Intuition and Nursing Practice Implications for Nurse Educators: A Review of the Literature
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ABSTRACT
Intuitive knowledge is an essential component of the art of nursing and of the nursing process. This article provides an analysis and review of the literature on intuition. The author addresses the use of intuition in nursing science, characteristics of intuitive nurses, receptivity of intuitive knowledge, and the importance of expanding nursing’s utilization of the intuitive process. Strategies are provided for promoting intuitive skills in continuing education/staff development settings.

Nursing, as it is taught and practiced today, is primarily intuitive” (McCain, 1965, p. 82). “Nurses must . . . reach a point where their plans for care are not based on hunch alone” (McCain, 1965, p. 84). These comments appeared in “Nursing by Assessment—Not Intuition” published in the American Journal of Nursing in 1965. Almost 25 years later we have come full circle as we read that nurses need to acknowledge the existence of their intuitive wisdom (Dossey, Keegan, Guzzetta, & Kolmkeier, 1988). Intuition combined with objective, verifiable approaches enables nurses to deliver holistic care (Urden, 1989).

What is this intuition? It has been described by nurses in many ways: a sudden perception of a pattern, a creative discovery, the immediate knowing of something without conscious reason, a skilled pattern recognition, insight, knowing more than we can tell, a form of clairvoyance, a hunch, or a gut feeling (Barnum, 1989; Benner & Tanner, 1987; Gerrity, 1987; Rew, 1989; Schraeder & Fischer, 1987; Young, 1987).

HOW NURSES USE THEIR INTUITION
Nurses often use intuition, though usually subconsciously, in their patient care. Intuition is based in both knowledge and experience. Sensing, another method of gathering data, is described by Gerrity (1987) as referring to perceptions made via the senses versus those made intuitively. She writes that the senses bring to awareness only that which is occurring at the present moment. Most sound nursing judgments and assessments are grounded on intuition as well as sensing (Gerrity, 1987; Young, 1987).

The intuitive process is closely related to the holistic notion of connection between the nurse and the client (Agan, 1987). A study on intuition and the nursing process suggested that 92% of the respondents’ actions and knowledge based on intuitive incidents were warranted by the results (Young, 1987). The art of nursing, or the aesthetic, integrative process of nursing, may indeed take place on an intuitive level (Schraeder & Fischer, 1987). Professional nurses in clinical practice refer to their reliance on intuition as an element of the decision-making process (Rew & Barrow, 1987).

CHARACTERISTICS OF INTUITIVE NURSES
Common characteristics of intuitive nurses have been addressed in the literature. These characteristics include an open attitude toward people and an acceptance of nontraditional treatment modalities (Young,
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1987). Intuitive nurses are the more experienced practitioners. Benner (1982) has posited that a major difference between the novice and expert clinician is that the expert commands an intuitive grasp of the patient situation that enables him or her to zero in on the problem without wasting time on extraneous matters. The expert, intuitive nurse is holistic versus fractionated or procedural.

SHOULD NURSES ACCEPT INTUITIVE KNOWLEDGE?

Should nursing science expand to formally acknowledge, allow, and teach this intuitive process? Nursing has been emerging as a profession. Nurses have been developing a scientific base for practice, and developing theory that has caused them to narrow their field to measurable and quantifiable information. Emphasis on nursing process and its breaking down of assessments into discrete problems has caused many to miss the overall picture resulting in the discarding of intuitive data. Many nurses see the individual as parts, not a whole (Gerrity, 1987). Nurses must not deny their intuition and focus solely on scientific principles, as reliance on analytical reasoning alone is not sufficient for nursing practice (Dossey et al., 1988; Rew, 1989). A significant portion of nursing depends on nonquantifiable aspects of the nursing process. Ethical dilemmas, expert nurses care, and the ability to predict behavior based on inadequate or ambiguous data all require applications of intuitive knowledge (Rew & Barrow, 1987).

CAN INTUITIVE KNOWLEDGE BENEFIT PATIENT CARE?

Nonrational, intuitive knowing is a dimension of the state of the art in nursing (Agan, 1987). The perception that something is wrong often begins with a feeling (Benner & Wrubel, 1982). Intuitive knowledge allows for the complex, skilled judgment required to consider possibilities for each individual patient (Benner & Tanner, 1987). As nurses become more consciously involved with intuitive experiences, there may be an improvement in their decisions. Making intuition-subjective data an acceptable aspect of the nursing process can provide the environment to expand nursing knowledge.

Intuition must not be ignored; it is part of nursing practice and nursing process (Young, 1987). Unfortunately, intuitive knowledge has seldom been considered valid in the United States (Rew, 1986). Intuition has evoked negative responses and has been viewed as the basis for irrational acts or guessing (Benner & Tanner, 1987; Dossey et al., 1988). It has elicited jokes and scorn and has been devalued by experts, physicians, and nurses alike (Benner & Tanner, 1987; Schraeder & Fischer, 1987). Nurses have expressed that this negative labeling of their judgments results in self-doubt and stress. They are uncomfortable with the use of intuition and are reluctant to discuss it (Schraeder & Fischer). Intuitive knowledge has been reported to cause apprehension and anxiousness in clinicians as they discount their intuition while looking to concrete data for explanations (Rew, 1989).

WHY IS INTUITIVE KNOWLEDGE POORLY ACCEPTED BY THE NURSING COMMUNITY?

