Nursing as an emerging academic discipline

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INTRODUCTION

During the past decade, the United Kingdom (UK) has witnessed a considerable shift in the focus of nurse education away from monotechnic colleges of nursing to the establishment of nursing departments within the higher-education sector. The extent to which this reflects the development of nursing as an academic discipline is debatable. This discussion will focus on some of the issues associated with the development of nursing as an academic discipline. The discussion will consist of three major sections. Firstly, there will be an analysis of the concept of an academic discipline, paying particular attention to the difficulties experienced in defining the parameters of a discipline. Secondly, the discussion begins to focus specifically on nursing by examining the substantive content of the discipline. The third aspect of the discussion will consider the social context of nursing as a discipline. Finally, an attempt will be made to reach conclusions about the status of nursing as an academic discipline.

DEFINING DISCIPLINES

The concept of an academic discipline is ambiguous and not easily defined because, as with many concepts, it is open to interpretation, according to the context in which it is being used. For example, doubts have arisen with regard to whether or not statistics is sufficiently separate from its parent discipline of mathematics to constitute a discipline in its own right. Anyone reading the literature on this subject would find it difficult to uncover a consensus view of what constitutes a discipline. Becher (1989) argues that the answer will depend on the extent to which academic institutions recognize the emergence of a new discipline in their organizational structure, and the degree to which a new free-standing international community has emerged, with its own professional associations and journals.

Disciplines are thus identified by the existence of relevant departments in academic institutions, but it does not follow that every department represents a discipline. However, before discussing whether nursing is an academic discipline, it is necessary to explore the
issues surrounding the nature of disciplines in general terms.

Becher & Kogan (1980) argue that one way of defining a discipline is through the structural framework and organization of academic institutions. However, if this assumption is correct, certain issues are revealed concerning how institutes of higher education determine what constitutes knowledge, what distinctions need to be made between the established disciplines, for example, physics and chemistry, and interdisciplinary fields, for example, women's studies and social studies. The complexities associated with the organization of such an enterprise would therefore be complicated and involve each of the disciplines becoming autonomous and forming a self-regulating unit within the established managerial structure of the academic institution.

The complexity of these issues is currently being addressed in many universities and institutions within the UK to coincide with the movement of nurse education away from monotechnic colleges of nursing and the formation of nursing departments in institutes of higher education. This raises the question of whether nursing can rightfully claim to be an emerging academic discipline in its own right without being dependent on the traditional disciplines to inform its knowledge base and enhance its practice. In the past, nursing has been heavily dependent on physiology, sociology, psychology, and medicine to give the profession academic standing and inform its practice. However, in recent years nursing has been involved in a quest to ascertain what is unique to nursing and to develop these aspects into what can loosely be defined as an academic discipline. Therefore, it is debatable, in the light of the ambiguous definition of a discipline, whether nursing is already an academic discipline in its own right, or whether it is still emerging owing to its dependence on other disciplines to inform its practice and give the profession academic standing.

Knowledge domain

The literature suggests that the cognitive styles and attitudes of academics within a particular discipline are closely intertwined with the characteristics and structures of the knowledge domain with which such groups are professionally concerned (Becher 1989). It is therefore apparent that, in many respects, it is impossible to separate the epistemological and social factors involved in defining a discipline since they are inextricably connected. However, Becher (1989) argues that if a distinction is to be made between the interconnections, a distinction must be made in theoretical terms between forms of knowledge and knowledge communities. It may be argued that knowledge is comprised of subjects which contribute to the cognitive attributes of a particular discipline and give it credence in academic circles. In comparison, knowledge communities comprise the social element of a discipline formed from a logical dissection and separation of the disciplines and specialisms in institutes of higher education.

Additionally, knowledge communities comprise of certain elements and topics which have helped to shape the discipline made up of knowledge that can be defined as hard or soft, pure or applied. Furthermore, disciplinary communities may be seen as convergent, i.e., manifesting a sense of collectivity and mutual identity, or divergent, i.e., schismatic and ideologically fragmented (Becher 1989).

