

Questions and Answers about our Discipline: Name and Metaparadigm

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I will preface my presentation by pointing out that Peggy Chinn, in her fabulous keynote address earlier today, has already discussed much of what I planned to discuss. This was not a “planned redundancy,” although it does underscore the importance of our shared thoughts about advancement of our discipline.

The purpose of my paper is to discuss answers to three questions about our discipline. The three questions are:

- (1) What is the proper name for our discipline?
- (2) How is the distinctive central focus of any discipline identified?
- (3) How is the distinctive central focus of our discipline identified?

The First Question:

What is the proper name for our discipline?

The answer to the first question is that **NURSOLOGY is the proper name for our discipline.**

As Peggy Chinn pointed out, in 1997 Reed noted that nursing (or another term that is a noun) could be used as the name for our discipline, and that nursing could be used as a verb. In 2015, my UMass Boston colleagues and I published a paper in

Nursing Science Quarterly tracing the idea that nursology **is** the proper name for our discipline. We reported that:

- The term, nursology, comes from the Latin, Nutrix, [meaning] nurse; and from the Greek, Logos, [meaning] science (O'Toole, 2013, p. 1303).
- The first mention of nursology apparently is by Paterson, an American nurse, in her 1971 journal article. She coined the term, nursology, "to designate the study of nursing aimed towards the development of nursing theory" (p. 143).
- In 1976, Roper, a Scottish nurse, also referred to our discipline as nursology. She explained, "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).
- In 2014, Fitzpatrick 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, particularly [other] health disciplines" (p. 5).

Later, in **2018**, I defined nursology as "knowledge of the phenomena of interest to nursologists, which are how, when, and why nursologists collaborate with other

human beings as they experience wellness, illness, and disease, within the context of their environments."

Nursology is not only the name for our discipline; it also is regarded and has been used as a research method and a practice method (Fawcett et al., 2015). Thus, it may be best to abandon use of the term, nursing, when referring to research and practice, and instead use the adjective form of nursology for research and practice, that is, **nursological research** and **nursological practice**.

If we accept nursology as the proper name for our discipline, than all members of the discipline are **nursologists**. As such, nursologists have a social mandate to not only develop and disseminate knowledge, but also to use that knowledge in service to human beings.

Dissemination of all things nursology began on September 18th of 2018, when a new website, <https://nursology.net>, was launched. The website is maintained by a management team of volunteer nursologists who are committed to disseminating nursological knowledge and information about landmark and forthcoming conferences that focus on advancement of nursology, as well as an ever increasing amount of information about explicit nursological philosophical, conceptual, and theoretical work. When all of that work has been posted on nursology.net, it will constitute what I regard as the totality of our discipline-specific knowledge to a particular date, with hopefully constant additions.

The website includes weekly blogs featuring nursologists' thoughts about nursological knowledge, issues of importance to nursology, and nursologists who are regarded as Guardians of our Discipline. I invite everyone here to contribute to the website with blogs; exemplars for research, practice, quality improvement, health policy, and education; and your own or others' nursological philosophies, conceptual models, and theories.

The Second Question

How is the distinctive central focus of any discipline identified?

I regard a knowledge component known as the metaparadigm as the means by which the focus of a discipline is articulated. The idea of a metaparadigm comes from Masterman's (1970) analysis of the many definitions of paradigm in Kuhn's (1962) classic book, *The structure of scientific revolutions*. I have defined a metaparadigm as the global concepts that identify the phenomena of central interest to a discipline, the global propositions that describe the concepts, and the global propositions that state the relations between the concepts (Fawcett & DeSanto-Madeya, 2013). The metaparadigm is the most abstract component of a discipline and focuses on the general or global subject matter of interest to the members of that discipline. The functions of a metaparadigm are to summarize the intellectual and social missions of a discipline and to place a boundary on the phenomena of interest to the members of a discipline. (Fawcett & DeSanto-Madeya, 2013). Similarly, but perhaps in a more limited way, Tobbell (2018), referred to the function of a metaparadigm as “constructing the boundaries of . . . science” (p. 67). I think of the metaparadigm as more than a statement of the boundaries of **science**, inasmuch as a discipline, especially a

professional discipline, encompasses more than its science. In particular, a professional discipline encompasses its science (empirical knowing), its art (aesthetic knowing), its ethics (ethical knowing), its interpersonal relations (its personal knowing), and its politics and policies (socio-political knowing), as well as its policies and needed changes in social determinants of health and harmful healthcare practices (emancipatory knowing) (Carper, 1978; Chinn & Kramer, 2018; White, 1995).

