



CHAPTER  
**5**

# The Phenomenon of Interest

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## 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.

## CHAPTER OBJECTIVES

*After completing this 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) scholarly 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 and/or committee, a variety of strategies are introduced to help the DNP student select a phenomenon of interest for the DNP scholarly project.

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.

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

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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 healthcare. Understanding the unique attributes of the expert nurse and expert nursing practice will help the nursing profession meet the challenges set forth by 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).

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

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 is the ultimate contribution 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 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 they 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

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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 and/or committee provide 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. 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 scholarly project.

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," 2012, 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 scholarly 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 scholarly 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 DNPs 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 scholarly 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 are 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.

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

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**Table 5–1** DNP Phenomenon Topics

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**Examples of DNP Phenomena of Interest**

- Emotional freedom techniques for posttraumatic stress disorder symptoms
- Protocol development for community-acquired pneumonia
- Providers' attitudes, knowledge, and beliefs regarding adult immunizations
- Prescription drug abuse prevention
- Evaluation of patients with mild cognitive impairment
- Pediatric obesity and its effect on asthma control
- Nurse practitioner practice patterns for management of heart failure in long-term care facilities
- Outcomes in patients with type 2 diabetes who received formal DSMT
- Development of a discharge planning process

Data from Vanderbilt University School of Nursing. Retrieved from [http://www.nursing.vanderbilt.edu/dnp/pdf/dnp\\_scholarprojects\\_2011.pdf](http://www.nursing.vanderbilt.edu/dnp/pdf/dnp_scholarprojects_2011.pdf)

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

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 utilized by recent immigrants. This topic could be further narrowed to *health promotion strategies utilized 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

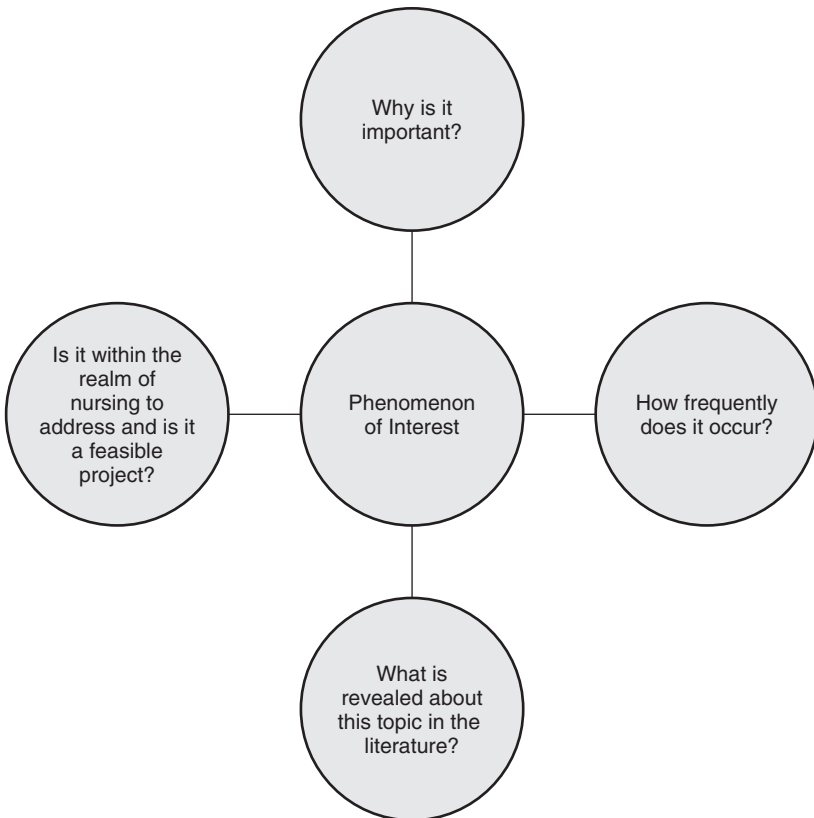
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Now that a topic has been identified, it is time to think about *why* this topic is important or what is it about this topic that is a concern. Is there a need to change nursing practice to improve patient outcomes? Is there an unmet societal need? 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 understand 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 or committee members 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, then the topic is worth further investigation (see **Figure 5–1**).



