

Issues in research

# *Eliciting nursing knowledge from practice: the dualism of nursing*

*Nursing knowledge has traditionally been examined and developed through the main research approaches based on the positivist, interpretive or phenomenological philosophies. These approaches are used either from a single and individual stance or combined to address particular research questions. They all, however, retain a focus that deals primarily or exclusively with what can be measured, observed or expressed as a fundamental unit of analysis to reconstruct, interpret and explain nursing practice.*

*In this paper, Vince Ramprogus challenges the traditional approach to how nursing knowledge is defined and the common understanding of the purpose of nursing research. It is argued that adhering to empirical rigour while investigating or measuring nursing practice interferes with the very act and experience of nursing. Indeed, it becomes an either/or situation. It is also argued that nursing is not an empirical subject, and, therefore, the purpose of researching nursing is not about seeking the truth but about improving practice to achieve better patient care. The arguments are intended to provoke discussion and debate rather than to present a set position*

**Key words:** nursing, knowledge, dualism, research, scholarship, case study

## *Background*

This paper is the result of my own confusion about, and frustration with, carrying out research in nursing practice. We are constantly bombarded with the rhetoric of justifying the nursing contribution to patient care, the value of nursing to health care, nursing as a discipline or profession and, more recently, whether nursing should be in higher education.

Why has nursing research not been able to put these questions to rest for good? In my attempt to answer these questions and find some

justification for my existence I have had to consider some harsh realities and, in the process, try to find a way forward. Consequently, the issues and arguments are provocative. This is deliberate: it has been done as a means of generating reactions and discussions.

Nursing should be a research-based profession (Briggs 1972). This is one piece of rhetoric that rings bells with most nurses and seems to have come of age in the shape of evidence-based practice. Perhaps this piece of rhetoric has turned into reality through the government's policies on clinical governance and Research & Development (R&D) (DoH 1998a, DoH 1997): a government-driven change that some would argue fits in quite well with nursing's research agenda. In fact, nursing has very rarely been directly in control of its destiny; more often it is influenced by social, political and economic factors outside its control, partly because of its own internal conflicts and struggles at professionalisation. However, change has always been accidental and opportunistic, as, for example, in the case of Project 2000 (UKCC 1986) and *Nurse Prescribing* (DoH 1998b). The development of R&D in nursing has taken a similar path. The call for nursing to become a research-based profession remained sterile until the 1980s. Since then it has followed the well-trodden path of American nursing, by drawing on the full range of existing philosophies and approaches borrowed from other disciplines in its attempt to claim respect as an academic discipline (Reeder 1993).

Nurse researchers, it would seem, are bent on finding an existing philosophy and adopting it as the philosophical foundation of nursing and/or nursing research, and most of them take the same tribalistic entrenched position of their preferred philosophy as the original discipline. However, no dominant one has yet prevailed and we continue in this useless search and fall with the discipline's assumptions and weaknesses. This has been particularly evident in nursing research's response to the government NHS R&D agenda with evidence-based practice. Although the relationship between research and evidence is often seen as co-terminus, it may lead to a restrictive understanding of what evidence is in the context of nursing practice (Clarke and Procter 1999).

The use of a range of philosophical discourses offers nurses a variety of theoretical positions and a rich array of possible approaches with which



---

## Issues in research

they can examine nursing, and these certainly add strength to nursing research. However, the critical and significant questions in nursing can only be partly addressed by such discourses as each takes a narrow position that dissociates the experience of nursing from its reality. Nursing is a process that nurses are engaged in while carrying out specific procedures and interventions. It is the engaging of patients in a context of care as well as the procedures and interventions that form the holistic nature of nursing. As such, indeterminacy is built into the reality of nursing. That is, some of the elements that form nursing are unpredictable; the nurse has to act when certain components occur, which in turn depends on the changing contextual factors and the patient's health status. Thus, indeterminacy is an inherent feature of that reality of nursing practice. As an enabling and caring process, nursing is about the capacity of becoming; that is, enabling the person to achieve the desired state of health. The process itself is therefore the key variable and is not reducible to component parts or units of analysis to fit into existing philosophies of other disciplines. The indeterminacy of the experience of nursing practice creates the problem of dualism in the development of nursing knowledge and consequently nursing research.

