



Demystifying Nursing Knowledge Development: Issues, Solutions and Future Directions

Richard Allan. R. Soliven^{1*}, Mae Dayanne M. Soliven¹, and Cesarlica S. Minguita¹

¹ Faculty, Department of Nursing, College of Nursing, Central Mindanao University
Musuan, Maramag, Bukidnon, Philippines

ABSTRACT

Nursing has evolved from its historical roots, influenced by multiple factors such as knowledge from other disciplines, methods, and processes of knowledge generation and theory utilization. Issues arise because nurses recognize the need for knowledge-based practice and envisage the focus of knowledge generation and utilization from theoretical framing guiding their practice. The borrowed or unique knowledge-based practice is grounded in philosophical and theoretical frameworks advanced through paradigmatic viewpoints within the metaparadigms of nursing. Encompassing a framework in nursing is the concept of caring. Caring in nursing uniquely contributes to appreciating nursing as a discipline of knowledge and a practice profession. Suggested processes involve knowledge-based, evidence-based, and theory-based practices within a conceptual-theoretical-empirical system. Moreover, because there is yet a continuing search for a universal theory of nursing guiding global nursing care practice, nursing must have contended with the plurality of theories dictating varying ways of practicing nursing.

Keywords: issues in theory development, borrowed theory, nursing metaparadigms

INTRODUCTION

Nursing spans the history of humankind. According to Shaw (1993), the nursing discipline has evolved from its historical roots, multiple influences of other disciplines, methods of nursing knowledge generation, and research and theory utilization. Nurses profess philosophies with respect for the autonomy and self-determination of people. We honor people's perceptions of the world and their decisions, whatever they may be. "If their perception puts them in harm's way, we are in a role to reflect them in a different way of viewing the world, but we do not discount their perceptions or make assumptions that individuals should see the world the same way we do" (Munhall, 2012, p. 526). This statement by Munhall (2012) reflects our current perspectives on developing nursing knowledge, which utilizes different paradigms and philosophical outlooks.

However, due to new theories developing each year, which add up to the nursing knowledge, there is much ambiguity about the whole effort as to the issue of definition (Theofanidis & Fountouki, 2008), interpretation, and implementation. This article will discuss the various issues regarding theory development and construction in nursing, explore solutions through contemporary and future nursing knowledge in metaparadigms, value as a practice discipline, and suggest a theory for future directions and nursing advancement.

Three Among Many Issues About Theory Development and Construction in Nursing

Ever since nursing made its roots, questions have arisen, focusing on the knowledge needed for nursing (Alligood, 2014). The focus on nursing knowledge has been the driving force for the development of professional

nursing. Nursing history suggests ways that nurses addressed this question in each era of growth of the twentieth century. Moreover, different renowned nursing scholars encounter different issues from such. Now in this twenty-first century, we are in the theory utilization era where the discipline of nursing has reached quite a record in history; however, looking through the past, whenever come solution, there are more questions and more issues to solve. This article will discuss three issues related to theory development: first is the issue of borrowed versus unique theory in nursing (Hogan & DeSantis, 1991; Johnson, 1968; Levine, 1988; McEwen & Wills, 2011; Rodgers, 2005; Walker & Alligood, 2001), secondly, the issue on nursing's paradigms and metaparadigms (Hsieh & Hsu, 2008; Levine, 1988; Newman, Sime, & Corcoran-Perry, 1991; Sousa & Hayman, 2002), and third is the importance of the concept of caring in nursing (Brilowski & Wendler, 2005; Drahošová & Jarošová, 2016; Kalfoss & Owe Cand, 2016; Morse, Solberg, Neander, Bottorff, & Johnson, 1990).

Borrowed vs. Unique Theory. Since the 1960s, nurses have questioned the theoretical foundations as they borrowed knowledge from other disciplines (McEwen & Wills, 2011). Moreover, McEwen & Wills (2011) claims that two premises support the unique theory. First, is that only theories that are grounded in nursing should guide the actions of the discipline. The second premise is that any theory that evolves out of the practice arena of nursing is substantially nursing. Advocates of using borrowed theory in nursing believe that knowledge belongs to the scientific community and society and, therefore, is shared (Rodgers, 2005).

