Thoughts about the Name of Our Discipline

Jacqueline Fawcett, RN; PhD; FAAN,1 Teri Aronowitz, RN; PhD,2 AbdulMuhsen AbuFannouneh, RN; MSN,3 Maysa’ Al Usta, RN; MPH,4 Hannah E. Fraley, RN: MSN,5 Mary Susan L. Howlett, RN; MS,6 Jasintna Titani Mtengezo, RN,7 James Muturi Muchira, RN; BSN,7 Adrianna Nava, RN; MSN,8 Saurja Thapa, RN; MSc,9 and Yuqing Zhang, BSN10

Abstract
This essay addresses the name of our discipline. Discussion of the use of the term, nursology, focuses on the origin of the term, its use as a name for our discipline and its use as a research method and a practice methodology. Advantages and disadvantages of nursology as the name for our discipline are gleaned from PhD program students’ responses to a question posed by Reed (1997).

Keywords
discipline, nursing, metaparadigm, nursology

A course in our PhD nursing program at the University of Massachusetts Boston focuses on the nature and structure of knowledge of disciplines (NURS 750, Contemporary Disciplinary Knowledge). One component of the knowledge structure is the metaparadigm of various disciplines, including the metaparadigm of nursing.

A widely cited version of the nursing metaparadigm includes four concepts—human beings, environment, health, and nursing. Inasmuch as our discipline typically is referred to as nursing, the concept of nursing in this version of the metaparadigm is considered by some to be a tautology (Cody, Malinski, & Rawnsley, 1996; Conway, 1985; Leininger, cited in McFarland & Wehbe-Alamah, 2015; Meleis, 2012). Meleis (2012), for example, commented, “It would be an instance of tautological conceptualizing to define nursing by all the concepts and then include nursing as one of the concepts” (p. 98).

One of the students in the spring 2015 offering of NURS 750 (A.A.) suggested that a way to avoid the tautology is to refer to as nursing, the concept of nursing in this version of the metaparadigm is considered by some to be a tautology (Cody, Malinski, & Rawnsley, 1996; Conway, 1985; Leininger, cited in McFarland & Wehbe-Alamah, 2015; Meleis, 2012). Meleis (2012), for example, commented, “It would be an instance of tautological conceptualizing to define nursing by all the concepts and then include nursing as one of the concepts” (p. 98).

One of the students in the spring 2015 offering of NURS 750 (A.A.) suggested that a way to avoid the tautology is to refer to as nursing, the concept of nursing in this version of the metaparadigm is considered by some to be a tautology (Cody, Malinski, & Rawnsley, 1996; Conway, 1985; Leininger, cited in McFarland & Wehbe-Alamah, 2015; Meleis, 2012). Meleis (2012), for example, commented, “It would be an instance of tautological conceptualizing to define nursing by all the concepts and then include nursing as one of the concepts” (p. 98).


Origin of the Term Nursology
The term, nursology, comes from the Latin, Nutrix, nurse; and from the Greek, Logos, science (O’Toole, 2013, p. 1303). The first mention of nursology apparently is by Paterson in her 1971 journal article. She claimed that she coined the term, nursology, “to designate the study of nursing aimed towards the development of nursing theory” (p. 143).

Nursology as Discipline, Research Method, and Practice Methodology
The entry for nursology in Mosby’s Medical Dictionary (O’Toole, 2013) implies that nursology encompasses a name for the discipline, a method for research, and a methodology for practice. The entry reads that nursoloy is:

1Professor, University of Massachusetts Boston
2Assistant Professor, University of Massachusetts Boston
3PhD Nursing Students, University of Massachusetts Boston
a conceptual framework for the study and practice of nursing. It requires the nurse to interact with the patient in an “authentic” way, without aloofness and the distance of professionalism; the nurse must take the risk of caring. As a method, nursology requires that the nurse cut through the defenses and fears that prevent self-knowledge. The nurse tries to know the patient on an intuitive, subjective level and then, using reflection, on an objective, scientific level. The nurse recognizes that each person has an “angular view” of the whole truth. Comparison of the views of others is necessary for a perspective that allows a synthesis, often paradoxical but closer to the truth than any one person’s angular view. Nursology is intended to provide a model for nursing methods and research. The nurse and the patient have the opportunity to grow, and the science of nursing may emerge from the “angular” investigations and syntheses. (O’Toole, 2013, pp. 1303-1304).

