SECTION **II**

The Scholarly Project

The Phenomenon of Interest

Katherine Moran and Rosanne Burson

CHAPTER OVERVIEW

Nursing practice is guided by science and theory. Nursing, as a profession, historically has been considered a practice discipline that is complex, varied, and underdetermined. There is an inherent societal obligation for the nurse to use good clinical judgment based on evidence-based practice that is informed by research. The nurse must "attend to changing relevance as well as changes in the patient's responses and nature of his clinical condition over time" (Benner, Tanner, & Chesla, 2009, p. xiv). However, because practice in the individual case is open to variations that are not necessarily accounted for by science (underdetermined), the nurse must use clinical reasoning to select and use relevant science (Benner et al., 2009). This means that the nurse must be able to recognize important changes and/or trends in the patient's condition and use good clinical judgment when providing nursing care.

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CHAPTER OBJECTIVES

After completing the chapter, the learner will be able to:

1. Understand the meaning of nursing phenomena in relation to the identification of issues that are in need of change
2. Consider personal practice interests and expertise in contemplating phenomena
3. Scan the literature for potential areas of interest
4. Evaluate potential nursing theories as a framework for the nursing phenomenon
5. Explore the phenomenon through patterns of knowing
6. Apply the process of concept analysis to the phenomenon or a characteristic of the phenomenon

This complex nature of nursing practice provides many opportunities to explore nursing phenomena. The focus of this chapter is to explore phenomena of interest for the doctor of nursing practice (DNP) project. Nursing theory and nursing knowledge are briefly explored to help the DNP student understand the significance of nursing phenomena. Along with the guidance received from his or her advisor a variety of strategies are introduced to help the DNP student select a phenomenon of interest for the DNP project.

> In this day of attention to patient-centered care and outcomes, the aspects of care delivery that nurses provide by their inherent understanding of phenomena require further examination, demonstration, and dissemination.

THE EXPERTISE OF NURSING PRACTICE

In 2011, the Institute of Medicine and the Robert Wood Johnson Foundation put forth a report that highlights the value of nursing and outlines the central role that nurses will play in the future health of our nation. In this report, *The Future of Nursing: Leading Change, Advancing Health,* nurses are called to lead and manage collaborative efforts with other healthcare practitioners to improve health care. Understanding the unique attributes of the expert nurse and expert

nursing practice will help the nursing profession meet the challenges set forth by the Institute of Medicine (2011).

According to Morrison and Symes (2011), expert nursing practice includes a degree of involvement and engagement with patients that demonstrates intuitive knowledge and skilled know-how through knowing the patient, reflective practice, and risk taking. According to Benner et al. (2009),

> "Expert nursing practice occurs when the nurse is able to see the situation in alternative ways, either through introspection or by consulting others; allowing the nurse to realize the true meaning of the present and past events. The nurse reflects on the goal or perspective that seems evident to them and on the action that seems appropriate to achieving their goal; referred to as deliberative rationality" (p. 16).

This unique skill set places the practicing scholar in the best position to identify those areas of clinical concern that require further research/improvement and to help ensure that the healthcare needs of patients within the community, organization, or healthcare unit are being addressed.

The ability of the nurse to be tuned in to the meaning of the event *to the patient* and to choose individualized interventions that are unique for this patient at this time are the ultimate contributions that he or she offers. This *hidden work* is what influences the patient's experience of the relationship and often affects clinical outcomes. The profession has not

> The hidden work of the nurse is what influences the patient's experience and often positively affects clinical outcomes.

articulated well the skill set nurses bring to the table that enhances the work that is done. This is partly because the relationship and caring aspect of nursing has been seen as the *soft side* of nursing and historically is not valued as much as the science-based technical aspects. For example, within the advanced practice role, the perceived value from organizations and other practitioners has been the utilization of the medical model in providing care. Nursing care is not measured, although in fact that may be the very thing that assists patients in meeting outcomes. In this day of attention to patient-centered care and outcomes, the aspects of care delivery that nurses provide by their inherent understanding of phenomena require further examination, demonstration, and dissemination. These processes will serve to highlight the hidden work of nursing and to validate its importance to the patient's healthcare experience and outcome.

IDENTIFYING THE PHENOMENON OF INTEREST

What are the phenomena that are of interest to the DNP student? When asked this question individually, DNP students may have difficulty adequately articulating the details of their interest. Perhaps it is because they have not been able to get their arms around a specific area of focus, or maybe their interests are too broad and not sufficiently narrowed to begin to articulate intent. Although the student's advisor provides direction and support as the student considers a variety of phenomena, it is a question that each student must answer individually. The scholarly project phenomenon of interest must center on a topic that is meaningful to the practice doctorate student and is *valued* by the practice setting. Further, as mentioned, practicing scholars are in the best position to identify those areas of clinical concern that require further research and/or improvement. Identifying the phenomenon of interest is the first step in developing the DNP project.

What Is a Phenomenon?

While some students may start the DNP program with a good understanding of the phenomenon they want to explore, as mentioned, others may not yet have a phenomenon in mind or they may not have a full understanding of what is meant by the term *nursing phenomenon*. To better understand what constitutes a phenomenon, it is important to understand the meaning of the word. According to Merriam-Webster, *phenomenon* is defined as "a fact or event of scientific interest susceptible to scientific description and explanation; an exceptional, unusual, or abnormal person, thing, or occurrence" ("Phenomenon," 2015, para. 1). *Nursing phenomenon*, on the other hand, is described as "a type of factor influencing health status with the specific characteristics: Aspect of health of relevance to nursing practice" (International Classification for Nursing Practice [ICNP], n.d., para. 1). Hence, the phenomena within the realm of nursing are complex in nature. These phenomena incorporate humans and their environment and relate to all aspects of human function as an individual, family member, or member of community—within the context of the physical or biological environment and human-made environments of norms, attitudes, and policy (ICNP, n.d.). Consequently, it is not surprising that many DNP projects deal with complex health-related issues (Christenbery, 2011).