Historical and geographical variations

Although it is convenient to represent disciplines as clearly distinguishable and stable entities, it should be acknowledged that they are subject to both historical and geographical variations. Therefore, the dynamic nature of knowledge domains over a period of time has an impact on the identities and cultural characteristics of disciplines (Becher 1989). However, Toulmin (1972) argues that each discipline, though subject to change, normally displays a recognizable continuity, its differentiation over time is seldom such as to obscure its resemblance of the original discipline.

King & Brownell (1966) argue that several different aspects need to be present in order for a subject to be defined as a discipline. These include a community, a network of communications, a tradition, a particular set of values and beliefs, a domain, a mode of enquiry and a conceptual structure. However, this definition of what constitutes a discipline is extremely broad in comparison to other definitions, which tend to be rigid in what they define as a discipline. The literature reveals that some commentators focus on theoretical considerations defining disciplines as containing its own body of concepts and fundamental aims (Toulmin 1972). In contrast, other commentators define disciplines unequivocally as organized social groupings (Whitley 1976, 1984). However, the literature reveals that most commentators appear to give equal emphasis to both theoretical considerations and organized social groupings in attempting to define what constitutes an academic discipline. This equal emphasis is reinforced in the literature.

Price (1970) cautions that in determining the constituents of a discipline the substantive content and social behaviour should not be artificially separated since, in many respects, the one is dependent on the other. Furthermore, Shinn (1982) argues that the cognitive and social arrangements should match and that theoretical factors and scientific instrumentation do not constitute a complete explanatory schema, which would need to include social elements to comprise an academic discipline.
SUBSTANTIVE CONTENT OF THE DISCIPLINE OF NURSING

Cameron-Traub (1991) argues that the discipline of nursing is inextricably linked with the formal development of a body of knowledge that is unique to nursing. It would appear that there are three distinct components that underpin the development of nursing knowledge which should clearly differentiate the emerging discipline of nursing from other disciplines, including those of other health professions. Cameron-Traub (1991) argues that these distinct areas can be defined as (a) an identifiable philosophy, (b) at least one conceptual framework (or perspective) for delineation of what can be defined as nursing concerns and what are not, and (c) acceptable methodological approaches for the pursuit and development of knowledge. Cameron-Traub (1991) maintains that each of these are essential and should be interactive in order to ascertain what is unique to nursing and, in so doing, develop the academic knowledge base which will help to develop nursing as an academic discipline in its own right.

Furthermore, she argues that these identified elements should reflect, and be consistent with, the values and beliefs about nursing which are held by members of the profession. These delineated areas, when viewed as a whole, reinforce the arguments of Price (1970) and Shinn (1982) who maintain that the substantive content and social behaviour of a discipline should not be separated, since both the cognitive and social elements are dependent on each other. However, it should be acknowledged that, although nursing is a corporate profession with some evidence of collegiality, the concepts associated with nursing as a professional discipline may have particular meanings for individual nurses, which may or may not be shared with others. Therefore, it may be argued that as nursing becomes consolidated in its substantive content and social behaviour, the dissemination of pertinent information to non-nursing factions of society should facilitate broader comprehension and recognition of nursing as an academic and community process. However, it should be acknowledged that the understanding of a concept of nursing may depend on what one assumes about the development and meaning of concepts.

It would appear from the literature that the meaning of concepts when applied to nursing is diverse. Rodgers (1989) suggests that a concept may be understood as an entity, a disposition, or an evolutionary phenomenon. However, Rodgers (1989) further argues that if this is correct, nursing should possess something which has some measure of consistency and there would have to be virtually no changes in the beliefs and values since nursing was initially identified as a specific activity. Alternatively, if nursing is to be understood as a disposition, this implies that nursing predisposes its members to act in certain ways, as outlined for example in the Code of Professional Conduct (UKCC 1992a) and the Scope of Professional Practice (UKCC 1992b).

This assumption, if correct, can be argued to be consistent with the beliefs and values of ethical theory which suggests that nursing is a moral idea concerned with obligating and inspiring its members to do good, thus predisposing its members with certain obligations which inspire right action and to serve the common good, thus performing actions which predispose nurses to know and to do the right things for other people.

