

Changing philosophies: a paradigmatic nursing shift from Nightingale

AUTHOR

Philip J Warelow

RN, PhD

Senior Lecturer,

School of Health Sciences - Nursing,

University of Ballarat, Mt Helen, Victoria, Australia

p.warelow@ballarat.edu.au

KEY WORDS

non-positivist, received view, positivist, perceived view, theoretical construction, nursing theory.

ABSTRACT

Objective

To consider the changing philosophical and theoretical construction of nursing which has moved from an initial focus on positivism and science, and undergone a paradigmatic shift so that it is now being interpreted by some nursing theorists in alternative ways.

Primary Argument

A theoretical review of some nursing theorists and a critical consideration of the wider concepts which have been influential in theoretical constructions gradually moving from the received (positivistic) to the perceived view. The perceived view encompasses the emergence and influence of non-positivist philosophies, which shift the theoretical focus away from causation to a more interpretive, unscientific standpoint, with foundations in phenomenology, humanism, holistic care and qualitative research. The paper demonstrates that many of the theories offered are esoteric, complicated and constructed in an academic way that tends to escape the everyday nurse practitioner.

Conclusion

That multiple options which capture the philosophies and ideologies of both paradigms should/could be considered.

INTRODUCTION

This paper examines the influence of non-positivist philosophies on the theoretical construction and practice of nursing. In tracing this influence the work and philosophical assumptions of some nursing theorists are critically examined, questioning the relationship between their theories and the intellectual, socio-cultural, and developmental contexts in which their ideas arose. This examination demonstrates the major intellectual and socio-political influences on which specific nursing theorists draw, and place their nursing theories in a wider context showing that the movement away from positivist philosophies enables them to be more clearly understood and used in clinical nursing practice into the 21st century.

The term positivist recognises observable phenomena and facts, whereby knowledge is derived from experience. Holmes (1990) refers to positivism as a general orientation according to which the world can only be known through observable entities, with demonstrated regularities and general laws verified through their measurement and quantification. Non-positivist philosophies take an alternative stance to the scientific method, with this alternative view shifting the focus from causation and measurement to a more qualitative, unscientific, and interpretive, standpoint, with its foundations in phenomenology, humanism, and holistic care. These new views find favour across a broad range of theoretical publications (Meleis 2012; Reed et al 2004; Blattner 1981).

Holmes (1990) and Martin (2000) support this alternative by describing the term *verstehen* as a Neo-Kantian view which promotes understanding gained through empathic imagination, as opposed to objective knowledge gained through observation. *Verstehen* explanations aim not to give causal explanations (as in positivism) but to deepen and extend one's understandings about why social life is perceived and experienced as it is. *Verstehen* is a German term meaning understanding or comprehension. However, in late nineteenth-century German academic circles it came to be associated with the view that social phenomena have to be understood from within. This approach to social inquiry tended to be qualitative rather than quantitative and was opposed by positivists who stressed external, experimental and quantitative knowledge. Although this position has been modified over time, the dispute between positivists and non-positivists has persisted and still defines many of the theoretical debates in the field today. Positivism is no longer as popular, with this view and way of knowing being seen as indefensible by many contemporary philosophers of social science. Instead of appealing to *verstehen* in describing their preferred approach, anti-positivists today speak about interpreting meaning or hermeneutical understanding (Martin 2000). These alternative views have found some favour in nursing and are arguably more readily applied across clinical situations as nursing groups seek particular understandings and appear more comfortable with philosophical concepts which incorporate a more postmodern humanism/holistic basis to their care.

NARROW FOCUS

Carper's (1978) analysis which questioned the need for such a narrow theoretical focus on the empirical method identified four patterns of knowing in nursing: 1) empirics, the science; 2) aesthetics, the art; 3) personal knowledge; 4) ethics, moral knowledge. Carper (1978) clearly felt that none of these patterns alone should be considered sufficient, suggesting that the teaching, learning and application of one pattern should not require the rejection/neglect of any of the others. Carper's typology set the scene for significant future epistemological movement and change by acting as a catalyst or bridge by alerting nurses that science alone will not answer the significant questions in our discipline.

