

# Understanding Philosophy in a Nurse's World: What, Where and Why?

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**Abstract** Concerns raised about the relevance of philosophy to the work of nurses have prompted us to examine the importance of philosophy in professional nursing. We introduce diverse understandings of what philosophy is, provide an overview of analytical and continental philosophies, and describe how philosophy is central to the work of nurses, educators and researchers. The discussion is situated in what some scholars view as a growing milieu of anti-intellectualism, instrumentalism, and neoliberalism. A three-pronged framework of philosophy is presented to help demonstrate the pervasiveness and magnitude of philosophy in nursing practice today. Philosophy helps nurses to think more critically and reflect on how their own values influence their practice and way of being. A better understanding of the importance of philosophy in the nurses' world is not only relevant but vital to our discipline and professional practice. A broader understanding of the interdependence of practical and philosophical matters in professional nursing is needed.

**Keywords** Philosophy, Nursing, Analytical, Continental, Anti-Intellectualism

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"Philosophical inquiry does not lead to one correct answer but enables the articulation of various views of knowledge and therefore of nursing practice" [1]

Philosophy is often seen as a mystifying topic that is far removed from nursing practice. With abstract arguments and highly technical language, philosophy is frequently seen as too distant from the everyday practice and realities of nurses to be practical or meaningful [2]. Even doctoral students in nursing are leery of philosophy and its relevance as they question, "How can I use and relate to this [emphases added]?" [2]. In this paper we address two broad questions: what is philosophy and how is it important in nursing practice? To address these questions, we start by exploring the trends of anti-intellectualism, instrumentalism, and neoliberalism that inform the socio-political context of resistance to philosophy in nursing. Next, we introduce philosophy and the common categorizations of analytical and continental philosophy. Lastly, we propose an

introductory framework for understanding philosophy as a) content, b) method, and c) a way of life to highlight the interdependence of philosophy and practice in our discipline. We anticipate that a broader understanding of philosophy and philosophical thinking in a nurse's world will be of interest to clinically-based nurses as well as nurse educators.

## 1. Who has Time to Philosophize? The Socio-Political Context

Philosophical thinking in nursing is provoked by problems that nurses confront every day in clinical practice [3]. Such problems are complex, multidimensional, and often not fully resolvable. Even so, Forss, Ceci and Drummod [3] caution that despite the nature of philosophical questions that do not lead to singular answers, "still we must try" (p. iii). Nurses do try, and continue to engage in philosophical thinking about ethical, existential, and complex practice questions amidst barriers within socio-political and educational contexts.

As a group with one faculty member and four doctoral students, we agree with Forss, Ceci and Drummod who state that "doing nursing, being a nurse, contains as much a philosophical dimension as it does a practical one" [3]. We believe resistance to philosophy amongst nurses and nursing students is not only reflective of the practice nature of our discipline, or the way philosophical thinking is taught (if at all) in nursing programs. Instead, we locate our discussion within current socio-political considerations. We argue that discourses of anti-intellectualism, instrumentalism, and neoliberalism reflect broader philosophical shifts in education and practice domains. Nursing education, as the foundation to a practice profession, is especially vulnerable to these philosophical discourses [4]. The major barriers of anti-intellectualism, instrumentalism and a neoliberal agenda inform the context we explore in order to better understand resistance to philosophy in nursing.

### 1.1. Anti-Intellectualism

Anti-intellectualism is described by Hofstadter in his

compelling book entitled *Anti-Intellectualism in American Life*, as “a resentment and suspicion of the life of the mind and those who are considered to represent it; and a disposition to constantly minimize the value of that life” [4]. In nursing, Miers [5] argues that anti-intellectualism has been a longstanding phenomenon fueled by a rift between clinicians and academics. In this context, there is an assumption that abstract thinking is perceived to be more valued by academic nurses over pragmatic, skill-based knowledge of clinical practice. Miers [5] reports findings from a small study in the U.K. and links her findings to the historic barriers to women in higher education along with several factors that are supported by other scholars [6,7]. These findings support a view of nursing as a practice discipline that does not require graduate-level skills. Similarly, there is a belief that nursing knowledge is based on experiential learning through clinical practice with less of a requirement for nursing research, and a perception of hierarchy from academic nurses who value abstract thinking skills over practical nursing skills. While the U.K context of Miers’ [5] study may present unique considerations for the development of nursing in that country, we believe socio-political and global economic forces are shaping nursing education and health care practices irrespective of geography or discipline.