One way to approach identifying the phenomenon of interest is to consider the areas of the DNP student's clinical expertise. Phenomenon identification derives from a practice situation that resonates. Practice experience occurs between the nurse and the patient. Further, reflecting on aspects that the student has observed within a particular patient population may give some direction. The expert nurse

draws on this understanding and has developed specific interventions that align with the known phenomenon. For example, in working with patients with diabetes who are in need of insulin initiation, the nurse notes that there are often multiple barriers. Patients may experience fear of insulin related to injections or hypoglycemia. The patient may have insidious thoughts related to feelings of failure and guilt for having not been *perfect* in his or her approach to lifestyle behavior change and other recommendations from the healthcare provider. Patients may have decreased self-efficacy or empowerment issues that limit their ability to self-manage and maintain motivation. There may be family history whereby a family member started insulin, and this appeared to contribute to his or her demise. Misunderstanding the other factors related to the family member's experience can exacerbate the difficulty the patient experiences as he or she tries to overcome this new hurdle. The expert nurse has the skill set to help the patient explore the specific barriers that are contributing to his or her inability to move forward, toward better glucose control and improved health. The identified phenomenon of barriers to insulin initiation may be the beginning of an intense exploration of the topic, resulting in an intervention that improves outcomes for patients.

When considering potential topics or phenomena of interest for the DNP project, it may be helpful to begin by casting a wide net and to think about areas of interest from a broad, general perspective. Multiple methods can be used to help the student identify a pertinent topic. For example, it may be helpful to review research reports found in the Cumulative Index to Nursing and Allied Health Literature (CINAHL) database. Reviewing published reports could help the DNP student identify topics that need further exploration or studies that could be replicated on a smaller scale (to validate findings or increase generalizability). Scanning the table of contents of professional journals or even a professional organization's website may help the student identify topics of concern relevant to nursing. By way of example, a website to peruse regarding pertinent topics is the Doctors of Nursing Practice (http://doctorsofnursingpractice.ning .com/), an online community of DNP graduates and DNP students that highlights practice innovation and professional growth.

However, remember that the goal is to identify an area of interest specifically for the DNP project; therefore, the project should include subject matter in which the student has some expertise, such as his or her area of practice or specialty. The student should ask himself or herself if *there is something about this practice setting that needs further inquiry.* Perhaps a population of patients is not reaching their healthcare goals because of some common barrier, or maybe a current healthcare policy (organizational or legislative) is interfering with optimal

patient care. In both of these examples, a clinical problem results in a trigger that leads to identifying a phenomenon worth exploring. This is what is meant by identifying a clinical problem in the *context of the needs of the organization or population*. To better understand how to determine the needs of an organization or population see Chapter 6 for more information on conducting an assessment.

At this beginning stage of discernment, a question the student should ask is, *What is interesting to me?* Consider not just areas of interest but areas of passion that will take the student through the journey and energize him or her to complete the process. Another important understanding for the student is that doctoral study is transforming and takes time. The initial topics of interest will most likely *morph* as the student is exposed to new concepts in his or her educational program. The student will view the phenomenon through many new lenses, which will change the appearance of the original idea. This is a normal part of the process. The student will reflect continuously on the phenomenon, and it will gradually evolve into the scholarly project.

Examples of DNP phenomena of interest are provided in **Table 5-1**.

Once a broad category or area of interest is identified, the next step is to drill down to a more specific focus. This is crucial. *Areas of interest* that are too broad

> *Areas of interest* that are too broad or vague may become unmanageable, causing frustration and wasted time.

or vague may become unmanageable, causing frustration and wasted time. Narrowing the focus gives the student the opportunity to demonstrate a comprehensive

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Table 5-1 DNP Phenomenon Topics

Examples of DNP phenomena of interest

- Endoscopic performance for colorectal cancer prevention
- Influenza vaccination rates in children
- Vessel health and preservation
- Enhancing patient satisfaction using a Web-based patient-provider messaging system
- Evidence-based depression care for homeless women
- Acute care nurse practitioner cost effectiveness and patient outcomes in rapid response teams
- Hypothermia in neurocritical care
- Diagnosis and treatment of mild traumatic brain injury
- Palliative care/end-of-life education program

Data from Vanderbilt University School of Nursing. (2014). 2014 Doctor of Nursing Practice Scholarly Projects. Retrieved from http://www.nursing.vanderbilt.edu/dnp/pdf/dnp_scholarlprojects_2014.pdf

understanding of the topic. Remember, the DNP student must be able to successfully complete the project; an incomplete project does not inform nursing practice, and it does not equate to a valid program deliverable, which is required for graduation!

To effectively narrow the focus, it is helpful to start by reviewing what is already known about the topic and, conversely, what is not known about the topic. For example, perhaps the DNP student has a good understanding of the healthcare needs of the immigrant population, but now the student wants to focus on health promotion activities used by recent immigrants. This topic could be further narrowed to *health promotion strategies used by Latino women who emigrated to the United States from Latin America.* One method used to narrow a topic is to ask the following questions: Who, what, where, and when? *Who* is the population of interest? *What* is it about this population that is interesting? *Where* is the population found? *When* did the observation occur? Is it a current or historical observation or related to a specific period of life?

As the subject matter moves from a broad category to a more focused topic, multiple potential elements of interest will begin to emerge. One word of caution is needed regarding narrowing the project focus: care should be taken to prevent the focus of the project from being narrowed too much. If the topic is narrowed to very specific criteria, there is a very real risk that there will be no (or very little) information available in the literature to inform the project.

IDENTIFICATION OF A PROBLEM/CONCERN

Now that a topic has been identified, it is time to think about *why* this topic is important or what is it about this topic that is a concern. Is there a need to change nursing practice to improve patient outcomes in an organization or for a specific population? Is there an unmet societal need? Does this concern occur frequently enough to warrant further exploration? What does the literature reveal about this topic?

When reviewing the literature at this point in the project development process, the goal is really only to *browse* the literature in order to gain a general understanding of the topic, determine how much work has been done, and determine if this is indeed something worth exploring further. If very little information is available in the literature to support the need for investigation, an exploratory study may be needed to determine the incidence/prevalence of the phenomenon, to ascertain who is affected by the phenomenon, and to determine how this population has been affected (Siedlecki, 2008). The information gleaned from an

exploratory study could provide the foundation for future postdoctoral scholarly work for the DNP scholar, making this an appealing project worth embarking on as a DNP student.