Evolving phenomenon

Finally, it could be argued that nursing may be viewed as an evolving phenomenon. When viewed from this perspective, the main thrust of the argument is the development of nursing knowledge arising from the perceptions, aspirations and expectations of members of the profession, for example, nurse academics and nurse practitioners, alike (Cameron-Traub 1991). These definitions of nursing highlight the ambiguous nature of nursing, since in many respects nursing means different things to different people. This is highlighted by the many perspectives of nursing held by the members of the nursing profession, other health care groups and the general public who they serve. Further, if nursing is viewed from an evolutionary concept within the nursing profession, it may stimulate optimum development for the profession and the emerging discipline of nursing. If this is to be achieved, there is an urgent need for a definitive nursing theory and/or revolutionary changes in the societal expectations of nursing which may serve to enable nursing to achieve its potential and actualization as a practice discipline within institutes of higher education and practice settings. However, if nursing is to achieve this goal a philosophical basis for nursing needs to be established.

It may be argued that it is impossible for nursing to evolve effectively as a practice discipline without establishing philosophical perspectives about what constitutes nursing theory and practice. In many respects it is impossible for this debate to proceed without some degree of coherence about the values and beliefs concerning the nature of nursing to establish what it is, and what it could or should be. The literature identifies a number of elements to do with the purpose and focus of nursing. These can be summarized as follows: nursing is about humanistic helping (La Monica 1983), about persons and human dignity (Fry 1989), about interpersonal processes (Peplau 1987), about treatment and potential health problems (Gordon 1987), about holism, holistic health and holistic practice (Kramer 1990). It is apparent from the literature that certain themes about nursing have been identified. These include assisting people, the implications of nursing for health and life experiences, suggestions for nursing action and a human- or person-orientated theme. However, although it is acknowledged that these perspectives inform
the philosophical issues surrounding nursing they do not contribute greatly to the debate regarding whether nursing is an art or a science or a combination of these two recognized disciplines. Furthermore, until some agreement is established nursing may not achieve its quest for becoming a recognized academic discipline.

**NURSING AS SCIENCE**

In the 1970s, many nurse academics constructed nursing theories to act as a vehicle that would allow nursing to be recognized as a science and that thus in turn would create a climate that was conducive to establishing full professional autonomy for the nursing profession. The purpose of establishing nursing as a science might be viewed as mainly political, since in so doing it afforded nursing the academic recognition it needed to ‘kick-start’ its development of epistemology and recognition as an academic discipline, thus, in many respects, bringing nursing into the twentieth century.

However, Holmes (1990) argues that the label of ‘science’ would not be so antagonistic if those writers who subscribed to a scientific view acknowledged that natural, social and human sciences have much in common, which transcends outmoded positivistic philosophy which refers to a particular set of assumptions about the real world and about appropriate ways of studying them. Positivism assumes that the natural world has an independent existence which is governed by laws discovered by research. The knowledge which is discovered using these methods is regarded as objective and factual (McNeill 1990). This philosophy has been widely disputed by some nurse theorists and practitioners who adhere to the anti-positivist, humanistic, person-orientated philosophies suggested by Watson (1985, 1988). In so doing, they have openly disputed the debate that all true knowledge owes its existence to science alone. Meleis (1987) challenges the perspective that completed theory is the only way to achieve disciplinary status and that outcome is the sole validation of theory. In knowledge development, theorizing is not an orderly progression of thought but a process of critical thinking charged with difficulty and ambiguity.

**Conflict**

Holmes (1990) thus challenges those nursing academics who believe that the logical positivist approach is the only valid method of acquiring knowledge. This deductive approach has continued despite the growing contention that nursing values both subjective and objective data and is concerned with holistic rather than particular aspects of care (Hagell 1989). This dichotomy between a methodology based on measurable, empirical parts and the subjective and holistic orientations of nursing have necessitated the identification of other ways of knowing (Carper 1978).

