

Phenomenological and hermeneutical assumptions of ethics and philosophy in nursing: Analyses, comparisons, reconceptualizations of notions

Fenomenologiczne i hermeneutyczne założenia filozofii i etyki pielęgniarstwa – analizy, porównania, rekonceptualizacje pojęć

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Abstract

The aim of the article is to determine the way in which specific assumptions of phenomenology and hermeneutics have inspired specific theories of nursing. Betty Neuman's and Patricia Benner's theories are considered, and – to a lesser extent – also Carol Gilligan's, Madeleine Leininger's, Jean Watson's, Philip Warelów's, Barbara Carper's, Anneli Sarvimäki's, Colin Holmes's, and Afaf Maleis's. Martha Rogers's and Rosemarie Rizzo Parse's theories are barely mentioned. The analysis follows determination of the philosophical meanings of specific concepts. The authors go beyond just recalling the definitions and reconstruct broader contexts of the philosophical theories in which they have been formulated. In the further part of the article, mutual significance relations of these concepts in the abovementioned theories are analyzed. At the same time, phenomenological and hermeneutical inspirations lead to a much wider research problem which is to show the evolution of philosophy and the ethics in nursing both in Poland and in the rest of the world. The problem of philosophy, rarely undertaken by nursing researchers and sparsely addressed in branch magazines, is important for determining the distinction of scientific nursing research against the background of the medical model. The essence of this distinction is to take into account the humanistic context in the subject of nursing research. Such a criterion opens up a controversial but – in the authors' opinion – an interesting discussion about the scientific and methodological status of nursing.

Key words: ethics, nursing, phenomenology, philosophy, hermeneutics

Streszczenie

Celem artykułu jest przedstawienie sposobu, w jaki określone założenia fenomenologii i hermeneutyki inspirowały konkretne teorie pielęgniarstwa. Rozważane były mianowicie teorie Betty Neuman i Patricii Benner, w mniejszym zakresie także Carol Gilligan, Madeleine Leininger, Jean Watson, Philipa Warelowa, Barbary Carper, Anneli Sarvimäki, Colina Holmesa i Afaf Meleis. Wspomniano też o teoriach Marthy Rogers i Rosemarie Rizzo Parse. Analizy poprzedza ustalenie filozoficznych znaczeń pojęć. Autorzy wykraczają poza przywołanie definicji i rekonstruują obszerniejsze konteksty teorii filozoficznych, w których zostały one sformułowane. W dalszej części artykułu nastąpiło określenie ich wzajemnych relacji znaczeniowych w analizowanych teoriach. Jednocześnie inspiracje fenomenologiczne i hermeneutyczne potraktowano jako środek do omówienia znacznie szerszego problemu badawczego, jakim jest ukazanie ewolucji filozofii i etyki pielęgniarstwa, zarówno w Polsce, jak i na świecie. Problem filozofii, rzadko podejmowany przez badaczy pielęgniarstwa i niechętnie goszczący na łamach czasopism branżowych i naukowych, ma duże znaczenie w określeniu dystynkcji naukowych badań pielęgniarstwa na tle modelu medycznego. Istotą rozróżnienia jest uwzględnianie kontekstu humanistycznego w przedmiocie badań pielęgniarstwa. Tak zdefiniowane kryterium otwiera kontrowersyjną, ale – w mniemaniu autorów – interesującą dyskusję na temat naukowego i metodologicznego statusu pielęgniarstwa.

