

ELUCIDATION OF TACIT KNOWLEDGE THAT SUPPORTS THE PRACTICE OF AN EXPERT NURSE BASED ON THE RAM

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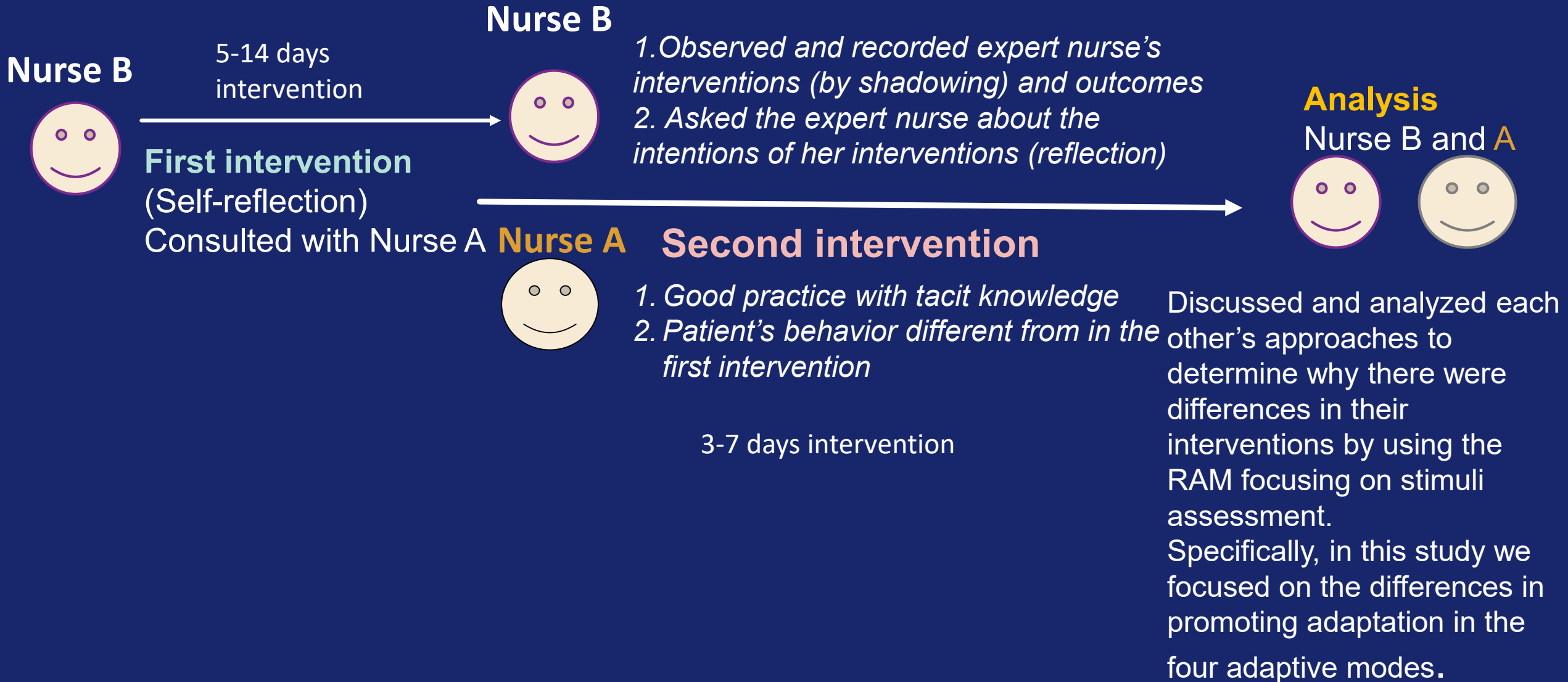
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INTRODUCTION