## 2. Neoliberalism and Instrumentalism

Neoliberalism is a term that originated in Europe in the 1930’s that describes a range of market-driven values and beliefs that have been shaping policies and practices since the 1970s. Bockman [8] suggests that after the Great Depression of 1929 a new form of ‘liberalism’ was envisioned that would preserve *laissez-faire* market economies while developing a new role for government, albeit a minimal role, to support economic growth and social equity. The new (neo) liberalism of the 1930s has changed considerably since its inception. There is now an increased emphasis on creating conditions for profitability while eradicating government’s role in social services, education, and welfare; these shifts were never intended when the theory was first developed [8]. Nevertheless, Sulavikova [9] defines neoliberalism as a belief system built on principles of individualism and free-markets “accompanied by the values of free competition, decentralization, freedom, personal autonomy and accountability”. These principles and values reflect a particular view that assumes economic markets, rather than governments, are best situated to grow economies and provide adequate social welfare [8].

While these assumptions can be debated, our primary concern is that they were never intended as values to guide decisions about health care and education. Unlike economic markets, the complexities of health care require a wider range of ethical, cultural, and biomedical considerations. Healthy citizens, like healthy communities, require collective resources and shared values beyond “personal

autonomy and accountability” [9]. Never-the-less, neoliberal beliefs are shaping health care organizations and nursing practice [10] and according to Sulavikova [9] these political and economic values are increasingly determining educational agendas across disciplines.

Although a full discussion of neoliberalism would take us too far afield, the basic principles of this politico-economic theory will be highlighted since they are foundational to social policy decisions [11] and directly inform how nurses think about knowledge and nursing practice. Two examples illustrate the impact of neoliberalism and its unquestioned role in shaping nursing knowledge and practice. Tomm-bonde [11] argues that nursing knowledge has been shaped within Western-based neoliberalism that emphasizes individualism and economic growth. In a recent study called, *The Naïve Nurse: Revisiting Vulnerability for Nursing*, Tomm-bonde demonstrates how the concept of vulnerability has been explicitly shaped by taken-for-granted assumptions of the person as separate from their social, political, and gendered context. The author ties this ontology of person within a neoliberal “paradigm of individualism”. That is, the primacy of the individual as independent (of the collective) and self-reliant. Often unquestioned, the assumption of individualism effectively overlooks historical, political, and power structures that secure individual rights of some groups more than others. This oversight obscures how some marginalized populations, rather than individuals alone, must also be considered vulnerable and requiring care. The complexity of healthcare systems necessitates broader understandings of nursing knowledge within an expanded socio-political context.

A second example from a recent study of palliative care district nursing [12] identified discourses of ‘busyness’, tied to efficiency and economic growth, as a significant narrative. The authors conducted a qualitative inquiry and concluded that nursing discourses operate at a moral level and a discourse of busyness that is tied to efficiency (economic value) negatively shapes, by precluding, a moral form of nursing care. The language of busyness influences how nurses “think about quality of care” away from the moral imperative of care [12].

In summary, in a socio-political context where values of efficiency productivity and the commodification of knowledge and care are on the rise, it is not surprising that the pursuit of philosophical thinking in nursing is threatened. After all, who has time anymore to think—or question deeply— issues of justice, humanity, and the nature of nursing and what it means? There is an alternative view. We explore diverse understandings of philosophy in order to render philosophy relevant and accessible for nursing practice.

Sulavikova [9] suggests there is growing and unquestioned adoption of neoliberal values in educational institution that emphasize individualism, decentralization, and competition. In educational contexts, such values are reportedly replacing educational ideals of expanding minds, fostering inquiry and critical thinking [13]. The call to

prepare students for the demands of the labor market is increasingly being heard. As Sulavikova [9] warns, knowledge and critical questioning have taken a backseat in education to an instrumental approach to curricula where “only things that can be used ‘in practical life’ are valued”. A shift towards preparing practice-ready nursing graduates and the call to meet industry needs is also happening with only limited discussion in nursing literature [10, 14-15].

### 3. What is Philosophy? Holding a Diversity of Views

Philosophy in its broadest sense is wondering and being curious about the ‘big’ or fundamental questions that humans have grappled with throughout history [16]. Questions about ‘what is real?’ (ontology), ‘what is knowable?’ (epistemology), ‘is this just?’ (ethics), and ‘is there an art to caring?’ (aesthetics) are examples of these fundamental human questions. Philosophizing in the West has its roots in ancient Greece; the etymology of the word is derived from the Greek and Latin root *philo* which means “loving” and *sophia* meaning “wisdom” [17]. Philosophy is often translated as love of wisdom or knowledge.