Corresponding author:

Richard Allan. R. Soliven

Email Address: rarsoliven@cmu.edu.ph

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Borrowed or unique, the dilemma sets a situation where nurses must answer an important question related to the knowledge that supports their actions, as theories guide nurses in their practice. According to Rodgers (2005), the problem is the sense of "being borrowed." In a manner where "borrowing of knowledge" from other disciplines applies to Nursing. Likewise, it is borrowing a particular theory for another purpose or need. Furthermore, according to Rodgers (2005), the concepts and meanings may work contrariwise when used from the original context to another field.

The theory is expected to benefit practice. Therefore, theory development must relate to the commonalities of people who practice nursing. Nursing scholars who research and develop their arguments think differently about theory because they perceive the reality of practice (Fawcett, 2005). While Sousa and Hayman (2002) claim that borrowing or sharing of theories with other disciplines such as anthropology, education, sociology, and psychology cannot separate from nursing theory development, theories from other disciplines serve as a basis for further reflection, investigation, and refinement of a new source of knowledge. With this in mind, a working definition of borrowed theory by Johnson (1968) is considered "knowledge which is developed in the main by other disciplines and is drawn upon by nursing (p. 206)."

Nursing's Paradigms and Metaparadigms. Newman, Sime, and Corcoran Perry (1991) claimed that there was a lack of focus on nursing as a discipline, thus arguing that the central focus of the nursing discipline and its perspectives on the different paradigms involve nursing knowledge (p. 2). The four concepts central to the nursing discipline were the following: the person, environment, nursing, and health. Most authors consider that tetralogy does not focus on the discipline of nursing. Thus, the disconnection of the concepts does not raise philosophical issues or scientific questions that stimulate inquiry.

According to Fawcett (2006), "A metaparadigm is defined as the global concepts that identify the phenomena of central interest to discipline, the global propositions that describe the concepts, and the global propositions that state the relations between or among the concepts" (p.4). Metaparadigm was described by McEwen & Wills (2011) as a component of a structural hierarchy of nursing knowledge by Kuhn. The terms paradigm and metaparadigm are standard in nursing literature (Peterson & Bredow, 2013). However, Kuhn introduced the term paradigm, which was actually "borrowed" by the scientific community, not only nursing (Hsieh & Hsu, 2008; Rodgers, 2005). Rodgers (2005), further claimed that in Kuhn's work on scientific revolutions, the term "paradigm" became embedded in the vocabulary of nursing science in the 1980s. Moreover, as a result, nursing scholars compared the status of nursing to "science" in line with or instead of Kuhn's philosophy (p. 77). Later nursing scholars described and analyzed the interrelationship among nursing concepts and then recognized the nursing metaparadigm's concept as a person, environment, health, and nursing (Sousa & Hayman, 2002).

Now there is a plurality on how scholars describe metaparadigms (Cody, 1995), and this issue has become an avenue for debate and discussion that would be beneficial in tackling details of the paradigm to establish a more scholarly trajectory toward the nursing profession (Cody, 1995; McEwen & Wills, 2011). The plurality is in line with the thinking of Munhall (2012) that scholars should reflect on the perception of others, understand how to view their world, and then generate their views, opinions, and assumptions while not disregarding others. However, confusion arises since scholars have different perspectives and have different inclinations of their lenses. McCurry, Hunter Revell, and Roy (2009) made it clear that in their substantive structures, assumptions and propositions by scholars create linkages among identified concepts. Some scholars, like Wilson, Rodgers, Walker, and Avant, became valuable for their ideas for concept analysis to prevent confusion (Rodgers & Knafl, 2000). Other nurse scholars (Hagell, 1989; Grossman & Hooton, 1993) advocate the adoption of a standard paradigm to bring consensus and cohesion to the discipline, while other authors (Meleis, 2008; Timmons, Edgley, Meal, & Narayanasamy, 2016) recognized the need for diversity and plurality in nursing philosophy, science, and practice. Moreover, Fawcett's (2006) awareness of the metaparadigms brings unity to the nursing discipline by specifying the concepts of propositions in general (p. 4).

The Concept of Caring in Nursing. McEwen & Wills (2011) claims that the concept of caring has been increasingly debated because of the motivation of urgency to identify nursing's unique contribution to the healthcare discipline (p.42). The debate revolves around the qualities and roles within the practice of nursing. Authors like Thorne, Canam, Dahinten, Hall, & Henderson (1998) scrutinize the central arguments used in the nursing metaparadigms. Thorne et al. (1998) further explained logical implications by various extreme positions higher than the social mandate of nursing and health.

