## Letters to the editor

To the editor:

In her July 1988 article, "A critique of compromise: Beyond the method debate," Dr Moccia presented a timely and relevant argument that nurse scientists move further than the debate over which method to employ in research. I disagree, however, with the position she took toward triangulation research.

I feel Dr Moccia diminished her argument when she chose to use triangulation research as an example of how nurse scientists are squandering their time in the methods debate. She referred to triangulation research as a "compromise and appeasement." A reader easily got the impression that this method was merely an afterthought in research. It is not. Any researcher who has used triangulation, and I am one, would dispute Dr Moccia's evaluation of this method. It is not a compromise of qualitative and quantitative methods. Rather, it is a distinctive third method evolving out of expanding views of man and his world.

Sir Peter Medawar, a Nobel Laureate, said "Ideas cannot be checked or forced beyond a certain point." Surely all ideas and ensuing research do not fit into two research methods. Certain human phenomena are best studied using triangulation. I encourage Dr Moccia to look beyond her apparent inclination against triangulation methods while she continues to encourage the development of a nursing science.

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Author's reply:

I appreciate the opportunity to clarify any points in my article that might have led Dr

Norman to confuse a critique of an intellectual argument (which is what I thought I did) with a negative commentary on the persons advancing the argument or a belittling of their work (which is what Dr Norman apparently thought I did). Nursing science long ago matured as a discipline to the point where we were able to distinguish between logical and ad-personem arguments and if my work, in any way, blurred that distinction I hasten now to correct it. However, I also ask Dr Norman to reattend her reactions and comments and assure that they also recognize the distinction.

By its nature, a "critique" presumes the relevance and import of whatever is being critiqued—otherwise why bother? I am a long way from thinking, as Dr Norman interprets my critique, that nurse scientists who use the triangulation method do so, in her words, as an "afterthought" or that they are "squandering their time." Rather, I am concerned about the significant effect that such work, as a general category, has on the development of nursing science.

Dr Norman asserts that "Certain phenomena are best studied using triangulation;" but she continues to avoid the questions that I ar-. gue the discipline now faces. "Best" for whose interests and what purposes? "Best" for a science that will be used to restrict human development or "best" for a science that will liberate? "Best" for a nursing practice that seeks to predict and proscribe human phenomena, or "best" for one that seeks to know and understand? "Best" for nurses interested in manipulation and control, or "best" for those who want to encourage and enable? These are the questions I wish we would engage and actively debate, not which is the "best" method.

> -Patricia Moccia, PhD, RN National League for Nursing