

EDITORIAL

Coming to Terms With the Nursing Discipline: A Call for More Bicultural Troublemakers

Being a nurse scholar is a balancing act that goes beyond juggling activities. It involves living with a tug-of-war, within the profession and often within oneself, between competing ideals and priorities. By nurse scholar, I am not referring solely to a nurse who holds a doctoral degree or a university appointment, but to all nurses who grapple with the movement of ideas back and forth across practice, theory, and empirical evidence. According to this definition, all nurses and nurse leaders attempting to implement evidence-based, evidence-informed, theory-driven, or even conceptually coherent practices are considered scholars, joined by nurse educators attempting to shape the next generation of the profession as well as nurse researchers, scientists, and scholars of various stripes attempting to consolidate and grow the body of thought connected to nursing.

There is a deep and arguably widening divide between the focus of nurse academics and their output and the work of a large majority of those practising nursing. We struggle continually to explain what it is we do in anything but instrumental terms to ourselves and to those outside our profession. Many of us are ambivalent about nursing theory but are reluctant to abandon the idea of profession-specific expertise in nursing. In the end, our longstanding grappling as nurse scholars results from having a corpus of language, principles, and sometimes even methodological approaches that our socialization and our professional networks connect us to — but that have proved inadequate to address the breadth of practical and intellectual challenges confronting nurses. Furthermore, in the face of increasing pressure to address health-care concerns as perceived by patients, policy-makers, and interdisciplinary colleagues, overemphasis on discipline-specific language and orientations has led to communication breakdowns and even political and career barriers in today's practice and research environments.

Perhaps the nurse scholar's dilemma is similar to that of the newly hatched professional who has come through an extended period of theoretically based study and finds that the practice world does not embrace the same norms and expectations one is exposed to in educational programs. Like the newly graduated nurses in Marlene Kramer's (1974) classic study of reality shock, who were confronted with inconsistencies between the worldviews taught to them in university and the demands and realities of practice, scholarly nurses need to find their way out of a bind. They have to choose between two paths: either work in isolation in a separate scholarly tradition and miss out on what other disciplines have to offer, or ignore the usefulness of nursing-specific ideas, find potentially shaky homes in other disciplines, and discard potentially crucial intellectual anchors.

Nurses new to practice can reject values and habits of mind from academic training, replace them with a pragmatic approach and do only what they believe is rewarded by their institutions, and become entirely focused on technique and institutional politics. A second path for a new nurse is to retain an idealized view of the profession as it might be practised independently of financial and political constraints — which can lead to a fruitless quest, across different roles and practice settings, for an environment that will permit and embrace that ideal. However, at least one other possibility exists. Over time, new nurses can cope with the inevitable tensions between the bureaucratic structures of most practice settings, and the academic and professional ideals that have limited application in the strictest sense, by blending the two contrasting views and pushing the boundaries of both practice and the academic model. Nurses can become, in Kramer's (1974) words, "bicultural troublemakers," or individuals fluent in both traditions and realities. They are troublemakers in that they ask uncomfortable but well-informed questions about rigid stances in both academic and practice settings and challenge norms in unsettling but politically astute ways. One might argue that bicultural troublemakers are likely to find a satisfying niche within nursing and that the best hope for the future of the profession's service to society lies with them.

I would argue that, even today, many nurse scholars have chosen to align themselves with the nursing separatist or isolationist stance and have contented themselves with a worldview that does not require engagement with health and social problems or the organization of health care as it is experienced in the real world. Many others have adopted an entirely interdisciplinary or even theory-free stance where there is no nursing discipline, nursing science is merely science done by nurses, and theoretical grounding for practice and research is an option rather than a necessity. Our students at each level of nursing education and new researchers in nursing receive mixed messages about nursing theory and science, with feuding faculty members and leaders pulling them in various directions. These budding nurse scholars see few, if any, role models for reconciling the tensions. Meanwhile many of us continue to wring our hands about the future of nursing-specific scholarly venues like CJNR, believing that we may be allowing or even driving conditions that will lead to the end of nursing as a discipline.

Nursing needs more bicultural troublemakers within its scholarly tradition — individuals who are conversant in the history of ideas within the discipline and the emergence of a nursing discipline from the profession, but who are comfortable with the limits of a distinct line of theoretical thought and leery of the dangers of disciplinary separatism taken too far. These are individuals who understand the traditions of theoretical thinking in nursing and the contributions that theory has made to rendering nursing practice manageable and coherent to novices and experienced clinicians alike by framing the parameters of nursing assessments, the goals of care, and the nature of nursing interventions across client groups. They are individuals who are well aware of how understandings of specific concepts and ideas emerge from focused research and theoretical work informed by multiple disciplines. They realize that no one individual can ever master all the disciplines that could contribute to understanding a given phenomenon and are wary of carelessly importing incompletely mastered ideas from outside their expertise, but are willing to invest in learning about other disciplines that may be relevant and to seek interdisciplinary collaborators. The bicultural troublemakers I am speaking of are comfortable with the notion that the discipline and the profession can coexist and interact peaceably. They understand how nursing theories and models can provide a focus for evidence-guided practice but also why it is sometimes necessary and often helpful to look beyond our own backyards for solutions to particularly complex scientific and practical problems. Most of all, they understand why it is critical to encourage scholarship that is conducted by nurses, informed by nurses' practical experiences of health and health-care delivery and theoretical reflections, and that is independent from but responsive to the organizational realities of health care.

Instead of continuing to wring our hands as a solution to the nurse scholar's balancing act I referred to at the outset, let us we open our minds (or keep them open) to the full potential of the multiple paths towards scholarship that advance the goals of the profession. We should neither idealize nor ridicule the writings of those who attempt to articulate nursing-specific ideas, but come to terms with the forces that have led scholars to develop that work and understand what their contributions are. Likewise, we should neither idealize nor shun nurse scholars who find ideas and inspiration outside the nursing discipline, but instead consider the soundness with which they have incorporated ideas from outside nursing and the overall quality of their work, as well as the degree to which their work contributes to solving the practical problems that face nurses and nurses' roles in delivering health care. Instead of choosing sides in the nursing-specific versus interdisciplinary dichotomy and trying to convince our students, research trainees, and junior colleagues to take our side in the debate, let us show sufficient confidence in our profession, our discipline, and their futures to allow ourselves and each other to embrace both.

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References

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