

Chapter 2

The Evolving Nursing Scholarliness*

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The thesis of this discussion is that nursing is involved in a scholarly evolution, that this evolution has properties and norms that have evolved from previous stages of development, and that every previous stage had a major contribution leading to our current evolution. The discussion is based on the premise that a reflective stance and self-analysis are essential to growth and development and that meaning and ideas are enhanced when one is able to trace their origins, the problems that motivated their development, the conceptualizations to which they relate, and the knowledge of how one intellectual tradition grows from another. Progress in nursing theory is a most significant aspect of this scholarly evolution and a cornerstone of the discipline of nursing. It behooves us, therefore, to review the events that influenced the current stage of nursing scholarliness and the contributions of nursing theory to it.

In its search for professional identity and meaning, nursing has proceeded through several stages. Self-analysis and evaluation and the view and status accorded nursing in our patriarchal society made it appear as if each successive stage was a deviation from the goal of establishing the discipline of nursing. But in essence each stage has sharpened and clarified the dimensions needed for establishing the scientific discipline, prompting or leading to the scholarly evolution in nursing.

THE STAGE OF PRACTICE

Nursing's professional beginnings are found in the Crimean War, if we consider the Western version, or in the Islamic Wars if we consider the

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Eastern version. Both beginnings took place in a war situation, an illness situation, as we now call it, in which women were assigned to care for the wounded and sick. This stage of practice became the *raison d'être* of nursing care as a distinct professional discipline.

THE STAGE OF EDUCATION AND ADMINISTRATION

From practice, and by the ensuing events surrounding the nursing tradition of apprenticeship and servitude, evolved the interest in how to prepare nurses for a practice that would be disengaged from service and servitude. The "how to" of practice eventually was translated into what curriculum to develop and how to teach it. Almost three decades were spent experimenting with different curricula, with ways of preparing teachers and modes of educating administrators for schools of nursing and for service, ending in a shift to modern nursing education. Expertise in role preparation predominated this second stage and added new dimensions to the knowledge of nursing.

THE STAGE OF RESEARCH

Consolidation of advances in nursing education and administration prompted the realization that without systematic inquiry into the aims of teaching, learning modalities and the teaching-learning milieu could not be improved. The focus on functional roles was sought by nurses who had received their degrees in an educational arena; therefore, the phenomena they preferred to investigate evolved from the discipline from which they received their degrees.

How to teach, how to administer, how to lead, and which strategies would be effective were the questions that led to the expansion of research.¹ The first nursing research journal in the United States (and the world) was established in 1952 with the publication of *Nursing Research*, and in 1968 the Western Interstate Commission for Higher Education (WICHE) inaugurated its Communicating Nursing Research Conferences. The journal sought to improve nursing education, enhance nursing research productivity, and raise the quality of research. The journal, the standards, and the meetings helped nursing research to develop scientific norms, the "set of cultural values and mores governing the activities termed scientific."²

Criteria for reviewing scientific papers were established with the assumption that a scientific inquiry must be judged by peers. Thus, nurse researchers began to abide by Merton's norm of universalism.³ Universi-

ties began to expect from nurse faculty members what is expected of faculty in other disciplines and required them to share their ideas in the scientific arena. Through the binoculars of science, the "publish or perish" dogma is not unrealistic but rather another norm of nursing science, i.e., the norm of communality, of the common ownership of scientific results.⁴

The initial attempts at introducing one's ideas and sharing one's research results were met with severe, and what appeared to be devastating, criticism, so that in addition to universality and communality two other norms evolved, objectivity and detached scrutiny.⁵ Leininger's classical article on the process of the research critique was timely and provided a turning point.⁶

The stage of research made major contributions to contemporary scholarly nursing. It was the stage where tools of science also left a major mark on curriculum, with design, methodology, and statistics courses, and publications that compiled and combined major research tools and instruments.

These, then, were the beginnings of nursing inquiry and science.⁷ During this period researchers emphasized scientific syntax, the process rather than the content of research. The binding frameworks or depositories of collected facts were still lacking. Nevertheless, the syntax of the discipline had been formulated.