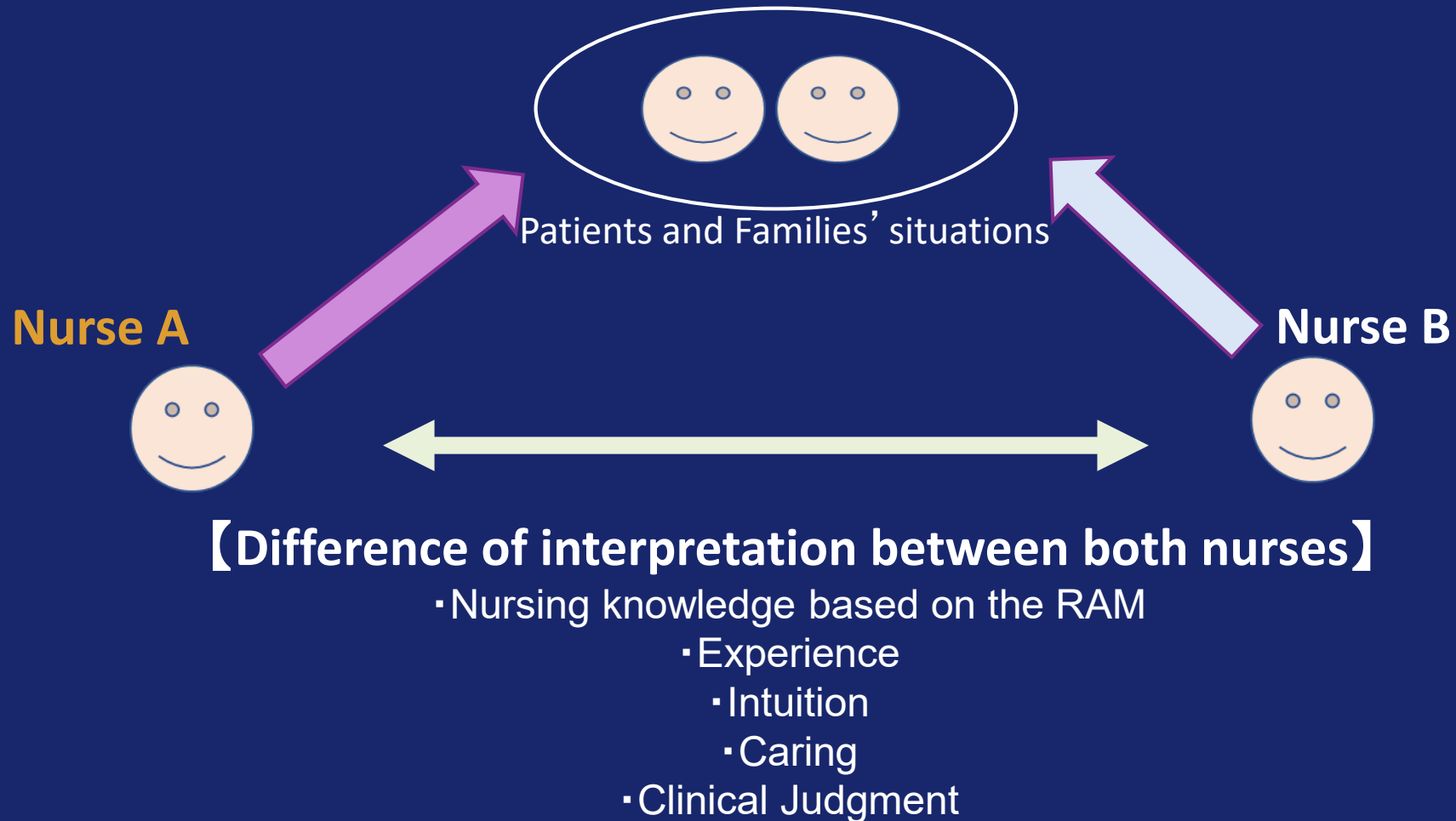
- When looking at the great practice of an expert nurse, you may feel an unexplained “intuition.” An expert’s power is defined as “tacit knowledge” - knowledge that is difficult to verbalize and is acquired from experience.
- Tacit knowledge is a concept advocated by Michael Polanyi(1966) ,a philosopher, physiologist, and physicist from Budapest, Hungary. It is based on the concept that “we can know more than we can tell (Polanyi,1966)”.
- Authors have continued research by using observation and reflection techniques to explore tacit knowledge that underpins the nursing practices of an expert nurse who comprehends the Roy Adaptation Model (RAM).
- However, in the process of exploring that knowledge, there can be a problem that the interpretation of the observer and the intention of the expert nurse may be different, and there are difficulties in expressing that knowledge in the language.

PAST RESEARCH PROCEDURE: HOW TO COMPARE NURSING PRACTICE BASED ON THE RAM (OBAMA & HIDAKA, 2021)



DIFFERENCE IN THE INTERPRETATIONS: LIMITATIONS OF RESEARCH METHODOLOGIES.

Research question. What is the best way to understand an expert's tacit knowledge who deeply interprets the RAM and performs advanced practice based on the RAM?



