

A Central Unifying Focus for the Discipline

Facilitating Humanization, Meaning, Choice, Quality of Life, and Healing in Living and Dying

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Nursing has a rich history of knowledge development, yet there remains ambiguity about what is a proper central unifying focus for the discipline. At this time in our history, it is imperative that we clearly define and articulate who we are and what we offer. Confusion about a central unifying focus is a significant problem for practice given the current healthcare environment and global problems affecting health and healing. The authors propose a central unifying focus for the discipline: facilitating humanization, meaning, choice, quality of life, and healing in living and dying. This focus will serve as a basis for our professional identity, strengthen our endeavors, and provide the ontological and epistemological basis for our continuing evolution as a practice profession. **Key words:** *disciplinary focus, healing, health, human science, knowledge development, meaning, nursing knowledge, nursing philosophy, nursing practice, ontology*

The need for nurses to articulate a coherent philosophical foundation for our practice has never been greater. Contemporary healthcare issues demand that nurses know who they are and what they are about, how to identify and actualize their societal mission and how to communicate it to others.^{1(p4)}

NURSING SCHOLARS¹⁻¹⁰ have proposed answers to the questions of what is the nature of nursing knowledge and what is a proper central unifying focus for the disci-

pline. Given a variety of nursing conceptual models and theories, disciplinary paradigms such as particulate-deterministic, interactive-integrative, unitary-transformative,¹¹ and perspectives on knowledge, for example, problem-solving, knowledge as process, and poststructural feminist,¹² can there be a central unifying focus for nursing knowledge development and practice? If not, what does this mean for nursing and those we care for? To answer these questions, the authors engaged in a dialogical process of inquiry over a 2-year period from 2005 to 2007. The purposes were to understand and clarify the current state of the discipline and discern whether it was possible to identify a central unifying focus for the discipline and for undergirding interdisciplinary work.

We came to the conclusion that the answer to the first question is a resounding yes. We believe that nursing's survival as a healing practice discipline may depend on all nurses being able to clearly articulate a central unifying focus. Our notion of a central unifying

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focus is a clarifying statement. It speaks to the essence or essential nature of the discipline that we believe transcends any one conceptual model or theory or combinations of them. As such, our proposal does not represent a new version of the metaparadigm or a new conceptual model.

In the remainder of this article, we (1) state basic assumptions from which we proceeded in doing our inquiry, (2) describe our process of inquiry, (3) review relevant background information and reasons for caring about a central unifying focus, (4) propose a central unifying focus for the discipline, (5) give our definitions and explanations of the main concepts in the central unifying focus, (6) describe possible linkages among the concepts, and (7) address future directions.

BASIC ASSUMPTIONS

1. Nursing requires a central unifying focus to differentiate its essence from medicine and other health disciplines.
2. Essential themes from nursing knowledge development over the ages are discernible and provide a central unifying focus for the discipline.
3. The central unifying focus reflects the essence of nursing knowledge and practice.
4. The central unifying focus will not change over time if nursing as a discipline continues to exist.
5. Nursing practice (action) and nursing knowledge are interrelated.
6. Nursing practice requires nursing knowledge.
7. Nursing practice shapes nursing knowledge.
8. Future nursing knowledge development and research, utilizing multiple modes of knowing and research methods from philosophic inquiry to bench science, will be grounded in questions that are pertinent to nursing practice and related to the concepts of nursing's central unifying focus.
9. As human beings, one type of being among all other beings, our essential nature is that of the natural world. That is, human beings come into existence in the world, change, and die. Human beings are unitary with the natural world.
10. The essential nature of human beings plus everything that is involved in the evolution of an individual human being in some way and which is influenced by that human being in some way is "the whole."
11. Health and healing are natural and evolving unifications in "the whole."

PROCESS OF INQUIRY

On the basis of the above questions and assumptions, 4 nurse scholars, with diverse practice and philosophical backgrounds, at Boston College's William F Connell School of Nursing joined together in an ongoing dialogue to identify a central unifying focus for the discipline. From the beginning of our dialogue, it was evident that we are not alone among nurse scholars and practitioners in struggling for coherence and clarity in articulating a central unifying focus. We understood the complexity involved in trying to cogently express and unite the varied and intricate nursing perspectives. Nevertheless, we found it critical to attempt to remedy the situation we saw before us. Three of us decided to write this article as a mechanism for sharing our dialogue with others in nursing. The fourth participant, Dr Dorothy A. Jones, EdD, RN, FAAN, chose not to be involved in writing the article but is acknowledged for her helpful insights during the dialogue. We believe that the results of our inquiry add more clarity and specificity enhancing nursing's ability to clearly articulate both a substantive base for the discipline and a lucid foundation for interdisciplinary collaboration. We believe that a central unifying focus serves as an effective foundation for action and substantive conversations among nursing, medicine, and allied health. A central unifying focus permits

nurses to articulate their perspective using essential concepts of the discipline in a manner that is comprehensible and complementary to the perspectives of other disciplines.

