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Mini Review

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Building the Science of Nursing: Continuum from Past to Future

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Building the Science of Nursing

The last decade has seen a rise in the calls for advancing the science of nursing [1-3]. However, the definition of the term science of nursing, even though familiar to many nurses, continues to be unclear, in part due to its numerous interpretations [4]. In addition, nurses often find themselves in situations where they have to answer the fundamental question "What do nurses do?". There is little doubt that nurses are the center of a patient's wellbeing and often use their expertise to participate closely in the healing process of both the sick and their families. Nevertheless, the nurse's expertise in this process is sometimes not fully understood, thus resulting in the use of terminologies such as intuition and gut feelings by some, which ultimately renders the nursing knowledge more mystical than professional [5]. Although at times the work of nurses can be explained by activities such as administering medication, teaching, providing psychosocial support, assessing the health status of an individual, and use of therapeutic touch, the essence of nursing involves difficult to define ideas and practices [6]. Daly et al., [7] warned that nursing's difficulty in articulating its unique nature in health care settings continues to put the survival of nursing as a distinct discipline at risk.

A more important underlying quality that needs attention is the knowledge that supports nurse responsibilities and recognizes nursing as a distinguishable profession [8]. Being cognizant of the underlying knowledge base captures both the special education and experiences associated with being a nurse, as well as the foundation for accountability embedded in the nursing care provided. For many decades, clinicians, researchers and nursing scholars have argued that the ability to fully describe the work of nurses and articulate the goals of nursing will provide the public and other disciplines a

greater understanding of the nature of nursing. If clear articulation of the nature of nursing fails to occur, [9] warned that nursing will remain invisible as a distinct discipline or be viewed as a subset of medical science or social science.

It is therefore not surprising that one of the fundamental goals of nursing has been the development and recognition of nursing as a professional discipline. The topic of whether nursing is a discipline, a profession, or a professional discipline has been prevalent throughout the recent history of nursing, bringing with it considerable arguments and confusion. As a discipline, nursing seeks to expand the knowledge about human experiences through conceptualization and research [10]. According to Doheny, Cook, and Stopper, "each discipline has a knowledge base that is distinct from that of other disciplines and provides a foundation for practice". Parse emphasized that the roots of discipline-specific knowledge is fostered in the academic settings where research and education shift the knowledge to new dimensions. In similar vein, Smith and McCarthy stated that each discipline is identifiable by a specific body of language that is developed, studied, and advanced by its students and members.

The history of nursing epistemology reflects a period in time where nursing knowledge was derived mainly from other disciplines [11]. However, if nurses rely on other disciplines to generate necessary knowledge, there is considerable risk that fundamental questions about nursing and the human person will not be addressed. This is because nursing as a discipline has a unique phenomenon of concern for human life and dignity from which all nursing knowledge is derived [12]. Nursing's phenomenon of concern focuses on the wholeness of a person (individual, family,



and community) within the context of a changing environment, health, and caring [4]. Nursing seeks to address the human experiences, while preserving the human dignity and providing protection when rights are violated [13]. The social contract that nurses have with the society, to provide care and nurturing both to the healthy and ill person while integrating the science of nursing (ANA, 2010), provides the discipline-distinct knowledge that demonstrates the uniqueness of nursing in comparison to other health care professions.

Nursing as a profession involves people who are educated within the discipline according to the nationally defined and monitored standards and regulations [12]. Toulmin [14] defined a profession as an "organized set of institutions, roles, and people whose business it is to apply or improve the procedures and techniques" of the discipline. In lieu of this definition, discipline and profession are inseparable. Without a profession to continue to use and enhance the knowledge contained within a discipline, a discipline would not advance or change and may eventually fade into obscurity. In the same way, a profession without the discipline would be blind. Nursing is therefore a professional discipline "embodying a knowledge base relevant to all realms of professional practice and which links the past, present and future".

