

A Philosophical Pattern of the Spiraling Nursing Science and Practice: A Chapter Review

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Abstract

Philosophy of science, a science of science, helps us thrive in the full range of human knowledge. Currently, it is in several disciplines leading to a particular scientific endeavor, including nursing science where research practice is so young and determined after philosophical research. This review is intended to provide an overview of a variety of important philosophical questions in the field of nursing and nursing science to which philosophers in earlier times did not pay much attention.

The characteristics of nursing and its intention to create a new discipline have raised many questions and debates in connection with philosophy of science. Throughout the history of the nursing research debate, scholars discussed and explained how these issues were addressed and how they interacted with positions in philosophy of science at the time. The philosophy of nursing science, as a result, has found consensus among nurse researchers on the features of nursing science that contemplate constitutive values, empirics, and ethical patterns of knowing in the discipline. Philosophically, the discipline should be united with its general rules and concepts so that the theory of middle-range theory is not necessarily linked to any particular grand theory. Similarly, the theory of middle-range theory and evidence-based practice should reflect the efforts of nurses' scholars to make the science of nurses more explicitly relevant to experimental and nursing practice. Ultimately, this consensus calls into question the consensus on the structure of nursing theory and raises difficult questions about the unity of the discipline. The philosophy of nursing science therefore opens up new ways of thinking in subjects that are not based on theoretically oriented models of scientific research. To this end, the author achieved his scientific passion set in the chapter by combining several rhetorical and philosophical elements. It is easy to read and full of insights into nursing and philosophical issues in the field of nursing.

Keywords: Pattern, Philosophy, Nursing, review

one views the world and captures its evolution in order to design policies that can improve the specific scientific enterprise(1–3). In 2011, Fred Gifford, a professor of philosophy and an editor of Handbook of Philosophy of science volume 16 delineate philosophy of science as science from which all the sciences draw their world-view and methodological principles, including nursing. In nursing disciple, Barbara desperately suggests philosophy like the author of the aforementioned book (4–8). In the chapter, the author accentuated and arrayed philosophical issues in nursing, a science, into nine main points that were reviewed in their original sequences of the review chapter, showing how it was deferent from other books of nursing science. The nine issues included in the sequences are philosophical issues, practices and the origins of knowledge, early nursing research, patterns of knowing and the structure of the discipline, evidence-based practice and the nursing standpoint as a future direction for the philosophy of nursing science. During the processes of his inscription the author deluged to incorporate diverse sources of philosophical skills, namely metaphysics, epistemological, ontological and ethical. The following paragraphs of this review presents the critical analyzes of the chapter on the author's opinion, express the opinion of the current reviewer, and finally conclude with some recommendations to help contemporary readers.

Review of the Chapter

Philosophical issues in nursing science remain a concern, as in all disciplines. The area of nursing research covers the entire spectrum of phenomena faced by nurses. Research contributed on these issues to our understanding of emotional responses to various health problems and domestic violence, and research facilitated the widespread innovations uses in patient care. Nursing discipline related to research is a late-twentieth-century phenomenon that introduces nurse academics to significant philosophical issues. Over time, advances in the philosophy of science have informed the ideas of nurse scientists about their profession, their aims, and their methods. Reed shared a related idea on tools of value for expansion that is useful in developing scientific knowledge and promoting theoretical (9,10).

Scholars have roughly divided these nursing science philosophical issues into problems of unity and problems of structure. The problems of unity ask what makes a kind of inquiry nursing science with a particular focus on

Introduction

Philosophy of science, often referred to as 'Gadfly stinging bite', is a science of science and prospective science in which

epistemological and social concerns, where the problems of structure ask about kinds of nursing research and how they were related to other disciplines. On the extension to these problems, the issues of unity and structure stay broader and are continued being the assignments of nurse scholars in history of nursing research development. One of the assignments, the relative importance of borrowed theory, has been targeted to resolve debates whether nursing is basic science and how its theories related to each other, and dealt towards the post-positivist notions of science or hierarchical conception of theory, the received view of theory, and the interdependence of different kinds of research methods. Roy agrees on the integration of science being a basic in nursing science and nursing practice, but Fawcett's scientific foundation, and his alike entails nursing the unity necessary to indicate the distinctive internal goods of its (11–13).