The first philosophers in Greece believed that the wisdom required to understand these questions of reality, truth, and ethics could only be known through *self knowledge* and hence the ancient dictum to ‘know thyself.’ They believed that we come to know, recognize and understand truth that is beyond the self through knowing oneself [18]. To others, such reflective awareness and philosophical thinking are considered indispensable features of our everyday lives [19].

In addition to the search for wisdom through self-inquiry, philosophy is commonly understood as the study of “problems that are ultimate, abstract concerns of humans that include the nature of existence, knowledge, morality, and purpose” [20]. While academic philosophy includes problem-solving and critical questioning, it also goes beyond these thinking skills. When people, including nurses, “reflect on the meaning of their experiences, consider how they might evaluate the truth of an observation, or try to determine the best course of action in a particular situation, they are engaging in philosophical thought” [19]. According to von Hildebrand [21] philosophical thinking also requires a particular intellectual key or way of thinking that differs from the capacity of “blunt observation” needed in science. This way of thinking allows different realities to reveal themselves.

We have to realize that a great part of reality, and certainly not the least important part, is open to us only in a way completely different from that in which objects such as the number of corpuscles and the design of a tissue are accessible. To grasp these other realities, to state truths about their existence and nature, we must actualize as it were, another intellectual key. [21]

This way of knowing attends to realities that are not accessible to so-called blunt observation but are “certainly

immediately given” if we can attune to them [21]. As nurses, we encounter these realities in everyday practice-- *if* we can attune to them. They include the mysteries of being human, the elegance of artful nursing and human connection, the meaning of human suffering and the enigma of death.

## 4. Two Categories of Philosophy

Philosophy as an academic discipline has many branches and subcategories. For our purposes, we present an overview of philosophy based on the approach used in most North American universities where philosophy is categorized as either analytical or continental in orientation [22,23]. Until recently, most introductory textbooks of philosophy take a narrow view in defining philosophy [16,24,25]. In these texts, philosophy is limited to Western ideas about reality, truth, knowledge, and ethics and what is often called analytic philosophy. Analytic philosophy is considered by many to be ‘mainstream’ philosophy [22,26] against which all other traditions are distinguished. For Hans Johann Glock [27], the tradition of analytic philosophy is a complex category of philosophies “held together *both* by ties of mutual influences and by family resemblances”. In this next section we briefly introduce some of these ‘family resemblances’ of the tradition of analytic philosophy and contrast them with the more contemporary tradition of continental philosophy. An introduction to these two approaches or categories seems useful since they comprise the philosophical traditions often taken up in nursing literature and research.

### 4.1. Analytic Philosophy a Focus on Logic

This approach is sometimes referred to as the Anglo-American tradition, and is traditionally found in English-speaking countries and Scandinavia. Thinkers including Socrates, Aristotle, Aquinas, Bertrand Russell [27] and early Wittgenstein are considered by many to be analytic philosophers [28]. In nursing, British writers including Steven Edwards [29], Martin Lipscomb [30] and Trevor Hussey [31] provide examples of thinking and writing within analytical traditions.

Analytical philosophy emphasizes the prominence of logic in analyzing, defining, and separating out various parts of a question and the multiple interpretations of abstract concepts. Logic in this context is “the study of strict or deductive proof which is concerned with soundness (or lack of soundness in a line of reasoning)” [20]. According to Teichman and Evans [20], the question of truth and falsity are not primary concerns with this approach; instead, the soundness of logical argument is what is tested and ‘proven’. Using a systematic approach, akin to the scientific process, analytic philosophers often apply set rules of logic in tackling questions. This approach usually begins by asking for definitions of the ideas to be discussed and has been described as a concept-based style of analysis [23]. According to Sherratt [23] the frequent focus on reliability,

causality, proof, prediction, and assumptions are the hallmarks of analytical philosophers. While we did not find any nurse scholars who adhere strictly to the analytical rules of logic using mathematical formulas and other abstractions, the tradition of analytic philosophizing has made significant contributions to nursing scholarship.

#### 4.2. Continental Philosophy a Focus on Language

Continental philosophy is a more recent approach and refers to traditions flourishing in continental Europe, South America, parts of Canada and the United States. German and French philosophers including Hegel, Heidegger, Habermas, Derrida and Gadamer are often associated with this tradition. Nurse philosopher Sally Gadow [32,33], David Allen [34] and many others who draw on hermeneutics, phenomenology, and genealogy draw from this tradition.