Importance of Concept Analysis

One of the fundamental activities of enhancing the science in the discipline of nursing is concept analysis and development [15,16]. Concepts have been viewed as essential components of knowledge development in nursing for some time [15,17]. Yet, a thorough understanding of their nature and their role in knowledge development has not manifested in the nursing literature, in spite of the attention given to these concepts. According to Walker and Avant, a concept "is a mental image, of a phenomenon, an idea or a construct". Concepts reflect unit of thoughts that nurses can utilize to organize experiences in relation to their interaction with patient into clusters [13]. To communicate such thoughts effectively, several researchers agree that a common language is necessary to provide clarity [18]. Having a language provides meaning to a phenomenon, communicates a perspective, and provides information. Moreover, clear criteria regarding the application of the concepts are needed for the concepts to have any meaning in developing the science of knowledge, effectively using in research, and translating into practice [19].

The concepts of a discipline provide historical continuity [14] and are developed through a process of analysis and synthesis and refined through testing and evaluation [20]. It is through this process that the use of language is utilized to label and adequately define a phenomenon being described [13]. According to Walker and Avant, this label then becomes a conduit utilized to communicate our thoughts and ideas. However, without an understanding of the ontological [nature of the knowledge] orientation, concepts may run a risk of becoming fixed realities rather than being

phenomenon capable of change. Such uncertainties may hinder full comprehension and application of concepts and concept analysis. Through research concepts are tested, refined, and evaluated, thus enhancing their clarity and reducing ambiguity [15].

Concepts are the building blocks of theory. In combining two or more concepts, statements may be formed suggesting association or proposing arguments for cause and effect [16,19]. Through the development of a theory, essential ideas about the essence of practice are identified [16]. Researchers recognize theories as the hallmark of a profession for they build upon the values and beliefs of a discipline, thus advancing knowledge. Therefore, a clear sense of focus, values, and explication of concepts, theories, and knowledge are essential components in the discipline of nursing to develop as a distinct profession.

Disciplinary Stewardship

According to Toulmin [14], "a new concept, theory, or strategy becomes an effective possibility only when it is taken seriously by influential members of the relevant profession, and it becomes fully established only when it wins their positive endorsement". These influential members are the stewards of a discipline, those who preserve and promote the intrinsic value of a situation and engage others in solutions and actions [21]. Golde and Walker [22] emphasized that the word steward not only conveys a role that surpasses accomplishment and skills but also has an ethical connotation to it. Stewardship then becomes an expression used to describe the ethical responsibilities and obligations of a discipline. Golde and Walker asserted that stewards of a discipline have a fundamental responsibility to utilize their knowledge, skills, and findings in the service of solving problems and providing greater understanding. In a similar vein, Milton stated that stewards of the nursing discipline should honor the human dignity of persons with essential knowledge and skills found in the "theories, ontologies, epistemologies, and methodologies of the human science discipline of nursing". In this view, nurse scholars are stewards who hold in trust and care for the robustness, quality, and integrity of the discipline [23]. As Golde and Walker suggested, a steward of a discipline is an individual who is primarily a scholar, someone who will be involved in the generation, conservation, and transformation of valuable ideas into new understanding through writing, teaching, and application.

However, practical knowledge is as important as theoretical knowledge. It is therefore essential that nurse scholars, the future stewards, are able and prepared to articulate their research ideas and interests from the disciplinary perspective that will ultimately contribute to enhancing nursing knowledge [24]. Grace et al. emphasized the importance of the nursing discipline's scholars to be prepared to think more broadly about the rapidly changing health care demands as well as the society. Several authors suggested that the surest way to ensure the discipline's continued ability to anticipate the inescapable changes within the health care system

is through those educated at the doctoral level as scholars, leaders and, educators of the future [24]. Doctoral nursing education should emphasize the development of nursing knowledge that provides essential expertise for enhancing the discipline of nursing [23].

Historical Consciousness

According to the Carnegie Institute, training doctoral students is unquestionably meant to produce well-equipped scholars, who are cognizant of the needs of their profession, can cope with the evolving changes of the body of knowledge within the disciple, and in due time become stewards of the discipline. Part of the training includes taking a step back to history, to reflect and critically examine the scholarly work of the past custodians of the profession, debunk the myths of the past, and explore past ideas and truths that were either accepted or rejected [25,26]. This can be achieved through embracing historical consciousness, a collective understanding of the past, the cognitive and cultural factors that shape such understanding, and the relationship of historical understanding to that of the present and the future [27]. The concept of history plays an essential role in human thought for it implores the notions of human agency, change, the role of material circumstances in human affairs, and the accepted meaning of historical events [28]. Students need to understand why historical knowledge is important and how it relates to the present [29]. History can be an essential instrument that informs our approach to critical issues, appreciating the choices and circumstances that brought us to the present situation [28].

