

# Chapter 1

## Know Yourself: Reflective Decision-Making

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The genesis for this book began when we taught a graduate course in decision-making. The course, titled “Advanced Decision-Making in Primary Health Care,” was one of the core courses in the graduate program at our school (O’Donnell, Lewenson, & Keith-Anderson, 2000). The course covered the various approaches to decision-making including self-reflection, history, economics, culture, family, evidenced-based practice, media, group decision-making, and health care policy. These various approaches were to be used by nurses in clinical settings, but actual clinical decision-making tools were not part of this course. In preparing for the course, we found that no text existed that addressed the topics we covered in the course. After searching the literature, the faculty developed a “Course Pac” that contained the course readings; eventually we placed our readings on e-reserve.

This worked for several years, until faculty decided we wanted a more consistent way of sharing with our students and with a larger nursing audience what we had learned over time about decision-making. This required more than grouping the readings together and posting them. It

required a way of translating and explaining to others what we meant by decision-making. This meant we needed to think through our thoughts on decision-making.

## Self-Reflection and Decision-Making

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When making decisions, nurses need to understand that decision-making requires looking inward at one's own self, then outward at the world around them, and then back in again. We understand that the decision-making process requires an understanding that the particular issue that needs a decision would often become unfocused, very much like the "holographic" image discussed in the preface of this text. As this distortion becomes evident to the decision-maker (in this instance the nurse), it is important to recognize it for what it is and to scan the environment for knowledge that helps the nurse bring the image back into focus and then a decision can be made. The process of knowledge attainment may take the many approaches that we have included in this text. The approaches included in this text—self-reflection, history, legal, ethical, spirituality, culture, family, group, evidence-based practice, economics, and health policy—are taken into account when making a decision. We wanted to codify what we were teaching about decision-making in one text that could explain our ideas.

While writing this book, the coeditors spent a great deal of time discussing decision-making. We asked ourselves: What does decision-making mean?; How can we approach it?; How can we teach students and nurses to use various approaches and strategies in their decision-making?; What have we learned from others?; and finally, What is our own "brand" or philosophical thoughts about decision-making? We both believe that in order to make meaningful decisions, a self-reflective process has to take place. Within a self-reflective process, one must examine one's own beliefs, where they come from, and what they mean. In addition, one must be able to "bracket" these beliefs (like in qualitative research) in search of answers or decisions that support care.

Self-reflection becomes an integral part of the process that allows the decision-maker to be thoughtful in the approaches used in making decisions. There is an ebb and flow of ideas that create synergy between and among the various approaches to decision-making. The synergy provides this opportunity to examine the various factors that enter into decision-making—the looking inward, outward, and then in again described earlier. The ability to understand the choices one has when making decisions and the concomitant risks that one takes with the choices selected must also be considered during the decision-making process (Buchanan & O'Connell, 2006).

Self-reflection was defined by the course faculty “as an examination of one’s own thoughts and feelings, [and] requires maturity and a desire to know who you are” (O’Donnell, Lewenson, & Keith-Anderson, 2000, p. 153). We used this definition with our students and recognized that the students, many of whom were enrolled in the family nurse practitioner program, were adult learners and therefore, mature enough to examine who they were so that they could use their reflections of self to acquire and generate knowledge (Mountford & Rogers, 1996; O’Donnell, Lewenson, & Keith-Anderson, 2000).

In this first chapter, we use ourselves to explain what we mean by self-reflection and how the self-reflective process bears on decision-making. We think that by doing this we demonstrate how self-reflection may impact on decisions we make in life and how this impacts the decisions we help others make. In class we used a similar type exercise to help students reflect on their own selves and see how who they are impacts their decisions. In order to accomplish this goal, we introduce ourselves through self-reflection. We describe who we are, our backgrounds, and our education and relate how these experiences shaped our philosophy and the decisions we have made. During the sections on self-reflection, we deviate from the American Psychological Association Style Manual by using our first names and speak from a personal perspective. We believe this provides the readers a more intimate connection with the editors of this book and is more in keeping with the language of self-reflection.

## Use of Self

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We learned throughout this project that we were similar in the way we looked at decision-making. First, we both knew that decision-making required a way of looking at the world that was synchronous with what we believed about nursing. We both shared a holistic view that nurses, especially public health nurses who we both were, provide a broad view of the world. For us, this meant that there was no one approach to use when making decisions. We both recognized that decision-making is a fluid process in which self-reflection, listening to others, knowledge of various frameworks, and ways of knowing (Carper, 1992) unfold simultaneously in synergistic process that supports decision-making.

