

Re/Affirming and Re/Conceptualizing Disciplinary Knowledge as the Foundation for Doctoral Education

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Global shortages of nurses, limited resources, and increasing transnational crises mandate changes in healthcare planning and delivery. Disciplinary knowledge is integral to the development of nurse practitioners and researchers who can provide leadership role in addressing critical healthcare problems. This collaborative meditation examines how critical reflection about disciplinary knowledge in the context of nursing doctoral education facilitates this endeavor. Factors that constrain the development of disciplinary knowledge are discussed. Suggestions for further development of disciplinary knowledge are offered. **Key words:** *doctoral education, knowledge development, nursing praxis, nursing theory*

A unique body of knowledge is the foundation of a discipline,¹ and social relevance is a defining characteristic.² Development and utilization of a strong knowledge base to guide practice are essential to maintaining a viable nursing discipline, capable of addressing pressing health issues.^{2,3} Doctoral programs differ significantly with respect to the degree of importance placed on using nursing theory as a foundation for conducting

research. Interviews conducted with nurse scholars at 3 institutions provide evidence of this variability.⁴ Heavy emphasis was placed on the use of nursing theory to guide research at Loyola University while Teacher's College at Columbia University prioritized interdisciplinary theoretical frameworks. Students at the University of Alabama at Birmingham were exposed to nursing theory; however, developing research that complemented the faculty mentor's program of research was of primary concern. Preparation of nurses at the doctoral level who can competently evaluate the applicability of existing theories and/or develop new theories that provide appropriate foundations for amelioration of current and emerging issues is essential if nursing is to remain relevant in the health arena.⁵

Over the past 20 years, we have witnessed the rise of multiple transnational healthcare crises. These have drawn attention to the limitations of indiscriminately using nursing theories that assume an idealized US context as the foundation for developing, implementing, or evaluating strategies for addressing global

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problems. In particular, they have exposed the detrimental impact of theories that presume free will and individualism as universally relevant concepts.⁶ Neff-Smith et al⁷ contend that a focus on individual factors also stifles our ability to address adequately the needs of underserved populations living within the United States.

Although, state and federal policies have been enacted to improve the health of populations, structural forms of inequality continues to shape the health of underserved populations. These groups within the population do not have higher morbidity and mortality rates when compared to the predominant population because of some inherent biological or genetic differences between the races but rather are based on social and environmental factors. . . . First we should focus on reducing institutionalized forms of inequality that alter health status and health-related infrastructures. There is a need for comprehensive conceptualization of health that identifies social and environmental factors that influences health differences. The relationship between excess morbidity and social and environmental exposure is well documented, and now we need to focus our affection [sic] on eliminating these factors. . . . Secondly, we need to develop an emancipatory health ethic. . . . Health justice must become one of the tools for liberation.^{7(p5)}

Moreover, the economic, environmental, and social impact of war on the health and well-being of populations highlights the critical need for development of nursing theories that foreground connections between global peace and health.⁸

The ability to articulate a unique perspective is essential to nursing providing a critical role in finding solutions to urgent health issues. Efforts to address entrenched and emerging health issues have led to the development of more and more interdisciplinary research and practice in recent years. The ability to articulate the theoretical basis of nursing becomes more important if nurses are to participate effectively in these arenas.⁹ Although the research conducted by nurses has increased significantly over the past 2 decades, only a small percentage of this research has explicitly added to the develop-

ment of knowledge that can be uniquely identified as nursing science.¹⁰ As Cody notes, "Merely to have been written by a nurse or used by nurses does not and cannot turn knowledge into nursing theory."^{11(pp119-120)}

A growing emphasis on interdisciplinary research further underscores the need for increased clarity regarding what nursing as a discipline brings to the table. The value of individuals representing the diversity of ethnic/racial, gender, economic, and other social-cultural factors participating in collective brainstorming lies in the array of perspectives they offer, derived from differences in experiences. There is little value in increasing demographic diversity if it is not accompanied by increased multiplicity of ideas and perspectives relevant to addressing the issues at hand. Likewise, the presence of nursing in a growing array of health decision-making venues adds little significance if we simply affirm the same perspectives, articulate the same concerns, and offer no new strategies. We must offer something new and worthwhile to the discussion. Attention must be given to assessing what is unique about nursing disciplinary knowledge, and how this knowledge is relevant to addressing health concerns.