Słowa kluczowe: etyka, pielęgniarstwo, fenomenologia, filozofia, hermeneutyka

Phenomenology and hermeneutics vs the diversity of science of morality

The descriptive and normative division of the science of morality is imprecise.¹ In the case of phenomenology, particularly, the line among philosophy, the social sciences and the humanities is blurred because many sociologists are not only eager to refer to it, but even distinguish phenomenological sociology from sociology itself.^{2–7} Regardless of that, the trend is hermeneutics – also common in the social sciences and the humanities. The reason for its unflagging success is an interpretative model called the hermeneutical spiral. This popular model of interpretation has permeated social sciences such as sociology and pedagogy, and among the humanities, in particular literary studies, which ennobled it to a valued research method.^{8,9} It should be specified immediately that neither phenomenology nor hermeneutics are homogeneous theories, but on the contrary – they show many further variations. For example, it is difficult to equate Maurice Merleau-Ponty's and Max Scheler's ethical theories, and it is by no means just a matter of specific ethical statements, but also of a different distribution of accents, even in the initial epistemological assumptions. Nevertheless, both are classified for a common type of phenomenology.^{10–12} The classification difficulties are escalated by the change in thought of even a single author. Martin Heidegger, for example, differentiates several stages of philosophical reflection, but despite the fact they have separate partial objectives, they strive to build a coherent philosophical system, which allows the author's philosophy to be unanimously classified as phenomenological.^{13–15} The article will not contain all its nuances. Instead, the analyses will be based on a core of theory that is common for its all varieties. Simultaneously, they are metatheoretical, more precisely – metaethical.

Literature status and review criteria

Although the Polish Medical Bibliography shows a moderate interest in the philosophy and ethics in nursing at most, their popularity in the world is growing. In Poland, most frequently philosophical problems of nursing are considered in just a few journals that conduct their relatively systematic review. In other cases, they are only incidental. We have studied some examples of reflection on the philosophy and ethics in nursing in contemporary world literature. The selection criteria were time and place of issue. On their basis, we have selected most recent publications from different continents. The criterion for comparisons are theoretical assumptions of phenomenology and hermeneutics.

Science of morality – theoretical foundations

The basic division of science of morality includes descriptive (empirical) and speculative sciences. The criterion of experience allows us to distinguish ethics from sociology or psychology of morality, with speculative thinking typical of the former one. The content of ethics is conveyed by obligations included in the form of orders and prohibitions, more generally – rules. Unlike ethics, neither psychology nor sociology of morality formulate normative guidelines of conduct, but analyze the external (sociology) or internal (psychology) determinants of moral behavior. The key concept regulating their subject matter is morality.^{15–19} The difficulty in defining morality is demonstrated by heated theoretical discussions among representatives of descriptive sciences, sometimes even leading to the questioning of the concept itself. The empirical character of morality is expressed by recognizing that there is no common morality, but many different ones that characterize social groups or even individuals.^{16–20} Restricting morality to individuals or groups, on

the other hand, seems unacceptable in ethical terms. Although there are many different ethical systems, each of them retains the universality of principles, understood as unchangeable regardless of a doer.^{21,22}

In comparison with descriptive sciences, the notion of act, in the ethical sense, is formulated very vaguely. The criteria for freedom and consciousness have been derived from the philosophical tradition of Aristotelianism – act, in the ethical sense, must be conscious and result from the voluntariness of a performer of an act. Therefore, an act done in coercion or in unconscious state (e.g., in sleep, in trance) is not ethically classified. Furthermore, an act taken under pressure is of limited significance in terms of ethics. Apart from a specific conceptual set of instruments, ethics uses a peculiar model regardless of generating theorems. This is because this method, typical of ethics, is based on deduction. Additionally, since the concept of the principle is unchangeable for the performer, which we have already written about, the separation of subsystems of professional conducts (deontology) can only be conventional. From a strictly philosophical point of view, therefore, there is no ethics defined by the adjectival name of a profession. The commonality of principles makes it impossible to demonstrate a specific set of norms applicable to only one profession. Obviously, one can (and it is done in such a way) distinguish certain areas of behavior in ethics, but these are more areas of private, or even intimate, life than professional one.