**ART OF NURSING**

Carper (1978) identified four patterns of knowing which still include empirics but additionally recognize the contributions from ethics, aesthetics or the art of nursing, and personal knowing and intuition. However, in contrast to empirics, aesthetics, personal knowing and ethics seek to look beyond labels and behaviours to perceive the essence of the situation that is unique to that patient and nursing interaction. Carper (1978) argues that each of these patterns of knowing are interrelated and independent and that the whole is greater than the sum of its parts.

Furthermore, in contrast to the scientific view of nursing there is a rapidly growing school of thought that perceives nursing as an art which encompasses the concepts of care and caring and, in so doing, nursing academics continue, paradoxically, to question the limits yet advance the boundaries of nursing. Leninger (1981) describes caring as the unifying domain for nursing’s body of knowledge and practice, while Swanson (1991) argues that caring as a theory of social process is essential but not unique to nursing. However, although caring and health have been identified as central to nursing, an integrating statement has not been developed and the concepts cannot stand alone to meet the criteria for the focus of the emerging discipline of nursing (Newman et al. 1991).

Additionally, extensive literature on the epistemological development of nursing emphasize that the discipline of nursing is a philosophy of persons and their health experiences, that is to say, nursing can be described as an art with humanist aims. Benner (1984) describes excellence in clinical practice based on perceptual awareness, sensitivity and cognitive skills and maintains that the unique synthesis of the art of caring and the empiricism of science distinguishes nursing from other health professions, thus subscribing to the view that a transcending philosophical perspective, rather than a specific methodology, is characteristic of a discipline of nursing (Shaw 1993) thereby supporting the view that nursing is an aesthetic activity which can encompass aspects of art, craft and technology.
CONCEPTUAL FRAMEWORK OF NURSING

The second element essential for recognition as a discipline is the possession of at least one conceptual framework in order to delineate what are nursing concerns and what are not (Cameron-Traub 1991). According to Huckabay (1991), a conceptual framework serves as a means of identifying, labelling and classifying phenomena important to the discipline of nursing. Thus, it may be argued that when disciplines have a metaparadigm it represents and serves as a global perspective encompassing a world view or a cognitive orientation which is held by the majority of its members or scientific community (Hardy 1983).

It would appear from the variety of theories which have been generated in the nursing literature that the nurse theorists are still searching for the best perspective, rather than building on previous ones or working collectively towards a unified theoretical framework. It has been suggested by Flaskerud & Halloran (1980) that nurses have tended to concentrate on the differences between theories rather than attempt to identify areas of commonality. Hardy (1983) argues convincingly that nursing is in a pre-paradigmatic stage of its theory development, where the discipline tolerates diversity in theory development and methodological approaches.

However, despite Hardy’s (1983) argument, four elements have been identified as components of a metaparadigm for nursing. These four elements are the environment, the person, health and nursing, which are consistent with Nightingale’s perspective of nursing. Cameron-Traub (1991) argues that there are a number of difficulties with the proposal that these identified elements constitute a metaparadigm for nursing practice, education and research. Firstly, she argues that the person, health and the environment could equally apply to other disciplines including medicine. Additionally, the concept of nursing, although necessary as a differentiating element, may not signify nursing’s world view unless it is clearly independent of other areas of health care practice. In second place, a metaparadigm should distinguish areas of concern that affect nursing rather than depend solely on the concept of nursing as a distinguishing feature. Finally, there is little evidence to suggest that nursing theories have derived their origin from a single world view suggested by the metaparadigm.

Different interpretations

These four components have been given differential interpretation, emphasis and saliency in different theories (Marriner-Tomey 1989). Deets (1990) conducted a review of nursing papers and found no support for the paradigm as a guide to nursing research or scholarship. Therefore, it may be argued that conceptual unity provides an opportunity to gain depth as well as breadth of knowledge and thus strengthen the theoretical underpinnings of the discipline (Huckabay 1991). It has been suggested by Hardy (1978) and Northrup (1992) that the completion of existing nursing theories and adoption of a specific paradigm may bring about cohesion to the discipline of nursing. However, in contrast to this suggestion, some theorists advocate diversity and plurality in nursing philosophy, science and practice.