This article is a collaborative meditation on the significance of disciplinary knowledge as the foundation for nursing doctoral programs. Specific attention is given to examining the relevance of disciplinary knowledge in relation to our personal development as practitioners and scholars. Its significance with respect to addressing prominent health issues is also discussed. Factors that support or constrain the preparation of doctorally prepared scholars grounded in nursing disciplinary knowledge are explored. We will conclude with a discussion concerning the further development of disciplinary knowledge as a central core of nursing doctoral programs. In-depth exposure to, and reflection about, disciplinary metaparadigms, paradigms, and ways of creating or evaluating knowledge are hallmarks of doctoral education. Professional endeavors beyond doctoral education rarely

provide comparable opportunities for such concentrated thought. As a result, ideas developed during doctoral education regarding the importance of nursing theory and disciplinary knowledge as foundations for research and practice may have a long-term yet unrecognized impact on decision making. Examination of the centrality of nursing knowledge in nursing doctoral programs is thereby integral to assessing the state of the discipline.

Our collaborative meditation is a continuation of classroom conversations held over the first 3 years during which the lead author facilitated an introductory theory course, *Conceptual Structure of Nursing*, for students enrolled in the doctoral program at the University of Missouri-Columbia. All 22 students who completed the course during this time-frame were invited to collaborate on this endeavor. Despina, Adams-Leander, McBroom, and Tandy accepted the invitation to participate. Our article was developed through a series of conversations conducted in person, over telephone, and via e-mail. It is intended to stimulate the ongoing dialogue among and between nursing faculty, students, scholars, and practitioners regarding the knowledge base undergirding our practice and research.

The purpose for a given discussion, the context in which it takes place, and personal experiences greatly influence both what is shared and the language used to convey ideas.¹² Thus, although it is customary for writing styles of multiple authors to be blended into 1 voice in a jointly written article, we have consciously elected to highlight the unique voice of each writer. This illuminates the role that each individual author's lens and experiences played in shaping his or her perspectives regarding disciplinary priorities and the importance of nursing knowledge as a cornerstone for addressing these issues. The influence of class readings and discussions on the development of individual author's thinking is also readily apparent in our responses. A brief overview of course design is provided to assist readers in understanding the context in which the ideas presented in our discussion were developed and nurtured.

Readers interested in knowing more about course design are welcome to contact Banks-Wallace.

CONCEPTUAL STRUCTURE OF NURSING: COURSE DESIGN

Conceptual Structure of Nursing is concerned with conceptualization and theoretical analysis of nursing phenomena and critical evaluation of nursing theories. Specific course objectives include the following: (1) to explore the nexus of philosophy and nursing science; (2) to analyze nursing to determine its conceptual structures and theoretical systems; (3) to identify the phenomena of concern, that is, the theoretical domain of nursing; (4) to analyze and evaluate extant theories in nursing; and (5) to integrate the principles of scientific integrity with the development of nursing knowledge. Emphasis was placed on assisting students to explore what counts as knowledge and how knowledge is developed in nursing. Historical and contemporary factors influencing the development of nursing as a discipline, and the relevance of nursing in relation to addressing local, national, and global health issues, were integral components of our discussions. Conceptual differences and similarities between nursing and selected non-nursing theories were examined. Particular attention was given to assisting students to evaluate assumptions, values, and ideological perspectives embedded within selected theories.

