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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).

A recent review of the literature suggests a consensus on the recurrent themes and commonalities central to nursing's domain of inquiry (Donaldson & Crowley 1978, Ellis 1982, Bramwell 1985, Meleis 1987).

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 (Meleis 1985).

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

	Prior to 1860	1860s	1950–1960	1970s	1980–1990	Future
Nursing focus	Administration of herbs and poulitices. Comfort of sick and dying. Childbirth and child care. Nursing parallels women's role in the family, society and church.	Person, health, nursing and environment. Focus on reparative process. General principles of fresh air, light, warmth, cleanliness, quiet and proper diet. *Theorist*: Nightingale	Mechanistic theories. Empiricism. Emphasis on nursing and nurse–patient relationship. *Theorists*: Henderson (1964) Orlando (1961) Peplau (1952)	Humanistic theories. Emphasis on the person as an irreducible whole. *Theorists*: Johnson (1968) Orem (1971) Rogers (1970) Roy (1976)	Emphasis on person as a holistic being. Family nursing Theory reformulation and refinement. *Theorists*: Benner (1984) B. Neuman (1980) M. Newman (1986)	Theoretical pluralism. Integration of education, research, practice areas. Refinement and expansion of unique body of knowledge.
Nursing inquiry	Intuitive and observational. Importance of environment. Trial and error. No systematic inquiry.	Powers of observation and deduction. Emergence of domain concepts without empirical validity.	Education, leadership, administration. Human interaction and nurse–patient relationship; lifestyle; personality.	Person as more than the sum of parts. Emphasis on biopsychosocial well-being. Influences of feminism on role of the nurse.	Reformulation of existing theory. Development of cognitive skills, research methodologies. Relevance to practice issues. Development of a research base for practice.	Health care outcomes. Quality of life theories. Interaction of persons and their environments. Nursing philosophy.
Disciplinary status		Paralleled medicine's focus on disease. Emergence of nursing as a unique service with social relevance distinct from medicine.	Theory development begins. Formal separation from medical focus on disease. Emphasis on nursing concepts and boundaries. Intellectual climate for scholarly development fostered.	Theoretical and scholarly development. Quest for acceptance as a scientific discipline. Healthy lack of consensus.	Acceptance into scientific community as a unique discipline. Acceptance of domain concepts and boundaries as a paradigm for nursing.	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.

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 conceptualization 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 (Meleis 1992, Mitchell 1992, Randall 1992, Ray 1992), the 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, 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 1978, Bohny 1980).

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' nursing 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 paradigm. 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 perspectives 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 theoretical 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 speciality 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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References

Barrett E.A.M. (1991) Theory: of or for nursing? *Nursing Science Quarterly* **4**(2), 48–49.

Barrett E.A.M. (1992) Response: a unified perspective within nursing. *Nursing Science Quarterly* **5**(4), 154–155.

Benner P. (1984) *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*. Addison-Wesley, Menlo Park, California.

Bohny B.J. (1980) Theory development for a nursing science. *Nursing Forum* **19**(1), 50–67.

Bramwell L. (1985) Nursing science: retrospect and prospect. *The Canadian Nurse* **81**(3), 45–48.

Brooks J.A. & Kleine-Kracht A.E. (1983) Evolution of a definition of nursing. *Advances in Nursing Science* **5**(4), 51–63.

Donaldson S.K. & Crowley D.M. (1978) The discipline of nursing. *Nursing Outlook* **26**(2), 113–120.

Ellis R. (1982) Conceptual issues in nursing. *Nursing Outlook* **30**, 406–410.

Engstrom J.L. (1984) Problems in the development, use and testing of nursing theory. *Journal of Nursing Education* **23**(6), 245–251.

Fawcett J. (1984) Hallmarks of success in nursing research. *Advances in Nursing Science* **7**(1), 1–11.

Gorenberg B. (1983) The research tradition of nursing: an emerging issue. *Nursing Research* **32**(6), 347–349.

Hardy M.E. (1978) Perspectives on nursing theory. *Advances in Nursing Science* **1**, 37–48.