The Need for a Metaparadigm (of Nursology)

Noteworthy is nursologists' dialogue about the need for a metaparadigm of nursology. Many years ago, Brodie (1984) asked, "To whom in the discipline of nursing will the metaparadigm make a valued and substantial contribution?" (p. 89). Her question has never been explicitly answered. Apparently, nurses have assumed that Donaldson and Crowley's 1978 claim that nursing is a professional discipline was enhanced by the claim of a formal metaparadigm.

More contemporary scholars have, however, raised questions with regard to the need for a metaparadigm of nursing. In 1996, Rawnsley acknowledged that although "the word metaparadigm will not easily disappear from nursing's lexicon," nurses should demythologize the power of the metaparadigm over nursing science (p. 105).

Also in 1996, Cody implied that there is no need for a metaparadigm of nursing. He claimed, "There is no way to circumscribe all of nursing without leaving some nurses out" (p. 99). Instead, he urged each nurse to be responsible for "identifying the nature and parameters of his or her own view" (p. 99). It is unclear how such an essentially anarchistic view would serve the discipline as a whole.

Still in 1996, Malinski also advocated for elimination of the basic idea of a nursing metaparadigm. She asserted, "Perhaps it is time to drop the metaparadigm entirely. The desire to identify some grand, unifying schema for all of nursing is no longer warranted" (p. 100). She went on to point out that given the diversity of contemporary views of nursing, a nursing metaparadigm would have to be "so broad and general as to be relatively meaningless in terms of defining the scope of nursing and providing direction for all of its members" (p. 100).

Cody's (1996) and Malinski's (1996) comments suggest that they may have failed to fully appreciate the global nature of a metaparadigm and the necessity of some means of distinguishing one discipline from another, if for no other reason than to create manageable units within institutions of higher learning, and organize funding agencies and scholarly societies.

In 2010, Kim offered a stronger rationale for a metaparadigm of nursing than manageable units and organization of agencies and societies. She pointed out that the metaparadigm of nursing is the way in which the professional discipline of [nursology] delineates and makes public its particular nature and distinguishes itself from the natural, social, and human sciences. Kim also pointed out that public articulation of the metaparadigm of nursing is necessary because the metaparadigm serves as the primary guide for the development of [nursological] knowledge."

In 2018, explaining the need for a metaparadigm, Vessey stated:

A metaparadigm serves as a discipline's calling card...it provides an introduction to its main constructs and a framework for constructing conceptual models, developing theory, and designing research. Traditionally, individuals used a calling card to announce their arrival and to brand their social identity. Nursing's metaparadigm announced nursing's arrival as an academic discipline by promoting nursing's ability to identify and codify its unique knowledge to be used for paradigm development. (Jairath, Peden-McAlpine, Sullivan, Vessey, & Henly, 2018, p. 180).

Finally, in 2018, Sullivan presented arguments against and for a metaparadigm of nursing. She stated:

With the increased pace of technologically supported scientific discovery, the metaparadigm could appear unnecessary and outdated—even an academic exercise, unconnected to interdisciplinary scientific endeavors or contemporary practice. However, by distinguishing nursing from other disciplines, it unifies nursing science, theory, and practice. As a foundation for nursing science, the metaparadigm supports shared meanings to advance knowledge, thus increasing our own disciplinary understanding and that by related disciplines. (Jairath, Peden-McAlpine, Sullivan, Vessey, & Henly, 2018, p. 188).

The Third Question:

How is the distinctive central focus of our discipline identified?

The third question is answered by discussion of the evolution of past and contemporary dialogue about various versions of nursing's metaparadigm. This part of my presentation parallels Peggy Chinn's contention that the focus of nursing has

been evident for many, many years. This part of my presentation also takes into account Marlaine Smith's paper, presented in 2017 at the Case Western Reserve University Nursing Theory Think Tank Invitational Conference, published in *Advances in Nursing Science* earlier this year (Smith, 2019), and summarized earlier today.

Diverse proposals for nursing's metaparadigm have been offered over the years, some as lists of concepts and others as statements of the disciplinary focus.

Metaparadigm Concepts

In 1983, Margaret Newman offered what may be the earliest version of nursing's metaparadigm concepts as Client, Environment, Health, and Nursing as an action.

Over time, in addition to client, other versions of that concept have been offered, including person, human beings, man, client domain, and human wholeness.

Environment also has been referred to as society, the environment domain, and environmental cultural context .

Health also has been referred to as health/healing/well-being, and human health-environment relationship..

Nursing as an action also has been referred to as nursing processes, nursing process, and nursing therapeutics.

Other metaparadigm concepts include role, social systems, client-nurse domain, practice domain, transitions, interaction, social justice, quality of life, time, caring, human care, human care/caring, and human dignity. .

