
Letters to the editor

Letters received from readers in response to articles and ideas published in ANS are regularly featured, providing an opportunity for constructive critique, discussion, disagreements, and comment intended to stimulate the development of nursing science. Unless otherwise stated, we assume that letters addressed to the editor are intended for publication with your name and affiliation. As many letters as possible are published. When space is limited and we cannot publish all letters received, we select letters reflecting the range of opinions and ideas received. If a letter merits a response from an ANS author or Open Forum participant, we will obtain a reply and publish letters.

To the editor:

Beverly Hall's article, *The Change Paradigm in Nursing* (ANS 3:4, July 1981), is thoughtful and useful in pointing out choices that can be made between two orientations (ie, change and stability). However, the article demonstrates some confusion about the nature of paradigms and their relation to values.

According to Hall, emerging and competing paradigms in nursing shape the values of the profession. She is concerned that nurses are increasingly supporting a paradigm of change and warns that this support leads to nursing care that encourages change. She questions whether or not nursing schools and accrediting bodies can abide the existence of competing paradigm.

Hall does not seem to recognize that paradigms are constructed with the aim of developing scientific knowledge; they are not constructed with practice aims, although they may influence practice through the knowledge generated. According to Kuhn, paradigms identify phenomena that can be scientifically studied, problems to solve through research, and methods to use to solve those problems. In contrast knowledge used in nursing practice includes scientific knowledge, but it also includes knowledge about the art of

nursing, nurse-patients interactions, ethics, philosophy, intuition, tradition, and knowledge developed in other disciplines. Thus, it is inappropriate to think that support of a change paradigm might lead to gaps or inadequacies in nursing care. Practitioners might use change concepts to guide their care of one patient and select stability concepts for another, or change and stability concepts might be used in care of one particular patient depending upon individual needs.

Hall also seems to lack recognition of the relationship between paradigms and values. As I read her, she thinks paradigms influence the values of individual members of the disciplines. Yet, according to Kuhn, paradigms include values shared by members of a discipline. Thus, the values are part of the paradigm, not separate from it, and as such the paradigm may attract those whose values are similar to those embodied within the paradigm.

These two misunderstandings culminate in the question, can nursing schools and accrediting bodies abide the existence of competing paradigms? What does this question mean? Is Hall suggesting that we can somehow know a priori those paradigms that are most useful, right, or good? Asking which paradigms are right or good raises ethical questions, and we need to remember that paradigms are constructed to develop scientific knowledge. To determine which paradigms are most useful, research, including investigations in clinical practice settings, must be done.

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Author's response:

I would like to thank Dr. Crawford for taking time to formulate her reaction to the ideas