A multi-paradigmatic view is consistent with the position taken later by Sarvimäki (1988), who depicted nursing as a moral, practical and creative co-action, highlighting the role of nurses as having meaning in

respect to other people and that this should be the starting point of all nursing action and be used as its theoretical foundation. These thoughts reflect Habermas' (1981a, 1981b) work on theories of communicative action, and supports his notion of knowledge as an outcome of activity in which humans engage because of a natural need or interest. This suggests an acceptance of knowledge derived from a holistic and humanistic perspective. These views are compatible with nursing being seen as an art form rather than a science, and a focus for many contemporary nursing theorists (Chinn and Kramer 1991; King 1981).

Nolan et al (1998) notes the need for separate disciplines to have their own theories, Holmes (1991) decries the positivist (empirical), scientific method of nursing's theoretical basis, as being analytic, mechanistic and reactive, concentrating like medical science on the illness-cure paradigm, and instead champions a more humanistic, person-centred method, highlighting its dialogical, interactive and holistic and human perspective within the health-care paradigm. This paradigm is favoured by nursing scholars/theorists where emphasis is directed toward concepts such as empathy, rapport, intuition, personal meanings and therapeutic-relationships (Benner and Wrubel 1989; Travelbee 1966; Peplau 1952). This would require university based nursing programs to take a more interpretive or postmodern view of these values (Meleis 2012). In so doing students will therefore be exposed to a multiplicity of theoretical positions.

As healthcare moves towards adopting multidisciplinary approaches to practice, nursing continues to strive to establish its own unique body of knowledge and to maintain its professional boundaries. This issue is blurred further because the boundaries between nursing, medicine and other discipline specific roles are never static with nurses increasingly extending their scope of practice and occupying discipline specific status in university programs and have begun to perform clinical tasks previously carried out by doctors with many of their own traditional roles being passed on to healthcare assistants. Nursing theory development plays a significant role for clinical practice as it retains a close linkage to research, and therefore, integration to practice is much more positive in the sense that the linkage to research provides solid grounds for further evidence based theoretical development and the specifics will help facilitate and strengthen the linkages between theories, research and practice (Im and Chang 2012).

RECEIVED TO PERCEIVED

The dichotomy between science and humanism (Meleis 2007) suggests that the guiding paradigm for nursing practice has been the received view, described as a label for empirical positivism, which amalgamates logic with the goals of empiricism in the development of scientific theories. The received view signifies a set of ideas that are not challenged, suggesting these ideas had almost been reified or set in stone (Meleis 2012). The received view has reductionism, objectivity, measurement, quantification and validity as central building blocks (reflected within the medical model) are task oriented and which still strongly influence the manner in which nursing care and practice has been theorised.

Science in this sense is considered as value free and most positivists regard traditional metaphysics and ethical considerations as relatively unimportant with non-positivist investigation being considered emotive and as being cognitively meaningless (Meleis 2012). On this basis, nursing's progress in theoretical development which has relied on the received scientific view has made slow progress and its development perhaps seen as the poor cousin to other academic disciplines such as medicine and science. This progress and reliance by nursing on reducing a problem to its smallest part and stripping it of its contextual background and taking away its humanistic life perspectives hints at reductionism. This model often means that how the problem emanated has been discounted and treating the symptoms rather than the underlying problem and has meant that nursing often struggles in developing meaningful theories and this has got in the way of nursing's

aspirational goals of being a scientific discipline. That being said, nursing is working hard at fostering the development of more meaningful theory and promoting a move toward non or post-positivistic theory, which Meleis (2012) calls the perceived view.

The perceived view bases the theoretical constructions of nursing around alternative methods, which accept values, subjectivity, intuition, history, tradition and multiple realities although does retain some scientific knowledge and broadly harnesses this by calling it evidence based practice, itself highly contentious in nursing and for traditional science (Meleis 2012). This view extends the positivist medical model and is more congruent with nursing containing a caring commitment to human beings and treating the person with the illness rather than just the diagnosis/pathology.