Notably, these views on the nature of caring are diverse, ranging from caring as a human trait, to caring as a therapeutic intervention and differ according to whether the act of caring is conceptualized as being client-centered, nurse-centered, or both. Locsin (2017) also valued the coexistence of caring with technology, thus expanding the boundaries of the concept of caring within the nursing practice as well as technological extensions of humans such as robots. Another point of debate is the terminology used in the concept of caring unique to the domain of nursing while other disciplines also share its function (McEwen & Wills, 2011; McKenna, 2005).

The caring perspective supported by Newman, Sime & Corcoran-Perry (1991) claim that other renowned authors such as Leininger, Watson, and Benner appeared in the literature explaining the logical link between caring, health, healing, and well-being. Moreover, there are two concepts relevant to the focus of nursing, health, and caring. Health is prefigured as the centerpiece of nursing knowledge while caring is positioned as the essence of nursing. Furthermore, this conceives that caring, health, and health experience has considerable evidence that these concepts are central to the discipline of nursing.

Moreover, Newman, Sime & Corcoran-Perry (1991) suggest that "nursing is the study of caring in the human health experience" (p. 3). Moreover, this focus integrates the concepts into a single statement that can be identified at the meta-paradigm level and is not associated with any particular theory. The statement conveys a focus that implies a public mandate and a service identity. Therefore, this statement will guide researchers that any body of knowledge not included in the domain of inquiry, which is caring in the human health experience, is not nursing knowledge.

While most of the nursing community accepts caring as the main essence of the nursing profession, some authors question the concept's centrality. Swanson's theory of caring proposes an elucidation of the caring manner which is practiced in nursing (Smith & Parker, 2015) while Boykin and Schoenhofer (2013) present this as the person is innately caring which are supported by assumptions of persons, entirely caring and unfolding caring possibilities from moment to moment. Moreover, caring posits the output essential for nurses to recognize the relationship with the patient demonstrated as a robust approach, attentiveness, experience, and sensitivity. It is a means where active communication takes place, which decreases apprehension and breaks barriers (Drahošová & Jarošová, 2016). The interconnectedness of the nurse and the patient becomes powerful in achieving healthy outcomes. Furthermore, Morse et al. (1990) argued that various perspectives of caring must be clarified if research advances or if caring is to be retained as the essence of nursing. Therefore, the strengths and limitations of these conceptualizations should be thoroughly examined.

Contemporary and Future Nursing Solutions to the Issues on Paradigms and Metaparadigms

Before illuminating nursing solutions to issues presented, it is essential to know contemporary and future nursing knowledge structures. Advanced nursing knowledge, according to Fawcett (2005), provides the structural hierarchy of nursing knowledge that involves these components: metaparadigm, philosophies, conceptual models, theories, and empirical indicators. While the structure of future nursing knowledge is still vague, nursing scholars may offer some structures related to the future of nursing knowledge. These structures may refer to the rapidly changing healthcare needs and healthcare complexities (Allen, 1997; Linderman, 2000), which will project its focus on technology use (Locsin, 2001). It is also vital to note that aside from the healthcare needs and complexities, the rising healthcare cost is in conjunction with these changes. Therefore, this will involve socio-economic structures (Cherry & Jacob, 2014; McEwen & Wills, 2011) of future nursing knowledge.

As cited by Monti & Tingen (1999), Khun's conceptualization states that the overarching paradigm that directs scientific endeavors resulted in theoretical unification in nursing (p. 74). However, standardization suggests a convergence of paradigms rather than the dominance of one over the other. In modern-day nursing, scholars do not have a consensus to unify a single paradigm or metaparadigm to date (Fawcett, 2006). Several proposals

concern dropping the idea of the metaparadigms and moving on to a much more holistic view. Scholars suggest theoretical unification has some advantages, like one paradigm has fewer concepts and relationships to be examined. Alternatively, one paradigm can have the potential for a shared vision of nursing. However, some disadvantages of theoretical unification, such as the worldview would be narrow like Kuhns's description of an "inflexible box" (Monti & Tingen, 1999, p. 75). In contrast to the theoretical unification is the multiplicity of paradigms. Every proposal is believed to have its salient points; therefore, it is tough to discredit such individual opinions about the metaparadigms. To conclude, Kim, as cited by Fawcett (2005), offered a more robust rationale for retaining the metaparadigms for public information's sake. Kim further claimed that the metaparadigms are necessary as a primary guide for developing nursing knowledge.