At the center of our process of inquiry was sharing with each other our personal experiences as nurses and our substantive nursing knowledge. During the conversations and our review of nursing's knowledge development literature, we reflected on our lives as nurses, educators, philosophers, and researchers. Often our conversations lasted for hours, in which the first author took notes to record significant aspects that would be useful in discerning a central unifying focus. Our dialogues involved discussion of nursing's theoretical base, professional issues affecting nursing knowledge development and nursing practice, and an envisioned future in which all nurses practice "nursing" and are able to clearly articulate the values, mission, and focus of the discipline. Goals were developed during the process of our dialogue. These included (a) unearthing our underlying assumptions, which have been stated earlier in the article, (b) elucidating a fundamental essence and convergence across major nursing theories and paradigms that would guide us in articulating a central unifying focus, (c) constructing a central unifying focus statement, and (d) highlighting the importance of the resulting clarification if we are to meet nursing's goals.

RELEVANT BACKGROUND INFORMATION AND REASONS FOR CARING ABOUT A CENTRAL UNIFYING FOCUS

Nursing scholars have long attempted to clarify the essence of the discipline. For example, on the basis of a critique of the metaparadigm concepts of person, health, environment, and nursing¹³ as being neither integrated nor sufficient for ongoing knowledge development, Newman and colleagues⁴ set out to integrate these and add to the metaparadigm the concepts of "caring" and "human health experience" in a way that

was consistent with a unitary-transformative perspective. Their work drew upon the scholarship of nurse leaders/theorists including Patricia Benner, Madeline Leininger, Margaret Newman, Rosemarie Parse, Nola Pender, Martha Rogers, and Jean Watson. They proposed that the disciplinary focus statement for nursing is *caring in the human health experience*.⁴ This focus meant that caring, health, and wholeness could be synthesized and that *caring in the human health experience* could be "studied as a unitary-transformative process of mutuality and creative unfolding."⁴(p38) The unitary-transformative paradigm has come to represent, at least for some scholars in nursing, an evolution of nursing theory beyond particulate-deterministic and interactive-integrative views of human and environment to one of an undivided unitary universe in which the whole is already contained in each part. It proposes that human living and dying is an evolutionary unfolding of human-environment integrality that is reflective of the whole, diversification, increasing complexity, and expansion as manifested in human-environmental patterning.

Other scholars have been interested in clarifying a central unifying focus for the discipline. Kim⁶ proposed that the metaparadigm should be expanded to include *human living* as a concept, which has integrative appeal. She viewed *human living* as more unifying in nature than the commonly used language of human "states" and human "responses," which seem too fragmentary and stimulus-response in nature. She believed that these more fragmentary concepts have been widely disseminated in nursing language and some nursing theories, leading to a preponderance of technically oriented nursing care in which there is "an artificial interruption in connected human experience."⁶(p38) Jacobs⁷ proposed that *human dignity* is the central phenomenon of concern to nursing.

These authors' scholarship should be viewed as pivotal in nursing's evolution toward clarification, integration, and unification in purpose. Still their scholarship cannot

mark the end of our search for clarification because many facets of nursing knowledge require further development. Moreover, nursing knowledge needs to relate to the knowledge bases of other healthcare disciplines for the purpose of facilitating human flourishing, health, and healing. Clearly, nursing's evolution at the metatheoretical, theoretical, research, and practice levels is ongoing with the potential for clarifying, reformulating, and honing a central unifying focus that would unite us within the discipline, serve as a basis for our continuing scholarly evolution, and foster interdisciplinary work in which nursing is clearly and substantively visible. Reference to a central unifying focus in which nursing's perspective is clear, distinctive, accessible, and informative allows us to (a) ensure that the goals of human good/human flourishing remain the focus of activity and (b) resist subversion to interests that are not conducive to nursing practice. Congruent with this line of thought, Newman^{8,10} calls for a reconciliation of what appears to be opposing perspectives in nursing and healthcare by way of a unitary perspective in which various points of view on health and healing are included in the whole. In fact, other scholars from nursing and related disciplines have criticized nursing as being too insular in its outlook. Nursing has been viewed as self-interested and concerned with legitimizing its standing as a discipline that may have stalled our progress in bringing about needed societal and healthcare reform in the larger sociopolitical world. Because interdisciplinary collaborations are needed for social change, this stance is seen as being at the ultimate expense of nursing's population.¹⁴ This is an important paradox for nursing to keep in mind.