### *Dualism*

The problem of dualism is about dealing with uncertainty in a reality that is constantly changing, is elusive and only reveals itself in one form rather than in its multifaceted aspects. In forcing your way through to see one aspect, the others disappear. This 'dual aspect' notion of knowledge is a fundamental feature of nature that is reflected in nursing practice. That is, it has both physical and subjective realities that interact and are constantly changing because of external and internal pressures. This makes it non-reducible to single components, and when we try to do so the other aspects become hidden or non-accessible.

Duality is best explained with reference to physics, particularly in the study of light. Light is described both as a wave and particle but both exist at the same time and are in constant motion. The two aspects of light complement each other and are necessary for a full description of

what light is. However, one can see and measure only one aspect at a time because the measuring tool affects the reality (state) of light and determines which component is actually seen. In other words, it is context bound; reality shifts in nature according to its environment or context.

### *Nursing knowledge*

The introduction of the notion of dualism in nursing research therefore challenges the traditional approach to how knowledge is defined. The tenets of rational/technical tradition subsume a number of assumptions that seem to conflict with the reality of nursing practice. These include:

- That there is a degree of predictability and causality to elicit the truths of nursing interventions.
- That human responses to health/recovery from illness can be identified, classified, measured and analysed into discrete properties, relationships, and meaning, and elicited in an objective way.
- That objectivity and generalisations can be applied to data from the indeterminate reality of nursing and lead to substantiation of theoretical claims to establish truths in nursing.

Schön (1983) described this approach to knowledge development as specialised, firmly bound, and standardised, suggesting that all knowledge is placed within theories and leads to discovery of the truth. The above are seen as the most valued approaches for nursing research. Indeed, the empirical tradition has helped nurse researchers make some significant advances in validating nursing procedures in areas such as wound care (Cullum *et al* 2001) and pain management (Seers *et al* 1998). However, this is not reflected in other areas of nursing care. In fact, Benner and Wrubel (1989) argued that such a narrow approach to knowledge excludes the contextual and clinical knowledge used in practice. This is evident in the way that patients' and their families' contribution to nursing practice and the knowledge they bring to the caring process are very often ignored (Clarke 1999). It is also argued that without connecting to and learning from patients, nursing loses the opportunity to map out its knowledge base fully, and nursing research becomes a very narrow



---

## Issues in research

activity that seeks primarily to achieve objective measurements or analysis and interpretation of specific components of practice.

Most studies in nursing are conducted with one or more of these assumptions and on only one part of the nursing phenomena in isolation from or without consideration of the major components that constitute the reality of nursing. Drawing on Kim's work (1987), there are four domains that constitute the process of nursing:

1. Patient domain of experience of health/illness and participation in care.
2. Patient/nurse/carer domain that focuses on interpersonal relationships and engagement process.
3. Practice domain that focuses on nurses' approach to procedures and care deliveries.
4. Contextual domain that focuses on the clinical environment, ethos and pressures.

Eliciting nursing knowledge means addressing these domains of the process of nursing, but most nurse researchers have different and personal views about what nursing practice and knowledge entail, or choose to respond to external pressures to guide their research. The critical issue, however, is that, irrespective of personal factors, they generally remain faithful to the main tenets of knowledge development, in particular that the purpose of research is to seek the truth. The latter leads to a distorted view of nursing because nursing research is not about the search for truths; it is about whether it makes a difference to the patient, about improving practice so it can achieve the good, which is its aim (Wiedenbach 1963). Essentially it is a shift from 'is it true?' to 'is it good?'. This shift is not about locating nursing knowledge in a moral framework, although the moral dimension is an important part of the process of nursing, but rather about the enabling and caring processes that help patients to achieve a desired state of health.

### *The basis of nursing research*

This misperception of nursing as an empirical discipline, and the confusion that can arise from it, is quite evident in various areas of

nursing. For example, in mental health nursing my own review of research that prevails in this field of nursing indicates that the majority of studies have tended to focus on psycho-social intervention (PSI), specific therapies and care delivery issues. The question is whether these are nursing research, psychological research or social policy research. The confusion in the state of nursing research, or the lack of it, in mental health, is reflected in the Sainsbury study (Duggan *et al* 1997, SCMh 2000). The study showed that mental health nurses had great difficulty articulating what specific expertise they brought to mental health care. Apart from their role in medication and care assessment all of them were essentially involved in psychologically based interventions. According to Warner *et al* (1999), mental-health nursing is facing a crisis in terms of its practice, research and education. If mental health nurses claim that they use PSI in an integrated nursing approach that is different from the way clinical psychologists apply it, then this needs researching from a nursing domain perspective. Similar issues exist in adult nursing where nurses are taking on medical procedures (Read *et al* 1998).

