Reflective exercises

Chapter 1  The case for nursing theory

Reflective Exercise 1.1
Some people consider that a theory is more of a conjecture and of no value in science, while others consider that theories are essential to science and recognise them as a body of knowledge and as something without which nursing cannot exist.
What do you think? Write a page explaining your view and discuss this with your fellow students.

Reflective Exercise 1.2
Nursing does not exist without theories, but not everyone agrees on this. Some see that theory has no relevance to practice and therefore to nursing.
Write an essay with the title 'Nursing theories are built by nurses for nurses to improve nursing.' Include your personal view on this topic.

Reflective Exercise 1.3
This chapter outlines some limitations of theories. What is your opinion about this? Are there any? If yes, make a list and compare them with lists by other students.
Retain this work in your personal notes, because we expand on these issues in Chapter 5.
Chapter 2  Knowing in nursing and nursing knowledge

Reflective Exercise 2.1

‘We can know more than we can tell’ (Polanyi 1958, 1967)

Reflection: Read the following example of ‘know how’ knowledge. Try in your own words to explain the nature of such complex practical knowledge. It is best to try writing this (about an A4 page/400 words), as this challenges you to clearly state your thoughts.

Note how a juggler uses first two balls, then three balls, then four – all apparently identical. They spin through the air, each in their own trajectory. Imperfections in their shape, slight variations in weight, air currents in the immediate vicinity – all these variables and indeed others cause each ball to behave differently. But the juggling goes on – smoothly, without interruption, and we are dazzled by the perfection of shape and motion. But ask a juggler (during his act) to take account of all these ‘variables’ that are affecting the balls. In an instant, the smooth coordinated motion of spheres will become disjointed and irregular. Soon balls will start tumbling to the ground. Indeed, after a performance, ask the juggler what factors he had taken account of, and how he kept the balls in motion, and he will be nonplussed. His answer will be something like: ‘Well, I just did it.’ It is not that in the act of juggling the juggler was in some subdued state of awareness. Indeed the very opposite is the case. There is something highly complex going on here that demands, and indeed exists as, a heightened state of awareness of the activity. It is a doing or performing activity not easily expressed in rational terms. In a sense there are – quite literally – no words to describe it.

Reading: Briefly look up references to Michael Polanyi and his ideas about tacit knowing and personal knowing. You may recall we introduced his work very briefly in Chapter 1. Particularly useful is his famous phrase ‘We can know more than we can tell’ – a phrase he used in attempting to explain why people find it difficult to describe such things as skills. Also look up the work of American nurse Patricia Benner, particularly her work on clinical wisdom and expertise.

Action: Then, if you have an opportunity, and you are in the clinical area, observe an experienced nurse undertaking a complex nursing activity. Then ask them: How did you do that? Do they also know more than they can tell?

Chapter 3  Theory from practice and practice from theory

Reflective Exercise 3.1

Theories in practice

When working with a trained nurse in your next practice placement, select an episode in which you and the nurse are caring for a patient or client. Try to identify a grand and a mid-range theory that might be appropriate to that particular episode of care.

Also ask the trained nurse you are with why they did as they did and try to identify what practice theories in action they used.
Reflective Exercise 3.2

Theory–practice gaps
Safe moving and handling are a vital part of patient care and form an important part of the nursing curriculum. Yet, despite the benefits to both patients and nurses if patients are moved in the correct manner, there is evidence that safe moving and handling techniques are not practised in some clinical areas. This might be an example where the theory (safe moving and handling) is not always put into practice. Think about the things that might explain this theory–practice gap. If you prefer, identify another example which illustrates the theory–practice gap and identify some of the reasons why it may occur.

Reflective Exercise 3.3

A science of nursing
Nursing is a practical discipline and thus theoretical or propositional knowledge (so the argument ran) is of no use.

Does the term ‘nursing science’ present a similar incompatibility? If we cannot have propositional knowledge in nursing (or at least within nursing practice), can we make a case for a science of nursing?

Chapter 4  Nursing theories and new nursing roles

Reflective Exercise 4.1

Roles in nursing
Thinking of your experiences in nursing so far, compare the role of the registered nurse with one of the new roles such as nurse practitioner or clinical nurse specialist. What do you see are the similarities and differences between these roles?