(Fawcett, 1978, 1984; Fawcett & DeSanto-Madeya, 2013; Henly, 2018; Jacobs, 2001; King, 1984; 1997, 2000; Leininger, 1990, 1991, 1995; Meleis, 2007, Plummer & Molzahn, 2009; Schim et al., 2007; Watson, 1990)

As the concepts of the metaparadigm evolve, we may want to consider Jairath's (2018) comment that the metaparadigm "must also reflect scientific advancements external to our discipline. Findings from physiology, genetics, environmental health, physics, and other disciplines require that our metaparadigm concepts be reexamined, reconfigured, and potentially amalgamated" (Jairath et al., 2018, p. 189). **If we agree with Jairath, I maintain that we will need to determine how to synthesize concepts into nursing so that we move from borrowed concepts to nursing-specific concepts.**

Statements of Disciplinary Focus

In 1983, Newman noted that the nurse interacts with the client and the environment for the purpose of facilitating the health of the client.

In 1990, Leininger claimed that "human care/caring [is] the central phenomenon and essence of nursing" (p. 19). In 1991, Leininger stated, "Care is the essence of nursing and the central, dominant, and unifying focus of nursing" (p. 35). In 1995, Leininger expanded the focus, stating that "human care, health, and environmental cultural context must become the central focus, essence, and dominant domains of nursing knowledge" (p. 97). Later, in 2002, Leininger claimed that "human care and

caring [are] the central, distinct, and dominant foci to explain, interpret, and predict nursing as a discipline and profession" (p. 47).

In 1991, Newman, Sime, and Corcoran-Perry claimed that "Nursing is the study of caring in the human health experience" (p. 3). In 1992, they asserted "The theme of caring is sufficiently dominant, when combined with the theme of the human health experience, to be considered as the focus of the discipline" (Newman, Sime, & Corcoran-Perry, 1992, p. vii).

In 1992, Malloch and colleagues stated "Nursing is the study and practice of caring within contexts of the human health experience" (p. vi).

In 2003, Lewis asserted, "I believe that caring and healing are core processes of nursing" and that caring is "being with others" (p. 37).

In 2008, Willis, Grace, and Roy maintained that the focus of the discipline is "*facilitating humanization, meaning, choice, quality of life, and healing in living and dying*" (pp.E32-E33).

The widespread acceptance of care or caring as a central focus for nursing's metaparadigm may warrant dialogue. Perhaps care or caring is the focus of certain nursing conceptual models and theories, rather than of the discipline as a whole.

In 1997, Parse told us, "The core focus of nursing, the metaparadigm, is the human-universe-health process" (p. 74)

In 1998, Thorne and colleagues declared, "Nursing is the study of human health and illness processes. Nursing practice is facilitating, supporting and assisting individuals, families, communities, and/or societies to enhance, maintain and recover health, and to reduce and ameliorate the effects of illness. Nursing's relational practice and science are directed toward the explicit outcome of health related quality of life within the immediate and larger environmental contexts" (p. 12 of on-line full text version of manuscript).

In 2001, Jacobs proposed that "The central phenomenon [of nursing] is the respect for or the restoration of human dignity, our being in community, our sea, our moral imperative" (p. 33).

As of this presentation, my statement of disciplinary focus has evolved from four relational propositions to one, namely: The discipline of nursology is concerned with the principles and laws that govern human processes of living and dying; the patterning of human health experiences within the context of the environment; and nursologists' actions that are beneficial to human wellbecoming.

In 2018, Bender contented that my version of the metaparadigm does not account for relations between concepts. She stated "*What exists for the nursing discipline is not already-demarkated domains of nursing, person, health, and environment, but rather interdependent relations that constitute people, including nurses, in their health/environment circumstance, which comprises nursing's unique, fundamental point of access in the world*" (p. 6; italics in the original). It is possible that

Bender did not recognize the four relational propositions I had identified in successive versions of the metaparadigm as relations between concepts.

In closing, I invite each of you to join the dialogue about these questions:

- **Is nursing the proper name for our discipline?**
- **Is a metaparadigm needed for our discipline?**
- **If a metaparadigm is needed, should care or caring be included as a concept?**
- **If a metaparadigm is needed -- or some other knowledge component that incorporates the focus of our discipline -- which concepts and statement of focus do you prefer?**
- **Should we incorporate concepts from other disciplines into OUR metaparadigm?**
- **Is the only evidence that which is from “standard western research?”**
- **What about evidence that is tenacious beliefs, authority, or *a priori*?**
- **Can we begin to realize and accept that**
 - **Research = Theory Development**
 - and**
 - **Research Findings = Theory = Evidence?**

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