The way we make decisions is influenced by many intra- and interpersonal characteristics like our style, our culture, where we grew up, our education, our personality, and how we perceive the world. We both selected research methods that allowed for our world view or perspective to come through. For example, Marie’s hermeneutical study, *The Unfolding Meaning of the Wisdom Experience*, explores the phenomena of wisdom as it unfolds within the context of a nurse-patient relationship

and the decision-making process that lies inherent in that experience (Truglio-Londrigan, 2002). The process that Marie uses for decision-making somewhat mirrors the process she used in the hermeneutical method. Gadamer's (1976) philosophical hermeneutical approach is based on the language of conversation and that this conversation provides a medium for understanding as individuals use language to express themselves and listen. This holds true with the decision-making process. Once conversation facilitates understanding via language and listening, not only is understanding the outcome but it is also the ability to identify a decision and act on that decision. This dialogue, questioning, and conversation stand at the center of Gadamer's philosophic hermeneutics (Bernstein, 1983) and portrays an interplay. This interplay is that same looking inward and outward and back inward again earlier described.

Sandy's world view is colored by the research that she does in nursing history. The antecedents to events, knowledge, therapeutic interventions, and the like all contribute to how she approaches decision-making. To her, decisions require an understanding of the historical antecedents. Historiography offers critique of an assortment of historical events, people, issues, therapeutic events, and the like, which offers insight into decision-making. For example, in a 2007 *New York Times* article, McNeil recommended federal guidelines to deal with a severe flu outbreak that were "partly based on a recent study of how 44 cities fared in the 1918 epidemic conducted jointly by the disease centers and the University of Michigan's medical school" (p. A14). In this study, it was the historians and epidemiologists who examined how cities managed during the 1918 flu pandemic. The past provided a way to analyze the possible ways of addressing a potential influenza epidemic today.

## Know Yourself

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How did we arrive at this juncture? How did we come to be here and think this way? In the following sections of this chapter, we will describe through our own self-reflective process how our philosophical beliefs about decision-making came to be, as well as our own comfort level with choosing a decision, and accepting the risk involved in decision-making. When we make decisions, we each draw from our intra- and interperceptual experiences; however, without self-reflection and awareness of what the self brings to the decision-making process, decisions risk inadequacy or failure.

### Marie's Self Reflection

I grew up in "The" Bronx, one of the five boroughs of New York City. No better place in the world for in The Bronx I was introduced to life

in all its glory and sadness. My parents were high school graduates who worked hard day to day. My mother was a homemaker, my father a postal worker. Both parents were of Italian descent although my father insisted that he was Sicilian; that was somehow different. My maternal grandmother and grandfather lived in the same apartment building as we did. My grandmother was 4 feet, 11 inches tall and packed a punch. My grandfather was 6 feet tall and an alcoholic. They were an integral part of our lives and were involved in my upbringing.

I was baptized Marie Truglio and welcomed into the Catholic church; although as it turns out, I am much more of a spiritual being rather than a religious being. Life has always been one big question to me due to the various experiences I have been introduced to throughout my life.

When I was 3 years old, my sister was born. I remember sitting at my great aunt's kitchen table eating her wonderful pound cake in Queens, New York (another one of the five boroughs) when there was a phone call. I remember that I did not know what they were saying only that all of a sudden the atmosphere in the room changed. My great aunt looked at my father and said "Ann went into labor" to which my father responded, "How can that be? She is not at her due date." This single moment in time changed my life forever. My sister was born with a diagnosis of Down's syndrome. Everyone was so sad and yet I remember I could not understand why. She looked "okay" to me. It is true she did not do much but is that not what all babies do, nothing? When I asked my parents why, they both said that my sister was sick. Sick? She did not appear sick. There never appeared to be any answers to those questions, but I have to say these life experiences created a context for me as being the "searcher": to raise questions and attempt to find answers—even if those answers were "correct" for only a moment in time.

I always asked questions. In the 1960s when riots were on the television every night, others would shake their heads and say "throw them all in jail," while I would question "What is the reason for this?" "Why are these riots taking place?" "What can be done?" Similarly, when the news would account for the number of soldiers who died in Vietnam that day, again I would question, "Is this necessary?" "Who is right?" "What is the truth?" "Is there any truth at all?" My parents would listen to me rant on and on and never tell me to be quiet. They would just listen. This I believe was important. I always knew that I could say and do anything—within reason, of course—and I knew that I always would have my place in this family. I trusted, and this is the trust that is essential to makes decisions.

I wanted to be a nurse because I thought I could help; help by stopping the riots, help by stopping the Vietnam War, or help by making my parents proud of something or someone. In any event I made

the decision that nursing was going to be my professional commitment. We spoke about risk taking and the choices that we make in decision-making. Well, here was one. I was the first generation in my family to enter in college in the United States. My grandmother had been a teacher in Italy but when she came to this country, she was told that she would never be a teacher here. She was not able to make a decision, the decision was made for her. I was frightened because I could not fail; therefore, I would not fail. I remembered looking at my grandmother and thinking that I was an extension of her. I had to do this. Four years later, I graduated.