The emergence of postmodernism and some of the literature, like the post modernistic movement as a whole, tends to challenge or reject the principles, dogma and practices of established modernism. The emergence of postmodernism as a movement tends to encompass what I have described as the paradigm shift from the received to perceived view whereby nursing as a profession is now looking to move away or deconstruct from singular theoretical constructions of nursing and how these constructions determine the care nurses give and govern their overall philosophy of nursing. Indeed, the convergence of postmodern literature with various modes of critical theory and deconstructionist approaches, and the subversions of the implicit contract between the author, the text and the reader's understandings have come to characterise its theoretical construction and therefore its application to practice.

Using a holistic framework, utilising phenomenological and philosophical approaches, tends to encompass a view based on the perceptions of both the client's experiences and those of the nurse/theorist suggesting that the influence of the positivist method slowly infiltrated the nursing theory field, because nursing tended to borrow and utilise theories from other disciplines, such as the natural and social sciences. These borrowed theories guided, almost directed, theory development in nursing away from the world of human interaction by accepting a method/theory designed to explain phenomena of the physical world. This concentration and/or acceptance of the scientific method tended to promote the science of nursing at the expense of the art, neglecting that portion of nursing (a problem for economic rationalists) that does not readily lend itself to quantified results (King 1981). How can care be measured, given, and costed using a fiscal formula (Ray 1989). Measuring and costing nursing care, leads to prescriptive standardised care which fails to take into account the need to incorporate the variables significant in each patient situation. This is symptomatic of returning to treating the part rather than the whole, or the illness rather than the person.

THEORETICAL NEOLOGISMS

Many of the most widely read theorists are American, with the exception of Nightingale, all having the use of material from earlier theoretical works, elucidating different descriptions and revised theoretical viewpoints. Some create neologisms or word salads to refer to similar theoretical constructions of nursing outlined by their earlier contemporaries, almost engaging in theoretical plagiarism. Marriner-Tomey (1989 p.58) refers to this as a 'coined word explosion, ...[with] this profusion of definitions [creating] further confusion'. Clearly, there are no universally acceptable approaches, and, perhaps the esoteric, abstract nature of many theories means that their relevance will never be fully acceptable to many practising and/or academic nurses.

All nursing theories and theorists are clearly products of their time, all seeking explanations of knowledge development in nursing, and having the advantage of earlier theorists' claims/ideas. All people/nurses are embedded in, and the subjects of, their own personal histories and the specific histories relating to the contexts in which they work. Nursing is certainly influenced by its history, a history which has involved medical

and patriarchal domination, oppression, gender and economic means and by the construction of nursing harnessing a range of socio-cultural, politico-economic and developmental concepts that have gone before. Clearly, there are tensions between the humanistic positions described above, with many theorists arguing that caring is common to all nurse-patient settings.

These aforementioned points must be significant for the theoretical construction of nursing, where more recent practice theories have had the benefit of trial and error through clinical practice. Many contemporary theorists have experience as registered nurses, some with additional experience and qualifications in psychiatry, holding a different, more encompassing focus in terms of holism than those without and all with the exception of Nightingale, although well educated, had the benefit of academic preparation. This point is emphasised because in practice, nurses do, prior to developing their theories, lay claim that academic theorising has little to do with day to day nursing and this debate is a dilemma for those nurses who theorise, those nurses who say they 'just' practice and the majority of nurses who do both without thinking about it – working intuitively (Meleis 2007; Cody 2003; Benner 1984). This allows some nurses to point their finger at academia, suggesting that their theories are too complex and questioning what academics know about everyday clinical practice.

To understand the influence of non-positivist philosophies on the theoretical construction of nursing, one needs to ascertain the movements of that construction as nursing moves from one paradigm to another. The two epistemologies are different and Watson (Holmes 1990) refers to this as a junction leading in two different directions. Surely we would have difficulty embracing one philosophy without understanding the dichotomy and movement between the two.