A variety of texts were used as a foundation for classroom discussions. Nursing texts included Chinn and Kramer's *Integrated Knowledge Development in Nursing*³ and Kenney's *Philosophical and Theoretical Perspectives for Advanced Nursing Practice*.¹ Chinn and Kramer's text explores the development of empirical, personal, ethical, and aesthetic knowledge within nursing and promotes the development of knowledge for nursing praxis. Kenney selected 26 classic and contemporary articles that she believed

provide a solid foundation for graduate students to understand the philosophical, theoretical, and historical evolution of nursing science. These materials were paired with 3 additional texts, *Ideology* by Cormack,¹³ *A Nurse's Story and Others* by Baida,¹⁴ and *Some of Us Did Not Die: New and Selected Essays of June Jordan*.¹⁵ Cormack wrote *Ideology* as a means of introducing students of culture and media to the concept. He placed particular emphasis on illustrating different approaches to completing an ideological analysis. David Allen, a faculty member in the School of Nursing at the University of Washington, introduced Banks-Wallace to Cormack's text and the importance of ideological analyses when she was a new PhD student in his class. Lessons learned in Allen's class about the intersection between ideology and knowledge development undergirded the development of *Conceptual Structure of Nursing*. *A Nurse's Story and Others* is a collection of 9 short stories featuring "ordinary people struggling with extraordinary ethical choices."¹⁴(p237) Essays and poetry written by Jordan over approximately 40 years are compiled in *Some of Us Did Not Die*. This astounding collection provides an uncompromising critique of how intersections between race, class, gender, sexual orientation, and the politics of the United States affect the experiences of individuals and groups locally and globally. Baida and Jordan's short stories/essays were used as the context for examining and working with ideas about theory, knowledge development, and ideology presented in Chinn and Kramer, Kenney, and Cormack. These books gave students an opportunity to better understand how aesthetic knowledge¹⁴ and personal knowledge¹⁵ is developed and can be used to inform decision-making within nursing. Jordan's essays and Baida's short stories were selected for this course specifically to ensure that students grappled with how intersections between ethnicity/race and social class influenced the acceptance of dominant theories or ideological perspectives. Chinn and Kramer articulate the important potential

of stories as a means of enhancing knowledge development,

When nurses tell stories to one another, they move into a realm that is created from the imagination and is not bound by the constraints of the work-day world. . . . Viewed through the lens of aesthetics, the story has exquisite value as a frame from which to explore possible avenues of understanding and meaning, to shift experiential ground and expand perceptual capabilities called forth by the new ground, and to create visions and possibilities for the future.³(pp203-204)

Students were assigned 3 additional books to read on their own as the basis for writing their final article. These books were Farmer's *Pathologies of Power: Health, Human Rights, and the New War on the Poor*,¹⁶ Fullilove's *Root Shock: How Tearing Up City Neighborhoods Hurts America, and What We Can Do About It*,¹⁷ and Perkins' *Confessions of an Economic Hit Man*.¹⁸ Several students requested more materials that would provide them a better foundation for understanding arguments presented by Farmer, Fullilove, and Perkins concerning the effect of economic development policies on the health of specific populations. In response, *Women and Globalization*,¹⁹ an edited collection of essays examining and critiquing the impact of globalization on the life and well-being of people throughout the world, was added to the course readings in 2006.

PERSONAL REFLECTIONS ON THEORY AND KNOWLEDGE DEVELOPMENT

The responses of individual authors illustrate the profound but differential impact our musings about nursing theory and knowledge development have had on each of us. Exposure of previously hidden assumptions led some to reexamine taken-for-granted truths about nursing as a discipline. Others reconsidered relations between theory and practice. All were called upon to reflect critically upon the strengths and limitations of nursing as currently conceptualized with respect to serving as a platform for addressing critical

health concerns. Individual authors addressed factors that constrained the usefulness of theory and/or limited implementation of theory-driven strategies in nursing practice.

RECOGNIZING THE LENS THROUGH WHICH ONE VIEWS THE WORLD (L.D.)

