

# COURAGE AS INTEGRAL TO ADVANCING NURSING PRACTICE

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## Abstract

Courage is an elusive but fundamental component of nursing. Yet it is seldom mentioned in professional texts and other literature nor is it often recognised and supported in practice. This paper focuses on the illumination of courage in nursing. Data from a hermeneutic analysis of nurses' practice stories is integrated with literature to assist deeper understanding of the meaning of courage in contemporary nursing practice. The purpose is to make visible a phenomenon that needs to be actively fostered or 'en-courage-d' if nursing is to effectively contribute to an improved health service.

**Key Words:** Courage, nursing practice, philosophical hermeneutics.

## Introduction and background

Courage has captured our attention. In earlier research focused on illuminating the qualities essential for advancing nursing practice, Spence (2004a) identified several key "C" words including: **c**onfidence, **c**ognitive **c**apacity and **c**linical **c**redibility. Yet there seemed to be something missing. Something else was required to overcome the myriad of factors that constrained the advancement of practice. Further thinking, dialogue and reading suggested that another, perhaps more significant quality, that of courage (Spence, 2004b) was critically important. In the nature of hermeneutic research we begin by recalling our own stories of 'being courageous'. Deb tells her story from a time she returned to clinical nursing while completing her doctoral research:

*As part time staff nurse, I was concerned for the safety of a woman with an insulin infusion who had been admitted to the orthopaedic ward because there were insufficient beds in the medical ward. Knowing that the orthopaedic nurses lacked the high level expertise to respond adequately should she deteriorate, I decided I had to speak up. Standing at the head of the bed, beside the woman and her infusion pump, I faced the physician, registrar and 2 medical students and systematically outlined the reasons for transferring the woman as soon as a medical bed was available. When the physician turned to his colleagues and said:*

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*“This is the sort of nurse that you listen to” and then asked the registrar to make the necessary arrangements, I was amazed and humbled. I had been courageous enough to speak up and was being heard.*

The confidence that Deb had developed through practice and advanced education had enabled her to use her courage to promote safer care for this client.

Liz, on the other hand, tells a story from thirty years ago when she was a young staff nurse on a medical ward:

*I was nursing an old man in a great deal of pain. His intravenous antibiotics were due, but his drip needed to be replaced. A doctor, hurrying to get to a meeting, said casually: “oh, just give it intramuscularly for now” and my heart sank. The man was skin and bones. I dreaded the thought of the extra pain that I would inflict and heard myself say passionately: “That’s cruel”. The doctor stopped and gave me an equally passionate ‘telling off’ for use of the word ‘cruel’. I had courageously confronted this doctor but was left feeling embarrassed, hurt and not at all sure I could confront him again. I still had the awful job of inflicting more pain on a man who was already suffering.*

With the wisdom of hindsight, Liz realises that her act of courage simply antagonised the doctor. Now, she would approach the issue differently, yet still it would require courage because the memories of the ‘telling

off’ would remain, making it even harder to speak up.

Both stories provide everyday examples of courage in the context of clinical practice and, in each the nurse is driven from a place of care and concern. According to Walston (2003), “nursing is the embodiment of both caring and courage” (p. 4). Yet much greater emphasis has been placed on the former than the latter (Clancy, 2003; Walston). In answering the question: “why is courage so often unnoticed in the nursing profession?” Walston suggests that this is because people erroneously believe that courage is only recognised in times of peril or adversity.

Historical reports of New Zealand’s nursing pioneers certainly attest to the courage exhibited by those who ‘blazed the trail’ in public health nursing (Lambie, 1956), and embraced opportunities to extend their practice and increase their autonomy during the first and second World Wars (Rodgers, 1994). Grace Neill’s forceful representations to government resulted New Zealand being the first country in the world to register nurses and Akenihi Hei, one of the first Maori nurses to gain registration, not only worked bravely to combat TB among her people, she also sought to establish an autonomous health system staffed by Maori (McKegg, 1992). Events such as these reveal nursing courage as heroism, bravery and resilience. Yet it is also true that considerable courage exists in the everyday world of nursing practice on multiple levels. Delmar (2004) has argued convincingly that courage and readiness are essential to the development of moral competence

in nursing. Walston (2003) suggests that the courage of nurses in hospital environments is tested daily as they attempt to balance the requirements of bureaucracy with the nurturing and humanitarian philosophies underpinning their profession, and Williams (2000), speaking collectively of New Zealand's nurse leaders, identified a pattern of attitudes, beliefs and responses that has ensured the continued primacy of the nurse in driving nursing forward.

