

The focus of the discipline of nursing

The focus of nursing as a discipline has not been clearly defined but is emergent in the centrality of the concepts of caring and health. The authors propose a focus for nursing as a professional discipline in the form of a statement that identifies a domain of inquiry that reflects the social relevance and nature of its service. Several perspectives from which the focus can be studied are described. The authors assert that a unitary-transformative perspective is essential for the full explication of nursing knowledge.

Margaret A. Newman, PhD, RN, FAAN
Professor

A. Marilyn Sime, PhD, RN
Professor

Sheila A. Corcoran-Perry, PhD, RN
Associate Professor
University of Minnesota
School of Nursing
Minneapolis, Minnesota

A DISCIPLINE is distinguished by a domain of inquiry that represents a shared belief among its members regarding its reason for being. A discipline can be identified by a focus statement in the form of a simple sentence that specifies the area of study. For example, physiology is the study of the function of living systems; sociology is the study of principles and processes governing human society.

A professional discipline, in addition, is defined by social relevance and value orientations.^{1,2} The focus is derived from a belief and value system about the profession's social commitment, nature of its service, and area of responsibility for knowledge development. These requisites need expression in the focus statement. For example, medicine

Discussions in the School of Nursing Curriculum Coordinating Committee stimulated ideas for this article. The authors acknowledge the contributions of other members of the committee: Monica Bossenmaier, Dorothy Fairbanks, Carol Reese, Mariah Snyder, and Patricia Tomlinson. The authors also thank Ellen Egan and Kathleen Sodergren for manuscript critiques.

Adv Nurs Sci 1991;14(1):1-6
© 1991 Aspen Publishers, Inc.

is the study of the diagnosis and treatment of human disease. The social relevance and value orientation of medicine as a professional discipline is conveyed by the commitment to alleviate disease.

Knowledge development within a discipline may proceed from several philosophic and scientific perspectives (worldviews). From this standpoint, the focus of a discipline could be considered paradigm free. The purpose of this article is to present a focus for the discipline of nursing and to discuss the implications of differing paradigmatic perspectives for the nature of nursing knowledge.

CONCEPTS RELEVANT TO THE FOCUS OF NURSING

The focus of nursing as a professional discipline has emerged most prominently over the past decade. A number of concepts have been identified as central to the study of nursing. An example is the frequently cited tetralogy: person, environment, nursing, and health.^{3,4} While identification of these concepts begins to narrow the focus of nursing, there remains the need for more explicit connectedness and social relevance to describe the field of study that constitutes nursing. Such unconnected concepts do not raise the philosophic issues or scientific questions that stimulate inquiry.

Recently, there has been concentrated emphasis on two concepts as central to nursing: health and caring. Health has been heralded as the centerpiece of nursing knowledge since the days of Florence Nightingale and continues to be discussed by many theorists and researchers.⁵⁻⁸ The concept of caring also has occupied a prominent position in

Although caring and health are central to nursing, no one has developed a unifying focus statement that includes these concepts, and neither concept alone meets the criteria for the focus of a professional discipline.

nursing literature and has been touted as the essence of nursing.⁹⁻¹¹ The accelerated emphasis on health and caring within the past decade has been accentuated by recent Wingspread Conferences^{12,13} and the devotion of entire issues of nursing scholarly journals to these concepts.^{14,15} These efforts raise questions about nursing's domain of inquiry. Does health or caring represent the focus of the discipline of nursing? Is knowledge gained from research on caring or health specifically identified as nursing knowledge? Although caring and health are indeed central to nursing, no one has developed a unifying focus statement that includes these concepts, and neither concept alone meets the criteria for the focus of a professional discipline. A synthesis of current knowledge development regarding caring and health suggests a focus that meets these criteria.

Caring has generally been linked with the concept of health. In Leininger's historical review of care and caring, she consistently links caring with health and states that "caring is the . . . explanadum for health and well-being."^{16(p19)} Watson combines caring and healing in a causal connection and refers repeatedly to "caring-healing."¹⁷ Benner's tenets, as well, specifically link caring with health and well-being.¹⁸

In a similar fashion, the concept of health is often linked with actions. Pender questions what interventions assist clients in achieving health.¹⁹ Newman submits that the essential question of the discipline of nursing “has something to do with how nurses facilitate the health of human beings” and poses the question, “What is the quality of relationship that makes it possible for the nurse and patient to connect in a transforming way?”^{20(p234)}

Further, in nursing, health means *human health* and, most significantly, *human health experience*. Phillips states that “research should focus on . . . the study of people’s *experiencing of their health*, their sense of interconnectedness with others, and specifically how health emerges from a mutual process” (emphasis added).^{21(p103)} Pender uses the term “health experience” throughout her recent article on health patterns; she points out that “when illness occurs, it is synthesized as part of the on-going *health experience*” (emphasis added).^{19(p116)} Parse has been explicit in her emphasis on human experience as the basis of her theory of *man-living-health*,²² which might be rephrased as *human health experience*.