NIGHTINGALE'S IMPORTANCE

Much of the nursing literature uses Nightingale as its theoretical figurehead. The general public endear a mythical vision to this enigmatic character, holding this vision aloft as caring, comforting, the ideal woman and nursing matriarch. Nightingale (1969) believed that disease was a reparative process, a belief founded on the premise that disease is nature's effort to remedy poisoning/decay, and a reaction against the conditions in which the person was placed. The Nightingale environmental legacy promulgated the belief that nursing could therefore improve the environment for the patient's benefit. Manipulating the environment in terms of cleanliness was also considered part of societal expectations of the role of women in the Victorian era and was a significant factor in Nightingale's vision for nursing.

Nightingale sought to make nursing and a woman's role respectable at a time when poverty and suffering were commonplace. This philanthropic benevolence not only made Nightingale more acceptable to the masses but made her a powerful and noteworthy figure. Pearson and Vaughan (1986 p.20) concur, saying her role was to 'attach nursing to medicine'. This notion of attachment highlights a folly of the Nightingale era, that of observation, where nurses were trained to observe the patient's condition, and report changes to the doctor. This elevated the doctor and placed nursing in a secondary role, with this position tending to find favour in terms of gender roles through the church, where 'Marian qualities of domesticity, subordination to man, purity, devotion ... motherhood and asexuality ...paraded as ideals' (Holmes 1991, p.9).

From a current feminist perspective, Nightingale's adherence to the medical model and following doctor's orders tended to place nurses (women) into the handmaiden role, a position often accepted by them in the past and with the advent of feminism - less so now. From a different perspective, Nightingale's story is evidence of a woman's ability to make important contributions in a male dominated 19th century cultural setting, by wielding political influence at a time when women were subject to the constricting influences of Victorian society. The intended or unintended Nightingale legacy attached nursing to the medical model,

reified through the hospital apprenticeship/educational system, and passed on without significant challenge until nursing moved away from the hospital apprenticeship system to university settings.

Over time, theories have changed significantly, with parallel changes in society, and this appears manifest in all contemporary theoretical constructions. In Nightingale's case, the environment of war was a primary factor in her theoretical construction; similarly, at the other end of the nursing spectrum, space travel, significant in Rogers' (1986) visionary view of aerospace nursing, where during the 1980s, the advent of the space shuttle program brought the idea/theories of living in outer space, closer to a supposed reality for everyday people. Nursing theories constructed during the 1950's and 1960's outline widespread acceptance of specific paradigmatic origins, perhaps indicative of the acceptance at that time which viewed nursing as a science rather than incorporating its other more humanistic qualities.

SECOND ORDER CHANGE

Peplau's (1952) theory (Marriner-Tomey 1989) is part of the second order change in nursing, where patient needs were more the focus of her theoretical assertions and helped move nursing toward a more non-positivist philosophy and stands in stark contrast to the medical model/positivist position expounded by Nightingale. Its interpersonal and developmental aspects suggest a move away from disease processes, to the meanings of events, feelings and behaviours. Other theorists such as Neuman (1989, 1982) and King (1971) both use a systems theory platform, with King's theoretical assertions, maintaining a collection of statistical data as its main scientific foundation; both appear to endorse nursing as fulfilling a deliberate action along positivistic lines, but, start to show the beginnings of a more humanistic base. Neuman (1982 p.1) reinforces this point declaring we should '... refuse to deal with single components, but instead relate to the concept of wholeness'. Neuman's reliance on a systems theory had changed significantly, showing her movement from one paradigm to another, as she developed and refined her theoretical position in 1989.

