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# A Practice Discipline That's Here and Now

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There is a vacuum for a practice discipline of nursing that would enable nurses to articulate the significance of what they do as an essential thread of contemporary healthcare provision. This article is an effort to develop the meaning and possibilities of a practice discipline for nursing. Tuning into the general shift in thought about our human condition across disciplines and nations, we consider features of a participatory paradigm, which, when refocused on the humanness of the health circumstance, informs our approach to a practice discipline. Knowledge is personal and participatory, evolving in the here-and-now of health systems. Research integral to practice and service innovation illustrates the way of looking and talking about a new phase in discipline development. The discipline is relational and creative in practice, evolving in the forums for dialogue. Each one of us as nurses has responsibility in participation. **Key words:** *dialogue*, *health circumstance*, *health experience*, *humanness*, *nursing knowledge*, *nursing practice*, *participatory paradigm*, *practice discipline*, *relational*

*We cannot solve our problems with the same thinking that created them.*

Albert Einstein

THE escalating problems of providing healthcare in all nations call for new thinking. The shortage of nurses now, as part of the general workforce predicament, is indication of our unsustainable systems. Workplace pressures are constraining the nursing that we as nurses know is needed. As has been so throughout our history, we seek the freedom to nurse. Yet we continue to be hampered by our inability to articulate clearly in the appropriate forums what is essential about nursing that contributes directly to health and society and what conditions are necessary for this given scarce resources. The decades of scholarship in nursing have given us a range of theories, yet the vision—and promise—of a distinct discipline of nursing is not reflected in the strategizing that gives direction to health system reform.

In this discipline vacuum, extensive lists of nurse competencies have just served to portray nursing as a set of activities given meaning as the nurse's work in the health system already defined by the social relevance of medical science. The service mission is rooted in the prevailing health paradigm of prevention, diagnosis, and treatment of disease, its signs, symptoms, and dangers. This obfuscates what nursing knowledge is and how we could be contributing to health in the lives of all people and the nation. The nursing needed as a professional *practice* is obscure in health policy and system development, while the health missions of service providers/funders define the nature of the work of nurses as employees to be managed as part of their pool of resources.

Health systems are increasingly shaped by the drive to cost-effectiveness in our world of expanding and extravagant possibilities for the cure and control of disease and disability. The challenge is intensifying to articulate

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our discipline in a way that influences the roles and positions for nurses in the service configuration providing essential healthcare. Our (authors) respective research projects have brought us to the realization that we should be vigorously pursuing the articulation of the discipline of nursing with the scope of research broadened to the health system context—the policies, strategies, service design, and delivery—in which nursing care is inextricably woven. We do not want to just slot practitioners into the workforce; we do want to see them positioned to contribute to changes and to say what needs to happen for healthcare to be socially relevant as well as economically sustainable.

We write this article with the hope for energized dialogue around nursing as a practice discipline, across nations, not with the idea of reaching consensus of what nursing is, which theory is right or best, or what should be achieved. Rather, it is to enliven nursing practice, research, and education in our different ways in different places in the interests of all peoples. We have developed our thesis taking account of the historical evolution of the discipline and locate it now within contemporary thought about the human condition to articulate the significance of nursing in its context of healthcare and service delivery. It is intended to contribute among the efforts of many nurses to make sense of our predicament, and as a form of response to the call to "conscience and action" of the Nursing Manifesto project inspired in the United States at the turn of the millenium.[1]

## THE CALL OF THE DISCIPLINE

We see the nursing academy divided into distinct camps of scholarship. In general, the efforts to develop nursing as a discipline have been separated from the pragmatics of nurses' employment as the mainstay of health service delivery—the workforce and allotted work. This division seems inevitable in hindsight. In their seminal 1978 article on "the discipline of nursing," Donaldson and Crowley[2] urged the differentiation of the discipline (development of the body of knowledge) from the activities of practitioners (the profession) to liberate nursing from its vocational status and enable us to claim its social relevance. Clinical practice, they said, is concerned with here-and-now activities, whereas a discipline gives knowledge of its important expansive scope through past, present, and future for use in any place. They recommended "lessening our preoccupation with the process of nursing and pedagogy and placing emphasis on content as substance."[2(p251)]