Nurses define concepts as representations of phenomena we perceive and experience in our healthcare environment. Levine (1988) postulated that 'concepts' are essential for any discussion in nursing practice. However, when nurses and non-nurses observe the same phenomena, they may perceive and experience them differently. Within nursing, too, perceptions may differ concerning the same clinical events; concept analysis should reduce this conceptual confusion (McKenna, 2005). The setting of the core attributes of concepts, including caring, allows nurses to determine appropriate research questions, develop theory and identify practice priorities at a time of increasing demands and constrained resources (Brilowski & Wendler, 2005). Moreover, deliberating the analysis and development of concepts and theories, nursing science is built in a dynamic process that arises from practice and is reproduced through research, mainly by analysis and development of concepts and theories (Bousoo, Poles, & Da Cruz, 2014).

Research methods are inherently tied up to their philosophical frameworks as a basis for understanding and evaluating theory; thus, theorists must be aware of the discipline's philosophical bearings (Silva & Rothbart, 1984). Expansion and integration of research tradition to a multidimensional understanding of phenomena and must be aware of the changes in the philosophy of science. Nursing theory is a stage of evolution, and growth should have a common goal of solving significant problems in nursing. Furthermore, Silva and Rothbart (1984) imply that historicism may be an alternative philosophy that bridges the gaps between the views of science, nursing theory, and nursing research. While nursing standards provide strategies from which standards are identified to determine outcome measures. King (2000) claims that it is essential to have a process with a consistent basis to enable nurses to track outcomes to recognize whether or not nursing care makes a difference. King (2000) further suggested that "evidence-based nursing practice is one way to identify nursing's contributions to quality health care."

Future nursing knowledge might not just require traditional and contemporary knowledge generation techniques but because of complex clinical, management, and research responsibilities (Allen, 1997)

that may create a climate of knowledge explosion in the healthcare and educational institutions (Linderman, 2000) that nursing knowledge will involve market-driven economic policy, dramatic technology advances, and changing demographics. Fawcett (2005) proposed the comprehensive conceptual-theoretical-empirical system or C-T-E of nursing knowledge, which closes the gaps between research and practice in nursing (p. 589). Marrs & Lowry (2006), by adopting an expanded conceptual-theoretical-empirical structure of nursing knowledge, connected the dots among theory, practice, and research. The perceptions of any new technology are essential to understanding (Kaye, 2017) thus; technology advances will be based on "Meaningful Use" programs. As the term is described, knowledge generation in the nursing discipline would be linked to its meaningful use (Harrison & Lyerla, 2012).

The Value of Theory Utilization on Nursing Metaparadigms

Several authors proposed to drop the idea of metaparadigms, while others consider it necessary as a primary guide for developing nursing knowledge. Indeed, the central concepts of nursing are still evolving, and with the rapidly changing healthcare complexity, most likely, more central ideas will constantly be emerging. We need to be contented with theory utilization with the context most fit in the healthcare situation. The metaparadigms may serve as a guide for the development of theory, but an author, developing their theory may not use the metaparadigm if there is no need. One or two concepts may be added or subtracted still, depending on the situation wherein the theory is used. This is because not all theories apply to every scenario in the healthcare environment. Nor does one theory has a universal solution for all. It goes by the saying that the human person is ever dynamic and everchanging that theories and metaparadigms that guide the nursing practice would also change, together with the philosophies that are based their foundations. Therefore, the value of the plurality of theories and metaparadigms is as complicated as the human person. Depending on the person's health care needs and the complexity of the need would also reciprocate to the needed theory that guides its practice.

CONCLUSION

Among different authors, three issues related to theory development and construction were discussed. In the issue of borrowed versus unique theory in nursing, one can see that the point of borrowed theory might not be an issue; other disciplines also borrow theory from other disciplines. However, it is suggested that as modern-day nurses, we need to develop uniquely our own theories. Contemporary nursing knowledge and future nursing knowledge are essential, for they will be the foundation of our nursing discipline. Advancement in nursing theory development may suggest new metaparadigm structures so that our nurses will be ready to face the future and to adapt to advancing trends in technology as well as socio-economic decisions in health care.

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