Interestingly, many nursing theorists changed their orientations over the years in respect to their theoretical assertions. Neuman (1989, 1982), and King (1981, 1971) originally both working within a systems theory and gradually assuming more of an interpersonal theoretical position. Although Orem's (1971) work has a needs orientation, it could also be tied to both an interaction and systems theoretical base. The author is not sure if this was the theorist's initial intent or whether description by contemporary authors of today, have different interpretations (and therefore understandings) of each theorist's theoretical construction. Travelbee's (1971, 1966) theoretical construction of nursing moves toward changing the focus of nursing, by endeavouring to humanise both nurse and patient (Holmes 1990) and, with Rogers (1970), moved the process of theoretical construction in nursing toward a more humanistic, non-positivist standpoint. These points are exemplified by Rogers (1970) considering man as a unified whole and moved her original theory toward a more humanistic model which were then influential in Parse (1981), who grounded her theoretical construction of nursing upon existential-phenomenological views, as explicated by Heidegger (1968), and Merleau-Ponty (1962). This combination demonstrates a paradigmatic change by espousing humanism at the expense of positivism (Limandri 1982).

PARADIGMATIC SHIFT

As nursing began to adopt a more humanistic science, for which methodologies had been devised to supplement, enhance and transcend positivist approaches in the search for understanding (Rogers 1970), perhaps nurses and nursing has become more accepting of a changed theoretical construction of nursing, a paradigmatic shift from Nightingale which includes more non-positivist philosophies. Examination of the theories offered by Newman (1986, 1979), Benner (1984) and Watson (1985, 1979) who endorse non-positivist philosophies, may shed some light on this paradigmatic shift.

NEWMAN

Newman's theory/model of health (1986, 1979) has been positioned as an expansion of Roger's theory, in which the goal of nursing is based on health as the undivided wholeness of the person in interaction with the environment. Thus, the nursing aim is not to make well or to prevent illness, but to help people use their power within as they evolve toward a higher level of consciousness. Embedded in this construction is the idea that illness reflects the life pattern of the person and recognition of the pattern and an acceptance of the illness for what it means to that person (Newman 1986).

These concepts of consciousness according to Newman (1986) are time, movement and space. Time is an index of consciousness and a function of movement. Movement is the means in which time and space become reality, with space and time having a complementary relationship. Without movement time and space are not real, and there is no change at any systems level. Movement mirrors the organisation of consciousness and therefore reflects health. The implied aim is consciousness expansion and therefore expansion of health and life (Chinn and Kramer 1991).

It is certainly a new way of considering health via the none traditional concepts of movement, time, space and consciousness. It asks its readers not to try and change another person's pattern but to recognise and relate to it in an authentic way. The theory draws on some of Newman's contemporaries (Rogers 1986, 1970), and includes Nightingale (1969), although it's difficult to relate the two, because Newman (1986) appears to move away and have no major positivistic philosophical indicators in her work. Newman's theoretical construction presents as particularly abstract, almost an exercise in mental gymnastics, wherein one is required to fit the pieces of the nursing paradigm (man, health, environment and nurse) into place.

BENNER

Benner (1984) focussed her philosophical and theoretical ideas about nursing by using descriptive accounts of clinical practice to discover/examine the knowledge embedded in nursing practice by outlining the differences between practical and theoretical knowledge, the doing from the knowing ('knowing how' versus 'knowing that'). This knowledge construction draws on the work of Dreyfus (1979), whose model of skill acquisition is aimed at classifying students' levels of proficiency, moving from novice to expert. This skill acquisition is the moving from formal models which depend on rules to guide action, like training wheels, to the intuitive grasp of situations where nurses no longer rely on models/rules to guide their understandings of situations. Benner (1984) captures the holistic nursing practice perspective by using a phenomenological approach, in which nurses systematically record what they learn from their experience, using these exemplars to see the situation as a whole rather than its parts.

Polanyi (1969) describes this as an understanding of the differences between actual knowledge (knowing that) and knowing how, or knowing the theory and being able to apply the theory to practice. Polanyi uses riding a bicycle to make this point, saying this does not mean that I can tell how I manage to keep my balance, although he states I can always ride my bicycle without problem or conscious thought.