This distinction must have been a confirmation, perhaps a relief, to the cadre of scholars constructing and evaluating theories. We can now see it as a necessary phase of laying claim to a distinctly nursing knowledge. But, as the often cited theory-practice gap, it created a vacuum for the kind of knowledge that could give identity and value to nursing—as a practice, in practice—that is integral to everyday healthcare, service delivery, and sector development. We see the consequence continuing in the age-old confusion of education and training for nurses. Paradoxically, the division is accentuated in the current drive to *integration* of healthcare when, by default, the disciplinary perspective brought to health assumes medical science as foundational knowledge, privileging the practice of medicine. Medical knowledge has become a generic pool of health knowledge, practiced by physicians and selectively *applied* as the work of nurses.

The division was addressed directly—and most helpfully—in a recent debate published in *Nursing Science Quarterly* between Mitchell and Bournes[3] on one side, arguing that an extant theory is foundational for nurses to even start practicing, and Reed[4,5] and Rolfe[5,6] on the other side, arguing that theorizing is rooted responsively in the pragmatics of everyday activities. We (authors) could both agree and disagree with each side. Neither satisfies the vacuum for a contemporary practice discipline.

We are concerned about the collapse of the vision of professional nursing into the

schism between efforts to create a discipline (to date) and the pragmatics of work and workforce. We believe it is timely to juxtapose these seemingly irreconcilable points of view and camps of scholarship, and consider anew what is meant by a practice discipline, looking to a future of globalizing, yet locally attentive healthcare.

The vacuum for a nursing practice discipline has been recognized from outside nursing. Weinberg,[7] a sociologist in the United States, set out to respond to the question "What do nurses do?" She observed the impotence of nurses to claim their share of scarce resources in a tight economic climate. She urged the articulation of nursing in context: "If nurses want to protect themselves and patient care, they cannot wait for interested observers to figure out what is going on. . . . The first step is to articulate what nurses as professionals do and why the little things are really big things."[7(p43)]

Joining the effort toward a nursing discipline, our (authors') questions are about the coherence of what nursing is about, looking to contemporary wise thinking about the human condition, life, society, and health to give relevance. In the effort to reconcile knowledge and activities in the complex context of health services and workforce, we see that nurses framing nursing as *a practice*—practice wisdom—is the task of discipline development for this era.

## AN ERA OF PRACTICE

The political rhetoric is about changing the culture of health systems from a curative/reactive to a preventive/responsive orientation. Attention has turned to workforce to achieve it, assuming division of labor according to the generic health/disease outcomes. Yet, we know people need "nursing" not usefully represented in either orientation. For nursing to be recognized in the drive to integration through multidisciplinary projects, the challenge is to be articulate about our own discipline as *practice* in situ: what nurses achieve in relation to other healthcare workers and under what conditions. We see this challenge illustrated in a Canadian Health Services Research Foundation report written by nurses working on policy and mindful of the talk of multitasking and interchangeability of healthcare workers: "The question that must be asked is not 'who *can* do this set of tasks or activities?' but rather 'who *should* and why?' given the context and population."[8(piv)] The question is complex arising in the discipline vacuum.

Methodologies for developing nursing knowledge have derived, often adopted, from other disciplines. They have been useful but found wanting in satisfying the vacuum for a distinct practice discipline. Thorne and colleagues, among many others, explained the inadequacies of both traditional quantitative science and the qualitative tradition for providing the scope and depth of the study needed for the "general knowledge of the sort that enhances particularization in practice."[9(p171)] Swinging to the pragmatic side, they argued that "interpretive description" of health and illness experiences would be more appropriate to bring nursing knowledge into its practice context. The interpretive turn was further reflected in writing about praxis from the 1990s. Connor[10] proposed a time of praxiology entering the new millennium. Doane and Varcoe[11] explained the usefulness of pragmatic enquiry to attend to experience and "ultimately reshape "'reality."' Methodology is left implicit in whatever the nurse does.

Leaving aside the efforts to develop nursing as a discipline, and with a pragmatic orientation, Liaschenko and Peter found that the current statements of ethics of nursing are outdated in assuming it can be a profession with autonomy in controlling its own work: the statements are "no longer adequate to address the social realities and moral challenges of health care work."[12(p488)] Alternatively, they argued that considering nursing—and medicine too—as "work" would more appropriately accord value in the workplaces of contemporary healthcare; it could achieve

the collective ethical responsibility of all healthcare providers to work collaboratively and interdependently. We see this stance as important in our efforts to acknowledge the value of everyday activities of nurses in context, but we are concerned that the social relevance of nursing would continue to be obscured within the hegemony of the current service delivery culture.