ATTEMPTING HERMENEUTIC PHENOMENOLOGY APPROACH(1)

- In this study, we report the introduction of a **hermeneutic phenomenological approach** that explores how nurses think deeply in their world of living experiences.
- Phenomenology is a discipline established by Edmund Husserl (1859-1983), who expanded his field of study from science to philosophy.
- The “life world“ is understood as what we experience pre-reflectively without resorting to categorization or conceptualization, and quite often includes what is taken for granted or those things that are common sense(Husserl, 1970).
- The study of these phenomena intends to re-examine these taken-for-granted experiences and perhaps uncover new and forgotten meanings (Laverty,2003).

ATTEMPTING HERMENEUTIC PHENOMENOLOGY APPROACH(2)

- **Hermeneutic phenomenology** is based on the philosophy of the German philosopher Martin Heidegger (1889-1976).
- Heideggerian approaches to inquiry not only describe the phenomenon of interest but also find the meaning and deeper understanding of research foci, moving us into a discussion of interpretive phenomenology (Dibley, Dickerson, & Duffy, 2020.p.19).
- The hermeneutic circle entails a going back and forth in the questioning of our prior knowledge, in the dialectic fashion explicated originally by Schleiermacher (1998) in order to understand the deeper meaning of the lived experience, to think about the parts and the whole (Dibley, et al.,2020.p.19).

PURPOSE

- This study aims to elucidate tacit knowledge that underpins the nursing practice of the expert nurse.

RESEARCH METHODS

- Method: Qualitative descriptive research (hermeneutic phenomenological approach).
- Participant: One expert nurse who implements the RAM and practices advanced nursing.
- Data collection periods: April 2021 to January 2022.
- Semi-structured interviews were conducted. A researcher asked questions such as the following: “What was your most impressive nursing practice experience?,” “What meaning, and value did your experiences have for you?.” Interviews were conducted three times (a total of 4 hours) in a private room.
- Data were analyzed based on a hermeneutic phenomenological approach.
- Ethical considerations: This study was approved by the Research Ethics Review Committee, Okayama University Graduate School of Medicine, Dentistry, and Pharmaceutical Sciences, and Okayama University Hospital (Lab 2104-029).

RESULTS

- The expert nurse (Ms. A) talked about her experience based on six model cases. The total number of words in the interview transcript was 34,563.
- Five categories and typical narrative codes were extracted.
- Finally, the researcher and participant fused horizons of understanding and meaning to present a warranted interpretation of common meanings and shared practices.

CHARACTERISTICS OF THE EXPERT NURSE

Participant: Ms. A

- ❑ A nursing researcher specializes in rehabilitation nursing for stroke and higher brain dysfunction with more than 30 years' professional experience in nursing practice.
- ❑ Involved in the establishment of the higher brain dysfunction outpatient clinic and nursing services at University Hospital B, and has been involved in support activities for stroke patients in cooperation with family associations.
- ❑ In addition, at College C, to which she currently belongs, she has opened a health center in the center of the city and continues to provide health counseling for people with cognitive dysfunction and their families in the community.
- ❑ Education and research activities:
 - Involved in the training of nurses specializing in chronic care nursing and certified nurse specialists
 - Receives consultation and requests from Hospital D, which shares the same organizational philosophy as College C, and engages in cross-organizational nursing activities between the college and the hospital. College C is a Catholic nursing college that conducts nursing education based on the RAM.

IN SIX MODEL CASES THAT THE EXPERT(MS. A)

TALKED ABOUT HER EXPERIENCE

Case NO.	Summary
Case 1.	<ul style="list-style-type: none">▪ Nursing experience of the stroke patient who suffers from swallowing problems and express angry feelings regarding nurses' intervention.
Case 2.	<ul style="list-style-type: none">▪ Nursing experience of the stroke patient and her husband.▪ Patient's husband excessively encouraged the patient was motivated by a feeling of guilt toward his wife's disability.
Case 3.	<ul style="list-style-type: none">▪ Nursing experience of the stroke patient.▪ The patient had a strong coping process to show positive attitude toward the rehabilitation. In addition, his positive attitude was supported by stimuli of his Interdependence-Mode.
Case 4.	<ul style="list-style-type: none">▪ Nursing experience of the stroke patient with severe unilateral spatial neglect.▪ Ms. A made the opportunity to have lunchtime with the patient, nurses, students' nurses, and rehabilitation staff.
Case 5.	<ul style="list-style-type: none">▪ Nursing experience of the stroke patient who suffered from comprehensive and spiritual pain because of her cancer and disabilities.
Case 6.	<ul style="list-style-type: none">▪ Nursing experience of the quadriplegia stroke patients' spiritual pain.▪ The patient strongly showed lament for his situation.

