

GUEST EDITORIAL - Donna Diers, RN, PhD, Adjunct Professor, Faculty of Nursing, Midwifery and Health, University of Technology, Sydney, and Annie W. Goodrich Professor Emerita, Yale University School of Nursing, USA

VOICING NURSING

Unlike the real editors of this journal, this guest editor has not had the benefit of reading all the submitted manuscripts or planning what would be in this issue. In fact, I haven't the faintest idea what is in this issue. I just appear like a spirit, bearing thoughts and observations gathered here in Australia and in America about the state of nursing knowledge.

When nursing moved into the universities, we had to learn to live in university standards for scholarship and research. We did it, all over the world. Nursing's research passes the peer review test in our own journals and those to which we contribute in medicine, health services, management, history and other fields.

We inherited the scientific traditions of medicine. After all, we deal with physiology and anatomy, pharmacology and related sciences. Sometimes we have fed the scientific and research traditions from the social sciences into the discipline, and lately we have embraced some of the philosophic traditions in philosophy as phenomenology and critical social theory.

That is all splendid.

If you sensed a 'but' coming, you're right.

But it's not enough. That is, nursing is such a hugely complex discipline that it is not fully captured by the traditions of science or social science or the humanities. If, as I believe, the role of a distinguished professional journal is to help move the discipline forward, then this journal might take a leading role to proclaim the potential publishable value of nursing writing that doesn't yet have a good label.

It's called 'narrative medicine' in that field and in the world of writing it's called 'narrative journalism'. In medicine, this means incorporating the patient's own story into the diagnosis. In journalism, it means going beyond the old standards of 'who, what, when, why and how' to capture the feelings and attitudes of the people in the event, with a recognisable voice and a defined locale.

That doesn't sound like scholarship, does it? And this is a scholarly journal.

Nursing has tapped science, social science and the humanities but there are whole other bodies of knowledge out there in 'letters' - literary criticism and narrative analysis, English expository writing. These are concerned with the ways in which words live in the world to catch both external and internal human experience.

There is some of this kind of writing creeping into medical and nursing journals, but usually as a back-of-the-book section (Occasional Notes in the *New England Journal of Medicine*, 'Narrative Matters' in *Health Affairs*), a specially designated page ('Reflections' in the *American Journal of Nursing*, 'A Piece of My Mind' in *Journal of the American Medical Association*). Interestingly, the *Australian*

Health Review has published quite a lot of essentially narrative material, so useful in describing how and why things happen.

The practice literature in nursing has a long tradition of including patient and nurse stories. Narrative nursing, as I'm going to call it here, would go beyond the touching anecdote about 'my patient with [cancer, homelessness, pain, resistance, depression etc.]' to capture the liveliness, the dynamic, the majestic ordinariness of nursing using techniques of story telling. It would more than 'my encounter with dying' or 'how hard it was to care for Sam' or 'ain't it awful, what the health care system did to Fannie'. That's journalism, more or less unanalysed reporting. What I'm after here is analysed experience (including analysed thinking and feeling) that makes a story.

Why a story?

Because a story engages people. It has tension, something to keep the reader reading. It has characters, a recognisable even if anonymous voice, a sense of context in place and time.

I think of this in the late Virginia Henderson's words: that a part of nursing is to be the 'voice for those too weak or withdrawn to speak.' Sometimes those are nurses.

Narrative medicine and narrative journalism are controversial in their own fields so it is not a surprise that this form of writing should be controversial in nursing. I would hope it's not that we find it embarrassing to reveal what nursing is inside the science and service. And I would hope it's not because such narrative writing is thought to be un- if not anti-scientific.

Nursing is so complicated a discipline that it might profit from many traditions of scholarship. Science surely serves us, as we begin to see nursing research informing policy. Philosophy-based inquiry has made remarkable contributions to understanding the discipline, if not the practice of it. There's yet room for carefully crafted storytelling that reaches behind the acts and theories of practice to the human experience of living in nursing.

This kind of writing is fiendishly difficult to do. Just as we needed to study scientific method in the physical and social sciences and the methods of qualitative inquiry, we may need to study again in the disciplines of the letters. We have millions of stories, but telling them for effect is a skill not taught in nursing programs.

The telling is hard enough.

The getting them published is harder yet, for we have not yet evolved in nursing the standards for judging credibility of narrative as we have for detecting methodological or conceptual weakness.

We have to start somewhere, though.

A guest editorial as narrative is one tiny little beginning.