

Nursing Theory-Based Independent Nursing Practice

A Personal Experience of Closing the Theory-Practice Gap

Kathleen Musker, PhD, RN

The article presents a narrative and exemplar from an independent nursing practice underpinned by the theory of health as expanding consciousness. The journey illustrates the importance of developing personal and professional awareness of theories that are congruent with one's worldview. This enhances meaning in nursing practice and contributes to closing the theory-practice gap. The benefits of independent nursing practice to closing the gap are also discussed. **Key words:** *health as expanding consciousness, independent nursing practice, practice methodology, theory-practice gap*

IN 1989, Rogers wrote that “individuals have a personal paradigm or meaning perspective that structures the way in which they existentially experience, interpret, and understand their world.”^{1(p112)} Each individual nurse therefore holds a particular worldview. According to their worldview, they are likely to have theories congruent with the paradigm, by which they account for how things work in the world. It is the contention of this writer that, as a nurse, becoming aware of one's worldview contributes to identifying theories, particularly nursing theories, that are congruent with her or his worldview and therefore are recognized by the nurse as meaningful to her or his nursing practice. In my experience, having meaningful knowledge instills a desire to apply the knowledge in practice. A felt sense of integrity of theory and practice emerges and promotes a pattern of applying theory in practice, and gain-

ing new nursing knowledge that arises from meaningful practice.

Developing processes for expanding consciousness of worldview or paradigmatic perspective and theories that underpin my personal and professional life is a process that evolved in my life over many years. Only in retrospect did I realize that I had been repeatedly using specific processes of attention, reflection, and articulation in my personal and professional nursing journey to bring to consciousness my beliefs and the theories that support them. This occurred while I spiraled through phases of theory and practice toward my current unitary worldview and health as expanding consciousness (HEC)-based independent nursing practice (INP).² With increasing autonomy in my nursing practice, I became more and more aware of the value of theory to guide my practice, which led to my experience of closing the theory-practice gap.

It is the purpose of this article to illuminate the value of nursing theory to INP and to explicate this as an evolving personal process. This will be accomplished by presenting a narrative of my evolving personal and professional journey regarding my expanding awareness and experience of nursing theory-practice, nursing roles, education,

Author Affiliation: *School of Nursing and Health Studies, Northern Illinois University, DeKalb, Illinois.*

The author thanks Dr Paula Kagan for her contribution to this article.

Correspondence: *Kathleen Musker, PhD, RN, School of Nursing and Health Studies, Northern Illinois University, 1240 Normal, DeKalb, IL (kmusk@earthlink.net).*

employment, identity, and worldview. My nursing practice as evidence of the value of theory to practice will be further detailed through a description, exemplar, and analysis of my current INP methodology as guided by Newman's² HEC theory. Implications regarding the theory-practice gap, emergent from my personal and professional experience, will also be noted.

I am presenting my personal journey, supplemented with an exemplar from my current INP, for 2 primary reasons. The first is to indicate that closing the theory-practice gap is in part an intuitive process of self-awareness and can be done independently. The second reason is to present the process of closing the theory-practice gap in the context of a non-conventional nursing setting that is an independent private practice. It is important that nurses are aware of nursing practice options through which they can practice in ways that are congruent with their personal paradigms, and this article presents an example of a nursing theory-guided INP that is congruent with the unitary-transformative nursing paradigm.³ Although this article indicates that it is possible to close the theory-practice gap independently, it took me many years to do so, and it is my belief that using the processes of attention, reflection, and articulation can activate awareness and close the gap in a more timely manner. As nurses are being held more and more accountable for theory in practice, time may be of the essence in expanding self-awareness of personal and professional beliefs, theories, and values because they relate to practice in any nursing setting.

SIGNIFICANCE OF INDEPENDENT NURSING PRACTICE

My current nursing practice includes nursing education, inpatient acute psychiatric clinical practice, and a private INP. Much has been written about theory as applied to practice in the more traditional health care settings,⁴ but little has been written about independent practice as a setting in which nurses apply nursing theory.

