Nursing Knowledge

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Tracing back, nursing has never been recognized as a professional practice or an academic discipline. It was always viewed as a vocation with no structured body of knowledge. Not until Florence Nightingale took the initiative to professionalize nursing following her services in the Crimean war. She is even considered to be the first nursing scholar and the mother of modern nursing for taking such initiative. Since then, philosophies and theories in nursing started its evolution.

The discipline of nursing slowly evolved from the traditional role of women, apprenticeship, humanitarian aims, religious ideals, intuition, common sense, trial and error, theories, and research, as well as the multiple influences of medicine, technology, politics, war, economics and feminism (Jacobs & Huetter 1978, Keller 1979, Brooks & Kleine-Kracht 1983, Gorenberg 1983, Perry 1985, Kidd & Morrison 1988, Lynaugh & Fagin 1988). Subsequent to Nightingale, almost a century passed before other nursing scholars attempted the development of philosophical and theoretical works to describe and define nursing to guide nursing practice (McEwan, 2007). Kidd and Morrison (1998) described five stages in the development of nursing theory and philosophy: (1) silent knowledge where education and practice were based on rules, principles and traditions that were passed along through an apprenticeship form of education, (2) received knowledge that made efforts to focus nursing education in universities with formal education, (3) subjective knowledge where nursing models evolved from nurse scholars’ personal, professional and educational experiences and reflected their perception of ideal nursing practice, (4) procedural knowledge that moved nursing from a context-dependent, reactive position to a context-independent, proactive arena (Chinn & Kramer, 2004) and (5) constructed knowledge that call to develop substance in theory and to focus on nursing concepts grounded in practice and linked to research.

Coming from its vocational heritage, nursing’s attention, according to McEwans (2007) has shifted from grand theories to middle range theories and practice theories, as well as application of theory in research in practice. Many nursing frameworks have explicitly incorporated values such as caring, profound respect for all persons, and attentive presence into their conceptualizations and propositions (Cody, 2013). Hence, there are a number of frameworks in nursing that are capable of guiding nursing practice across a range of situations and events, which reflects the maturity of nursing’s knowledge base (Cody, 2013). In contemporary nursing, however, there is a persistent call to adopt evidence-based practice, implement it, teach it, and standardized it (Melnyk &Fineout-Overholt, 2004).

Conversely, because EBP has strong affinity with empirical evidences and has originated from the medical model, its strategies fail to address the complex realities of nursing practice situations (Reimer-Kirkham et al., 2007). Fawcett (1984) also believes that empiricism may be incompatible with nursing's humanistic and holistic aims. If nursing is going to limit itself to such model, it would lose the vitality and richness that persist in nursing such as deep human connections, finding meaning in illness, and nourishment of the mind/body/spirit (Chinn, 2005). Nursing’s body of theory that is heavily and explicitly value laden can today be seen as a strength, not a weakness, of nursing’s body of knowledge (Cody, 2013).

Contrastingly, it is the incorporation of values in many of the nursing frameworks/ models/ theories which made nursing distinct from all other disciplines. On the other hand, values have existed as long as human beings and are fundamental constituents of the human lifeworld. The fact that
scientists are human, as claimed by Cody (2013), means that science cannot be value free. Thus axiology and science can never be really separated. In the case of nursing as a science, sole adherence to empirical method of inquiry neglects the values of caring that have shaped the nursing practice. And thus, it has been driven to use other methods of scientific inquiry. If value aspects in nursing are to be understood scientifically, then scientist would depend on axiology.

At present, nursing has been compelled to utilize evidence to guide practice. But as research has shown, people do not want medicines that cure, surgical interventions that fix what is going wrong, and competent nursing care that contribute to these important outcomes, but they also want, even yearn for, the kind of nursing care that comforts on many levels, that makes sure everyone involved in on the same page, nurses who understand their deepest concerns, who appreciate what they are going through, and who help interpret the complexity of their care and the system in which it is happening (Chinn, 2005).