THE ATTITUDE OF BELIEVING IN THE POWER OF A VULNERABLE HUMAN BEING

- She said that she has learned from the people she has met during her experience as an expert and from her many years of work at a Catholic college that “human existence has power in its vulnerability”. She has maintained a consistent belief in the “patient's ability to survive no matter what the situation.”
- Through her experiences with patients who were placed in the situation of illness (cases 3 and 4), she recognized that not all situations weakened by illness are harmful but that they are opportunities for patients to gain a chance to live a more prosperous life and a feelings of healing in the future. She also said that the vulnerable human being is a "subject of openness" that facilitates the nurse's growth through interaction.
- *“You learn that patients are never weak, right? They have power in their vulnerability. Conversely, they work as open subjects who give us awareness. I wonder, through our nursing practice, (Ms. A herself) is also learning (from the patients). For a certain period of time, you can say that he/she is a little bit...weakened, but actually (the patient) is teaching (the nurse) many things”.* (#4, l 275-289).

THE CONCEPT OF TEMPORALITY

- Ms. A explained that when she first meets a patient for the first time, she listens to "what the patient is having the most trouble with at the moment" and understands it through physical assessment. In this process, she said, "I always try to understand how the patient perceives the situation, making sure not to miss a single move." Looking back on the intervention scene in Case 2, she said, "The way of life shows on their face," and "I do not solve only the current problem. I value the present moment," she said.
- She also said that it is difficult to fully understand experiences because they are unique to the individual, but she emphasized the importance of looking at the past and future of the subject who is living in the present and approaching the experience of the person who is living.
- *"The (clinical) decision is made instantaneously. The patient says, 'Now.' Then, if you don't go now, you may miss the time" (#2, l189-190)*
- *"Don't you think that how you interpret events depends on the culture you have lived in?" (#4, l173-178)*

RESPECT FOR HUMAN DIGNITY

- Ms. A spoke of the need to “respect the others” when considering what aspects of the other are to be taken into account, and that the practice must be based on the preservation of dignity.
- She also said that respecting human dignity means respecting “the free will and values of the subject.
- *“I think it is important to consider the whole person, or rather, what specific aspects of the person with the illness should be considered, when caring for the person. It's respect for human dignity”. (#4, l70-74)*
- *“(The most important thing to respect for human dignity) is the person's free will and what he/she values, his/her values”.(#4, l83-86)*

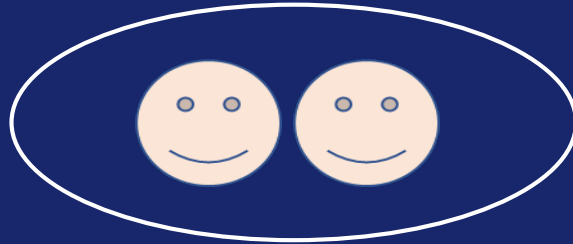
PREPARATION TO RESPOND TO PATIENTS' SUFFERING AND CARRYING ON TOGETHER

- Ms. A explained the etymology of the word “compassion” and said that compassion means to suffer together; she pointed out that it is not easy to bear suffering together, and that it is essential for nurses to believe in the power of patients and to be ready to suffer with them no matter what their situation is.
- She also said that it is difficult to completely understand the feelings of the patient, but that as one approaches the patient with the desire to truly understand, one may be able to touch or come close to the core of the person.
- *“Compassion’s “Com” means “together,” right? It's about whether or not you are prepared to suffer together. (omission) It is impossible to understand everything about a person. (omission) It is impossible to understand everything about a person, but there must be something that touches the core of that person, something that brings us closer to that person. (#4, l199-210)”*

THEORETICAL KNOWLEDGE BASED ON THE APPROACH OF TRUE UNDERSTANDING OF THE PATIENTS' LIVED EXPERIENCE.

- Ms. A has studied and practiced the RAM for 30 years and said that whenever she interacts with others, she always tries to get closer to understanding their current situation through the RAM and always tries to explore the essence of their experience through dialogue.
- She also said that the RAM is committed to the Catholic view of humanity and the founding spirit of her college, and she recognized that practicing with a nursing theory that shares the same philosophical premise would lead to the realization of the founding spirit of her college. Therefore, she said she was deeply convinced and utilized the RAM.
- *“The philosophical premise of the Roy Adaptation Model is very committed to the founding spirit of (our) college. When it comes to how to practice in order to embody the spirit of Catholic love, which is the founding spirit of the college, it leads to the Roy Adaptation Model of nursing practice. (omitted) It means that we can use the model very convincingly.” (#4, 149-58)*

FUSIONS OF THE HORIZON



- What emerged as a fusion of the horizon were three points.
- Ms. A constructed knowledge throughout repeated interpretation of her experiences based on the Catholic view of human beings.
- Ms. A. uses theoretical knowledge based on the RAM to try to touch the core of the patients; in this process, her deep understanding to grasp meanings of the philosophical assumptions related to Catholic love will lead to an approach of proper knowledge of the patients' lived experiences.
- In the process of Ms. A's acquisition of tacit knowledge, she also spoke of the importance of "finding the meaning and essence of the lived experiences of people with disabilities and their families," and of approaching nursing practice from a phenomenological perspective to find true meaning.

