The discipline of nursing: historical roots, current perspectives, future directions

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As advances in nursing science and research impact upon nursing education and clinical practice, new ways of looking at phenomena have led to a re-examination and refinement of the traditional concepts: person, environment, health and nursing. This evolving pattern of intellectual growth holds promise for the discipline of nursing through the advancement of knowledge based upon scientific inquiry into the practice of nursing. This paper discusses nursing as a discipline by examining the development of a unique body of knowledge from three viewpoints: historical past, current perspectives and future direction.

**HISTORICAL ROOTS**

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 & Huether 1978, Keller 1979, Brooks & Kleine-Kracht 1983, Gorenberg 1983, Perry 1985, Kidd & Morrison 1988, Lynaugh & Fagin 1988).

The first nurse-theorist, Florence Nightingale (1969), viewed nursing as having organized concepts and social relevance distinct from medicine. Later, Henderson (1965) described nursing as a unique, complex service with independent practitioners who were authorities on nursing care.

More recently, Roger’s (1970) holistic interpretations of persons have become a critical point of departure in advancing theory by defining nursing as an art and a science and by providing a substantive base for theory testing.

In a landmark paper, Donaldson & Crowley (1978) define a discipline as ‘a unique perspective, a distinct way of viewing all phenomena, which ultimately defines the limits and nature of its inquiry’. Since the time of Florence Nightingale, nurse-scholars have sought to explore, understand and explicate the concepts central to the domain of nursing: person, health, environment and nursing. Themes delimiting the boundary for nursing practice and investigation include: (a) laws and principles governing life processes and well-being of humans, (b) influences of the environment on human behaviour, (c) processes whereby nursing positively affects health, and (d) families and communities as a focus of nursing practice (Donaldson & Crowley 1978, Fawcett 1984).


**Hallmark of success**

Consistency over time regarding the identification of the boundary and domain of nursing is not only a strength of the discipline but also a hallmark of success in nursing research and theory development. As such, it is time to extend formal acceptance to the domain concepts and boundaries as a paradigm germane to a discipline of nursing.
Currently, nurse educators, scholars, clinicians and researchers continue to contribute to the discipline’s cornerstone by clarifying the work and role of nursing in health care and advancing nursing knowledge from a state of haphazard, unverified thoughts to a discipline of systematically organized concepts (Table 1).

CURRENT PERSPECTIVES

Despite a growing consensus on a nursing paradigm, the definition of nursing as a discipline remains ambiguous (Hardy 1978, Jacobs & Huether 1978, Meleis 1987, Northrup 1992). Hardy (1978) believes dissent is characteristic of nursing’s preparadigmatic stage of scientific development where confusion and dispute over theory and research are a normal developmental stage. However, Hardy’s attempt to measure the performance of nursing against scientific advances germane to medical science has resulted in a negative, linear estimate of nursing as a discipline and failed to recognize nursing’s unique contributions to the health care of society.

Moreover, nursing may not experience periods of normal science, such as those outlined by Kuhn (1970), and may continue to evolve indefinitely. Rather than arguing the disciplinary status of nursing, the question, as posed succinctly by Perry (1985), is: ‘Has the discipline of nursing developed to the stage where nurses do “think nursing”?’. Numerous theories and conceptual models have been advanced since the 1960s in order to assist nurses to systematically think nursing. To Meleis (1987) theory is a powerful, dynamic, yet focused, source of professional autonomy and clinical knowledge. Rather than a scientific revolution or evolution, the development of nursing knowledge is an unconventional, convoluted process.

It could be argued that a straight road to a conventional paradigm would mark nursing’s acceptance into the scientific community. However, the advancement of nursing theory cannot be measured in the same manner as the physical, pharmacological, medical or psychological sciences. Since nursing has adopted many competing and complementary theories (Meleis 1985), the debate on the worthiness of these theories will continue to contribute to the scholarly development of nursing as a discipline over time.

Scholars from Hardy (1978) to Northrup (1992) have advocated completing theories and adopting a specific paradigm in order to bring consensus and cohesion to the discipline of nursing. On the other hand, recent authors (Meleis 1987, Barrett 1992) propose diversity and plurality in nursing philosophy, science and practice. From a clinical perspective, not only is adoption of a specific perspective unlikely in a discipline that understands multidimensional, complex human behaviour, but theoretical consensus is quite unlikely in a discipline that values the role of perceptions, uniqueness and individuality in health and illness.

Since nurse-theorists have individual approaches towards life, healthy differences of opinion will continue to exist and to fuel the scholarly debate in the future regarding nursing’s ontological and epistemological aims. Indeed, nursing has now turned to philosophy for assistance with appropriate strategies congruent with nursing’s assumptions and missions (Meleis 1992).