If one determines that the topic is interesting, it is time to take it one step further—to begin to think about *how* to address this or *if* anything can be done about it. Finally, remember to consider the resources that will be needed to investigate this phenomenon.

Reviewing the idea with an advisor will help the student identify potential barriers and help him or her determine the feasibility of implementing the project. Remember, if the student is able to clearly articulate the value of the topic, implementing the project is feasible, and there are nursing strategies that could be explored to address the concern, the topic is worth further investigation (see **Figure 5-1**).
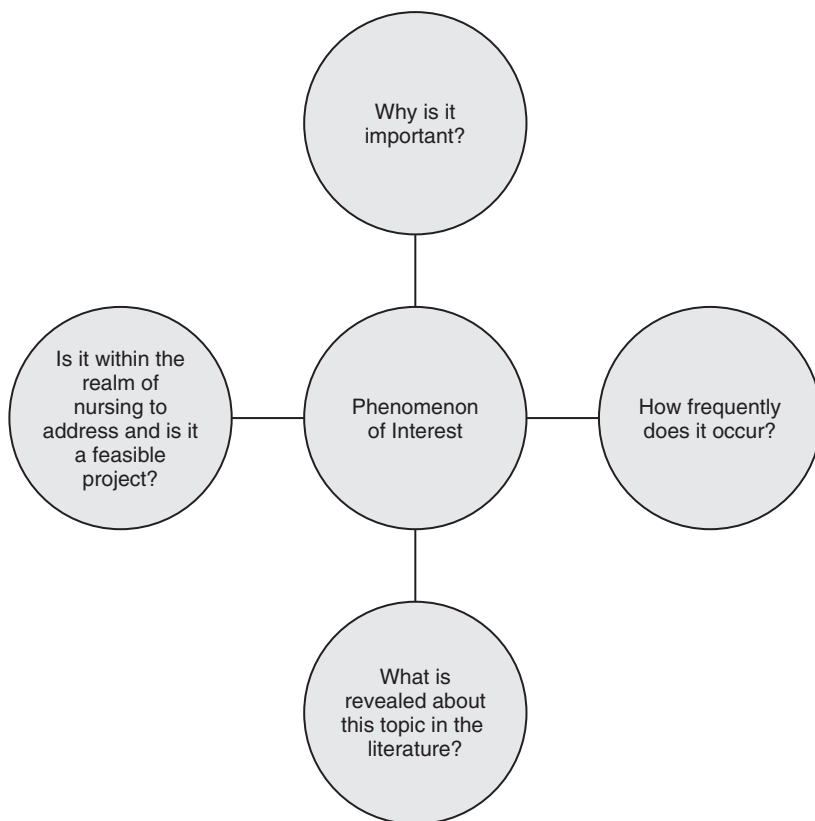
**FIGURE 5-1** Process used to identify the phenomenon of interest.

USING NURSING THEORY TO EXPLORE A PHENOMENON

Theory provides an orderly way to view phenomena. Nursing theory was initially developed to guide practice through the clarification of the nursing domain. Theory

> *Theory* is used to guide nursing practice, and it provides an orderly way to view phenomena.

provided a way for nurses to convey professional convictions and gave nurses a means of systematic thinking about nursing practice (McEwen & Wills, 2014).

Nursing theory is made up of concepts (words or phrases used to describe the concept) and propositions (statements that describe the relationship among the concepts) that help to explain a phenomenon of interest (Jensen, 2015). Sometimes the term *construct* is also included in the description of a theory. A construct is used to describe something that is not directly or indirectly observed, such as social support (Schmidt & Brown, 2015). Theory can be classified based on scope/level of abstractness or type/purpose, as depicted in **Figure 5-2**.
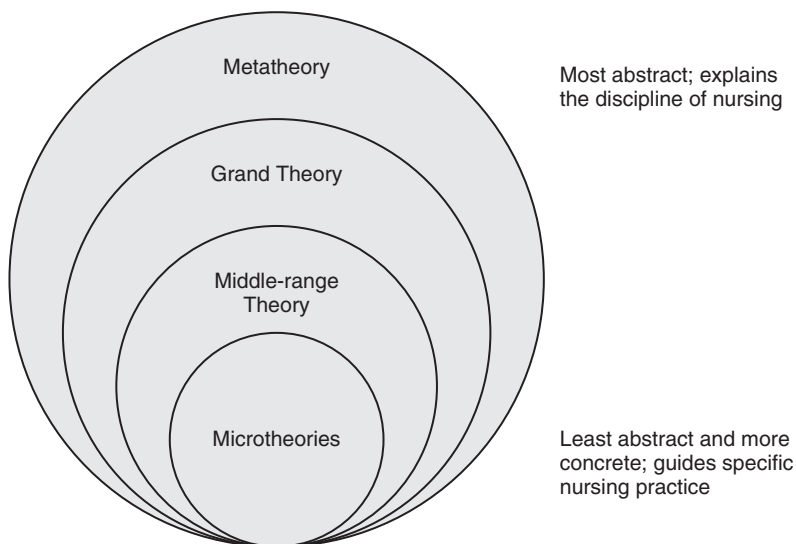
FIGURE 5-2 Levels of abstraction in nursing theory.

Modified from McEwen, M., & Wills, E. M. (2014). *Theoretical basis for nursing*. Philadelphia, PA: Wolters Kluwer Health.

Level of abstractness refers to the complexity of the theory and the specificity or concreteness of the concepts and proposition (McEwen & Wills, 2014). For example, grand theories are most abstract because they are used to explain the discipline of nursing and include very broadly defined concepts. The concept of *health*, for example, is broad, with potentially broad interpretation. Nursing recognizes that the concept of health encompasses more than simply the absence of disease. Health is a dynamic process that changes over time and can vary based on the individual's circumstances, experiences, and exposures to internal and external environments.

Because this concept is complex and broad in scope, it is not easily tested. A few examples of grand theories include Dorothea Orem's self-care deficit theory, Rosemarie Parse's theory of human becoming, and Imogene King's open system theory. These theories provide a philosophical umbrella under which nursing practice functions. Many of these theories were developed in the last century and serve to create paradigms that support nursing practice.

