On Nursing Theories and Evidence
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Purpose: To expand the understanding of what constitutes evidence for theory-guided, evidence-based nursing practice from a narrow focus on empirics to a more comprehensive focus on diverse patterns of knowing.

Organizing construct: Carper’s four fundamental patterns of knowing in nursing—empirical, ethical, personal, and aesthetic—are required for nursing practice. A different mode of inquiry is required to develop knowledge about and evidence for each pattern.

Conclusions: Theory, inquiry, and evidence are inextricably linked. Each pattern of knowing can be considered a type of theory, and the modes of inquiry appropriate to the generation and testing of each type of theory provide diverse sources of data for evidence-based nursing practice. Different kinds of nursing theories provide different lenses for critiquing and interpreting the different kinds of evidence essential for theory-guided, evidence-based holistic nursing practice.

Evidence-based practice is in the forefront of many contemporary discussions of nursing research and nursing practice. Indeed, the term “seems to be the up-and-coming buzzword for the decade” (Ingersoll, 2000, p. 151). The current call for evidence-based nursing practice has set the debate in a conventional, atheoretical, medically dominated, empirical model of evidence, which threatens the foundation of nursing’s disciplinary perspective on theory-guided practice (Walker & Redmond, 1999). More specifically, as Ingersoll (2000) pointed out, almost all discussions of evidence-based practice are focused on the primacy of the randomized clinical trial as the only legitimate source of evidence. Furthermore, most discussions of evidence-based practice treat evidence as an atheoretical entity, which only widens the theory-practice gap (Upton, 1999). Moreover, although multiple patterns of knowing in nursing have been acknowledged at least since the publication of Carper’s work in 1978, nurses have ignored this disciplinary perspective and reverted to a medical perspective of evidence when discussing evidence-based nursing practice.

The purpose of this paper is to invite readers to join in a dialogue about what constitutes the evidence for theory-guided, evidence-based nursing practice. We are initiating the dialogue by offering a comprehensive description of theoretical evidence that encompasses diverse patterns of knowing in nursing. We advance the argument that each pattern of knowing can be considered a type of theory and that the different forms of inquiry used to develop the diverse kinds of theories yield different kinds of evidence, all of which are needed for evidence-based nursing practice.
predictions based on subjective or objective group data. In other words, empirical knowing is about “averages.” This pattern of knowing, which constitutes the science of nursing, is well established in nursing epistemology and methods. Empirical knowing is generated and tested by means of empirical research. The next section of this paper extends the common focus on empirics as the primary focus of evidence, and offers a new lens for considering theory-guided evidence and diverse ways of knowing that can and should be integrated into nurses’ evidence-based practice initiatives.

Diverse Patterns of Knowing

In contrast to empirics, the other patterns of knowing are less established, but they are of increasing interest for the discipline of nursing in particular and for science in general. Ethical knowing, personal knowing, and aesthetic knowing are required for moral, humane, and personalized nursing practice (Stein et al., 1998). The pattern of ethical knowing (Table) encompasses descriptions of moral obligations, moral and nonmoral values, and desired ends. Ethical knowing, which constitutes the ethics of nursing, is generated by means of ethical inquiries that are focused on identification and analysis of the beliefs and values held by individuals and groups and the clarification of those beliefs and values. Ethical knowing is tested by means of ethical inquiries that focus on dialogue about beliefs and values and establishing justification for those beliefs and values.

The pattern of personal knowing refers to the quality and authenticity of the interpersonal process between each nurse and each patient (Table). This pattern is concerned with the knowing, encountering, and actualizing of the authentic self; it is focused on how nurses come to know how to be authentic in relationships with patients, and how nurses come to know how to express their concern and caring for other people. Personal knowing is not “knowing one’s self” but rather knowing how to be authentic with others, knowing one’s own “personal style” of “being with” another person. Personal knowing is what is meant by “therapeutic nurse-patient relationships.” Personal knowing is developed by means of opening and centering the self to thinking about how one is or can be authentic, by listening to responses from others, and by reflecting on those thoughts and responses.

The pattern of aesthetic knowing shows the nurse’s perception of what is significant in the individual patient’s behavior (Table). Thus, this pattern is focused on particulars rather than universals. Aesthetic knowing also addresses the “artful” performance of manual and technical skills. Aesthetic

<table>
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<th>Description</th>
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<td>Empirics</td>
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<td>Ethics</td>
<td>Descriptions of moral obligations, moral and nonmoral values, and desired ends; the ethics of nursing</td>
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<td>Personal</td>
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knowing is developed by envisioning possibilities and rehearsing the art and acts of nursing, with emphasis on developing appreciation of aesthetic meanings in practice and inspiration for developing the art of nursing.

