Whatever Happened to Adverbs?

Remember adverbs? They are the parts of speech that are like adjectives but relate to verbs instead of nouns (thus the -verb part of the word!). The word *adverb* is defined by Merriam-Webster (n.d.) as “a word that describes a verb, an adjective, another adverb, or a sentence and that is often used to show time, manner, place, or degree.” Many adverbs end in *-ly*, following the adjective form of the word. Yet, we hear people incorrectly say “eat healthy,” “drive slow,” “eat quick,” “move easy,” and so forth.

Although this deviation from the true adverb form typically does not interfere with our understanding of a statement’s meaning, the point is that as we say words a certain way, we begin to think of that as the norm and thus may not pick up errors in writing. Again, even in the written form, we understand the intent of the statement. Why, you may ask, then does it matter what form of the word is used? Let’s return to what Ernest L. Boyer proposed in 1990.

Boyer (1990) was concerned with the issue of scholarship. Although not a nurse, he opened new ways of thinking about scholarship in nursing. When the idea of scholarly pursuits is mentioned, many people immediately think of research. In fact, in 1990, that was the prominent view of scholarship in academia. However, Boyer’s work through the Carnegie Foundation revolutionized the meaning of the word. He viewed the role of a faculty member (i.e., anyone who is engaged in a teaching role—in any setting) as an interaction among aspects of the role. He thought teaching influenced what was researched and that research influenced what was taught. Theory guided research and research answered questions about theory. In other words, scholarship was a dynamic, interwoven process that led to everyone being better informed about something.

Specifically, Boyer (1990) identified four ways in which scholarship could be exemplified. Those four ways—discovery, integration, application, and teaching—could be standalone functions, but more likely, they were dynamically interrelated within the person.

Discovery refers to the scholarship of research. Testing out new ideas, using big data to identify a new approach, and replicating a questionable study are all examples of research—the scholarship that at one time was the only recognized element. In recent decades, we have experienced a surge in the amount, type, and quality of research being conducted by nurse researchers or nurses who have a research component to their role.

Integration refers to the scholarship of the way the scholar connects various, often isolated facts and makes a new whole. Learners often are excellent at linear learning, but seeing the big picture comes with greater experience—or the help of an integrated scholar. This person pulls information, sometimes from disparate fields, and presents a new view of the world. These scholars are often innovators.

Application refers to the scholarship of practice. Understanding something from a theoretical perspective is valuable, but our colleagues and patients don’t benefit from our understanding; they benefit from our application. This scholarship addresses the question of how something can be used. How we provide care for a population is guided by our scholarly understanding of how to bring about change, how to work with a group, or how to promote stability in unsettling times. This area of scholarship can also be seen as how we engage in service activities. Serving on boards, working on committees, leading a community effort—all require our understanding of governance, teams, communication, leadership, and so forth. When a well-prepared nurse works with others, she or he has the opportunity to shape the image of nursing in a way that no marketing campaign can.
Teaching is the final element of scholarship. Nurses who teach in the “sage on the stage” format miss the opportunity to engage learners in experiencing new information and making it theirs to use. Long gone are the days of “brushing off last year’s notes!” (Or, at least I hope that is true.) Being actively engaged in our own learning and thinking about what the future holds for the profession, for our specialty, or for our organization helps us to remain relevant and essential in times when decisions become harder to make.

So, which element is more valuable? The answer, of course, is that all are required to make the profession relevant in an evolving society and health care environment. Each area is critical to the profession; each feeds the other areas; each enriches how an individual sees the world; and each contributes to what we know as scholarly.

What, you might ask, does this have to do with adverbs? Just this: we must speak and write in a scholarly manner in order to be accepted as scholars. I understand that someone dropped out of college, went to a garage (where all of the businesses seem to have started if you listen to the start-up stories), created something, and is now a multibillionaire. Yes, those cases exist. However, we have the obligation to present ourselves as the truly educated, trusted members of society that we are. Being able to speak and write clearly are skills that intertwine each of Boyer’s (1990) elements of scholarship. It is easy to misspeak. We forgive speakers when we hear some deviation from good grammar. We tend to be less forgiving when that deviation occurs in writing. Write well!

REFERENCES


Patricia S. Yoder-Wise, RN, EdD, NEA-BC, ANEF, FAAN
Editor-in-Chief
psywjcen@aol.com

The author has disclosed no potential conflicts of interest, financial or otherwise.
doi:10.3928/00220124-20150220-10