Grand theories are often the theories learned at the bachelor's level of nursing. Unfortunately, the abstractness of the grand theory is often difficult for the novice nurse to integrate intentionally within his or her practice. For some nurses, the disconnect between theory and practice may start here and continue even as nurses advance in their clinical experience. Beginning DNP students often comment that they are unsure about the usefulness of theory to practice. If grand theories were presented as philosophies to novice nurses, perhaps the understanding of how practice is grounded would become clearer. Grand theories have been very important to nursing's knowledge development and will continue to form a base on which theories specific to practice can build.

The next level of abstraction in theory classification includes middle-range theories. As the name implies, these theories are found in the middle of the ladder of abstraction (between abstract and concrete) and are more limited in scope than grand theories. As a result, middle-range theories tend to be more generalizable to nursing practice and can be tested. The focus for middle range theories is on understanding nursing-related phenomena, so they are very useful for the scholar-practitioner. Some examples of middle-range theories include Nola J. Pender's health promotion model, Merle Mishel's uncertainty in illness theory, and E. Lenz and L. Pugh's theory of unpleasant symptoms.

The final level of abstraction includes practice theories. These theories are used to guide specific areas of practice; therefore, they are very concrete and narrow in scope, and they include concepts that are measurable and easily tested (McEwen & Wills, 2014). "Situation-specific theory" is another term that
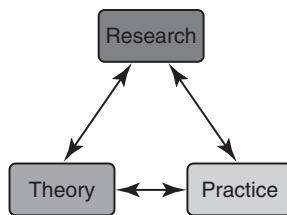
FIGURE 5-3 This figure depicts the reciprocal relationship between theory, research, and practice.

Modified from McEwen, M., & Wills, E. M. (2014). *Theoretical basis for nursing*. Philadelphia, PA: Wolters Kluwer Health.

highlights practice theory, which focuses on the context in which the theory is being used. This type of theory, as the name implies, is specific to the situation and encompasses the particular needs of a unique group of patients. An example of a situation-specific theory is Ramona Mercer's conceptualization of maternal role attainment/becoming a mother. Because situation-specific theory is within a local context and supports the use of evidence-based research that is appropriate to the situation at hand, DNP students find this appealing in practice.

There is a fluid relationship between theory, research, and practice that is important to understand. Each informs and impacts the other (see **Figure 5-3**). Theory is validated through research, which can lead to further theory development.

Both theory and research are used to inform practice. Similarly, information gleaned through theory application in practice can inform theory development and/or continued research. The symbiotic relationship between theory, research, and practice is important to recognize because of the potential opportunities for further study that can emerge when using theory to explore a phenomenon. This type of exploration is valuable to nursing because of the potential to add to nursing knowledge.

For example, complex patient care and social issues can be identified and subsequently addressed through the use of theory. From the perspective of a scholarly project, the DNP student can use theory to recognize the antecedents to health-related events that negatively impact a population (e.g., those events that lead to colon cancer in women or to prostate cancer in men). Theory can help the DNP student recognize health and illness patterns within a population and the subsequent implications (Christenbery, 2011).

In addition to helping the DNP student recognize health patterns, theory also helps the student develop patient-centered nursing interventions to promote health and wellness and a framework to evaluate the effectiveness of these interventions (Christenbery, 2011).

For many DNP students, there are "a-ha!" moments related to the realization that nursing theory has been there all along in their practice. Nursing theories have continued to evolve, and the exploration of theories that are relevant to each student's practice is an important aspect of the process of doctoral education. Connecting appropriate theory to the DNP project will offer a supporting framework and will deepen the understanding of the chosen phenomenon.

LOOKING AT A PHENOMENON THROUGH A DIFFERENT LENS

Theoretical Framework

Clearly, theories can and should be used to study a phenomenon of interest. As mentioned previously, using one or even several theories to view a phenomenon is a valuable exercise because it helps the DNP student better describe or explain the phenomenon. However, sometimes just the process of identifying a theory to help inform the project can be a daunting task.

Several strategies can be used to make this process more manageable. First, it is helpful to begin by identifying the concepts (and relationships among the concepts) that describe the phenomenon of interest under consideration. This can be accomplished by reviewing the literature. Look for published articles that include the phenomenon of interest and then identify the concepts used to describe the phenomenon, as well as the theory or theories chosen to inform the work. The DNP student can then select a theory to use as a framework that best represents the concepts that describe his or her phenomenon of interest. A concept analysis can also begin to further inform the understanding of the phenomenon and will be discussed later in the chapter. In addition to reviewing the literature, there are multiple resources, both electronic and in print, that can provide the DNP student with an overview of the numerous theories available for use (see Helpful Resources). Finally, technology will be an asset as the student considers reviewing the huge amount of data involved in the exploration of various theories. A great start is the use of websites to begin looking at all the nursing theories available.

As the DNP student considers various theories for use, keep in mind a series of questions to evaluate each theory. These questions should reflect the student's perception of practice and include:

1. Does this theory reflect the student's personal nursing practice?
2. Does this theory help to describe, explain, and predict the phenomenon that the student is interested in?

3. Can this theory be used as a guide in the framework of the scholarly project?
4. Does the theory offer a way to develop, assess, implement, and evaluate innovations that the project explores?
5. Will the use of this theory help to support excellent nursing practice?

For example, the student who is looking at phenomena focused on interpersonal relationships may consider nursing theories that give a framework to the relationship that develops between nurse and patient. The student may consider Hildegard Peplau's theory of interpersonal relations in nursing, Jean Watson's caring science, or Rosemarie Parse's human becoming theory, in which there are interpersonal effects on both the nurse and patient.

Theories outside of nursing are also worthy of consideration as the phenomenon is evaluated. Interdisciplinary aspects of DNP work encourage the review of theories specific to the phenomenon. For example, if the phenomenon is related to health behavior, an exploration of the various theories within this framework is recommended. Examples of health behavior theories from other disciplines include the health belief model, the theory of planned behavior, and the social cognitive theory. Another example is a phenomenon related to societal aspects where there may be congruence with complexity science, critical, feminist, or environmental theory. During this period of immersion, it is important for the student to develop a broad understanding of the available theories to identify links to the phenomenon of interest. A thorough and updated text will give the DNP student a starting place for this review and professional development (see Helpful Resources). Examination of the phenomenon within a specific theoretical framework will clarify aspects of the phenomenon and give direction to the DNP project. This process takes time and is often incorporated in theory coursework, which supports DNP Essential I: Scientific Underpinnings for Practice and DNP Essential III: Clinical Scholarship and Analytic Methods for Evidence-Based Practice.