Carper (1978) and Chinn and Kramer (1999) pointed out that each pattern of knowing is an essential component of the integrated knowledge base for professional practice, and that no one pattern of knowing should be used in isolation from the others. Carper (1978) maintained that “Nursing... depends on the scientific knowledge of human behavior in health and in illness, the aesthetic perception of significant human experiences, a personal understanding of the unique individuality of the self and the capacity to make choices within concrete situations involving particular moral judgments” (p. 22). Elaborating, Chinn and Kramer (1999) pointed out the danger of using any one pattern exclusively. They said:

When knowledge within any one pattern is not critically examined and integrated with the whole of knowing, distortion instead of understanding is produced. Failure to develop knowledge integrated within all of the patterns of knowing leads to uncritical acceptance, narrow interpretation, and partial utilization of knowledge. We call this “the patterns gone wild.” When this occurs, the patterns are used in isolation from one another, and the potential for synthesis of the whole is lost. (p. 12)

The current emphasis on empirical knowing as the only basis for evidence-based nursing practice is an outstanding example of a “pattern gone wild.”

Patterns of Knowing as Theories

The question arises as to whether the multiple, diverse patterns of knowing can be considered sets of theories. The answer to that question depends, in part, on one’s view of a pattern of knowing and a theory. A pattern of knowing can be thought of as a way of seeing a phenomenon. The English word “theory” comes from the Greek word, “theoria,” which means “to see,” that is, to reveal phenomena previously hidden from our awareness and attention (Watson, 1999). For the purposes of this paper, a theory is defined as a way of seeing through “a set of relatively concrete and specific concepts and the propositions that describe or link those concepts” (Fawcett, 1999, p. 4). Theories constitute much of the knowledge of a discipline. Moreover, theory and inquiry are inextricably linked. That is, theories of various phenomena are the lenses through which inquiry is conducted. The results of inquiry constitute the evidence that determines whether the theory is adequate or must be refined.

Collectively, the diverse patterns of knowing constitute the ontological and epistemological foundations of the discipline of nursing. Inasmuch as both patterns of knowing and theories represent knowledge, and are generated and tested by means of congruent, yet diverse processes of inquiry (Table), we maintain that each pattern of knowing may be regarded as a type of theory. These four types of theories are subject to different types of inquiry. Henceforth, then, we will refer to the patterns of knowing as empirical theories, ethical theories, personal theories, and aesthetic theories. Our decision to regard the patterns of knowing as types of theories is supported by Chinn and Kramer’s (1999) reference to ethical theories and Chinn’s (2001) articulation of a theory of the art of nursing. Other global perspectives indicate the direction of diverse patterns of knowing as types of theories. For example, Scandinavian nurses view nursing within a caring science model, and they acknowledge personal knowing, personal characteristics, and moral and aesthetic knowing of caring practices as theoretical ways of knowing that elicit diverse forms of evidence (Dahlberg, 1995, Fagerstrom & Bergdom Engberg, 1998; Kyle, 1995; Snyder, Brandt, & Tseng, 2000; von Post & Eriksson, 2000).

Furthermore, we, like some of our international colleagues, maintain that the content of ethical, personal, and aesthetic theories can be formalized as sets of concepts and propositions, just as the content of many empirical theories has been so formalized (Fawcett, 1999; von Post & Eriksson, 2000). Moreover, regarding all four patterns of knowing as types of theories reintroduces the notions of uncertainty and tentativeness that typically are associated with empirical theories (Fagerstrom & Bergdom Engberg, 1998; Morse, 1996; Polit & Hungler, 1995).

The four types of theories constitute much, if not all, of the knowledge needed for nursing practice. A potentially informative analysis, which follows from the conclusion that the patterns of knowing can be regarded as sets of theories, is the examination of extant theories to determine in which pattern of knowing each is located. That analysis is, however, beyond the scope of this paper and will not be pursued here. Rather, we are attempting to make connections between the four types of theories, representing the four patterns of knowing, and what constitutes evidence for nursing practice.