THE STAGE OF NURSING THEORY

Eventually, the fundamental questions, the essence of nursing—its mission and its goals—began to surface. An incisive group of leaders, nurses who believed that theory should guide the practice of nursing, wrote about the need for theory, the nature of nursing theory, how philosophers viewed theory, and how nursing theory ought to be shaped. The arguments ranged from seeing nursing as a chapter of medicine to seeing it as part of the biological, natural, or physical sciences, an idea akin to the historically influential Cartesian concept of biology as a chapter of physics. The Cartesian concept was rejected, and the concept of nursing as part of medicine has continued to meet resistance. Nursing cannot be reduced to a single science that inquires into just one aspect of the human being, so the new breed of nursing leaders maintained—the philosophers and the theorists—just as biology is not reducible to physics. There exists an intrinsic autonomy of nursing and its methods.

The stage of theory development evolved from the preoccupation with syntax into the disciplined and imaginative study of the realities of nurs-

ing, of the truths that guide its actions. The development from preoccupation with scientific method to speculation was akin to the development of philosophical thought in the eighteenth and nineteenth centuries. The eighteenth century was highly influenced by Newton and Bacon, the latter being influenced by Cartesian philosophy, and the nineteenth century by Immanuel Kant, whose hypothetical, deductive, metaphysical approach encouraged the speculative nature of science. The speculators in nursing began to construct realities as they themselves saw them, their imaginative constructs evolving from their philosophical backgrounds and from their educational inclinations. Therefore, we find premises from existentialism, analytical philosophy, and pragmatism guiding the development of theories, sometimes explicitly and very often implicitly.

It was natural for theory development to be influenced by the paradigms of other disciplines, by the educational background of nurse theorists, and by the philosophical underpinnings of the time. Theories developed in response to dissatisfaction with isolated findings in research. The emerging theories addressed the nature of the whole human being and the interactions and transactions in the health care system, as well as the process of decision making for assessment and intervention.

Several characteristics marked the stage of theory development, including a search for conceptual coherence and adoption of paradigms from psychoanalysis, developmental, adaptation, and interaction theories and humanism. Although certain theoretical concepts were synthesized from diverse paradigms, most nursing theories, such as systems of behavior, role supplementation, therapeutic touch, and self-help, were definable and analyzable only from the nursing perspective. Theories offered a beginning agreement on the broad intellectual endeavors and the fundamental explanatory tasks. This stage offered knowledge of relevant phenomena but still uncertainty about the discipline and its intellectual goals. Conceptual schemata evolved before any clear recognition of their empirical scope, just as in nuclear physics the first achievement was not one of observation or mathematical calculation but one of intellectual imagination. The theories helped the discipline in focusing on its concepts and problems.

Rogers offered a philosophy of nursing evolving from constant human interaction with the environment.⁸ Johnson developed the notion that a human being, a biological system, is also an abstract system of behavior centered on innate needs.⁹ Levine¹⁰ and Orem¹¹ proposed guidelines for interventions that preserve the integrity of the human being, the psychology, the community affiliation, the entire person. Orem reminded us that the human being is perfectly capable of self-care and should progressively move toward that goal.¹²

Because of the previous focus on education and professional identity, because the National League for Nursing stipulated a conceptual framework for curriculum, and before truth of a theory was established through corroboration, emergent theories were used to guide teaching, and consequently scientific energies were dissipated in developing curricula that corresponded to these theories.

The need for nursing theory was obvious, but the nagging questions continued. What fundamental process does nursing represent? Which are its units of analysis? These questions continued to be answered from the need for a guiding paradigm and the search for a universal theory, culminating in the search for a universal theory with explanatory power for all dimensions of nursing. One is reminded that Galileo and Descartes liked to talk of the scientist's task as being able to decipher once and for all the secrets of nature and to arrive at the "one true structure" of the nature of the world. Yet that was a Platonic ideal rather than a plain description of the task of scientific research. Later, scientists began to give up this line of pursuit. Physicists and physiologists now believe that "we shall do better in these fields, by working our way toward more general concepts progressively, as we go along, rather than insisting on complete generality from the outset."¹³ Toulmin proposes that "human behavior in general represents too broad a domain to be encompassed within a single body of theory." When this occurs, it will be a "sign of maturity rather than defeatism" within the discipline.¹⁴

