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**Historical/Contextual Development**

Patricia Benner has a rich history in research. Part of her career began as a postgraduate nurse researcher in 1970 in California. She has been a staff nurse in the areas of medical-surgical, emergency room, coronary care, intensive care units, and home care. Currently, her research includes the study of nursing practice in intensive care units, and nursing ethics. She acknowledges that she has been influenced by Virginia Henderson (Tomey, 1994).

Benner became involved in a research project called Achieving Methods of Intra-professional Consensus, Assessment, and Evaluation (AMICAE) which became the foundation for her famous book *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*. During this research it was discovered that knowledge could be gained in clinical practice and that practice could be a way of knowing in and of itself. There were two outcomes of the research project: “(1) validation and interpretation of the Dreyfus model of skill acquisition for nurses; and (2) description for the domains and competencies of nursing practice” (Alligood & Tomey, 2006 p. 131).

The Dreyfus skill acquisition and skill development model was developed by professors Stuart and Hubert Dreyfus. The model was adapted by Benner to clinical nursing practice. She further used the model to identify and distinguish levels of nursing practice from advanced beginner to expert (Tomey, 1994).

Through her research project, observation of actual practice, and clinical situation interviews, seven domains of nursing practice emerged. These domains included: the helping role, the teaching-coaching function, the diagnostic and patient-monitoring function, effective management of rapidly changing situations, administering and monitoring therapeutic

interventions and regimens, monitoring and ensuring the quality of health care practices, and organizational work-role competencies. Thirty-one competencies emerged and were described as well (Alligood & Tomey, 2006).

### **Synthetic Analysis of the theory**

Benner's (1984) model describes five stages of nursing development: novice, advanced beginner, competent, proficient, and expert. There are distinct differences in the practice abilities and experience levels within the five stages.

Novices must be given rules to guide them because they have no experience in the situations they have in front of them. Advanced beginners have had enough experience to be guided by a mentor and have an understanding of the situation or the 'aspects' of the situation. The competent practitioner has 2-3 years of experience in the same or similar setting, engages in conscious and deliberate planning, and consistently uses an analytical framework. The proficient practitioner views situations as a whole rather than an 'aspect' and are able to perceive the meaning in the situation and anticipate expectations. The expert practitioner has practiced for six or more years in the same or similar setting and does not rely on maxims, rules, or analytic frameworks (Benner, 1984). Other major concepts of Benner include: aspects of a situation, attributes of a situation, competency, domains, exemplars, experience, maxims, paradigm cases, and salience (Tomey, 1994).

The major assumptions are nursing, person, situation and health. "This model assumes that all practical situations are far more complex than can be described by formal models, theories and textbook descriptions" (Tomey, 1994, p. 169).

Nursing is described as a caring relationship that sets up the possibility of giving and receiving help, a science guided by morals, ethics, and responsibilities. "Benner understands

nursing practice as the care and study of the lived experience of health, illness, and disease and the relationships between these three” (Tomey, 1994, p. 169).

“A person is a self interpreting being, that is, the person does not come into the world predefined but gets defined in the course of living a life” (Tomey, 1994, p. 169). Understanding the person, one must consider the role of the situation, the body, the personal concerns, and the temporality. These aspects make up the person in the world. Benner defined embodiment as the capacity of the body to respond to meaningful situations (Tomey, 1994).

Benner prefers to use the term situation instead of environment. Persons enter into situations with their own opinions and understandings; how they may be involved in the situation is their personal interpretation. She believes that being situated means that one has a past, present, and future and that these effect the current situation. According to Benner and Wrubel (1989), “situation implies a social definition and meaningfulness” (p. 80).

According to Benner, her published work *The Primacy of Caring* “focuses on the lived experience of being healthy and being ill” (Benner & Wrubel, 1989, p. 7). Health and disease are defined as what can be assessed at a physical level. Well-being and illness are the human experience. A person may have a disease yet not consider themselves ill (Benner & Wrubel).