Doctoral preparation in nursing necessitates an inquiring frame of mind; reflection is key to nursing scholars and researchers.³ This course provided a foundation for reviewing and reflecting upon nursing as a discipline and its role in healthcare. Cormack's¹³ text presented us with tools that enabled our identification and analysis of ideology and its associated attributes such as hegemony and interpellation. With this underpinning, we discussed and analyzed social issues contained in our readings. One of my earliest personal revelations was a realization of the impact of prevailing ideology on one's perspective and how "universal" concepts such as "person," "health," "environment," and "nursing" could vary in meaning depending on the context.

Ideological analyses and critiques of nursing and nonnursing theories through discussions and writing assignments generated self-reflection and a closer examination of nursing as a discipline and its relevance to human living and health in western and non-western societies: where does nursing fit in? Where should it fit in? How do we as nurses know what we know? We bring to practice our own development and understanding evolved from our lived experience. Am I guilty of assuming that everyone acknowledges the same truths? As the course progressed, I became conscious that the answer to this last question was "yes." A major milestone for me was understanding that truth and knowledge are not absolute; what passes for knowledge or truth must be evaluated within the context present at that moment in time. Thus, to preserve the scientific integrity and relevance of nursing knowledge, nursing must continually reevaluate what we "know" within an everchanging environment.

As part of our class, we examined the attributes of "person," "health," "environment," and "nursing" within selected nursing and nonnursing theories. Applying our interpretations of the theories to readings about health issues in various parts of the globe generated a reflective, iterative process as we sought to refine our interpretations such that interventions derived from these theories could be proposed to address the needs and social injustice manifested by these issues. I was only partially successful in ensuring what Charles Dickens once wrote, "... universal diffusion of common means of decency and health is as much the right of the poorest of the poor as it is indispensable to the safety of the rich. . . ." ^{20(pviii)}; whether I used my chosen nursing theory or my nonnursing theory, gaps were always present. I believe that part of the difficulty lies in applying theories developed in western society to global social issues that were described by western writers. I also realize that I kept both theories in separate silos (nursing vs nonnursing) rather than exploring a possible integration of both into one as a means of bridging these gaps.

Advancing nursing knowledge begins with recognizing the complexity and multidimensional nature of health issues. A study of conceptual structure lays the foundation for recognizing and questioning assumptions, enabling the beginning scholar or researcher to avoid blanket acceptance of "truth" or constricted understanding of knowledge. Such nursing professionals will be well positioned to advance the development of our discipline so that it remains responsive and relevant to society's needs.

MOVING BEYOND EMPIRICS AND THE BEDSIDE TO RECONCEPTUALIZE NURSING KNOWLEDGE FROM A GLOBAL PERSPECTIVE (L.M.)

Our class met weekly to analyze the articles that explored the philosophy, conceptual structures, and theoretical systems that comprise the domain of nursing. After reading

Chinn and Kramer's³ first chapter describing Carper's *Nursing's Fundamental Patterns of Knowing*, I was faced with the reality of my rigid and engrained thinking. I reflected upon my undergraduate and master's programs in which I now believe there had been an overemphasis on the empirics and tasks of nursing. When I entered the class, I struggled and was not sure whether I could break free from the ideology that empirical knowledge is the only knowledge that counts. Exposing this in myself as well as the discipline opened my eyes to the narrowness and limitations of this way of thinking. Our discussions of the texts and stories allowed me to expand my understanding of the discipline of nursing in a novel way. It allowed me to rethink what counts in nursing and begin to realize that ethical, aesthetic, and personal way of knowing were equally as valuable and valid. This course allowed me to openly discuss my thoughts about the narrowness of my thinking and struggle in a safe place. The coursework allowed me to step out of my comfort zone and find the art of nursing and discover the discipline I love again.