How then to best research the notion of courage in nursing? Clearly the approach needed to account for the contextual meanings of events.

Congruent with the writings of Heidegger and Gadamer, Harman (2007) argues that what things really are is events (p. 24). Thus courage is an event. It is lived in the moment and on reflection by human beings who are always already understanding in one way or another (Schmidt, 2006). To objectify, define or conceptualise courage is to 'de-live' it (Harman).

## Methodology

Philosophical hermeneutics recognises that human understanding is always interpreted within a social and historical context (Gadamer, 1996). Moreover, the meanings interpreted from human experience are not only diverse, they are constantly changing. Thus hermeneutic research seeks not to categorise, define or 'pin down' phenomena but rather to correctly describe and explore the tensions, contradictions and possibilities inherent in their manifestation. The purpose is to understand, to stimulate

thinking, raise questions and make visible phenomena about which little is known.

## Method

Data from twenty participants in a study exploring the nature of advanced nursing practice were examined for evidence of the phenomenon of courage and, with extended ethics approval, six more interviews were conducted. Registered nurses working at an advanced level in a variety of clinical settings were asked to describe practice situations which they believed had required courage on their part. Analysis of the data was informed by hermeneutic methodology as articulated by Gadamer (1975) Hekman (1986) and Spence (2004c). It involved collecting practice stories, exploring intersubjective meanings, questioning interpretations and drawing from hermeneutic philosophy and nursing literature to achieve rich description (van Manen, 1997) of the phenomenon. The reflexive processes of reading transcripts, thinking, writing, questioning, reading literature and re writing were patiently employed in order to articulate and extend understandings of courage in nursing.

## Study findings

Courage is a context-specific yet universal phenomenon comprising numerous interdependent and simultaneously interacting components or parts. Deriving from Old French, *corage* meaning 'heart' and 'spirit' and Latin, *cor*, meaning 'more at heart' (MacDonald, 1977), courage remains a common metaphor for

inner strength. Thus, paradoxically, courage is both visible and invisible.

Seeing courage 'as' a particular way of responding as a nurse helps to illuminate its less tangible dimensions.

### **Courage as a Response to Threat or Challenge**

Diana (pseudonym) remembers the courage it took to stand up for herself on behalf of a woman who was labelled 'non-compliant' by her general practitioner.

*When I started disease management nursing, I had the experience of setting up a health clinic .... I remember one woman who had had diabetes for about 10 years. When I listened to her story, I found out that she was really scared about going on insulin. She thought she would die. I also found out that she had not been taking her tablets because she thought she would get addicted to them. So, for me it was about taking her story and going to the doctor. I asked: 'Did you listen and ask her questions?' You know, because Maori women get whakama (ashamed). They get shy about things and you really have to tease it out. But he had this attitude: 'Oh well, she is non-compliant' you know, 'Maoris are like this'. And I answered, 'Well did you ever listen to her or ask her questions?' But he had never explained and she did not have the courage to tell him because he did not listen. It seemed to me that there was no cohesion between them. The message she got was that no one was interested in her. So for me, it was about putting on*

*the hat of advocate. I challenged the doctor saying 'This is what I have found out'. But 'Holy Shit', you know, for me to say 'Well, you know, I'm going to make you a better doctor'...but there was no way the two were going to meet. He was really only doing 40% of his job.*

Diana's courage is fuelled by a belief that health professionals must listen to clients. When this does not happen, she feels compelled to intervene on their behalf. It takes courage to challenge the male doctor who perhaps perceives of himself as 'expert', is used to being the voice of authority and unused to having his practice questioned by a nurse. When Diana says "But 'holy shit'", she alludes to the courage it took for her to speak up. This was not a casual remark, or mere sharing of information; this was a direct challenge. "Did you listen to her?" "Did you ask her questions?" Diana already knew the answer to both questions was "No". She wanted the doctor to face the fact that his judgement was based on racist assumptions. For him to recognise that he did not know why this woman was not taking her insulin was akin to admitting his practice was below standard, something not easy to admit, especially to a colleague of 'lower status.' Diana confronted him not because she wanted to embarrass him but because she could see how such simple questions could make him a better practitioner.

