

Ideal Paradigm Disputes, Conflict and Emerging Convergences in Nursing

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Abstract

Paradigm is the set of adequacy of agents in an arena, which provide a structure in which perspective the scientists' research to solve scientific complications and standardize the sequences of studies in the field. The purpose of this paper is an analysis of the nursing model. Nursing paradigm determines the goals and boundaries like a foundation of a building. Nursing as a moving profession from unified and constant roles, and the integrated and atomistic nursing is in circulation as a new paradigm. We can say in certain that Nursing science is a young and new science but with a good progress as it has come to existence since only a few years ago, and because of dealing with human being, it has faced numerous scientific developments, and several paradigms are simultaneously created due to multidimensional nature of the human being. Though, in comparison to the work of theorists in latest years, the nursing is progressively leaving the multi-paradigmatic state and continuing to become a single ideal model. The analysis of the state of nursing suggests that the current clinical paradigm fails to strengthen the economic and quality issues into the core of nursing. It is not capable of solving central professional problems and emerging dilemmas.

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INTRODUCTION

Paradigm comes from the Greek word "Paradigma", meaning instance, example and template or model, which is derived from the verb of "Paradeiknumi", meaning to display, to provide and to be exposed to. "Para" means "alongside" and "close", while "deiknumi" means to point out and to show^[1].

A paradigm is a set of rules and regulations that does two things: it establishes and defines boundaries; and it tells you how to behave inside those boundaries to be successful (Joel Arthur Barker). Paradigms are patterns of beliefs and practices that regulate inquiry within a discipline by providing lenses, frames and

processes through which investigation is accomplished. Paradigms are the sum total of the basic assumptions, concepts, conventions, values, protocols, traditions, principles, prejudices, rituals and superstitions that constitute a way of viewing reality for the community that shares them^[2].

SYNOPTIC VIEW OF PARADIGM

1. A mental model
2. A way of seeing
3. A filter for ones perceptions
4. A frame of reference
5. A framework of thought or beliefs through which ones world or reality is interpreted

6. An example used to define a phenomenon
7. A commonly held belief among a group of people, such as scientists of a given discipline^[3].

Kuhn describes paradigms as essentially a collection of shared beliefs and a set of agreements about how problems are to be understood. Paradigms are essential to scientific inquiry. Nursing paradigm determines the goals and boundaries like a foundation of a building. How we think and give reason for human experiences can help us in making the paradigm. Theories of Nursing, in their turn, hint to the formation of knowledge, systems and problem-solving activities with international settlement and by the assistance of a certain discipline^[4].

ROLE OF PARADIGMS IN NURSING SCIENCE

Paradigms infer methods that scientists apply to solve problems. It is a Lens through which phenomena can be viewed. Paradigm answer questions to the discipline. Paradigm shape the way resolving problems, conducting research, and deriving theories and laws.

For nursing scientists, paradigms direct the perspectives from which research questions are asked, problems are investigated, research is designed as well as what methods are used and data are collected, analyzed, and interpreted. In nursing, the paradigm is based on sharing the values and presuppositions of key concepts, such as person, health, environment and nursing.

Paradigm involves a matrix leading to the transference of knowledge, philosophy, theory and teaching know-hows, practical knowledge and research practice with a certain discipline between scientific societies. They are our source to make crucial nursing concepts^[5].

RESEARCH PARADIGMS - ELEMENTS

1. **Ontology:** ways of constructing reality, how things really are? And how things really work?
2. **Epistemology:** different forms of knowledge of that reality, what nature of relationship exists between the inquirer and the inquired? How do we know?
3. **Methodology:** What tools do we use to know reality?

RESEARCH PARADIGMS

Positivism – Quantitative – discovery of the laws that govern behavior

Constructivist – Qualitative – understandings from an insider perspective

Critical – Post- modern – investigate and expose the power relationships

Pragmatic – Interventions, interactions and their effect in multiple contexts

PARADIGMS AND NURSING PRACTICE

Nurse's philosophical outlook includes paradigms and theories which reflect nurses' values and exert significant influence over nursing practice. 3 major paradigms within nursing profession: Empiricism, interpretive and critical social theory.

