Reflections on Mitchell's *Reflection*

Commentary and Response

Commentary: Nursing Philosophy Working Group (NPWG), University of Alberta, Edmonton, AB, Canada, *listed in alphabetical order by surname:* Marion N. Allen, RN; PhD, Jeanne Besner, RN; MHSA, M. Ruth Elliott, RN; PhD, Yvonne Hayne, RN; MEd, Marilyn J. Hodgins, RN; MN, June F. Kikuchi, RN; PhD, Nicole L. Letourneau, RN; MN, Maureen McQueen, RN; MN, Florence Myrick, RN; MScN, Judee Onyskiw, RN; MN, Donna M. Romyn, RN; MN, Helen Simmons, PhD

For quite some time now, nursing journals have provided nurses with various ways and means to engage in dialogue through the critique of published works. However, because nurses seem not to be fully utilizing them, we decided to see what we could do to encourage nurses to tap these goldmines more extensively. In the fall of 1995, under the auspices of the University of Alberta's Institute for Philosophical Nursing Research, we formed the Nursing Philosophy Working Group (consisting of nursing faculty members and doctoral students/candidates) to stimulate dialogue through published critiques of significant philosophical ideas expressed in the nursing literature. We began this ambitious project by critiquing Mitchell's (1995) column titled, "Reflection: The Key to Breaking With Tradition."

Because, as Adler and Van Doren (1972) state, it is imperative that one understand an author's message before agreeing or disagreeing with it, our first task was to arrive at a common understanding of Mitchell's message. This proved to be no easy task but a most worthwhile one since, in attempting to interpret Mitchell's message, each of us reached a better understanding of our own philosophical position. That being said, our critique of the argument presented by Mitchell in her column is based on the following understanding of it.

We are taking Mitchell to be saying that consistency or congruency among thoughts, actions, and desired ideals is desirable, and that we can seek this consistency by reflecting on our traditions. Mitchell defines a tradition as "an inherited, established, or customary pattern of thought and action" (p. 57). According to Mitchell, in leaving our traditions unexamined, we run the risk of adhering to unacceptable beliefs and values in light of desired ideals. Although Mitchell does not explicitly say what she considers to be desired ideals in nursing, from what she does say, it would seem that they include (a) defining nursing practice and research activities to truly represent the client's perspective or view of health and (b) "car[ing] for unique human beings with the purpose of promoting health and quality of life" (p. 57). She argues that if we reflected on nursing's natural science tradition, we would find that it diminishes nursing's professional responsibility to meet these ideals. Her rationale is that this tradition's valuing of predefined standards of objectivity precludes valuing of the client's subjective standards of health and quality of life. In light of such dire consequences, Mitchell concludes that it is time to replace nursing's natural science tradition with a more responsible one. She suggests that "the key to breaking with tradition is deeply embedded in the destructive-creative rhythm of reflection" (p. 57), and that "scholarly reflection on the similarities and differences currently surfacing between nursing's totality and simultaneity paradigms might be the key to creating a more responsible tradition in nursing science" (p. 57).

Mitchell's argument, in our estimation, is based on some sound assumptions: consistency among our thoughts, actions, and desired ideals is desirable; reflection is a means to such consistency; and, failure to examine our traditions can result in thinking, valuing, and acting contrary to desired ideals. However, it is problematic that her argument rests also on an unsound assumption concerning what constitutes desired ideals in nursing. Her rationale for rejecting nursing's natural science

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tradition is also problematic as is her suggestion that we reflect on nursing's simultaneity and totality paradigms to create a more responsible tradition. The remainder of our critique focuses on these related problems.

Mitchell's conclusion that we ought to reject nursing's natural science tradition seems to hinge on her assumption that desired ideals in nursing consist of defining nursing practice and research activities to truly represent the client's perspective or view of health, and of "car[ing] for unique human beings with the purpose of promoting health and quality of life." Since the terms, "unique human beings" and "health and quality of life" are left undefined by Mitchell, we found ourselves wondering if health and quality of life are to be promoted in accordance with (a) a view of health and quality of life pertaining to all human beings as uniquely different from members of other species, or (b) each individual (unique) client's view of health and quality of life. Given that Mitchell does say that nursing practice and research activities are to truly represent the *client's* view of health and given how she defines health and quality of life elsewhere (see Mitchell, 1991), we are assuming that Mitchell means the latter.

There is a mixture of truth and error in Mitchell's claim that a desired ideal in nursing is to define nursing practice and research activities to truly represent the client's view of health. No enlightened nurse, today, we think, would argue that the client's perspective of health ought not to be given full consideration, in nursing practice. However, if, as Mitchell seems to suggest, the nurse is to be directed exclusively by the client's view of health—a subjective view of health (given Mitchell's rejection of predefined standards of objectivity in nursing practice and research), then we see a huge problem. When faced with clients who hold contrary or conflicting views of health (e.g., family or group members), nurses would be placed in the untenable position of being unable to act because, in respecting one client's view, they could not help but violate and be unjust to the view of the other(s). Furthermore, when faced with clients who say that all is well, but common sense says otherwise, nurses would be powerless to act on their common sense. For example, if a mother says to the nurse that her baby is healthy but the baby is obviously emaciated, the nurse would have no recourse but to go along with the mother's perspective. Further, hasn't Mitchell also placed nurse researchers in an untenable position? Would they not be compelled to define their research activities in terms of an infinite number of particular views of health—all considered to be equally valid? Since some views are likely to be contrary to others, nurse researchers could not then possibly develop a *coherent* body of nursing knowledge to guide nursing practice. It is not difficult to see how the demise of nursing as a learned profession would quickly follow.

Mitchell's suggestion that nurses seek a more responsible tradition by reflecting on nursing's simultaneity and totality paradigms was the cause of vociferous debate among us. Some interpreted Mitchell to be saying that by engaging in such reflection, a more responsible tradition yet unknown to us might emerge. Others thought Mitchell to be saying that by engaging in such reflection, we would see that a more responsible tradition lies in the simultaneity paradigm. In either case, we see a problem. Having rejected predefined standards of objectivity, has Mitchell not precluded the possibility of accepting or rejecting *any* tradition as responsible, except as a matter of taste?

After much more discussion, we concluded that Mitchell had not provided adequate grounds for rejecting nursing's natural science tradition. What essentially ails Mitchell's argument is her all too ready rejection of predefined standards of objectivity. We would suggest that if mercy and justice are to be had by all, subjective standards must be judged against objective standards AND the circumstances at hand, using prudent judgment. Taking up this suggestion would require that the existence of an objective reality be acknowledged as the ground of objective standards. Since all in everyday life act as if there is an objective reality, that requirement seems to be one that is congruent with common sense.

Through presenting her ideas about nursing's traditions for criticism, Mitchell provided nurses with an excellent opportunity to dialogue about those traditions. We are grateful to her for doing so and, in the same spirit of inquiry with which Mitchell presented her ideas, invite critique(s) of our critique.

References

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Members of the Nursing Philosophy Working Group, under the guidance of Dr. June Kikuchi at the University of Alberta, have risen to the call of true scholarship by submitting a critique of my column,