What has transpired to induce these responses? Why does the nurse not give more credence to her intuitive knowledge? Nursing education has emphasized sensory perceptions at the expense of intuition. Teachers in nursing have relied on rational data-gathering as the principal way to gain knowledge. Nursing’s educational past has been based on the Tylerian/behaviorist model that stresses data/behaviors that are scientifically observable (Young, 1987). Intuitive perceptions have been seen as opposing this empirical factual knowledge base (Dossey et al., 1988). Problems with the Tyler rationale lie in its basic assumptions: that there exists one type of learning; that educated mature learners can be graduated using behaviorist theory; and that behaviorism is capable of liberating and educating. Nursing and education are based on human science and require theories that allow multiple realities and intuitive and constructed knowledge as well as procedural knowledge (Bevis & Watson, 1989).

IMPLICATIONS FOR CONTINUING EDUCATION/STAFF DEVELOPMENT

What does this mean to nurse educators in continuing education/staff development? We need to accept an intuitive way of obtaining knowledge. We need less structured methods of teaching/learning that foster the use of, and therefore the development of, intuitive abilities (Gerrity, 1987). We need to discuss the art versus the science of nursing. We need to allow and to assist in the development of more creative and critical thinking abilities and active learning (Bevis & Watson, 1989). And, in addition to training, we must educate (i.e., foster understanding) by using intuition, examining assumptions, gaining insights, seeing patterns, and being caring and concerned (Bevis, 1989).

Intuition “may be a feature of patient care that is unique to the historical role played solely by nurses.”
Facilitating Intuitive Thinking and Skills

Nurses in the clinical setting present a challenge to the educator wanting to encourage the development of intuitive skills. Most staff development efforts in the hospital environment are based on two objectives—new employee orientation and knowledge utilization. The proficient and expert nurses receive very little, if any, attention for their clinical knowledge development (Benner, 1982; Benner & Wrubel, 1982).

Numerous methodologies have been suggested in the literature for promoting intuitive skills. First, we need to encourage the use of terms and definitions regarding intuition to help remove the mysticism that is often associated with intuitive processes in nursing science (Rew, 1989). We must promote the acceptance of more than one mode of thought, more than one way of thinking, and emphasize the value of intuitive thinking in nursing (Dossey et al., 1988; Young, 1987). Another technique utilized in teaching intuitive skills is cue assessment as the basis for clinical judgment and decision-making. This entails going beyond the accumulation of facts, and encouraging nurses to value their intuitive abilities (Rew, 1989).

Skilled pattern recognition is described by Benner and Tanner (1987, p. 24) as the “ability to recognize relationships without prespecifying the components of the situation . . . Patients present patterns of responses that expert nurses learn to recognize.” The introduction of cue assessment and skilled pattern recognition may be facilitated by case studies; feedback; focusing on the whole situation, not its incremental parts; precepting; and validation by expert nurses (Benner & Tanner, 1987). Expert nurses can share intuitive experiences and/or written exemplars with students and less experienced nurses to help clarify and demystify the intuitive process while addressing the legitimacy of the expert’s lived experience. Regularly scheduled meeting times can be provided for these expert nurses to share their experiences. A quarterly or biannual newsletter can be a useful tool for sharing written exemplars.

Attributes that facilitate intuitive thinking have been demonstrated and should be shared with nursing students and nurses. These include:

- direct client contact and nursing experience,
- self-receptivity: the ability to be open and vulnerable unencumbered by personal or emotional problems,
- the desire to “tune in,”
- energy,
- self-confidence,
- a caring nurse-client relationship (Dossey et al., 1988; Young, 1987).

Additional strategies to assist in the clinical knowl-
edge development of the advanced clinical practitioner appear in the Figure.

To incorporate these strategies, one would be advised to first survey the staff's interest. As previously discussed, intuitive knowledge is not always trusted or even discussed. An explanatory letter and questionnaire may create interest in the intuitive process. This step could be followed by a learning opportunity to discuss the use and importance of intuitive knowledge. Monthly programs can then ensue using the strategies listed above.

Methodologies to assist in the promotion of receptivity to intuition and enhancement of creativity are also found in the literature. These tactics include:
- meditation and mind-quieting exercises to attain a state of pure consciousness and illumination;
- listening to music for relaxation;
- exercise, including yoga and stretching;
- progressive relaxation and quiet thinking time;
- journal writing, which can eventually be used for small group discussions;
- group brainstorming and visualization;
- guided imagery after which is often a good time to write in one's journal;
- focusing to increase awareness of the body-mind (Dossey et al., 1988; Rew, 1986, 1989).

As nurse educators we have responsibilities toward our nurse learners and our patients. Intuitive knowledge is an essential component of holistic nursing assessment and nursing care. We need to become actively involved in opening our minds and our teaching methodologies to alternative ways of teaching, of learning, and of knowing. Nursing judgment and assessments will be enhanced when we provide the opportunities and experiences for learning and improving intuitive skills. Conners (1990, p. 9), an expert intensive care night nurse, reported on her intuitive experiences and concluded that, “Thanks to nurses’ intuition and physicians’ willingness to trust and abide by it, a patient was falling off to sleep when he might otherwise have been going into pulmonary edema.” Nurses’ intuitive knowledge and the profession’s willingness to accept this knowledge will result in more expert clinicians and enhanced patient care.

REFERENCES