With the backdrop of the tragedies in New Orleans in 2005, the coursework, in particular applying the nonfiction works to a global health issue, helped me not just look at nursing at the bedside, but beyond: to think about how nursing must become globally relevant in a world that is just at our back door, to think about how nursing is about understanding the human response. This is not always quantifiable at the individual, family, community, or population level. The imbalance between the numbers of nursing programs within the United States and those in the rest of the world perpetuates a western worldview and limits disciplinary perspectives. This imbalance continues to grow and is further exacerbated by the fact that many of the doctorally prepared nurses from other countries were trained here in the United States. I am hoping to include at least an international conference in my program of study as a means of increasing my understanding of global nursing perspectives. This course was a foundational course for me. Not only have I found it to be

helpful in preparing me for what I need to accomplish in the program, but also I have come back to it many times to utilize the knowledge I gained in this course for other courses I have participated in as both student and teacher.

INCORPORATING AND PRIORITIZING THE WORLDVIEW OF NONDOMINANT GROUPS AS A CORE OF NURSING KNOWLEDGE (S.A.-L.)

Reading materials and assignments in this course were most helpful to crack some of my long-held perceptions about nursing and society. Discussion of the nonfiction and fiction materials helped me discover how paradigms or worldviews intersect with scientific knowledge in nursing. One challenging issue is that contemporary nursing science reflects the social values and concerns of the dominant societal groups. This is evident in a recent search of Ulrich's *Periodicals Directory*²¹ using "nursing" as the key search term, which revealed that of 194 peer-reviewed nursing journals, 180 (93%) are published by Great Britain and 3 of its former colonies within the West. The United States accounts for 60% of all available published peer-reviewed journals. With this focus, it is likely that knowledge deemed worthy of consideration for publication arises from and is tested against very specific and restricted kinds of experiences.²² The knowledge that shaped, and continues to define, the major disciplines of western culture arises from the labor and experiences of "rational," highly educated, relatively economically privileged, mostly white groups. Wear²² explored such issues related to the education of medical students and, with the nursing profession closely aligned with medicine; the issues identified may apply to nursing as well. Doctoral students in nursing are expected to go on to research, education, advanced practice, or executive management. In these leadership roles, it is imperative that such nurses understand the impact the dominant culture has on the profession and on the populations served.

Standpoint theory may be helpful for understanding the affect of the dominant

culture in the profession, both the science and the practice of nursing. Often referred to as feminist standpoint theory, it claims that there is no single objective truth, that knowledge arises from particular historical and cultural perspectives, and this makes knowing partial, open-ended, and situated. This theory claims that race, class, sexual orientation, and gender structure a person's understanding of reality, including the understanding of reality that persons from the dominant culture bring to the research arena.²²⁻²⁴ Awareness of one's point of view and that of one's peers in nursing education, research, or practice are important for identifying and mitigating possible racial, sexual, and social class bias. For the researcher, use of standpoint theory can assist in capturing experiences of research participants in a respectful manner that makes their voices legitimate. This can occur whether the researcher is using qualitative or quantitative methods.

Because standpoint theory proposes a distinct relationship among a group's position in hierarchical power relations, the experiences attached to a group position in society, and the standpoint that a group constructs in interpreting their experiences,²⁴ it can be particularly useful in nursing practice. For the practitioner, the theory can assist in understanding the competing priorities clients may have when facing health/illness conditions or implementing health advice. The theory can assist educators in broadening the students' understanding of the clients they will care for as future nurses.

RECONCEPTUALIZING AND RECLAIMING CONTROL OF NURSING PRACTICE (L.T.)

The 2 course objectives that particularly impacted my development were exploring the nexus of philosophy and nursing science and identifying the theoretical domain of nursing. This course helped me develop a more sophisticated conceptualization of nursing, which provided me with a broader understanding of *nurse*. This new perspective

allows me, as a nurse administrator, to articulate and question how the nursing profession is currently functioning in acute care hospitals. Through this coursework, I gained the insight to begin to question the power structure and hierarchy of an organization and the regulatory bodies that influence nursing care.

