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# 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

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contained in my article. It is this kind of scholarly exchange that will promote the continuing development of science in our discipline.

First, I agree that normal science proceeds through a process that includes scholarship and research. Where I differ from Dr. Crawford is that I am not as convinced as she apparently is that paradigmatic development is a rational process. She states that "to determine which paradigms are most useful, research, including investigations in clinical practice settings, must be done." It has always seemed to be the other way around to me—that paradigms and their attendant metaphors dictate which observations are made and which systematic research is done.

No one, even Kuhn, has proof that science is a result of cumulative efforts on the part of many scientists. I think this is an idealistic conception of science as a search for truth and steadfast laws. What we choose to see as important phenomena for study, what we choose to believe is empirically real, and the methods we use for study are dictated by a myriad of influences such as institutional needs, social values, economic considerations, scientific training, and the rewards, both personal and social, that accrue from our selection of one thing over another. The separation of practice from science is problematic to me for that reason. Although I am certain that they can be separated for analytical purposes, it does not make sense to me to see one as pure science and the other as containing ethics, intuition, and so on. There must be exchange such that the knowledge and values of

the practice become routinized into the science and vice versa. To sum this first point, Crawford and I disagree because she views paradigmatic development as rational and scientific, whereas I do not.

Second, a large influence on our thinking in nursing comes from education, particularly curriculum development. I had originally intended the change-stability article to be a polemic on curriculum conceptual frameworks, which in my opinion tend to become reified by faculty and students before the ink is dry. I think this is a dangerous interference with the process of normal science when it prohibits inquiry into questions not covered by the framework. In some schools one cannot offer courses, even electives, unless they derive from the conceptual framework. This is development of science by faculty vote, and I do not believe that the democratic process within our faculty organizations was intended to be used to define proper scientific inquiry.

Third, my article has had the effect that I wanted it to have on the nursing community. I have concluded from the many responses that I have received, including Dr. Crawford's, that it has produced dialogue regarding the nature of the prevailing paradigm rather than the old question of whether or not we have one.

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