

Structuring Nursing Knowledge: A Priority for Creating Nursing's Future

Rozella M. Schlotfeldt, RN, PhD, FAAN

Nursing's future will be created only as the discipline underlying nursing practices is identified, structured, and continuously updated by systematic inquiry. The kinds of knowledge contained within the discipline are identified and an approach to its structure is proposed.

There can be little doubt that one of the highest priorities for creating an appropriate future for nursing is that of identifying, structuring, and continuously advancing the knowledge that underlies the practices of professionals in the field. That statement can be made because a consensus has not yet been attained concerning the subject matter that must be mastered by those who seek to practice general and specialized nursing. Surely by the beginning of the twenty-first

century, nursing's body of knowledge will be identified, selected, verified, and agreed upon by qualified professionals in the field, effectively structured, and continuously updated to reflect newly discovered knowledge. Also, knowledge judged to be erroneous, inadequate, and outdated should be deleted. This knowledge will be derived from basic and clinical scientific nursing research, both quantitative and qualitative, from philosophic and historical inquiries, and from evaluation research designed to establish valid criterion measures, devices, and approaches to establishing the efficacy and value of nursing's caring functions as they are relevant to the health, function, comfort, well-being, productivity,

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self-fulfillment, and happiness of human beings.

The thesis of this chapter is that only qualified professionals in the field, including general and specialist practitioners, educators, administrators, investigators, historians, philosophers, and theorists, should be given responsibility by the profession (however that is defined) to identify, verify, structure, and continuously update the extant content or subject matter that, at the minimum, should be included in the intellectual armamentaria of all professional nurses. This responsibility of the profession is essential to four functions: (a) the creation of comparable programs of study at the first professional degree level; (b) control of the profession's goals, mission, and accomplishments; (c) a valid procedure for licensing (not registering) all who qualify as professionals in the field; and (d) certification of bona fide nursing specialists.

Nursing as a Profession

Two major criteria must be fulfilled by any occupational group whose members earn and achieve the status of a profession, or more appropriately for nursing, a learned helping profession. First, a profession must have an institutionalized goal or social mission. Learned professions are valued by the societies whose members give them positive sanction for two major reasons: (a) the services learned professionals render are judged to be essential and beneficial for all members of society during particular times in their lives, and (b) members of each learned

profession have identified and come to a consensus about the knowledge that practitioners must master and use selectively, creatively, humanely, effectively, and ethically in providing those essential services. As a second criterion, each profession must support a cadre of investigators whose role is to advance its knowledge continuously with a view toward improving its practices.

The traditional learned professions have included the clergy, lawyers, and physicians. The clergy have been valued and supported because they are expected to be knowledgeable and skillful in providing spiritual comfort and well-being for all those who consult them. Lawyers are expected to master coded law and to apply their discipline fairly and skillfully in fulfilling the goal of preserving social harmony and justice. Physicians have been valued because knowledge of human ills and disabilities and their causes and knowledge of the means to eliminate, attenuate, or manage them and alleviate their noxious consequences are considered essential to the well-being of society. Are the caring functions and mission of nurses, namely, appraising and optimizing the health, function, comfort, independence, and potential of human beings, any less valued than spiritual comfort and well-being? Are they any less desirable than social harmony and justice? Are they any less important than finding causes for, diagnosing, and treating human ills?

Unfortunately, the caring functions typically provided by nurses were for too long considered to be mere extensions of the duties and obligations of wives and mothers, for

which large amounts of professional knowledge were not considered essential (Reverby, 1987). Lay members of societies have typically not recognized and nurses themselves have been remarkably tardy in identifying and organizing the several kinds of professional knowledge that are fundamental to executing the caring functions that nurses typically provide.

The essential and often crucial nature of nurses' caring functions in promoting the health and well-being of all human beings is finally being recognized by thinking people, including scholarly nurses. There is now general agreement (at least verbal agreement) that nursing's social mission is to appraise and assist human beings in their quest to optimize their health status, health assets, and health potential (Fawcett, 1983). Furthermore, general agreement exists that there is or should be a body of structured knowledge that professionals in the field agree represents the discipline that is fundamental to general and specialty nursing practices.

