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# Letters to the editor

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*To the editor:*

Newman, Sime, and Corcoran-Perry correctly maintain that "a discipline is distinguished by a domain of inquiry that represents a shared belief among its members regarding its reason for being."<sup>1(p1)</sup> They go on to present an interesting and potentially compelling argument for a new focus statement for the discipline of nursing: "Nursing is the study of caring in the human health experience."<sup>1(p3)</sup>

Their argument is, however, flawed. First, although the term caring is included in several conceptualizations of the discipline of nursing, it is not a dominant theme in every conceptualization.<sup>2</sup> In fact, caring reflects a particular view of nursing and a particular kind of nursing.<sup>3</sup> Furthermore, caring behaviors may not be generalizable across all national and cultural boundaries.<sup>4</sup> Thus, the concept of caring is not necessarily a shared belief among all members of the discipline.

Second, although the authors claim that their statement integrates "concepts commonly identified with nursing at the metaparadigm level,"<sup>1(p3)</sup> and although they identified the metaparadigm concepts as person, environment, health, and nursing,<sup>1(p2)</sup> their statement does not include environment. Thus, their statement is not sufficiently comprehensive to serve as the focus statement for the discipline.

Third, Newman and her colleagues end their treatise by maintaining that caring in the human health experience can be most fully elaborated only through a unitary-transformative perspective.<sup>1(p5)</sup> This perspective, however, reflects just one approach to the study of nursing phenomena and is not part of a shared belief about nursing research.

I believe that the focus of the discipline of nursing continues to be best summarized in the statement offered by Donaldson and Crowley in 1978. They stated: "Nursing studies the wholeness or health of humans, recognizing that humans are in continuous interaction with their environments."<sup>5(p119)</sup>

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## Authors' reply:

We welcome the opportunity to respond to the major points made by Jacqueline Fawcett regarding our recent article in *ANS* 14:1. Dr Fawcett rejects our proposed disciplinary focus statement of caring in the human health experience on the grounds that (1) "the concept of caring is not necessarily a shared belief among all members of the discipline," (2) the "statement is not sufficiently comprehensive to serve as the focus statement for the discipline," and (3) a unitary-transformative perspective for knowledge development is "not part of a shared belief about nursing research."

Dr Fawcett bases her objection to caring as part of the focus statement on the fact that "caring is not a dominant theme in every conceptualization" of the discipline. It was not our intent to suggest that caring was a theme of every conceptualization. Our statement that "a discipline is distinguished by a domain of inquiry that represents a shared belief among its members regarding its reason for being"

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does not deny the reality that members of a discipline may advocate differing foci of inquiry at a given point in time, and over time while the discipline develops. A suggested focus of inquiry for the discipline is valuable if sufficient consensus exists to stimulate explication of the meaning of the concepts and a serious examination of the philosophic and scientific questions provoked by the focus statement.

We do assert that the theme of caring is sufficiently dominant, when combined with the theme of the human health experience, to be considered as the focus of the discipline. The recent response to a call for papers on caring<sup>1</sup> along with the 13-year history of organized research on caring<sup>2</sup> provide additional substantial evidence of the prevalence and centrality of this theme among nursing scholars.

Fawcett's argument against caring is based, also, on the lack of generality of particular views of caring and the cultural specificity of caring behaviors. Our argument was that the multiplicity of views of caring can be subsumed under an aparadigmatic concept of caring at the metaparadigm level. The theory of caring is clearly pluralistic and relates to several identified paradigms, including the multiple manifestations of the cultural view.<sup>3</sup>

Fawcett's claim that our statement "is not sufficiently comprehensive" is based on her assertion that we did not include "environment" in the statement. Her expectation that environment should be explicitly addressed stems from her assertion, not ours, that person, environment, health and nursing represent the metaparadigm of nursing. In response to Fawcett's assertion, we view the concept of environment as inherent in and inseparable from the integrated focus of caring in the human health experience. We acknowledged person, environment, health, and nursing as relevant to the discipline. Such unconnected concepts, however, do not clearly specify the criteria of social mandate, service identity, and knowledge domain necessary for a professional discipline. By meeting these criteria, we see our focus statement as constituting the metaparadigm of nursing.

In regard to Fawcett's last claim that we specified the unitary-transformative perspective as the "only" perspective through which caring in the human

health experience can be elaborated, we clearly stated that "multiple perspectives are appropriate for knowledge development in nursing" and gave examples of the use of all three perspectives. Based on our own experience and that of many other nursing scholars, we do think, however, that nursing science is incomplete without the contributions of the unitary-transformative perspective. We agree with Fawcett that it is only one, albeit important, approach to the study of nursing phenomena (selected because of its appropriateness for a given theory or phenomenon to be studied, not because of a "shared belief about nursing research"). This point should not detract from the meaningfulness of the proposed focus of the discipline as caring in the human health experience.

Our major point is that a focus statement meeting the criteria we established will clarify the focus of inquiry for the discipline and provoke philosophic and scientific questions. We are excited by Dr Fawcett's challenge and look forward to further debate on this issue.

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