Nursing as a healing art was independently practiced in various forms and cultures for eons, but in Western society women as independent practitioners in health care were rare after 1900.⁵ With the advent of medical science and the dominance of medicine as a predominantly male profession in the late 1800s,^{5,6} the role of women in health care as nurses came to be viewed as subservient to doctors, following the doctor's orders and carrying out their treatment plans. This type of nursing practice usually occurred in hospital settings where nurses worked as teams. As nurses moved into public-community health care settings, they gained a measure of independence.⁶ With the advances of the feminist movement in the 1960s and 70s, nurses began to seek ways to practice independently,⁷ either doing nursing work in private practices⁸ or using their nursing knowledge in other fields such as in business.⁹

Independent nursing function was defined as "any aspect of nursing practice for which the nurse alone is responsible, acting on his or her own initiative and without instructions from any other discipline."^{10(p1)} There are new opportunities emerging for nurses to enter independent practice due to social trends such as decreasing numbers of hospitals in certain areas because of consolidation,¹¹ the emphasis on preventive health care,¹¹ and public interest in holistic modalities.¹² Independent nurse practices form "a small but important part of the health care system and provide the public with a greater degree of choice regarding health care delivery."^{13(p237)} Nurses seek to enter independent practice for a variety of reasons such as freedom to focus on chosen areas of health, including holistic health, that are important to the practitioner,^{12,14,15} flexibility and control in management of the practice,¹⁴ creativity in nursing practice,¹⁶ and autonomy.¹⁷

Independent nursing practice presents difficulties and opportunities for nurses in incorporating theory into practice as compared to doing so in conventional health care settings. One drawback of INP is not having peers with

whom to discuss concerns and learning new ways to apply theory in nursing practice.¹³ In places such as hospitals, theory may be addressed explicitly through the choice of a theoretical framework adopted by the hospital or a theoretical framework utilized by a specific unit. In many cases, nursing practice in large health care settings has been based on tradition or implicit theory and this has been found to contribute to the theory-practice gap.¹³ Whether the theory is explicit or implicit, nurses in these conventional health care settings have a theoretical structure supporting their nursing practice and they have opportunities to share practice ideas with peers.

In terms of opportunities for nurses in INP to close the theory-practice gap, nurses are in a situation to immediately apply chosen theories congruent with their worldview. This is due to their greater autonomy and possibility for creativity and innovation.¹¹ Also, in a private practice setting, the need for and relevance of theory to practice may be more apparent than in other circumstances because of the one-to-one intensity of focus on the therapeutic partnership, and the sole responsibility for the embodiment of theory by the nurse in the partnership. With a lack of other accessible external guidance and structural supports, theory provides the primary structure to guide healing process in an autonomous situation. While relevant theories may provide a needed supporting structure, nursing theory provides the most relevant guiding structure for all nursing practice, including INP.¹⁸

In my life, conscious awareness of my worldview and theoretical framework did not occur during my nursing education, and it became a personal career struggle and quest to clarify my beliefs and theories about reality and nursing. The conscious articulation of my evolving worldview and congruent theoretical underpinnings regarding my health care work with others did not come until 15 years into my 36 year career as a nurse. My shift in awareness from a systems perspective to the unitary-transformative paradigm,³ and my ap-

preciation for and application of HEC nursing theory in my INP, emerged as recently as 10 years ago. The value of HEC in nursing practice has been documented by Newman scholars related to praxis in conventional health care settings such as hospitals,¹⁹⁻²¹ community/home health,^{19,22} and an assisted living facility.²³ The value of HEC theory to practice in these settings was identified by nurses and clients as empowerment,^{20,21} understanding self as a whole,²¹ evolving caring and closeness,¹⁹ releasing old unhealthy patterns,²³ and unfolding meaning.²² There were no articles found that presented evidence of the value of HEC theory in practice in INP.

NARRATIVE

My nursing career evolved through approximately 8 phases. Each phase has been a unique combination of nursing role, identity, worldview, and theoretical underpinning. The phases were BSN student, hospital nurse, rural clinic nurse, urban home health nurse, MA student, independent holistic practice nurse, PhD student, and nurse educator/INP. The last 4 phases began to overlap, but for the purposes of this article, they are addressed according to predominant focus in my life in relation to theory-guided practice.