Because nurse scientists searched for one theory for the entire discipline, the task was either overwhelming and appeared highly abstract¹⁵ or too simplistic and reductionist.¹⁶ The usefulness of an encompassing theory was questioned by the majority and used by the minority. More nurses were beginning to abandon the notion of a universal theory to describe and explain its phenomena and units of analysis and to guide its practice, just as physicists did when they abandoned the seventeenth-century hope that a universal science of nature could be developed within the framework of fundamental ideas of classical mechanics.

Three themes in nursing evolved during this stage: (1) acceptance of the complexity of nursing and the inevitability of multiple paradigms, (2) acceptance of the need to test and corroborate major propositions of differing models before dismissing any of them, and (3) the idea that concepts or theories remaining in the field, through cumulative effect, become the basis of the development of perspective. Dualism and pluralism were the norms of this stage. It was also during this stage that nursing developed the boundaries necessary to focus its inquiry and the flexibility to allow expansion through creative endeavor.

- The Stage of Scholarliness

Neither the norms nor the tools of scholarliness suffice in viewing development of knowledge as scholarly. The norms and tools are only mechanisms to illuminate the phenomena of the field. Without the articulated major concepts of the field and its units of analysis, a discipline cannot claim scholarliness. This is where nursing theories become significant. We can articulate the domain of nursing by studying the imaginative theories that nurse theorists have developed, by considering current research, by reviewing what we actually do, and by reviewing nursing literature. Philosophers in the discipline have provided many insights into the boundaries of the domain of nursing.¹⁷

The following definitions of scholarly domain synthesize some aspects of Kuhn's, Merton's, and Parson's definitions and also benefit from a contemporary philosopher, Toulmin.¹⁸

1. The scholarly domain has some broad basic concepts.
2. It contains the major problematics of the field that make up the canons for significant statements.
3. It delineates its units of analysis.
4. There is evidence of beginning agreement and genealogy of ideas.
5. It is a synthesis of a number of paradigms.
6. Its use does not preclude the use of other paradigms, but rather encompasses all pertinent paradigms.
7. The current explanatory goals and the current explanatory procedures are defined.
8. There are the accumulated experiences of the scientists marking it.
9. The norms and the tools that guide the discipline are defined within the domain.

When nursing is analyzed utilizing these criteria, one finds that a nursing domain has evolved.

The Domain of Nursing

Nursing's domain encompasses knowledge of nursing practice and evolves from philosophy, history, former practice, common sense, research, and theories. Nursing theories gave the discipline its domain, the necessary agreement on concepts, and the essential intellectual genealogy that helped the development of its scholarliness.

The genealogy of nursing thought indicates that nursing is committed to the assessment of health status and health potential of human beings. It is

committed to individuals requiring care, concern, and comfort during and after the potential experience of a transitional event. It is concerned with well-being and quality of life.

Nursing deals with people who are experiencing transition, anticipating transition, or completing the act of transition.¹⁹ Transition denotes a change in health status, in role relationships, expectations, or abilities. It denotes changes in needs of all human systems. Transition requires the person to incorporate new knowledge, alter behavior, and thus change the definition of self in social context, of a healthy or ill self, of internal and external needs, which affect the health status. Transitions are developmental, situational, or health-illness events. Two significant developmental transitions may be associated with health problems (both psychosocial and biophysiological): (1) the transition from childhood to adolescence, which has the potential of being associated with ensuing problems such as substance abuse and teen pregnancies, and (2) the transition from adulthood to mature adulthood, a period accompanied by gerontologic problems relating to identity, retirement, and chronic illness.

Another transition falling within the domain of nursing is the situational transition that includes the addition or loss of a member of the family through birth or death. Each situation requires a definition or redefinition of the roles that the client (a person or a family) is involved in. The transition from a nonparental role to a parental one, from double parenting to single parenting, and attempts of women to move from the battered role to the nonbattered role are three examples of situational transitions that affect a human being in totality, though we are concerned with them in terms of health. Nurses are also concerned with the transition from institutional care to community care.

