

The Pattern That Connects

Debate over whether nursing is an art or a science culminates in the need for integration of the two as a guide to practice. The historical development of nursing knowledge reveals a spectrum of evolution from physical care to interpersonal relationships to an integrative approach and, most recently, to a unitary perspective. The author proposes pattern as the integrating factor that eliminates the dichotomies of traditional art and science and transforms nursing knowledge to a higher dimension that includes and transcends the knowledge that has gone before. Nursing praxis is presented as integrated theory-research-practice that is consistent with a unitary perspective. Key words: *evolution of nursing theory, integration of theory, nursing art, nursing praxis, nursing science, pattern*

Margaret A. Newman, PhD
Professor Emeritus
University of Minnesota
Minneapolis, Minnesota

IT IS urgent that we clarify the *nature* of nursing knowledge. Some view it as an art, others as a science, and some, unfortunately, cannot distinguish nursing knowledge from medical knowledge. The time is past due to recognize the substance of the discipline and the relatedness of art and science, especially in a practice discipline such as nursing.¹⁻³ Johnson¹ described five separate views of what she considered to be the *art* of nursing, characterized as the nurse's ability to: (1) grasp meaning in patient encounters, (2) establish meaningful connection with the patient, (3) skillfully perform nursing activities, (4) determine an appropriate course of action, and (5) act morally. Nursing scholars, in Johnson's view, have not recognized that different conceptions of nursing art exist. Further, I submit, there is little recognition that these same realms—pattern recognition, connectedness, technical skill, rational action, and moral imperative—represent knowledge that has been pursued within the context of nursing *science*. Practitioners are faced with a vast array of

paradigms, theories, and approaches to practice, but little that pulls it all together. The need for a comprehensive theoretical guide for nursing practice is paramount.

I would like to present the thesis that attention to *pattern* constitutes the unitary grasp of knowledge the discipline seeks. Premises on which this thesis is based include the following:

- Development of nursing knowledge has evolved from an emphasis on parts to a focus on the unitary pattern of the whole, a direction that parallels the development of theory in general.
- Praxis research with the intent of pattern recognition reveals the nature of nursing practice.
- Focus on pattern represents a shift to a higher dimension, which includes and transcends previous nursing knowledge.

THE DEVELOPMENT OF NURSING KNOWLEDGE

A brief retrospective review of the development of nursing knowledge provides the background for examining its position in relation to the development of knowledge in general. The early development of nursing knowledge focused primarily on physical environmental factors affecting the health of the patient. From there the emphasis was on actions of the nurse to stabilize and assist patients in circumstances of physical disability. Next, attention was turned to the interpersonal process of the nurse-patient relationship. As nursing began to focus on the person rather than the disease or disability, research was directed to physical and behavioral correlates of health, meaning health as absence of disease.⁴ The separa-

tion of mind and body in most of these approaches reflected reliance on a traditional science of observables. A holistic perspective was acknowledged as important to nursing, but was considered unscientific, and research proceeded in a correlational, integrative attempt to construct the whole. Martha Rogers⁵ introduced a major shift from a particulate approach to a unitary, dynamic perspective of the human being in an undivided universe. Even so, research lagged in its attempts to capture the whole.⁶ Eventually the transformative potential of a holographic, dynamic model of nursing practice emerged as it became clear that the whole of the nursing phenomenon would have to be grasped simultaneously as unitary and transformative.^{4,7,8}

Midway in the development of nursing knowledge, a movement to establish the concept of nursing diagnosis gained momentum. Nursing theorists were convened to examine the data of nursing practice to try to identify an organizing framework.⁹ The product of this effort in the late 1970s emerged as a philosophical set of assumptions identified by the theorist task force reflecting a unitary view of the pattern of person-environment interaction. At the same time, broad dimensions of person-environment relating based on practitioners' observations were identified. The empirical data of nursing practice covered a full spectrum of physical, interpersonal, and inner experiences of relatedness. Though emanating from different paradigmatic views, the philosophical framework and the dimensions of relating contributed to the conceptualization of *pattern* as the basis for nursing diagnosis.^{10,11} The direction posed by the North American Nursing Diagnosis Association (NANDA) nurse theorist group

pointed toward integration of the various realms of nursing knowledge as the pattern of the whole. The structure of the framework was adopted, but the unitary nature of the phenomenon was obscured as the work of NANDA proceeded by looking at the parts in an effort to construct the whole.

