

# Commentaire/Commentary

## Theoretical Nursing Knowledge in the 21<sup>st</sup> Century

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### Introduction

In an editorial published in *Advances in Nursing Science*, Chinn reports that nursing's theoretical and philosophical traditions have been "deleted from nursing curricula in favor of content deemed more essential to practice." [1 p1] Chinn coined the term "nursesogyny" to describe the rejection of nursing theoretical and philosophical heritage developed by early nurse theorists. Chinn's "nursesogyny" may deserve further exploration. Such as what could be the risks of erasing nursing philosophical and theoretical traditions (disciplinary knowledge) from education and practice? How the suppression of disciplinary knowledge might affect the future of nursing as a discipline? How the

erasure of disciplinary knowledge might affect nurses' roles in interprofessional health care teams?

Nurse scholars report that interprofessional practice improves teamwork, increases collaborations between health professionals, and focuses on patient-centered care. [2,3] In addition to benefits, interprofessionality brings some challenges to nursing. For instance, Sommerfeldt [4] underlines the needs for nurses to define and articulate their roles in interprofessional clinical settings. The corollary is also true. Nurses researchers need to articulate their roles in interprofessional research teams. A clear articulation of nurses' roles depends on a clear understanding of what nursing disciplinary knowledge is. Moreover, a clear articulation of nurses' roles requires an understanding of how nursing knowledge applies to practice and improves health outcomes. Providing answers to these questions prompts revisiting the nature of nursing knowledge. Affirming nursing as a science is the main reason earlier nurse theorists developed grand theories and conceptual models. The aim was to establish nursing as a scientific and academic

discipline.[5] Meanwhile, the usefulness and relevance of theories and conceptual models of nursing to practice may have been consciously or unconsciously obfuscated. In other words, the scientific mission of nursing took precedence over its applied and social mission. In addition, competing worldviews about the philosophy of science also explains the theory-practice relevance gap.[5] For some nurses, nursing practice must guide research to solve problems encountered in clinical practice.[5] For others, nursing research must drive theory generation and guide practice. A philosophical orthodoxy resulting from the influence of natural sciences on nursing knowledge contributes to this binary divide between theory and practice.[6,7] The theory-practice gap originates from the dissociation between intellectual content and problems encountered in nursing practice. This disarticulation from nursing practice would prompt the rejection of the whole enterprise of theorizing in nursing. The upshot is to see previous theories and conceptual models as “irrelevant, inadequate, and naïve”, [1 p1] and, therefore, not useful at the bedside.[8] Does rejection of the whole theorization enterprise represent the solution to the theory-practice gap? Similarly, how long nurse scholars shall engage in developing and testing theories that merely work in addressing problems relating to nursing practice? These are valid points to consider as organizational and academic pressures towards the implementation of interprofessional models of health education and healthcare delivery increase. Sommerfeldt [4] urges nurses to discover and articulate what nursing brings to health care that other health professions do not. This issue is critical as nurses must define the contributions of nursing and delineate their roles among interprofessional healthcare or research teams. A lack of understanding of nursing knowledge may illustrate the risks of ‘nursesogyny’ aptly described by Chinn[1] as the process of expunging nursing theoretical and philosophical traditions from education and research.

### **What Constitutes Nursing Disciplinary Knowledge?**

The Canadian Association of Schools of Nursing (as cited in Thorne) defines disciplinary knowledge as relating to the “history, practice context, and theoretical underpinnings of nursing.” [9 p1] Chinn suggests that nursing theories and conceptual models represent the “building blocks of nursing heritage.” [1 p1]

The goal of nursing remains the understanding of human experiences of health and illness. Nurses need to focus on the particularities of the illness affecting each patient they encounter while using general or teleological knowledge

that applies to human health and illness processes. [10] For instance, persons living with diabetes type 2 present similar signs and symptoms of the disease, yet the ways individuals adapt to their illness represent the particular knowledge that makes each person unique. The experience of living with type 2 diabetes mellitus occurs within a psychological, social, and cultural context that shapes the individual experience of illness.