The last, but not least important, category is the health-illness transition. This category includes such transitions as sudden role changes that result from moving from a well state to an acute illness, from wellness to chronic illness, or from chronicity to a new wellness that encompasses the chronicity. Transitions are, then, one component of the domain.

Domains have to be identified not only by the types of objects with which they deal, but by the questions that arise about them. The sociologist, the psychologist, the biologist, the physiologist are all interested in transitions at the micro and macro levels, and the objective of their interest is to know. Only the nurse is interested in articulating transitions that are biopsychosociocultural, and not only to know but ultimately to have knowledge of the utility of what we know and, in particular, have ways to effectively use that knowledge. Unlike other academic disciplines, nursing is accountable to the public; it is expected to meet its needs. The author's interest in health care of Arab Americans arose from the needs of

health care systems dealing with Arab Americans. It concerns immigrants in sociocultural transition, considers the effect of transition on clients' biological, psychological, sociological, and cultural needs,²⁰ and the effect of transitions on health behavior, illness behavior, illness episodes, and coping styles of Arab Americans. The interest evolved from a nursing perspective, utilized a sociological model, and will, it is hoped, add to the domain of nursing.

Nursing does not deal with transition of an individual, a family, or a community in isolation from an environment. How human beings cope with transition and how environment affects that coping are fundamental questions for nursing. Nursing seeks to maximize clients' strengths, assets, and potential, or to contribute to restoration of the client to optimal levels of health, function, comfort, and self-fulfillment. Coping and adapting are multidisciplinary and interdisciplinary conceptions. The menopausal experience, for example, is a developmental transition and a multi-domain concept. Though research in nursing considers menopause from a biopsychosociocultural perspective, the sociologist looks at it in terms of societal expectation, with the roles and status normatively accorded the menopausal person. The psychologist views menopause from an intrapsychic perspective, the physician in terms of changes of cells in the endocrine system. The nurse researcher considers the subjective meaning of the entire experience, what biopsychosociocultural variables influence that meaning, and what the consequences are in the life of the person and for the significant others of that person, how the person is coping, and finally how the nurse can help the menopausal person cope with the experience if indeed there is a need to do so.

Though each nurse researcher considers the nursing phenomena by utilizing the basic premises of the field and a total view of the human being, the preparation of the researcher will dictate the dominant model. For example, one nurse researcher conceptualizes phenomena predominantly from a physiological model, another will use a sociological model. Both explicate nursing phenomena and work toward the goals of enhancing healthful living, an adaptive stance, and a higher sense of well-being. Both are adding to the nursing conceptualization of the menopausal experience.

To articulate its inquiries and findings, the discipline of nursing uses knowledge from other sciences. Its central problems, though, are not of interest to other disciplines, just as the problems in the field of engineering are unique to it and make up its intellectual discipline. For engineering the premises come from physics, chemistry, economics, and behavioral sciences, but the synthesis and problematics are uniquely those of engineering.

Scholarliness depends not only on the emergence of the domain concepts and problematics but on the intellectual attitudes with which the nature of nursing is approached. The nursing discipline has a temporal dimension and depends on current representation. Recent writing in nursing demonstrates a passion for knowledge, a search for the meaning of truth, an exploration of values guiding practice as well as knowledge and indicates that there are changes in the outlook of pacesetters in nursing. As a result, areas of nursing that a generation ago nurses did not find worthy of investigation have become problematic and enticing for scholars of the new generation, simply because their intellectual horizons have expanded in depth and breadth.

Norms of Scholarliness

An analytical view of norms supports the notion of scholarliness in nursing. Education and practice are coming back together. Some institutions are trying, and succeeding, to have their faculty maintain joint appointments. Theory is infiltrating practice, and from practice theories are evolving. Tests of theories, instead of being done in the curriculum, are done in practice. Research findings demonstrate significant consequences to nursing care through changes in morbidities, mortalities, and quality of life.²¹ Not only is there tolerance for multiple theories in nursing but also there is an evolving agreement that pluralism in nursing theory is essential.

