
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, we will obtain a reply and publish both letters.

NURSING THEORY DEVELOPMENT: ANOTHER LOOK

To the editor:

In their article, "An Analysis of Changing Trends in Philosophies of Science on Nursing Theory Development and Testing" (*ANS* 6:2, January 1984), Silva and Rothbart conducted a historical analysis of the development of nursing theories that contrasted with the changing philosophies of science from 1964 to the present.

Silva and Rothbart's analysis is interesting but leaves the reader suspended regarding their opinion on why these trends occurred and whether they should be considered aberrant behavior or developmentally expected. They are clearly advocating a historical approach to the basis of nursing theory, but their treatment of external factors responsible for the devotion of nurse researchers to logical empiricism is not convincing.

One must first examine the rationale upon which theory building was based and ask why it was constructed on the altar of positivism.

If one looks at the beginning nursing theorists, it becomes apparent that they felt a theory must have some reality base.^{1,2} They sought ideas that would be clearly explainable

in the everyday observations of nursing care. Taking cues from the biomedical model, they attempted to ground theory in observations, trying to find or discover nursing truths.

That is still a sticking point today. Are there a priori nursing principles that data collectors such as Benner³ may yet find? This is not to endorse total devotion to empirics, but a large anomaly that has developed is that we are devoting much time to theory development without adequate data collection. It must be understood that to a developing discipline it was easier to justify time and money being spent on classic methods rather than on trying to solve as yet undefined problems.

One note of caution regarding the historical approach is that it requires a careful study of external factors. A reality is that as the profession's breeding ground for young researchers, the doctoral programs, increase in numbers, most teaching will continue to be done by faculty steeped in quantitative methodology. Faculty teaching in doctoral programs are people who have little background in qualitative versus quantitative research. The result will be continued emphasis on logical positivism in nursing.

Meleis⁴ has a valid criticism that I agree with. What dictates that nursing must follow the tradition of philosophy of science? This question deserves consideration. Nursing theory is not necessarily subject to the laws of the hard sciences. Instead, macrotheorists must examine what nursing is and ask, is it a science, an art, or neither? Observers of nursing progress must also assess how that profession embraces or relinquishes its theories. In a community in which its researchers are separated by a wide gap from its practitioners, the observer must choose carefully when deciding what factors influence its frameworks. Are nursing theorists creating new frameworks or just describing frameworks that fit the observable phenomena?

The study of the development of nursing theory is fascinating but can be hazardous to

one who relies on traditional referent points of scientific progress. One must be careful to take into account the distinctiveness of the nursing perspective and the unique approach nursing may use to articulate its place among the disciplines.

REFERENCES

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4. Meleis A: *Theoretical Nursing: Development and Progress*. Philadelphia, Lippincott, 1985.

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ADDRESSING THE ISSUE OF VIOLENCE

To the editor:

On Christmas Day of 1984, a nursing student named Charlotte was shot to death in front of her children by her husband, a Chicago policeman. She was due to graduate that June. I received the news when I arrived to do house supervision that morning. "You might get some media calls this shift. One of our nursing students was shot by her husband this morning," the night supervisor said. The news was very difficult for me to cope with that Christmas morning. I had known Charlotte personally because just before holiday break she had rotated through the unit where I was Nurse Manager.

The night supervisor began to tell me the details she and others had known about the violence in Charlotte's life. I had recently had a long discussion with Charlotte about the staff's complaints regarding her apathy. She

said that it was probably due to a bladder infection and the high fever she had had for a few days. She said that she had to come in, even though she did not feel well, because of the rules about missing clinical. When I spoke with Charlotte that day, I was playing my nurse manager role, a role that often conflicted with my radical feminist belief system. Charlotte never shared with me the things that others knew about.

Charlotte left her husband shortly before the holidays and was living in the dormitory. Every night her husband would pull up outside the hospital in his squad car and scream to her until other police came and convinced him to leave. Charlotte never knew when he would show up at the hospital to harass her. Because he was a policeman, she had even less of a chance than other battered women do of ending the violence in her life.

Charlotte went home for the holidays, probably because she had been led to feel guilty by her family and significant others, who perceived that she had abandoned her children. The divorce papers had been served a few days before Christmas. Charlotte's husband's solution was to murder her and then to shoot himself.

Charlotte's death was particularly difficult for me because I was on the board of directors of a feminist-run battered women's shelter. Both I and my roommate, who was a nursing student at the same school as Charlotte, took turns answering calls for a women's crisis line. All of this knowledge I had was useless, for when Charlotte sized me up she decided that I would not care about her personal problems any more than anyone else did. Perhaps it was then that I came to realize how much my managerial role in nursing was in conflict with the person that I am or want to be. I quit six months later.

I believe that we need to treat violence seriously. I still cannot understand why so many people knew of the violence that Charlotte was living through and stood by silently. I can