Thus, attention has been turning to who the nurse is and moral agency: praxiology has continued to echo in procedures for reflective practice to recognize moral agency. However, reflection on practice remains an ad hoc academic procedure if nurses (as practitioners and educators) do not have the capability of articulating the nature of nursing knowledge in relation to health that signifies the *process* of a practice as part of the whole provision of healthcare. Nursing knowledge is tacit, research framed within the methodologies of other disciplines, nurse employment exploited, and outcomes of healthcare skewed and depleted of essential nursing care.

We acknowledge the pragmatic stance of many nurse scholars. It turns attention to the action of nursing as relational, dynamic, and responsive. But it is the vacuum for a discipline we continue to address, focusing on *practice* as we look for coherence between the pragmatics of nurses as workforce and the evolution of thinking about the nature of nursing knowledge: a *practice* discipline that conveys our ethical foundation.

In the mid 1970s, from their study of the theoretical frameworks for nursing curricula, Torres and Yura[13] identified 4 major concepts: person, society, health, and nursing. With some variations, these have been recognized as the key elements of the discipline.[14] As a member of the theorist group writing at the later end of that era, Margaret Newman[15] took a retrospective look at the trajectory of their emergence. She traced them as a sequential refocusing of theory development to maintain the social relevance of nursing scholarship: "What the theorist chose to examine reflected the needs of that particular time."[15(p29)] She construed the trajectory as environment, nursing (nurse-client process), person (the human being) and, for the 1980s, "health," which she saw was cumulative, giving meaning to all the concepts.

Now we pick up on this historical trajectory to add *practice* as the contemporary integrative theme. We believe, this opens scholarship to exploration of the pragmatic vis-à-vis discipline threads. It has turned us to the nurse-person-environment-health interrelationship as fundamental, and therefore to the process of nursing in relation to content and its social relevance. Our (authors) challenge to find coherence will accord us a practice discipline has brought us to a paradigm that is participatory.

## A PARTICIPATORY PARADIGM

We refer to a participatory paradigm that we see is expression of the widespread shift in Western thought about how we understand our human condition now emerging across nations and disciplines. The word participatory orients us to practice as relational; we are prompted to turn our attention to the action of nursing, elaborating beyond just the presence of the nurse with patients/clients, applied knowledge, and a set of activities she or he performs. It is about the self-in-relation, complementarity in our sense of community. This calls for a fresh look at temporality beyond causality, at responsibility and ethics. We see the efforts to develop a nursing discipline resonating within the movement. In this section, we refer to a selective range of authors to point to some features of a participatory paradigm we believe are important for the articulation of nursing as a practice discipline.

### Worldview in nursing

In retrospect, we can see the emergence of a participatory paradigm in the nursing academy unfolding through the last half century. The theorists looked to the great philosophers, sages, and popularizers of contemporary thought about our human world to articulate an ontology of contemporary

relevance for nursing, albeit mostly viewed through the lens of other disciplines. It was inevitable that, for a time, methodologies of the respective disciplines and their schools of thought framed the knowledge such that knowledge was abstract to be *applied* by nurses. The theories were *used* and *tested*, mostly *confirmed* as *guides* for nurses.

The ontologies published as grand theories each brought coherence to knowledge in their own frameworks. But the theorists and the practitioners inhabited different worlds of scholarship. Each theory, named to emphasize difference, had its own language for nursing knowledge, its own premises to frame research process and findings, and thus each attracted its own community of scholars. A fragmented discipline has been no match for the coherence of medicine to inform health sector change.

As a second generation from Martha Rogers' articulation of a unique discipline in her "nursing science of unitary human beings," some theories have—separately—intensified an orientation to the engagement of the nurse with patients/clients. They give it significance according to the particular theory. For example, *knowledge* is represented by Parse[16] as cocreated and presented in the language of "human becoming" and by Newman[17] as life patterns recognised through the intersubjectivity of nurse and patient/client and depicted as the expansion of consciousness of each. Newman framed her theory as praxis where "the *form* that nursing research takes is the *form* of practice"[18(p100)] to point to knowledge as—and of—a process through which a transformative change in all participating activities can be achieved. Hence, nurses have been viewed as increasingly knowledgeable as engaged practitioners, even if their methods and "health" ends have been differently construed by each theory.