The author noted that the advancement of nursing science extended the debates. Accordingly, in the early years of nursing research, questions about the relative importance of borrowed and uniqueness theory and about the structure of nursing knowledge particularly stood out. In the 1960s and 70s, some important views on the relationship of practice and made theories were made clear. In the late 70s and early 80s, a consensus emerged on the relation of qualitative & quantitative continued to dominate the meta-theory of nursing science. This methodological, inter-disciplinary and big data synthesis has also supported different scholars at the different time(14–16).

The author described Florence Nightingale as the bedrock in the history of nursing practice and the origins of nursing knowledge. Florence Nightingale formulated the role of nurses that heavily based on nineteenth-century conceptions of gender. Her conclusion notes on nursing objected training women as nurses to pursue amateur physique. The objection has supported the event of nursing profession at different settings. The knowledge of nursing specialist and nurse training has not been grown to the level of its importance, therefore, mattered the number of research in the profession in the late nineteenth and early twentieth century. During this era, scientific articles in nursing journals were usually written by non-nurses to clarify some useful facts or theories. Similarly, there have been little or no research focused on or derived from nursing itself though it originated in number in the 1950s and evolved in response to numerous pressures as reported by ethnographic (17–19).

Research evolution in nursing occurred due to two most important facts: change of nurse training from hospital-based apprenticeships to diploma-granting higher education institutions, and initiation of U.S government to support nursing research through public health service establishment of nursing resource department. The two factors have commenced a research project on the training of nurses, job satisfaction and turnover, and nursing functions and activities. Beginning with small grants from the department of nursing resources, which eventually evolved into the national institute of nursing research, funds gradually became available for nursing research. The support grown and enabled the nursing profession to establish the Journal of Nursing Studies in 1952 that marked the

beginning of a self-conscious research initiative within the field to improve health (12,20).

Nursing researches published within the early ages were accustomed to take categories of three with the majorities of them being continued with tradition of examining nurse education, roles and responsibilities. By the late 1960s, second reasonably research had a longtime place within the literature, and it continues to fill the pages with nursing journals. They divided the method of nursing into stages and articulated the roles distinctive of nursing. Consequently, nurses had a comparatively well-defined set of responsibilities, and defined the nascent discipline of nursing in respect to the problems and challenges that arose from this role(21).

By the 1950s, however, nurse scholars had become dissatisfied with the concept of a discipline that trusted a contextual professional role. Until voicing concerns about the professional role of the nurse easy started, the research program of nursing had largely been defined by the professional role of the nurse. That role was now being contested, and a few scholars were trying to find grounds on which to justify some changes and resist others. Hence, they needed conception of nursing knowledge or nursing research that didn't depend so heavily on the socially defined role of nurses. In particular, empiricism has played an important role in shaping the nursing approach to philosophical questions about science by providing a basis for distinguishing different disciplines of science. This implication did not easily fit into the work of early academic nurses and imposed some obvious advantages in new areas of nursing for two main reasons. Second, if nursing science discovers its own laws of health, it can effectively guide practice in the area of identified experience(22).

In the advancement of the field, especially in the 1960s & early 1970, many endeavors have been made to distinguish nursing theories from theories in other sciences with the preface of practice theory being the focus of discourses. Two crucial contributions to the development of nurses' conceptions of research and theory were established at this level. First, it was given a definition of theory that was less restrictive than the common positivists' conception. The definition provided a theory as a conceptual system or framework invented to some purpose whereof a hierarchy in the sense that each level of theory assumed and required the levels below it. The highest level of theory was a version of practice theory called situation-producing theory, a normative in the sense that it identifies what made certain forms of the activity good or excellent, and how to reach the goals. In this way, a practice theory must use causal generalizations that are hypothesized and tested at the lower level(23).

In spite of their theory based differences, different scholars have shared several commitments with it. Accordingly, Dickoff and James seemed to accept the logical positivist's account of theories as their third level of theorizing and they seemed to regard observation and description as relatively independent of theory(24). Goal of the practice may refer to either the goals to be obtained or the best means for obtaining them. And once the goals were established, value-free scientific inquiry could determine the best way to achieve them. Against this concern

Beckstrand said practice theory was nothing more than the instrumental use of science to achieve the goals of the profession. Contextual values, on the other hand, may influence science, but are not necessary to the enterprise. Hence, in nursing research about health, the concept of health must be normative. Researches related to nursing have then guided by the context of the patient autonomy more than the focus of the research on a particular topic. Consequently, nursing science seems to be a kind of inquiry that has constitutive & non-epistemic values. Both theory and practice are vital to nursing education and the construction of a professional identity(23,25,26)