As an undergraduate nursing student right out of high school in the 70s, I had 1 nursing theory class in my senior year. I learned the theories as abstract concepts and did not recognize these theories as directly applicable to my nursing practice. My theoretical perspective then was primarily unconscious and my nursing education at the time did not encourage me to call this perspective to consciousness. As I began my first hospital job on a medical-surgical unit, I compliantly accepted the received view, which was the biomedical model of health care. I was experiencing reality shock in my first full-time job in the "real world" and was focused on learning a new job. I was guided by the experienced nurses who mentored me, and by my personal

belief in persons as the sum of systems including emotional and spiritual systems. I was young and adventurous and left this job to pursue life and work in Alaska. Eventually I found employment in Alaska in a rural health clinic providing nursing care to the local population of a small town, working with a physician's assistant who functioned as the local doctor for the region. Again, my practice was not guided consciously by theory, but I was beginning to expand my worldview by reading books that challenged my linear view of reality as objects interacting in predictable ways. I resonated with many of the ideas about a nonlinear unpredictable universe, and the effect of the observer on the observed. I learned about an energy-based nursing technique called Therapeutic Touch.²⁴ My personal view began shifting to a system's view of wholeness as greater than the sum of parts.

I had high hopes for what could be accomplished in terms of nursing care as I began my next job as a visiting nurse in the inner city of Chicago. With my new theoretical perspective of the power of the individual; the mind-body connection, and the nurse-client relationship as a partnership, I believed that the people I worked with would feel freer to make healthy choices with my nursing support. More often than not this did not happen and I began to feel disillusioned with the dualistic medical model in which the doctor and even nurse were "experts" and privileged in the health care system as opposed to the patient who often behaved as a victim of both the illness and the health care system. As my discomfort with my nursing practice increased, I began to reflect on and question my own theories about what health was, and what my role was as a nurse. I explored the idea of INP when I found the book *On Their Own*⁹ written by Chicago nurses, and when I attended a lecture by Kinlein,⁸ who spoke about her INP. I was not yet prepared to enter independent practice as a nurse, but the idea of it continued to intrigue me. Meanwhile, I continued my self-study of holistic and systems theories and I also sought more theoretical health care knowledge and methods of

nursing practice congruent with my new beliefs. This led to my next venture, which was to return to school in California for a master's degree in holistic health.

The program I entered drastically shifted my ideas because I learned about theories of consciousness and energy patterns as underlying reality. The educational philosophy of the program was primarily experiential and it was a challenge for me to first *experience* lessons and then to learn the theory. Theories based on Eastern spiritual philosophy provided models of the body-mind-universe as energy systems, which operated according to specific principles. I also learned counseling theories that focused on attending to energy of lived experience²⁵ and used somatic or body-oriented methods²⁶ to elicit energetically based life patterns that were information about a person's health, including my own. With this new knowledge, I returned to Chicago and decided to begin a part-time private practice based on the theories I had learned in the program.

In my private practice I was able to appreciate and apply theory to my work and in fact found it necessary to do so in order to organize my practice and explain my work to clients, to be able to articulate why I used certain techniques. I worked as a partner with clients and knew that I was not just observing their process but was engaged in a mutual healing process with them. This work was often transformative for both of us and felt very satisfying to me. I valued having theories that applied to and guided my practice. The 1 aspect that was disconcerting was that I felt confused about my professional identity. My work was based on nonnursing theories and I was not directly involved with other nurses practicing as I was. I was unclear about my identity as a nurse and tried on different titles such as wellness counselor or healing arts practitioner, to see what fit. I deeply identified myself as a nurse but could not see how this could mesh with the society's view of a nurse, nor did I have a nursing theoretical framework to guide my work. My personal explorations continued through reading and workshops,

which led to my next expansion of consciousness.