**Nursology as the Discipline**

Paterson (1971) introduced the term, nursology, as a name for the discipline. Roper (1976), a Scottish nurse, explained that her search for a word for the discipline led to her (apparently independent) selection of nursology. She stated:

> It could be that nursing might develop as a discipline without using a word to describe its characteristic mode of thinking, but it will have to make the mode explicit and it will have to have the same meaning for nurses anywhere. Should the nursing profession require to use a word, I propose the word nursology for the study of nursing, so that the logical pattern of derivation of an adverb could be followed. (p. 227)

Interestingly, nursology was not used in the name of the conceptual model—The Elements of Nursing—developed by Roper with her colleagues, Logan and Tierney (1980). Tierney (personal communication, March 24, 2015) explained that Roper definitely saw [nursology] as a descriptor for the discipline, not the profession and, . . . was keen for us to use the term in *The Elements of Nursing* (where we first published the [Roper-Logan-Tierney] model). The three of us [Roper, Logan, and Tierney] got together around the time of that 1976 *Journal of Advanced Nursing* paper [Roper, 1976]. However, [Logan] and I—and especially [Logan]—thought that [the term, nursology] might be off-putting because, in the 1970s (and even into the ‘80s) there was little sympathy in the [United Kingdom] for anything that smacked of “academic nursing” or “ivory towers” and so we were anxious to present the model in ordinary language. The book, the model, was an idea we wanted all nurses to take an inter-

Citing Roper (1976), Speedie (1983) referred to nursology as a “body of knowledge” (p. 40). Citing Paterson (1971), Taylor (1995) described nursology as “the special knowledge of nurses; it is not borrowed knowledge from medicine” (p. 257). Taylor (1995) went on to explain that nursology deals with those problems germane to nursing practice that are distinct from collaboration with medical practice. Nursology’s essential elements are nonmedical concerns that occur commonly and occupy significant blocks of nurse attention and energy, and so must be discussed among nurses. (p. 257)

Drawing from Paterson and Zderad (1976), Reed (1997) suggested that nursology, “or another disciplinary label with the ‘nurs’ prefix could be developed . . . for the metapara-
digm . . . while reserving the term nursing as the process word and verb that it is” (p. 79).

**Nursology as a Research Method**

Paterson (1971) and later Paterson and Zderad (1976/1988) described phenomenological nursology as a research method encompassing five phases: (a) preparation of the knower for knowing by confronting ambivalence in self and others, (b) knowing the other intuitively by imagining the other, (c) knowing the other scientifically by reflecting on multiple realities, (d) complementaty synthesis of known others by comparing and contrasting multiple realities, and (e) succession from the “we” to the “paradoxical one” by synthesing the multiple realities into one reality. These phases also are identified and described in various publications about humanistic nursing, such as those by de Paula and colleagues (2004) and Kleiman (2010).

Moch (1990) used Paterson and Zderad’s (1976) phenomenological nursology as one method for her descriptive study of women’s experience of breast cancer. Medeiros and Motta (2008) explained that their study of living in a shelter experienced by children with HIV/AIDS was developed using the phases of “Nursology”, which propose an understanding and description of nursing situations, representing [Paterson and Zderad’s] five phases. In this approach, the methodology comprises the first, second and third phase; the results include the fourth and fifth phases. (p. 402; trans. T. Roberts)

**Nursology as a Practice Methodology**

Paterson (1978) and Zderad (1978) identified themselves as nursologists, the position each held at the Veterans Administration Hospital in Northport, NY from 1971 until 1978. During that time, Paterson and Zderad had been engaged in studying nursing practice as it is experienced by nurses, ourselves, and others. We deliberately implemented “humanistic nursing” [Paterson & Zderad, 1976/1988] through a three-pronged approach: practice, education, and research. To further this approach on
formal and informal bases, we meet and work with both staff and patients individually and in groups. (Paterson, 1978, p. 49)

Kleiman (2010) noted that the position of nursologist was established at the Northport Veterans Administration Hospital specifically for Paterson and Zderad by “a forward-thinking administrator who recognized the need for staff support during a period of change in the VA system” (p. 338). The position was eliminated in 1978 when “a change in hospital administration . . . resulted in a reorganization of services” (Kleiman, 2010, p. 338).

Paterson and Zderad (1976/1988) based their practice of nursology, which they referred to as humanistic nursing, on the 11 phenomena most important to practicing nurses, which were extracted from an original list of 39 phenomena (see Table). Speedie (1983) developed a plan for mouth care derived from Roper’s (1976) definition of nursology and model of nursing. More than 130 publications—retrieved from a CINAHL search conducted on May 23, 2015 using the search terms “humanistic nursing theory” AND “practice”—are reports of use of humanistic nursing theory to guide nursing practice. However, the authors of those publications did not refer to nursology per se.