While there is overlap, for ease of this introduction we contrast these two approaches. Unlike analytical philosophers, continental philosophers are interested in understanding human experience and the influence of history in shaping meaning and interpretation. There is a “distinct style of analysis, a particular canon of thinkers and an autonomous set of concerns” [23]. Some authors distinguish continental philosophers by the way questions are posed to emphasize context, narrative, and language itself. Rather than being problem focused with a search for precision and a logically elegant argument, Sherratt [23] suggests that it is the link to humanism that defines the continental traditions. She sees continental approaches as those that are *historically sensitive* where understanding and knowledge are assumed to be “an accumulation of voices and interpretations handed down from the centuries” [23]. The writings of continental philosophers including Gadamer, Ricoeur, and Foucault have been adapted into research methodologies such as hermeneutics, phenomenology and genealogy, and are used widely by nurses conducting qualitative inquiry.

## 5. Philosophy in a Nurse's World

“Philosophy is, after all, every nurse's business” [35]

Although analytic and continental philosophies are academic branches used in conducting nursing research, we expand the notion of philosophical thinking to consider it “every nurse's business” [35]. McIntyre and McDonald [1] see that philosophy increases nurses' ability to theorize and this provides nurses with “a way to think about their practice: a way to make sense of, to articulate, and to critique nursing practice”. Others see philosophy as inquiring into the nature, scope, and object of nursing that cannot be discovered through scientific means, but rather through critical reflection and reasoning [35-39]. We present an approach to understanding philosophy using a three-pronged framework to capture the interdependence of philosophical and practical matters in nursing. This approach goes beyond a focus on logic or language and text, and addresses philosophy broadly as content, method, and as a way of life (Table 1).

### 5.1. Philosophy as Content in Nursing

Philosophy as content relates to the core phenomena of interest to the profession and discipline: questions related to *person, environment, and health* [39]. Under the umbrella of content—nurses ontologically examine the nature of nursing, personhood, environment, health, and illness [40,41], nursing epistemology attends to the development, identification, and validation of knowledge vis-à-vis these concepts [23,42], and nursing ethics refers to moral phenomena encountered in the practice of nursing, the basic elements of rights and values, and the nature of *good* nursing practice [36,43,44]. Nursing practice is often central to philosophical thinking; what is nursing, what is nursing knowledge, and what is good nursing? We argue that nurses *regularly* grapple with these philosophical ideas in making practice-related decisions to a greater or lesser degree.

**Table 1.** Framework of philosophy as content, method, and way of life

	Philosophy as content in nursing	Philosophy as method	Philosophy as way of life
How is philosophy framed?	Content: Philosophy is used to identify core phenomena of interest to the discipline.	Method: Nurses use philosophy to access diverse interpretations and experiences of reality.	Way of life: Philosophy leads to transformation towards wisdom, “for real wisdom does not merely cause us to know: it makes us ‘be’ in a different way” [18, p. 265].
Examples	Nursing ontology examines the nature of nursing, personhood, environment, health and illness; nursing epistemology attends to the development, identification, and validation of knowledge in, for, and about nursing; and nursing ethics examines moral phenomena and the nature of good nursing practice.	As method it is used to open up possibilities, to analyze, critique, challenge, and debate clinical situations that question underlying assumptions, values and beliefs.	A philosophical approach to life is one that enacts nursing values in the nurse's world. The inseparability of theory and practice, personal and professional, knowing and doing are highlighted.

There appears to be widespread agreement that philosophy should guide the practice of nursing, but it is less clear how philosophy can be translated to nurse clinicians or educators. Simmons [39] verbalized this concern by nurses in asking “what is the rightful place of philosophic nursing inquiry in helping us understand what is and what happens in the world of nursing and what nurses, as such, ought to do and seek?” We contend that philosophy as content in nursing, is useful for clinicians, educators and nurse scholars and can continue to guide the discipline of nursing in the following ways.

First, philosophy can provide insights relevant to practice by capturing and communicating the goal for nurses in their practice settings. Some authors have used philosophy as content to represent the goal of nursing care in health care settings [45]. Such conceptualizations of the nature of good nursing care and nursing knowledge may be helpful for nurses in understanding their role within the institution and in dismissing reductionist, mechanistic nursing practice. Here, it might be seen that nurses can challenge fragmented care based on a medical model and support holistic nursing care. If nurses understand the goal of nursing practice within a facility, reflexivity and critical appraisal of one’s own practice may result in growth in clinical nursing practice [46].