In the course of my ongoing self-study, I discovered the work of Margaret Newman and her theory of HEC.² Not only did I resonate with her theoretical assumptions, but in my master's degree program, I had been introduced to many of the authors and works she cited as background sources for her theory. I felt an immediate connection with HEC as if the theory validated the work I was doing and provided a nursing theoretical framework in which to do so. I was already working with pattern and consciousness because I used cognitive and somatic methods of pattern recognition (PR) with clients in my practice. During that time I participated in a conference on nursing and the environment and for the first time I consciously applied Newman's theory in a lecture and manuscript²⁷ that I presented at the conference. The conference shifted my awareness to another level on my evolving journey as I encountered doctorally prepared nurses doing original research from a holistic perspective. This was congruent with my beliefs and with HEC. For the first time I felt that there might be a place for me in the discipline of nursing as a nurse with a holistic perspective, and that my practice could be supported by nursing knowledge. It was then that I knew it would be possible for me to obtain a nursing PhD while focusing on phenomena in a way that was congruent with my worldview.

My next career phase was to enter a nursing PhD program. I thought I had the theoretical understanding I needed to begin a dissertation on pattern using HEC. I had knowledge of the theory, but I found out that I did not necessarily have a true understanding of the theoretical perspective of HEC. It was under the guidance of Dr R. Parse and my introduction to her unitary theory of human becoming²⁸ that I was propelled into awareness that wholeness from a unitary perspective was very different from the systems view I held. Rather than my view of wholeness as greater than the sum of the parts, the unitary view posits that there are no "parts." Whole-

ness is viewed as an inherent property of reality; an essential unity from which all phenomena manifests.^{2,26} It took me a while to grasp this and then to realize that this perspective underpinned HEC. As Maslow suggested, "if all you have is a hammer, everything looks like a nail."^{29(p15)} Until this shift in consciousness occurred, my hammer was systems theory and wholeness looked like an indivisible interaction of separate but connected elements. As my paradigm shifted, I adopted a new understanding of wholeness from a unitary perspective as inherent wholeness. With further awareness of the unitary-transformative nursing paradigm, and HEC unitary nursing theory, I began my research, using Newman's² HEC praxis method, and wrote my dissertation from this perspective of wholeness. I gained the clarity that HEC was the nursing theory most congruent with my INP.

As my understanding of HEC theory deepens, I increase my awareness and embodiment of the theory in my praxis. This occurs in the mutual lived experiences with my clients, and as I reflect on the meaning of these experiences in my life and work. With this consciousness and experience of embodying nursing theory in my INP, I see the evidence of the value of nursing theory in my practice. It is the pattern awareness and transformation that occurs in the mutual process of my practice methodology. I look forward to sharing this nursing knowledge with students in my current additional role of a nurse educator. It will be of value to students to learn that nursing theory-based INP is a career option for them, and that it is of value to them to reflect on their personal ontology and to identify and apply nursing theory compatible with that.

CURRENT HEC THEORY-GUIDED PRAXIS METHODOLOGY

For a number of years my INP was underpinned by an integrative-interactive systems³ paradigmatic perspective. As I shift to a unitary-transformative perspective, I revisit the way in which the theory guides my practice. According to Newman,² a new

theory transcends and includes the old. In terms of energetic pattern change, previous theories^{25,26} of energetic pattern change indicated that it is possible, through attention to a pattern, to let go of what is no longer necessary, and to keep what is necessary. As I incorporate and embody a unitary perspective and HEC theory in my practice, I can keep what is still viable and valuable in my praxis methodology in the service of client health care processes. I reflect on what I learn in my practice, and I articulate new ideas and theories I develop or learn in mutual partnership. I do this through documentation of work with clients, printed materials that I create as I develop my INP, as well as in dialogue with clients, friends, and colleagues.

The HEC theoretical principles² guiding my unitary PR process are that disease and nondisease reflect the pattern of the whole person and are rhythmic fluctuations of the underlying unitary pattern that is reality, pattern is dynamic and evolving to greater diversity, consciousness is coextensive in the universe and persons are identified by their patterns of consciousness, and health is expanding consciousness. The experiences of the nurse in the PR praxis process can lead to insights that might motivate new theoretical possibilities and new practice methods that transcend and include previous ones.