Since that time I have embarked on many decisions—some good and some not so good, like the white Volvo my husband and I bought from a car dump in New Jersey. Go figure! I can safely say that we did not use any type of evidence in this move and it was a big risk and a big mistake one we both learned from. I might add this too is important in decision-making: the importance of self-reflecting and learning from the outcomes of every decision no matter what they are. Nevertheless, other decisions were marked by successes; the decision to marry the man who continues as my husband, the decision to return to school for my masters degree, the decision to build our life and to include children within that life, and finally, the decision to engage in doctoral studies. Every decision portrayed a risk but as I stated earlier, I trusted and this was the trust that my parents modeled for me. They would love me no matter what I said or what I did.

As I stated before, throughout my life, whenever I had to make a decision, I was a searcher. I first would look inward to see what was there. When I found that what I saw was distorted or unclear, I would look outward. Where could I go to find the answers that would clear up this distortion? Once I found what I thought I needed, I would take that knowledge and return to my inner self to see if the distortion was still present or if the picture was clear. What I learned is that for any decision, the comfort of coming to a decision was always short lived. It only lasts for a moment in time because every moment brings newness—hence, my love for hermeneutics as well as the way I conduct myself and look at the world, one moment at a time.

### **Sandy's Self-Reflection**

I was born in 1949 and like Marie, I too was born in the Bronx. I was the second of three daughters and one son. My parents also grew up in the Bronx, attended the same synagogue, and attended the same university in New York City.

My family was not the typical Jewish family. We were Reform Jews, with the roots of this progressive movement stemming back three generations to Germany. We did not grow up in a Jewish neighborhood be-

cause my parents wanted us to experience people from all different backgrounds. We lived in a multiethnic and multiracial community that was situated in the northeast section of the Bronx called Wakefield. There were homemade raviolis, a German butcher and deli, a kosher deli, a bakery from Hungarian immigrants, and an assorted other ethnic-type food stores that lined the streets under the subway's elevated or "El" pillars (as they were called) on White Plains Road.

My family did things that many of my friends on the block or in most other Bronx neighborhoods did not do. Every summer my parents packed the car, gave each one of us a cardboard box to hold our belongings, and off we went on a camping trip. We were often labeled "gypsies" by friends and family alike because for most of the summer we lived in a tent. My parents started their own hand-guided quilting business, even without having much knowledge about this type of business, and were deeply involved with local Bronx politics, so much so, that my father would recruit the whole family (including some of my dates) to hang the candidates' posters on the subway elevator track poles that lined the avenue near our home.

Both sets of grandparents were born in the United States, which was unusual at the time, at least in our neighborhood. My father's parents died before I was born, so I never met them, but I heard about them, especially about how my grandmother, Lillian Nibur, was a teacher and a suffragist. My mother's grandparents, Monroe and Jennie, both born in the United States but never completed high school, always valued education. It was no surprise to me growing up that I was going to go to college. We saw Monroe and Jennie every Saturday and they played a prominent role in our family's day-to-day life.

When I was 12, my younger sister, who was 7 at the time, died of cystic fibrosis. Given that period of time, little was known about this disease. The cost of care was too high for our family so my father had to find a job in New York City that afforded us health insurance and access to care. He also drove a cab at night to "make ends meet," as my mother would often say. From my memory, we were one of the first families to enroll in the newly formed Health Insurance Plan (HIP) at Montifiore Hospital in the Bronx in about 1962. I remember hearing how the doctors and nurses were trying new treatments for this disease and my sister was given antibiotics, cupping, and other exercises to help her breath better. In the summer after my sister died, we left for a camping trip across the United States. No matter what had happened that previous year, we kept exploring new environments, new places, and new ideas. One of my father's favorite expressions was "to try it."

Growing up, I loved music, color, dance, and anything that allowed me to move. Today, I probably would be labeled a "kinetic" learner, but in the 1950s and 1960s, learning was mostly done sitting down. My decision to become a nurse probably stemmed from the experience I had

with my sister growing up and my need to move. When I decided to become a nurse, my parents were not happy with that decision and tried to steer me toward teaching. They felt nursing was not the right profession to be in, whether because of the images they held about the profession (and that was never clear to me), or that they felt teaching was easier for a woman who wanted a family. In any event, they agreed with my decision to become a nurse but with the caveat that I attend a collegiate program, not a diploma school. Education was important in my family, and thus shaped my decision about becoming a baccalaureate-prepared nurse.