Case Study

A young woman was admitted to ICU from the operating room, because her anesthetist had vague concerns about her "not doing well" intraoperatively. At the time of arrival, vital signs were relatively stable and she did not have any obvious deficits. She was an active young woman, who had a minor surgery to remove pre-cancerous polyps in her bowel. She had no significant medical history, and this surgery was an elective, routine procedure. Within an hour of her arrival, she was in fulminant shock, and required massive ventilation assistance, and vasopressors to maintain her blood pressure. She ultimately survived her stay in ICU, but

required weeks of intensive management, followed by months of rehabilitation.

EMPIRICAL PARADIGM

The empirical paradigm is rooted in the assumption that there is one reality, which can be verified through the senses; knowledge is established by controlling the circumstances around variables in order to determine their relationship.

Research Focus

Focuses on development and testing of hypotheses, comparison of interventions, and the establishment of relationships between variables. Often use quantitative methods when conducting research.

Theory Focus

The empirical paradigm gives rise to a variety of theories within nursing. Orem's (2001) Self-Care Deficit Nursing Theory (SCDNT) is a prime example. This grand theory states that nursing is required when persons' needs for self-care exceed their ability to provide self-care. Her nursing care was based strongly in an empirical paradigm. Using Orem's (2001) SCDNT, a nurse would identify that the patient is not able to meet her own needs; therefore, nursing intervention is required. Nursing intervention was to administer fluids and vasopressor medications. When this did not raise her blood pressure as expected, the physician was contacted to address this concern. For each of her body systems, there was an expected level of functioning, which had been established through empirical research methods^[5].

INTERPRETIVE PARADIGM

This examines a phenomenon through the eyes of the people that live it. An individual's own understanding and experience of an event is important. This paradigm contributes greatly to holistic nursing, as nurses are concerned with the implications of an event for a patient, not just the event itself.

Research Focus

Values esthetic, personal, and ethical ways of knowing, which are integral parts of nursing knowledge beyond what an external observer might quantify. Research rooted in this paradigm is Qualitative.

Theoretical Focus

Induction and theory development. An example of a nursing theory developed in the interpretive paradigm is the middle-range theory of resilience.

APPLICATION IN NURSING PRACTICE

As a nurse, it is relatively easy to identify dropping blood pressure, kidney failure, poor oxygenation, and other physical findings. Each of these factors fits within the empirical paradigm, and can be measured in an objective capacity. However, it is difficult to understand what these events are like to experience first-hand. One can only imagine what it was like to live through patient care, and how her unique history impacted her experience. This is where the interpretive paradigm becomes important to patient's nursing care.

Critical Paradigm

An additional paradigm of importance in nursing is the critical paradigm, which focuses on social struggles, domination, and institutions, with the intent to bring about an egalitarian society. Nursing practice takes into consideration a wider influence of societal factors and how to practice in relation to those factors.

Research Focus

Research within the critical paradigm focuses on creating change. The critical paradigm uses various research methods in a form of participatory action research

Theoretical Focus

The feminist theory is applied in research to create change in participants and in society. This is consistent with the critical paradigm, which aims to change social injustices through action.

Practical Focus

In the case of this patient, the critical paradigm also has a role. Patient initially received surgery for the removal of pre-cancerous lesions. Were these lesions caused by environmental contamination? Did patient have access to cancer screening in her community?

PRAGMATISM

It is increasingly clear that no paradigm or theory offers a complete view of all nursing and human phenomena. The need to recognize diverse, yet equally valid opinions has generated pragmatism. The problems addressed by nurses are so diverse that multiple approaches to problem-solving are necessary.

Theoretical Focus

Pragmatism is also an important approach in use of nursing theory. While an empirical theory may be preferred in one situation, a critical theory may be more advantageous in another. A nurse has the opportunity to critically evaluate a range of theoretical options, and determine what will be the most effective and appropriate course of action for the client.