The theories importantly drew attention to the nurse-patient function, making a difference to the *experience* of people when they are patients/clients, as well as nurses, impacting on their lives.[19] However, what this means for health in relation to service design and delivery has had little attention. Moreover, as forms of knowledge the nurse brings to "what she ought to do," the theories remain as tentative paradigms, coexisting, if not competing, in pockets. Their significance for the employing organization's mission is subtle and fragile. As the workforce, nurses are employed to work in a causal paradigm where knowledge is product—the evidence for discrete interventions. Activities expected of nurses are rooted in the mission of the organization. They continue to be subject to the service boundaries, resources, and conditions that support healthcare within the hegemonic medical cure and control paradigm. The vacuum for the practice discipline of nursing seeks a further turn in a participatory paradigm to move further into the relational nature of nursing—beyond packages of interventions—to bring the coherence of a practice.

Meanwhile, others have been taking an epistemological approach. Benner[20] held her focus on the activities of nurses in their workplaces. She emphasized the embodied moral agency of nurses in caring—socially embedded—and its expression in their expanding capability to practice knowledgeably. The participatory nature of a practice is clear in the depiction of "embodied interdependence" of nurse with patients/clients, as well as in practitioner communities. Doane and Varcoe emphasized the inventiveness of nurses "to create and recreate their knowing in each moment of practice."[11(p89)]

The detour of nursing scholarship through other disciplines and the separate theoretical and pragmatist approaches emerging from it have been important in our consciousness of different paradigms of knowledge in nursing. But although all the leaders of the factions emphasize the importance of communities of scholars, trying to move between them to question and articulate the nature of nursing practice is fraught with misunderstanding. The ontological and epistemological efforts to date call forth new thinking for an inclusive nursing community.

We (authors) have been searching alongside many others for ways of developing the discipline of nursing both for and in practice, such as Boyd,[21] Connor,[22] Doane and Varcoe,[11] Picard and Jones,[19] Reed,[4] and Roy and Jones.[23] Now, as part of this movement, we take our stand in a participative paradigm to look beyond the divisions, while still preserving diversity in how practitioners contribute to "health" in the various places and times of healthcare provision.

## A shifting worldview

A broad scan of literature reveals a general shift well underway in Western societies in the way we understand our human condition. We refer to some authors to point to features of a participatory paradigm that we believe are of greatest significance for the dialogue in nursing. In particular, we see the significance lies in how we situate ourselves in the world we seek to understand. We are exploring the meaning this lens brings to nursing as a "discipline."

Theological scholars[24–26] have written about a period of transition in human culture over the past centuries from the transethnic world of the great religions to this point of emergence of a global secular world in which we understand ourselves as coparticipants in the creation of lives in our shared places and time, with responsibility for it. Geering writes: "We humans are slowly coming to realise that what each of us inhabits is a world of meaning, which we ourselves have put together."[26(p5)] Cupitt[25] writes about "be-ing" to refer to our here-and-now evolving communal world. All these authors use the term secular to mean attention to *this* world of diverse beliefs and values of the sacred.

Insights from discoveries in the physical sciences have led scientists—and many popularizers—to write about a shift to a paradigm in which observer and observed, knower and known, merge. Schrodinger's cat story of the 1930s has been cited repeatedly to popularize the revelations from quantum physicists: the interrelationship of observer, tools, and observation determine our reality. David Bohm, US/British physicist-turned-philosopher, said: "World views—it's really a self-world-view because it includes yourself."[27(p25)]

In biology, Chilean biologists Maturana and Varela[28] pioneered a "science of cognition," coining the term "autopoiesis" to convey their observations of a dynamic interrelationship of part and whole in cellular systems. They write their insight as: "We live our field of vision . . . we cannot separate our history of actions—biological and social—from how this world appears to us."[28(p23)] Furthermore, it is relational: "We have only the world that we bring forth with others, and only love helps us bring it forth."[28(p248)]