Although it is not possible to demonstrate a difference in the status of a standard with regard to the performer, ethics have not completely forgotten about it. Kantianism, which is, after all, a very restrictive ethical system, also paid a lot of attention to it.²³ A characteristic feature of Kantianism was to demonstrate subjective mental states of individuals, but in terms of the total inviolability of the principle. The 20th-century systems most strongly moved towards the individual, but still not at the cost of blurring the concept of principle.²⁴ The systems that most fully reflected individuality were existentialism, hermeneutics and phenomenology. This is evidenced by the fact that especially the last 2 have had a significant impact on social sciences.^{25–27}

Moving towards an individual in the philosophy in nursing in the world with regard to hermeneutical and phenomenological inspirations

Modern world literature on the philosophy and ethics in nursing refers to trends in ethics oriented on individuals (phenomenology, hermeneutics).^{26–34} Although it accepts the key assumptions of traditional ethics on

consciousness and voluntariness of act (Aristotelianism, Thomism), it moves towards inductive thinking, which is closest to newer ethics: phenomenology, hermeneutics and existentialism. The phenomenological model for generating theorems is based on the assumption that an individual's cognitive competence is capable of encompassing the essential truth about reality.²⁵ The hermeneutical model (model, not science) is an interpretative scheme, originating to ancient texts: philosophical, legal, religious, and rhapsodic.⁹ Later, hermeneutics expanded into other disciplines, while still retaining the model of interpretation known as the hermeneutical spiral. It consisted in the correspondence (relations) between the senses of the element and the whole; the mutual relations of meaning determined both the sense of the whole and the senses of the components. The dynamic character of the interpretation changes the hierarchical relationship of the whole and its component, because the sense of even the smallest part affects the meaning of the whole (and vice versa).⁹

Nursing as a human science and a style of action – concepts by Philip Warelw, Barbara Carper, Anneli Sarvimäki, and Colin Holmes

Warelw demonstrates the influence of non-positivist philosophies on the paradigm shift regarding ethics in nursing.³⁵ Such philosophies include phenomenology, humanism and holism. The author defines the notion of non-positivist philosophy in scientific and epistemological aspect, as well as in methodological one, i.e., as the change of:

- science from one determined by laws and patterns into a science which is not built on compact theories;
- the status of knowledge, narrowly understood as a derivative of intersubjective experience into knowledge departing from tangible observations;
- the model of research procedure subjected into rigors of standard and quantification to procedure deviating from quantification.³⁵

The *Verstehen* dimension determines the separation of the humanities from the mathematical natural sciences. It is defined by the category of empathy and in opposition to the positivist category of objectivity. The *Verstehen* dimension does not build individual explanations, but enables to reach deep into the phenomenon under study, broadening understanding. *Verstehen* criteria include the understanding of the phenomenon and the coherence of knowledge within the social experience as the context of cognition. The essence of the approach is to understand the phenomenon only within a social framework, because no phenomenon is separate from it. Nowadays, in place of the already obsolete (because post-Kantianist) category

of *Verstehen*, many philosophers of social sciences recommend the interpretation of meanings or hermeneutical understanding.³⁵ Simultaneously, they emphasize the cohesion of these approaches with postmodern humanities or holism.³⁵

Carper analyses the problem of the sources of justification for nursing practice in more detail. She distinguishes 4 sources: empiricism (science), art of nursing, personal experience, and ethics. The author states that none of them function independently, therefore, she postulates not to separate them in the education of student nurses. In her opinion, only a comprehensive approach determines the epistemological basis for nursing.³⁵ Sarvimäki agrees with Carper, however, she proposes some terminological variations. Namely, the comprehensive approach is re-conceptualized as a multiparadigmatic approach; Carper's sources of knowing are called paradigms. Sarvimäki complements them with a separate source of cooperation with the sick, which, in turn, seems to be in accordance with Habermas's theory of communicative action. It should be noted that Habermas's approach is not limited only to practically understood cooperation, but also has a cognitive value. Because of the natural need, people, cooperating, produce knowledge. On the other hand, the phenomenon of emerging knowledge from action results in its classification as art rather than science.³⁵

According to Holmes, withdrawal from the positivist model of science does not have to be harmful at all, and it even sets an optimal direction for the development of nursing theories. Holmes opposes the positivist clinical paradigm. He questions theories derived from it as analytical, mechanical and reactive, and recommends replacing them with humanistic and patient-centered ones, thus emphasizing the dialogical, interactive, holistic, and humanistic elements centered in the healthcare paradigm.