Practical Focus

In a final reflection on patient, it is apparent that was pragmatic approach taken during her nursing care. As previously described, the empirical, interpretive and critical paradigms all played an important role in the delivery of nursing care in ICU. Had one paradigm been omitted, patient may not have received comprehensive nursing care. Pragmatism allows for the careful selection of appropriate paradigms and theories for nursing practice, enabling

nurses to provide maximally effective care. This reflects good nursing practice and it enables nurses to promote the betterment of humanity.

CONTROVERSIES & CONTRADICTIONS**Disciplinary or interdisciplinary knowledge?**

Common fear is the phenomena of discipline of nursing will be minimized, ignored, or replaced by other disciplines. Advantages of interdisciplinary are obvious. It provides more comprehensive answers to questions about quality care. Interdisciplinary can work without undermining one discipline or another though the principles of equality in viewing multiple sources and bodies of knowledge, partnership of members of different disciplines, reciprocity in training, utilizing, and evaluating findings.

Global or Local theories

Comforting patients, helping wounds heal, feeding the elderly, increasing mobility, rehydrating populations, preserving the integrity of clients, promoting health, developing health environments, promoting rest, supporting sleep, incubating, monitoring, managing symptoms are examples of phenomena that nurses deal with around the globe. The principle of global view and worldliness could ensure that nurses' efforts in knowledge development become more cumulative and more culturally sensitive. Relativism in developing knowledge, limited resources, and constraints in creating global teams may act as barriers.

Marginalized or Privileged populations

The developing knowledge that reflects and addresses the experiences of minorities – vulnerable, underserved, and marginalized and privileged must be given focus. Theoretical discussions in nursing on women's health, elderly population, the poor and underrepresented minorities, and homeless population must be developed.

Technical Nursing or Expert Nursing Practice

The development of theories must avoid the tradition of practical tasks and techniques of physical care and focusing only on a psychosocial approach to patient care and knowledge development. Nurses should engage in development of knowledge and rediscovering theories that hold together the personal, the relational, the scientific and technological aspects of patient care. Develop theories that honor the technical aspects of nursing and continue to inform equally the psychosocial and bio-behavioral aspects of nursing.

Nursing Informatics or Medical Informatics

Theories of future will be influenced by how technology is used in practice, education, research and administration. Because of increased use of technology, insurance-driven policies related to hospitalization and discharge and increased costs of hospitalization worldwide, patients tend to leave hospitals earlier and continue their recovery and rehabilitation transition at home. These trends will drive the development of theories to reflect a new set of emerging care needs for patients.

Taxonomies or Interpretations

Considering nursing theory's influence on nursing diagnosis and nursing diagnosis influence on nursing theory is another controversy. Attempts at relating existing nursing theories to the accepted diagnoses and interventions and to the development of useful, coherent, and supported nursing theories that may create new diagnoses and interventions should be interest to the theory students.

Clinical, Conceptual or Empirical Theorizing

Clinical, conceptual and empirical theories are types of theories developed in nursing.

Theories that evolve from a clinical setting have richer clinical context and a longer span; their credibility may be enhanced for other clinicians, and they are developed from concrete experiences. Conceptual theories are one that is abstracted and generalized from other theories and goes beyond personal experiences. This involves the extent to which members of the discipline find them useful in illumination the discipline of nursing. Empirical theories are knowledge that results from research. Empirical are among the most accepted types and are usually better established.

Knowing through Research and Knowing through theory

Theory development evolves from a research tradition, therefore connected with existing or evolving research. The theorist is an actively engaged participant and theory evolves from theory, practice and research arenas.

Middle Range or Situation specific theories

Theories developed with principles of specificity require a focus on describing, explaining or predicting a phenomenon within a specific descriptive and explanatory context. Situation specific theories are generally used to formulate questions and answer questions within a context. They help in explaining situations that are limited in scope and focus. Middle-range theories have wider scope and tend to answer more questions about a phenomenon.