Within the nursing discipline, historical consciousness, [30], has fallen into a state of inanition, where the study of the history of nursing has become synonymous with exploring the myths and legends of nursing pioneers. The historical facts commonly known are limited to chronologies, essentially myths and legends of the past, but lacked the understanding of their social mission [30]. Events marking the progress to greater professional status, such as the establishment of training schools and the introduction of registration, start with stories of a few heroic individuals such as Florence Nightingale [31]. However, this trend is slowly changing as the analysis of the nursing past now consists of analyzing nursing legacy and influential thinking of nursing pioneers. Student nurses utilize historical scholarship to examine nursing's past and integrate the lessons of history into their understanding of nursing. It is therefore imperative for nursing history to be included in every nursing curriculum because, as stated by Eliot, the exploration of the past should never cease for it is through exploration that we begin to know the foundation of the discipline of nursing. In addition, the knowledge of the past will enable nursing students to better prepare to interpret the present and predict the future course of events.

As a nurse historian and educator who integrated nursing history as a foundation for all nursing courses, [32] stated she had

witnessed empowerment, pride, and a sense of acquired continuity and place in the nursing profession in her students. In similar view, Madsen stated that history provides students with a sense of identity enabling them to see how the past has shaped the present. Holme [31] contended that the inclusion of history in nursing curricula could contribute to a more complete sense of professional identity and help develop critical thinking skills that are relevant to the complex and uncertain situations faced in the current nursing practice. Nelson and Gordon [33] stated that the continued disregard in nursing of its historical past has resulted in a disregard of previous nursing knowledge and skills, ultimately adding to the current insecurities within the discipline. Therefore, the inclusion of nursing history in the curriculum could enhance a student understanding and appreciation of nursing as well as develop the fundamental skills required to be a nurse [25]. It therefore rests upon nursing educators and education to inform students of the historical legacy and issues surrounding the discipline of nursing [25].

Teaching historical consciousness requires a more accurate depiction of history, including debunking the myths of the past such as that of Florence Nightingale single handedly turning nursing around from the dark ages [34]. It is important for nurses to understand that change occurs due to different contextual factors such as social, political, and economic; such change does not occur because of a single person [25]. Students need to know the historical facts and the collective knowledge of the past to understand how they relate to them in the present [35]. If the future custodians of the nursing profession and discipline are to be competent in engaging in solving the global and local issues of tomorrow, it is imperative to engage them in conversations on the uncertainties of the past and challenges of the present.

Conclusion

Nursing will continue to evolve as a central factor of the ever-changing health care system. As Fawcett stated, to ensure credibility and the continuity of the discipline of nursing, we must acknowledge our heritage and apply nursing knowledge. Keeping with the discipline's social mission of caring for others, nursing knowledge needs to expand to encompass the role of nursing in the world and furthering human existence. However, Rodgers [8] noted, with skills of reasoning and critical analysis of the concepts of the past and the present, nursing can proceed to advancing the science of nursing that not only meets the discipline's needs but also uses nursing knowledge as the forefront of human inquiry.

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Conflict of Interest

No conflict of interest.