Therefore, in the light of this evaluation concerning the conceptual framework of nursing, it is arguable whether the metaparadigm has guided nursing theory and research activities so far, owing to the diverse interpretations and philosophies which abound in the accepted models for nursing theory and practice in use in the UK and America. Thus, it may be argued that the conceptual framework is a source of diversity rather than unity in the development of nursing knowledge.

SYNTACTICAL CONTENT

Cameron-Traub (1991) identifies the third essential ingredient for the emergence of a discipline as the possession of an acceptable methodological approach for the pursuit of knowledge. It may be argued that it is perhaps in the methodological area that nursing is clearly characterized as an eclectic discipline, since the last 2 decades have witnessed a vigorous debate about competing philosophies of science and their methodological implications for the development of nursing as a research-based discipline. In many respects, nursing is still undecided about which methodological approach, i.e., qualitative or quantitative research, best demonstrates the essence and uniqueness of nursing. This factor affecting the emergence of nursing as a research-based discipline has been considered by Menke (1990) who concludes that it is too soon to judge nursing’s allegiance to either approach since 10 years is a relatively short time in the emergence and development of a discipline, especially one so diverse as nursing.

However, Stember & Hester (1990) argue that the qualitative and quantitative approaches may be considered complementary and that either method is not dependent on a prevailing paradigm for the emergence of nursing as a research-based discipline. This factor is rapidly becoming recognized in nursing literature and a combination of these two approaches is being used to convey research findings. Qualitative research, in particular phenomenology, has been used to explore the personal intentions, thoughts and feelings of holistic man (Ray 1990) which have been scientifically quantified as a method of analysing and presenting the data.

Induction and deduction

Furthermore, it has been argued that inductive and deductive approaches to theory development are essential for the
completion of the scientific process (Sarter 1990) Sarter (1990) argues that induction and deduction are complementary and equally important phases of nursing science, whether the process begins with experience or theory, it is imperative that the circle is completed. Therefore, if Sarter's (1990) argument is correct, an inductively developed theory must be tested to determine its generalizability to a given population whereas a theory that owes its origin to a deductive method of enquiry must be tested in order to ascertain its relevance to the real world. However, in retrospect, it would appear that a great deal of nursing research and epistemology has developed from both inductive and deductive logic but has never, for whatever reason, been tested scientifically.

In many respects, it would appear that nurse academics and theorists have been more concerned in the last 2 decades with developing theories rather than testing them. The reason for this is uncertain but, on reflection, it emphasizes the general feelings of urgency felt by the nurse academics to generate theories that may be able to give nursing academic credibility and thus allow it to become a practice-based discipline. If this assertion is correct, then rigorous testing of the theories already generated is imperative if the claim that nursing is an emerging academic discipline is to be taken seriously.

SOCIAL ELEMENTS

Price (1970) maintains that it is impossible to separate the substantive content of a discipline from its social behaviour. In many respects, the social element of the emergent discipline of nursing within the UK has been politically controlled both from within the profession and by government legislation to allow nursing to develop and meet the needs of contemporary society and achieve professional status. The proposals and subsequent inception of Project 2000 (UKCC 1986) programmes into nurse education may have helped in achieving academic recognition by producing a reflective analytical practitioner, able to adapt to the changing needs of the profession and society.

As a consequence of the profession wishing to be recognized as an academic, practice-based profession, many of these monotechnic colleges of nursing have made moves to merge with universities and institutes of higher education as a means of achieving academic recognition as an emerging discipline. This merger has lead to the establishment of nursing departments and the development of nurse education at diploma and degree level. However, if nursing is to be recognized as an academic discipline, it needs to establish what is unique to nursing either as an art or a science and develop those elements into a recognizable body of knowledge and not depend on the disciplines of physiology, psychology, sociology and medicine to inform its knowledge and subsequent practice.

