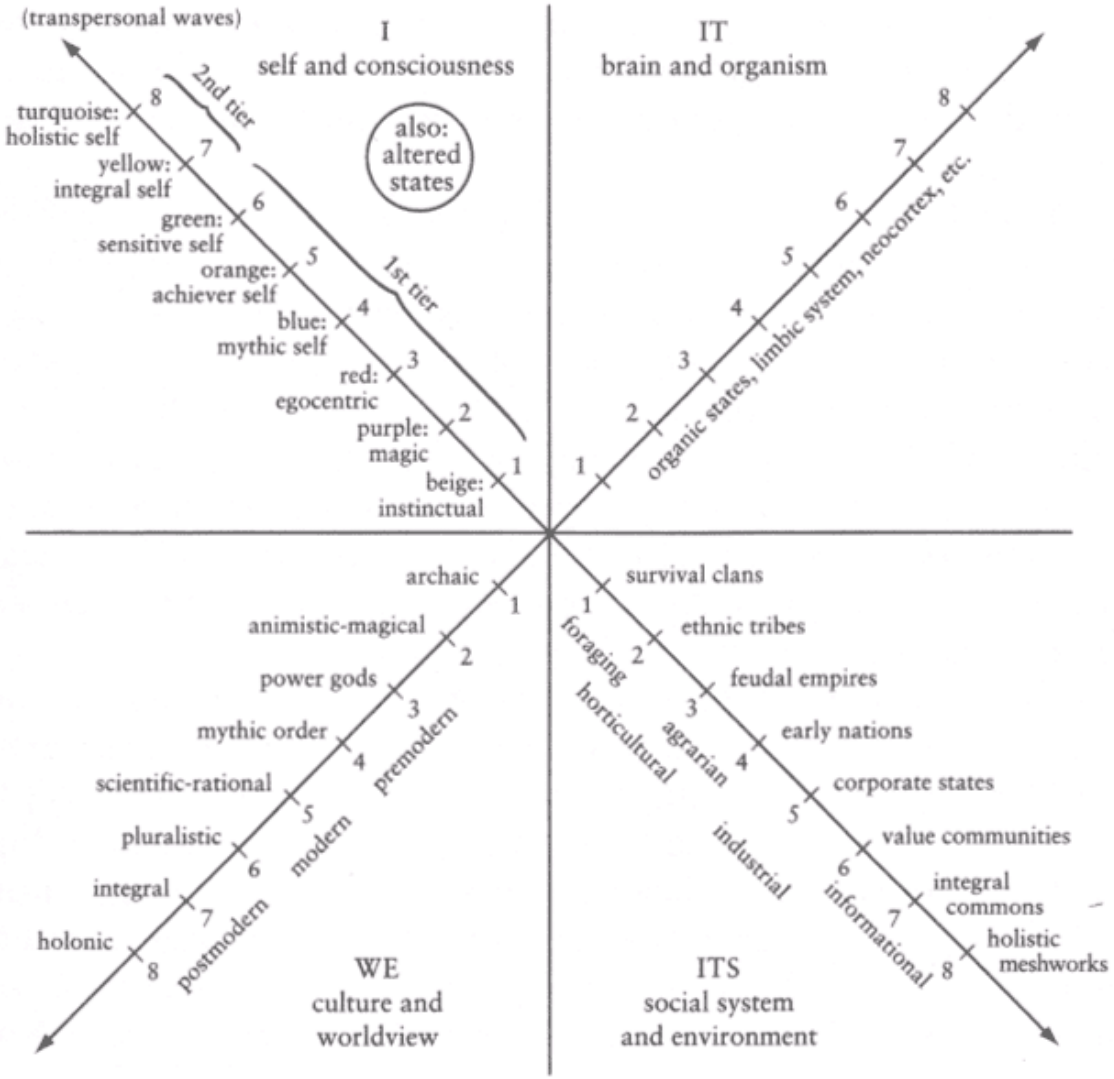

Table 1 Value memes or adaptive intelligences in Spiral Dynamics Integral

	Paradigm	Motivational Drives	Orientation
1	Instinctive	Survival, Protection, Procreation	Individual
2	Animistic	Rites, Rituals, Taboos, Tribes, Folk Ways and Lore	Collective
3	Egocentric	Gratification, Action, Conquest, Impulsive, Lives for Now	Individual
4	Conformist	Discipline, Traditions, Morality, Rules, Live for Later	Collective
5	Modern	Materialistic, Success, Image, Status, Growth	Individual
6	Postmodern	Egalitarian, Human Bond, Caring, Sharing, Community	Collective
7	Systemic	Natural Systems, Multiple Realities & Knowledge Sources	Individual
8	Integral	Collective Individualism, Cosmic Spirituality, Earth Changes	Collective