Integration or Isolation of Theoretical Discourses

Theoretical nursing includes a discourse about the structure of nursing knowledge, philosophical bases of nursing science, theory development, history of nursing knowledge and nursing theories. Theoretical nursing provides nursing curricula with a perspective that it is

uniquely nursing's; promotes discovering, developing and structuring nursing knowledge. Best approaches to incorporating theoretical nursing in educational and administrative organizations and in clinical institutions.

Emerging Confluences

The syntactical debates like theory versus conceptual framework; nursing theory versus borrowed theory; qualitative versus quantitative methods; are fading. Substantive debates like different views of health, environment, client, and communities are emerging.

Refinement / Extension of Theories

Relationship between domain concepts being explored using existing nursing theories and other pertinent theories such as interpersonal relations and delivery of nursing care are emerging concepts.

Emergence of substantive nursing areas such as mobility, rest, nursing interventions, quality of care, symptom management, women health, nursing diagnosis, etc., are considered.

Emergence of Practical Wisdom in Nursing

Manifested in actions that are theoretically sound and are designed to make a difference in the lives of people and provide some good for them. It includes deliberate action that is subjected to reflection and analysis. Difference between theoretical knowledge and practical wisdom is with the former ending up with an intellectual conclusion and the latter with action that is morally good for human beings^[2,3].

Public Awareness and Accountability

Benefits arising from nursing practice have to be conveyed to the public, to whom nursing is ultimately accountable. It is such public awareness and accountability that are the main pillars on which the discipline of nursing will rest. Bond between scientific endeavors and

reflection is becoming stronger adaptation and demands are becoming the key forces of progress instead of structure and inflexibility.

Nursing scholars have found that theories previously conducting clinical services are not today sufficient to explain, predict and direct the clinical services. In addition, the old theories may not be useful anymore for the developing science of nursing, as the researchers working on new paradigms of nursing do find evidence that differentiate between the nursing science and sciences such as anthropology, biology, chemistry, physics, psychology and sociology that nurses routinely refer to them cited to explain the discipline.

As nursing is linked to human behaviors, and a single view is not sufficient for explaining a variety of phenomena and the nurses facing with those phenomena, thus, it cannot grow with a single paradigm. A unique perspective is like focusing a microscope on a topic, while being multiple paradigmatic is like having a lens with wide viewing angle.

CONCLUSION

Dramatic changes in the health care system existing at large and escalating problems that cannot be solved within the current paradigm of nursing includes difficulties in:

1. defining the relative contribution of nursing vis a vis other health professions;
2. the scope and dimensions of nursing authority;
3. implementing all aspects of the nursing intervention;
4. actualizing caring in nursing intervention; and
5. Implementing the nursing process as a major thinking process in the profession.

The analysis of the state of nursing recommends that the current clinical

paradigm fails to merge the economic and quality issues into the core of nursing. It is not proficient of solving central professional problems and emerging problems^[6]. In view of that under the recent paradigm, nursing has complications in emphasizing to clients and the system identical where nursing can make a difference.

REFERENCES

1. Afaf Ibrahim Meleis. Theoretical Nursing, Development and Progress. Lippincott Williams & Wilkins. 2007.
2. Fatemeh Bahramnezhad, Mahmoud Shiri, Parvaneh Asgari. A Review of the Nursing Paradigm. Open Journal of Nursing, 2015, 5, 17–23p. Published Online January 2015 in SciRes.
<http://www.scirp.org/journal/ojn>
3. Jennifer Jackson. Nursing Paradigms and Theories: A Primer Athabasca University
4. Lovemore Nyatanga. Nursing and the philosophy of science. Nurse Education Today (2005) 25, 670–674p.
5. Nada Salem Abisamra. Paradigms of Instruction and Assessment Notes & Reflections.
6. Oliver Basford and Oliver Slevin. Theory and Practice of Nursing. Nelson Thornes Publishers. 2005.