**FIGURE 5–1** Process used to identify the phenomenon of interest.



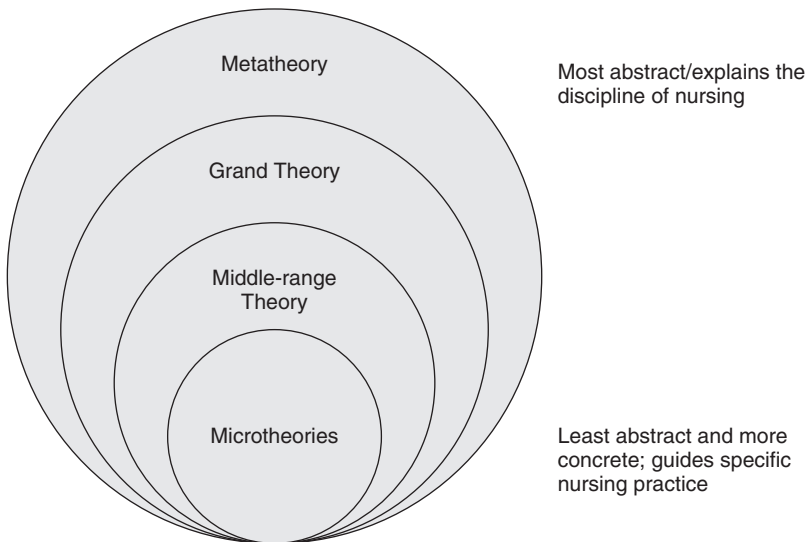
## UTILIZING NURSING THEORY TO EXPLORE A PHENOMENON

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Theory provides an orderly way to view phenomena. Nursing theory was initially developed to guide practice through the clarification of the nursing domain. Theory provided a way for nurses to convey professional convictions and gave nurses a means of systematic thinking about nursing practice (McEwen & Wills, 2011).

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

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, 2012). 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, 2012). 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

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Level of abstractness refers to the complexity of the theory and the specificity or concreteness of the concepts and proposition (McEwen & Wills, 2011). 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.

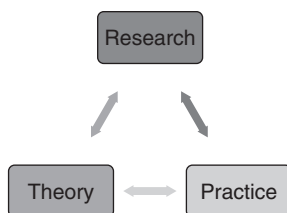
The final level of abstraction includes microtheories (practice theories). These theories are used to guide specific areas of practice; therefore, they are very concrete and narrow in scope, and they include concepts that are measurable and easily tested (Houser, 2012). Situation-specific theory is another term that 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, DNPs 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 can utilize 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 prostate cancer in men). Theory can help the DNP 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). Finally, for the DNP student with a strong interest in nursing theory, it is feasible that a scholarly project could center on evaluating an existing theory, that is, evaluating the theoretical concepts of a



**FIGURE 5–3** This figure depicts the reciprocal relationship between theory, research, and practice

theory, the relationship among those concepts, and the theory's usefulness to nursing practice.

For many DNP students, there are “a-ha!” moments related to coming 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 scholarly project will offer a supporting framework and will deepen the understanding of the chosen phenomenon.

## LOOKING AT A PHENOMENON THROUGH A DIFFERENT LENS

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### *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 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 in order 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 scholarly 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

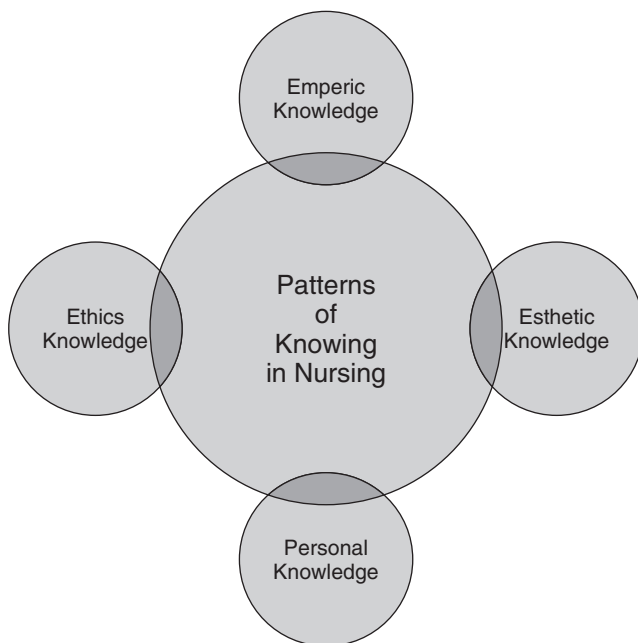
Another way to explore and understand the phenomenon of interest is to view it through the multiple lenses of the *patterns of knowing*. The fundamental patterns of knowing in nursing were initially identified by Carper in 1978 as part of her doctoral work. The patterns of knowing were developed in an 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 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; *aesthetics*, 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.