Table 2 Ways of Knowing and Methods of Acquiring Knowledge

Perspective	Ways of Knowing	Methods of Acquiring Knowledge
Self & Consciousness "I"	(A)esthetics[1,2]	Art-Act
	Personal Knowing[2]	Reflection
	Ethics[1,2]	Meditation
	Synnoetics[1]	Dialectic process
	Synoptics[1]	Philosophy
	Introspection	Contemplation
	Phenomenology	Paradoxical-Mandalic
	Structuralism	Narrative
Culture & Worldview "We"	Ethnomethodology	Phenomenology
	History	Archival research
	Hermeneutics	Hermeneutic circle
	Appreciative	Appreciative Inquiry[5]
	Feminist	Unitary Appreciative Inquiry[6]
	Critical	Storytelling
	Participatory	Participatory Action Research
	Unknowing[3]	
Brain/Organism & Language "It"	Autopoetics (cognitive sciences)	Survey (attitudes & beliefs)
	Empirics[1,2]	Observation
	Behaviorism	Scientific method
	Symbolics[1] (language, mathematics)	Experimental design
		Solving Mathematical Proofs
Social Systems & Environment "They	Social autopoetics	Population polls
	Socio-Political[4]	Social network analysis
	Ecological sciences	Geo-mapping
	Historical	Multilevel, hierarchical designs
	Structural-Functional	Circular statistics (time)

1=Phenix,[17] 2=Carper,[13,18] 3=Munhall,[15] 4=White,[16] 5=Cooperrider,[37,38] 6=Cowling[39]

Table 3. Integral Conceptualization of ‘Human Beings’

I	INDIVIDUAL		IT
INTERIOR	Sense of Self Life source (khi) Consciousness Soul or Spirit (shin) Lived Experience	Genetics Body (hyung) Physical (chung) Neurological Developmental	EXTERIOR
	Place in Social Order Social Norms Religion Identity Culture Morals	Economic Status Group Membership Family Structure Social Systems Ecosystem Job/Role	
WE	COLLECTIVE		ITS

Lines & Levels of Development: physical, mental, psychological, moral, spiritual

Table 4. Integral Conceptualization of 'Environment'

I	INDIVIDUAL		IT
INTERIOR	Thoughts Self Talk Affirmations Optimism Hope/Faith	Clutter Beliefs/Attitudes Feng Shui Cleanliness Modifiable Conditions	EXTERIOR
	Sense of Community Cultural Beliefs Oppression Values Church	Air, Water, Soil Neighborhood Noise, Light Economic Political	
WE	COLLECTIVE		ITS

Levels: Societal value memes, political structures, organizational structures

Table 5. Integral Conceptualization of ‘Health’

I	INDIVIDUAL		IT
INTERIOR	Hope Thoughts Emotions Spirituality Self Perception Personal Meaning	Diet Mobility Exercise/Rest Self-medication Lab values, tests Sensory Perception Stress Management	EXTERIOR
	Sense of Belonging Meaning of Death Meaning of Birth Cultural Beliefs Community Shame	Environmental Health Health Care System Health Insurance Economics Endemics Epidemics Syndemics	
WE	COLLECTIVE		ITS

Levels: lifespan, consciousness States: wellness, illness
Lines: physical, mental, emotional, spiritual, economic

Table 6. Integral Conceptualization of ‘Nursing’

I	INDIVIDUAL		IT
INTERIOR	Empathy Caring Intention Healing Presence Use of Knowledge Authentic Presence Respect for Human Dignity	Touching Listening Procedures Personal Care Teaching & Learning Medication Administration	EXTERIOR
	Cultural Competence Use of Language Honoring Values Relationship Translation Respect	Case Management Inclusion of Family Political Advocacy Coordination with Other Caregivers Case Finding	
WE	COLLECTIVE		ITS

Levels, Types & Stages: education, novice to expert, value memes
Lines: communication, clinical competence, ethics, professional behavior

Table 7. An Integral Organization of Contemporary Nursing Theories

Arranged by Philosophical Orientation

I	INDIVIDUAL		IT
INTERIOR	Parse Peplau Roach Rogers Watson Newman Weidenbach Boykin & Schoenhofer	Hall Levine Barnard Henderson Abdellah Orlando-Pelltier	EXTERIOR
	Paterson & Zderad Friedemann Leininger Travelbee Watson Mercer	Roger-Logan-Tierney Roy & Roberts Johnson/Auger Friedemann Neuman Rogers King Orem	
WE	COLLECTIVE		ITS

Table 8. An Integral Conceptualization of 'Caring'

I	INDIVIDUAL		IT
INTERIOR	Trust Courage Empathy Confidence Compassion Authentic Presence	Touching Teaching Health Instruction Health Consultation Health Maintenance Helping Behaviors	EXTERIOR
	Authentic Relationship Comportment Conscience Translation Respect Culture	Protective Behaviors Political Advocacy Creating Healing Environments Surveillance Facilitating	
WE	COLLECTIVE		ITS

Levels: education, novice to expert, value memes (see table 1)
Lines: compassion, competence, confidence, conscious, commitment, comportment
Types: Halldorsdottir's continuum of uncaring to caring relationships[42]