Lynn Margulis, an evolutionary biologist from Massachusetts, writing with Dorian Sagan,[29] argued the inadequacy of the hegemonic reductionism of evolutionary theory after Darwin, where knowledge is framed as linear and competitive. From another worldview, she reinterpreted observations and drew on recent genome studies to depict evolution as integrative. Conveyed in the term "symbiogenesis," the origins of species, humans included, are explained as ecological interrelationships at the cellular level; complexity increases through cooperation and new forms of community emerge. This realization led the duo to address the big human question "What is life?" to which they answer (in part) "a question the *universe poses to itself* in the form of a human being . . . we are only a single theme of the orchestrated lifeform . . . *our life is embedded* . . . in the rest of Earth's sentient symphony" (emphasis added).[30(p199)]

M. C. Escher, living and working in western Europe, creatively depicted the participatory thinking in 1956. Choosing to call himself an artisan—"a graphic artist 'with heart and soul,'"[31(p8)] he explored the human capability of representing 3-dimensional reality in 2-dimensional drawings. A drawing called *Print Gallery* shows a man in a gallery looking at a picture in which his "looking at the picture" is an integral part. He described it: ". . .we come to the logical conclusion that the

young man himself also must be part of the print he is looking at. He actually sees himself as a detail of the picture; reality and image are one and the same."[31(p67)]

Historically, tracing ideas of science, theology, and philosophies, Skolimowski, of Polish origin, addressed directly the "new order of reality" as "the participatory mind": "We are woven into the universe we explore."[32(p88)] The world we experience as complex continuously evokes our efforts to simplify: "The patterns and configurations of the world are not there independently of mind, but are the patterns of our knowledge through which our minds work."[32(p88)] Furthermore, "the power of creation is the power of articulation."[32(p14)] A participatory worldview is a new understanding of ontology and epistemology. The meanings of these terms require us to consider them together: "they elicit from each other what they assume in each other."[32(p76)] Knowledge is in process as comprehension, and "to know is to *constitute* the world."[32(p81)]

A proactive ecological philosopher born and based in the United States, Abram[33] also draws on great philosophical writing along with varied depictions of the worlds of indigenous oral peoples and his own experience as a sleight-of-hand magician performing as part of everyday life in many countries. He conveys the participatory thinking inherent in the interrelatedness of human cognition and the natural world. Always, he says, there is an active interplay between the perceiving body and that which it perceives: "We always retain the ability to alter or suspend any particular instance of participation. Yet we can never suspend the flux of participation itself."[33(p59)] We are immersed in a sensuous world. We make sense of this world humanly through our language: "The human mind is not some otherworldly essence that comes to house itself inside our physiology. Rather, it is instilled and provoked by the sensorial field itself, induced by the tensions and participations between the human body and the animate earth."[33(p262)] "The common field of our lives and the other lives with which ours are entwined . . . our experience of this field is always relative to our situation in it."[33(p40)]

The participatory thinking has also been emerging in the writing about the general organization of societies and workplaces. The participatory theme has been integral to the women's movement. It shows in Wheeler and Chinn's[34] reframing of group process as community represented by the acronym PEACE: Praxis, Empowerment, Awareness, Consensus, Evolvement. Also in Margaret Wheatley's[35] explanation of transformational leadership for the management of organizations, linking directly to "the participative nature of the universe" emerging from quantum physics. Danah Zohar's experience in childbirth led her to become a popularizer of the new physics revelations with a participatory interpretation. With psychiatrist/psychotherapist Ian Marshall, she is now reaching into the business worlds and corporate culture, elaborating the relational theme of "changing ourselves to change the world."[36]

In these selected but wide-ranging writings, we can see a participatory shift. All authors noted the inadequacy now of our former views of knowledge of past eras. These views have increasingly obscured the humanness of living our lives—experience, spirituality, sentience, and mystery. But this participatory view does not negate previous ways of thinking, nor even transcends them. Everything just looks different. Cupitt[25] uses the terms "contingency," "immanence," and "outsidelessness" to refer to our humanness.

