INTUITION IN NURSING CARE

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The evening was very pleasant. The sun disappeared gradually in west behind the silver clouds; chirping of the birds sounded like ladies in a women's club. We stood beneath the Banyan tree. She told me, "one of your staff is posted for a gastroscopy tomorrow".

"Why?" I queried.

"They suspect a mass in her abdomen, but I have a gut feeling that it is only an ulcer"

"Why?" I queried again.

"There is no particular reason for that .....it's only a feeling out of my experience," she replied.

We have come across this type of a situation many a times.

In fact we too get this kind of 'gut feeling' at times. We could call this gut feeling as an "intuition".

What is Intuition?

People use different synonyms for intuition, such as, 'gut feeling', 'instinct', 'feeling without an origin", sudden perception of a pattern, a creative discovery, the immediate knowing of something without conscious reason, a skilled pattern recognition, insight, knowing more than we can tell, a form of clairvoyance, a hunch etc.[1] Webster Dictionary gives the meaning of intuition as the act or faculty of knowing without the use of rational process.

Intuition is derived from knowledge and experience. Intuition is a method of understanding. Those persons possessing intuition must then have full knowledge and past experience in order to have an understanding of nursing practice at a specific point of time.[2]

Intuition refers to the immediate awareness of the past, present or future without the conscious use of linear reasoning or analytical reasoning.[3] It is a non-linear thinking process used by experts. So intuition is a synthesis rather than analysis. some authors refer intuition as a 'sixth sense' of man.

Ian English explains that 'intuition' has several meanings depending on the use of the term and the context used.[4] These definitions ranged from a philosophical interpretation of the experience of ultimate truth, to the psychological definition of intuition. West Cott notes - "Intuition can be said to occur when an individual reaches a conclusion on the basis of less explicit information than is ordinarily required to reach that conclusion".

Intuition is an understanding without a rationale. The quality of intuition depends on the knowledge and experience of a person - Nurses use analytical thinking for nursing process, and lateral thinking for intuition. Intuitive nurses use the holistic approach. Whereas, techno type and care plan oriented nurses use fractional approach to give care. Nurses go through a continuum from novice to expert and develop intuitive skills at the expert stage. Nurses should not deny intuitive thoughts in their day to day professional activities.

Lateral thinking and intuition

Fundamentalists in nursing always argue that systematic and rational thinking is very important in nursing. I feel that non-rational and non-systematic thinking also have an important role in nursing. In the intuitive method, we use multiple line of thinking and search for many ways to solve a problem (lateral thinking) rather than one way of thinking (longitudinal thinking) to solve a problem.

Non rational intuitive knowing is a dimension of the state of the art in nursing.[5] Intuitive persons think critically and creatively. The common characteristics of an intuitive person includes an open attitude toward people and an acceptance of non traditional treatment modalities.[6] Usually intuitive nurses are more experienced practitioners. Knowing or perception can be in many ways :

Skilled pattern recognition and connected knowing are two acts of knowing. Skilled pattern recognition is described as the ability to recognise relationships without pre-specifying the components of the situation. Here patients present patterns of responses, but expert nurses learn to recognise responses.

Connected knowing is a way of knowing whereby, the individual attempts to integrate intuitively felt knowledge with knowledge learned from others, that is an integration of rational and subjective knowing.[7]

A question that can arise is, "is there any difference between intuition used by a nurse and the intuition used by a chess player?" This question is logical. The persons who oppose intuition use this argument to question the scientific nature of intuition. So, the use of intuition as a method of problem solving in nursing, is debatable.

Gender Influence in Intuition

The quality of intuitive thought depends on many factors. Nature of intuition is influenced by the cultural background, sex, spiritual beliefs, socio-economic status, personality and past experiences of a person. Intuition is very subjective and situation specific.

Virginia G. Miller wrote that emotionality and intuition are the characteristics of females. These character-

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istics are always devalued in a male dominated society.[4] Intuitive nurses are hesitant or afraid to call their thoughts as intuitive because of the 'black-market' version of knowledge.

Use of Intuition in Nursing Care

Nursing, as it is taught and practised today, is primarily intuitive. Intuition combined with objective, verifiable approaches enable nurses to deliver holistic care (Deborah Correnti 1992).[8] Nurses often use intuition in their day to day practice, usually subconsciously. Most sound judgements and assessments are based on intuition.

The intuitive process is closely related to the holistic notion of connections between the nurses and the client. The art of nursing, or the aesthetic, integrative process of nursing, may indeed take place on an intuitive level. Professional nurses in clinical practice refer to their reliance on intuition as an element of the decision making process.[9]

Gillan Janet (1993) wrote that nurses must not deny their intuition and focus solely on scientific principles.[10] Complete belief on analytical reasoning alone will result in insufficient nursing practice. Intuitive knowledge application is required for the non quantifiable aspects of nursing process, like ethical dilemmas, expert nursing care and the ability to predict behaviour based on inadequate or ambiguous data.

When nurses take care of a patient, the perception that something is wrong often begins with a feeling. Intuition is basically a thought. Intuitive knowledge allows for the complex, skilled judgement, required to consider possibilities for each individual patient. Conscious involvement with intuitive experiences may lead to improvement in nurse's decision making skills. Nursing knowledge can be expanded if we use intuition as a subjective data in nursing process.