According to Meleis, the clinical paradigm – the same one whose nursing theories are supposed to counteract – is based on empirical positivism. Meleis considers it to be reductionist because of the limitations on objectivity, standard, validation, and quantification. He also alleges that it still has an excessive effect on nursing theories.³⁵

Although metaphysics and classical ethics, as well as the anti-positivist approach, are considered cognitively worthless by scientists, nursing theories, if they neglect the humanistic context, have only very limited success. Although they do not match the medical theories evaluated on the basis of positivist criteria, however, taking this context into account, they are ultimately found to be more successful. Therefore, Warelów considers them even more valuable. The author defines the humanistic context by means of categories of values, tradition, subjectivity, history, and intuition.³⁵ He also emphasizes that it corresponds better than clinical theories to the essence of nursing as care for the sick. Those of the nursing theories that follow positivist patterns blur the essence of nursing since they are limited to a narrow range of problems in

clinical theories. Solutions to these problems, in accordance with the principle of economic rationality, lead to profitable medical procedures. The above issues, however, are dealt with in a completely different way as regards a phenomenological (more broadly: humanistic) approach centered on the holistic paradigm – it clearly opposes the condescending attitude towards the patient and orders his experiences to be treated as equal to those of nurses.³⁴ The distinctive feature of the humanistic approach is also much stronger respect for historical, socio-cultural or political context.^{33,35} They seem to be rooted in the very origin of the nursing theory. Florence Nightingale's achievements greatly strengthened the social position of women in awareness of the English from the Victorian era. Acceptance of Nightingale's status had an impact on the reception of nurses to the medical community in a role that merely goes beyond submission to a doctor. Radical appreciation of women in the redefined status resulted in the professionalization of nursing and the establishment of an academic system for nursing education.³⁵

Consequences of humanistic concepts for the development of scientific nursing in the world

Since the 1970s, the recovery of the humanistic context for nursing theories has led to variations in the way of theorizing. Theories of the period between 1950s and the beginning of 1960s, strongly permeated with clinical paradigm, either began to be replaced by humanistic ones, or were changed in a new spirit by their own authors. Martha Rogers is an example of the latter. In Warelów's opinion, the new form of Rogers's theory inspired Rosemarie Rizzo Parse to seek the foundations of her own theory in the phenomenological-existential concepts of Heidegger and Merleau-Ponty, although Warelów's inclusion in the group of existentialists seems problematic.³⁵

Rogers influenced not only Parse, but also Betty Neuman. Her theory considers the objective of nursing, originally mentioned in Rogers, as strengthening the health, and, like Rogers, links it to an individual defined as an indivisible whole with an impact on the environment. The result is a variation in the model of nursing, emphasizing the deepening of patient awareness instead of treating diseases.³⁵ The consistently developed Neuman's model leads to the conclusion that patients' living patterns are responsible for a disease and that the disease is reflected in their consciousness. Time, movement and space play key roles in Neuman's conceptual system. They form together a dynamic model of an individual, included among her concepts.³⁵ The inclusion of space provokes reflection on how it is used by

the individual, who makes it real only through movement. For Neuman, movement is a dynamic structure of consciousness (figure), a central element of the conceptual system. Since it is the movement that creates consciousness, it reflects the dynamic nature of health. The structure of consciousness, contrary to external patterns of behavior, is also a recipient of nursing influence. It can be mentioned, at most, that such patterns change according to the variations in the patient's consciousness, and indirectly due to the nursing influence, because variations in consciousness are a prerequisite and an intermediate stage of lifestyle changes. Such an approach has at least 2 advantages: firstly, it corresponds well to psychological knowledge – beliefs and emotions are linked to the 3rd component of attitudes – behavior, and secondly, it prevents the reduction of the patient's selfness to behavior.