All authors bring coherence to their reasoning with reference to community and love. We are participants in a creative world in the moment, constantly evolving as participants in it and together making sense of it in our own particular ways. Our spirituality is our interrelationship, as participants, in the sensuousness and communion of our living universe. We seek to understand, see patterns, find order, and theorize, knowing we are ourselves inside what we write about. Temporality moves beyond the linear; we live and act in the here and now: "always in the middle

of things," Cupitt says.[25(p64)] The meaning of the past-future is unfolding and enfolding in the moment of "holomovement," Bohm[27] says. Hence we are brought to the realisation of our vulnerability and our responsibility in action.

Expressing these features, a participatory worldview has language at its core. Geering explains language as evolving meaning, "Language is the collective product of the powers of human imagination and creativity," where words to syntax to stories construe our cultural heritage, such that "by means of stories we create the world we live in."[26(p18,41)] Abram views language as evolving from and expressing the participatory nature of the universe: "The sensuous, perceptual life-world, whose wild, participatory logic ramifies and elaborates itself in language . . . a vast, living fabric continually being woven by those who speak."[33(pp83–84)] Bohm's[27] physics led him to focus his thinking about language on the dialogic nature of our human world of unfolding meaning where "meaning is active," making sense of things; culture construes language, and dialogue is a form of "social meditation" unfolding among us in what we attend to.

In the academy of social sciences, John Heron and Peter Reason[37] have been elaborating their earlier work on cooperative enquiry and action research, and now articulate their methods as expression of a participatory paradigm. They describe a participative paradigm: "the mind's conceptual articulation of the world is grounded in its experiential participation in what is present, in what there is."[37(p277)] Critical subjectivity extends to critical intersubjectivity. To elaborate the participatory nature of knowledge, they added axiology to ontology, epistemology, and methodology. Axiology makes explicit the ethics of knowledge development in the question: "What sort of knowledge is intrinsically valuable in human life?"[37(p277)] Ethics is now inherent in the whole process.

Reason and Bradbury present their edited book on "participatory inquiry and practice" as part of what they describe as the revolutionary transition in worldview "emerging at this historical moment."[38(p1)] In their introduction, they too trace the roots historically—from the reinvention of humanism in the 1950s through the cognitive and linguistic turns of the postmodern era that alerted us to the relationship between power and language, and so to the participatory worldview of today that draws on and takes us into a socially constructed world. They connect to Bohm, Abram, and Skolimowski among many other contemporary sages to elaborate an action science that "continually enquires into the meaning and purpose of our practice,"[38(p7)] relational and concerned with the betterment of the world and life in it. We *attend to* what we have come to know through an instrumental paradigm "to draw on techniques and knowledge of positivist science and to frame these within a human context."[38(p7)] They too emphasize the linguistic nature of things: "As soon as we attempt to articulate ('real' reality) we enter a world of human language and cultural expression."[38(p7)] They talk of knowledge as a verb rather than a noun in dialogue evoking attention to the ethical and political. Knowledge is "a living, evolving process of coming to know rooted in everyday experience."[38(p2)] In their view, inquiry is about the healing of the splits and alienation in contemporary experience.

Our consciousness of the trend in thought about the nature of human knowledge has given us (authors) a new lens on the discipline to see how the once-separated discipline and activities of nurses are one as process. After Reason and Bradbury[38] and Geering,[26] let us consider the discipline of nursing as a verb inviting the syntax to express culture and stories that convey nuances; it is the process of practice in context and informed in dialogue. Dialogue brings nursing theoretical insights and the schools of knowledge into the complexity of healthcare provision.[11] In nursing communities, our attention is drawn to the language, texts, and discourses that have confused and divided us and alienated many. Our professional responsibility is to participate in open, inclusive dialogue.

But this meaning of discipline begs a focus that orients practice to the social relevance of nursing: a nursing take on "the common good" to draw us into dialogue. Reason and Bradbury stated their moral purpose for inquiry, using terms appropriated from the literature through the ages: "The flourishing of life, the life of human persons, of human communities, and increasingly of the more-than-human world of which we are a part."[38(p10)] We can agree with this too, but want a focus that enables us to participate in a *nursing* community about nursing practice. For this, we have looked to our discipline's history.

## THE FOCUS OF THE DISCIPLINE

Each theorist proposed a focus for nursing—the theory—as she or he had conceptualized it. For other scholars it has been implicit. Also, there have been many threads of nurses' work and roles developing worldwide, in health systems without a specifically nursing purpose. We see the elaboration of advanced practice nursing happening within specialty fields and practices, the focus closely aligned with medical science concerning assessment-diagnosis-prescription or defined by the mission of employing organizations. As educators, we have observed students searching for a nursing purpose to anchor their theses, often reaching into other disciplines for ideas of social relevance.

