

Transforming the Nursing Practice from the Proper Knowledge of the Discipline of Nursing

Cenith Cabarcas Rodríguez*

Universidad Simón Bolívar, Venezuela

***Corresponding Author:** Cenith Cabarcas Rodríguez, Universidad Simón Bolívar, Venezuela.

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Abstract

Different paradigms and conceptions based on thoughts and events that have arisen throughout history have taken part in the evolution of nursing along with other sciences. Consequently, it is important to make students aware of the changes that are taking place based on the available nursing know-how and knowledge in order to adapt and prepare themselves to face new challenges as they interact with human beings, as well as become active participants in the nursing evolution.

Keywords: *Patient Care; Knowledge; Discipline; Nursing (Source: MeSH, NLM).*

Introduction

In recent decades, nurses and nursing have contributed to the development of discipline by providing useful new models and theories in clinical practice, which enriches both work and nurse language. The usefulness of a conceptual model depends on the value it is given and how it is used. In addition, this same utility allows to recover a professional identity that has been questioned and acts as an important factor in determining the processes and indicators of practice [1].

On the other hand, for the development of any field of knowledge, it is essential to understand its evolution: the way it accumulates and how it is accepted therefore contributes to the definition of goals to be followed, either individually or collectively, for discipline as a whole [2].

It should be noted that nursing models and theories are applied to facilitate their development in research, education, administration and clinical practice [3]. Similarly, theories in nursing have become an important issue over the past fifty years, stimulating the growth and expansion of education and literature that supports discipline. In this sense, in the evolution of nursing, the bibliography resulting from the research of academic nurses and clinics plays a key role in improving the practice of care.

The search for substantive knowledge has led discipline scholars to identify theories that guide practice and research. Discipline has also followed a trajectory that has led it to conceptual concepts and frameworks, models and theories, and, lately, to mid-range theory [4].

Precisely, although it is known that theories created between the sixties and 1980s contributed to the strengthening of nursing curriculums, today it is almost entirely unknown the contributions made by mid-range theory, which is highly applicable to practice, and helps from academia to understand the phenomena of care. In accordance with the above and in accordance with the literature review on the latter type of mid-range theory, it is known that the constructs inspired by it are among the at the same time, they are the most practical, as they specify characteristics of nursing situations [4].

The origin of medium-range theories is attributed to the sociologist Norton, in whose discipline they emerged and were then adopted by the infirmary in 1974. In this field, its relevance to guiding empirical research [5] was demonstrated.

As we have already expressed, over the last fifty years, theories in nursing have become an important task. Despite this, there is still little knowledge on the part of nursing professionals in the development and application of these theories. In fact, from clinical practice today, the phenomenon of the non-use and application of nursing theory can be identified. In this discipline, a very empirical practice is carried out, in which very little can be identified the knowledge of nursing.

In any case, mid-range theories provide a promising approach to strengthening theory, research and practice, but require greater emphasis on their development and use to sustain nursing research and practice [6].

Among the mid-range theories that have been developed over the past decade are: the theory of uncertainty in Merle Mishel's disease, Cox's model of interaction, Lenz's theory of unpleasant symptoms, the constellation model of Morse and Johnson's disease, and Pender's model. The latter has had a great boom in the nursing program of the Simón Bolívar University of Barranquilla, due to its impact on human care since the promotion of health, which point to the millennium goals in public health.

The objective of this reflection article focuses, then, on highlighting the importance of nursing theories and the acquis of disciplinary knowledge that guides the work of nurse, the link that it must have between practice and research. This is because, from the academy, it is necessary to clarify the concepts, as well as their usefulness and application.

Development

Nursing is based on research results and knowledge of daily practice, all based on the philosophy and history of discipline [4].

While true, nursing research has followed an irregular and ups and downs course, the need for research is urgently needed in order to provide answers and raise persistent problem solving. The latter is to understand that the ultimate goal of this profession is to improve the practice of its members, so that the care provided to its patients is most effective [7].