Phenomenological inspirations of humanistic concepts in nursing

– Neuman and Patricia Benner

The category of the sense of coherence strongly resembles Neuman's concept with phenomenology. The similarity lies in the central function of consciousness, in relation to the individual system of regulating behavior. Phenomenological ethics differs from classical one in that it provides for the role of consciousness in discovering values, rather than in their creating.^{25,26} For Neuman, consciousness is also a prerequisite for behavior and – at least it seems so – understanding of the value of health as discovered, not created, is closer to her. In addition, the movement that defines the relations of an individual as regard to time and space strongly resembles the concept of Heidegger's *Dasein*. In accordance with it, existence, time and the world form a whole.³⁵ It is clear from this that the concepts of Neuman's model using an individual are purely analytical and, in fact, inseparable.

Phenomenological assumptions play also an important role in Benner's proposal. In the concept of practical competence, she states that experience has a key function in transforming theoretical knowledge into occupational efficiency.³⁵ For phenomenologists, however, this issue is much more nuanced. According to them, each knowledge originates from the mutual action of emotions and intellect. In the structure of the cognitive act, there is a place for both intellect and emotions. Emotions are closely connected with the cognitive element, so there is no purely intellectual cognition. The claim that occupational efficiency emerges from experience agrees with the stance of phenomenologists, however, they analyze this phenomenon using a detailed theory. Since the final result of acquiring practical skills should be the ability to

understand the situation, the coincidence with hermeneutics can also be attributed to Benner. These comparisons are legitimate, because they allow to define the understanding of the situation as a whole, not the sum of its components.

In Benner's opinion, theoretical knowledge is strongly linked to occupational efficiency. At the same time, both disciplines are treated autonomously. According to Benner, there are situations where theoretical knowledge is not sufficient to solve a practical problem. The occupational efficiency is then invaluable.³⁵ There is another reason for not being able to identify knowledge with occupational efficiency. If theoretical knowledge corresponds to know-that, then skills can be described as know-how.³⁵ However, even the separation of practical knowledge is not sufficient to fully understand the difference. Know-that continues as a skill, but does not trigger it automatically, even though it is a prerequisite.³⁵ A similar interpretation still exists in phenomenological sociology. Alfred Schütz's conceptual model is an example. It also distinguishes practical knowledge, but it is attributed to the regulation of entire social set of behaviour.^{2,3} A significant difference concerns the scope of skills for subordinated knowledge, although the very definition of practical knowledge remains common. The reference to Schütz does not seem to be a misuse, because the concept of *Lebenswelt* is similar to Benner's concept of understanding. Firstly, the author, like Benner, does not divide the situation into constituent elements: most of them are simple situations responsible for the habit formation; secondly, understanding of the situation is a condition for the communication skills of cooperating individuals.^{2,3} The element of understanding the situation, so important for Benner, is repeated in phenomenological sociology.^{5,6} The aspect of understanding constantly accompanies the Benner's concept. It occurs in the analysis of the relationship between nurses and theory. According to Benner, it is not limited to repeating only; it also complements the interpretation of theory. In this concept, nurses are much more than just "replayers"; they become interpreters, and even change their theory depending on the requirements of the situation.