My nursing praxis methodology is derived from Newman's² PR process and a somatic pattern change process developed by somatic psychologist, Keleman²⁶ as indicated in Table 1. In my HEC guided praxis, Newman's PR process transcended and included Keleman's somatic change process. An exemplar of this praxis methodology specifies my use of theory in practice that, although occurring in praxis as a unified process, has been differentiated for clarity in the following exemplar and tables.

EXEMPLAR

My client was a 14-year-old girl brought by her mother because of depression. The client stated that she felt judged by others, frequently embarrassed, and became very self-

critical. She felt disconnected from others and depressed especially when home. As mutuality was established, we discussed what was meaningful to her in her life. I also engaged her in somatic exercises such as having her stand in a way that she felt grounded and solidly connected. She did so, but as she focused deeply on her experience and was gently challenged to move from this place, she noticed that she was actually imbalanced and ungrounded. I silently observed that her energetic pattern seemed to show imbalance in the area of her hips and legs—also indicating possible lack of grounding. I then had the client intensify her pattern by suggesting that she attend to thoughts and feelings when feeling off balance in her body. On the basis of what the client said about how she experienced her pattern, I facilitated a process in which she “undid” the pattern through shifting thoughts, behaviors, and embodied ways of holding and releasing aspects of the pattern. Again, she attended to her thoughts and feelings from this place. As the client experienced her lack of grounding, she began to sense this as a larger pattern in her life. She identified a number of situations in which these sensations, feelings, and thoughts emerged. As she went through these experiences, I remained in authentic presence with her, also noticing my own patterns in resonance with hers. I asked her to continue noticing sensations, thoughts, and feelings, particularly when feeling depressed and disconnected, until the next session. In the next session we dialogued about what she had experienced. I asked her what things she liked to do that felt connecting for her. She identified drawing and gardening. I asked her to do these things at home and to notice what came up for her. We also worked on gently “undoing” her pattern and reflecting on what she noticed. She asked for ideas about ways to relax during times of stress and discomfort and I taught her a few techniques for this. As she tested different ways of dealing with connection-disconnection, she began to identify what worked for her, and to incorporate these new ways of being into her life. Transformation to a new pattern emerged

Table 1. Pattern Recognition Processes: A Comparison^a

Somatic Change Process (Keleman)²⁶	HEC Pattern Recognition Process (Newman)²	Author's Praxis Process (Musker)
	<p><i>Mutual partnership established</i> Awareness of nurse as embodiment of HEC theory. Nurse aware of self with client as aspects of inherent pattern of wholeness. Presence, and resonance with client pattern</p>	<p><i>Mutual partnership established</i> Awareness of nurse as embodiment of HEC theory Present with client</p>
<p><i>Identify the problem</i> Client tells their story.</p>	<p><i>Elicit pattern through narrative</i> Ask what is meaningful.</p>	<p><i>Elicit pattern</i> Use various ways such as narrative of meaning, or noting behaviorally embodied pattern aspects.</p>
<p><i>Intensify problem pattern to note organization</i> Guide client in use of body-mind exercises as client focuses on their health issue, to get felt sense of pattern and how they organize the pattern.</p>	<p><i>Create and mutually reflect on pattern diagram</i></p>	<p><i>Intensify pattern</i> Further focus on embodiment of pattern using somatic, energetic, and cognitive techniques, diagram, reflection on the pattern.</p>
<p><i>Disorganize the pattern</i> As clients increasingly sense how the pattern is organized, they begin to perceive the ways they can disorganize and let go of a pattern that does not work for them. They are encouraged to practice letting go to the extent that this is tolerable for them.</p>	<p><i>Silence/presence</i> Insight action potential emerges. Clients try new ways of thinking and acting.</p>	<p><i>Release what no longer works</i> Somatic and cognitive exercises, dialogue.</p>
<p><i>Pause</i> With the release of aspects of pattern aspects that no longer work, there may be a sense of loss and discomfort because the known is released, while there is as yet no new pattern formed. During the pause phase, new possibilities may arise to be tested out by the client.</p>	<p><i>Silence/presence</i> Insight action potential emerges. Clients try new ways of thinking and acting.</p>	<p><i>Teach healthy ways to tolerate uncertainty and observe for indications of action potential.</i> Use silence/presence, insight. Offer healing modalities. (continues)</p>