I met my husband while in nursing school. He attended the dental school a few blocks away. We both marched during the 1960s and early 1970s protest against the Vietnam War, served as health workers at some of the stations that were set up around the city to assist the marchers, and shared many of the same hopes for a country that was undergoing change in civil rights, women's rights, and health care reforms. My husband was born in Rosenheim, Germany, following World War II. I include this piece of history because our two families, both Jewish, both in a health care profession, were so diverse in our cultural backgrounds that decisions we made as a family required real consensus building and an understanding of cultural backgrounds.

My love of history stemmed from my need to understand and explain the world. Growing up, I needed to know. I did not understand the reasons for so many things and always sought answers. My older sister was labeled the "smart one"; my brother was the "man-child"; my sister who died held a special place in the family system because of her illness; I was the middle one and took up the mantle of being the "clown." I could imitate any one of my many teachers, tell jokes, and generally entertained my family on a nightly basis. The humor was my way of knowing and explaining the world.

I did not become interested in nursing history until I returned to school for a master's degree over 10 years following my graduation from my baccalaureate program. It was not until my doctoral work that I learned to use historiography as a research method. It was by raising questions and being ready to explore the historical data to find answers that helped me make the decision to study nursing history. Historical research helped me understand the things that I could no longer laugh about, like why nurses were not valued (perhaps a remnant of the way my family responded to my being a nurse), or why we do not remember nursing's political activity . . . or were they even political or ever involved (I always remembered the noted public health nurse Lillian Wald and related her to the progressive movement, but somehow that knowledge was not included in my daughter's social study text book that described Wald as a social worker.)

Understanding my background helps me to understand why I made certain decisions about my education, my practice, my research, and my professional goals. It continues to influence me as I make other decisions in life. There are many choices—and many risks. How and what we chose is indicative of our ability to be self-reflective to understand and generate knowledge. How we as nursing professionals help others make decisions also is influenced by both our backgrounds. Being self-reflective and understanding who we are is essential to the decision-making process.

## Self-Reflection Assists Decision-Making

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Both of us were born in the Bronx in New York City and are both part of the “baby boomer” population that exploded following World War II. Both of our fathers served in World War II. Both had sisters who health-related issues that left indelible marks. We both grew in family systems where grandparents were involved and education was important. Our educational experiences were different because Marie went to Catholic school and Sandy went to Bronx public schools. In terms of religion, Marie would classify her family deeply rooted in the practice of Catholicism while Sandy’s family espoused the more liberal attitudes of Reform Judaism. We each chose a 4-year baccalaureate degree in nursing because college education was highly valued in our families. Even our choice of clinical setting, public health nursing, was similar because Sandy enjoyed being outside and moving, and Marie felt there was a potential to make an impact for the greater good. Both agree that there was greater autonomy and freedom to choose in this setting than in others. Serendipity brought us together to work at the same institution, teach the same course, and write this book, but it was also our backgrounds and the knowledge we gained from being self-reflective that led us to this point as well.

The decisions we make and the ones we assist others make in our practice all have some elements of our past interacting with the decision, whether consciously or unconsciously. This then makes it so imperative for all of us who are in health care professions to be aware of what we consider worthwhile, such as a special treatment, the health care provider we visit, the hospital we select, or the treatment plan we follow. Do we exercise to stay healthy or avoid any kind of health-promoting or preventative-type activities? Do we smoke or do we have difficulty watching anyone who does? What are our values related to health care, and how do our biases affect the very people we are caring for? The practice of self-reflection, then, becomes essential to any decisions that nurses make.

## Conclusion

In this first chapter, we wanted to introduce ourselves and through self-reflection demonstrate how past life experience does in fact affect how we live in the world, how we perceive the world, and how we conduct ourselves when making decisions. To us, decision-making is more than a model or framework, it is a philosophy intimately intertwined with our view of the world. Self-reflection creates awareness and knowledge building. It also helped us formulate our philosophy about decision-making. Our histories share many similarities and differences, and the decisions we make and assist others make reflect this.

We wanted to write Chapter 1 because it became clear to us that how we engage in the decision-making process has more to do with philosophy than any one approach to decision-making. This philosophy has unfolded over the years as a result of life experiences. Self-reflection allows one access to this knowledge and gives a clearer picture of ourselves, so that we can ultimately use this knowledge when we make decisions and help the various constituents in our practice make their decisions. Self-reflection serves as an integral part for all nurses engaging in decision-making process. An awareness of who we are opens us up to the possibility of who others may be and how we interact with them in therapeutic relationships. Reflective decision-making requires self-reflection when using the variety of thoughtful approaches we present in this text and beyond.

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