Reflective Exercise 4.2

Defining advanced practice
Look up the International Council of Nurses’ definition of advanced practice. What do you see as the advantages and disadvantages of developing advanced roles in nursing?
Reflective Exercise 4.3

Exploring the biomedical model

The biomedical model may emphasise certain attributes that may be viewed negatively, such as a very instrumental and depersonalised approach, a concern with cases rather than people, and with pathology rather than the person. However, it was noted that the biomedical model also had some positive attributes.

Do a brief review of the literature and seek to identify at least three positive and three negative aspects of the biomedical model.

Return to Chapter 2, and under the section on ‘Practical knowledge as sophisticated knowledge’ re-read the passages on gnostic and pathic touch. Consider how the ideas expressed there help to clarify the differences between medicine and nursing. Reflect upon how these two methods of touching may be important in nursing and medicine.

Chapter 5  Nursing theories or nursing models

Reflective Exercise 5.1

Theory and model

Do a brief review of the literature and try to find more definitions of ‘theory’ and ‘model’. Explain in your own words to your fellow students what the differences are between these two terms.

Reflective Exercise 5.2

Theory classification

In this chapter we discussed classifications of theories. Which is your favourite classification and why?

Chapter 6  Interpersonal relationships: the essence of nursing models and theories

Reflective Exercise 6.1

You have interpersonal relationships with lots of different people. Identify at least four different levels of such relationships. You might wish to illustrate this with concentric circles, with your family in the innermost one and working outwards to neighbours and patients. Do you have interpersonal relationships with friends on Facebook whom you never meet? Consider three ways in which your relationship with patients differs from the relationship you have with your family.
Reflective Exercise 6.2
Refer back to Figure 6.1. You will note the various phases and roles in Peplau’s theory. Consider a patient you knew from admission to discharge. On one page write down how the ‘orientation phase’ took place and how that proceeded to the ‘working phase’ and how it ended with the ‘termination phase’. Consider the roles that you took on during these phases. Did you act as a ‘counsellor’, a ‘resource person’, a ‘leader’, a ‘teacher’ or a ‘surrogate sibling’?

Chapter 7  How to select a suitable model or theory

Reflective Exercise 7.1
You will recall that the biomedical model is concerned with signs and symptoms and pathologies. Examine Henderson’s (1966) theory and Roper et al’s (2000). See how many activities of living and activities of daily living are closely related to the biomedical model (e.g. breathing, body temperature). Do you think this is why they are the most selected theories by practising nurses? Is this preference for theories that are close to the medical model a good thing for nursing as a profession?

Reflective Exercise 7.2
Identify one or two of your hobbies or pastimes. Think about the terms you use in relation to these that are different from normal everyday language. For example, if your hobby is sailing, you probably use terms such as scud, mast and tack. Consider why many nurses are keen to learn new terminology for their sport or hobby but not when it comes to nursing theories. Why do you think this is the case?

Chapter 8  Research and theory: some relationships

Reflective Exercise 8.1
You read the story above about Karl Popper and the analogy of the paper boat. Think of other examples that you could use to explain his desire to search for theory refutation. For example, it could be a kite or a recipe for a Christmas cake. Identify another two examples.

Reflective Exercise 8.2
Chinn and Kramer (2011) argued that when generating theory the researcher should keep as open a mind as possible in order to see new relationships between phenomena. This ‘blank sheet’ approach is similar to René Descartes’s tabula rasa. Consider whether you could ever enter a situation where you were experiencing or observing phenomena and you had a tabula rasa? How would you do that?
Chapter 9  Criteria for theory description, analysis and evaluation

Reflective Exercise 9.1

Description, analysis and evaluation of a theory

Choose one theory and discuss how the evaluation of the theory according to criteria provided in this chapter would take place. But first read the theory and discuss it, and prepare a short description and analysis of the theory.

Reflective Exercise 9.2

Discussion about limitations of the theory

After discussing the evaluation of this chosen theory, please discuss the possible limitations of the theory:

- What are the limitations in the theory description, analysis and/or evaluation?
- Are the accessible theories mostly only published in English?
- What are the limitations of the level of knowledge development expected?
- What are the limitations of the research development expected?
- What are the limitations of the level of educational development expected?