Ways of Knowing

Another way to explore and understand the phenomenon of interest is to view it through the multiple lenses of the *patterns of knowing*. The fundamental patterns of knowing in nursing were initially identified by Carper in 1978 as part of her doctoral work. The patterns of knowing were developed in an attempt to help nursing as a profession better understand the characteristic ways that nurses think about phenomena that are a concern of nursing. This was done not to extend the range of knowledge but rather to understand what it means to *know* and what types of knowledge are important to nursing (Carper, 1978).

The ways of knowing are important concepts in the development and application of nursing theory. They also provide a holistic framework designed to direct practice, education, and research. The DNP student can further explore a specific phenomenon of interest by viewing it through the lens of one or several patterns of knowing. Again, this process will give the student insight, aids in informing the project, and helps the student better describe or explain the phenomenon of interest.

Carper's original four fundamental patterns of knowing are *empirical knowing*, referred to as the science of nursing; *esthetics*, referred to as the art of nursing; *personal knowledge*, allowing for a therapeutic use of self; and *ethical knowledge*, or the moral knowledge in nursing (see **Figure 5-4**). These patterns are separate but interdependent and interrelated; they are not mutually exclusive.

> *Empirical knowledge* is systematically organized into general laws and theories for the purpose of describing, explaining, and predicting phenomena of concern to nursing.
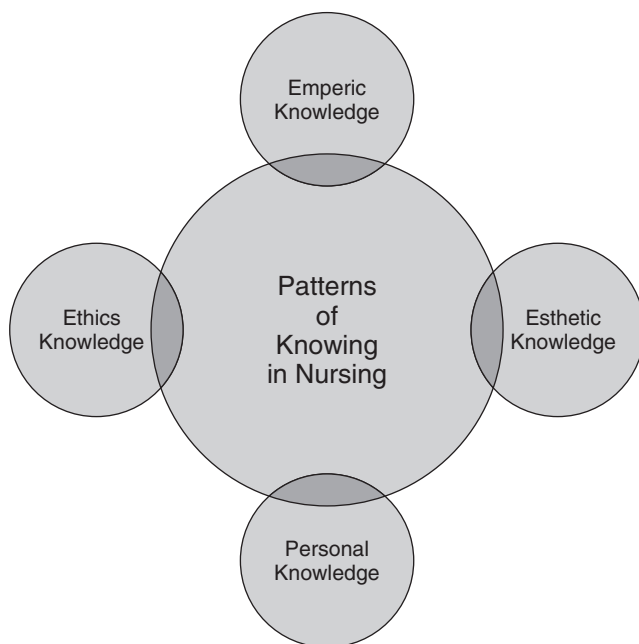
FIGURE 5-4 This figure depicts the four original fundamental patterns of knowing by Barbara A. Carper.

Data from Chinn, L. P., & Kramer, M. K. (2015). *Integrating theory and knowledge development in nursing.* St. Louis, MO: Mosby Inc. an affiliate of Elsevier, Inc.

Empirical knowledge includes knowledge that is objective and quantifiable. It is tested, replicated, and proved through scientific methods.

Empirical knowledge is systematically organized into general laws and theories for the purpose of describing, explaining, and predicting phenomena of concern to nursing (Cody, 2013). Evidence-based practice is just one example of empirical knowledge that informs nursing practice. The nurse using evidence to inform practice develops a skill set and knowledge base from well-documented scientific knowledge that has been rigorously tested. Chinn and Kramer (2011) clarified the conceptualization of this pattern by asking the critical question, "What is this, how does it work?" (p. 14). The DNP student can apply this questioning process to determine aspects of the pattern of knowing for the phenomenon of interest. Critical questions defined by Chinn and Kramer (2011) will be asked in each subsequent pattern of knowing to substantiate the pattern in relation to the phenomenon.

> *Esthetic knowledge* implores the nurse to use skills of empathy, caring, and engagement to care for individual patients.

Esthetic knowledge is used by nurses to better understand each patient's unique health experience; the nurse is able to sense the meaning in the moment and tailor the patient's nursing care without conscious deliberation. Esthetic knowledge encompasses the lived experience and is expressive in nature. The nurse is able to assist the patient in coping with the experience through perceived insight that is gleaned from *being in the moment* with the patient.

It is important to note that the *perception* referred to in esthetic knowledge is more than simple recognition; it is the gathering of important details and nuances that together create the experience as a whole (Carper, 1978). It gives meaning to variables that cannot be quantitatively formulated (McEwen & Wills, 2014). The nurse understands what is *significant in the patient's experience* and, as a result of this perception, is able to determine what is needed to help the patient move forward. By using esthetic knowledge, the nurse is able to see the holistic needs of the patient and act appropriately. Activities that have been considered as simple or basic nursing care can have a profound effect on patient outcomes. Unfortunately, the true value of these acts is often overlooked. Esthetic critical questions include, "What does this mean, how is this significant?" (Chinn & Kramer, 2011, p. 14).

Personal knowledge encompasses the way nurses view themselves and the patient (McEwen & Wills, 2014). Personal knowledge is largely expressed in

> Using *personal knowledge*, the nurse is able to view the patient from a holistic perspective rather than from a strictly biological or medical perspective, promoting wholeness and integrity.

personality; it is subjective and incorporates experience and reflection. Using personal knowledge, the nurse is able to view the patient from a holistic perspective rather than from a strictly biological or medical perspective, promoting wholeness and integrity. These interpersonal contacts and relationships with patients are examples of what is meant by *therapeutic use of self.* Through personal knowledge, the nurse may come to understand that there is something sacred in the relationship between the patient and the nurse, that what nurses do involves more than providing protection, promotion, and optimization of health and abilities; nurses facilitate healing and wellness through that human connection. Critical questions related to the personal lens include, "Do I know what I do, do I do what I know?" (Chinn & Kramer, 2011, p. 14).