Benner (1984) suggests that as experience is gained, clinical knowledge becomes a blend of practical and theoretical knowledge. This premise implies that there is more to any situation than a theory could ever predict, and in this sense the skilled practice of nursing exceeds the bounds of formal theory. This line of reasoning is wedded to Benner's assertion that theory is required and relevant as a starting point for nursing and is developed with experience and extends to knowledge embedded in practice which helps discover and interpret theory, precedes and extends theory and then synthesizes and adapts theory into intuitive nursing practice. Benner's philosophical ideas would be more appealing, understood and accepted by nurses in clinical practice because they move away from academic, 'scientific jargon' and encompass basic humanistic care.

WATSON

Watson's (1985, 1979) theories also hinge on a more phenomenological and holistic view, using a combination of psychology and humanism and advocating nursing as promoting/restoring health, preventing illness, and caring for the sick. These views advance the person as a unity (Holmes 1990) who requires holistic care, which promotes humanism, health and quality living. Marriner-Tomey (1989) describes Watson's theories (1985, 1979) as an attempt to understand how health, illness and human behaviour are interrelated. Watson's theoretical focus is on caring which, as a body of knowledge, distinguishes nursing from medicine as a separate science. Holmes (1990) refers to an epistemology that allows not only for empirics, but for advancement of aesthetics, ethical values, intuition and process discovery saying Watson's explicitly phenomenological approach operates alongside the positivism of traditional medicine. This position views the human science of nursing, and the natural science of medicine, not as mutually exclusive but rather as two different ends of a continuum along which clinical practice can travel.

CHANGING FOCUS

There is a changing focus in the theoretical and philosophical developments in nursing. This change moves away from all inclusive to a more post-modern theorisation. This development has moved from a position which promoted nursing as a science, reliant upon observation and adherence to the medical model and specific patient needs as the goal of nursing, to a position where a more holistic/humanistic focus became the currency of practice. Movement through this period shifted the theoretical construction of nursing to interpersonal relationships, where nurse-patient interactions were viewed as being clinically more significant than in the past. Systems theories were introduced, although it is difficult to make clear distinctions between the philosophies that distinguish systems theory from interpersonal relationships, with many contemporary authors defining these fields differently. For example, the work of Rogers (1970) is classified as systems theory in Torres (1986), energy fields in Marriner-Tomey (1989) and outcome theory by Meleis (1985). This diversity of opinion is not helpful and demonstrates a lack of clarity in the original theories and is a topic of much debate in nursing curricula. Clearly, we need a combination of theories/models which incorporate the complexity and diversity of nursing and patient care situations.

Many of the theories today appear somewhat dated and esoteric. I have argued here for nursing to move toward a multiple model, capturing the philosophies of both positivist and non-positivist paradigms (in a triangulated/overlapping way). This multiple model embraces evidence based practice where we read all of the incoming patient data in devising diagnosis and developing treatment strategies. Evidence based practice at the moment appears to be focused on the primacy of the randomised clinical trial as the only legitimate source of evidence. According to Fawcett et al (2001) most discussions of evidence based practice treat evidence as an atheoretical entity which tends to widen rather than close the theory practice gap. Pearson (1987) articulates this thought saying we need to peruse multiple options and to value them all, in this way we could perceive practical theory as legitimate theory; practice as theoretical; practitioners as theorists; and at the same time acknowledge those scholars whose expertise lies in developing theory from outside the practice world.

We have to be careful in this process that as we embrace non-positivist philosophies and begin to combine these changed philosophies with management initiatives such as case-mix and diagnostic related groups that we do not go full circle and begin to embrace nursing care driven by bureaucracy and fiscal policy. If we do this, it will be like returning to our 'nursing shift with Nightingale' where we once again practice and rely on observable entities, with demonstrated regularities and general laws verified through their measurement and quantification, embracing the medical model; self-fulfilling the handmaiden role and incorporating the mandates of positivism.