The chapter recognizes the patterns of knowing and the structure of the nursing discipline, and the most important influential scholar, Carper, against this work. Carper sought to Carper conceived of empirics in terms of laws, predictions, and causal explanations to analyze the kinds of knowledge & how domains required by practicing nurses should be analyzed. By identifying ethics and empirics as distinct patterns of knowing, she was implicitly rejecting the arguments for practice theory. Carper agreed that a practicing nurse needs to know both ethics and science, but she regarded these as independent kinds of knowledge. Nursing knowledge, then, should be partitioned into nursing science and nursing ethics. Carper's treatise was philosophically important because it provided a direct answer to the question of how nursing knowledge is to be structured. She analyzed nursing knowledge into fundamental components, and she provided a picture of how they were to be related like Archibald(27,28).

Scholars have extended Carper's patterns into a full model of how nursing theory was to be developed, communicated, and evaluated whereas, the analysis of the extensions treated ethics, aesthetics, and personal knowledge and are considered philosophically problematic. In the occasion, hence, some scholars focused on the evidence that such theory were based. It was a concern of Dickoff and James in particular to treat nursing theory had a deep relationship to the professional role of nurses. Therefore they said, rather than focusing on issues of how nursing knowledge should be structured they turned to the question of how a discipline should be structured. A discipline, they argued, was a body of knowledge oriented toward particular interests and framed by a related set of concepts. Because of its extend range the discipline deserve more comprehensive thought for specific professional application based on the particular patient need, practical nursing problems and nursing practice requiring attention to the particular client. Hereafter, scholars agreed on the key importance of discipline to direct practice, not vice versa, and a consensus pealed to be the seeds around which nursing knowledge crystallizes(15,26,29,30)

The chapter also discussed qualitative studies in the field of nursing and the issue of triangulation. To several nurse researchers in the late nineteen seventies and early eighties, qualitative research seemed to be precisely the latest type of science, and thus said to be subjective, rather than empirical, value-laden rather than value-free, engaged rather than detached, and other reasons. The nice match between the

qualitative approach and the practice of nursing promised a type of nursing theory that would be more compatible with nursing goals and practices than natural science-modeled research. In the sense that qualitative methods allow researchers to learn about a new field and develop preliminary theoretical frameworks, scholars have argued about the benefits of qualitative methods regardless of tough dubious assumptions(31,32).

In a single analysis, some researchers have also recommended the use of mixed qualitative and quantitative approaches, causing a strong reaction in the presence of a distinctive methodological stance on the characteristics of nursing practice. Consequently, despite the somewhat shrill rhetoric among meta-theorists, the choice between qualitative and quantitative paradigms regarded as a major choice of direction for the entire nursing discipline(32). Despite the very shrill rhetoric among meta-theorists, it was advantageous for realistic researchers to combine qualitative and quantitative analysis. Therefore it was suggested to keep the global paradigm conflict problem within the discipline; nursing scholars have prioritized methodological decisions over study question choice. Many scholars, therefore, agree on use of multifaceted and distinctive approaches in springing situations(13,32–34).

The chapter centered on the middle-range theory in the third to last, which applied to a much longer nursing history. Because of empirical efforts within nursing science and intellectual criticisms of logical positivism, the middle-range theory flourished in the 1980s & 90s. During this time, nursing research imported middle-range theory from other disciplines, leading to debates on the relative significance of borrowed versus disciplinary theory. Researchers, then, continued to discuss and adapt ideas from related fields, while questions about the unity of the discipline has inclined nurse scholars towards discipline-based theory(35).

Until the 1980s, the less widely used middle-range theory became the catchword in the 1990s. Up until the 1980s, the less widely used middle-range theory became the catchword in the 1990s. Nurse scholars then picked it up to differentiate their study from the great theory and explored the possibility of middle-age theory and grand theory. The key philosophical controversy over middle-range theory was included in the debate whether middle-range theories can be established independently of great theories. Discussants often claimed that theories of the middle range are or should be derived from grand theory. This echoes the positivist notion that in the axioms of a theory, scientific concepts get their sense by tacit definition. In contemporary philosophy of science, this dedication is implausible, and if this was the only explanation why middle-range theory presupposed grand theory, then the case would be a non-starter. Therefore, the transformation of philosophy and the advancement of particular theories continue to advance and whirl research and practices to create awareness for the new millennium in nursing and nursing science(14,36,37).