Furthermore, it may be argued that until nursing is able to determine its own uniqueness it will not be taken seriously in its quest to achieve disciplinary status in its own right. In many respects, this poses the question of whether nursing epistemology has been developed to determine the essence and uniqueness of nursing or whether it has evolved as a political tool 'for' nursing as a means of achieving professional and academic recognition. In addition, it may further be argued that merger with higher education is not enough to achieve academic recognition as a discipline unless nurse educationalists and students accept the full implications of the academic culture by conducting research into pertinent areas of nursing knowledge and publishing their findings in academically recognized journals.

Clinical nurses

Additionally, the recognition of nursing as a discipline is not only dependent on those nurses or educationalists labelled as 'academic' but also on those nurses involved in everyday clinical practice to publish papers and conduct salient research into aspects of nursing care. If this assumption is correct, then it must also be acknowledged that many of these nurses are not educated to the required level of higher education and have not had the opportunity to develop the reflective, analytical skills necessary to establish nursing as a research-based academic discipline.

In many respects, this issue has been addressed in the United Kingdom Central Council's proposals for the Post-Registration Education and Practice Project (UKCC 1990, 1993) and the English National Board's Framework for the Higher Award (ENB 1991). If these proposals succeed in coming to fruition, the results of these ventures may succeed in establishing the academic standing of nursing and the development of nursing as an academic discipline in its own right.

CONCLUSION

It would appear from the evidence submitted in this discourse that, in many respects, it is impossible to determine categorically whether nursing should be described as an academic discipline simply because it is not possible to establish an accepted definition of a discipline. It may be argued that nursing does exhibit many, if not all, of the elements necessary to qualify as a discipline, but on closer reflection it becomes apparent that many of these desired elements are not developed sufficiently to establish the essence or uniqueness of nursing based on epistemology and research.

In many respects, although the nurse theorists have succeeded in establishing a metaparadigm as the basis for theory development to inform practice, this metaparadigm is criticized for not being unique to nursing and for its inability to reflect sufficiently the conceptual framework.
of the ‘academic’ discipline of nursing. Additionally, it is apparent that nurses are unable to determine which concepts determine the essence and uniqueness of nursing and whether nursing can be defined as a ‘science’ or an ‘art’ or a combination of these two disciplines.

This ambiguity is further reflected in the methodological approaches adopted in research. The scientific school would argue from a positivist standpoint that all knowledge has to be scientifically proven and tend to favour quantitative methods, whereas the ‘artistic’ school would argue for a phenomenological and qualitative approach to research encompassing the diverse subjectivity of the human element. However, a third school advocates the use of both methodologies in the analysis and presentation of the research findings.

However, despite the diversity concerning the nature of nursing the literature reveals that the number of theorists who claim that nursing is about ‘caring’ and ‘humanistic/holistic’ care continues to grow. This then may prove to be the basis for establishing the domain and essence of nursing, both in academic and societal circles.

An applied science

It would seem apparent that nursing has not yet achieved the status of a ‘pure’ science in academic circles owing to its continued reliance on other disciplines to generate its knowledge. Therefore, it may be argued that nursing should perhaps be given the title of an ‘applied’ or ‘synthesized’ science that draws on the knowledge of other established disciplines. Perhaps this could be construed as the uniqueness and essence of nursing that the theorists are having difficulty in defining.

Moreover, although monotechnic colleges of nursing have moved into universities and institutes of higher education the need for nursing academics to adopt the ‘academic culture’ of research and subsequent publication is imperative if nursing’s quest to become an academic discipline is to be taken seriously. Furthermore, if nursing is to claim the title of a practice discipline then the same criteria that apply to the academic culture should equally apply to the practice culture.

Emerging discipline

In the light of this submission it is not possible to ascertain whether nursing can claim to be an academic discipline, owing to the diversity of the nature of nursing and the definition of a discipline. However, perhaps nursing can claim to be an emerging discipline on the basis of its developing substantive, syntactical and social elements. If this is true, however, then nursing needs to make explicit the many areas of diversity and ambiguity that exist within the nature of nursing. It is therefore impossible to determine whether nursing can be described as a discipline owing to the diverse ideologies of nursing that exist in the profession both in the UK and in the United States of America.

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