As nurses focus on phenomena intersecting with humans’ health and illness experiences, Carper[11] suggests using four patterns of knowing. She emphasizes the use of the empirical, ethical, aesthetic, and personal ways of knowing to apprehend human experiences of health and illness.[11] These patterns of knowing are useful to understand the metaphysical and moral issues encountered in nursing practice. White[12] adds the sociopolitical way of knowing to incorporate the broader environment of health in the appraisal of clients’ health issues. Kagan et al.[13] suggest the emancipatory way of knowing as a means to raise nurses’ consciousness on the gendered, cultural, economic, and social inequities affecting health and nursing practice. Simply put the acquisition of specific ways of knowing guides clinical judgment and nursing actions. The use of nursing philosophical and theoretical bases inform about the goals of nursing and how to implement these goals in practice. However, this assumption comes with a caution. The position that all nursing theories must derive from nursing theories and conceptual models is ontologically and epistemologically untenable. It is an unsustainable standpoint because of the underlying theoretical reductionism and the fact that contemporary nursing practice involves dealing with health problems embedded in sociocultural contexts marked by relations of power. Despite a call to acknowledge paradigmatic and theoretical pluralism in nursing, realism and biomedicine prevail in shaping nursing knowledge. This dominance of positivism, postpositivism, and biomedicine constitutes a colonization of nursing knowledge.[14,15] Although issues of “colonial patronage” have been discussed by some nurse scholars, the idea of colonization of knowledge remains to be further debated.[15] Similarly, a debatable disciplinary consensus exists to recognize health, the environment, nursing care, and individuals or groups as representing nursing’s phenomena of interests. Nurse theorists see these concepts as amenable to changes as the discipline confronts emerging professional issues.[16,17] At this time of nursing history, these concepts represent the main elements of theorization in the discipline. These concepts are examined from both nursing and non-nursing theoretical

approaches. [18] For example, the use of a population health theory does not preclude the nurse from drawing on theories of self-care to enhance individuals' autonomy. A nurse may also rely on an intersectionality theoretical approach to further comprehend how race, gender, and social class intersect to impact experiences of illness. The use of a nursing lens locates nursing practice within the philosophical foundations of nursing and differentiates "what nurses are and what they do." [17 p.E28]

#### The Risks of Erasing Disciplinary Knowledge

Turkel, Ray, and Kornblatt [19] argue that the teaching of nursing philosophical and theoretical knowledge represents a priority in contemporary nursing education. "Nursing theories incorporate what is meaningful in nursing by not only illuminating the essence of nursing but in determining what ideas are critical to and shape nursing." [19 p194] A lack of exposure to nursing theories may undermine the future development of disciplinary knowledge and the advancement of the profession. [20] Theories useful to practicing nurses should be derived, generated or tested from a broad nursing perspective. A nursing perspective encompasses the relations between humans, health/illness, care, and the broader gendered, social, political, cultural and financial contexts of care and health care delivery.

The complete expulsion of philosophical and theoretical heritage from nursing education may lead to the impoverishment of nursing thought, jeopardize the advancement of the profession, and weaken nurses' professional identity. A specialized and distinct body of knowledge distinguishes nurses from other health practitioners. This specialized knowledge is rooted in nursing philosophy. McCrae contends that nursing knowledge represents "human values that transcend time and technology". [8 p226] Without the knowledge of the philosophical and theoretical anchors of nursing, nurses may be in danger of losing or disconnecting the humanist value of care from nursing's ethical and social mandate. [21]

#### Conclusion

In conclusion, nursing conceptual models and theories represent fundamental pieces of the archeology of nursing knowledge. These archeological pieces can be refined, revised, and advanced. [1] Conceptual models and theories suggest guiding practice through a diversity of philosophical perspectives instead of using them from prescriptive approaches and uncritical applications. It is the work of nurses to make nursing theories relevant to practice, yet this

does not mean that the philosophical bases of nursing are de facto irrelevant. On the contrary, overlooking nursing philosophical and theoretical knowledge may undermine the contributions that make nursing a distinct discipline and profession. Ultimately, "nursesogyny" or the erasure of nursing philosophical bases and theories may jeopardize the future of the science and the art of nursing.

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