Indeed, if nursing practice is to be more than an act based on rituals and myths, if it is to be a professional practice, then research must be its main task, for only it can generate, refine and increase the scientific knowledge required to lead this discipline towards true professional status [8].

Therefore, nursing should study the relevant phenomena that can be observed in individuals, groups, situations and events, suring reality and thus making contributions that positively impact the quality of care. This should not be loose from theory, because, from the academy, the need to encourage the student to use theory in research and practice is increasingly urgent.

However, for several years and from the social sciences, such as anthropology, sociology and psychology, qualitative research has become a path of knowledge of increasing relevance in health-related research [9]. This methodology is an outlet for the development of the discipline and construction of nursing as a social profession, taking into account that the care of the human being, in its individual and collective dimensions, is its object of study (10), but has been established in a very unequal way [11].

It should be noted that from the beginning of nursing, vocational training was took into account. The infirmary provided excellent care to its patients, but many of its practices were not tested or used uniformly, although they seemed effective [9]. The process of transforming the practice takes time and commitment, because, among other things, this practice focuses on a normative perspective, which is conditioned by medical diagnosis and treatment [12].

And it is clear that nursing is a practical discipline, but precisely because of this, innovative ideas must arise from practice but with good theoretical foundation, which can strengthen knowledge about care, in relation to the needs of the person, family or community to which it is offered. In this way, theories are verified and validated through research and provide guidance for that research which, in turn, gives it a touch of innovation from care.

The practice of nursing has always been the main objective proposed by the leaders of the nursing profession, so academic reflection is required from their own knowledge. The paradoxical thing is that nursing knowledge has generated elements of paramount importance that have been little explored, such as the situation of the narrative of care, because it has been established that all knowledge of nursing resides in the nursing situation, which, in turn, is the deposit and context of nursing knowledge [13].

In line with the above, Barbara Carper defined the patterns of knowledge in the nursing situation, which implicitly reside in the same discipline, a perspective that appears as an emerging philosophical change from the epistemological approach [8].

Based on Carper's patterns, Silva states that there are unexplained and unknown aspects of nursing knowledge that lead to wondering how to know the unknown and give it meaning and how to know the inexplicable and make sense of it [14].

This leads to the need to explore an emerging change for discipline through education; and in this way, understand from criticism the importance of this emerging change, making known to students the art and science of care.

In this sense, from the teaching experience itself, it has been contributed to the construction of micro-curriculums of the nursing program, introducing patterns of knowledge such as: empirical, aesthetic, ethical and personal, which in themselves constitute the knowledge of discipline. In all of them the human being is visualized as a whole, according to the perspective of the nursing metaparadigma. Watson states: "Nursing models and theories are based on a humanistic vision of care. Care is for nursing practice its moral reason, it is not a procedure or an action, care is an interconnected, intersubjective process, of sensations shared between the nurse and the patient" [1].

Human care must be based on reciprocity and must be unique and authentic. Nurses are called to help the patient and increase their harmony between the mind, body and soul, to generate processes of knowledge of themselves [15]. Taking care of the other, according to Mayeroff, is to help that other person grow, whether it's a person, an idea, an ideal, an art work or a community. And helping others grow also means encouraging and assisting them to be cared for by something or someone other than ourselves [12].

Care is a form of expression, of relationship with the other being and with the world, it is a way of living fully. Care involves behaviors and actions that involve knowledge, values, skills and attitudes undertaken to promote people's potentials, to maintain or improve the human condition in the process of living and dying. Caring involves understanding and being understood, seeking the growth and development of the person, of being in the world. Care is "like an ethical and aesthetic way of living, which begins with the love of nature and goes through the appreciation of the beautiful" [16].

That is, the nurse and nurse must not only acquire borrowed scientific knowledge of the other sciences such as anatomy, physiology, psychology and administration. They must also acquire their own knowledge of nursing discipline, which is derived from day-to-day life, in their practice of care with others. This is how you can achieve care transactions with others and really exercise the art of nursing.