The factor of professional experience is even more important in the Watson's concept. While experience is a prerequisite for occupational efficiency in Benner, Watson goes one step further and ennoble it to the role of scientific distinction.³⁴ He claims that in the academic division of disciplines, care distinguishes nursing from medicine. A phenomenological assumption is the definition of cognition as synchronicity of intellect, intuition and moral values. In Benner's opinion, the epistemological difference does not lead to the classification of nursing as a human science, but only proves the possibility of, independent towards medicine, interpreting of clinical practice.³⁵

According to Heidegger, care has an ontological and existential aspect, closely related to the concept of *Dasein*. In his theoretical language, it is a way of being human. The uniqueness of this method lies in the type of reality that is different from the one of things. This uniqueness is unnoticed by natural sciences, therefore, the researcher-naturalist reifies the subject. The technical understanding of care, imposed by biomedical models, must therefore interfere with the subjective aspect. Such an understanding was presented in the first nursing theories, as the authors of this article have already indicated. This does not mean, however, that with the advent of new theories it has been forgotten. The reasons for the constant presence of the technical aspect are: deep-rootedness in mentality of some nurses, routine, as well as the unfavorable organization of work in many hospitals.³⁰ Among the academic barriers, Anne Bruce, Lori Rietze and Angela Lim mention also anti-intellectualism, neoliberalism and instrumentalism.²⁹

Phenomenological and hermeneutical assumptions vs criticism of neoliberal discourse in nursing

The reasons for the presence of the subjective aspect in nursing need to be discussed in more detail, as they are also the starting points for a much broader discussion. Anti-intellectualism is a set of attitudes among clinical nurses, consisting in favoring practical knowledge (know-how) at the expense of academic one (know-that). A rigid division into know-how and know-that is, obviously, impossible. It is a conventional distinction²⁹ typical of anti-intellectualism. The following beliefs are typical of anti-intellectualism: nursing as a practical major does not require master's studies; nursing does not need separate research because the education of students takes place through practical classes; only nurses employed at universities put academic knowledge over practical one. The neoliberal discourse, on the other hand, proclaims productivity and commodification of knowledge.²⁹ Market values are guidelines. The perspective dominated by them covers all disciplines, including nursing. There are studies showing marginalization of individuals, even groups, in terms of access to nursing services. Interestingly, the reason is not only poverty, but also the attitudes of some nurses, whose quality of care is no longer due to the imperative (but due to the salary level). Neoliberalism dictates both professional nurses' role models and academic curricula. Critical thinking is replaced with individualism and rivalry, and knowledge comes down to a dimension that coincides only with the present requirements of the labor market. Ultimately, the requirement to prepare practically qualified graduates limits academic discourse in nursing.²⁹

Development of the philosophy of nursing in Poland and other countries in the world

Specific philosophical inspirations distinguish nursing care facilities around the world. In the case of Cracow, those were (listing from the earliest) Christian humanism, Marxism, as well as Carol Gilligan's, Madeleine Leininger's and Jean Watson's philosophy.³⁶ Although the idea of care has remained unchanged, its concrete content was subject to historical change. Christian humanism was completed by the category of *caritas*, originating from Augustinianism. In St. Augustine's writings, *caritas* specified the category of moral life. It was the beginning of an idea that was already well-known in Western civilization.³⁶ Rooting in a much more comprehensive concept of moral life, it was its central category. In St. Augustine's reflections on the status of the human will in relation to the good and the evil, the *caritas* was an act of will turned to the good. The concept of an act of will as a conscious and voluntary act expressed the basic sense of ethics. Such an interpretation clearly shifted nursing into the space of interest for ethics and philosophical anthropology. According to St. Augustine, care constituted a human being. As an ontological property, it reflected the idea of God, it was expressed in the act of creation and determined human destiny. Marxism, questioning theocentrism, completely annulled this concept, and the variant of anthropocentrism, which he introduced, was specific. When rejecting the concept of ideas derived from God, he also had to decline the assumption of their universality. From now on, every individual was a completely separate structure. Since human became a criterion of morality, Marxism also introduced the principle harmonizing individual moralities. The aim was to reconcile individual aspirations that were potentially contradictory.³⁶ The end of Marxist philosophy's domination initiated pluralism of philosophical inspirations in nursing. As mentioned above, main sources of inspiration were the philosophies of Gilligan, Leininger and Watson, and each one of them individually completed the concept of care. In Gilligan's opinion, the realization of the concept was in particular the involvement of women in relations permeated with kindness. Leininger, who strengthened this stance, also mentioned an aspect of cultural diversity in care content.³⁶ She noted that each cultural system defines care in its own typical way. However, the deepest diversification of philosophical sources for the concept of care was made by Watson. Her concept included elements of George Wilhelm Friedrich Hegel's, Alfred Whitehead's and Pierre Teilhard de Chardin's philosophy, as well as feminist New Age spirituality. The conceptual framework formed on this basis was responsible for the ontological approach to care as a spiritual force, linking human with the cosmos and enabling human beings to the