Table 1. Pattern Recognition Processes: A Comparison^a (*Continued*)

Somatic Change Process (Keleman)²⁶	HEC Pattern Recognition Process (Newman)²	Author's Praxis Process (Musker)
<i>Reorganize pattern</i> With trying on new possibilities, eventually a meaningful new pattern gains clarity and solidity in the client's life. The new pattern may contain elements of the old pattern that continue to be meaningful.	<i>Choice point as movement</i> Identify choices. Possible transformation occurs. Reorganize at higher level of complexity/diversity.	<i>Support client choices</i> Possible pattern transformation. Reorganize at higher level of complexity/diversity.
<i>Reflection</i>	<i>Note pattern change as related to Young's stages of consciousness</i> Continue to reflect as needed.	<i>Nurse self reflection on process</i> Note pattern change as related to expansion of consciousness.

Abbreviation: HEC, health as expanding consciousness.

^aPurposes of all methods are to facilitate pattern awareness and insight into pattern; and to support clients in the process of pattern recognition and in their choices regarding their pattern.

as she noticed that she was able to remain positive when with others even in the face of their criticism. If feeling disconnected, she would stand in a grounded position or attend to thoughts and shift to positive self-thoughts. When at home, if she began feeling the old pattern of depression emerging, she was able to notice it without judging herself for it and choose either to stay with it for a while to see what meaning it had for her or to choose other activities to feel grounded and connected in her life. Eventually she was consistent in her new pattern, feeling more connected to others, noticing improved friendships, and being able to let go of self-judgment or fear of the judgment of others. She let me know when she felt that she no longer needed my support and we spent time reflecting on what was meaningful for each of us during our time together. We then ended our sessions together. After completing my time with this client, I reflected on the process and noticed the changes I experienced in my own pattern. I noticed more clarity in my identity as a nurse, and clarity in my awareness of being supported by HEC theory as I dealt with a teenager, sensing resonance with her changing pattern. The praxis

process increased nursing knowledge as my client shared what was meaningful to her, and as I noticed my own pattern because it changed with new meanings. This was validation of Newman's² contention that according to HEC theory, a pattern changes with new information.

THEORY-PRACTICE ANALYSIS OF EXEMPLAR

This exemplar illustrates the theory guiding the author's nursing praxis methodology in individual client sessions. The author's methodology is guided by HEC theory and incorporates somatic and energetic pattern awareness modalities. Table 2 presents the phases of the practice methodology, exemplar practice action in each phase, and HEC theory related to each phase of the methodology.

IMPLICATIONS FOR BRIDGING THE THEORY-PRACTICE GAP

As a nurse who has a nursing theory-guided INP as praxis, I reflect on how this

Table 2. Examples of Value of Theory in the Pattern Recognition Praxis Methodology

Partnership	Mutuality established with both mother and daughter. Individual sessions held with daughter. HEC: Author sat in presence with client, aware mutuality of the process and resonance of patterns reflecting the pattern of the whole.
Identify problem	Client presented health concern. HEC: Old pattern no longer working. Client experiencing discomfort, chaos.
Elicit pattern	Asked client what was meaningful to her and attended to the narrative. Also did somatic work in which client able to sense into embodiment of pattern. HEC: Elicit the evolving pattern of the whole in such a manner that clients can gain a global perspective of themselves.
Intensify pattern	Further focus and reflect on client pattern and on how client experienced the pattern: through dialogue, use of somatic, energetic, and cognitive techniques. HEC: Note pattern characteristics such as contradictions and similarities and share this with client without interpretation.
Disorganize pattern	Guide client in techniques to “undo” pattern. HEC: Support and dialogue regarding client experience during this process.
Pause	As client chose to end old pattern, nurse supported client through time of uncertainty, new possibility with grounding awareness activities identified by client and nurse. HEC: Nurse validates all information as relevant as client tries new pattern possibilities that emerge from insight and action potential
Reorganize pattern	Client organized a new pattern–transformation of old pattern. Nurse validated client experience of pattern transformation, mutually ended work together. HEC: The theory is applied by noting expansion of consciousness as improved quality and increased diversity of relationships with the environment.
Reflection	Mutual reflection of nurse and client on PR process. Nurse reflection on personal meaning of the process. HEC: “Whatever transforms you transforms your practice.” ^{2(p116)}