SUMMARY

Meleis' (2007) work outlines the pull between the received view of science and the perceived view. The former provided grounds for acceptance and rejection of the process that nurses have taken in theory development and is a more acceptable approach to analysis and evaluation of work within the context of justification. The perceived view, the guiding paradigm for nursing practice, nursing theory and, for that matter, nursing education, has been more open, more variable, relativistic, and subject to experience and personal interpretations. This perceived view encourages a holistic outlook and approach, based on the perceptions of both patient and nurse theorist/practitioner, encompassing their descriptive exemplar experiences. These notions are the building blocks to the context of discovery in philosophical and theoretical knowledge construction. The highlighting of Newman (1986, 1979), Benner (1984) and Watson (1985, 1979) emphasises the role of the nurse and the caring endeavour as being distinct, equal, if not more valuable and important in terms of patient outcomes as cure (the dictate of the medical model). This position champions holism which insists that all aspects, the whole of natural phenomena must be admitted to nursing practice in order to gain a more meaningful bigger picture of patient care in determining diagnosis and then care. The three theorist's examined are certainly products of their respective times, where their own personal histories influence aspects of their theoretical constructions. The idea of energy fields (Newman 1986) is in stark contrast to Nightingale's manipulation of the environment; the notion from Rogers (1986) that nursing in space needs consideration is not something that practising nurses will readily grasp, and we need to be careful that any theoretical construction of ideas such as this should be discouraged simply because they fascinate (Holmes 1991). Our theories should be distinguished by intuition and insight as distinct from guess-work founded on ignorance (Holmes 1991). Extending this point, some nursing theories are rather abstract and esoteric and appear to have little to do with everyday nursing. Analysis of many theoretical constructions shows them to view specific phenomena and/or theoretical positions from a variety of different perspectives, rather than offer substantial paradigmatic alternatives. Clearer definitions rather than 'word salads' will help practising nurses accept, understand and engage the move toward more non-positivist philosophies in respect to the theoretical construction and practice of nursing. The lesson from this research is to encourage the marrying of science and art to capture real nursing practice going forward in the 21st century.

REFERENCES

- Benner, P. (1984) *From novice to expert: excellence and power in clinical nursing practice*. Addison-Wesley Publishing Co. Inc. California.
- Benner, P. and Wrubel, (1989) *The primacy of caring: stress and coping in health and illness*, Addison-Wesley Publishing Co., Menlo Park, California.
- Blattner, B. (1981) *Holistic nursing*, Prentice-Hall, Inc., Englewood Cliffs, N.J.
- Carper, B. (1978) *Fundamental patterns of knowing in nursing*, *Advances in Nursing Science*, 1(1):13-23.
- Chinn, P. and Kramer, M. (1991) *Theory and nursing: A systematic approach*, (3rd edn.) Mosby Year Book, St. Louis.
- Cody, W.K. (2003) *Nursing Theory as a Guide to Practice*, *Nursing Science Quarterly*, Vol. 16, No. 3, 225-231.
- Dreyfus, H. (1979) *What computers can't do: The limits of artificial intelligence* (2nd edn.) Harper and Row, New York.
- Fawcett, J., Watson, J., Neuman, B., Walker, PH., & Fitzpatrick, J. (2001) *On Nursing Theories and Evidence*, *Journal of Nursing Scholarship*, 33:2, pp115-19.
- Habermas, J. (1981a) *The Theory of Communicative Action*, Vol 1, Trans. Mc Carthy, T. Beacon Press, Boston.
- Habermas, J. (1981b) *The Theory of Communicative Action*, Vol 2, Trans. Mc Carthy, T. Beacon Press, Boston.
- Heidegger, M. (1968) *Existence and Being*, Vision Press, London.
- Holmes, C. (1990) *Alternative to Natural Science Foundations for Nursing*, *International Journal of Nursing Studies*, 27(3):187-98.
- Holmes, C. (1991) *Authentication of Nursing 2: Theoretical Constructs in Nursing*, Study Guide and Reader, Deakin University, Geelong.
- Im, E. & Chang, S (2012) *Current trends in Nursing Theories*, *Journal of Nursing Scholarship*. 44(2):156-64