Considerable evidence exists that caring, health, and health experience are concepts central to the discipline of nursing. These concepts can be related to each other to identify the domain of inquiry for nursing.

A FOCUS STATEMENT FOR NURSING

We submit that nursing is the study of *caring in the human health experience*. This focus integrates into a single statement concepts commonly identified with nursing at

the metaparadigm level. This focus implies a social mandate and service identity and specifies a domain for knowledge development. The social mandate and service identity are conveyed by a commitment to caring as a moral imperative. It is important to note that at this level, the concepts are not associated with any particular theory.

The domain of inquiry is caring in the human health experience. This focus dictates that nursing’s body of knowledge includes caring and human health experience. A body of knowledge that does not include caring and human health experience is not nursing knowledge. For example, knowledge about health without consideration of caring would be knowledge of a discipline of health. Nursing theories would link caring to the human health experience.

The tasks of nursing inquiry will be to examine and explicate the meaning of caring in the human health experience to ascertain the adequacy of this focus for the discipline, and to examine the philosophic and scientific questions provoked by the focus statement.

DIFFERING PARADIGMATIC PERSPECTIVES

What may appear to be confusing and inconsistent meanings of concepts in the proposed focus may actually be a reflection of the use of different paradigms for knowledge explication.^{20,23} Nursing research has been conducted from an orientation consistent with at least two, and possibly three, paradigms. Each paradigm specifies a point of view from which the field of study is conceptualized, the assumptions that are inherent in that view, and the basis upon which knowledge claims are accepted. These differing

paradigms reflect the shift in focus from physical to social to human science. The three perspectives extant in nursing literature could be described as: particulate-deterministic, interactive-integrative, and unitary-transformative. To explain the effect of a paradigm on the development of nursing knowledge, each perspective will be addressed briefly.

From the particulate-deterministic perspective, phenomena can be viewed as isolatable, reducible entities having definable properties that can be measured. These entities have orderly and predictable connectedness to each other. Change is assumed to be a consequence of antecedent conditions—conditions that, if sufficiently identified and understood, could be used to predict and control change in the phenomena. Relationships within and among entities are viewed as linear and causal. Kinds of knowledge sought include facts and universal laws. Knowledge claims that cannot be refuted are admitted to the body of knowledge. From the perspective of this paradigm, caring in the human health experience could be studied by examining the concepts that comprise the focus. For example, caring could be isolated for study as a human trait having definable and measurable characteristics. Similarly, health could be reduced and dichotomized in terms of characteristics considered healthy versus those considered unhealthy. Caring also could be studied as a therapeutic intervention affecting patients' health in terms of measurable responses.²³

From the interactive-integrative perspective (an extension of the particulate-deterministic perspective that takes into account context and experience and legitimized subjective data), phenomena are viewed as having multiple, interrelated parts in relation to

a specific context. To explain a phenomenon, the interrelationships of parts and the influence of the context are taken into consideration. Thus, reality is assumed to be multidimensional and contextual. Change in a phenomenon is a function of multiple antecedent factors and probabilistic relationships. Relationships among phenomena may be reciprocal. Knowledge claims may be context dependent and relative. From this perspective, caring in the human health experience would be studied as interactive-integrative phenomena within specific contexts, but still with probabilistic predictability.

The unitary-transformative perspective represents a significant paradigm shift. From this perspective, a phenomenon is viewed as a unitary, self-organizing field embedded in a larger self-organizing field. It is identified by pattern and by interaction with the larger whole. There is interpenetration of fields within fields and diversity within a unified field. Change is unidirectional and unpredictable as systems move through stages of organization and disorganization to more complex organization. Knowledge is personal, involves pattern recognition, and is a function of both viewer and the phenomenon viewed. The subject matter includes thoughts, values, feelings, choices and purpose.²⁴ Inner reality depicts the reality of the whole. From this perspective, caring in the human health experience would be studied as a unitary-transformative process of mutuality and creative unfolding.

RELATIONSHIP OF FOCUS TO PARADIGMATIC PERSPECTIVE

The explication of knowledge relevant to caring in the human health experience is af-

affected by the paradigmatic perspective. As described earlier, concepts in the focus statement could be isolated for study within the first two perspectives, while the unitary-transformative perspective requires the focus to be studied as an indivisible whole. For example, knowledge generated from the particulate-deterministic perspective includes behaviors that characterize caring, physiologic and psychologic aspects of human health, and acontextual rules that relate observable caring behaviors with measurable health outcomes. Examples of knowledge generated from the interactive-integrative perspective include the reciprocal nature of nurse–client interactions, culture-specific caring responses to life process events that are disruptive to health, and rules regarding the influence of specific caring behaviors on the health-related behaviors of particular groups of clients. Knowledge from a unitary-transformative perspective is more difficult to characterize. An example generated from this perspective might be an understanding of the synchrony and mutuality of nurse–client encounters that transcend the time and space limitations of a present situation.