### **Focused theory evaluation**

#### ***Christian worldview***

Patricia Benner has helped to create an atmosphere within the nursing profession which values the wholeness of human beings including their psychosocial and spiritual needs. Many of her beliefs can be accepted and affirmed by Christian nurses. She calls to all nurses to be “compassionate strangers”.

The care ethic given to us in the Christian tradition has been marginalized in the current market model of health care systems. . . The story of the Good Samaritan suggests that the starting point in health care ethics should be in recognition and in relationship to the universal human reality of vulnerability and suffering. . . Therefore, we are to be compassionate strangers to those who fall outside our own communities and kinships (Benner, 1998, p. 1).

***How was the theory developed?***

Patricia Benner has the educational and experiential background to develop a nursing theory. The theory is inductive, based on evidence drawn from observations, personal experiences, interviews, and exemplars provided by nurses. Benner applied her work to the Dreyfus Model of Skill Acquisition developed by Herbert and Stuart Dreyfus both professors at the University of California (Tomey, 1994).

***How the theory is internally structured?***

The theory is relatively simple with regard to the five stages of skill development and understanding of the different levels of nursing practice. The complexity comes with the differentiation between the levels of competencies. The key terms are well defined without the overuse of unnecessary words.

***How the theory is used***

The theory has the potential to be used universally as a framework and is not restricted by age, illness, health, or location of nursing practice. The model was empirically tested using qualitative methodologies. The testing derived 31 competencies and seven domains of nursing practice. “The strength of the Benner model is that it is data-based research that contributes to the science of nursing” (Tomey, 1994, p. 173). The model is also used in educational curricula.

The theory has social significance and is socially accepted. Benner has considered ethically the greater good of society and that society expects nurses to be competent. Society has put its faith in nurses to be experts in their areas and provide competent care.

***How the theory influences knowledge development***

I do not believe the theory has great potential to generate other theory but the theory can be further studied. It is forward-looking and is a valuable resource that is currently used and will continue to be used to improve the nursing practice as other nursing skills and situations are evaluated. It will also be a valuable resource to use as nursing practice continues to evolve; nurses are expected to grow with technology and as new procedures are developed. "Subsequent research suggests that the framework is applicable and useful in providing knowledge of the description of nursing practice" (Tomey, 1994, p. 173).

***How the theory stands up to testing***

The theory testing has minimal use and can be used only as a framework. According to Tomey (1994), the model has potential universal application as a framework but it is dependent on actual clinical nursing situations. The properties do not allow for predictions as it is based on phenomenological perspectives.

**Review of related research and literature**

***Theory's contribution to a moral commitment to the public***

According to Benner (1998), "Moral worth and respect is to be accorded to all fellow human beings" (p. 1). Benner's theory leads practitioners to understand that an everyday ethical comportment is meeting and recognizing the healthcare concerns of patients and their families. Nurses are expected to be advocates and act in the best interests of patients and families. Becoming a 'good' practitioner is more than a moral obligation and more than just following the

patients' rights. It is being involved in the patient's vulnerability and responding to the patient as a fellow human being. The 'good' practitioner also requires learning from experience and that experiential learning needs to be shared with other practitioners (Benner & Shobe, 2003).

Advocacy for good everyday ethical comportments, social ethics and public policy that address social inequities are also essential to ensuring that healthcare is a right and fulfills notions of good essential to a healthy society . . .As moral agents, clinicians are required to learn from their experience in order to develop better judgment and character over time . . . Our fiduciary relationship to patients extends to social justice and preventive public health measures to reduce human suffering and vulnerability (Benner & Shobe, 2003, p. 374).

### ***Theory's contribution to education***

Benner has described a variety of approaches to education and clinical expertise development including: clinical knowledge development seminars, dialogue around clinical narratives, exchanges, research participation and the writing of paradigm cases (Benner, 1984). The National Organization of Nurse Practitioner Faculties (NONPF) is the organization that provides leadership in promoting nurse practitioner (NP) education. In 2004, NONPF released four curriculum models. The models they suggest follow the theoretical basis of Benner's novice to expert concepts. Each model has the same level of competencies starting with a pre-professional level moving into basic nursing, clinical leader, nurse specialist and finally to the doctoral competencies (National Organization of Nurse Practitioner Faculties [NONPF], 2004).