Nursing scholars have discussed, described, and characterized the discipline (Donaldson & Crowley, 1978), and in the recent past, the American Association of Colleges of Nursing (1986) has reported findings from a "national effort to define the essential knowledge, practice, and values that the baccalaureate nurse should possess" (p. 1). Panel members expressed the belief that the essentials so delineated can be achieved within the traditional baccalaureate degree program in nursing and that the baccalaureate represents first-level professional preparation in nursing.

The efforts that have been made toward establishing the discipline represent significant steps toward achieving the goal of identifying, organizing, and achieving a consensus concerning the specific body of extant knowledge that underlies nursing practices. It must be noted, however, that there has not yet been a concerted effort to identify and obtain agreement about the currently available knowledge that is fundamental to nursing's growing number of declared specialties or even to obtain a consensus about the requisite knowledge and skills that define what nursing's specialties are. It must be recognized also that the subject matter that constitutes the discipline has not yet been identified and structured, and agreement has not been reached concerning appropriate and needed inclusions from qualified professionals in the field. This paper presents an approach to organizing the several kinds of knowledge contained within the discipline, a possible next step toward having qualified professionals select and structure the specific extant subject matter of the discipline about which agreement is needed.

Knowledge of the Discipline

Figure 2-1 shows the kinds of professional knowledge contained within the discipline, which is depicted as a large sphere having a permeable and expandable membrane (represented by the second sphere) to permit the continuous addition of newly discovered knowledge and the deletion of

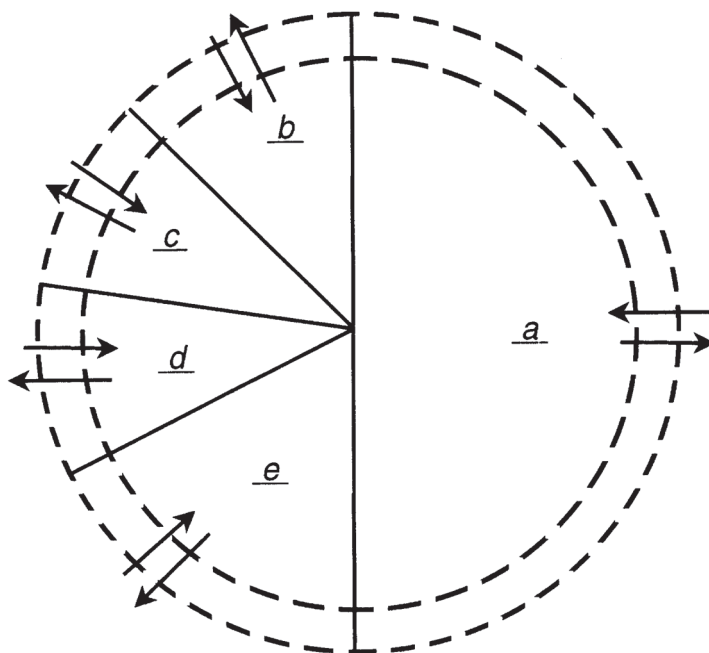


FIGURE 2-1 The Nursing Discipline

that found through systematic inquiry to be erroneous, inadequate, or irrelevant.

The largest segment of the sphere (**Figure 2-1a**) represents nursing's scientific subject matter. Therein belongs all of nursing science (i.e., the verified facts, principles, and laws that have been discovered through scientific inquiry to be valid, relevant, and useful for nursing practice); included also are extant scientific theories that guide scientific investigations in nursing and those that have been proposed by scholarly nurses as promising explanations of phenomena that are of particular concern to nurses.

To date, much of nursing science has been discovered by basic scientists and subsequently found through empirical evidence

and systematic study to be relevant. Nurse investigators have also been adding to nursing's scientific knowledge by testing the relevance and utility of theories generated by basic scientists in clinical nursing situations (Chinn, 1984). Few investigations have yet been reported that test scientific theories regarding human phenomena that are of particular concern to nurses but not to basic scientists (Silva, 1986). A plausible reason is that there is little agreement among nurses concerning the human phenomena that are of concern to nurses and how they should be characterized and classified and how knowledge of them should be advanced.