Patient safety is my research interest, and I firmly believe that it is imperative that nurse researchers begin to develop theory and study how nurses keep patients safe. However, through my newly developed lens, I have begun to fear that regulatory agencies are taking the art out of nursing in the name of patient safety. For example, regulators are requiring physicians to write explicit, step-by-step prn medication orders to the point that nursing knowledge is no longer needed or required. Slowly, more and more of what used to be considered important nursing activities are being handed off to other disciplines. Is this because it is the right thing to do or more cost-effective? Who is being allowed to determine nursing practice?

I am concerned that unless more doctorally prepared nurses begin to practice in administrative roles in health systems and sit at tables where policy is created, we will continue to lose pieces of the nursing profession to other disciplines. Programs must be developed to prepare nurse administrators at the doctoral level, which encourage students to conceptualize nursing for themselves. This conceptual framework must then be applied in their day-to-day work to protect and enhance the profession of nursing at the bedside. This preparation will arm them with the knowledge to recognize and respond to regulatory and organizational changes that impede nursing practice.

CONSTRUCTING ENVIRONMENTS THAT NURTURE CRITICAL THINKING ABOUT NURSING KNOWLEDGE (J.B.-W.)

Constructing safe spaces for doctoral students to explore a variety of nursing and non-nursing theories is integral to advancing individual and collective understanding about

what counts as knowledge and the significance of disciplinary knowledge as a guide for scholarship and practice. Time restrictions and limited financial resources pose serious threats to the development of a cadre of future scholars who are adequately grounded in nursing as a discipline.

Traditionally, doctoral education was a full-time endeavor. This provided students the concentrated periods to think and engage in philosophical conversations with peers and faculty members. Today, full-time nursing doctoral students are the exceptions in many universities. The majority of students are enrolled on a part-time basis while working full-time to meet personal/family obligations. For example, each of the student authors for our article works full-time and attends school on a part-time basis. Two of them also commute 2 hours every way to attend classes on campus. This limits opportunities for doctoral students to meet regularly outside the classroom for philosophical discussions.

Dialogue among peers provides students with an array of perspectives to compare and contrast with their own. Opportunities to discuss similarities and differences among nursing theories in relation to their core concepts or constructs, accompanied by activities that promote application of theories to specific health issues, strengthen understanding regarding the scope and limitations of given theories. It is also crucial that students have opportunities to contemplate how borrowed theories can be adapted and synthesized to develop new nursing theories. Ongoing critical evaluation of existing theories, accompanied by development and testing of new theories is vital to strengthening a viable leadership role for nursing in the health arena.

Environments that enhance students' ability to comprehend the distinctive lens that the nursing theory provides in relation to addressing health issues become more critical as shifts in traditional funding of higher education necessitate the prioritizing of securing alternative revenue streams. The period from 1970s through early 1990s was marked by spirited dialogue and debate among nursing

scholars regarding the evolution of nursing knowledge as the foundation for practice and research. However, over the last decade, doctoral programs have grown increasingly concerned about research that will bring in government funding. Nursing disciplinary knowledge has served as the foundation for only a small amount of this research.²⁵

Securing external funding may inadvertently constrain philosophical and theoretical conversations within doctoral programs. Many funding agencies require a "tight match" between students and their research mentors with respect to topic, theoretical approach, and methods of inquiry. The benefits of partnering students with faculty who share a close research interest are numerous. An unintended consequence of developing competitive research proposals may be that students are encouraged prematurely to narrow their research topics, theoretical frameworks, and methods. Prioritizing external funding may, thereby, trap emerging scholars in even more narrowly defined ideological, theoretical, or methodological boxes. Emphasizing funding in the absence of ongoing deliberate dialogue about theoretical foundations for research may have serious negative consequences for the promotion of a unique nursing knowledge base. Failure to maintain a unique body of knowledge is detrimental to the long-term viability of nursing because the presence and use of such knowledge is a hallmark of disciplines and a goal of science.⁹ Creation of safe environments to discuss the ways in which time limitations and financial matters constrain the development of disciplinary knowledge is, thus, a critical concern for nursing scholars.

