CONSTANT VIGILANCE: THE LIVED EXPERIENCE OF MOTHERING A HOSPITALISED CHILD

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Thesis presented in partial fulfilment of the requirements for the degree of Master of Philosophy in Nursing.

Thesis Held: Massey University Library (Palmerston North) and UNITEC Library

This phenomenological study describes the lived experience of mothering a child hospitalised with acute illness or injury. Seven mothers who had experienced this crisis within twelve months of our first interview agreed to share their stories with me. The resulting data was analysed and interpreted using van Manen's interpretation of Heideggerian phenomenology.

Four phenomenological themes emerged from this study. Mothers have a special kind of knowing. They have a need to do with and for their child. Handing over to or leaving their child in the care of strangers and waiting for their child to be returned to their care are very difficult things for mothers to do. Their constant vigilance is enabled by their special kind of knowing and their need to do. The difficulty of handing over, leaving and waiting is emphasised by mothers' constant vigilance.

Personal experiences during the course of my study presented significant challenges to my ability to offer an effective phenomenological description of the phenomenon under study. Continuous reflection aided by dialogue with fellow phenomenological researchers has resulted in a meaningful narrative.

This description of mothering in a context of crisis is useful in the potential contribution it makes to nurses' understanding of mothers' experience of the hospitalisation of their children. It supports the philosophy of family-centred care and highlights the ability of individual nurses to make a positive difference to a very stressful experience.

AN UNDERSTANDING OF FAMILY IN THE CONTEXT OF FAMILIES FACING THE DIAGNOSIS OF CHILDHOOD CANCER

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ABSTRACT

The diagnosis of childhood cancer has a profound impact on the family. How nurses understand family affects their practice with families facing the diagnosis of childhood cancer.

Shaped by Heideggerian phenomenology, van Manen's methodology for hermeneutic phenomenology was used to construct an understanding of
family from the experiences of family members facing the diagnosis of childhood cancer. Seven family members from two families, one mother, two fathers, two siblings, and two grandparents were interviewed about their experience of facing the diagnosis of childhood cancer. From the participants’ experience the meaning of family was interpreted as being-with-others, for-the-sake-of-others, who one might not distinguish from oneself. This understanding of family is recognisable, yet different from traditional definitions of family and may help nurses and family members to act more thoughtfully and tactfully with each other.

**REFLECTIVE THINKING IN NURSING PRACTICE**

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While it is claimed in the nursing literature that reflective thinking is the approach par excellence for learning and advancing the art and practice of nursing, few empirical studies have been undertaken in this area to date. This thesis presents a study of reflective thinking. Sense-Making, a qualitative research method, was utilised to obtain and analyse data from interviews with ten Registered Nurses.

After exploring the seminal works of Dewey and Schön, the concept of reflective thinking was clarified in order to arrive at an operational definition. Ten non-routine nursing situations were analysed for the presence of reflective thinking. Time-Line interviews of the ten events resulted in a total of 59 Micro-Moments, each of which was explored in terms of how nurses engaged in reflective thinking, and furthermore, what the focus of this reflective thought was.

Reflective thinking was extensively manifest, especially in moments of doubt and perplexity. ‘Pre-perceptions’ played an important part in how the participants perceived their situation. Reflective thinking, an active cognitive process to create meaning and understanding, consisted of such activities as comparing and contrasting phenomena, recognising patterns, categorising perceptions, framing, and self-questioning. The latter activity was identified as a significant process within reflective thinking. By exploring and analysing the type of questions participants were asking themselves, the study uncovered three hierarchical levels of reflective thinking. Participants most often engaged in reflective thinking-for-action which centred on the here and now in order to act. Reflective thinking-for-evaluation focused on creating wholeness and contributed to the realisation of multiple perceptions and multiple responses. Reflective thing-for-critical-inquiry is the highest level of the 'Reflective Thinking Pyramid' even though its occurrence could not be demonstrated in the study sample. The findings of this study resulted in the development of a 'Dynamic Process Model of Reflective Thinking', and are discussed in terms of the implications for nursing practice and nursing education. Finally, the Sense-Making Method is recommended as a framework to encourage and guide reflective thinking in nursing practice.