The paradox is that we have had to be somewhat self-protective and insular in order to survive and meet the goal of the discipline, which has been the "human good." But, in doing so, we have distanced ourselves from other disciplines, which we might have joined forces in planning and implementing societal changes needed for human flourishing. Indeed, individual and societal good are interre-

lated, but our insularity and focus on individuals tend to take us away from collaborative interdisciplinary work that is needed to further societal good. As the discipline of nursing evolves, we do not want to lose sight of the fact that we need to be self-reflective and self-protective as a discipline and also contribute the insights gained to collaborative interdisciplinary work. That is, an emphasis on disciplinary knowledge development is necessary for consolidating our vision and values but this can become dangerous for our population of interest if we do not use the knowledge gained to enrich intra- and interdisciplinary discourse related to common goals of practice.

Now, as Newman^{8,10} challenges us, we need to ensure that a central unifying focus is used as a means of communication, uniting healthcare disciplines in fulfilling mutual goals of health and healing but where the substance of the discipline of nursing is clear. Indeed our work in nursing must be unified within an inclusive focus that transcends divisions. This is seen as necessary for an even more useful, relevant, and substantive ground for recognizing a complementary world in which good nursing care and good medical care exist for all who are capable of benefiting from it.^{15,16} (M. Newman, oral communication, April 14, 2007). Newman¹⁶ indicates that nursing has already begun to transcend divisions and is evolving toward a "world of no boundaries" in which divisions between disciplines, between nursing art and science, and theory, research and practice are being reconciled. Given this claim, Newman asks, "So what is the transcendent unity of theories of nursing?"^{16(p241)}

A nursing focus for guiding practice can be discerned from early in nursing's theoretical development. Since the days of Florence Nightingale,¹⁷ a clear perspective on health protection, restoration, healing, and human flourishing has been seen as necessary. In Nightingale's world and time, she found it critical to define nursing's nature and characteristics in order to guide appropriate actions on behalf of wounded soldiers and

society. She researched and articulated what the essential substance of nursing knowledge was to ensure good nursing actions, coordination of services, and procurement of resources necessary to optimize environmental conditions conducive to healing, thus transforming healthcare and human lives. Given the fragmented and uncoordinated healthcare that exist today and radical changes in the delivery environment in the United States and elsewhere that shift the emphasis from human good to the economic bottom line,¹⁸⁻²⁰ it is time to reexamine these beginning moments in nursing's theoretical history for lessons learned. In order that nursing continues to exist as a force for human and societal good, as it did because of Nightingale, revisiting the question of what is nursing's central unifying focus is both critical and timely at this point in our evolution. We have reached an Archimedean point in which nursing as a discipline is seriously endangered by political forces, uncritical allegiance to interdisciplinary education and work that often fails to acknowledge the distinct bodies of knowledge evolving within disciplines,²¹ the medicalization of care, and perspectives that are primarily focused on economic gain and/or cost control at the expense of human welfare.^{19,20} Cody²¹ noted that "nursing's history includes a subjugation to medicine that has been blatant, at times near-complete, widely if not universally sanctioned, and brutal at times . . ." ²¹(p277)

Nursing literature points to an apparent disorder within the nursing profession in which there are powerful dynamics at play contributing to role confusion and blurring of nursing and medicine, thereby diluting nursing's disciplinary knowledge and practice.²²⁻²⁶ Reed²² has suggested that nursing, even with its rich theoretical heritage dating back to Nightingale, has evolved into a "disintegrated" profession. She opines that nurses, including nurse leaders and executives who identify with medicine at all levels of practice, have cheated nursing of actualizing its full potential. Holmes et al²⁵ have highlighted the re-

strictions placed on nursing knowledge development, and its possible disappearance, when nurses uncritically embrace a dogmatic, hierarchical evidence-based notion of validity in nursing knowledge development. They question the power dynamics at play with regard to how knowledge claims within the discipline are validated. They suggest that prevalent notions of evidence-based knowledge, based chiefly in a postpositivistic quantitative perspective, are too restrictive for nursing's multiple ways of knowing and limit what gets recognized as nursing knowledge.