highest level of humanity, harmony and beauty.³⁶ Watson's other inspirations, including Immanuel Kant, Søren Kierkegaard and Gabriel Marcel, enabled this approach to be better nuanced. Watson decided that apart from ontological elements, care also has existential ones. It was more about the aspect of value subordinated to human nature, the realization of which more deeply linked human with nature, while nursing itself – with the essence of humanism. Defining nursing by means of the above values is an excellent explanation of Watson's original concepts on the academic status of nursing. She advocated a complementary understanding of nursing as science and art: the essence of nursing is scientific development only in conjunction with specific spirituality.³⁶ Watson's dual approach is not the most radical. Leininger, for example, goes even further, claiming that nursing is a separate medical discipline, which is due to the inclusion of the concept of care.³⁶

In the development of the Polish philosophy in nursing, there is a need to fill the universal concept of care with content. Depending on the period, it was different. Apart from specific elements, there were also features common to worldwide nursing (the difference was the wide use of Marxism as a theoretical justification). The common element was the desire to anchor nursing as a full-fledged scientific discipline in the system of knowledge and institutional academic education. The issue of scientific consolidation, particularly important for Watson and Benner, as well as for such contemporary authors as Warelow, Bruce, Rietze, and Lim, also channels efforts of Polish theorists. They are also uncertain on the status of scientific nursing in the face of disbelief or even active opposition from parts of the medical world.^{37,38} It is puzzling that scientists from different cultural and academic traditions have similar problem recognition. It focuses primarily on the need to justify autonomous nursing studies. At the same time, there is a clear determination to conduct them, as well as the awareness that the scientific status of the discipline is at stake. Nursing has reached scientific maturity already in the 1980s, as it results from the review of nursing research. Methodological awareness was deepened and a set of strictly nursing research problems (mainly in the field of clinical nursing) was distinguished. The trend, also emerging in the 1980s, was the need for philosophical and historical analyses. Studies on the basis of nursing theories have become more and more popular.³⁷ It means that the development of philosophy in nursing can be divided into at least 2 periods, and the advent of methodologically mature research was a caesura. In the former one, the essence of the philosophy in nursing was justification of practice. In the latter period, efforts were made to search for a general theoretical framework justifying the status of nursing as a scientific discipline. According to Barbara Ślusarska, a desirable element in the contemporary philosophy in nursing is some general and methodological (or even sci-

entific and cognitive) framework, distinguishing ways of discovering the knowledge typical of nursing, as well as enabling to define the objectives and nature of nursing, in this context – preferred values.³⁷ Therefore, it can be concluded that the reflection on humanistic ideals of service to human, present in the area of ethics, has been transformed into a philosophy in scientific nursing.³⁸ Obviously, this is only a simplification. In fact, there are still scientific papers analyzing the moral dimension of nursing as a service. However, it may be generally concluded that the strengthening of nursing as a science was a breakthrough, as the reflection was previously not given the opportunity to develop within the scientific discipline.³⁷