Intuitive is often an expert practitioner, who really makes patients comfortable. These nurses take risks, based partly on intuition and partly on their knowledge. Intuitive nurses use their experience and perceptual skill, for good personal relationships with patients. Intuitive nurses are well ahead in the advanced form of creative thinking.

Developing Intuitive Experts

Benner's Model (1984) explains that nurses are seen progressing along a continuum, from novice to expert.[11] For acquisition and development of skill, one passes through five levels of proficiency. They are, novice, advanced beginner, competent, proficient and expert.[12]

Expert nurses use lateral thinking than analytical thinking for solving problems. Experts work from a deep understanding of the situation. Expert nurse's performance is holistic rather than fractional, procedural and based upon incremental steps.

The application of intuitive skills need to be taught at all levels of nursing - Basic Graduate, Post Graduate and Continuing Education. We must allow our learners to cultivate their intuitive knowledge so that, when they apply it, they can trust it. Numerous methodologies have been suggested in the literature for promoting intuitive skills.

We need to encourage the use of terms and definitions regarding intuition which help to remove the mysticism that is often associated with intuitive process in Nursing Sciences. We must promote the acceptance of more than one mode of thought, more than one way of thinking and emphasise the value of intuitive thinking in nursing.

Some other methodologies or tactics to assist in the promotion of receptivity to intuition and enhancement of creativity are[13] :

- Meditation and mind - quietening exercises to attain a state of pure consciousness and illumination.
- Listening to music for relaxation.
- Exercises including yoga and stretching.
- Progressive relaxation and quiet thinking time.
- Journal writing which can eventually be used for small group discussions.
- Group brain storming and visualisation.
- Guided imagery.
- Focusing to increase awareness of the body - mind.

Making use of any one or more methods, we can develop to be intuitive nurses. The use of intuition as one method of caring patient is questionable, whereas, the use of intuitive thoughts for caring patients in addition to other methods are debatable.

Key Words

- Intuition : A feeling about any situation without a rationale, out of his or her experience and knowledge.
- Lateral thinking : Searching many ways using multiple line of thinking to solve a problem.
- Skilled pattern recognition: The ability to recognise relationships without pre specifying the details of the situation.
- Connected knowing : Way of knowing where by individual attempts to integrate intuitively felt knowledge.
- Novice : Beginner who have no experience with the situation in which they are expected to perform task.
- Advanced beginner : One who can demonstrate marginally acceptable performance.
- Competent : The person begins to see his/her actions in terms for long range goals or plans.
- Proficient : Person perceives situations as whole, rather than in terms of aspects and performance is guided by maxims.
- Expert : Performer no longer relies on an analytical principle to connect his/her understanding of the situation to an appropriate action.

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MUSEUM DEDICATED TO FLORENCE NIGHTINGALE IN TURKEY

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Florence Nightingale who made her place in history is one of the most important people to have grown in England in XIX century. Florence Nightingale, during the Crimean War, asked the British Government to send her to Istanbul (Costantinopolis) for looking after wounded British Soldiers, and her desire was accepted by the government. She travelled to Istanbul on 21 October 1854 together with thirty eight Roman Catholic and Anglican Sisters. She took care of about 4000 people in a building called, Uskudar (Scutari) Selimiye Barracks that served as a hospital between 1854 and 1856. During this period, Selimiye Barracks North- West Tower was used as a house by Florence Nightingale and her friends (1,2).

Turkish Nurses' Association applied to Turkish Military Authorities in 1954 to change Selimiye Barracks North-West Tower as a museum in the name of Nightingale as a token or apprcciation for her services during Crimean War. This application was considered as appropriate by Turkish First Army Command, and in the same year, a room in the tower, in which necessary changes were made to be a museum, was opened for visit. The museum was carpeted in a manner that could be similar to its original, as used in Nightingale's time, original writings and photos were also put up. This museum is visited by the representatives of Turkish Nurses' Association every year on 12th of May since 1954.

During a gathering in Istanbul on 29 August 1955, The Executive Board of ICN visited the museum, and gave an appreciation certificate to the President of Turkish Nurses' Association. After XVIIIth Meeting of ICN in 1985, the museum was visited by a group of nurses under the direction of Dr. Grace Roessler, who is the Coordinator of Continuing Education for Health Professionals at Golden West College, California, USA. After this visit Dr. Roessler stated the importance of having written a document and let ICN know about it. On 27 April 1987, the visit of Mrs. Helga Morrow, who is the Council's Nursing Adviser for Turkey, took place and in the same year, Turkish Nursing Association prepared Turkish and English Brochures for the purpose of making the museum popular. As references in these Brochures, the publications and photos sent by Prof. Irene S. Palmer, who is a Nursing Historian, and Dr. Grace Rosessler, were cited (3).

'Turkey is a country that had witnessed the services of world-wide known and famous nursing leader. Being a citizen of a country where an important step was taken makes us, Turkish Nurses, proud. To see you among us at the date of 12 May in this museum will always make us happy'.

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