Ethical knowledge is based on obligation to service and respect for human life. Nurses draw on ethical knowledge when moral dilemmas arise to address conflicting norms

> *Ethical knowledge* is based on obligation to service and respect for human life.

and interests and to provide insight into areas that cannot be tested (McEwen & Wills, 2014). Ethical knowledge requires rational examination and evaluation of what is good, valuable, and desirable as it relates to the maintenance or restoration of health. Ethical issues could arise from situations involving consent, distributive justice, or personal integrity, to name a few. In these cases, the nurse may be challenged to overcome fear because of uncertainty of outcomes or have conflicting feelings resulting from personal core values or beliefs. The nurse must act with *moral courage* and address the situation with conviction and confidence, doing what is right for the patient. Ethical critical questions include, "Is this right, is this responsible?" (Chinn & Kramer, 2011, p. 14).

Now, consider a phenomenon of interest viewed through the lens of the ways of knowing: caring for the adult patient with chronic obstructive pulmonary disease (COPD) who continues to smoke cigarettes. When viewing this phenomenon using empirical knowledge, the data are clear: smoking cigarettes is detrimental to one's health. It damages lung tissue and is certainly a concern for the patient with COPD.

Using esthetic knowledge, however, the nurse is able to recognize the forces driving a patient's decision to smoke. Perhaps through structured interviews or

focus groups with patients with COPD, the nurse is able to use skills of empathy, caring, and engagement to better understand the needs of the patient with COPD who smokes. Perhaps the nurse identifies the long smoking history, extraordinary family or work stressors, and the desire to quit, but the lack of perceived coping strategies available to use to be successful in this endeavor.

The nurse reflects on what is learned and incorporates information from previous experiences or similar situations. This personal knowledge helps inform the nurse. The nurse should recognize personal biases and how personal values and beliefs can either help the patient move forward or serve as a roadblock that sabotages all efforts. In the latter case, the DNP student should carefully consider whether this is a phenomenon that he or she is comfortable pursuing. Remember, the key in all patient–nurse relationships is a *therapeutic* use of self.

Finally, using ethical knowledge, the nurse examines the situation and evaluates what is good, valuable, and desirable as it relates to the maintenance or restoration of health from the *patient's perspective*. The nurse has a moral obligation to inform the patient of the risks of smoking but also to consider quality of life and what is required to maintain or improve that quality.

It is imperative to look at your phenomena through each lens. The student may have a bias toward one lens or another. In the preceding example, a nurse who looks only through the empiric lens will not be able to incorporate the patient perspective from the esthetic and ethical lens or the impact of the nurse's personal knowing on the situation. This is known as "patterns gone wild," and the impact is a stunted view of the phenomena that does not allow the full view and experience of the phenomena (Chinn & Kramer, 2011). Patterns gone wild predictably limits the ability of the nurse to understand each unique human interaction within all patterns and may prevent the development of specific patient-centered interventions and positive outcomes that would have been attained.

In 2008, Chinn and Kramer added a final pattern of knowing termed *emancipatory knowing* (see **Figure 5-5**). This pattern incorporates equity, justice, and transformation and questions what is, while wondering what could be. "The dimensions of emancipatory knowing surround and connect with the four fundamental patterns of knowing" (Chinn & Kramer, 2011, p. 64). Critical questions include: What are the barriers to freedom? What is hidden? What is invisible? Who is not heard? Who benefits? What is wrong with this picture? Emancipatory knowing examines the "social, cultural, and political status quo" and vision changes that need to occur (Chinn & Kramer, 2011, p. 12). Having the ability to look at the power structures in place that contribute to social problems and being able to consider other options are at the root of this pattern—to create a new lens to view the world.
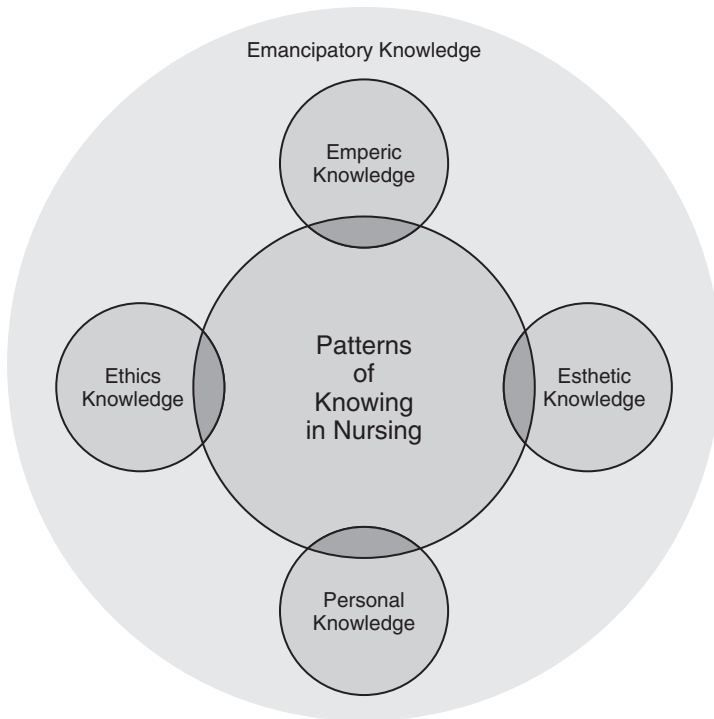
FIGURE 5-5 This figure depicts the revised fundamental patterns of knowing by
Barbara A. Carper that includes Chinn and Kramer's addition
of emancipatory knowing.

Data from Chinn, L. P., & Kramer, M. K. (2015). *Integrating theory and knowledge development
in nursing.* St. Louis, MO: Mosby Inc. an affiliate of Elsevier, Inc.

> *Emancipatory knowing* is expressed in
> praxis, whereby the nurse reflects on
> issues that are not fair and initiates
> changes to eliminate the injustices.

Emancipatory knowing is *expressed*
in praxis, whereby the nurse reflects
on issues that are not fair and initi-
ates changes to eliminate the injus-
tices. This is also termed *reflection in
action* (Chinn & Kramer, 2011). The phenomenon of interest may be framed by
emancipatory knowing, while the scholarly project is also a demonstration of praxis.

