Summary of chinn's four ways of knowing

Reaction to Chinn's Four Ways of Knowing:

Peggy L. Chinn, RN, PhD, FAAN is Professor of Nursing at the University of Connecticut. She earned her undergraduate nursing degree from the University of Hawaii, and her Master's and PhD degrees from the University of Utah. She has authored books and journal articles in the areas of nursing theory, feminism and nursing, the art of nursing, and nursing education. Her recent research has been focused on developing a method for aesthetic knowing in nursing, and defining the art of nursing as an art. Her book co-authored with Maeona Kramer has just been released in its fifth edition, now titled Theory and Nursing: An Integrated Approach to Knowledge Development. She is currently revising Peace and Power: Building Communities for the Future. This book is used worldwide by women's groups and peace activist groups as a basis for group process, consensus decision-making, and conflict resolution. She has been trained in the process of mediation at CDR Associates in Boulder, Colorado and provides leadership and consultation in cooperative group processes. She is co-founder with Elizabeth Berrey of the " Women of Vision Project", conducting workshops for women working together and facilitating networks among women creating change.

In her book " Theory and Nursing Integrated knowledge development" Chinn has mentioned four patterns of knowing which are; Empirics, Ethics, Personal and Aesthetics.

Chinn and Kramer have defined nursing art as a spontaneous, in-the-moment act that requires deliberate rehearsal.

As Ethics emerges centrally in efforts to focus nursing practice and research, there also are renewed efforts to question and understand ethics at more foundational levels in the discipline, to understand who nurses are and on what values do they stand. Even within this holistic paradigm, however, the tensions between ideas of the individual and the individual-in-relation remain unresolved.

In nursing practice, these tensions play out in competing ideologies, principles, ethics, values, and ideas in research, theory and practice. As a moral and philosophical base, caring has valued the being and knowing more than the doing in nursing. Caring can be seen as a moral foundation and an end in and of itself. As a professional ethic, caring must be a social commitment to work with others in ways that are connected, engaged, and meaningful. Even within this holistic paradigm, however, the tensions between ideas of the individual and of the individual-in-relation remain unresolved. In nursing practice, these tensions play out in competing ideologies, principles, ethics, values, and ideas in research, theory, and practice.

Through critical and analytic reflection, nurses examine ontological and ethical foundations to their knowledge and praxis. It deepens and sharpens these foundations by forcing nurses to develop and act on commitments in the context of political or social agendas as well as to recognize that both their commitments and the agendas are constructed in and by a multiplicity of variable relationships of knowledge and power.

Aesthetic experience matters in nursing because both patients and nurses are stakeholders in the situation. Experiences of illness have the potential to become lifted from ordinary life simply because so much is at stake. The details and nuances of relationships between patients and nurses are significant because they are part of this experience of illness and this is why the deeply engaged stance of caring matters. Without engagement, the nurse is no longer a stakeholder and nursing art is not possible. Engagement is a precondition of experience. Caring creates a world and that without care; the person would be without projects and concerns.

Their view implies that care is fundamental to meaning and that meaning comes to be on the basis of some prior structure of care. A person may be regarded as constituted by their involvement and commitments

In the world and without such engagements, one remains, in the profoundest sense, a mere possibility of a person. Similarly, the art must be “ loving;” that is, “ it must care deeply for the subject matter upon which skill is exercised. An engaged, emotional commitment is a precondition for nursing art and effective intervention.

In modern aesthetic theory, however, there is considerable controversy over whether there is a difference between art and craft. There is a principled difference between art and craft and argues for the necessity of making clear distinctions between them. Distinctions can be summarized by the following: craft results from skillful use of method or technique to produce a pre-specified product from some kind of raw material. Thus, the endpoint of

a craft is visualized before the methods of achieving it are determined, so the way to proceed is planned from the beginning.

Judging a work of craft is therefore less a matter of interpretation than a matter of fit between artifact and preconceived models of particular craft objects. Craft implies clearly understood goals and methods and this makes evaluation straightforward.

The results of art, on the other hand, cannot be specified before creation; and means and ends are not always thought out separately. The artist does not always know what to make, or the most effective way to go about it; rather, ends and means evolve simultaneously. According to this definition, art is both more creative and difficult to evaluate.

Chinn and Kramer have commented that art draws a person into new realms and expands perceptual capacities. If the object of nursing art is to transform the lived experience of health and illness, as

Chinn claims, this explains why art is potentially so important for nursing. Not only do nurses need art to expand their perspectives on caring for patients, but patients also need nursing art to help them perceive the possibilities in their situation. A nurse who is artistically creative may set new standards for how things can be done. Art can change the ethos of what is considered good practice and alter the conceptions of what nursing outcomes ought to be. This means that the “ audience” for nursing art will be not only patients and family members, to whom nurses hope to show possibilities so that they may move forward and transform their futures, but

also other nurses, from whom nurses learn and with whom they transform practice.

By maintaining a fluid openness in nursing situations, it may be that nurses' own experiences and that of their patients is enlarged.

One of the difficulties in defining this aspect of nursing art has been the invisibility of the art object. The process of art is visible enough in nursing. The tools, techniques, and craft-like approach can be described, but the outcome of the art is very difficult to specify. Nurse theorists are reluctant to identify the patient as the object of nursing art. It is contrary to their philosophical tradition to objectify patients in this way, nor would this identification be correct.