

Part I

Nursing Knowledge and the Challenge of Relevance

Introduction

Nursing Knowledge

Nursing has two faces. To the public, nurses embody the best of modern health care. Efficient, effective, and caring, nurses are at the center of the patient's experience. The other face is largely invisible to the patient, even though it has been a part of nursing since the time of Florence Nightingale. Nursing requires knowledge. In the first century of nursing, the intellectual dimensions of nursing remained implicit. Nurses were trained using an apprenticeship model. Long hours at the bedside were supplemented by some pearls of wisdom dispensed by physicians. By the middle of the twentieth century, it became clear that effective nursing practice required a distinctive body of knowledge. Nursing intervention had gradually become independent of the physician's orders, and nursing required integrated knowledge of the physiological, psychological, and social dimensions of the patient. By developing programs of research, nurses asserted ownership over the knowledge required for practice. Contemporary nursing thus encompasses both the professional practice of nursing and the academic discipline of nursing.

The goal of nursing research is to develop a body of knowledge that will support and advance nursing practice. Nursing knowledge might be defined by its relevance to nurses, an idea suggested by Pamela Reed and Lisa Lawrence:

Nursing knowledge refers to knowledge warranted as useful and significant to nurses and patients in understanding and facilitating human health processes. (Reed & Lawrence, 2008, 423)

While the definition seems clear and straightforward, producing useful and significant knowledge for nurses and their clients has been challenging. The difficulties faced by nurse scholars have gone beyond the ordinary questions of method that concern all researchers. For example, nurse researchers have experimentally demonstrated that one educational intervention promotes adherence to an asthma-monitoring protocol better than another (Burkhart *et al.*, 2007). This is knowledge that is well warranted by its experimental design, and apparently useful to nurses and their patients. However, nurse scholars have not been satisfied by contributions like these. Without deeper links to a growing body of knowledge, such studies have a limited ability to support the intellectual development of nursing. Nor do “qualitative” studies fare any better. Understanding the lived experience of the patient is certainly part of good nursing practice, but without some way of fitting the part into a larger whole, it is difficult to discern the significance of, *e.g.*, a description of the lived experience of nine pediatric liver transplant recipients (Wise, 2002). The problem is *not* that studies like these are poorly executed or trivial. On the contrary, they are well designed and important. The problem is that their importance has become difficult to recognize. Working nurses do not seek out the most recent research results or use nursing theories to analyze their responses to the patient. Indeed, the mention of “theory” is likely to elicit groans from a practicing nurse. Nursing theory and research are not supporting the professional practice of nursing in the way that nurses expect it to.

Two Kinds of Theory-Practice Gap

The “the theory-practice gap” has been discussed in hundreds of nursing articles. This is a symptom of the dissatisfaction nurses seem to have with the research arm of their discipline. But what, exactly, is the theory-practice gap? Historically, the gap has been

conceived two fundamentally different ways. The difference turns on whether existing theory is held to be *relevant* or *irrelevant* to practice. Much writing on the relation of theory to practice assumes that there is a body of relevant intellectual knowledge that should inform nursing practices. The “gap” arises when this body of knowledge is not used as it should be. For example, nursing students often have trouble translating what they learn in the classroom into clinical practice. There is a wealth of literature on pedagogical strategies for helping nursing students bridge this gap. There are other versions of this gap too. Once in professional life, nurses need to continue to learn about new developments, and there are a number of barriers to the integration of research results into nursing practice. The crush of day-to-day work leaves little time for reading and reflection, and there may be no resources to support continuing education. Moreover, theory and research results are not always presented in a form that makes their clinical relevance obvious. These problems are all fundamentally problems of translation. They presuppose that there is a body of useful and relevant knowledge. The theory-practice gap arises when the theory is not translated into action.

The second kind of theory-practice gap is much deeper and more disconcerting. Authors in this vein question the relevance of existing theory and research. For example, in his “Preface” to the fourth edition of *Philosophical and Theoretical Perspectives for Advanced Nursing Practice*, William Cody wrote:

The place of theory in nursing *practice* has, in reality, long been considered somewhat vague and tenuous. A situation persists today that has been referred to as the “theory-practice gap,” in which theory and practice are perceived as interacting imperfectly, infrequently, and sometimes insignificantly. (Cody, 2006, ix)

In a similar vein, Peter Gallagher* wrote:

