Using Ways of Knowing to Guide Emergency Nursing Practice

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In 2007, the Institute for Healthcare Improvement indicated a need for improved quality and cost of health care that is focused on the needs of patients, families, and communities, known as the Triple Aims Initiative.[1] Nurses strongly influence the quality of care because they typically provide the greatest amount of patient care in the emergency department.[2] Although nursing has always promoted care that is holistic and patient centered, it is challenging for nurses to deliver this kind of care in a fast-paced, high-intensity emergency care setting. When they are inexperienced or pressed for time, emergency nurses may narrow their attention to the patient's chief complaint and rely primarily on gathering and using factual and descriptive information such as laboratory values, diagnostic test results, and vital signs to provide care. Use of "measurable parameters" alone without "perceiving the situation as a whole" may lead to successful task completion with only cursory understanding of the individual patient situation.[3] As a result, nursing care that relies primarily on concrete factual knowledge may actually be less safe, of lower quality, and disease centered rather than person centered.

What nurses know—our knowledge—defines our profession and underpins our practice. Although knowledge is often defined as facts, concrete information, or skills, nursing as a caring profession taps other forms of knowledge as well. Carper's seminal work described 4 "patterns of knowing" that represent different forms of knowledge nurses use when they provide holistic, patient-centered care.[4] Over the years other authors, including White, have extended Carper's ideas.[5] In this article we will use a patient case example to examine how emergency nurses can use multiple forms of knowledge to ensure that their nursing care is safe, high quality, and patient centered. Nurses can use each form of knowledge as a different lens to view a patient situation. Each lens brings a different understanding and perspective to a patient situation. The forms of knowledge include (1) empirical or factual knowing, (2) aesthetic knowing, (3) personal knowing, (4) ethical knowing, and (5) sociopolitical knowing. Each of these types of knowing will be defined and discussed in relation to the following patient care situation.

Patient Care Situation

"Mr White" is a 40-year-old man who frequently visits our community hospital emergency department. He has a high school diploma and until 2 years ago was employed as a carpenter. He is currently unemployed and uninsured, with a long history of alcoholism, numerous falls while inebriated, and chronic liver failure. Approximately 6 months ago he fractured his right clavicle. He refused to wear a sling to maintain alignment, and over time the arm atrophied and became useless. When Mr White arrived this particular evening, his medical records indicated that he had visited the emergency department 3 times during the previous 2 weeks for falls and altered mental status as a result of intoxication.

On this occasion, Mr White arrived by ambulance after his daughter (not present at the bedside) called 911 and told the paramedics that her father was having seizures. Upon arrival in the emergency department, Mr White displayed no evidence of seizure-like activity. I (LC) observed that he was drooling from the mouth, slumped to the left side, and unable to follow directions. His vital signs were stable and his pupils were round and reactive to light, although unequal. My neurologic assessment showed that he had a left-sided facial droop, was alert only to self, and was nonverbal and lethargic. Because I knew the patient from previous visits, I immediately recognized these abnormalities as changes from his physical baseline.

On the basis of this information, I decided to initiate a code stroke, which included a head computed tomography (CT) scan. After undergoing the CT scan, the patient began convulsing and received multiple doses of lorazepam (Ativan, West-Ward Pharmaceuticals, Eatontown, NJ). His CT scan was negative for hemorrhagic stroke and his ethyl alcohol level was 0, which led to the diagnosis of seizures precipitated by alcohol withdrawal. As the seizures

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J Emerg Nurs 2015;41:387-90.
Available online 18 March 2015
0099-1767

http://dx.doi.org/10.1016/j.jen.2015.01.011

subsided, he was postictal and alternated between periods of lethargy and semi-alertness. He was weak, was unable to use his right arm, and needed assistance with every task.

As Mr White became more alert, I asked if he would talk with me about the events leading to this visit. He agreed to discuss the situation, and I listened intently. He explained that he was trying to cut back on his drinking, and "then this happened." He began to speak openly about his struggles to "get sober," his subsequent relapses, and his efforts to provide a better life for his family. During this conversation, I offered education regarding alcohol withdrawal and its symptoms and discussed the need for him to enroll in an alcohol detoxification program to help him manage his disease. When he stabilized, he was admitted to the ICU for further monitoring.

Using Ways of Knowing to Understand the Case

For a theory or way of knowing to be relevant and useful in informing and guiding practice, it must address a diverse range of situations and reflect the current needs of a patient population.[4] Carper[4] explained that "knowing" can change, can be elusive, and is often internal to the knower. Furthermore, "much of what is known is expressed through actions, movement, or sound, in a fluid nursing situation."[6] Fluidity of practice gives nurses the opportunity to internalize and implement their personal interpretation of what is known in practice situations and to modify their practice as the patient's needs change. Such fluidity is especially important in the continuously changing patient care situations in an emergency department.

EMPIRICAL KNOWING

Carper's first way of knowing is empirical knowledge, or the science of nursing.[4] Empirical knowledge provides factual evidence that is quantifiable and verifiable through repeated testing over time and, when integrated in practice, can show scientific competence.[4] Empirical knowledge is essential in every patient situation and may be used primarily to guide straightforward and predictable situations such as simple lacerations, burns, or broken limbs. However, empirical knowledge does not show or clarify the whole picture when patient care situations are complex and multifaceted.

In Mr White's case, empirical knowledge included objective assessment data such as vital signs, CT results, and laboratory values. These data have shown their validity in repeated testing over time and are the current standards to begin to rule out stroke. In this instance, empirical knowledge was essential for safe, effective care but limited the scope of nursing care to Mr White's medical diagnosis and treatment.

AESTHETIC KNOWING

Whereas empirical knowledge speaks to what is usual and predictable, aesthetic knowing guides the nurse in unique or unpredictable situations.[6] Sometimes called the "art" of knowing, it uses empathy, or being able to sympathize on a visceral level with another's feelings, to gain knowledge about an individual's experiences.[4] By using an empathetic relationship to build trust and explore a patient situation, the nurse can gain deeper understanding and develop a more individualized and creative plan of care.[4]

Aesthetic knowing is less tangible than empirical knowing, and its foundation is built on nursing experiences.[7] Chinn and Kramer[6] describe aesthetic knowing as an "artful dance" in which the nurse listens, reflects, and responds to the patient in ways that may not be linear or conscious. Being "artful" allows the nurse to consider different approaches, avoid potential minefields, and move a patient care situation toward a desired outcome.[6]

By utilizing aesthetic knowledge, I was able to engage Mr White in conversation in a nonjudgmental way. Despite Mr White's frequent use of the emergency department, his alcoholism, and his noncompliance, I used empathy and previous knowledge of this patient to determine when and how to question him. This approach built trust and allowed me to be direct without offending him. I helped him verbalize his personal struggles and his desires to change and improve his family's life, while simultaneously providing encouragement and education to help him discern his goals.

PERSONAL KNOWING

Personal knowledge, or self-awareness in relationships with patients, is an equally important form of knowledge in patient-centered care.[4] Self-awareness allows the nurse to see the patient as only human while seeking a connection on the human level.[4] Carper[4] described personal knowing as a process rather than an achievement; she noted, "One does not know about the self, one strives simply to know the self." Personal knowing allows the nurse to understand his or her own responses, strengths, or weaknesses in a situation and to be aware of how personal biases influence the quality of a particular nurse-patient relationship.[4] Health care outcomes are closely linked to patients' perceptions of their care, and these perceptions are strongly influenced by the nurse-patient relationship and the nurse's "therapeutic use of self."