The above confusion about nursing questions the appropriateness of empirical methods for nursing. More fundamentally, it reflects confusion about the purpose of nursing research as much as the level of clarity that currently exists about how nursing should be studied and how nursing practice itself is constituted.

Predictability, causality and objectivity are not fundamental laws of nature but those of empiricism. Uncertainty, chaos, change, and dynamic interactions are nearer to the laws of nature. Similarly, nursing is not a natural discipline; it is a discipline with a natural cause to achieve 'certain good'. Nursing, therefore, is not a search for truth (as argued earlier) but a search to achieve the good at which it aims. The main, if not the only, justifiable reason for developing nursing as a discipline (which includes both empirical and non-empirical knowledge based on scholarly inquiry) is to produce knowledge for the professional practice of nursing and the improvement of patient care.

Furthermore, the discipline of nursing is accepted in higher education not because of its emerging scientific knowledge structure, but primarily because of the value of its professional knowledge and practice (apart



---

## Issues in research

from the fact that it brings much needed money into cash-strapped universities). This is therefore a radical departure from the premise that nursing is an academic discipline with a recognised body of knowledge or research methodology. Nursing is primarily valued by society for its actions, deeds, values and knowledge of people's health and illness. Nursing research therefore is not about methodological or theoretical purity but about appropriateness and relevance in developing and shaping nursing practice. Nursing research should thus be judged not on achieving proximity to the truth but on practice development of actual nursing care and solutions to nursing care problems. In changing the focus and purpose of nursing scholarship it becomes more directed also at providing knowledge that differentiates the discipline and practice of nursing in a more varied multi-professional context. Critically, the integrity of nursing must be recognised unequivocally by the wider community for its contribution to 'significant' advances in patient care. Since Nightingale's success in changing the environmental context of care nursing has made very little significant contribution to the body of knowledge for patient care.

Empiricism has underpinned much of nursing research and consequently has used nursing as the object of its investigation because of its preoccupation with being scientific and emulating other professions such as medicine and clinical psychology. While this trend may be a reflection of the developmental state of nursing research and/or the difficulties of examining the intangible and messy nature of nursing, along the way nursing practice has been neglected. Researching nursing practice involves disclosing and developing the process of practice to improve practice by helping practitioners realise possibilities within it. Current nursing research has essentially addressed the application of theories from other disciplines to its practice and in the prescription of nursing care. The value of these theories to contemporary nursing is not in question but they should inform rather than determine knowledge for nursing practice. The key difference between nursing and theoretically driven professions or disciplines is that nursing:

a) Aims at individual care rather than providing a uniform service.

- b) Is involved in sustained direct contact with patients over a 24-hour period within a therapeutic relationship and clinical environment.
- c) Is about the nurse's engagement in the patient-nurse-carer interpersonal relationship and communication.
- d) Uses specialist practice knowledge and skills within nursing care delivery.

### *Nursing scholarship*

In reconstituting nursing practice in this way nursing research/scholarship becomes an integral part of its practice. As Schön (1987) has argued, practice is research, inquiry being a transaction with the situation and patient; knowing and doing becoming one process. Research then has relevance, significance, value, and meaning to the practice situation. This also explains why nurses do not apply current research to practice or use evidence-based practice because they do not have any of these features. The nurse as practitioner/researcher is thus involved in dualism, having to look not only at what nursing practice is but also at what it is not, and is involved in an iterative and cumulative process in the development of practice.

This leads us into the critical issue of methodology in clinical nursing scholarship. Before doing this, however, it may be useful to examine the current trend in eliciting knowledge from nursing practice. While recognising the value and contribution of the mainstream scientific approaches, such as randomised controlled trials (the basis for evidence-based practice), epidemiological and other social-policy driven studies, many nurse researchers have moved to more practice-based studies using methods derived from phenomenology, existentialism and humanistic philosophies. The aim is to tap into the natural aspect of nursing practice knowledge. These have led to a range of methods – from ethnography, personal constructs, grounded theory, reflection, and focus groups, to narratives, storytelling, and poetry – being used in nursing research. The first end of this continuum, although more experientially based, still maintains adherence to the main tenets of empiricism in terms of objectivity, theory development, truth seeking and generalisability. While claiming to represent the reality of experience/practice more closely, the



---

## Issues in research

underlying purpose, assumptions, and values are the same as the scientific group, but they have also introduced a language derived from their philosophical parents that is understood only by other similarly bred researchers. The relevance, meaning and usefulness to nursing practice remain remote.