In general, nurses accept the notion that human beings are biopsychosocial beings

(Engel, 1977). It is proposed here that the subjects that nurses serve also exemplify assets of the human spirit of which relevant knowledge is inadequate. Those assets surely include human spirituality and other qualities of the human spirit, such as determination, verve, courage, beliefs, hope, and aspiration. Nurses surely hold responsibility for advancing knowledge of those health-seeking assets. In sum, human beings' health-seeking mechanisms and behaviors, beliefs, and propensities can be classified as biological, psychological (both emotional and cognitive), and sociocultural and as assets of the human spirit; all of them are directly relevant to the natural efforts by humans to seek and attain optimal health. Because so much scientific nursing knowledge remains to be discovered, it is safe to predict that nursing science will likely always represent the largest and most rapidly changing aspect of the discipline. Furthermore, nurses are increasingly recognizing the relevance of scientific knowledge from disciplines not traditionally judged to be relevant for nursing. Included, for example, are concepts, principles, and theories from economics, political science, administration and management, and computer science. The science fundamental to education has long been incorporated as an integral part of the discipline of nursing.

A second important segment of the sphere representing the nursing discipline is historical knowledge (**Figure 2-1b**). Included is knowledge of the heritage of the occupation and the developing profession of nursing, including knowledge of people,

circumstances, and events that have shaped that development. Included also is the history of nursing knowledge as it has been transmitted to generations of practitioners.

The third section of the sphere (**Figure 2-1c**) represents philosophic nursing knowledge. Included are the profession's accepted values and codes of professional behavior. Included also should be the several philosophic theories that have been tested, found useful and relevant to nurses' work, and accepted as philosophic guides to practice. Illustrative are selected theories of value, justice and morality, and ethical theories. Because nurses are encountering increasing numbers of moral and ethical dilemmas and because nurses are increasingly manifesting interest in becoming scholars in the discipline of philosophy, it is predicted that nursing knowledge henceforth will include increasing amounts of tested and relevant philosophic knowledge that will be incorporated into the discipline.

The fourth section of the sphere (**Figure 2-1d**) represents knowledge of nursing strategies, approaches, and technologies along with the scientific and artistic principles essential to their execution. Included also is knowledge of the prevailing health care system. Relationships between the goals and caring functions of nurses and the goals and practice functions of other health professionals in the existing health care systems represent another important segment of the discipline.

Another significant segment of nursing's body of knowledge has always been knowledge of factors that influence the health status, health assets, and health potential of

human beings, both favorably and unfavorably (**Figure 2-1e**). Included is knowledge of biological, physical, and cognitive abilities with which people are naturally endowed and knowledge of environmental factors, economic and social circumstances, and changes associated with normal development, including the aging process. In the nursing perspective presented here, pathologies and medical diagnoses and treatments are factors that affect the health of human beings. Nurses must have adequate knowledge of these factors: such knowledge is an integral part of the discipline that must be mastered by nurse practitioners.

There is yet another kind of knowledge that is directly relevant to and essential for nursing practice. It is the knowledge that professionals must gain from relevant data concerning each person being served and that obtained through astute and perceptive observations. Personal knowledge of individuals and groups of persons is needed for nurses to respect the uniqueness of those for whom they provide exemplary services. For that reason, there can be no prescriptive nursing practice theories or professional approaches to nursing care that are universally generalizable.

In summary, conceptualizing the discipline of nursing as an expandable and permeable sphere made up of segments of varying size provides an approach to classifying and organizing the several kinds of knowledge that constitute the nursing discipline. Such

an approach demonstrates the vast and growing amounts of knowledge that professionals in the field must master and be able to use selectively, creatively, artistically, humanely, and skillfully to provide exemplary care.

Nursing should be recognized as a learned helping profession and a respected academic discipline. Surely nursing scholars will ensure the attainment of those goals by the beginning of the twenty-first century. Crucial to their attainment is identifying and attaining agreement about the human phenomena that are of particular concern to nurses, enhancing scholarly clinicians' involvement in generating promising relevant theories, and testing those theories as the means to discover knowledge through which to continuously improve nursing practices. Such an approach will ensure the availability of valid nursing knowledge in the twenty-first century and its currency during all centuries to come.

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