Balancing teaching and maintaining clinical practice competence are among the greatest challenges of nurse educators. It is an expectation that nurse educators are experts in clinical

practice and education concurrently. Benner's (1984) description of the development of nursing practice can give nurse educators guidance in their dual roles.

Little and Milliken (2007) state, it would be difficult for nurses to gain experience, knowledge and skills in the educational and clinical areas at the same time to achieve the dual expert levels that are expected. Therefore, they have proposed "that the term 'competence' is more accurate and achievable than 'expert' when describing the clinical practice requirements for a full-time faculty member" (p.2).

### ***Theory's contribution to practice***

Benner's work, for the most part through the use of narratives, has been able to show other ways of uncovering and seeing much of the value, depth, and complexity of skilled nursing practice (Darbyshire, 1994).

Benner's entire project, her research, writing, speaking, promotion of narratives and clinical-ladders development in hospitals . . . has been to understand better and re-vision skilled nursing practice as shared and common understandings. It has been to learn more about how nurses develop expertise and practice expertly and it has been to encourage and enable nurses to describe, uncover and share their expertise (Darbyshire, 1994, p. 758).

In 1990, NONPF published a set of domains and core competencies for primary care NP's. There are seven domains and within each domain are 75 specific competencies. The competencies were based on Benner's (1984) domains of expert care nursing. She "described domains and competencies for advanced nursing practice" (National Organization of Nurse Practitioner Faculties [NONPF], 2002, p. 2).

### ***Theory's contribution to knowledge development***

Benner studied clinical nursing practice as she was trying to find and describe the knowledge that nurses hold and gain over time in practice. She describes the difference between practical and theoretical knowledge that “knowing how” is practical knowledge and “knowing that” is theoretical knowledge. She has given nursing a unique way to understand that theory is derived from practice and practice is then altered or extended by theory. “Knowledge development in a practice discipline consists of extending practical knowledge (know-how) through theory-based scientific investigations and through the charting of the existent ‘know-how’ developed through clinical experience in the practice of that discipline” (Tomey, 1994, p. 164). Benner believes that nurses have failed to document their clinical experiences and observations and in turn this has deprived nursing theory from the unique knowledge embedded in expert practice (Tomey, 1994).

### **Recommendations for theory integration in Advanced Practice**

#### ***In your practice***

I will be able to integrate Benner’s model in my practice. I have developed a better understanding of the different stages of expertise and I believe I will be able to determine, for myself, what skill level I am at depending on the situation in front of me. With that understanding of the five different levels of skill development, I will be able to identify how to better approach situations.

I am frequently asked to orient and precept new employees in the department I am currently working. I feel in the current position I am working I would be considered an expert in my field. I have been working in surgical services for the last 12 years and do not rely on rules and frameworks. I have a deep knowledge and high skill level in the specialty I work in. I trust and act on my intuitions as they relate to surgical patients. I struggle with preceptor situations

and find that it is difficult to explain and difficult to show intuition or ‘knowing how’. I believe another nurse who is at a competent skill level may be a better fit for being a preceptor than someone at the expert level. Suggesting this and using Benner’s model as my research base may be a way to incorporate better preceptor situations in the future.

Practicing and documenting observations and situations, as Benner recommends, is the best way to allow practice to alter and extend theory. In turn, theory is incorporated into practice. Understanding how to become empathetic and caring to patients and families, advocating for vulnerable people and nurturing those in need are also ways to integrate theory into practice.

***For the profession***

Integration of Benner’s model into the nursing profession is already underway with the NONPF competencies being used for advance practice and advanced practice curriculum. The NONPF domains and competencies are the recommended basic competencies for advance practice nurses and will continue to be the recommendation as nine new domains and competencies for the practice doctorate have been further developed, building on the existing core competencies for all nurse practitioners. (National Organization of Nurse Practitioner Faculties [NONPF], 2006).

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