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 & Kramer, 2011) (clarified the conceptualization of this pattern by asking the critical question, “What is this, how does it work?” (p. 14). The DNP can apply this questioning process to determine aspects of the



**FIGURE 5–4** This figure depicts the four original fundamental patterns of knowing by Barbara A. Carper

pattern of knowing for the phenomenon of interest. Critical questions defined by Chinn & Kramer will be asked in each subsequent pattern of knowing to substantiate the pattern in relation to the phenomenon.

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

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

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

nuances that together create the experience as a whole (Carper, 1978). It gives meaning to variables that cannot be quantitatively formulated (McEwen & Wills, 2011). 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).

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.

*Personal knowledge* encompasses the way nurses view themselves and the patient (McEwen & Wills, 2011). Personal knowledge is largely expressed in 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.

*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 and interests and to provide insight into areas that cannot be tested (McEwen & Wills, 2011). 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 due to uncertainty of outcomes or have conflicting feelings due to 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 utilize 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 in order 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

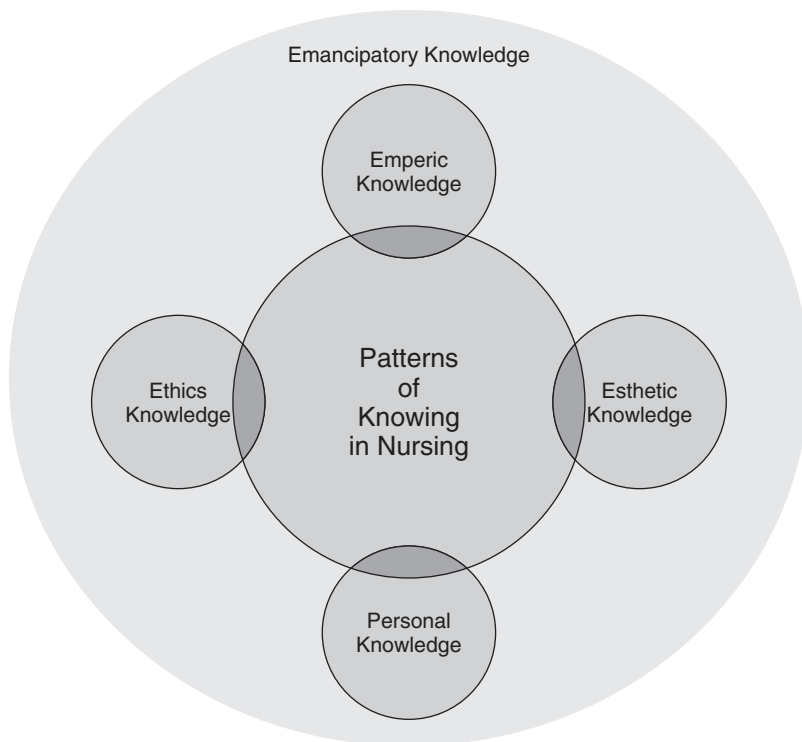
only looks through the empiric lens will not be able to incorporate the patient perspective from the esthetic and ethical lens or the impact of the nurse's personal knowing on the situation. This is known as “patterns gone wild,” and the impact is a stunted view of the phenomena that does not allow the 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.

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

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



**FIGURE 5-5** This figure depicts the revised fundamental patterns of knowing by Barbara A. Carper that includes emancipatory knowing

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 (2005) concept analysis method, which is an excellent resource to review prior to initiating a concept analysis (see Helpful Resources).

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 utilized 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, borderline, and 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
17. (Bunkers, 2000, p. 123)

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 utilize when contemplating a phenomenon of interest.

