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As a social science, nursing is often viewed as practical with less need for theory. This can translate into a focus on practice guidelines and actual nursing care, while relegating nursing theory, frameworks, or paradigms to academia. Nevertheless, the theoretical side of nursing is not only for students and researcher, but is actually an integral and subconscious part of daily nursing care as well as research. Each person acts according to his or her worldview, and for a nurse, this means that care is a direct result of the nurse's care perspective of reality and care, or philosophical paradigm. Therefore, a comparison and contrast of the three major philosophical paradigms of positivism, postmodernism, and neomodernism is helpful in making an educated decision about the framework of nursing care in which to act.

Positivism, the oldest paradigm, is closely associated with the medical mode and the traditional scientific method of objectively observing, verifying, and repeating an occurrence before it is considered valid knowledge (Whall & Hicks, 2002). This paradigm focuses on logic, empirical data, numbers, and quantitative research, but because of the intense focus on objective logic it shuns many traditional aspects of nursing which deal with senses and individual experience (Whall & Hicks). The goal of positivism can be good, to provide results and a framework grounded in the sound data that is repeatable and provides a solid foundation, explanations, and course of action amidst the daily flux of care.

The problem arises from the very nature of nursing, which deals with less concrete aspects of humanity such as cultural influences, which are harder to quantify, and thus do not traditionally fit into this viewpoint very easily. The main critic for positivism is that it views patients outside of their natural context, and while this allows researchers to see trends and make generalizations, it is not a holistic viewpoint, and does not address the individual needs of the

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patient as thoroughly, a “context stripping”(Whall & Hicks). The concern is that this affects advanced nursing practice in that practitioners will sometimes have to function within this model within interdisciplinary teams, but this not only ignores essential aspects of nursing, but also restricts the role of the practitioner to only a quantifiable practice, such as focusing on symptom treatment instead of having the time to investigate possible causes from dimensions such as roles, culture, spiritual values, as well as physical (Whall & Hicks). Positivism looked at the body and the physical, but left out the intangibles such as the will and spirit.

Postmodernism was the reaction to positivism, and context became one of the key aspects; looking at all possible connections between phenomena to ensure that nothing is left out (Whall & Hicks, 2002). In the attempt to free nurses, postmodernism views reality as relative to context and culture, thus validating nursing’s use of intangible interventions such as touch, empathy, and inclusion of the spiritual wishes of the patient into discussion (Whall & Colling, 2001). Postmodernism validated the way nurses historically functioned and allowed qualitative research as a valid form of scientific collection of knowledge (Whall & Hicks). The problem with this philosophical paradigm was that the relativism that freed nurses to look at interconnections also led to a lack of solutions because of the overanalyzation of connections; deconstruction provided overwhelming amounts of information without a context to put things back together and arrive at a satisfactory conclusion (Whall & Hicks). A surprising example of the negative impact of this view would be the possible under-detection of depression in the elderly population because the deconstructed knowledge of depression in general practice is applied without geriatric specialization (Whall & Colling). Whall and Colling suggest that the deconstruction tendencies of postmodernism allows for misapplication of information throughout areas of practice, where specialization and further study would be necessary.

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The last philosophical paradigm is a natural blending of the previous two, synthesizing the traditional values, historical context, and quantitative nature of positivism with the liberating, relative context, and qualitative nature of postmodernism (Whall & Hicks, 2002). Neomodernism provides a larger context of traditional values within which to allow the deconstruction of context and culture but still have a framework within which to put the information back together and be able to arrive at a beneficial conclusion (Whall & Hicks). This gives researchers and clinicians the freedom necessary to apply whichever perspective best suits the situation, and yet still provides a broader framework that allows for the communication of information between practitioners and even disciplines. The blended nature of this paradigm also allows researchers the necessary flexibility to choose the type of approach to a problem, whether to use qualitative or quantitative methods, depending on the nature of the research question, and yet to still be able to work well with other researchers that may have chosen a very different approach (Whall & Hicks).

Currently, neomodernism has provided the best context for a nurse to function, but as with all things, as time passes new needs arise and the flaws within this paradigm will become obvious enough or practice will change drastically so that a new paradigm will be needed. A possible lack in the neomodernism paradigm is that the very freedom it provides, of choosing from a variety of scientific approaches to a question, still restricts and blinds clinicians and researchers to only the scientific approach. Silva (1977) points out that philosophers approach human knowledge from a different perspective, asking about the purpose and nature of reality and humanity. These are types of questions that nursing does not really consider valuable to practice, but the answers to these questions can be closely tied to culture and spiritual considerations. Silva further explains that philosophers answer questions first based on personal

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experience and as it compares to the experiences of others. This may be an approach that nursing should at least consider, because it is done instinctively in practice. A nurse will often correctly predict that a patient has a specific problem based on a vague feeling, but when analyzed, that feeling is based on previous experience that is not simply the traditional cause and effect approach science usually relies on.

It is important for nursing to continually seek new ways of developing nursing knowledge and to develop philosophical paradigms that address the unique needs of nursing. This would be more adapt to addressing nursing issues than just the modification of paradigms from other disciplines or simply adapting to the shifts in thought of general society. Neomodernism is a good philosophical paradigm to start this process, as it provides both freedom and context, but even so, since there is constant change in the world and in the way nurses practice, finding ways to incorporate the constant shifts in practice is necessary so that nursing knowledge does not become antiquated. For example, incorporating the changes in priorities and mindset that technology has brought is a vital aspect for nursing to consider. Considering these aspects will continue to push nursing knowledge and practice further and will enable nursing knowledge to be on par with other disciplines.

References

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