Newman with Sime and Corcoran-Perry,[39] in describing their framework of 3 research paradigms, recognized the need for a focus statement to convey the social mandate of nursing. Noting the predominance of caring and health as integrative concepts in the nursing literature, they proposed the phrase "caring in the human health experience." Newman explained: "Caring designates the nature of the nursing practice participation . . . the experiential dimension characterizes the phenomenon (of human health) as something beyond the traditional objective-subjective perspective."[40(p48)] The phrase as a whole was the focus of the discipline. This statement has been important in drawing attention to the social relevance of our research efforts. In a phrase, the concepts of caring and health had more meaning for nursing than when considered separately; there is deeper meaning in expression of culture and history.

As students, our (authors') beginning research was underway at this time. We explored what the focus statement might mean as we studied the nature of practice. This led to the explication of a research-as-if-practice process.[41–44] But separateness still bothered us; a researcher is not a practitioner in the sense of having a work role and status within the health service organization. We must be able to state the social relevance of our practice, given our paradigm of a participatory, always-evolving-in-the-moment idea of knowledge. It must have meaning for the practice of all other nurses and for health service and policy trends.

In retrospect, we can see the 1991 focus statement representing its era and cultural context. The relational caring/experiential aspect of nursing was growing as a counterbalance to the expanding challenges of technological advances and fiscally driven health service reforms. We can see the strong influence of phenomenology, grounded theory, and hermeneutics on nurses' studies of "the lived experience" of people as patients and clients. Hence, the focus on experience privileges these methodologies and their parent disciplines—primary attention to individuals. Although, it acknowledges the moral relational core, the phrase separates "what is important" to be attended to from the action that addresses it. It is difficult to see how it focuses knowledge development for much of the work of nurses in established roles and career pathways.

Through our research projects in our respective countries and writing together to explore the nature of nursing practice in context, we have sought a broader statement: a cohesive statement that is more inclusive of the different forms of knowledge, and that resolves the current splitting of the relational and the technical. For this, we have turned our attention now to *humanness*.

This tunes us into the 1991 focus statement[39] and recent writing such as the *Consensus Statement on Emerging Nursing Knowledge* orchestrated by the Boston Group.[24] But, in replacing the action concept (caring), we are opening to all paradigms of action, whatever the nature of change and whatever part the nurse plays in change. Furthermore, while we (authors) agree that attention to people's experience is vital in nursing, we are now lifting our sights to more broadly attend to the *health circumstance*. For us, the discipline focus is *the humanness of the health circumstance*.

With this focus, we look beyond the separateness of human beings as nurse and patient in engagements, to being human whatever the health predicament, whoever is implicated in it, and however located in time and place. It contrasts with, but is essentially complementary to, the medical discipline focus on the incidence of disease, differential diagnosis, and treatment to date framed within a deterministic paradigm.

The phrase expresses social relevance. The public looks to nurses for a human face in the technically and fiscally oriented world; our understanding of health circumstance is what enables us to advocate the humanness of people's experience in the strategizing for service development and in community development. It gives a common focus to research framed within the extant theoretical orientations, research addressing the practicalities of specific activities expected of nurses, and research on issues of workforce and service management. It calls forth the examination of the ethics of nursing.

## IN ACTION

The lens of a participatory paradigm makes everything look different: practice, research, management, eduction, service design, and policy development. Our understanding of the paradigm has evolved through our research endeavors, as we sought to address the vacuum for a contextualized practice discipline. It has opened our thinking not only to an alternative form of nursing practice but also to the form of leadership through which policy, service development, and management can be constructed to support the healthcare provided by all nurses, whatever the paradigms for their activities. We can think now of an integrative people-pivotal paradigm for healthcare provision.[45] The following is a glimpse of our growing consciousness of the significance of nursing practice for healthcare and possibilities for action. In this we are not "proving" or "demonstrating" our thesis, we just want to illustrate a way of seeing and talking about nursing in context.