Although multiple perspectives are appropriate for knowledge development in nursing, we are convinced that a unitary-transformative perspective is essential for full explication of the discipline. This position is consistent with a changing world view of the conduct of inquiry into human experience^{25–27} and with other nurse scholars who recognize the value of a unitary perspective to nursing inquiry.^{22,28–30} Insights from our research and practice reveal a rich and fertile glimpse into caring in the human health experience.

• • •

The focus of a professional discipline is an area of study defined by the profession's shared social and service commitment. We conclude that the focus of nursing is the study of caring in the human health experience. The explication of nursing knowledge based on this focus takes different forms depending on the perspective of the scientist. We conclude that a unitary perspective is essential for full elaboration of caring in the human health experience. A unified focus derived from the coalescing of theory on caring and health has the potential for claiming the shared vision of nursing.

REFERENCES

1. Johnson DE. Development of theory: A requisite for nursing as a primary health profession. *Nurs Res*. 1974;23(5):372–377.
2. Donaldson SK, Crowley DM. The discipline of nursing. *Nurs Outlook*. 1978;26(2):113–120.
3. Torres G, Yura H. *Today's Conceptual Framework: Its Relationship to the Curriculum Development Process*. New York, NY: National League for Nursing, 1974.
4. Fawcett J. The metaparadigm of nursing: Present status and future refinements. *Image*. 1984;16(3):84–87.
5. Newman MA. *Health as Expanding Consciousness*. St. Louis, Mo: Mosby, 1986.
6. Meleis AI. Being and becoming healthy: The core of nursing knowledge. *Nurs Sci Q*. 1990;3(3):107–114.
7. Pender NJ. *Health Promotion in Nursing Practice*. Norwalk, Conn: Appleton & Lange, 1987.
8. Newman MA. Health conceptualizations and related research. *Ann Rev Nurs Res*. 1991;9.
9. Leininger M, ed. *Care: The Essence of Nursing and Health*. Thorofare, N.J.: Slack, 1984.

10. Watson J. *Nursing: The Philosophy and Science of Caring*. Boulder, Col: Colorado Associated University Press, 1985.
11. Benner P, Wrubel J. *The Primacy of Caring*. Menlo Park, Calif: Addison-Wesley, 1989.
12. Stevenson JS, Tripp-Reimer T, eds. *Knowledge About Care and Caring*. Proceedings of a Wingspread Conference, February 1-3, 1989. Kansas City, Mo: American Academy of Nursing, 1990.
13. Duffy ME, Pender NJ, eds. *Conceptual Issues in Health Promotion*. Proceedings of a Wingspread Conference, April 13-15, 1987. Indianapolis, In: Sigma Theta Tau, 1987.
14. *ANS*. 1981;3(2); 1984;6(3); 1988;11(1); 1990;12(2); 1990;13(1).
15. *Nurs Sci Q*. 1990;3(3).
16. Leininger M. Historic and epistemologic dimensions of care and caring with future directions. In: Stevenson JS, Tripp-Reimer T, eds. *Knowledge About Care and Caring*. Proceedings of a Wingspread Conference, February 1-3, 1989. Kansas City, Mo: American Academy of Nursing, 1990.
17. Watson MJ. New dimensions of human caring theory. *Nurs Sci Q*. 1988;1(4):175-181.
18. Benner P. *Nursing as a caring profession*. Presented at meeting of the American Academy of Nursing; October 16, 1988; Kansas City, MO.
19. Pender NJ. Expressing health through lifestyle patterns. *Nurs Sci Q*. 1990;3(3):115-122.
20. Newman MA. Nursing paradigms and realities. In: Chaska NL, ed. *The Nursing Profession: Turning Points*. St. Louis, Mo: Mosby, 1990.
21. Phillips JR. The different views of health. *Nurs Sci Q*. 1990;3(3):103-104.
22. Parse RR. *Man-Living-Health: A Theory of Nursing*. New York, NY: Wiley, 1981.
23. Morse JM, Solberg SM, Neander WL, Bottorff JL, Johnson JL. Concepts of caring and caring as a concept. *ANS*. 1990;13(1):1-14.
24. Manen MV. *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy*. Albany, NY: State University of New York Press, 1990.
25. Bohm D. *Wholeness and the Implicate Order*. London, England: Routledge & Kegan Paul, 1980.
26. Prigogine I. Order through fluctuation: Self-organization and social system. In: Jantsch E, Waddington CH, eds. *Evolution and Consciousness*. Reading, Mass: Addison-Wesley, 1976.
27. Briggs J, Peat FD. *Turbulent Mirror*. New York, NY: Harper & Row, 1989.
28. Rogers ME. *An Introduction to the Theoretical Basis of Nursing*. Philadelphia, Pa: FA Davis, 1970.
29. Munhall PL. Nursing philosophy and nursing research: In apposition or opposition? *Nurs Res*. 1982;31(3):176-177,181.
30. Sarter B. Philosophical sources of nursing theory. *Nurs Sci Q*. 1988;1(2):52-59.