**Table 5–2** Phenomenon Assessment Worksheet

<b>Aspects of the Phenomenon</b>	<b>Phenomenon of Interest</b>
Personal:	What is my phenomenon of interest?
Interest	What is my interest level in relation to this phenomenon?
Expertise	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	What knowledge do I have of the phenomenon looking through each pattern?
Empirical	
Esthetic	
Personal	
Ethical	
Emancipatory	
Applicable Theories	What theories may support the structure of a project utilizing this phenomenon?
Nursing Theories	
Nonnursing Theories	
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 around 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 scholarly 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 the project committee and/or 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 exemplar is presented by Dr. Rose Madden-Baer on a home health depression care model.

**Rose Madden-Baer DNP, RN MHSA BC-PHCNS CPHQ,  
CHCE, COS-C**

**Home Health Depression Care Model**

In 2010, I developed and implemented a home health depression care model that delivers depression care services to homebound elderly patients. The depression care model (DCM) at Visiting Nurse Service of New York is a model of care delivery by a team of psychiatric home care nurses, advanced practice psychiatric nurses, and psychiatrists. This psychiatric team delivers services through a model, which encompasses three components. First, a team of specialty trained psychiatric home care nurses uses a validated instrument Geriatric Depression Scale (GDS) to screen patients for depression signs and symptoms. Once the depression severity is ascertained, psychiatric home care nurses provide patient visits using cognitive behavioral therapy counseling techniques, in addition to ongoing monitoring, psycho-education, and medication management. A third component provides for psychiatrists and psychiatric nurse practitioners who are available as needed to make “in home” patient psychiatric evaluations and

diagnostic consultations with recommendations for psychotherapeutic medications. The psychiatric consultations are then e-faxed to the patient's primary care physician via an EMR application.

The depression care model of care follows a prescribed set of depression care management interventions according to the severity level of a patient's assessed depression score during the psychiatric home care nurse's first evaluation visit. The interventions are delivered using a team approach. There are several components specified in this internally developed protocol. A clinical visit guideline outlines both interventions and documentation for the psychiatric home care nurses. This includes the use of cognitive behavioral therapy techniques for the counseling visits, which are provided on a short-term episodic basis (for approximately 8–16 weeks) dependent on the patient's depression severity. The depression intervention protocol also includes provision for comprehensive psychiatric evaluations with psychopharmacology consults upon approval by the primary care physician. In addition, a positive predictive model algorithm was developed in collaboration with the agency's research center to identify patients "at risk" for depression who are currently served in the other various programs across the organization.

The evaluation component of this evidence-based practice model was my doctoral project for my doctor of nursing practice program at Duke University. Since the pilot in late 2010, the program has served more than 1,000 patients in approximately 18 months and has spread to all five boroughs of New York City and two suburban counties. Program results thus far have shown consistent reductions in depression scores comparing pre- and posttreatment depression scores on the GDS, suggesting that program interventions are effective. In addition, positive adoption and financial performance measures were also realized. The program has now expanded to treat patients with other behavioral health illnesses, such as anxiety disorders.

The success of this program has allowed me to present proudly and nationally on our effectiveness in treating "homebound populations" with psychiatric illness who are well underserved by Certified Home Health Agencies and prior to this had needs that were not met. Publication of my doctoral research provides a means to share this



information with home health agencies across the country who may be interested in reproducing this model.

The education received through my Duke DNP scholarly project and curriculum provided me with the knowledge and skill set to diffuse, evaluate, and embed this evidence-based practice throughout a very large complex healthcare organization.

## Key Messages

- Nursing practice is guided by science and theory because 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.
- 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, then 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 scholarly 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 phenomena with concepts, distinguish between similar concepts, explain a term, or refine ambiguous concepts.
- After the DNP student thoughtfully reflects on the phenomenon of interest, it will gradually evolve into the scholarly 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. Enjoy the creativity and the potential of the scholarly project.
10. Begin to think about a plan for the project in relation to the phenomenon.
11. Begin to consider the resources you will need to develop your project.

