FEATURE ARTICLE

Building Comfort With Ambiguity in Nursing Practice

Kalli Stilos, RN, MScN, CHCPN(C), Shari L. Moura, RN, MN, CONC(C), CHCPN(C), and Frances Flint, RN, MN

Current nursing literature recognizes the need to honor the concept of ambiguity. Nurses experience uncertainty with handling or honoring complexity and ambiguity when confronted with times of struggle. Traditional models of care fall short as patients and families define their expectations of the healthcare system. Nurses bear witness to the discomfort caused by the unknown in their daily practice. They are challenged to address their feelings, unsure of what to anticipate, what to say, or how to respond to their patients. Uncertainty diminishes the opportunity for meaningful dialogue between nurses and other people. Nurses attempting to ease the discomfort of ambiguity by providing patients or families with reassurance, offering advice on how to fix problems, or avoiding talking about situations often express dissatisfaction. Nurses should be invited to explore ambiguity and seek understanding through dialogue and nursing knowledge. Encouraging nurses to define the meaningfulness in nursing practice that embraces human science theory will help relieve some of the ambiguity that exists in current practice. This article will explore the concept of ambiguity, highlight how nursing theory based on human science can support practice, and propose recommendations for practice.

At a Glance

✦ Oncology nurses must aim to build comfort with ambiguity in their practice.
✦ Building comfort with ambiguity requires resources to support knowledge development and skill.
✦ Engaging in reflective practice about specific patient and family situations will enhance nurses’ capacity to understand ambiguity.

CURRENT TRENDS IN THE HEALTHCARE SYSTEM CALL FOR NURSES TO BUILD THE CAPACITY TO PRACTICE IN SITUATIONS THAT REQUIRE COMPLEX DECISION MAKING ON THE PART OF PRACTITIONERS, PATIENTS, AND FAMILY MEMBERS. IN TIMES OF STRUGGLE AND DECISION MAKING, NURSES OFTEN ARE IN SITUATIONS WHERE THEY JUST DO NOT KNOW WHAT TO DO. THE CONCEPT OF AMBIGUITY IN NURSING PRACTICE MUST BE ADDRESSED AND UNDERSTOOD BY THE PROFESSION (LAZARUS & FOLKMAN, 1984). THROUGH THEORY-BASED NURSING PRACTICE, NURSES CAN DEVELOP THEIR ABILITY TO PROVIDE MEANINGFUL CARE FOR THEIR PATIENTS AND FAMILY MEMBERS BY USING A FRAMEWORK TO SUPPORT THEIR DECISION MAKING AND GUIDE THEIR PRACTICE AND NURSE-PATIENT RELATIONSHIPS. ONCE FORMED, THE RELATIONSHIPS HELP TO ALLEVIATE THE STRESS THAT NURSES, PATIENTS, AND FAMILIES ENCOUNTER WHEN HEALTH AND HEALTHCARE DECISIONS ARE RIDDLE WITH AMBIGUITY. TO TRANSITION TO A TRULY PATIENT-CENTERED CARE-DELIVERY MODEL, NURSES MUST HAVE THE SKILLS NECESSARY TO RECOGNIZE AND UNDERSTAND AMBIGUITY IN NURSING PRACTICE WHILE "GOING WITH THE FLOW" AMID UNCERTAINTY (MITCHELL & PILKINGTON, 2000).

Nursing scholars, such as Mitchell and Pilkington (2000), have suggested that discomfort with ambiguity diminishes the opportunity for meaningful dialogue between nurses and patients. Nurses require a thorough understanding of the reasons for getting stuck when uncertain situations impede nurse-patient dialogue. Knowledge grounded in nursing theory can assist nurses in facilitating conversations when uncertainties arise. Of particular importance is the process of reflecting on their own practice to identify areas that require work for nurses to remain competent in ever-evolving healthcare environments (College of Nurses of Ontario, 2005). Learning to recognize and acknowledge the discomfort associated with not knowing what to do or say when no clear answer or direction exists is a professional skill that all nurses should embrace.

Kalli Stilos, RN, MScN, CHCPN(C), is an advanced practice nurse in palliative care, Shari L. Moura, RN, MN, CONC(C), CHCPN(C), is an advanced practice nurse in surgical oncology, and Frances Flint, RN, MN, is the director of nursing practice, all at Sunnybrook Health Sciences Centre in Toronto, Canada. No financial relationships to disclose. (Submitted January 2006. Accepted for publication May 14, 2006.)

Digital Object Identifier:10.1188/07.CJON.259-263