Concept Analysis

Another lens to examine the phenomenon of interest through is a concept
analysis. The purpose of a concept analysis is to allow the student to match the
phenomenon with concepts. A concept categorizes information and contains
defining characteristics called attributes. In performing a concept analysis, the

scholar may distinguish between similar concepts, explain a term, or refine ambiguous concepts. An example will be discussed related to a published analysis of the concept of "overcoming" (Brush, Kirk, Gultekin, & Baiardi, 2011). The aim of the analysis was to "develop an operational definition of overcoming and explicate its meaning, attributes, and characteristics as it relates to homeless families" (Brush et al., 2011, p. 160). As described in the article, the process used is based on Walker and Avant's (2011) concept analysis method, which is an excellent resource to review prior to initiating a concept analysis.

The result of the concept analysis will provide a precise operational definition or help to more clearly define the problem. Concept analysis also helps to define standardized nursing language and to develop new tools. The concept analysis is a formal exercise to determine the defining attributes of the phenomenon. Although the analysis is precise, the end product is variable. Precision occurs because of the specific process that is used to analyze the concept. Variability occurs because people see things differently, knowledge changes over time, and the understanding of the concept may change.

The first step is identifying a critical concept within the phenomenon. This step will keep the analysis manageable and will be helpful in the overall understanding of the phenomenon, which will benefit the eventual project. Frame the concept of interest within an introduction that describes the concept of interest and provides definition. Avoid umbrella terms; the more specific the definition of your concept, the more manageable it becomes. For example, in the article reviewed, the authors noted that in a previous qualitative study of homeless mothers, *overcoming* their situation was frequently mentioned as a desired outcome. Through concept analysis, the authors were able to explore definitions of overcoming in dictionaries and the literature. Using all sources of definition, from dictionaries and colleagues to ordinary and scientific sources, gives a broad view of the concept. This process is important because identifying the uses of the concept from practice and literature further defines the concept.

Defining attributes of the concept is the primary work of concept analysis. The student should look at characteristics that appear consistently. In the previous example, three key attributes were identified from the literature that allowed for the development of a clear definition. "Overcoming is thus defined as a deliberate and thoughtful process of changing or conquering a self-perceived problematic circumstance, challenge or adversity in order to live a healthier and happier future existence" (Brush et al., 2011, p. 162).

The authors then identified antecedents to and consequences of the concept overcoming. Antecedents are events that must occur prior to the concept, whereas consequences are outcomes of the concept. This process allows for a deeper and

more specific understanding of the concept. Antecedents in the example of overcoming include recognition of the need to change, demonstrated readiness to change, and determination to change. Possible consequences of overcoming include a return to a more stable, better quality of life (Brush et al., 2011).

Once the antecedents and consequences are recognized, the empirical referents are identified that allow for measurement of the concept and demonstrate that it has occurred. The authors in this example mentioned that there are no direct measurements but suggested using measures of related constructs such as resilience, hope, optimism, self-efficacy, and perceived support (Brush et al., 2011).

Finally, a model, a borderline, and a contrary case are discussed. This allows one to clearly define what the concept *is* (model), to recognize a case that has *some* of the characteristics of the concept (borderline), and to clearly recognize what the concept *is not* (contrary). Each type of case study serves to highlight and clarify characteristics. In the continuing example of overcoming, each case compared the characteristics of the person with the previously discussed antecedents and the resultant consequences.

A concept analysis of a phenomenon or a characteristic of a phenomenon can assist the scholar in defining a problem or distinguishing between similar concepts. This is a creative process. Having just considered the process of concept analysis, what concepts of interest come to mind in relation to practice and phenomena of interest?

Foundational Tenets of Nursing Knowledge

One part of the scholarly process involves considering personal and professional philosophies that are a framework for one's practice. The scholar will likely identify a framework that has been in place in the background, but perhaps not with full awareness. Bunkers (2000) described 16 foundational tenets that are grounded in nursing theory and conceptual frameworks. As the following tenets are reviewed, reflect on frameworks that have had the most meaning for one's practice.

1. Honoring human freedom and choice
2. Cultivating an attitude of openness to uncertainty and difference
3. Appreciating the meaning of lived experiences of health
4. Understanding the nature of suffering
5. Committing to social justice
6. Believing in the imagination as a source of knowledge
7. Recognizing the significance of language in structuring meaning and reality
8. Understanding health as a process
9. Understanding community as a process
10. Believing in the power of personal presence

11. Participating in scientific inquiry
12. Asserting the ethics of individual and communal responsibility
13. Emphasizing living in the present moment
14. Respecting life and nature
15. Acknowledging mystery
16. Focusing on quality of life (Bunkers, 2000, p. 123. Reprinted by permission of SAGE Publications, Inc.)

As one ponders phenomena of interest, consider the aspects of practice that impact both the nurse and the patient in the delivery of care. **Table 5-2** is a worksheet for the student to use when contemplating a phenomenon of interest.

Table 5-2 Phenomenon Assessment Worksheet

Aspects of the Phenomenon	Phenomenon of Interest What is my phenomenon of interest?
Personal: Interest Expertise	 What is my interest level in relation to this phenomenon? What is my level of expertise in relation to this topic?
Literature	What does the literature document regarding this phenomenon? Are there gaps in the literature related to this topic?
Patterns of Knowing Empirical Esthetic Personal Ethical Emancipatory	What knowledge do I have of the phenomenon looking through each pattern?
Applicable Theories Nursing Theories Nonnursing Theories	What theories may support the structure of a project utilizing this phenomenon?
Related Concepts/ Concept Analysis	What concepts are part of the phenomenon that need further definition?
Foundational Tenets	Which of the foundational tenets are important aspects of this phenomenon? How important are the identified tenets to my professional practice?
Peer Contributions	What do my peers think about my thoughts about this phenomenon?
Faculty Consultation	What input has faculty provided regarding the phenomenon?

KEEPING YOUR OPTIONS OPEN

> *Selecting a phenomenon of interest* is a fluid process, informed by the literature and flexible to change.

Selecting a phenomenon of interest for the DNP project is a fluid process, informed by the literature and flexible to change. The scholar will spend considerable time mulling over the potential ideas. Conversations with fellow students and faculty will also add to the richness of the experience. Having said that, certainly time constraints will play an important part in the decision-making process, such as the timeline to graduation! Therefore, it is important to carefully consider the options and discuss them with an advisor. However, remember that the ultimate decision should be made by the DNP student. When the student is passionate about the topic, and the topic is personally meaningful, the time and work involved in completing the project successfully become a labor of love.