References

- Watson J (1997) The theory of human caring: Retrospective and prospective. Nurs Sci O 10(1): 49-52.
- Chinn PL, Kramer M (1991) Theory and nursing: A systematic approach (3rd edn). St Louis, MO: CV Mosby.
- Baly ME (1997) Florence Nightingale and the nursing legacy: Building the foundation of modern nursing and midwifery (2nd edn). Philadelphia, PA: Bain Bridge Books.
- Madsen W (2008) Teaching history to nurses: Will this make me a better nurse? Nurse Educ Today 28(5): 524-529.
- Thorne S (2014) What constitutes core disciplinary knowledge? Nurs Inq 21(1): 1-2.
- Duncan C, Cloutier JD, Bailey PH (2007) Concept analysis: The importance of differentiating the ontological focus. J Adv Nurs 58(3): 293,300
- Meleis AI (2012) Theoretical nursing: Development and progress (5thedn). Philadelphia, PA: Walters Kluwer Health: Lippincott, Williams and Wilkins.
- 8. Nelson S, Gordon S (2004) The rhetoric of rupture: Nursing as a practice with a history? Nurs Outlook 52(5): 255-261.
- Parse RR (1999) Nursing: The discipline and the profession. Nurs Sci Q 12(4): 275-276.
- 10. Seixas P (2005) Collective memory, history education, and historical consciousness. Historically Speaking 7(2): 17-19.
- 11. Sarvimäki A, Stenbock Hult B (1996) Intuition a problematic form of knowledge in nursing. Scand J Caring Sci 10(4): 234-241.
- Murphy N, Roberts D (2008) Nurse leaders as stewards at the point of service. Nurs Ethics 15(2): 243-253.
- Toulmin S (1972) Human understanding. Princeton, NJ: Princeton University Press, USA.
- 14. Murphy NS (2009) Nurse leaders as stewards: the beginning of change. Open Nurs J 3: 39-44.
- 15. Holme A (2015) Why history matters to nursing. Nurse Educ Today 35(5): 635-637.
- Rodgers BL (2005) Developing nursing knowledge: Philosophical traditions and influences. Philadelphia, PA: Lippincott, Williams & Wilkins, USA.
- 17. Parse RR (2006) Nursing: A basic or applied science. Nurs Sci Q 28(3): 181-182.
- 18. Milton CL (2014) Stewardship and leadership in nursing. Nurs Sci Q 27(2): 108-110.

- 19. Newman MA, Smith MC, Pharris MD, Jones D (2008) The focus of the discipline revisited. ANS Adv Nurs Sci 31(1): E16-E27.
- 20. Barret EAM (2006) What is nursing science? A History of Nursing Ideas 157-172: 14.
- 21. Valiga TM, Ironside PM (2012) Crafting a national agenda for nursing education research. J Nurs Educ 51(1): 3-6.
- 22. Walker LO, Avant KC (2011) Strategies for theory construction in nursing (5^{th} edn). Upper Saddle River, NJ: Prentice Hall, USA.
- Hamilton D (1996) Historical consciousness as collective memory. J Prof Nurs 12(1): 1-5.
- 24. Graseck S (2008) Explore the past to understand the present and shape the future. Social Education 72(7): 367-370.
- 25. Haase Herrick KS (2005) The opportunities of stewardship. Nurs Adm Q 29(2): 115-118.
- Davies C (1995) Gender and the professional predicament in nursing.
 Bristol: Open University Press, UK.
- 27. Jones D (2001) Linking nursing language and knowledge development. In NL Chaska, The nursing profession: Tomorrow and beyond pp. 373-386.
- 28. Golde CM, Walker GE (2006) Envisioning the future of doctoral education: Preparing stewards of the discipline. San Francisco, CA: Jossey-Bass, USA.
- 29. Rodgers BL (2000) Philosophical foundations of concept development. In: BL Rodgers & KA Knafl (Eds). Concept development in nursing: Foundations, techniques, and applications (2nd edn). Philadelphia: WB Saunders, USA, pp. 7-38.
- 30. Daly J, Mitchell GJ, Toikkanen T, Miller B, Zanotti R, et al. (1997) What is nursing science? An international Dialogue. Nurs Sci Q 10(1): 10-13.
- 31. Hupcey JE, Penrod J (2005) Concept analysis: examining the state of the science. Research and Theory for Nursing Practice 19(2): 197-208.
- 32. Reed PG (2011) The practice turn in nursing epistemology. In: PG Reed, NC Shearer (Eds). Nursing knowledge and theory innovation: Advancing the science of practice. NY: Springer Publishing Co, USA, pp. 163-168.
- 33. Little D (2010) New contributions to the philosophy of history. Dordrecht: Springer Science.
- 34. Grace PJ, Willis DG, Roy SC, Jones DA (2015) Profession at the crossroads: A dialog concerning the preparation of nursing scholars and leaders. Nurs Outlook 64(1): 61-70.
- 35. Broome ME (2014) Revisioning the science of nursing. Nurs Outlook 62(3): 159-161.