RE/AFFIRMING AND ENHANCING DISCIPLINARY KNOWLEDGE AS THE CORE OF NURSING DOCTORAL PROGRAMS

[The] best practices are those that arise from critical reflection and action to change what has been in the past and to create that which the practitioner imagines will improve on the past. Critical

reflection recognizes truth as constructed from a particular perspective and does not accept a single construction of truth or value without question. This interaction between critical reflection and action is praxis.^{3(p2)}

Preparation of doctoral-level nursing scholars and practitioners who can critically evaluate and apply disciplinary knowledge as the basis for addressing priority health concerns has never been more important. Global shortages of nurses and other healthcare professionals, increasingly narrowed concentrations of financial and material resources, and the explosion of health issues transgressing artificial national boundaries mandate changes in the delivery of healthcare. Increasing the pool of practitioners and scholars who can articulate distinct nursing perspectives is integral to us having a more significant role in addressing local, national, and global health problems. Likewise, if nursing is to remain a unique discipline, we must find a way to further transform disciplinary knowledge and promote it as a foundation for research and practice. The potential contributions of nursing theory as a foundation for illuminating intersections between social justice and health are of particular concern.

Nursing doctoral programs have proliferated over the past 2 decades. Today, there are more than 340 nursing doctoral programs worldwide, including more than 100 in the United States alone.²⁶ Unfortunately, the increased numbers of nurses with earned doctoral degrees have not automatically translated into scholars and practitioners who possess the knowledge or skills of complex health issues that are, in part, the result of long-standing social inequities. Ethnic/racial and socioeconomic class homogeneity among students and faculty poses a serious threat to development and use of disciplinary knowledge that is relevant to addressing social justice issues underlying dominant health concerns of diverse populations.²⁷ In 2000, approximately 69% of the US population was composed of nonHispanic whites.²⁸ Estimates from the Health Resources and Services Administration indicate that during this

same time period, nearly 87% of registered nurses in the United States were nonHispanic whites.²⁹ An overwhelming number of non-Hispanic white students entering nursing programs, at any level, have little or no routine interaction with ethnic/racial minorities. Likewise, many students from ethnic/racial minority backgrounds often have little contact with persons belonging to other ethnic/racial minority groups. Substantial interaction with people from other countries is also limited. Information concerning interaction across socioeconomic class is not well documented. However, continued segregation of neighborhoods by income level suggests that limited interaction among people belonging to different economic groups may be equally or more pervasive. Elimination of health disparities rooted in social inequities requires that nurses more fully understand the differences among or within diverse ethnic/racial and socioeconomic populations. Deliberate and continuous contemplation of how specific social-cultural-political contexts influence the development, use, and relevancy of particular theoretical frameworks is integral to this effort. Educational environments that are supportive yet vigorously challenge the taken-for-granted assumptions and worldviews are critical to the development of disciplinary knowledge that is globally relevant.

Inadequate preparation to understand adequately or address the health priorities of ethnic/racial minorities living within the United States and those of people living in nonwesternized or less developed countries was repeatedly a topic of conversation during preparation of our article. Increased exposure to scholars, writings, and activities that reflect both western and nonwestern perspectives, as well as the viewpoints of nondominant groups within our country was deemed to be an essential component of nursing doctoral education. These experiences were viewed as methods of assisting developing nurse scholars to understand better the influence the social-cultural-political factors have on the development, use, and relevancy of specific theoretical frameworks. Development

and/or application of contextually appropriate theoretical frameworks are quality indicators for both practice-oriented³⁰ and research-oriented³¹ nursing doctoral programs.

Our individual discussions illuminated 3 additional priority concerns related to the selection or development of theory to guide practice and research. These included the need to develop more context and/or professional role-specific midrange theories; increased development of theories that center aesthetic, personal, or ethical ways of knowing; and promoting dialogue about the ways in which funding demands influence theory selection.