The use of many models and the acceptability of pluralism is accompanied by an attempt to derive meaning from their relationship to nursing. Representative examples of excellent theoretical frameworks of nursing phenomena are increasingly appearing in the nursing literature.²² All these frameworks evolved from and represent the nursing domain.

Authors of these conceptualizations combined the classic view that concepts are not accessible to empirical tests with the view of empirical positivism that concepts generate variables that are testable. The conceptualizations were based on research and premises from interactionist and developmental models and drawn from natural and physical science. The new propositions allowed for the divergences that are essential for development of further testable propositions and, eventually, the development of theories. This process is analogous to other processes in the history of science. Johannes Kepler, for example, used all the data and the careful observations that were collected painstakingly over many years by Tycho Brahe and conceptually developed the four laws of planetary motions.²³ By doing so he opened up new avenues of thought and raised new ques-

tions. He used convergence to evolve the laws and allowed more questions and propositions to develop.

Another property of the age of scholarliness is that of collaboration and individualization. The essence of collaboration²⁴ is that each member of the team has a major contribution to make and that without that contribution the collaborative act has no meaning. All established disciplines exist on within- and between-discipline collaboration. Our discipline has demonstrated collaboration by leaps and bounds within this last half decade. Of course, scholarliness also stands for the potential and opportunity for individual work.

Just as the nature and the premises guiding the intellectual discipline of nursing are interdisciplinary, there is also synthesis in truth in nursing. Truth is corroboration in the Popperian sense,²⁵ and it is coherence in the Aristotelian sense. It is also prestige and power that prompt members of the discipline to agree on its main concepts, parameters, and units of analysis that are the focal features of the discipline in the sense that Kuhn advanced. It is introspection, conception, and derivation of meaning in the Kantian sense.

Nurses use all these meanings to constitute truth, combining subjectivity and objectivity. Because they deal with complex phenomena, with human beings, with behaviors, cognitions, and perceptions, the discipline cannot use one meaning of truth to the exclusion of others. Because of this decade's consideration for science, for humanity, and the close relationships between philosophy and science and science and ethics, nursing is realizing that a singular theory of truth is inadequate and defies the essence and purpose of nursing. Theories and research in nursing take into consideration the problems that have motivated the construction of the intellectual systems of nursing.