### 5.2. Philosophy as Method in Nursing

As a method, nurses use philosophy to analyze, critique, challenge, and debate clinical situations that jeopardize patient safety and ethical nursing care. Nurse scholars McCurry et al. [47] argue that philosophy prepares nurses with the tools to act as moral agents in the practice setting and develop “the capacity to recognize, deliberate/reflect on and act on moral responsibilities”. Stated another way, philosophy offers nurses the language to raise awareness of the assumptions that might be directing nursing practice. This can empower nurses to push the boundaries of health care conversations to re-consider ethical nursing principles and the role of nurses within health care today. In this sense, nurses can highlight important issues that might remain obscure without further probing or reflection, and encourage a more critical analysis of the concepts and norms that at least implicitly underpin current and proposed models of working. This way of using philosophy in nursing practice was expressed by a colleague when she stated, “knowing my own philosophy as humanist, it gives me power in my practice because I am able to argue more powerfully for patient-centered care” (Anonymous, personal communication, January 16, 2014). It appears that thinking philosophically can enable nurses to influence discourse related to health care budgetary decisions, ethical care of patients, and organizational policies and procedures.

Philosophy also enables nurses to explore non-scientific questions that may be important to the discipline of nursing. For example, using philosophical inquiry, nurses can continue to pose questions such as: What are the principles of nursing practice? What are the boundaries of nursing

knowledge? Are nurses too busy to develop a nurse-client relationship? In thinking about these types of questions, nurses can use critical reflection and reasoning to define and advance the discipline of nursing.

### 5.3. Philosophy as Way of Life and Practice

Finally, we believe nurses enact a philosophical belief system daily even though nurses may not identify it in this way. For example, the profession and discipline are inextricably linked to a stance in the world that directs and guides decision making aimed at withholding personal judgments and providing care to all who need it. The primacy of caring is considered to be the central value at the heart of the social mandate nurses hold. Living philosophically, according to Hadot [18], means that “we no longer theorize, but we enact”. In returning to philosophy as a love of wisdom, philosophy as a way of life leads to transformation towards wisdom; “for real wisdom does not merely cause us to know: it makes us ‘be’ in a different way” [18]. Philosophy may provide nurses with the opportunity to become aware of how their own values and beliefs influence their practice. Belenky, Clinchy, Goldberger, and Torule [48] offer support to this idea:

The nature of truth and reality and the origins of knowledge shape the way we see the world and ourselves as participants in it. They affect our definitions of ourselves, the way we interact with others, our public and private personae, our sense of control over life events, our views of teaching and learning, and our conceptions of morality.

For Belenky et al. [48], philosophy as ontology, epistemology and ethics underpin one’s values, beliefs, and behaviors. This is useful in identifying factors that influence one’s own nursing practice more completely.

Nurses embody philosophy in their actions when they enact their knowledge, ethics, and whole being in the care of others. While some may conjure images of men in robes leisurely discussing philosophical thought when the term ‘philosophy’ is mentioned, thinking philosophically is more than rhetoric or discourse. A philosophical approach to life is one that enacts nursing values and makes philosophy come to life in the nurse’s world. Anecdotally a colleague exemplifies, “my personal philosophy is caring and respect for others. As a nurse, I think caring and respect underpins the decisions that I make in my personal and professional career and I expect others to be caring and respectful too” (Anonymous, personal communication, January 26, 2014). From this perspective, the inseparability of theory and practice, of personal and professional, of knowing and doing are highlighted. We suggest that philosophizing in this way relates to the relational imperative of nursing and therefore can be an access-point for many nurses into philosophy in daily practice. Some examples of philosophy as a way of life include: nurses responding to systemic inequities by actively engaging to ensure equal access to health services for all people, advocating for equity and fairness in all levels of care,

and person-centered care that is motivated by personal/professional values of social justice.

## 6. Conclusions

A broader understanding of the interdependence of philosophical and practical matters in nursing is needed. Traditional approaches of analytic and continental philosophy alone may restrict how accessible philosophy is for a wide range of nurses. We propose an introductory framework for understanding philosophy as content, method, and a way of life that is attuned to disciplinary and professional needs of clinical nurses, educators, and researchers. Using this broader understanding highlights diverse access points for nurses to engage philosophically in their practice domains.

In some health care settings the significance of philosophy may seem unclear. Understandably, when philosophy is perceived as a purely theoretical and abstract endeavor separated from being-in-the-world, it becomes an intellectual activity alone. Through using a framework of philosophy as content, method, and a way of life, we propose nurses may better understand the role, function, and language of thinking philosophically, and see its presence already threaded throughout a nurses' world. From this perspective, philosophy is not only understood as relevant but vital to our discipline and professional practice.

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