The second last of the list within the chapter considered evidence-based practice that emerged in clinical medicine in the late nineteen eighties, and imported into nursing in 1990s. Its application to nursing raises numerous critical issues, including

giving a need to randomized clinical trials and meta-analyses. But numerous nurse researchers criticized the concept for two reasons: the conception (the randomized clinical trial lowers qualitative research focusing what is to be numbered) and the result (the need of fit between what medical caretakers got to know and comes about of randomized clinical trials). Consequently, the adoption of evidence based medicine threatens to intensify the existing gap between theory and practice(9,12,15,38,39).

Some scholars argue that the above problems can be relieved by reiterating the patterns of information for nursing theories and evidence. If the evidence-based practice is extended to include all forms of theory and their respective evidence sources, they claim, so theory and practice would not be further alienated(40,41). In general, while events that do not use measurement can be tested for reliability, the qualitative researchers have made few efforts to do so. Hence, the pressure is on the qualitative researchers to show that their results are reliable, and this pressure has not been accepted. Therefore, the call for the evidence- based nursing is important because it promises to give a research base that is directly relevant to practice. But it is forcing the nurse scholars to reconsider their conception of evidence and the attendant conceptualizations of the method, theory, and confirmation(26,39).

At the last in lists of the points in the chapter, nursing standpoint as a future direction for the philosophy of nursing science has been detailed. The philosophy of nursing science has reached a consensus by nurse scholars about the characteristics of nursing science. In the consensus, constitutive values, empirics, and ethical patterns of knowing were included. Philosophically, the discipline must be unified by its most general laws and concepts in a fashion that middle-range theory need not be tied to particular grand theories. Following then, middle-range theory and evidence-based practice represent attempts by nurse scholars to make their science more testable and more clearly relevant to nursing practice. But it caused challenges in the consensus view about the structure of the nursing theory, and it raises difficult questions about the unity of the discipline(42,43).

Nurse scholars defended this arrangement on the grounds that the knowledge base provided by an autonomous discipline would provide grounds for articulating and defending the proper role for nursing within the healthcare system. Nurses' responses in the health care system are more comprehensive though it was prepared within the limits of physicians. This demanded nurses to understand the physician's language and perspective but not work conversely, and however creates a potential for knowledge. Treating nursing knowledge as a standpoint epistemology has profound consequences for the main questions about nursing science. Because nursing has not attracted much attention from philosophers of science, these alternatives have not been developed(42).

The philosophy of nursing science opens new ways of thinking about disciplines that do not rely on theory-centric models of scientific inquiry. Nursing, therefore, offers not only a different perspective on health; it offers a different perspective on the philosophy of health care. It is to be hoped that in

twenty-first- century philosophical reflection on health care, the philosophy of nursing will have a respected place and aspires to be a unitary caring science(7,15,26,44).

Reflection of the Reviewer

The author clarified several issues and showed excellently the importance of the philosophy of science in nursing. The topic of interest in the chapter is easy to read and has been edited by the ideal philosopher or scientist wherefore the reviewer recognizes the relation between the knower and would be known or the epistemological aspect being well addressed. The chapter is in congruence with the mission of the book and helps the field of nursing with special importance on practice(7). The information that supports the chapter has been well compiled, analyzed and written with good structure or logic in a way that clearly describe the role of philosophy in the nursing science.

The author started with the relationship of the philosophy of science in nursing and went further into the historical development and theories of nursing science. The author also used references in conclusion of arguments and he followed the transcendental philosophical affiliates or temperaments to introduce the chapter at the stem of his epistemology. However, the writer has not introduced, contextualized and linked the readers in to the upcoming readings. There were no clear jobs done to ensure credibility, dependability, transferability and goodness to avoid a criticism related to nature of good writer. He also considered the most problem to be unity and structure where the issue of existence could be a big challenge.

Conclusion

Philosophy of science in this chapter has chronologically addressed inquires and debates in nursing & nursing science at that time. During the process, the author has explored different appendices for the arguments and narrated them in writer-readers friendly aligning with historical developments of the discipline. He achieved an appropriate writer-reader relationship by artfully interweaving multiple rhetorical and philosophical elements. Therefore, the reviewer recommends that nothing gives insight of philosophical issues in nursing or nursing science than the books of author Fred Gifford, including the currently reviewed chapter. Further, the chapter predicted the dynamics of nursing profession to continuously pursue augmentation from philosophy of science & vice versa, here forth, the reviewer call philosophers to research more on the field that expected to fit holistic behaviors of human.

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