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*Pamela G. Reed, PhD
Assistant Professor of Nursing
University of Arizona
Tucson, Arizona*

Author's response:

Every time I speak or write on the idea of stability, I am rewarded by responses such as Reed's and Newman's, which appeared in the October 1983 issue of ANS (6:1, pviii). By presenting alternative explanations to my observations, they enrich my thinking. Newman correctly identified the phenomena of interest to me as pattern continuity, a label that has broader understanding and appeal in nursing than persistence.

Reed and I seem to be tapping not the same idea, as she suggests, but perhaps different aspects of human potential. In my view, developmentalists do not attend at all to the need for stability of human patterns and the presence of routines that help to resist change. If the learning patterns that control the environment and buffer the individual from environmental demands for change had been traditionally regarded by developmental theorists as essential to every life stage, then I would have no need to include them in my critique of "change oriented" theories. I appreciate Reed's differentiation of development from change and growth in her recent article (ANS 6:1, October 1983, p19). This argument has not always been made clear and clarifying; it opens the door to develop a comprehensive theory of human behavior.

A major factor, though, mitigating against the introduction of the concept of stability into developmental theories, other than the

ones I have already addressed in my article, is the idea of life stages; an idea that I regard as central to the developmental argument. When human and environmental life situations are clustered and categorized by stage, age, or other points that suggest milestones, the individual is set up for self-fulfilling prophecies in reaction to societal expectations. This could be very disruptive to normal pattern continuity and identity stability.

Although it may appear that I am using the words "change," "development," "growth," and "adaptation" synonymously, I am really leveling my attack on the basic assumptions that seem to be underlying all the nursing theories that Reed mentioned—the metaphor of life as change and the argument that lack of change has unhealthy consequences. I do not believe that empirical evidence exists to support either of these beliefs.

Finally, the empirical examples that Reed cited to support the view that health requires flexibility are the same ones that I have used to support the argument that stability is the basis of health. So much for using facts to support our theoretical biases.

I thank Dr. Reed for her thoughtful letter.

*Beverly A. Hall, RN, PhD
Professor and Chair
Department of Mental Health
and Community Nursing
University of California, San Francisco*

CONCERNING MORAL DEVELOPMENT

To the editor:

I read with interest Patricia Munhall's article, "Methodological fallacies: a critical self-appraisal" (ANS 5:4, July 1983), and feel there were several points not addressed. For instance, in the review of related literature although Kolberg did his original work on boys, Rest, Crisham, and others have refined

his work and added females, but this is not mentioned in the article. Crisham¹ suggests that although the International Council of Nurses has published descriptive data from nurses in 25 countries that identified ethical problems in nursing practice no systematic attempt has been made to either document ethical dilemmas in their practice "or to characterize the ways in which nursing practitioners perceive and respond to these dilemmas. . ."^{1(p105)} Crisham attempted to do this in her dissertation, which was completed in 1979, yet it is not mentioned in Munhall's article.

The author does not share what inferential statistics are used, but analysis of variance of some type is implied. A basic premise of analysis of variance is if the within group variance is greater than the between group variance, the *F* ratio will be less than 1, thus the between group variance is not statistically significant. If the author was more interested in the within group variance why not recast the null hypotheses and use either partial or semipartial correlation, if the data fit the model for these statistical tests?

There is now controversy in the area of nursing ethical dilemmas and how female nurses attempt to solve them. Those attempting to resolve these issues need to be cognizant of all the work being done, although an exhaustive review of the related literature is not possible. However, doctoral dissertations may prove to be a rich source of information that is often neglected in reviewing the related literature prior to planning a research study.

REFERENCE

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Barbara J. Reid, RN, EdD

Author's response:

I wish to express my appreciation to Dr. Reid for her interest in and questions con-

cerning the cited self-appraisal of an early study I did concerning moral development. In essence she further substantiates many of the issues I proposed to address in that article.

Where we might differ is in our perception of the central emphasis of the article. My main purpose was to demonstrate problems that occur with a premature utilization of deductive, quantitative research inadequately built upon relevant qualitative inductive descriptions of phenomena. Within this context, and using my own study as a framework, I attempted to describe paradigmatic compliance, theoretic fallacies where deductions were derived from a dissimilar world, and aggregate fallacies where meaning was sacrificed for precision.

Since I was attempting to weave the theme more broadly (ie, demonstration of fallacies with an example of male bias in developmental theories) I did not cite Crisham's fine work in this area. Rest is mentioned in the article within the context of developing a widely used instrument (DIT) derived from Kohlberg's Theory.

Though the suggestion to recast the null hypothesis is perhaps a way to modify some of the lost meaning somehow obscured by the word "insignificant" it continues to place emphasis on obtaining results which are "statistically" significant versus epistemologically relevant, representing the fallacy of misplaced precision.

An interesting illustration of this point can be found in Frymier's "Within or between," where, with an substantive and illustrative rationale, he states that the differences within any group (ie, the differences among individual students) are always greater and generally more significant educationally than the differences between groups.¹

I agree with Reid; there is controversy in the area of nursing ethical dilemmas, one of which relates to the area of statistical measurement of this particular phenomenon as well as other affective behaviors. The question