Challenge to completed-theory perspective

Meleis (1987) challenges the perspective that completed theory is the only way to achieve disciplinary status and that outcome is the sole validation of theory. The end-product — ‘the process of conceptualizing a phenomenon, the process of understanding a clinical situation and the process of going beyond the data in a research project’ (Meleis 1987) — is the essence of theoretical development. Theories-in-process are not the incomplete manifestations of an unsystematic, haphazard inquiry; they connect nursing’s ontological concerns with the paradigm’s domain concepts.

In knowledge development, theorizing is not an orderly progression of thought, but a process of critical thinking charged with difficulty and ambiguity. Furthermore, this scholarly process has lead to the formation of the domain concepts and identification of the boundaries of nursing which, in turn, have further coalesced into a paradigm that forms the base for the discipline of nursing as known today.

The recent literature on caring illustrates how nursing scholars continue paradoxically to question the limits, yet advance the boundaries, of a discipline of nursing. Watson (1988) developed the concept of caring as a central tenet in her nursing model. Leininger (1981) describes caring as the unifying domain for nursing’s body of knowledge and practices, while Swanson (1991) proposes caring as a theory of social process that is essential, but not unique to nursing.

Indeed, to many nursing theorists, caring provides an essential, unifying link within the paradigm concepts (Barrett 1992). However, although caring and health are central to nursing, an integrating statement has not been developed and the concepts cannot stand alone to meet the criteria for the focus of the discipline (Newman et al. 1991).

Moreover, the addition of caring to the domain concepts raises questions about the artificial and reductionistic separation of caring, knowing and doing within nursing’s
### Table 1 Nursing as an evolving discipline

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<td><strong>Disciplinary status</strong></td>
<td>Paralleled medicine's focus on disease. Emergence of nursing as a unique service with social relevance distinct from medicine.</td>
<td>Theory development begins. Formal separation from medical focus on disease. Emphasis on nursing concepts and boundaries. Intellectual climate for scholarly development fostered.</td>
<td>Theoretical and scholarly development. Quest for acceptance as a scientific discipline. Healthy lack of consensus.</td>
<td>Acceptance into scientific community as a unique discipline. Acceptance of domain concepts and boundaries as a paradigm for nursing.</td>
<td>Full acceptance as a science. Nurses think nursing. Explicitly defined body of knowledge on which to base practice. Nursing knowledge as knowledge for health care.</td>
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response to the human experience of health. Indeed, if
caring is central to nursing, can knowing be separated from
doing within the nurse–client relationship?

Perhaps the discipline's evolving perspective and con-
cceptualization of the phenomena will define whether caring
becomes incorporated into the domain concepts or remains
as a theory that substantiates nursing's profound ability to
assist clients to find meaning in the experience of health
and illness.

An art with humanitarian aims

Despite extensive literature on theoretical development
discipline of nursing is a philosophy of persons and their
health experiences; that is, nursing is also an art with
humanitarian aims. Benner (1984) describes excellence in
clinical practice based on perceptual awareness, sensitivity
and cognitive skills. The unique synthesis of the art of
caring and the empiricism of science distinguishes nursing
from other health professions. As such, the development of
discipline-specific perceptual and conceptual skills provides
one way of maintaining a unique nursing focus. Thus, a
transcending philosophical perspective, rather than a
specific methodology, is characteristic of the discipline of
nursing.

However, perception can contribute towards static
beliefs regarding the uneasy, sometimes dichotomous, re-
relationship between nursing theory, practice and research.
Some authors believe theory is developed from research
based on clinical practice (Engstrom 1984, Bramwell 1985),
while others advocate the advent of pure science without
immediate relevance to practice (Donaldson & Crowley

This debate is made more complex and polarized by the
recent references in nursing literature to the purposes of
theory development. Is theory 'of' nursing or 'for' nursing?
According to Barrett (1991), the issue is whether or not
nursing is viewed primarily as a basic or an applied science.
As a basic science, theory, research and practice focus on
knowing what is unique to nursing. On the other hand, as
an applied science, the focus of the discipline is on the
practice of nursing.

However, questions about knowing and doing in
nursing are another twist to the debate regarding theory
development that has been simmering in the literature for
the past 35 years. Differences in these positions have their
roots in the debate concerning unique versus borrowed
knowledge as the cornerstone of the discipline of nursing
(Barrett 1991). Rather than clarifying the issue, the more
recent controversy regarding the simultaneity versus the
totality paradigm approach to theory development has
added fuel to the debate.

Theorists in the simultaneity paradigm (Rogers 1970,
Parse 1981, Newman 1986) advocate the theory 'of' nurs-
ing view explicitly and call for theory development that is
concerned with unitary, irreducible human beings and their
environments.

In the totality paradigm, theorists such as Roy (1984)
and Orem (1985) advance the theory 'for' nursing view and
call for the development of specialty-focused theory for
clinical populations. Yet, knowledge advanced within one
theoretical perspective does not belong to a specific para-
digm. If discovery conferred ownership, then knowledge
generated from von Bertalanffy's General Systems Theory
and Selye's theory of stress would be unavailable to the
discipline of nursing.