On Evidence

These four types of theories underlie all methodological decisions, and they are the basis for generating multiple forms of evidence. The question of what constitutes evidence depends, in part, on what one regards as the basis of the evidence. We maintain that theory is the reason for and the value of the evidence. In other words, evidence itself refers to evidence about theories. Similarly, theory determines what counts as evidence. Thus, theory and evidence become inextricably linked, just as theory and inquiry are inextricably linked.

Any form of evidence has to be interpreted and critiqued by each person who is considering whether the theory can be applied in a particular practice situation. This view indicates acknowledgement of diverse forms of knowing as inherent in any global or cultural interpretation of knowledge or theory (Zouha & Reeves, 1999). The four types of theories are diverse ontological and epistemological lenses through which evidence is both interpreted and critiqued. The current emphasis on the technical-rational model of empirical evidence denies or ignores the existence of a theory lens. In contrast, our theory-guided model of evidence requires and acknowledges interpretation and critique of diverse forms of evidence. As shown in the Table, we regard the scientific data produced by empirical research as the
The conscientious, explicit, and judicious use of theory-definition is as follows: “Evidence-based nursing practice is (2000) definition of evidence-based nursing practice. Her guided, evidence-based nursing practice elaborates Ingersoll’s and corresponding types of evidence needed for theory-the nurse-person process and the evidence derived from relationship. This point some nurses from defining the values and theories that guide "Evidence-based practice, if taken seriously, may restrain the values of nurses. Mitchell (1999) also was concerned that by including evidence about ethical theories, which include and it is inconsistent with the values and interests of accountability” (p. 30). We respond to M itchell’s concern by including evidence about personal theories, which include authenticity in nurse-patient interpersonal relationships. M oreover, M itchell (1999) maintained that “Evidence-based practice does not support the shift to patient-centered care, and it is inconsistent with the values and interests of consumers" (p. 34). H ere, we respond to M itchell’s concerns by including evidence about ethical theories, which include the values of nurses. M itchell (1999) also was concerned that “Evidence-based practice, if taken seriously, may restrain some nurses from defining the values and theories that guide the nurse-person process” (p. 31) and relationship. This point relates to our view that the art of nursing is expressed through the nurse-person process and the evidence derived from interpretations of tests of aesthetic theories and ethical theories.

Furthermore, our view of the diversity of types of theories and corresponding types of evidence needed for theory-guided, evidence-based nursing practice elaborates Ingersoll’s (2000) definition of evidence-based nursing practice. Her definition is as follows: “Evidence-based nursing practice is the conscientious, explicit, and judicious use of theory-derived, research-based information in making decisions about care delivery to individuals or groups of patients and in consideration of individual needs and preferences” (p. 152). Our view makes explicit the multiple kinds of theories—ethical, personal, aesthetic, and empirical—whereas Ingersoll’s reference to theory could easily be construed to mean only empirical theory or, perhaps because of the reference to individual needs and preferences, to include empirical and aesthetic theories.

We maintain the appropriateness of recognizing and appreciating empirical, ethical, personal, and aesthetic theories and the corresponding critique and interpretation of the evidence about each kind of theory. Such critique and interpretation of evidence is crucial for nursing practice because it is embedded in the values and phenomena located within a broad array of nursing theories. M oreover, by recognizing the four types of theories, more nurses and other health professionals may appreciate and use theories. They may agree with us that theories and values are the starting point for the critique and interpretation of any evidence needed to support clinical practices that may enhance the quality of life of the public we serve.

Conclusions

We invite readers to expand the dialogue about theory-guided, evidence-based practice. We urge nurses everywhere to consider the implications and consequences of the current virtually exclusive emphasis on empirical theories and empirical evidence-based nursing practice. We urge our nurse colleagues throughout the world to join us and those who have accurately pointed to the limitations of viewing nursing as a strictly empirical endeavor (Bolton, 2000; Dahlberg, 1995; Fagerstrom & Bergdom Engberg, 1998; Hall, 1997; Zocha & Reeves, 1999) to consider what might be gained by recognition and development of ethical, personal, and aesthetic theories and by formalization of those kinds of theories. Accordingly, we encourage all nurses to actualize their claim of a holistic approach to practice by adopting a more comprehensive description of evidence-based nursing practice, a descriptive that allows for critique and interpretation of evidence obtained from inquiry guided by ethical, personal, aesthetic, and empirical theories, as well as by any other kinds theories that may emerge from new understandings of nursing as a human science and a professional practice discipline.

References

Theories and Evidence

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