Bridget suggests that courage comes from a *fundamental sort of ethical place*. She describes this as:

*A cellular knowing that provides*

*strength ... like refusing to tell the Dr's wife what is wrong with one of the [her husband's] clients and then having the Dr call you because he is angry that you did that. I incurred wrath for not doing something that someone wanted because it transgressed my professional standards.*

It takes courage to hold fast to professional standards of confidentiality in the face of the doctor's wife who seems to think she has a right to know and which, even more surprisingly, is affirmed by the doctor himself. Yet this nurse stood firm.

Gadamer states:

We do not know where thinking will lead us. Where we believe we know, we only believe that we think ... Thinking challenges us, and we have to stand or fall. Standing, however, means to stand fast, to correspond, to answer – and not to play, in a calculating manner, with possibilities. (Gadamer, 1994, p. 137)

Bridget was caught in the play of a conversation. She could have been 'drawn' into divulging the information by tone of voice, or the expectation that she would, by the sense of authority that the other had a right to know such information. Instead she stood fast. Her 'cellular knowing' provided an inner strength that enabled her to be resolute. She did not play with possibilities.

The nurses in both of these situations clearly demonstrate that there are some 'bottom lines' or levels below

which they will not stoop. Diana adamantly believes that clients have a right to understand and be understood and Bridget feels similarly about clients' rights to confidentiality. Their actions are underpinned by a belief that something, fundamentally moral, matters in nursing. Dowrick (1997) recognises that courage is supported by 'right thinking' and Connor (2004) speaks of the call to action in nursing as a demonstration of "moral fibre" (p. 123). Emerson (as cited in Geldard, 2001) eloquently argues that "Courage seizes the moment, when briefly, the eyes are opened to the truth of things, when the heart opens and judgement affirms the course of action" (p. 143).

Kate also alludes to the intellectual and moral forces that drive her practice and, in doing so, she links courage with passion.

*You cannot be courageous about something you don't have passion for ... I have a passion that what we do in nursing is so important and this fuels my desire ... There is courage in saying "I believe this" and "This is where I want to make my mark". (Kate)*

To say "I believe" and to make one's mark is to commit to value based action. It is to be authentic to self, to "own up" (Crowe, 2006, p. 70) to who one is, and to publicly declare that to others. An inauthentic way of being, in contrast, sinks into the complacency of social conventions, idle talk and agreement with what 'everyone' else believes. It is a way in which one simply 'goes along'. Authenticity, says Crowe (p. 76) "is not to be identified with pleasure or happiness" and thus

it requires courage. When nurses like Kate speak out they have no way of predicting what they may incur. It is likely that others will prefer the safety of the status quo. To speak out is to call for change, to provoke others to think, to invite honesty.

Kate's *passion* provides energy or fuel. Her beliefs provide the conviction and direction and *making my mark* suggests that something new and different will be contributed. A link between passion and innovation thus becomes evident but the passion is not blind or foolhardy. It is underpinned by knowledge and confidence.

### **Courage as Requiring Confident Knowing**

Nurses recognise that acting courageously requires having the right sort of information and knowing, at least partially, for the basis for one's action.

In saying "*You cannot be courageous if you do not know your stuff*", Kate credits education with providing the link to relevant knowledge. Amy similarly knows that "*although one might appear to be acting intuitively, when you pull it apart, there is a sound knowledge base .... It's not just a hunch*". Yet Crowe suggests: "We have gone into the aridity of the desert, hoping, instead of always *knowing* [erkennen] things, to intuit understandingly and to *understand intuitively*" (Crowe, 2006, p. 210). It seems one cannot go into the complex challenging arena of practice without first knowing some 'stuff' but that in itself is not sufficient. There is an understanding that emerges from knowing, that recognises the unique

situation, and that intuitively, in the moment 'understands'. It takes courage to draw from such intuitive understanding. Diana states: "*You have to do the background work. You have to know what you are talking about and back it up with evidence*". Intuition alone is risky, but understanding that 'sees' and can fall back on evidence fuels courage.