Another step in the explication of nursing knowledge was taken by nursing theorists to delineate the differences in perspective within the nursing community.^{7,8,12} The intent was to clarify the assumptions underlying the different paradigms¹³; the effect was to imply the views as separate and, in some instances, to create a competitive arena within the discipline.^{14,15} In retrospect, the paradigms were described individually but were not intended to represent separate knowledge. There was intuitive recognition that nursing theory was evolving from particulate to reciprocal to unitary ways of knowing. The misconception of separateness may have arisen out of a need to respect each type of theory. In actuality we were seeing the unitary paradigm as inclusive of and moving beyond the other perspectives.

A current task is to reconcile the seemingly contradictory points of view. Just as relativity theory includes mechanistic theory as special cases, the unitary perspective includes the more particulate view. For example, a three-dimensional perspective includes two-dimensional phenomena, but the Flatlander, the person living in a two-dimensional world, cannot imagine a world of three dimensions.¹⁶ The growth in understanding is unidirectional. When Sime, Corcoran-Perry, and I⁷ began to describe different perspectives (with each of us representing a different point of view), we first thought of them as separate, but more and

more we found ourselves on common ground, that of the more inclusive unitary, transformative view that not only transcends the former views but also includes the knowledge of those perspectives. Nursing knowledge development is a *process* of the patterning of the whole. It is important that the practitioner of nursing incorporate knowledge of prior realms of knowledge as special cases of the pattern of the whole. At the same time, it is important to recognize that the pattern of the whole *already contains* knowledge of the parts. It is not a matter of adding to or summing up.

Wilber³ called for the integration of the arts, ethics, and science and illustrated that evolution of theory in general has moved from *matter* to *body* to *mind* to *spirit* with each subsequent realm of knowledge *transcending and including* the realm that preceded it. He referred to this progression as a holarchy (rather than hierarchy), with each level being whole within itself but also a part of a larger whole. A holarchical progression of nursing knowledge has moved from emphasis on *physical* care to *interpersonal* process to an *integrative* approach to a *unitary* perspective. Each succeeding level *transcends and includes* the previous ones. So having reached the unitary perspective, we do not discard the physical, interpersonal and integrative knowledge. All are vital to the greater whole.

PRAXIS RESEARCH ON PATTERN RECOGNITION

One of the essential aspects of scientific inquiry is the injunction that takes the form of "If you want to know this, do this."³ So, if you want to know nursing, you engage in nursing practice. In efforts to explicate

theory of nursing practice it became apparent that findings from objective, controlled studies, although related to nursing, were not sufficient to provide a comprehensive guide for practice.¹⁷⁻¹⁹ Nursing situations are often ambiguous and characterized by uncertainty—characteristics not usually associated with science. If the phenomenon of our inquiry is unitary and dynamic—common nursing assumptions—then the method of our research must capture those characteristics. It must capture the essence of the nurse-client encounter in relation to the health experience of the client without breaking it apart.

With pattern as a basic assumption of a unitary, transformative perspective, a method was sought to identify a person's unitary, evolving pattern within the context of the mutual process of the nurse-client relationship.²⁰ The dialogue between nurse-researcher and client-participant became focused on the meaningfulness of events in the client's life. Meaning in a person's life is not only critical but also a way of identifying pattern. A pattern possesses meaning. As meaning is discovered, the pattern becomes apparent (and vice versa).

This research takes on the form and purpose of practice (ie, a shift from observation of "the other" to "we" knowledge) with the intent of assisting clients to get in touch with the meaning of their health experience and thereby get insight into the pattern of the process and its potential for action. The nurse comes to the situation with a theoretical perspective that then becomes a part of the process. Transformation occurs in the interpenetration of the client's and the nurse's patterns, which includes the client's concept of health and the nurse's theoretical understanding. The theory illuminates the

meaning of the experience and is in turn illuminated by the data of the experience.

The process of pattern recognition evolving from an authentic, mutual relationship makes a meaningful difference in the experience of the participants. The dialogue of the encounter follows the lead of the client. The significant events described by the client are viewed as configurations (patterns) of relatedness over time. In the process of this dialogue, insight regarding the client's evolving pattern occurs. The clients grasp greater understanding of themselves and their relationships. The process is directly, immediately applicable as nursing practice, and one that is illuminating to both the researched and the researcher.^{21,22}

Lather²³ described this process as *research as praxis*, a mutual process that makes a difference in the lives of the participants; one in which the theory is active a priori, and one that enriches the theory but does not necessarily fulfill the expectations of the theory. Others working in collaborative inquiry have further elaborated this type of research as *transformative*,²⁴ *process wisdom*,²⁵ and *practice wisdom*.²⁶ This hermeneutic, dialectic process focuses on the nurse-client relationship and incorporates latent knowledge of other domains. It has the capacity to guide nursing practice. Nursing praxis integrates theory, research, and practice. It is art, science, and practice.