The other end of this continuum is pure subjective accounts of experience in practice. They make no claims to rationality, generalisability, or objectivity but still maintain that they reflect the truths of nursing practice in that they are wholly based on personal experiences. The claim to representing the truth of nursing betrays their purpose. They also only tap into fragments and critical incidents of the total nursing experience of practice, isolating it from the context or situation of care. They are also 'discontinuous' in that they do not form part of a sequence of inquiry and therefore do not develop into viable forms of knowledge. In other words, they are 'feel-good reflections' from which little or no learning emerges for knowledge development. A key feature of the latter is that they tend to be used for their entertainment and reading value rather than as part of serious clinical scholarship.

Where does this leave us? Clinical scholarship for nursing as a practice discipline is informed by knowledge produced by empirical inquiry and subjective personal information, but nursing's aims, purpose and values are different. That is, when empirical methods are applied to nursing, what is explained is not nursing but something else (psychology, sociology, biological sciences, health policy) because essentially nursing is not an empirical problem. Nursing practice research is based on:

- Addressing practice issues leading to practice development and advancing practice.
- Experiences that are contextually bound and focused on patient; process, engagement and outcomes.
- Iteration, integration and cumulative processes between practice and knowledge development.
- Acceptance of nursing as a free-flowing dynamic and multi-linear reality (so that seeking truth is irrelevant).

- Achieving results that are directly applicable, relevant and meaningful to nursing practice and practitioners.

### *A different approach to nursing practice research*

The above directs us into a different approach to inquiry. Whereas empiricism uses the criteria of objectivity, generalisability, causality and predictability, clinical nursing scholarship inquiry uses a different set of criteria: credibility, surrogacy of experience, recognition, impact on patients, authenticity, relevance, meaningfulness, and utility.

Thus the proposed method that emerges from the assumptions, philosophical base and values underpinning nursing practice scholarship is an evolutionary process that develops a genealogy of nursing issues and problems. In other words, a method that can track a problem and build into it principles of practice. It is suggested that case studies can provide the conduit for nursing inquiry. Many nurse researchers would argue that there is nothing new about the use of case studies in nursing. That may be so but the approach is different.

Case studies have no particular philosophical base but have been used traditionally as either a teaching method or an additional means of gaining information in medicine, education and management. The suggested process and purpose for using this approach in nursing practice research is different. The purpose is to strengthen the information base of decision making, directing attention to issues in practice, clarifying problems, improving and developing practice, encouraging debate and deepening understanding. It makes no claims to seeking the truth. It is essentially about developing practice and making a difference to patient care.

The nursing practice research case study draws on the work of Kim (1987) as a conceptual framework and includes the following key features:

- It is holistic in that it focuses on interactions of factors, events and people in a loosely identified situation that forms the parameters of the case.
- It is cumulative and rigorous in that it gathers evidence systematically over a period of time and over a number of related cases to track the process and outcome of nursing care.



---

## Issues in research

- It is patient-focused and involves patient participation.
- It is contextualised by using various sources of information, including observation, interviews, and documentary records as part of a continuous analysis of occurrences within the reality of related situations.
- It is flexible, able to respond to immediate changes or new insights.
- The findings are immediate, relevant, and meaningful to nursing practice and practitioners.

This approach allows a convergence of method and data, one building on to the other, enabling a progressive and in-depth understanding of nursing practice issues through a process of gradual refinements in assessing and evaluating both the process and outcome of nursing care.

The approach involves four phases:

1. Descriptive phase: this is a reconnoitring and information-recording process to allow mapping of the clinical situation.
2. Analytic phase: this phase involves identification of central issues and significant features of practice and mapping of the range of experience within the situation, including nursing care and outcomes.
3. Reflecting phase: this phase involves a process of evaluation and formulation of principles of practice.
4. Verification phase: this is the process of surrogate verification. It involves inviting participants to underwrite findings based on their tacit knowledge of the situation and uses 'shock recognition' to tap into undiscovered knowledge.

