



Editorial

Big Ideas: New metaphors for nursing (1): The nurse as musician

1. From Model to Metaphor

When we set out to describe what nursing is, or what the nurse does, we inevitably run into difficulties in stating the necessary and sufficient conditions for a comprehensive and inclusive definition. We could, for example, start with Virginia Henderson's often cited assertion that:

The unique function of the nurse is to assist the individual, sick or well, in performance of those activities contributing to health or its recovery (or peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge.

(Henderson, 1966, p.15)

We might then point to a made bed, a dressed wound or a discharged patient as evidence that nursing has taken place. This, however, begs the question of how and why these activities make a 'unique contribution' to patient care, and our answer must demonstrate how a bed made by a nurse differs from one made by a care assistant or how a dressing applied by a nurse differs from a dressing applied by a doctor. Unfortunately, the evidence before our eyes often suggests that there is no tangible difference, and therefore that the role of the nurse could be dissipated among various other qualified and unqualified health care workers without any noticeable reduction in the quality of care.

However, to say that nursing consists only in the performance of activities such as making beds, dressing wounds and other 'activities contributing to health or its recovery' is to misunderstand the complexities of the role. Like a floating iceberg or a swan gliding across the surface of a lake, much of the substance and activity of nursing is hidden from view, sometimes even from nurses themselves. If we are to defend ourselves against those who consider nurses as an unnecessary and expensive luxury, we must somehow bring to light the hidden and often tacit 'know-how' that cannot easily be expressed in words and is thus difficult to offer as evidence of a thoughtful and deliberative inner process which underpins and guides nursing practice in a purposeful way.

Nurses have traditionally attempted to represent the practice of nursing in terms of models, which have been defined as 'frameworks that identify, describe or explain a range of nursing concepts; traditionally named after the nurse who first propounded them' (Brooker, 2006). A model can be regarded as a representation of the view of the theorist who devised it, which can be used to guide and direct practice in certain directions or towards certain ends. For example, Roper, Logan and Tierney's model is an expression of their interpretation of Henderson's definition, which directs the nurse to focus on 12 activities of daily living which they consider to be necessary for restoring patient independence (Roper et al., 1996, 2000). However, the strength of

nursing models in directing and structuring care is also their weakness, since they focus thought and practice in certain directions at the expense of others and leave little to the discretion or imagination of the practitioner. In addition, nursing models are almost always expressed in words; they are written or verbal representations of reality which cannot adequately articulate the know-how which underpins a great deal of nursing practice.

As Polanyi (1958) pointed out, we know more than we can say, and one way of expressing this tacit knowledge is through the use of metaphor. If we cannot easily say what nursing is, we can at least point to what it looks like. Metaphors allow us to make sense of something that we find difficult to observe, articulate, visualise or comprehend in terms of something else that is more familiar to us; as Aristotle put it, 'in giving the thing a name that belongs to something else' (Aristotle, 1920, 1457 b6-9). For example, we might imagine an atom as a miniature solar system in which electrons orbit a nucleus in much the same way as planets orbit a sun or, citing Shakespeare, the world as a stage upon which men and women act out their lives. Schön (1993) claimed that metaphor is particularly useful in such cases because it replaces the language of description with the language of visualisation, what he refers to as 'seeing as...'. Thus, rather than *describing* nursing with the words 'the nurse is...', we might begin by attempting to *evoke an image* of 'the nurse as...'. In fact, there have been many attempts to construct metaphors for nursing over the years, from the Nightingale-inspired image of the nurse as administering angel, the early twentieth century view of the nurse as doctor's handmaiden, Henderson's description in the 1950s of the nurse as surrogate helper, to more recent images of the nurse as technician, scientist and doctor-substitute. In each case, we can replace a literal but inevitably incomplete description of what nursing *is* by offering an analogy of the nurse *as* something or someone more familiar.

2. The Power of the Generative Metaphor

The use of metaphors for nursing has both advantages and disadvantages. On the positive side, certain metaphors can help us to see situations or objects in a new and creative light. Donald Schön gave the example of a team of product developers who were attempting to improve the performance of a new paintbrush. The breakthrough came when a member of the team said: 'You know, a paintbrush is a kind of pump!' (Schön, 1993, p.140). Schön noted that the paintbrush-as-pump analogy triggered a creative insight that led to a variety of inventions such as brushes with varying densities of fibres or with some fibres bonded together. He referred to such metaphors as 'generative' since they provide not only a novel frame of reference but also trigger a creative process through which new perspectives can be imagined. On

the negative side, however, it can be very easy to confuse metaphor with reality, to slip from nurse-as-doctor to nurse-is-doctor or from nurse-as-angel to nurse-is-angel. The danger is that the metaphor might become a self-fulfilling prophesy; that by imagining nurses as doctors, scientists, technicians or angels, we begin to treat them as such until they eventually adopt these roles. Paul Ricoeur warned against the literal interpretation of metaphor, reminding us that “‘Seeing X as Y’ encompasses “X is not Y”; seeing time as a beggar is, precisely, to know also that time is not a beggar’ (Ricoeur, 1977, p.214, italics in original).