For example, within the context of the theory of health as expanding consciousness, Litchfield²⁶ participated in the process of pattern recognition and transformation in her relationship with a family who were participants in her research. Epilepsy occupied a major focus in the family since both the mother and the child experienced epileptic seizures that disrupted their lives. Their con-

cept of health initially was a medical perspective of the causation and treatment of epilepsy, in which the father perceived that he had no part. As the nurse-client dialogue about their health circumstances unfolded, the father began to grasp the rhythmic dissonance of the patterns of a stay-at-home mother, a hyperactive son, and the fast-paced father, who was accustomed to the activity of his work world. He saw the role he could play in offering opportunities that would allow the mother the time and space to exercise her own rhythmic (transforming) pattern while providing new father-son opportunities to exercise their own patterns. A new pattern of family relating evolved, one that incorporated the medical meaning of epilepsy within a family-oriented concept of health. This insight was accomplished by the caring dialectic and pattern recognition that took place in the nurse-client dialogue about the family's health circumstances. The dialogue, fundamental to nursing praxis, contained statements of the nurse-researcher merged with statements from the family reflecting their emerging enlightenment. Research as praxis "enables people to change by encouraging self-reflection and a deeper understanding of their particular situations."^{23(p263)} A person comes into a higher stage by being known. The nurse becomes the means whereby clients emerge as a transformation of themselves.

PATTERN AS A SHIFT TO A HIGHER DIMENSION

Many theorists echo the call for integration of knowledge: the physical and the non-physical, the parts and the whole, the local and the non-local.^{17-19,27,28} Bernstein's

emphasis is particularly relevant to nursing: "I argued for a new sensibility and universe of discourse . . . one which sought to integrate dialectically the empirical, interpretive, and critical dimensions of a theoretical orientation that is directed toward practical activity."^{29(px)}

Similarly Fawcett and associates³⁰ called for the integration of the ways of knowing identified by Carper³¹ (empirical, ethical, personal, and aesthetic) as a knowledge base for nursing. Further, Smith acknowledged that knowing is holistic and integrative and may have multiple dimensions "but the process and experience is a unity that transcends them."^{32(p2)}

Integration is a step in the overall cyclic scheme of things, *but not enough*. Just as one cannot understand the whole of a person by integration of the parts, we cannot understand the unity of nursing knowledge by an integration of the parts. In a hologram, each part contains the whole; each part is reflective of the whole. Mind and matter are not separate, interactive parts; they are different dimensions of the whole and unbroken movement of reality. The common ground of these various manifestations of reality is found in a *higher dimension*.

What is needed is transformation to another realm: a shift to a more inclusive level of wholeness. I submit that the transforma-

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tion comes about by attending to *pattern*. The concept of pattern is integral to nursing. It is based on relationships, it includes the focus (ie, the client) and the environment, and its meaning permits a jump from what is seen and heard to the larger context and from the explicit to the implicit. The data of pattern are the stories of people and their connectedness with their environment, reflecting the complexity of continuing change. The "*pattern which connects*" was Bateson's³³ central thesis; he emphasized pattern as meaning within context over time. Pattern transcends the boundaries of different types of knowledge and is inclusive of the realms that have gone before. (For example, a pattern of movement includes knowledge of aesthetics, neurophysiology, kinesiology, interpersonal relations, and so on and at the same time transcends them all.)

In eliminating the false dichotomies of the sciences, we capture the dynamic nature of the living process, what Bernstein referred to as "the dialogical character of our human existence."^{29(p xv)} It is not enough to describe the unitary pattern of a person at various points over time. We need to learn how to enter into the evolving patterning process with the client.³⁴ Litchfield²⁶ addressed this need by focusing her research on the process of nurse-client relating in recognizing pattern and envisioning new avenues of action. Endo³⁵ followed with an elaboration of the phases of the process,

illustrating how the nurse facilitates the breakthrough of satori (insight, freedom) on the part of clients and their subsequent enlightened actions and new relationships. Cowling^{36,37} elaborated a process of pattern appreciation that incorporates multiple ways of knowing and ties together theory, research, and practice. Pharris (see the article in this issue entitled "Coming To Know Ourselves as Community through a Nursing Partnership with Adolescents Convicted of Murder") is beginning to show the relatedness of individual pattern to environmental pattern with important implications for community health. These and many other studies stemming from a unitary perspective illustrate the relevance of patterning as the dimension that pulls it all together.

CONCLUSION

We need to move to a realm of nursing knowledge that *includes and transcends* all of the realms that have gone before. Nursing praxis based on pattern recognition illuminates the process engaged in by the nurse and client and transforms the various realms of knowledge into a dynamic pattern of the whole. It transcends separate realms of knowledge. Concentrating on the evolving pattern of this process provides an integrating shift to a more inclusive domain of knowledge.

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