Without a central unifying focus, which allows us to clearly articulate and defend the substantive knowledge and requirements for nursing practice, nursing is in a vulnerable position within the healthcare arena. This vulnerability has implications for humanity and comes from being co-opted and swayed to answer to parties other than nursing. It is imperative that we identify, value, and practice the essence of the discipline to meet our social mandate.

Murphy et al¹⁸ among others,²⁷⁻³⁰ suggested that nurses need to go beyond the bedside in their practice to larger social realms in addressing needed social change for human good. Therefore, a central unifying focus for all nursing work is critical. A central unifying focus does not preclude diversity in worldviews, conceptual models, and theories, which are necessary given the myriad ways in which human beings differ on the basis of human growth and development, culture, gender, ethnicity, sexual orientation, religion, life experiences, and socioeconomic and political conditions. A central unifying focus can be thought of as a convergence around the essence or essential nature of the discipline.

A CENTRAL UNIFYING FOCUS FOR THE DISCIPLINE OF NURSING

On the basis of our inquiry process, we propose that a central unifying focus for the discipline is *facilitating humanization, meaning, choice, quality of life, and*

healing in living and dying. Our proposal builds upon previous work in nursing and represents our interpretation and synthesis/convergence of ideas espoused in the major nursing conceptual and theoretical works of Leininger,^{31,32} Newman,^{4,8,10,11,16,33,34} Nightingale,¹⁷ Parse,³⁵⁻³⁷ Patterson and Zderad,³⁸ Peplau,³⁹ Rogers,⁴⁰⁻⁴² Roy,^{43,44} and Watson.⁴⁵⁻⁴⁷ These authors have provided the discipline with excellent thoughts about nursing and research related to culture,³¹⁻³² consciousness and pattern,^{4,8,10,11,16,33,34} healthy environments and resources,¹⁷ cocreative processes of human becoming and quality of life,³⁵⁻³⁷ humanistic existential concerns,³⁸ interpersonal relationships,³⁹ irreducible human-environment life processes, pattern, and energy,⁴⁰⁻⁴² adaptation,^{43,44} and caring-healing.⁴⁵⁻⁴⁷ Our proposal conceptualizes and operationalizes the focus differently than prior proposals and uses a dialect grounded in nursing practice knowledge that we believe is readily transparent to other healthcare professions such as medicine, social work, and physical therapy. Dialect can be thought of as a socioculturally constructed way of talking that is related to a particular discipline and culture. Our proposal of a central unifying focus addresses unitary human-natural world phenomena of concern in nursing practice and provides a basis for conceptual progress in the discipline.

DEFINITIONS AND EXPLANATIONS OF THE MAIN CONCEPTS

We believe that transparency in meanings within a central unifying focus is important because lack of it weakens our ability to articulate and stand for who we are and bridge disciplinary dialects, thereby thwarting the fulfillment of common goals for human health and healing. Our definitions and explanations of humanization, meaning, choice, quality of life, healing, and living and dying are given below. We have also included definitions of "nursing" and "health" as we believe they are highly relevant, although they are not specific

concepts mentioned in the declarative statement of the central unifying focus.

Nursing is a healthcare discipline and healing profession, both an art and science, which facilitates and empowers human beings in envisioning and fulfilling health and healing in living and dying through the development, refinement, and application of nursing knowledge for practice. Examples of nursing practice include (a) engaging in effective, humane relationships grounded in unconditional acceptance of human beings as they are in their whole; (b) recognizing, valuing, knowing, supporting, empowering, and nurturing human beings; (c) engaging human beings in therapeutic human-to-human, human-to-nature, and nature-to-human interactions; (d) helping human beings process the meaning(s) and significance of their life experiences and their health and healing concerns; (e) recognizing, welcoming, appreciating, and advocating human beings' personal choices and rights and responsibilities; (f) discussing, identifying, respecting, and advocating human beings' ideas about quality of life; and (g) ensuring conditions and practices conducive to human beings' humanization, meaning, choice, quality of life, and healing in both living and dying.