A further problem is that not all metaphors are generative in Schön's sense of opening up new and creative possibilities for thinking about practice. For example, the medical model of nursing leads naturally to the metaphor of nurse-as-doctor. The problem, however, is that the metaphor is too literal and therefore too prescriptive; describing the work of the nurse in terms of another well-defined healthcare professional tends to narrow it down rather than spur the imagination to conceive new and innovative roles. This can be seen in past attempts to develop an advanced practitioner role simply by adopting some of the technical roles and duties of the doctor rather than, as Ricoeur suggested, using the *concept* of the medical role to organise our view of the nurse. The metaphor of nurse-as-doctor should encourage us to look at the role of the advanced nurse practitioner in a new light without necessarily importing any of the activities or duties currently carried out by doctors. As Ricoeur noted:

In this way metaphor confers an ‘insight’. Organizing a principal subject by applying a subsidiary subject to it constitutes, in effect, an irreducible intellectual operation, which informs and clarifies in a way that is beyond the scope of any paraphrase.

(Ricoeur, 1977, pp.87–8)

Creative thinking of this kind often depends on the coming together of two disparate concepts (Koestler, 1964), which is why seeing a paintbrush as a kind of pump is more likely to generate new ideas than seeing it, say, as a kind of pen. Similarly, the most productive metaphors for nursing are likely to come from spheres of practice well removed from health care.

3. The Nurse-as-musician

The metaphor that currently dominates the profession presents the nurse researcher as a detached and rigorous laboratory scientist and the practitioner as an engineer or technician who faithfully implements the researcher's findings in the form of ‘evidence’. The project of nursing is therefore tied inextricably to the idea of progress through science, with improvements to practice almost entirely dependent on refinements to research methods and methodologies. Thus, nursing practice is judged and valued firstly by the extent to which it is ‘evidence based’, secondly according to the research methods employed in acquiring the evidence, and thirdly by the rigor with which the findings are applied by the practitioner. This technical rational approach to nursing depends on predetermined interventions based on ‘best evidence’ and provides little opportunity for the practitioner to contribute either to the knowledge-base of nursing or to the development of practice.

Donald Schön, who was an accomplished jazz and classical pianist, illustrated this split between knowledge creators and knowledge appliers using a metaphor from music. Evidence-based practitioners can be thought of as members of an orchestra, confined to following a score which they had no hand in writing, and from which they are forbidden to deviate. They may well have a repertoire of individual skills, techniques and knowledge, but they rarely find the opportunity to apply it to their day-to-day clinical work. In contrast to evidence-based practitioners, Schön likened the reflective practitioner to a musician in a jazz band with the freedom and ability to improvise. Thus: ‘When good jazz

musicians improvise together, they also manifest a ‘feel for’ their material and they make on-the-spot adjustments to the sound they hear. Listening to one another and to themselves, they feel where the music is going and adjust their playing accordingly’ (Schön, 1983, p.55). The nurse-as-jazz musician is free to draw upon a personal repertoire of knowledge and skills within a certain framework of accepted practice in response to the actions and responses of colleagues and patients and the ongoing development of the practice situation. This is clearly a generative metaphor which encourages us to think about nursing practice in new and creative ways, for example as the spontaneous on-the-spot creation of nursing knowledge and theory as an integral part of practice. Furthermore, because the metaphor draws on a practice discipline quite different and distinct from nursing, there is little temptation to slip from nurse-as-musician to nurse-is-musician.

4. Conclusion

I have suggested that metaphors might be a more useful and creative way of framing the practice of nursing than models. A well-constructed generative metaphor provides us with a powerful and evocative way of saying the unsayable, of expressing the tacit knowledge and processes that comprise the essence of nursing, and of visualising new and previously unconsidered possibilities. Generative metaphors are not intended to be prescriptive in the way that many models are. If we had thought about the advanced practitioner in ‘doctor language’ rather than in ‘doctor actions’, a far more flexible, autonomous and uniquely nursing role might have emerged. Similarly, thinking about the nurse-as-musician enables us to explore questions such as: ‘to what extent should the nurse follow the score of written procedures?’; ‘What skills, knowledge and techniques are necessary in order to improvise a nursing response when there is a lack of evidence?’; and, most importantly, ‘What are the limitations of using music as a metaphor for nursing?’.

Unfortunately, the current metaphors that nurses have at their disposal have become stale and unproductive, their creative possibilities exhausted. We need some fresh metaphors for nursing that will inspire the profession to new possibilities and new directions, but we must also be wary of the pitfalls of taking metaphors literally. What we require, then, are metaphors that are sufficiently removed from the everyday realities of nursing, but which nevertheless have something new, fresh and relevant to say about nursing practice. I have suggested that Schön's metaphor of the practitioner-as-jazz musician offers one such example, and in a series of occasional articles I will explore a number of other metaphors for nursing, including the nurse-as-gardener and the nurse-as-handy(wo)man.

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