Zygmunt Pucko and Beata Dobrowolska formulate problem frameworks for the philosophy in nursing more broadly. The authors remind the traditional division of philosophy into ontology, epistemology and ethics, and they correspondingly classify the problems of the philosophy in nursing. Questions of ontology are related to object, nature and objectives of nursing, as well as to more specific phenomena that comprise the object. On the other hand, epistemological problems include questions concerning the way in which the object can be cognized, as well as ethical ones – about the values recommended in nursing and about the concept of care. For the authors, methodological issues are only a subgroup of epistemological problems.³⁸ Let us remember that for Ślusarska they fulfilled the philosophy in nursing fully. However, a wider scope of problems does not facilitate the thoroughness of analyses, while Ślusarska's point of reference was the philosophical movement called pragmatism, popular in the USA. As early as the 1990s, they proposed pragmatism (for nursing) as a perspective capable of responding to the vast majority of problems typical of this discipline.³⁷ The authors themselves add that, in contrast to American nursing, Polish one has not developed a comprehensive philosophy integrating ontology, epistemology and ethics.³⁷ It follows that their project of a comprehensive approach remains only a postulate.

Practical consequences of the discussion – role and tasks of a nurse

The philosophical reflection in nursing transforms from a layer of highly general statements into practice. The nurse's task is to release the patient from blockages that prevent their full participation in life. "Full participation" concerns, in particular, experiencing its significant elements in accordance with individual priorities. A nurse needs to know how to recognize them. The key is to listen skillfully to the patient narrative; the role of a nurse is also to motivate patients to shape their nar-

rative. Simultaneously, only partnership in dialogue can create an opportunity.³⁴ At the same time, “full participation” opposes both perception of a patient only through the prism of disease, as well as care reduced to technical activities.³¹ Kristine Rørtveit et al. indicate the following personality traits and personal features of a nurse that determine the ability to establish a relationship: communication skills, competences, practical skills, approach devoid of assessment, kindness, warmth, and patience.³² A complement to the relational perspective is co-opting with the patient’s family as other partners in the relationship. The hermeneutical approach emphasizes the role of language as a communication tool and a factor of life change. As a consequence, nursing is transformed into communication activity.²⁸

Conclusions

The philosophy and ethics in nursing have evolved from highly intuitive conceptual models and ethical reflection to the philosophy in scientific nursing. Caesura was the first scientific nursing research.

The aim of the world’s nursing philosophy is to give legitimacy to the autonomy of nursing from the medical model.

Evolution has not eliminated ethical reflection completely. It is still present, although its status has changed. It also clearly differentiates the worldwide nursing from the Polish one. In Poland, researchers are trying to make up for the period of the Polish People’s Republic (Polska Rzeczpospolita Ludowa – PRL, i.e. communist Poland), mainly by the development of the philosophy in scientific nursing.

The common feature is definition of the concept of care as a constant accompaniment to nursing since Nightingale.

The concept of care is to a similar extent a social construct, as well as the result of an individual philosophical reflection. However, this double aspect is not always reflected in the literature.

The social context of philosophy in nursing is more often taken into account by Western researchers. Its attachment to Aristotelianism and Thomism is a Polish specificity. Newer philosophical inspirations also lie in thinking that is strongly connected with religion – personalism.

In the world, on the other hand, inspirations of non-religious, relational and libertarian philosophies – including phenomenology, hermeneutics and pragmatism (USA) – are more frequently used.

Another criterion of division is to show the specificity of nursing research through references to the humanistic context (post-positivism). As a result, the global nursing research is closer to social sciences, and even humanities, than to natural sciences, while in Poland nursing and medical sciences still use similar conceptual and methodological set of instruments.

Hermeneutical inspirations of Benner’s theory are based on the element of understanding the situation as a condition of professional efficiency. In addition, Benner claims that theoretical knowledge is constantly reinterpreted under the influence of new professional situations. As a result, both theoretical knowledge and practical experience become the subject of constant processes of interpretation.

Neuman’s theory and phenomenology are linked by a triple function of consciousness: integrative in relation to individual experience, regulation of behavior and recognition of values.

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