

The change paradigm in nursing: growth versus persistence

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QUESTIONS OF EMERGING and competing paradigms in nursing theory development are addressed as they relate to shaping the values of the profession. It is proposed that (1) a paradigm based on change may not be the most productive departure for the study of humans and health; (2) a focus on change leads to the illusion that things are changing when they are actually staying the same; and (3) nursing's attention may have been drawn to phenomena of change at the expense of increasing our understanding of what Nisbet calls fixity, or the capacity for stability and persistence.¹

A recent article has placed nursing in the preparadigmatic state of development as a science.² Although I basically agree with this position, an emerging trend seems to be solidifying nursing's support for a para-

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2 digm whose major interest is states of transition. The impetus for this treatise was my sudden awareness from a perusal of the nursing literature, and from my personal association with three major graduate programs in nursing, that the concept of adaptation is becoming ubiquitous and reified. Adaptation has been cited as the one process that may become nursing's unique framework in a recent article by Goosen and Bush.³ While criticizing the way that nursing theorists have equated adaptation with health, Sigman has stated that it "easily lends itself to nursing as nursing attempts to define itself and move toward theory formation."^{4(p86)}

However, adaptation is only one example of the type of change process that derives from what I will call the "change paradigm." Other ways of explaining change, familiar in nursing literature, derive from theories of stress, crisis, and development. Although my attention was drawn to this issue as a result of my familiarity with adaptation frameworks, the same arguments that I present can be applied to these other models. All deal with change as a basic focus.

In the change paradigm, phenomena are viewed as though they are in continual states of transition. Some of these models stress that change comes in regularized stages and that the achievement of one level or stage in the process is necessary for the achievement of subsequent stages. In other frameworks, people are more or less adapting all the time, making major and minor adjustments as they receive stimuli from either or both their internal systems and from the outer environment. Proponents of these models argue that

stability is a concept that is inappropriately applied to people because one never stops changing. We change from birth to death, always reacting to what is around or inside us. According to these frameworks, change is the natural order of things, whether the unit of analysis is the individual, the group, or society.

Equally important, these theoretical concepts assume that change processes are an inherent and natural part of life. They imply that understanding change in people is equal to understanding them. Following this reasoning, the logical focus of nursing theory development would be along the lines of observing individuals, family, groups, and societies as they strive to adapt, cope, adjust, develop, or become. It follows that the goal of nursing care under such an assumption would be to support adaptation, growth, and development.

Most, if not all, theories account for change and assume that things change more or less continuously and in an orderly pattern. People grow; families develop; and cultures, nations, and civilizations wax and wane. Even social systems theory, which values stability over change more than any other theoretical approach, does not rule out change entirely. The concept of "stable equilibrium," from Parsonian theory, implies that endogenous change is kept within limits through mechanisms that maintain structural patterns.⁵ Unless strain occurs between the system and its surroundings, no change is necessary.

There have been arguments between scholars representing various theoretical approaches about the nature of change—Is change primarily evolutionary or revolu-

tionary? Is it best seen in cyclical or linear fashion? Is it continual or sporadic?⁶ These issues are not usually seen as empirical questions; they are part of the basic assumptions underlying theoretical explanations. Whether or not things change is not disputed as much as why things change and how much change is part of life. A major distinction, according to Nisbet, concerns the question of why change occurs.¹ The dichotomy is, Is change an inherent part of life systems or do things change because they are forced to do so by the external environment? Put another way, is change natural, proper, good, and right or is it something that is basically unnatural, that should be avoided, and that occurs only when the organism must adjust in order to survive?

Not all change can be equated with growth. A theory focused on transition could deal with decreases as well as increases.

However, bigness and progress are valued and therefore most change theories derive from what Nisbet calls the growth metaphor.¹ Even theories of dying, for example, do not stress the notion of declining or deterioration but rather focus on moving forward toward a previously unachieved state in a normal and healthy manner.

The growth metaphor is appealing, especially for the helping professions. Growth, social development, and personal development are valued because they presumably lead to a better life. The American dream is the freedom to become all that one can, to realize one's potential. This idea is an important part of our culture. Progress is valued, particularly technological develop-

ment. Growth and size are valued as in the sayings, "the bigger the better," and "the more the merrier." We strive to make a better life for ourselves and coming generations.

Progress is supposed to lead to a perfect world, a heavenly city, and eternal health and life. However, with the energy crisis, the realization has come that the resources on earth are being depleted and that technology is failing us. Social, economic, and modernization theories based on the growth metaphor have not accurately predicted the problems that "developing" nations have had in trying to move into social and financial parity with the older countries. These events are beginning to take a toll on the notion that progress is destined to cure social problems. We are now faced with retrenchment, conservation, saving our resources, and holding down the population. Progress has not only failed to solve the energy crisis, it has also failed to produce freedom, equality, and justice for all. A 1980 report of the President's Council on Environmental Quality and the State Department has predicted that barring a revolutionary technological advancement, in the year 2000 the world will face overcrowding, poverty, and starvation. It further predicts that the gap between the poor and the rich will become even wider. It is tempting to say at this point, "so much for the progress solution."