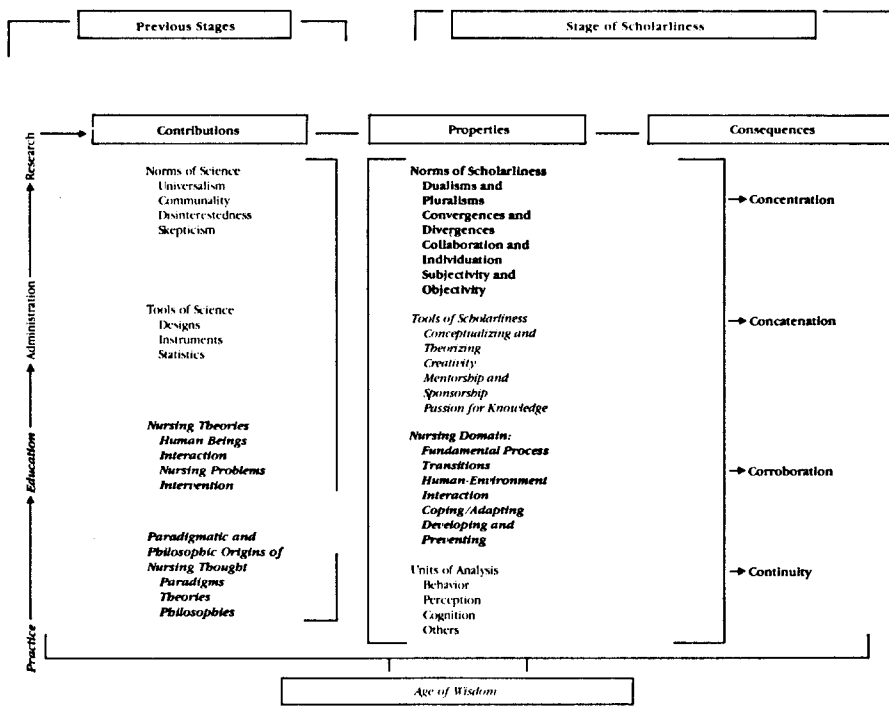
Tools of Scholarliness

Without the creativity that accompanies conceptualizing and theorizing, we could not claim nursing scholarliness. Creativity in nursing is manifested in many ways. Martha Rogers in the late 60s and early 70s used electromagnetic concepts to explain human beings' reactions to health and illness and to give philosophical guidelines to nurses' interventions. She talked about "wholism" before it became part of our health care language.²⁶ Orem spoke of self-care before the initiation of the self-care movement.²⁷ Travelbee spoke of spirituality before it infiltrated the rest of the health care disciplines.²⁸ The humanists in the discipline articulated the meaning of the experience of loss and death before it became

part of our media lexicon. Creativity is the ability to link seemingly unrelated concepts, seemingly unrelated variables,²⁹ just as Einstein linked time with space and mass with energy. Newton developed the concept of gravity to describe his data. Creativity is the discovery of hidden likenesses. Bronowski said that the act of creation is original but it does not stop with the originator.³⁰ Kepler's laws describing the movements of the planets were not arrived at by mounds of corresponding facts that he collected himself or by corresponding readings, though both are significant. He speculated, dreamed, used metaphors, and made analogies (e.g., with music), all of which helped to give conceptual order to the data. In the same fashion, Rogers used the analogy of symphonic harmony to describe a human being's relations with his or her environment.³¹ Creativity is leaps of imagination.

Scholarliness is a process and state that encompasses not only norms and tools of science but norms and tools of theorizing and philosophizing, and then communicating ideas through teaching to enhance the scholarly socialization of its members. Over the decades, nursing added the necessary pieces to the puzzle of scholarliness. Nursing continues to have a high commitment to improve its curricula, its teaching-learning strategies, its methods of evaluation, its administrative styles. It is one of very few disciplines that isolate the component of research design and methodology and help students develop necessary skills to undertake a research career.

This is the stage of scholarliness because research and theory help explicate major agreed-upon nursing phenomena; because nursing is able to articulate its mission in theoretical terms and with scientific data;³² because nursing has well-established organizations, scientific journals, and scientific arenas to express its views using both scientific and philosophical methods; because it has authoritative reference groups, all of which helped in establishing agreed-upon, well-defined intellectual goals; because it believes in the autonomy of its clients; because it has a pluralistic view of truth that encompasses internal coherence of premises and propositions, external correspondence of truth through sense, and pragmatic truth through metaphysical processes; because it deals with significant problems; because it deals with humanity and therefore *is* for humanity; because its constituents have both a passion for knowledge and a flair for practice; and finally, because it offers cumulative wisdom. Nursing goals are generally congruent with those of the recipients of its care; nursing operates from a health and holistic approach and purports to enhance coping and harmony with one's environment. Furthermore, this is the stage of scholarliness because it encompasses continuity, concentration, concatenation, and corroboration (Figure 2-1).

Figure 2-1 Stages of Knowledge Development

Consequences

Continuity is manifested by the important and fundamental questions in the field that are addressed within a conceptual or theoretical scheme to refine and modify ideas over "generations of scholars."³³ Answers are not the isolated incidents nursing deals with, such as relationships of mechanostimulation on primary or secondary pain, therapeutic touch as a modality for communication and assessment as well as intervention, or the consequences of reality testing on the elderly, but are linked to other answers to form a whole that belongs to a theory of stimulation or human/environmental interaction. Scholarliness is the ability to delineate the premises on which one's decisions and questions are based. This ability to do the research provides the potential for replication, of isolating objective and subjective avenues of inquiry, and of putting the results within the context of theories.

Our scholarly efforts are concentrated on sharpening and refining our knowledge of the central process of the discipline and transitional situa-

tions that are focal to the nursing perspective, the salient features of human/environment interactions, the nature of coping and adapting, the process of development and prevention, and mechanisms to maintain or change any of these processes.

