Nursing Theory Novice to Expert: Patricia Benner

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Benner’s Novice to Expert Nursing Theory

Patricia Benner began her nursing career in 1964, after graduating from Pasadena College with a bachelor’s degree (Tomey & Alligood, 2006, p.140). She returned to school in 1970 and pursued her master’s degree in nursing, medical-surgical nursing as her major. She continued her education at University of California and earned her Ph.D. (Tomey & Alligood, 2006). She is extensively published and has received many awards and accolades for her works in the field of nursing. Patricia Benner published her notorious theory dissertation, *From Novice to Expert: Excellence and Power in Clinical Nursing Practice* in 1984 while holding a professorial position at University of California San Francisco.

**Major Concepts of Novice to Expert Theory**

In her dissertation, Benner heavily relies on and adapts the Dreyfus brother’s model of skill acquisition to the field of nursing.

The model describes five levels of skill acquisition and development: (1) novice, this being the stage of skill in which the person has no background experience of the situation in which he/she is involved, (2) advanced beginner, this develops when the person can demonstrate marginally acceptable performance having coped with enough real situations to note the meaningful components of the situation, (3) competent, in which the person shows deliberate planning that determines which aspects of a situation are important and which can be ignored, (4) proficient, the performer can now demonstrate a new ability to see changing relevance in a situation and no longer rely on pre-set goals for organization, and (5) expert this level is achieved when the individual is no longer dependant on analytical principle to connect understanding of the situation and the appropriate action. (Toomey & Alligood, 2006, p.145-6)
Benner’s theory highlights the importance of clinical experience in developing expertise. A new graduate nurse, or ‘novice’, depends heavily on book knowledge and the materials learned in school. Each detail of their patient interaction is evaluated, regardless of relevancy. However, as the nurse gains more clinical experience and moves through Benner’s stages he/she gains what Benner calls “perceptual awareness”. These are the nurses’ who gather assessment information and evidence to affirm their “hunches” (Tomey & Alligood, 2006).

While applying Dreyfus’ model to nursing, Benner noted two interrelated aspects of practice that distinguish the progression levels of nursing practice. First, clinicians at different levels of practice live in different clinical worlds, recognizing and responding to different situated needs for action. Second, clinicians develop what Benner terms agency, or the sense of responsibility toward the patient, and evolve into fully functioning members of the health care team. (Tomey & Alligood, 2006, p.143)

Analysis of the Novice to Expert Model

Person

Patricia Benner bases her description of a person on the description provided by Heidegger. She describes a person as, “a self –interpreting being that is, the person does not come into the world predefined, but becomes defined in the course of living a life. A person also has an effortless and non-reflective understanding of self in the world” (Tomey & Alligood, 2006, p.151). One may interpret this statement to mean that a human being is born into the world as a “blank slate”, and that it is through experiences provided by life that a person is molded into the individual that they are.

She views a person as an active “participant in common meanings” Benner describes four aspects of understanding that make up a person: 1. the role of a situation. 2. The role of
the body. 3. The role of personal concerns, and 4. The role of temporality. (Tomey & Alligood, 2006, p.151)

These “aspects” re-affirm the concept that a person is not defined only by the physical body, but the mind and body are one. It has been commonly taught in the field of nursing, that is, as nurses, we treat the entire patient, not just the physical body.

Environment

Patricia Benner does not use the term ‘environment’ to describe the world in which a person lives, but she describes ‘situations’. The term, situation, implies that an individual is engaged in a social and interactive environment. “She uses the terms being situated and situated meaning, which are defined by a person’s engaged interaction, interpretation, and understanding of the situation” (Tomey & Alligood, 2006, p.151). This concept implies that a person’s experiences and perspectives influence their current environment (Tomey & Alligood, 2006).

Health

Benner’s divides the concept of health into two concepts. The first, is that “health is based on what can be assessed”, objective data. “Well being”, she defines, as the human experience of health and wholeness (Tomey & Alligood, 2006). According to Benner, a person’s health is not confined to merely the absence of disease, but the individual’s experience of their current state. For example, a person may have a diagnosis of lung cancer; however, depending on the stage of the cancer, the person may not experience ill effect of his/her disease at the current time.

Nursing and Clinical Application

Benner describes seven domains of nursing practice. The domains are: 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 and working role competencies. (Carlson.L, Crawford.N & Conrades.S, 1989, p.188)

This can be applied as a framework for patient assessment and nursing practice. In my personal practice I work with post-operative patients. Constant assessment and evaluation of current therapeutic interventions is essential in my practice. Close monitoring of the patient’s condition and quick identification and reaction to change is essential. Nurses on the unit fill the helping role in two ways. First, we aid the patient in achieving their goals by getting them out of bed after surgery and assisting them with their activities of daily living until they are able to do them independently. This entails a lot of teaching and coaching on the nurse’s behalf. Second, nurses help each other. This is a vital component to providing excellence in patient care. I have witnessed, first-hand, nurses on the unit pulling together and helping a fellow RN with his/her assignment when he/she has had a patient that required one-one nursing care.

Patricia Benner’s Novice to Expert theory gives an insight into how the RN approaches patient care. A novice, as previously described, is confined to static rules of assessment and what he/she has learned in school. The expert, however, may look at a patient; have a “gut feeling” by assessing the patient’s physical presentation and collect monitored data to the support his/her “gut feeling”.

Education

Patricia Benner’s novice to expert theory is very significant in the realm of nursing education. Her explanation of each stage of nursing development aids educators and preceptors when presenting new information. As a preceptor, one would think that Benner’s model would
give a valuable insight into the world of nursing through a new grad’s eyes. Once an understood, the preceptor may then, individualize their educational plan to best suit the needs of the learner.

**Strengths and Weaknesses**

One of the greatest strengths of Benner’s theory is that it allows for a unique perspective into why a nurse practices the way he/she does, depending on their level of understanding of the nursing practice. Her theory has “universal characteristics; that is, it is not restricted by age, illness, health, or location of nursing practice” (Tomey & Alligood, 2006, p.155). Patricia Benner bases a lot of her theory on the human experience and the individual’s perception of what is going on around them. This also, however, limits her theory as an interpretive framework for nursing practice, as it is dependent on clinical situations (Tomey & Alligood, 2006, p.155). The advancement of an individual from novice to expert depends on the experiences available to them.
References