The social view of progress just described is inextricably connected to the change paradigm of nursing. Both come from the same metaparadigm that regards change as natural, good, and ubiquitous. The question is, If one metaphor is going

to die, will the other be called into question? Will our thinking become as conditioned to see stability as it is now conditioned to see growth?

Only a few stalwart thinkers in recent times have held out for theories that view systems as stable. Parsonian theory focuses on stability but has been criticized as static and conservative for its inattention to change.⁷ Although the growth model concentrates on classifying and explaining movement through time, the stability model causes us to focus on and give support to the properties of individuals or systems necessary for stable equilibrium, persistence, and survival. Change is regarded as inevitable, but not necessarily as natural or desirable. In other words, things change only when they have to. A key concept is *solidarity*, which implies support for current values and norms. Another is *stability*, which is accomplished through socialization of people into roles by sanctioning and by developing their commitment to the system and increasing their confidence in the system's goals.⁸ The system stays stable through consensus and developing loyalty. This framework does not lead to the conclusion that change is constant and good. On the contrary, change is fairly rare and not especially desirable. Nisbet stated that "if we abandon metaphor (of growth) and the constructed social systems to which metaphor is applied, and if we look at actual social behavior, in place and in time, we find over and over that persistence in time is the far more common condition of things."^{1(p270)}

If things do not change often or regularly, how is it that change can be seen

everywhere? It is because change is what we are looking for. Nisbet stated: "It is not actual change that is revealed; only logical, classificatory variations made possible to our eyes by the familiar device of putting all possible gradations in a single series."^{1(p273)} In other words, a sense of growth, development, and continuous motion is acquired from the reification of the growth metaphor.

The question being raised here, though, is not whether reification is desirable. The development of science is a process of reification of abstractions. Although theory is not reality, over time it is viewed as real. This is why a shift of paradigms is so difficult. Attacking a paradigm attacks the essence of what people have come to believe as truth. Kuhn says that a paradigmatic change is rare in science and is accomplished only through revolution.⁹

The major question is not what theoretical approaches are true, but rather which ones are heuristic and which ones illuminate reality in a way that guides us to a

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better understanding of nursing phenomena. Additionally, I am raising the question of the possibility of a value clash. In a world in which conservation and retrenchment are becoming necessary values, can nursing continue to function on a growth metaphor? We must ask if the ends of a

health profession will be better served by developing theory in which the goal of care is to maintain stability and balance or if it will be better served by theories that focus on developmental and adaptive change. Can people be healthier in a world in which solidarity replaces striving and in which social pressure for demonstrating personal growth is replaced by social pressure to fit in and help build the system?

Interestingly, one of the first of the current nursing theorists, Dorothy Johnson, tried to head the profession in the direction of persistence.¹⁰ She takes equilibrium as a starting point in her original conception. The goal of nursing care, in her model, emphasizes balance, order, stability, and maintenance of the integrity of the patient.¹¹ I believe that Johnson stands alone in her attention to stability as the proper and logical focus of nursing. (Two colleagues, Afaf Meleis and Dorothy Bloch, have suggested that other theorists, namely Roy and Levine, may lean in the same direction as Johnson.)

The two explanations of behavior, growth and persistence, lead to different paths in theory development. How different would nursing be if practitioners and researchers were taught to focus on the characteristics of phenomena that cause persistence rather than change or growth? Currently we are favoring the path of change, deriving theory from the growth metaphor. I am not suggesting that we drop these models.

In summary, the caveats that should be considered at this point in our theoretical development are

- Is a focus on change the most heuristic approach for nursing theory development?
- Does our attention to change distort the way that we assess and treat our clients?
- Is nursing moving toward embracing a paradigm of growth at a time when social values are moving toward conservation?
- Can nursing schools and the institutions that accredit them abide the existence of competing paradigms while nursing theorists study and debate the theoretical issues?

The final consideration concerns nursing's history of being curriculum oriented rather than research oriented. The major push for conceptual frameworks comes from nursing education. As such, the ideas contained in these frameworks have not been regarded by their originators as empirical questions, but as assumptions of fact. They are being taught to undergraduate students as truth. Given the extent of allegiance to these frameworks, once they are adopted, it is important that nursing theorists recognize early when a trend may be emerging that would solidify our thinking in regard to one particular paradigm while there is still time to submit the particular set of ideas to study and analysis.

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