- King, I. (1971) *Towards a theory of nursing*. John Wiley and Sons, New York.
- King, I. (1981) *A theory of nursing: systems, concepts and process*. John Wiley and Sons, New York.
- Limandri, B. (1982) Review of man-living-health: A theory of nursing by Rosemary Rizzo Parse, *Western Journal of Nursing Research*, 4(1):105.
- Marriner-Tomey, A. (1989) *Nursing theorists and their work*. (2nd. edn) C.V.Mosby, St. Louis.
- Martin, M. (2000) *Verstehen: the uses of understanding in social science*, Transaction Publishers, New Brunswick.
- Meleis, A. (1985) *Theoretical nursing*, Lippincott, Philadelphia.
- Meleis, A. (1991) *Theoretical nursing: development and progress*, Lippincott, Philadelphia.
- Meleis, A. (2007) *Theoretical nursing: development and progress*, (4th edn) Lippincott Williams & Wilkins, Philadelphia
- Meleis, A. (2012) *Theoretical nursing: development and progress*, (5th edn) Lippincott Williams & Wilkins, Philadelphia
- Merleau-Ponty, M. (1962) *Phenomenology of perception*.(trans. C.Smith) Routledge and Kegan Paul Ltd., London.
- Newman, M. (1979) *Theory development in nursing*, F.A. Davis Company, Philadelphia.
- Newman, M. (1986) *Health as expanding consciousness*, The C.V.Mosby Company, St. Louis.
- Nightingale, F. (1969) *Notes on nursing: What it is, and what it is not*. Dover, New York. (originally published, 1859).
- Neuman, B. (1982) *The Neuman systems model: Applications to nursing education and practice*. Appleton Century Crofts, Norwalk.
- Neuman, B. (1989) *The Neuman systems model: Applications to nursing education and practice*. Appleton Lange. Norwalk.
- Nolan, M., Lundh, U. and Tishelman, C. (1998) Nursing's knowledge base: does it have to be unique? *British Journal of Nursing*. 7, 5, 270-276.
- Orem, D. (1971) *Nursing: Concepts and Practice*, Mc Graw Hill, Scarborough.
- Parse, R. (1981) *Man-living-health: A theory of nursing*, John Wiley and Sons, New York.
- Pearson, A. and Vaughan, S. (1986) *Nursing models for practice*, Heinemann, London.
- Pearson, A. (1987) *Theorising nursing: The need for multiple horizons*. Keynote Address presented at the 3rd. National Nursing Education Conference, Perth, Dec. 4-9th.
- Peplau, H. (1952) *Interpersonal Relations in Nursing*, G Putman's and Sons, New York,. Polanyi, M. (1969) *Knowing and being*, Routledge and Kegan Paul Ltd., London.
- Ray, M. (1989) *The Theory of Bureaucratic Caring for Nursing Practice in the Organizational Culture*, *Nursing Administration Quarterly*. 13(2) pp 31-42.
- Reed, P. Shearer, N. and Nicoll, L. (2004) *Perspectives on Nursing Theory* (4th edn), Lippincott Williams & Wilkins, Philadelphia.
- Rogers, M. (1970) *An introduction to the theoretical basis of nursing*, F.A. Davis, Philadelphia.
- Rogers, M. (1986) *Dimensions of health: A view from space*. Paper presented at the conference on Law and Life in space. Sept. 12th. 1986. Centre for Aerospace Sciences, University of Nth. Dakota.
- Sarvimäki, A. (1988) Nursing care as a moral, practical, communicative and creative activity, *Journal of Advanced Nursing*, 13; 462-67.
- Torres, G. (1986) *Theoretical foundations of nursing*, Appleton Century Croft. Norwalk, Connecticut.
- Travelbee, J. (1966) *Interpersonal aspects of nursing*. F.A. Davis. Philadelphia.
- Travelbee, J. (1971) *Interpersonal aspects of nursing*, (2nd. edn), F.A. Davis. Philadelphia.
- Watson, J. (1979) *The philosophy of science and caring*. Little Brown, Boston.
- Watson, J. (1985) *Nursing: human science and human care*, Appleton Century Crofts, East Norwalk.