Practice discipline

Despite their apparent polarity, these theoretical perspec-
tives are not in opposition if nursing is conceptualized as a
practice discipline with a mandate from society to enhance
the health and well-being of humanity. Surely, the goal of
nursing theory is to contribute to the wealth of knowledge
required for clinical practice in a variety of settings. When
practitioners, scholars and researchers actively engage in
creating dynamic and workable solutions to clinical and
empirical problems of significance to the health of society,
then integration of theory, research and practice may
become a reality. Indeed, the upcoming era of theory
development and refinement from a rich tapestry of theor-
etical perspectives and research methodologies may fulfil
nursing's quest for identity and self-acceptance as a practice
discipline.

FUTURE DIRECTIONS

In response to the challenge of humanism and the holistic
health care movement, nursing research is more directed
towards enhancing the understanding of clients and their
environments (Jennings 1986). Furthermore, Fawcett
(1984) believes that empiricism may be incompatible with
nursing's humanistic and holistic aims.

The nursing literature is replete with papers outlining
the worth of objective and subjective methodologies to the
discipline. To Maturana & Varela (1988) the solution to
this paradox is to move away from the opposition, and to
change the nature of the question in order to embrace a
broader context; that is to walk the razor's edge. If the
discipline of nursing is dedicated to excellence of care
through the advancement of knowledge, then to reject
quantitative research methods due to fear of dehumanizing patients with reductionist methods would be an epistemological error.

Both inductive and deductive methods are valid methods of furthering nursing knowledge. Moreover, development and refinement of the substantive body of knowledge can address clinical concerns and ultimately enhance care of clients in numerous specialty areas of nursing practice.

While research is essential to the development of nursing knowledge, education of practitioners within a nursing perspective is of vital importance. Structuring education around a nursing paradigm, rather than traditional medical classification of disease, would aid in the socialization process of novices and encourage nurses to think nursing.

However, nursing in North America is the only health care discipline with diverse entry routes. Since educational constraints may prevent nurses from using theoretical knowledge, further education at the baccalaureate, master's and doctoral levels may equalize some of the power struggles within health care, enhance the credibility of the discipline of nursing, and improve the ability of practitioners to test, evaluate and utilize theoretical knowledge.

Society and the consumer

Social relevance and value orientation define the discipline of nursing as much as empirical knowledge (Donaldson & Crowley 1978). As such, society can be a powerful ally in the pursuit of nursing knowledge. Therefore, consultation with the consumer regarding goals and direction for nursing research, theory development and client-centred models of care is essential if the discipline is to maintain its humanitarian aims. Indeed, society's self-help movement represents the trend towards self-care and a shift towards greater client autonomy and self-determination in health care.

As nursing approaches the twenty-first century, nursing theory development must consider the changing needs of clinical populations. Alliance with the health care consumer will ultimately benefit the discipline of nursing by opening up new avenues for theory development and nursing research.

Moreover, nursing's quest for autonomy and accountability can be synthesized with the trend towards establishing and maintaining optimal client outcomes in health care. It is anticipated that the present emphasis on client outcomes and programme evaluation will enhance the future development of nursing knowledge by utilizing theories and methodologies developed in nursing and other disciplines.

Nursing has become increasingly explicit in defining the nature of its domain in a multitude of practice areas. For example, a critical appraisal of the application of theory, developed within nursing and other disciplines, to a variety of settings where nursing is practised is now becoming evident in the nursing administration literature (Henry et al. 1989, Lutjens 1992). As such, with the increase in a substantive knowledge base and validation and refinement of theories through multiple modes of inquiry, a pluralism of theories is emerging (Fawcett 1984).

Nursing can no longer ignore the challenge to define the discipline in terms of knowledge based upon nursing theory and to appraise knowledge from other disciplines for utility within nursing. This cannot be done from the ivory towers of academia, administration or practice without consideration of the perspective of the health care consumer. Communication through debate and constructive feedback is not only essential to define and refine a nursing paradigm, but also to extend the boundaries of nursing into the unexplored territory of the twenty-first century.

CONCLUSION

In order to chart a course into the future, a discipline of nursing must encompass a proactive approach to the development of theory that not only circumnavigates the present debates, but also bridges the worlds of research, theory and practice.

Advancing a discipline of nursing is complex, convoluted and dynamic process. The next century will provide nursing with an opportunity to think nursing; that is, nursing will transcend the philosophy and knowledge of the discipline beyond the present boundaries.

As Cicero (cited in Nulle 1980) wrote in 52 BC, 'reason ... enables us to draw inferences, to prove and disprove, to discuss and solve problems, and to come to conclusions'. Surely, this Roman scholar has provided a modern mandate for a discipline of nursing.

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