Nurses of early eras delivered excellent care to patients; however, much of what was known about nursing was passed on through forms of education that were focused on skills and functional tasks. Whereas many nursing practices seemed effective, they were not tested nor used uniformly in practice or education (Alligood, n.d). Therefore, trying to understand how these interventions became routinized even without evidence would lead to the appreciation on the core of this discipline and how practitioners think and what guided their practice in the past. Moreover, such understanding shall be of value as baseline information that will help nursing in establishing theories that will contribute to the development of nursing knowledge.

Theory does not determine practice, but is generated from practice. In fact the process is circular, with practice generating theory, theory modifying practice, which generates new theory and so on (Rolfe, 1992). The interplay between theory and practice is then mediated by praxis. Praxis articulates nursing practice that is complex, holistic, reflective, and both grounded in and supportive of dynamically integrated knowledge, theory and practice (Chinn and Kramer, 1999; Jones, 1997; Thorne, 1997). The theories learned in training along with the values a person developed in life translated into reactions is the praxis of the profession. If praxis is the application of a theory to cases encountered in experience (Blackburn, 1994; Chinn & Kramer, 2004; Tomey & Alligood, 2002; Powers & Knapp, 1995), then practice is the application of derived knowledge, principles or rules from theories aimed at solving problems in practice. It is then safe to say that praxis enhances both nursing theory and nursing practice. While it allows nursing practice to be enhanced through the application of theories, it also provides the medium for the refinement of the applied theory or the birth of a new theory that is to be reapplied in practice.

With the continuous refinement of nursing theories also comes the enrichment of nursing knowledge that shapes nursing practice. It is likewise needed in the provision of effective and quality care to consumers. While practice belongs to the practitioner and driven by values, care, on the other hand, is the prerogative of the consumer and is structured by evidence. The way a nurse practices and the way he or she provides care to persons reflects his or her personal and professional values (Woodbridge & Fulford, 2003). Although only the consumer/client has the right to accept or reject care, care typically is designed and prescribed or recommended by others (i.e., professionals). The professional caregiver’s responsibility is to see that the customer’s choice of care is informed and that the delivery of care is carried out competently (Cody, 2013).

As stated by Cody (2013) all clients of healthcare professionals have the right to expect that the care will be offered that is structured to the extent possible in accord with broadly recognized standard of care. Standards of care are rewritten periodically based on newly emergent evidence, and it is not unusual for standards to seesaw back and forth between yea and nay to certain procedures between one edition of guidelines and the next (Cody, 2013).
With the presence of wide array of evidences from research studies at present, the discipline of nursing has struggled with the uptake of research-based knowledge at the point of care. Graham et al. (2006) suggest that “despite the considerable resources devoted to health sciences research, a consistent finding from the literature is that the transfer of research into practice is often a slow and haphazard process”. A review of the literature on evidence-based nursing practice reveals many barriers that prevent nurses from caring for their patients using current evidence.

To facilitate the transition of evidence to practice, Rosswurm and Larrabee (1999) proposed a model for guiding nurses through a systematic process for the change to evidence-based practice. The model provides a pragmatic, theory-driven framework for empowering clinicians in the process of evidence-based practice (Pipe, Wellik, Buchda, Hansen, & Martyn, 2005). This model together with all the other models created by others mediates to theory-practice gap that the nursing discipline has. It ushers in the utilization of the up-to-date evidences from tested theories to support practice leading to better health outcomes.

Nursing as a dynamic discipline that values human caring entails a body of knowledge that is never static. And much of what the nursing knowledge constitutes is attributed to nurse scholars and theorists that wanted to initiate changes in nursing as a practice profession and as an academic discipline. Nursing’s disciplinary recognition of multiple ways of knowing reflects an epistemological diversity that supports nursing praxis (Tarlier, 2005). Diverse as it may seem but the conflicting philosophical stance of nursing theories and leaders makes this body of knowledge rich and flexible. Moreover, to attain a unified body of knowledge that will support and guide nursing practice, the harmonious relationship of theory and practice should be fostered. Nevertheless, members of the discipline must be willing to continue this cyclical process and contribute to the on-going development of nursing knowledge (Cody, 2003).

References