Theory development is strongly influenced by the context in which it is created. Context includes—among other things—the immediate physical environment, geographical location, dominant populations within the setting, historical moment, occupation or primary role of the theorist, and catalyst for development of the theory. The context for nursing research and practice is continually evolving. Periodic evaluation of existing theories to ascertain their continued applicability in current contexts and development of new theories as necessary will ensure that our disciplinary knowledge remains relevant. Development of theories to guide decision making by nurse administrators in acute care settings, and amelioration of complex health issues stemming from entrenched social inequities exacerbated by catastrophic environmental disasters were identified as 2 opportunities to expand disciplinary knowledge. Theories that provide a framework for analyzing organizational or structural power differentials across subgroups, and its effect on day-to-day as well as long-term processes and outcomes are especially needed.

Catastrophic natural events such as the December 26, 2004, tsunami and the August 2005 Hurricane Katrina, along with human-engineered events such as war or increased monopolization of natural resources, force the national and global community to struggle with an array of concerns related to ethics, personal beliefs, and the role of aesthetics in

promoting human well-being. These events also highlight the severe limitations of prioritizing empirical knowledge over other ways of knowing in relation to developing theoretical frameworks for addressing actual or potential health issues.³ Fawcett et al³² contend that each pattern of knowing may be considered a type of theory. They further propose that fuller development of theories based on ethical, personal, and aesthetic ways of knowing is integral to theory-guided, evidence-based holistic practice. Using the full spectrum of our disciplinary knowledge provides the best foundation for developing solutions for complex health issues.

Examining factors that constrain or promote the development of disciplinary knowledge is a component of critical thinking processes related to the selection or use of theories to guide practice and research.³³ The American Association of Colleges of Nursing has identified intramural and external funding of faculty, students, and program graduates as indicators of quality doctoral programs. The importance of securing financial funding to support research and education is further intensified by significant decreases in state appropriations for public higher educational institutions. Development of proposals that are consistent with funding-agency priorities is essential to success in securing grants. Dissemination of research findings in “respected” journals is another criterion for securing research funding. Journals, like funding institutions, have specific priorities and agendas. Ongoing dialogue about tensions between conceptual frameworks, research funding, and dissemination of findings is essential to the development of practitioners and researchers who can successfully negotiate postdoctoral work environments. Failure to engage in such discussions may paradoxically result in faculty or students prioritizing securing external funding while de-emphasizing disciplinary knowledge as integral to doctoral education, although both are recognized as independent indicators of quality by the American Association of Colleges of Nursing.

CONCLUSION

Nursing has much to offer to the global struggle to address urgent health issues. If we are to consistently have a significant role in these undertakings, we must do a better job of articulating the unique contributions our discipline can make. Nursing, like all disciplines, is more than the sum of the collective efforts of individual researchers, teachers, and practitioners. We must have frameworks that allow us to comprehend as a unified whole the scholarship and practice of nurses working on varied issues, among diverse populations and using an array of methods. Nursing theory engenders in nurses a unique way of evaluating the health-related needs of individuals that is not replicated by any other discipline. Reestablishing or re/affirming disciplinary knowledge as the core of doctoral

education can play an essential role in energizing and equipping a cadre of nurse scholars and practitioners who are well suited to provide significant leadership in addressing local and global health issues. The importance of interdisciplinary knowledge in relation to addressing complex global health issues cannot be overemphasized. However, if nursing is to make a fuller contribution to these endeavors, doctoral preparation must ensure that nursing scholars have a solid understanding of the unique perspectives and strategies offered through our disciplinary knowledge. Doctoral education plays a critical role in shaping our perspectives about the role of disciplinary knowledge as a foundation for our practice and research. Careful attention to the ways in which doctoral education affirms or marginalizes nursing knowledge is, thereby, central to understanding the state of the discipline.

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