Similarly, the infirmary must develop its own conceptualization, which allows it to respond to care for real change Paradigmatic. In other words, it must focus on the field of research, theory and practice, so that real contributions are made al desarrollo de los currículos con sus respectivas conceptualizaciones.

However, the difficulty that nursing has had in strengthening curricular changes according to its own conceptualizations is perhaps because of the structure of service delivery systems, which are a replica of the medical model, where most health actions are framed in a curative approach, in vertical action programmes based on a specific pathology [17].

Reflecting on the latter, it shows the need for the student and future professional to enfermería se vea a sí mismo as a caring person, who manages to understand his own essence of being human and is able to know and understand the other as a caregiver. Such an experience leads to authentically expressing care for both caregivers and care recipients. Similarly, the acquisition of one's own knowledge must be recognized for the contribution to people's quality of life and to improving health.

The infirmary thus enters the field of the cared for person, with the intention of knowing the other, of recognizing him as a person, and, through this interaction, allows that other person to recognize those who care for him as a person.

Just about three years ago, in the nursing program of the Simón Bolívar University (Barranquilla, Colombia), the nursing situation has become one of the central elements of the micro curriculum to achieve the teaching and recognition of care in our students, thus generating an authentic presence and an effective response in care.

And, in this order of ideas, one point to highlight from educational processes is the interrelationship between theory, practice and research. These three issues, when integrated, give the infirmary clear directions reflected in practice. In other words, the interrelationship of these three elements strengthens self-knowledge based on care, but also strengthens nurse knowledge, since nursing is a discipline and has a wealth of knowledge that has enabled its development.

On the other hand, through research, knowledge is developed and generated for nursing, which in turn strengthens the practice of care and thus validates nurse theory. This triad becomes a key element for the development of the profession, since a discipline is specific to a school and refers to a branch of education, a learning department, a mastery of knowledge [18].

Morse [19] developed a comparative analysis of care theories, the result of which was conceptualization from the assertions themselves developed by different theories. This is how the categories or perspectives of care appeared, which have today allowed a clear classification on the essence of nursing. Through academic exercise and from the curriculum training of the Nursing program of the Simón Bolívar University, this essence has been fundamental to the integral training of the student from his own knowledge and is the basis for the conceptualization of care, which today includes perspectives such as: human treatment, moral imperative, care as affection, care as interpersonal interaction and care as therapeutic intervention, experience of subjectivity and physical response of the patient.

On the other hand, a specialized field of practice, created on the theoretical structure of a science, as well as knowledge of that discipline and the skills that accompany it, is understood as a profession. So the structure of the discipline begins to adjust when the concepts of many nursing theorists are reorganized, since their conceptions fit into a larger pattern of discipline, the result of which is summarized in central concepts described below [7]:

Health

The attempt at the relationship: Where health is central to nursing discipline, the concept of well-being and disease or, as in our environment is summarized, the health-disease process.

Care

The nature of the relationship: Care is also one of the central terms for the identity of the profession. In this regard, Neuman argued that nursing is a facilitator of health and that care is a quality of the relationship that enhances a transformative relationship between the nurse and the patient.

Consciousness

The concept of consciousness translates into a concept of expansion of consciousness, which includes total information of the field (nurse-patient wrapping), that is, the wrapping of a whole: sensations, emotions and intentions.

Mutual process

Refers to the way the relationship develops. The mutual process occurs the moment the nurse manages to be very present with the individual, family and community. In the mutual process, the individual is invited to participate through reflections and opportunities for new consciousness, actions, movements and transformations in his life.

Pattern

Pattern care is a central aspect for nursing practice and research. The purpose of nursing pattern care involves explaining knowledge of discipline. Patterns reveal the envelopment of nature as a whole. Newman refers to pattern recognition, which focuses on the meaning of the relationship of events in people's lives, whose process requires potential actions.

Presence

Translates into the resonance of the relationship. The concept of presence can also be established as genuine dialogue, commitment, openness to the other, attention and the transcendental. This demonstrates the authenticity of the nurse-patient relationship and the mutual and reciprocal relationship.

Finally, the meaning

That plays an important role in the nurse-patient relationship, therefore, the presence of the care and resonance of nurses should impact the lives of caregivers.