Henderson V. (1965) The nature of nursing. *International Nursing Review* **12**(1), 23–30.

Henry B., Arndt C., Vincenti M.D. & Marriner-Tomey A. (1989) *Dimensions of Nursing Administration: Theory, Research, Education, and Practice*. Blackwell Scientific, Boston.

Jacobs M.K. & Huether S.E. (1978) Nursing science: the theory–practice linkage. *Advances in Nursing Science* **1**, 63–78.

Jennings B.M. (1986) Nursing science: more promise than threat. *Journal of Advanced Nursing* **11**, 505–511.

Keller M.C. (1979) The effect of sexual stereotyping on the development of nursing theory. *American Journal of Nursing* **79**(9), 1584–1586.

Kidd P. & Morrison E.F. (1988) The progression of knowledge in nursing: a search for meaning. *Image* **20**(4), 222–224.

Kuhn T.S. (1970) *The Structure of Scientific Revolutions* 2nd edn. University of Chicago Press, Chicago.

Leininger M.M. (1981) The phenomenon of caring: importance, research questions, and theoretical considerations. In *Caring: An Essential Human Need* (Leininger M.M. ed.), Charles B. Slack, Thorofare, New Jersey, pp. 3–15.

Lutjens L.R.J. (1992) Derivation and testing of tenets of a theory of social organizations as adaptive systems. *Nursing Science Quarterly* **5**(2), 62–71.

Lynaugh J.E. & Fagin C.M. (1988) Nursing comes of age. *Image* **20**(4), 184–190.

Maturana H.R. & Varela F.J. (1988) *The Tree of Knowledge: The Biological Roots of Human Understanding* (Paolucci R. trans.). New Science Library, Boston.

Meleis A.I. (1985) *Theoretical Nursing: Development and Progress*. Lippincott, Philadelphia.

Meleis A.I. (1987) Theoretical nursing: today's challenges, tomorrow's bridges. *Nursing Papers* **5**(2), 49–63.

Meleis A.I. (1992) Directions for nursing theory development in the 21st century. *Nursing Science Quarterly* **5**(3), 112–117.

Mitchell G.J. (1992) Is nursing pot-bound? *Nursing Science Quarterly* **5**(4), 152–153.

Newman M.A. (1986) *Health as Expanding Consciousness*. C.V. Mosby, St Louis.

Newman M.A., Sime A.M. & Corcoran-Perry S.A. (1991) The focus of the discipline of nursing. *Advances in Nursing Science* **14**(1), 1–6.

Nightingale F. (1969) *Notes On Nursing: What It Is and What It Is not*. Dover, New York.

Northrup D.T. (1992) Commentary: a unified perspective within nursing. *Nursing Science Quarterly* **5**(4), 154–155.

Nulle S.H. (Ed.) (1980) *Classics of Western Thought: The Ancient World* 3rd edn vol. 1 (Keyes C.W. trans.), Harcourt Brace Jovanovich, San Diego, pp. 269–280.

Orem D.E. (1985) *Nursing: Concepts of Practice*. McGraw-Hill, New York.

Parse R.R. (1981) *Man-Living-Health: A Theory of Nursing*. Wiley, New York.

Perry J. (1985) Has the discipline of nursing developed to the stage where nurses do 'think nursing'? *Journal of Advanced Nursing* **10**, 31–37.

Randall B.P. (1992) Nursing theory: the 21st century. *Nursing Science Quarterly* **5**(4), 176–184.

Ray M.A. (1992) Critical theory as a framework to enhance nursing science. *Nursing Science Quarterly* **5**(3), 98–101.

Rogers M.E. (1970) *An Introduction to the Theoretical Basis of Nursing*. F.A. Davis, Philadelphia.

Roy C. (1984) *Introduction to Nursing: An Adaptation Model* 2nd edn. Prentice-Hall, Englewood Cliffs, New Jersey.

Swanson K.M. (1991) Empirical development of a middle range theory of caring. *Nursing Research* **40**(3), 161–166.

Watson J. (1988) *Nursing: Human Science and Human Care*. National League for Nursing, New York.