Importantly, our research starting point was the process of practice. We knew that to explore the relational nature of nursing we had to be practicing. We awoke to a general trend in thinking about our humanness and connected into the discourses referring to a "participatory paradigm."[41–44] Initially undertaken according to academic requirements, the research was not integral to the sanctioned, pressured yet seductive health service design, workforce, and professional structures. But it was *as if* practice; it was as close to the reality of practice as possible without being swallowed into the system.

The process we described was of partnership with people as patients/client (considered as collective) such that, through our conversations extending in time (multiple meetings), we made sense of what was happening for them. Holding the humanness of the circumstance as our orientation, *everything* happening and talked about, place and time, had relevance, as far as our minds allowed us: outsideless.[25] There was insight into how the predicament had come about and what it meant in life ahead for family, work, and play; meaning was actualized in the statements of action that each could, and would, take in the moment. In action, people as families and groups with really complex health circumstances managed tangled difficult times,[44] accessed services discerningly, made the best of healthcare available conscious of scarce resources, and addressed

health matters that would have implications for later years or for following generations.[45]

The insights alerted us in our practitioner role to our responsibilities around the personal predicament as well as community life, collaboration among healthcare workers to orchestrate healthcare, health service management, and policy development. Hence, action was more than a set of activities, it was coherence in action around whatever was needed for everyone to get on with life as patients/clients, family and community members, citizens, and as nurses in their professional world. It included—but not necessarily—the *conventions* of healthcare. Knowledge was participatory in process for all; it was practice wisdom. As researchers, we developed narratives that presented the humanness of the health circumstance and these were used for influence in the various forums where policy and funding decisions are made.

Our interest turned to nurse roles, new and traditional, and how they might be complementary in contributing to the expected "health outcomes" of contracted services and the organization's mission. Projects were funded as practice and service innovation.[44,45] Education looked different; roles of teacher and learner had changed. As educators-researchers, we took one step back from the practitioner role—to mentorship with practitioners. Learning was integral to the dialogue of practice; roundtable forums were the medium.

As mentors-researchers, we came with our novice experience. We could see in our participation the expression of our own respective culturally and historically grounded education and wise mentorship from our earlier professional lives that had shaped our values, viewpoints, as well as hang-ups. The practitioners took their own lead in developing their practice in relation to each other. Together, we challenged our different languages, constantly reexamining viewpoints as a process of theorizing, each with our own take on the task to articulate practice, what it achieves, and the service model to support it. There was work to be done to create a practice, personally and culturally expressive and responsive within health service environments. It was intense work, but it evoked new vitality in its creativity and was deeply appreciated by all participants. One nurse said, she had "come home to nursing."[46]

Research, practice, service development, management, and education began to collapse into the dialogic process, with the patient/client and nurse partnership being pivotal.[45] Healthcare can become a dynamic collaborative endeavor. Now the new practice role is influencing reconfiguration in service delivery, integrative in the traditional silo structure of primary, secondary, and tertiary sectors and specialist divisions. In a participatory paradigm, nursing practice is collective. Nurses work in different paradigms, their activities given coherence in the core dialogue centered on and reaching out from partnerships with patients/clients. Professional forums are essential where the ethics of practice can take form for each nurse and standards continually examined. There is more work to be done.

Hence, with this eversion in healthcare provision, discipline development is in practice, leadership comes from practice, and attention primarily focused on the humanness of the health circumstance. Service models are shaped by and around practice. The roundtable forums expand and contract to dynamically address the current issues and challenges. They take account of the diversity of community life, other healthcare workers, service and policy developers, funders, health economists, and politicians. It is not all easy and smooth but the possibilities are open. There is even more work to be done.

## CONCLUSION

This discussion is intended as a contribution to the dialogue around the discipline, not a proposal of "how to" or theory. The separation of knowledge development in the academy from the activities of nurses-as-workforce has created a vacuum for a

practice discipline that would enable nurses to articulate the significance of nursing, so essential in contemporary healthcare provision. We have tuned into the trend in thought around the human condition represented in the emergence of a participatory paradigm, and explored its meaning for nursing in the context of health service delivery, to have social relevance today. Turning our focus to the humanness of the health circumstance, our research has brought us to an understanding of the discipline as relational and evolving in the process of nursing practice in context. The discipline is here and now, alive and creative in forums for dialogue. Each one of us has responsibility in participation.

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