The meaning can be addressed from different areas of knowledge: philosophy, with methodological approaches, phenomenology, hermeneutics, linguistics, pedagogy, social psychology and ethnography, among others. These various ways of conceiving knowledge lead to different approaches that support practice [20].

The theory guides microcurrents and gives coherence to the nurse language, by proposing tools to academics in nursing and, therefore, to professional practice to generate skill and guide practice as a situation-production. On the other hand, Guides the common language nurse among nursing professionals, taking into account their meta-paradigmatic conceptions (person, health, environment and nursing), which appeared in the 1980s, an important period in the nursing theory developed by Jackeline Fawcett. These conceptions provided a perspective for the practice, administration, education, research and further development of nursing theories. Therefore, the knowledge of the person, health and the environment in nursing form the basis for the recognition of nursing as a discipline and this knowledge should be taught to those who are part of the profession.

Similarly, in the nursing profession, theory promotes autonomy, helps to dignify the human being, both caregivers and care recipients, generates assertive and effective responses in the care of the other, allows to develop a body of knowledge to guide diagnoses and nursing plans, as well as the relationship of nurse-patient care, and, finally, it defines scopes of the practice, philosophy and mission of organizations, thus generating effectiveness and a true transformation in care [21].

All of the above constitutes a pillar to exercise a best practice that allows changes in the hospital settings and moral development of the person, that is: respect and devotion, professional duty, knowledge, science and technology, firmness, courage and willingness to act in the face of situations that occur in the day to day.

It is of the utmost importance to discuss two aspects in nursing curriculums; the concept of care as a central point and, on the other hand, the process of the human life cycle. A study on the advances in nursing care of the care group of the National University of Colombia determined that in interrelating these two variables, a reflection on the importance of training is indeed encouraged, and makes it clear that it should focus on a philosophical belief and values of care. It also calls for the communication of the group of nurses and students, particularly teachers [1].

For this reason, more cohesion needs to be generated between practice and academia. Articulated with research, a coherence of common language is strengthened from teaching-service conventions nurse who favors the practice and the people who are cared for.

On the other hand, Pinto Afanador, in his text "Care as the object of nursing practice", emphasizes the need to give meaning to professional nursing discipline, which requires in particular generating self-knowledge to solve the problems of the practice and facilitates the validation of disciplinary knowledge. The same author raises the urgency of generating and validating theories of a descriptive and prescriptive type, the conduct of scientific research and the qualification of the practice [21].

Conclusions

In nursing academies, interest should be generated in using knowledge from classroom training, which must be transcendental for the student. Only in this way will progress be made in disciplinary development.

The process of transforming the practice takes time, as it still has a normative perspective directed by a medical diagnosis. To understand and understand care, you must live in it care and grow in it. The core of nursing discipline, i.e. care, requires an understanding of the person-to-person relationship [13].

Therefore, the true transformation of practice is achieved from the understanding of care as a path of growth for both the caregiver and the care recipient; that is where a relationship of mutuality, knowledge and understanding is visualized. In addition, this generates the development of the personal pattern of nursing knowledge, as this way the professional manages to understand and act in front of the situation and the person who waits and requests care.

Nurses and nurses should reflect more on "knowing" than "doing," which has prevailed since the beginning of professional nursing. If a practical discipline reflects a repetitive practice, based on routine and tradition, theory is not required, but if an innovative practice based on scientific knowledge is desired as should be any professional practice, and with clear knowledge on the part of professionals of the meaning of it and its interventions, then the theory is necessary [22].

Similarly, new trends in nursing must be understood from their own context, since the disrecognition of nursing has made it difficult to develop this science and has avoided the application of theory in practice, which is the central axis of the advancement of discipline [23].

In accordance with all of the above, the need to understand the usefulness of nursing theory is indisputable. The authors emphasize that for the future of discipline and nursing science one must: first, understand the true role that theory plays in advancing practical discipline; and second, to manage and use nursing theory and other theories in their just requirement [24].

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