Once the DNP student has considered the phenomenon of interest, ideas will evolve and may develop into potential scholarly projects. Review Chapter 4, Scholarship in Practice, to consider types of scholarship that can develop the project. To illustrate an in-depth exploration of a phenomenon of interest, the following excerpt is presented by Dr. Katherine A. Marshall.

Identifying the Project Topic
Katherine A. Marshall, DNP, RN, PMHCNS-BC

My clinical practice involves the assessment, treatment, and planning of care for community-bound psychiatric and dementia patients for a Metro-Detroit home healthcare agency. This terminal and vulnerable population has challenged the healthcare system with unique needs and rapidly growing costs for care. Hospitalizations are frequent, futile, and often conclude with decreased functional ability and poor quality of life. My expertise in this arena fueled my passion to address the need for clinical staff to identify impending dehydration and malnutrition and impact futile hospital admissions. The agency, like many other healthcare facilities, has felt the impact of the growing dementia population and identified an interest in making changes related to the care of this population. A match between my interests and that of the organization became evident.

A review of the agency's hospital admission records for dementia patients revealed that these patients had higher rates of admission for dehydration and malnutrition than other admission diagnosis. Overall agency admission rates for these diagnoses were 21% compared to the national average of 16% (Centers for Medicare and Medicaid, 2014). State of Michigan records indicated that the percentage of dementia patients admitted for dehydration and malnutrition in the counties served by the agency had consistently increased over the last several quarters (MPRO, 2014). The data were alarming and, trending toward increased hospital admissions, increased costs and undesirable outcomes for dementia patients. In addition, patients and families were impacted negatively with each and subsequent admissions. Upon hospital discharge, patients were physically weaker from being bed-bound and presented with greater confusion; all of this ultimately decreasing the patient's quality of life.

Identifying clinical phenomena and characteristics that place this population at risk for hospitalization would provide possible opportunities to decrease hospitalization rates and improve quality of life by developing best practice guidelines and system improvements related to preventive interventions, care, and treatment of the dementia patient in home health care. A literature review identified a gap in standards of care related to this population. After realizing this gap, the first step was to explore and describe retrospectively the incidence and correlations of variables or factors that predict or precede dehydration and malnutrition in the home care agency's dementia patients hospitalized for dehydration and malnutrition—in order to give attention to opportunities for improvement related to the care of this population.

The Outcome and Assessment Information Set (OASIS) Start of Care document, a comprehensive assessment tool completed at the start of care, provided the data on the identified variables. Through the literature review, variables were identified that have a potential influence on the condition of dehydration and malnutrition. Potential variables of influence that were identified and extracted from the OASIS were primary residence and degree of support, co-morbidities, basal metabolic rate, incidence of urinary tract infections (UTIs), and nutrition score. Demographic data included gender, ethnicity,

and age. Forty-four subjects with dementia had been admitted to the hospital with an admission diagnosis of dehydration and malnutrition over a 2-year period. While a single variable or collection of variables were not identified that would predict risk for hospitalization for dehydration and malnutrition, there were areas identified that would benefit from increased clinical attention and process improvement.

This first step prompted an early intervention by a multidisciplinary team within the agency to assess and educate the patient and family on dementia progression including the signs and symptoms of dehydration and malnutrition. Further, clinicians now have an increased awareness that dehydration and malnutrition are likely and common events in the dementia patient. A high priority is placed on education, prevention, and early intervention to avoid the unnecessary and taxing hospitalization of the dementia patient. Patients and families are introduced to and provided palliative care and hospice resources earlier in their home care experience, thus avoiding unnecessary hospitalizations and invasive futile treatments.

It is critical to identify a phenomenon of interest where the student has expertise and knowledge and then to match this to an organization's need to move the topic from an area of interest to an identified area of improvement. Using the literature helped me develop an understanding of the current state of the art, while the data from my organization framed the topic within the local context. These first steps set the stage for a project that is both evidence-based and effective within the specific organization.

Key Messages

- Nursing practice is guided by science and theory, and conversely practice ultimately informs science and theory.
- The complex nature of nursing practice provides many opportunities to explore nursing phenomena.
- The *hidden work* of the nurse is what influences the patient's experience and often positively affects clinical outcomes.
- The DNP project phenomenon of interest must center on a topic that is meaningful to the practice doctorate student and is *valued* by the practice setting.

- A *nursing phenomenon* is "a type of factor influencing health status with the specific characteristics: Aspect of health of relevance to nursing practice" (ICNP, n.d., para. 1).
- As the scholar ponders phenomena of interest, he or she should consider the aspects of practice that impact both the nurse and the patient in the delivery of care.
- When the value of the phenomenon of interest can be clearly articulated, there is an identifiable need within society, implementing the project is feasible, and nursing strategies could be explored to address the concern, the topic is worth further investigation.
- Examining a phenomenon within a specific theoretical framework will clarify aspects of the phenomenon and give direction to the DNP project.
- The DNP student can examine a phenomenon of interest by viewing it through the lens of one or several patterns of knowing, which will help the student describe or explain the phenomenon of interest and give the student deeper insight.
- Conducting a concept analysis may help the DNP student to match the phenomenon with concepts, distinguish between similar concepts, explain a term, or refine ambiguous concepts.
- After the DNP student thoughtfully reflects on the phenomenon of interest, the phenomenon will gradually evolve into the DNP project.

Action Plan—Next Steps

1. Identify your areas of clinical expertise, patient populations, and interests.
2. Consider phenomena that you have noted in patient experiences.
3. Become immersed in the literature related to the phenomenon.
4. Observe the phenomenon through multiple lenses, such as the patterns of knowing.
5. Contemplate your nursing framework as evidenced by the foundational tenets.
6. Review potential applicable theories within and outside nursing.
7. Discuss your ideas with your advisor, faculty, peers, and colleagues.
8. Allow your ideas to develop and gel.
9. Identify potential organizations/arenas that could support your area of interest.
10. Enjoy the creativity and the potential of the DNP project.
11. Begin to think about a plan for the project in relation to the phenomenon.
12. Begin to consider the resources you will need to develop your project.

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Helpful Resources

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