Toward an Inclusive Vision of Both Nursing Practice and Nursing Science

There is little debate among those who have dedicated their careers to building the science of nursing education on two key issues:

- The evidence base upon which nurse educators rely to plan, deliver, administer, and evaluate all levels of academic nursing education programs is in urgent need of both expansion and improvement in the quality and rigor of studies contributing to the evidence base.

- One of the most fundamental challenges to building the science of nursing education is the limited respect that research in nursing education receives from within the academic nursing education community, particularly in the United States.

These and other ideas were summarized recently by Oermann and Kardong-Edgren (2018) in their editorial response to changes that are unfolding within PhD in nursing programs in the United States. In brief, these changes include adjusting the PhD in nursing program curricula to more strongly prepare nurse scientists to conduct research in areas such as genomics, biobehavioral interventions, team science, and big data. While discussions of the challenges facing nursing education researchers have tended to focus primarily on the lack of funding for nursing education research—and to be clear, this is a significant issue—perhaps what should be of more concern is the increasingly narrow (and often self-reinforcing) view of what constitutes nursing practice and, consequently, nursing science.

Definitions of nursing practice that either actively exclude or simply fail to include the practice of nursing education both set the stage for and reinforce beliefs about how research in nursing education should be valued within the academy and, consequently, by the funders of research conducted within the profession. In a recent white paper on the preferred vision for academic nursing, while clearly recognizing the need for nursing faculty to possess knowledge and skills in a wide range of areas related to teaching and learning practices in the faculty role, the American Association of Colleges of Nursing (2019) reaffirmed its long-held view that the primary area of competence for nursing faculty is “practice specialization within the discipline rather than the process of teaching” (p. 13). By situating the practice of nursing education outside the boundaries of nursing practice, it is only logical, then, that research in nursing education—the component elements of the science of nursing education—must also exist outside the boundaries of nursing science. In response, I would suggest that it is both possible and entirely within the discretion of leaders within the nursing profession to embrace a more inclusive view of nursing practice and nursing science.

In addition to their inclusive definition of nursing, in the most recent Scope and Standards of Practice for nursing published by the American Nurses Association (ANA, 2015), the ANA is unambiguous in stating that nursing occurs “whenever there is a need for nursing knowledge, wisdom, caring, leadership, practice, or education, anytime, anywhere” (p. 2) and wherever the need for nursing’s knowledge, wisdom, caring, leadership, practice, or education exists. The ANA goes on to note, “Nursing practice in educational settings is represented as school and college health nursing services or academic and professional development and continuing education faculty roles” (p. 20). If the practice of nursing education required no or only optional preparation beyond the graduate nursing coursework required for advanced clinical or administrative practice roles, there would be no need for role competencies, scope of practice studies, and certification examinations for academic nurse educators, such as those developed by the National League for Nursing (2012). Nursing practice should not, and I would suggest must not, be confined to arbitrarily defined categories and types such as indirect/direct, basic/advanced, and acute/community, even if these restrictions and definitions are self-imposed. Such definitions marginalize those who engage in important aspects of nursing practice essential to a well-functioning nursing enterprise and, in particular, nurses who pursue roles in academic nursing education, often after learning of the salary disparities and lack of recognition they can expect from peers both within and outside of nursing with similar levels of experience and education.

Grace and Zumstein-Shaha (2019) provided a thought-provoking analysis and critique of the numerous efforts underway to redefine what constitutes nursing science. In applying the philosophical principle known as Ockham’s razor, which suggests that simpler (more parsimonious) solutions are preferred over those that are more complicated, Grace and Zumstein-Shaha proposed an inclusive definition of nursing science...
that includes both the “process of inquiry and the accumulating body of contingent truths that support the historically derived unifying purpose of nursing… and the goals of nursing” (p. 6). The authors suggested that a variety of forms of philosophical, quantitative, and qualitative scholarship can fit into the definition of nursing science so long as they are based on a nursing perspective and further nursing goals such as to improve patient care, to address barriers to societal well-being, and to validate nursing’s existence as a profession that exists to meet the needs of society. It is hard to imagine that research in nursing education could have any other goal than to improve the health and well-being of society by improving the knowledge, skills, and abilities of nurses entering practice and nurses who seek to advance to a new level of practice.

An inclusive view of nursing science provides more than enough elbow room within the discipline so that a study of single nucleotide polymorphisms using a genome-wide association design to identify genetic predictors of a rare disease can be valued alongside a multi-site study of cognitive and noncognitive predictors of academic success and career progression among nursing students from underrepresented and minority groups. Both studies are needed. Both would contribute new nursing knowledge that could improve the health of society. Both can be designed from a nursing perspective. And both aim to serve the needs of society, one to identify possible screening tests or pathways to a cure for a rare disease, and the other to advance the demographic diversity of a profession that continues to look much as it always has, but which serves an increasingly diverse population.

In sum, the practice of academic nursing education is an inextricable form of nursing practice, a statement which, by virtue of requirement that those who teach nursing hold an active nursing license and graduate-level educational preparation, appears to have been nearly universally embraced by nursing education accreditors and nursing practice regulatory agencies alike. Likewise, the science of nursing education should be treated as an integral component of nursing science, as it both informs and is itself informed by the broader nursing science. The sooner leaders within our profession coalesce around an inclusive set of values and beliefs about the nature of the science and practice of nursing, the sooner our profession can achieve its ultimate goal of improving the health of the populations it serves.

References

Darrell Spurlock, Jr., PhD, RN, NEA-BC, ANEF
Assistant Editor
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