Yet having knowledge and the intuitive understanding inherent in clinical expertise are also insufficient. Courage also requires having or finding the necessary energy and being able to endure strain, or to persevere over time.

### **Courage as Sustained Commitment**

Brigit recalls the difficulties associated with being given extra responsibilities when other nurses believed this was inappropriate.

*They would get up and walk away when I came to morning or afternoon tea. Although they agreed that I could do the job they harboured resentment. It took a lot out of me not to 'hook into' their behaviour. I had to stay centred on who I was, deal with things and be really pleasant. And it stopped. After a while it stopped but I was exhausted and I still suspect some never forgave me.*

Courage, in this example, manifests as energy to remain committed and professionally focused. Closely related are the notions of resilience and fortitude. We understand who we are in a with-world (Heidegger, 1995) where others contribute regard, respect and care, or, in Brigit's example, their

hostility and resentment. It takes courage for Brigit to stand in the face of people who remind her daily that they do not think she should have the more senior position. It takes courage to keep believing in oneself when others do not share that belief. Dunne (1993, p. 264) talking of the wisdom-in-action 'phronesis' of practice states: "Phronesis arises within the whole striving that a person is". Brigit courageously maintains being 'who she is', drawing that understanding from all her previous experiences as a practitioner rather from the recent negativity arising from her appointment. Having made the choice to stay in the job, Brigit courageously and, through her commitment, wins respect. There is a cost however. The experience is exhausting. Being courageous is not easy.

### **Courage as a Paradoxical Interplay of Opposites**

Courage also manifests knowing and not knowing and the simultaneous experiencing of fear and confidence. There are times when it feels like stepping into the unknown.

*There have been times when I have taken an absolute leap in the dark. It's been like stepping off a cliff ... Will I call an ambulance? Will I transfer this patient or not? Knowing I could make the wrong decision ... Knowledge base comes into action and some quick researching of possible answers ... I don't know what is happening. I don't know how it will end. (Brigit)*

Brigit is describing the everyday world of clinical decision-making in nursing. She draws on her knowledge in search for answers but has insufficient

time to explore the options fully and knows that the correctness of her decision will only become evident after the event. There is a range of possible consequences including that of making a wrong decision. Yet, despite the dynamic and uncertain nature of the situation she faces, she knows she must act. Thus there is both a knowing and an unknowing component to acting with courage.

Courage is also experienced paradoxically in a visceral or bodily sense. Sarah describes the coexistence of calm and angst and her efforts to show the former while disguising the latter.

*I have felt my courage. My heart has been pounding away at times when I have been in charge. Someone else has said: "You're being very cool about this." But it's been very hard. (Sarah)*

Sarah reminds us how it feels to act courageously. It is an embodied experience that both fuels and drains the body. What others may perceive as 'being cool' is experienced as inner turmoil. Wheatley (2002) argues that:

We can't be creative if we refuse to be confused. Change always starts with confusion; cherished interpretations must dissolve to make way for the new. Of course it's scary to give up what we know, but in the abyss there are new possibilities. Great ideas and inventions often appear in the space of not knowing. (p. 37)

Nurses like Sarah and Brigit have experienced the gift of courage. It is in the experience of 'not knowing' that one steps forth to try new ways. Yet

there is always the possibility that the decision of the moment may make things worse.

***Is there a sense too that caution is a part of courage?***

There are times when courage manifests as being cautious because of the attitudes and behaviours of others. Kate carefully selects like-minded colleagues knowing that not everyone will be supportive and Diana works carefully to win the support she requires.

*It's not standing up and doing it alone. It's making alliances, discerning who are allies and who are not. It's bringing together a group of people who share the vision. (Kate)*

*You have to walk a very fine line ... When you know what is going on, you can advocate for something to happen. But it's about taking two steps forward and one step back ... building that rapport, having the courage to go back, the gentle persuasion, you have to work it so that the idea comes from them. (Diana)*

Thus courage is seldom an 'alone' phenomenon. Using one's courage effectively depends enormously on the context, those in it and the structures, supporting or otherwise. Kate and Diana remind us of the importance of community. Young (2001, p. 56) says: "Not in the face-to-face encounter of soul with soul but only in the side-by-side commitment to a shared project is authentic 'being-with-one-another' possible". When people face danger together, when they are called to make bold decisions without knowing what

the outcome will be, they come to know and trust each other at a much deeper level. Courage becomes stronger and more resilient when it is collective.