Abbreviations: HEC, health as expanding consciousness; PR, pattern recognition.

process developed for me and I see the implications for other nurses in independent practice. In considering the experiences and thoughts presented in the narrative and exemplar as they might relate to other nurses, it is important to note that nurses must come to their own understanding of what is meaningful for them in their practice and what theories are congruent with their basic beliefs and values. Although I framed my process of closing the theory-practice gap from the perspective of HEC, I believe that the processes of attention, reflection, and articulation in relation

to theory and practice can be used from any perspective.

Johns posed the question, “. . . whilst reflection is espoused as empowering, are nurses empowered enough to utilize reflection to become self-determining?”^{30(p241)} In reviewing my personal journey and my current praxis, I realized that each phase of my career journey to independent practice was a pattern spiral of theory, practice, attention, reflection, articulation, theory. Initially my worldview and theory were unconscious, based on received personal and professional

theories and then increasingly conscious and based on self-study and further education. This was an empowering, self-determining process and my own personal PR process. Newman² contended that the process of PR is emancipatory. Each phase of my theory-practice journey was evidence of this as I expanded my consciousness of my worldview and of a congruent nursing theory to guide my nursing practice. My practice became increasingly autonomous because I freed myself from old beliefs about what nursing and my nursing practice had to be. I believe that nurses can be empowered enough to become self-determining in closing the theory-practice gap.

CONCLUSION

Knowledge of personal and professional paradigmatic perspectives and congruent theories can lead to meaningful nursing practice. Such knowledge can be brought to awareness through a process of self-guided searching, and through techniques such as attention, reflection, and articulation. Independent nursing practice offers an opportunity to close the theory-practice gap by offering the autonomy, and possibilities for creativity, in which to apply such knowledge. What shifted my perception and experience of the theory-practice gap were the processes of attention, reflection, and articulation in relation to theory and practice. As indicated in the explication of my journey, when ways of practicing no longer worked for me, I attended to my discomfort. This was also an evolving process, initially very difficult, but easier as I learned in my master's program that it is a principle of expanding consciousness to pay attention to any experience, particularly ones that are uncomfortable. As I allowed myself to dwell with discomfort and uncertainty, I reflected

on the meaning of what was occurring and this led to insights as to further areas of study. The new theoretical perspectives and specific theories that I learned in various phases of my transforming praxis, transcended, and included aspects of previous theories that I had embodied. I then articulated new ideas and theories I developed or learned. I did this through dialogue with friends and colleagues. I also articulated the theories in printed materials that I created as I developed my INP, as well as in dialogue with clients.

My current praxis is one in which theory is both a guide and an embodiment and concurs with Newman² that the content is the practice. As such, the theory-practice gap in my independent nurse practice remains closed to the extent that I continue to attend to it and reflect on it. It is important to note that the closure is not a static condition of a static place or gap, but rather both condition and place are aspects of a whole, living, dynamic, evolving process. From this perspective, theory-practice as praxis is unpredictable and endlessly creative.

The personal perspective presented here of the value of theory to INP and closing the theory-practice gap has implications for other nurses. My intent is that illumination of my personal journey culminating both in my establishment of an INP and in closing the theory-practice gap in this practice may encourage other nurses in independent practice. It is possible that if a nurse in independent practice experiences the discomfort of a theory-practice gap and chooses to address it independently, then they know that they are not alone and that the processes of attention to feelings, especially of discomfort regarding nursing practice, reflection on old and new ideas about practice, and articulation of meaningful perspectives may offer ways to approach the theory-practice gap.

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