CONSIDERATIONS

THE VALUES AND BELIEFS THAT TACITLY SUPPORT NURSING PRACTICE

- The tacit values and beliefs that support Ms. A's practice appeared throughout exploring the tacit knowledge using the hermeneutic phenomenological approach. This results could not be clarified through the participatory observation of nursing practice situations and immediate post-reflection, were partially, if not completely, verbalized.
- The RAM (Roy,2009), which Ms. A spoke of in this study as a guide for her practice, in the model's philosophical assumptions are showed by Humanism and Veritivity. Veritivity is the principle of human nature that affirms a common purposefulness of the human existence (Roy. 2009,p.28), such thoughts based on the Catholic view of human beings.
- These results show that deeply interpreting "Humanism" and "Veritivity," which are the philosophical assumptions, and deeply implementing the RAM can be considered to be essential constructions of tacit knowledge of the expert nurse's practice.

CONSIDERATIONS

THE VALUES AND BELIEFS THAT TACITLY SUPPORT NURSING PRACTICE

- Furthermore, “respecting human dignity” indicated a process of approaching the subject’s “situation,” or “unique lived experience,” and exploring together what meaning and value experiences such as illness and hardship bring to the subject’s life.
- Heidegger (1953) expressed, “The formal existential totality of the ontological structural whole of Dasein (being there) must be thus be formulated in the following structure: the being of Dasein means being-ahead-of-oneself-already-in (the world), as being-together-with (innerworldly beings encountered). This being fills in the significance of term *care*, which is used in a purely ontological and and existential way (Heidegger, 1953, p.186)”.
- Heidegger (1953) also described it, “*the primordial unity of the structure of care lies in temporality* (p.312).”

CONSIDERATIONS

THE VALUES AND BELIEFS THAT TACITLY SUPPORT NURSING PRACTICE

- Ms. A, in which she carefully listens to the narrator's interpretation of "that time" and approaches the cognitive world of the other person, leads to the result that the other person "understands (him- or herself)" more. This will show the basic structure of tacit knowledge. Practices based on advanced experience and knowledge are built upon the basis of the subject's understanding of Dasein (being there).
- These results indicates that Ms. A's caring will be a process of exploring together the ideal way of being in a living life, while understanding the existence of others and interacting with them while respecting their personalities.

CONCLUSION

Throughout the analysis, five categories and typical narrative example codes were extracted, such as “the attitude of believing in the power of a vulnerable human being,” “the concept of temporality,” “respect for human dignity,” “preparation to respond to patients' suffering and carrying on together” and “theoretical knowledge based on the approach of true understanding of the patients' lived experience.”

LIMITATIONS AND FUTURE RESEARCH

- In this study, the analysis was based on the narratives of multiple nursing practice experiences of a single expert nurse, which limits the perspective of generalizability of the results.
- In the future, we would like to analyze the narratives of multiple practitioners using similar methods to explore the structure of tacit knowledge characteristic of the stroke rehabilitation nursing.
- We believe that future research will help to build a conceptual model of tacit knowledge of advanced practitioners and experts with specific knowledge based on the RAM.

REFERENCES

- Polanyi, M. (1966). *The tacit dimension*. The University of Chicago Press.
- Roy, Sr. C. (2009). *The Roy Adaptation Model*. 3rd Edition. Pearson.
- Laverty S.M. Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International Journal of Qualitative Methods*. Vol 2. September. <https://doi.org/10.1177/160940690300200303>
- Dibley L., Dickerson S., Duffy M., & Vandermause R. (2020). *Doing hermeneutic phenomenological research. A practical guide*. SAGE Publications.
- Husserl, E. (1970). *The idea of phenomenology*. The Hague.
- Schleiermacher, F. (1998). *Hermeneutics and Criticism And other writings*. Cambridge University Press.
- Heidegger, M. (1953). *Being and Time*. Translated by Joan Stambaugh (2010). State University of New York Press.

Thank you so much for your attention!
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