The four phases are cyclical and spiral so that there is overlap of phases but they are progressive and follow the process of nursing to conclusion, remission, or exhaustion of practice issues.

One issue that needs careful consideration is what constitutes a 'case'. It is suggested that this should not be person-based but rather could be 'areas of practice', for example, nurse-led clinics, acute admission and community psychiatric nursing. It could also be specific issues of practice

that continue over a period of time, for example, management of initial onset of illness, continence care, patient participation in decision making or engagement with patients.

All cases are unique as they are embedded in the reality of the situation. Insights and findings are therefore not generalisable (in the empirical sense) but they have 'closed' generalisation. This refers to the mapping of the range of experience within the situation (in time and space). Closed generalisations allow practitioners to 'relate' what has happened in another clinical situation to what is happening in their own situation. The latter in turn allows the practitioners to adjust or modify their practice according to the related variables in their situation. It is part of the process of surrogate verification that then helps practitioners develop their practice to make a difference to patient care. It also helps to map the domains of nursing practice and knowledge that can differentiate nursing's contribution to patient care.

### *Conclusion*

Practice changes because of environmental, economic, or political factors but it also changes because of issues or problems arising from practice itself. Either way, practice changes constantly, and as practice changes, the discipline of nursing also changes. The fluidity and dynamism of nursing and the nature of its practice requires an approach that is appropriate to these conditions and that can elicit nursing knowledge from practice without fragmenting or dissociating it from its contextual reality. Critically, it must be recognised that nursing is not an empirical problem but rather a continuously changing reality that does not lend itself to empirical methods. The proposed approach to nursing practice research goes some way to address the issues raised, but further work is needed to test the methodology.

---

Professor Vince Ramprogus PhD, MSc, BA(Hons) RGN, RMN, is Head of School of Nursing Studies, Northumbria University, England

### *Acknowledgement*

I am grateful to Professor Charlotte Clarke for her critical and valuable comments on a previous draft of this paper.



## Issues in research

### References

- Benner P, Wrubel J (1989) *The Primacy of Caring: Stress and Coping in Health and Illness*. Menlo Park, California, Addison Wesley.
- Briggs A (1972) *Report of the Committee on Nursing*. London, HMSO.
- Clarke C (1999) Family care giving for people with dementia: some implications for policy and professional practice. *Journal of Advanced Nursing*. 29, 3, 712-720.
- Clarke C, Procter S (1999) Practice development: ambiguity in research and practice. *Journal of Advanced Nursing*. 30, 4, 975-982.
- Cullum N *et al* (2001) Systematic reviews of wound care management. *Health Technology Assessment*. 5, 9, 1-221.
- Department of Health (1997) *Research and Development: Towards an Evidence-based Health Service*. London, DoH.
- Department of Health (1998a) *Clinical Governance: Moving from Rhetoric to Reality*. London, DoH.
- Department of Health (1998b) *Nurse Prescribing: a Guide for Implementation*. London, DoH.
- Duggan M *et al* (1997) *Pulling Together: The Future Roles and Training of Mental Health Care Staff*. London, Sainsbury Centre for Mental Health.
- Kim HS (1987) Structuring the nursing knowledge system: A typology of four domains. *Scholarly Inquiry for Nursing Practice*. 1, 2, 99-110.
- Read S *et al* (1998) *Realising Specialist and Advanced Nursing Practice*. A Research Project funded by the DoH Human Resource Initiative.
- Reeder F (1993) The science of unitary human beings and the interpretive human science. *Nursing Science Quarterly*. 6, 1, 13-24.
- Sainsbury Centre for Mental Health (2000) *The Capable Practitioner: A Framework and List of the Practitioner Capabilities Required to Implement The NSF For Mental Health*. London, SCMH.
- Schön D (1983) *The Reflective Practitioner: How Professionals Think in Action*. New York, Basic Books.
- Schön D (1987) *Educating the Reflective Practitioner*. San Francisco, Josey Bass.
- Seers K, Carroll D (1998) Relaxation techniques for acute pain relief: a systematic review. *Journal of Advanced Nursing*. 27, 3, 466-75.
- UKCC (1986) *Project 2000: A New Preparation for Practice*. London, UKCC
- Warner L *et al* (1997) Don't just role over and die... the role of mental health nurses. *Nursing Times*. 93, 52, 30-31.
- Wiedenbach E (1963) The helping art of nursing. *American Journal of Nursing*. 6, 3, 54-57.