***Courage as Hope in Action***

Every day, situations arise in which nurses must decide whether or not to 'take a chance' or 'play it safe'. Sarah speaks of *seeing the opportunity and picking the time to act*. She recognises that *opportunism is a big companion of courage*. Thus seeing and anticipating compels action. Other participants spoke of *going out on a limb, taking the bull by the horns, standing one's ground when the edges are blurred and being willing* [when something goes wrong] *to pick yourself up and dust yourself off*. The call to action may occur in the moment but it also assumes an ongoing responsiveness and the ability to overcome fear. Emerson (as cited in Geldard, 2001) suggests that fear is a signal that we are unprepared and that the best response is to erase the reason for the fear by being prepared. Thus steps are deliberately taken in the hope of positive outcomes.

Diana uses several strategies to prepare herself:

*I had to think about it for few days. Before I went in, I said a prayer with my colleague ... My heart pounded but the karakia (prayer) gave me strength ... I must admit I was scared but I thought 'No. I've got to do this'. He was like a rooster with his puffed up chest. But when we got down to tin tacks, it was about having the reasons, the rationale. It started off a bit confrontational but, after that, it was fine. And when I walked out I felt so good.*

Marcel (1950) points to that which “within itself and high above itself ... Truth which is not a thing, but a spirit” (p. 219). Diana’s story reveals her connectedness to her spirit of Truth. Like Sarah, she felt her heart pounding, but there was a strength that came from ‘high above herself’ and a solid base of clear reasoned argument. Strength of spirit fuels courage. It takes practice to a level of authenticity beyond the taken-for-grantedness of the everyday routine.

Kate’s excerpt reveals the ongoing and methodical nature of acting courageously:

*You’re scared stiff. It’s scary stuff. It happens every time I start a new project. I get all my stuff together, all the data. I write the proposal, do the presentations and, then when they say ‘Yes’, I fall apart and think ‘Oh God, how am I going to do this?’ But I have to do it even though I am freaked out. I get into a separate phase of OK, one day at a time. Get the data you need. See the information systems guy. Go to the visionary leader and say ‘Look we have this and this. We have these people. I think we should focus on this. The next step will be to focus there’ ... It’s just about doing the process and not being paralysed because you don’t know how it’s going to turn out.*

In this scenario, courage manifests as one step leading to another. Action coexists with trepidation and the outcome is unknown, yet there is evidence of methodical preparation in the anticipation of success. Kate talks about needing courage one day at a time. When one strategy is

successful she moves on to the next step. It is not a journey for the faint hearted for the way ahead is seldom clear. Harman (2007) describes the world as “a constant passage back and forth, between shadow and light – and this endless passage is called time” (p. 2). Kate plans her processes carefully but does not know how they will be received. There is always both shadow and light, and only time will reveal the outcome. In the times of shadow, courage can so easily evaporate without the commitment to keep moving one step at a time.

It is clear too, that ongoing education equips and inspires nurses to be courageous. They have the confidence to stand and speak because they know their argument is strong. Kelly explains:

*For me in practice, it’s fellow nurses, employers and doctors that you most need the courage to confront ... and doing postgrad study has opened my eyes ... I can see exactly how things are working. I used to sit back but now I stand up and say something ... negotiating wages for example ... I will say that I believe I should be paid a certain amount of money and then am able to counter a reply that says I shouldn’t. Even if I do not win, having the courage to challenge them has been a huge step forward for me. (Kelly)*

Heidegger talks of the need to be “wakeful”, open to possibilities and not fooled by taken-for-granted understandings (Crowe, 2006; Heidegger, 1995). Kelly reveals how postgraduate education has awakened a different ‘seeing’. Her understanding

about how things are working has been heightened and she can argue her case because she 'sees' what needs to be challenged. Postgraduate education is about more than 'knowledge'. The challenge for educators is thus to nurture such wakefulness, foster confidence and provide strategies that enable nurses to "stand up and say something" effectively.

## Discussion

Courage is essential to the advancement of nursing practice. It can present in momentous ways, yet it is also evident in everyday acts. It is both an individual and a collective phenomenon. Courage can be seen as a response to threat or challenge, real in the present, recognised in the past, and/or anticipated in the future. Courage can also manifest paradoxically as an interplay of opposites. Perhaps most significantly however, courage has meaning as hope in action.