Through quantitative and qualitative analyses, dimensions of phenomena are being sharpened, subconcepts validated, and basic propositions tested, adding to the substantive knowledge. We must not forget, however, that a significant mission of the discipline is not only better care of the patients but the emergence of our clients from the transition situation with the tools to cope with similar or different transitions in life, with ways to promote their health and means to prevent further illness episodes, and with techniques to deal with stress in life. Thus, we would be helping the merging of research, theory, and practice, the concatenation realized as we handle clinical problems more and more with the same ease we handle theoretical and research problems.³⁴ In fact, nursing theories are bridging the gap to practice, and practice is joining with education.³⁵ The distance between creation of knowledge, corroboration, and use of knowledge in practice is diminishing. Concatenation is the condition under which that shortening of distances is occurring. Concatenation also involves joining with the public media. Our local and national media are cooperating in modifying the negative image the public had of nursing. And more important, documentaries are using nurses as the experts, nurses are speaking up, their messages are loud and clear, and they are being heard.³⁶

Concatenation is manifested in other areas as well. The creative theories with the well-documented paradigmatic premises will need continuous efforts at corroboration. This will happen when a conscious effort is made for continuity. Attempts are made to consider new commissions and needed omissions in theories. This will continue to occur through collaboration and interdisciplinary work.

THE STAGE OF WISDOM

Out of all that has gone before, and the current state of nursing knowledge, the age of wisdom will emerge. It will encompass all the properties of the other ages, not in a cumulative way but rather synthetically and developmentally (see Figure 2-1). There will be more acceptance of the complexity and fluidity of nursing concepts and the significance of the temporal dimension in our research and theory development. Natural turns and detours will be made with ease and comfort, just as Newton made a natural turn to astronomy because at that time finding one's way

in the sea was a pressing preoccupation, or as Kepler turned to astrology and used it during the Thirty Years' War.³⁷ Using theories and developing new theories will benefit from temporal experiences. From such use and further testing comes wisdom. While we must not forget Bacon's reasoning for empirical testing or Kant's insistence on a priori conceptual schematas independent of experience, a practice discipline such as nursing cannot exist if it forgets Kaplan's advice that the pursuit of wisdom expresses a deep concern with the good that can be achieved in human life.³⁸ Those benefits resulting from nursing practice have to be conveyed to the public, to whom nursing is ultimately accountable. It is public awareness and accountability that are the main pillars upon which the discipline of nursing will rest.

This is the domain as we see it today, and such are the consequences we must nurture in the 1980s. At any particular time, the recognized domain will include many phenomena that are not entirely clear or apparently consequential, or they might create genuine and inquisitive stances. This does not reflect on the lack of maturity of a discipline but rather indicates its continuing growth. During the stage of wisdom the bond between scientific endeavors and reflection will become stronger, adaptation and demand will be the key forces of rationality instead of structure and inflexibility. We will accept limitations in the discipline of nursing as limitations of the time rather than shortcomings of the discipline.

Wisdom is the "capacity to take account of all important factors in a problem and to attach to each its due weight"³⁹ and to know which ends to pursue. It combines knowledge, feelings, morals, and practice. Wisdom is a sense of proportion. Knowledge can give us nursing therapeutics to enhance self-care, increase mother/infant attachment, increase social support or networks, ease effects of transition, maintain integrity of the individual. Only wisdom and understanding can assure their appropriate use for our clients without imposing our own values. Wisdom is a total perspective, seeing an object, event, or idea in all its pertinent relationships. Spinoza defined wisdom as seeing things *sub specie eternalis*, in view of eternity; Durant suggests defining it as seeing things *sub specie totius*, in view of the whole.⁴⁰ Considering the stages of development of knowledge in nursing and considering nursing as a whole leads to the proposition that nursing currently is encountering a scholarly evolution.

Emerson once said "To the philosopher, all things are friendly and sacred, all events profitable, all days holy, all men divine." To nursing, all stages were essential to bring us to our current stage, the stage of scholarliness, and from all stages will emerge the stage of wisdom.

Once, there was a there. Now "there" is here. Let us acknowledge and enjoy our accomplishments, but remember there is no end to the journey.

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