... many nurses consider it crucial for effective nursing that theory and practice must be closely related. This essentially symbiotic view of the nature of the theory-practice relationship has been embraced by many in the profession, and it is a view that has prompted both expert nurses and inexperienced student nurses to question the direct relevance of some theoretical material to the delivery of nursing care. (Ousey & Gallagher, 2007, 200)

These remarks are some of the most recent in a longer tradition (Conant, 1967a, 1967b; Hardy, 1978; Jacobs & Huether, 1978; Watson, 1981; Stafford, 1982; Swanson & Chenitz, 1982; Miller, 1985; Meleis, 1987; Draper, 1990; Nolan & Grant, 1992; Whall, 1993; Good & Moore, 1996; Blegen & Tripp-Reimer, 1997; Im & Meleis, 1999). Unlike those authors who are trying to translate theory into practice, these authors call into question the relevance, significance, or usefulness of existing research and theory. The gap is one of relevance, and this is a disturbing situation. A primary goal—if not the *raison d'être*—of nursing research is to produce knowledge that supports practice. Since the early nineteen fifties, dozens of journals have published thousands of pages of research reports. If some significant portion of this output supports practice only “imperfectly, infrequently, and sometimes insignificantly,” then something is wrong with the research arm of the nursing discipline.

If we follow Reed and Lawrence and define nursing knowledge as knowledge “warranted as useful and significant to nurses” (Reed & Lawrence, 2008, 423), then a relevance gap challenges the whole enterprise of nursing research and theory development. If nursing theory were irrelevant, then it would not be nursing knowledge at all. The relevance gap between theory and practice thus raises questions that reach to the

* While this was a co-authored essay, it was presented as a debate with each author’s contribution clearly identified.

foundations of the discipline. It challenges the philosophical conceptions of knowledge that are implicit in the nursing discussions of theory and research. The relevance gap is therefore a fundamental problem of the philosophy of nursing science.

Philosophy of Nursing Science

The discipline of nursing has a bountiful literature on nursing research, methodology, the character of the nursing discipline, and its substance. These topics are philosophical in the sense that they reflect on the most general and profound issues in nursing scholarship. If we permit ourselves—as we should—a generous understanding of “science,” the nursing meta-theoretical literature contains substantial work in the philosophy of science. This book aims to contribute to that philosophy of science: to map the intellectual fault lines of nurses’ thought about their discipline and to critically engage the issues.

The relevance gap arose at a specific point in the intellectual development of the nursing discipline. As Chapter 1 will show, concern that research or theory might be irrelevant to practice did not arise during the first century of the modern nursing profession. Since the time of Florence Nightingale, nurses have recognized a domain of nursing knowledge, but there was no relevance gap. A relevance gap was recognized by Lucy Conant in the late nineteen sixties (Conant, 1967a, 1967b), but it was not the subject of widespread concern until late nineteen seventies. Why? What caused the gap to open at that point in the history of the discipline? And why has it remained open? Chapter 2 will argue that the relevance gap emerged because of a particular constellation of philosophical ideas. In the fifties, sixties, and seventies, there were debates about the character of nursing knowledge, research, and theory. Toward the end of the seventies, a consensus about the field emerged.

To be a discipline, many thought, nursing needed unique theories at a high level of abstraction. These were unified into a basic science by shared concepts and themes (the metaparadigm). The relevance gap opened because the philosophical understanding of science within nursing urged nurse researchers to develop a basic science, but nursing as the basic science had little relevance to the profession.

What is done by philosophy can be undone by philosophy. To close the relevance gap we will have to think through the philosophical arguments about nursing research and theory in which nurse scholars have engaged. This will require attention on two fronts. First, nurse scholars have been influenced by ideas and arguments arising out of philosophy. These will have to be made clear and critically engaged on their own terms. The philosophy of science contains valuable resources for nursing, and several of the chapters below will be devoted to a detailed, critical discussion of issues in the philosophy of science. However, the notions of the philosophers take on a different significance when they enter the nursing context. We cannot restrict ourselves to the philosophers' discussion. The second area of concern will therefore be the nursing literature about the character of the discipline, nursing science, and nursing knowledge. The philosophical position developed here will be intimately related to the debates within nursing. Chapter 3 is intended to be an interface between the philosophy of science and the nursing meta-theoretical literature. It will distill four philosophical questions from the nursing debates canvassed in Chapters 1 and 2. It will also sketch, in a preliminary way, the debates to be engaged in this book, and the position that will be developed in subsequent chapters.