Contemporary Doctoral Students’ Perspectives of Nursology

Fitzpatrick (2014) pointed out that use of the term, nursology, as the name for the discipline has not been supported by nurses, although “remnants of this minor movement appear today. Students in current doctoral-level nursing theory classes often express interest in the term as a way to legitimize the scientific enterprise and distinguish nursing science from other disciplines, particular[ly] other[wise] health disciplines” (p. 5).

Following up on Fitzpatrick’s (2014) comment about doctoral students’ interest in the term, nursology, the doctoral students enrolled in NURS 750 in spring 2015 at the University of Massachusetts Boston were asked to respond to this question:

Do you agree with Reed (1997, p. 79) that it “may be the time in nursing history to consider renaming the discipline to something other than a verb, to better distinguish the disciplinary label from the substantive focus of the science and practice”?

Several of the students agreed with Reed (1997). Their thoughts, which reflect advantages of using nursology as the name for our discipline, are summarized here:

- Use of the term, nursology, for the discipline avoids the tautology of using the word, nursing, as the label for the discipline and as a concept of our metaparadigm.
- Given the rapid expansion of nursing knowledge, now is the perfect time to refer to our discipline as nursology.
- Nursology as the label for the discipline may attract people interested in research to the discipline.
- Use of the term, nursology, as the name for our discipline moves us away from viewing nursing as a “caring” job without a specific body of knowledge.
- Now is the time to consider the discipline of nursing as something other than a verb to better distinguish the disciplinary label from the substantive focus of the science and practice.
- Use of the term, nursology, as the name for the discipline is especially important now as changes in health-care delivery have led to changes in the scope of nursing work, leading to advanced practice roles for nurses in education, management, and clinical practice.
- Referring to our discipline as nursology clarifies confusion with the verb, “to nurse,” which means “to lactate” (Oxford English Dictionary Online, 1976/2012).
- Nursology means that nurses have a distinct identity as members of a discipline with our own distinct knowledge.
- The term, nursology, would better define nurses’ scholarly identity in diverse settings and promote equality and cooperation with other members of the healthcare team.
- Nursology distinguishes nursing from medicine and promotes a clear identity of nurses as members of a discipline.

<table>
<thead>
<tr>
<th>Table. The Practice Phenomena of Nursology.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptance (9)</td>
</tr>
<tr>
<td>All-at-once</td>
</tr>
<tr>
<td>Anger</td>
</tr>
<tr>
<td>Authenticity</td>
</tr>
<tr>
<td>Awareness (1)</td>
</tr>
<tr>
<td>Becoming</td>
</tr>
<tr>
<td>Caring (4)</td>
</tr>
<tr>
<td>Change</td>
</tr>
<tr>
<td>Choice</td>
</tr>
<tr>
<td>Clinical</td>
</tr>
</tbody>
</table>

Note: Numbers refer to rank order of the 11 most important phenomena. Constructed from content in Kleiman (2010).
• The term, nursing, has limited nurses’ leadership role in applying our discipline’s unique knowledge, philosophy, and inquiry methodology in diverse healthcare structures.
• Embracing nursology as the name for our discipline could help to eliminate existing gender bias and stigma associated with being a nurse.
• Renaming the discipline will not be the sole answer to better unifying nurses, although it is a start.

Other students did not agree with Reed (1997). Their thoughts, which reflect disadvantages of using nursology as the name for our discipline, are summarized here.

• Nursology is a theoretical process for practice, not a definition of the discipline per se.
• Nursology is a phenomenological approach to reflective practice rather than a name for the discipline.
• Renaming the discipline at this time will create further confusion and inconsistency for nurses, other members of the healthcare team, and the public.
• Given the current multiple entry points for the same nursing license and job, single entry should be clarified before renaming the discipline.
• Now is not the time to change the name of the discipline. Changing the name of the discipline now could interfere with the progress toward the goal of a large increase in baccalaureate degree preparation for nurses.

Conclusion
Discussion of the appropriate name for our discipline—nursology or nursing or some other term—is another step in our progress as a legitimate unit in the academic and practice worlds, rather than being subsumed under other disciplines and the trade of medicine. We recommend continued dialogue about the name for our discipline, and therefore, we welcome the readers of this issue of Nursing Science Quarterly to add their thoughts about use of the term, nursology, as the label for our discipline.

Declaration of Conflicting Interests
The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding
The authors received no financial support for the research, authorship, and/or publication of this article.

References