In a meta-interpretation of studies that linked courage and threats to well being amongst individuals with long term health concerns, Finfgeld (1999, p. 803) describes courage as a "process of pushing beyond the struggle". Asserting that becoming courageous is a lifelong process, she argues that courage is promoted and sustained by the interaction of intra and inter-personal forces. Yet, in the case of professional practice, the impact of the environment and those in it is also significant.

We believe that it takes considerable courage for nurses to be visible and to communicate clearly and forcefully

in a health service dominated by the technical rationalist discourse (Polkinghorne, 2004) currently valued by managers and politicians. It takes courage to assert and practice nursing as a caring and moral endeavour (Bishop & Scudder, 1990; Delmar, 2004). It also takes courage to keep moving and stay in touch with the myriad of developments and policy directives influencing health care delivery. In some instances, it can even take courage to come to work the next day.

The following excerpt from a letter by Lt John Lewes, a World War II soldier, exemplifies many of these faces of courage.

Courage is not, as I once imagined it, a constant thing like the pillar of a vault or the stream through a mill: It is brave moments of commitment and braver moments still of meeting those commitments; It is promising oneself to life and keeping promises. The flash of inspiration, the gallant acceptance of the challenge, the honourable running of the hazard. Courage is the hammer blow at cowardice, a fierce gust of faith, a blindfold step from jealousy to creation ... (Barford & Lewes, as cited in Wise, 1995, p. 317).

We suggest that nurses have always tacitly recognised and embodied this quality. Yet their courage remains invisible. Modern day practice has certainly changed but the need for courageous nurses has not.

The findings of this study have assisted revelation of some of the ways in which courage presents in the everyday world

of clinical practice. There is beginning evidence that postgraduate education can support the development of courage yet the exact nature of the link remains unclear. Our findings support those who argue that advanced practitioners push the boundaries of their profession with a vision and flexibility that creates new possibilities for health care delivery (Patterson & Haddad, 1992). They are willing to bend the rules (Sutton & Smith, 1995) and are able, because of their knowledge and experience, to clearly articulate their thoughts and intentions (Fulbrook, 1998). A combination of personal and professional determination to improve patient outcomes seems critical. Yet, so much of what nursing achieves is silent and invisible (Buresh & Gordon, 2000).

Nurses advancing their practice need to be encouraged to use their courage politically. Carryer (2002), argues forcefully that acquiring political sophistication and leading the way through proactive leadership is essential. Dowrick (1997) suggests that courage can be proactively enhanced. Rather than being a pre-existing trait, Dowrick argues that it arises out of the cultivation of an attitude that can then be brought to any situation. McEldowney (2003) believes that the role of nurse educators as critical resistors is to ensure that the classroom is a site where the status quo can be challenged. Thus, through identifying the markers of critical resistance, making courage visible and understanding its interplay with the factors constraining nursing advancement, educators can foster the development of courage. Clinical supervision can also provide similar

support to nurses in the practice environment (Lakeman, 1999) and, at the organisational level, nurses need to establish effective ways of working collectively to strengthen the nursing voice in multidisciplinary forums (Buresh & Gordon, 2000).

### **Study Limitations**

This is a small study that simply opens questions about the nature of courage in nursing. Yet there is value in moving from a structural functional research approach to one that uncovers meanings in context. The purpose has been to stimulate questions, action and further research. For, in hermeneutic inquiry all understandings are open to growth and change. As Gadamer (1996) stated: "It would be a poor hermeneuticist who thought he [sic] could have, or had to have, the last word" (p. 579).

### **Conclusion**

This study has explored the notion of courage in order to increase its visibility in nursing. It has commenced revelation of the complex and paradoxical nature of this phenomenon. Seeing 'courage as' has assisted understanding of its meaning in nursing and reconfirmed the call to identify and support actions that contribute to the advancement of the profession. The findings of this study suggest that courage, a capacity for sustained commitment, the acceptance of continual challenge and the ability to champion one's cause are essential to advancing nursing practice. Nurses can and do act courageously. They must 'en-courage' each other and be 'en-courage-d' by others to do so.

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