## REFERENCES

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- Benner, P., Tanner, C. A., & Chesla, C. A. (2009). *Expertise in nursing practice: Caring, clinical judgment and ethics*. New York, NY: Springer.
- Brush, B., Kirk, K., Gultekin, L., & Baiardi, J. (2011). Overcoming: A concept analysis. *Nursing Forum*, *46*, 160–168.
- Bunkers, S. S. (2000). The nurse scholar of the 21<sup>st</sup> century. *Nursing Science Quarterly*, *13*(2), 116–123.
- Carper, B. A. (1978). Fundamental patterns of knowing in nursing. *Advances in Nursing Science*, *1*(1), 13–24.
- Chinn, L. P., & Kramer, M. K. (2011). *Integrating theory and knowledge development in nursing*. St. Louis, MO: Mosby.
- Christenbery, T. L. (2011). Building a schematic model: A blueprint for DNP students. *Nurse Educator*, *36*(6), 250–255.
- Cody, W. K. (Ed.). (2013). *Philosophical and theoretical perspectives for advanced nursing practice* (5th ed.). Burlington, MA: Jones & Bartlett Learning.
- Houser, J. (2012). *Nursing research: Reading, using, and creating evidence*. Sudbury, MA: Jones and Bartlett Learning.
- Institute of Medicine. (2011). *The future of nursing: leading change, advancing health*. Washington, DC: National Academy Press. Retrieved from <http://www.nap.edu/catalog/12956.html>
- International Classification for Nursing Practice. (n.d.). *Nursing phenomena classification*. Retrieved from [http://www.omv.lu.se/icnpbeta/dbrun/hierarchies/1A\\_Nursing\\_Phenomena.htm](http://www.omv.lu.se/icnpbeta/dbrun/hierarchies/1A_Nursing_Phenomena.htm)
- Jensen, E. (2012). Linking theory, research, and practice. In N. A. Schmidt & J. M. Brown (Eds.), *Evidence-based practice for nurses: Appraisal and application of research* (pp. 123–139). Sudbury, MA: Jones and Bartlett Learning.

- McEwen, M., & Wills, E. M. (2011). *Theoretical basis for nursing*. Philadelphia, PA: Wolters Kluwer Health/Lippincott Williams & Wilkins.
- Morrison, S. M. & Symes, L. (2011). An integrative review of expert nursing practice. *Journal of Nursing Scholarship*, 43(2), 163–170.
- Phenomenon. (2012). *Merriam-Webster*. Retrieved from <http://www.merriam-webster.com/dictionary/phenomenon>
- Schmidt, N. A., & Brown, J. M. (2012). *Evidence-based practice for nurses: Appraisal and application of research*. Sudbury, MA: Jones and Bartlett Learning.
- Siedlecki, S. (2008). Making a difference through research. *Association of PeriOperative Registered Nurses Journal*, 88(5), 716–729.
- Walker, K. C., & Avant, L. O. (2011). *Strategies for theory construction in nursing* (5th ed.). Upper Saddle River, NJ: Prentice Hall.

### **Helpful Resources**

- Butts, J. B., & Rich, K. L. (2011). *Philosophies and theories for advanced nursing practice*. Sudbury, MA: Jones and Bartlett Learning.
- McEwen, M., & Wills, E. M. (2011). *Theoretical basis for nursing*. Philadelphia, PA: Wolters Kluwer Health/Lippincott Williams & Wilkins.
- Meleis, A. I. (2010). *Transitions theory: Middle range and situation specific theories in nursing research and practice*. New York, NY: Springer.
- nurses.info. (2010). *Theories*. Retrieved from [http://www.nurses.info/nursing\\_theory\\_midrange\\_theories.htm](http://www.nurses.info/nursing_theory_midrange_theories.htm)
- Nursing theories: A companion to nursing theories and models. (2012). Retrieved from [http://currentnursing.com/nursing\\_theory/introduction.html](http://currentnursing.com/nursing_theory/introduction.html)
- Parker, M. E., & Smith, M. C. (2010). *Nursing theory and nursing practice*. Philadelphia, PA: F. A. Davis.
- Peterson, S. J., & Bredow, T. S. (2009). *Middle range theories: Application to nursing research*. Philadelphia, PA: Wolters Kluwer Health/Lippincott Williams & Wilkins.
- Walker, K. C., & Avant, L. O. (2011). *Strategies for theory construction in nursing* (5th ed.). Upper Saddle River, NJ: Prentice Hall.