Humanization is human beings' careful attending to self and each other as relational and experiential in the whole of the unitary human-natural world with all of our unbroken and broken wholeness as human beings. For example, the whole is the unified human-natural world, involving relating of human-to-human, human-to-nature, and nature-to-human. This includes all types of variable human experiences that are often thought of as opposites but are unifications within the unitary human-natural world. Examples of these unifications include perceptions of pleasure or pain, acceptance or resistance, fearlessness or fear, hope or despair, peace or anxiety, love or hate, respect or disrespect, health or illness, comfort or discomfort, and living or dying.

Humanization, as practiced by nurses, is an open-minded, caring, intentional, thoughtful,

and responsible unconditional acceptance and awareness of human beings as they are. Thus, nursing facilitates humanization by engaging experiential human beings in practice and modeling humane relating for other human beings. Humanization, as a nurturing action in nursing practice, is manifested when the nurse works with all human beings grounded in an ontology of human beings as relational, experiential, valuable, respectable, meaning-oriented, flawed, imperfect, vulnerable, fragile, complex, and capable of health and healing even if not capable of being cured. Humanization involves knowing and engaging fellow human beings as human in the unitary human-natural world in which the unifications of opposites are recognized as real, naturally reflective of the whole, and fundamentally meaningful in terms of lived experience. Humanization in nursing practice provides the open space in which human beings have the potential to experience wholeness. Humanizing questions in nursing practice include the following: Who are you as person, as human? What do you value as a person, as human? What are your concerns? What do you understand about what you are going through? What information do you have? What do you need as a person, as human? What is the meaning(s) for you in "this or that" experience? How are you relating to varying aspects of the whole of your life? What are your ideas about your health and healing? Related to your values and notions of health and healing, what would you like to work on? How can I meet you where you are and process with you what you see as choices given your life circumstances, values, beliefs, and meanings? What are your wishes related to quality of life? How can I create an optimal healing environment for you? How can I best support your ideas of quality of life, health, and healing during this experience and beyond? These questions, and others, provide the human-natural world information for processing meaning in relation to one's health and healing.

Meaning is a human's arrived-at understanding of life experiences and their signifi-

cance that comes from processing those experiences. Constructing meaning(s) in life experiences is a complex dialectic intentional process among multiple unitary human-natural world dynamics whereby understanding and coherence are created from which choice(s) can emerge. Meaning(s) is a basis for human integration of the whole of living and dying and the embodied experience of wholeness. By embodied, we mean that one's existence and living and dying are manifested through the body. The body is the medium through which humans have lived experiences, such as wholeness, and access the world. Humans live and die in their bodies. The process of constructing meaning(s) in life experiences considers the context and particularities of a person's life and results in the emergence of possible choices in relation to particular, circumscribed situations as well as in relation to more global and/or ultimate purpose(s) in one's living and dying. In some situations, individual human beings are involved in the process of constructing meaning(s) in life experiences without reference to the direct, immediate effort of other humans. That is, without reference to other humans, except in the form of the background understandings and meanings that has already been formed in relation to other unitary human-natural world occurrences in the past. An example is being aware of, comprehending, and making sense of human-natural world dynamics in the course of going about everyday living to arrive at meaning(s) and choice(s) based on those meaning(s). Specifically, consider the following: "I am feeling thirsty. I know that there is a water fountain across the room from where I am sitting. Based on my past experiences of drinking water when I am thirsty, I know that the water will quench my thirst. Thus, I am going to drink some water from the fountain."

In addition, the process of constructing meaning(s) in life experiences occurs when human beings engage one another to create understanding and coherence, in which meaning(s) and possible choice(s) emerge that can serve as momentum or leverage for experiencing wholeness and healing. The

nurse must remain focused on the question of meaning. The choices of human beings who receive nursing care emerge within the relationship as a result of the intention, purposeful awareness, and humanizing actions of the nurse to know them and engage them in the process of constructing meaning(s) in their life experiences in relation to, and informed by, nursing's knowledge and the self-reflection of both the nurse and the recipient of nursing care. The process of constructing meaning(s) in life experiences may involve the nurse engaging with a proxy on behalf of the recipient of nursing care in situations where the recipient cannot be engaged or dialogue.

Within the context of nursing practice, the process of constructing meaning(s) has at least 3 modes: (a) the nurse attending to and helping recipients of nursing care, or their proxies, make sense of health and healing concerns; (b) the nurse constructing meaning(s) related to nursing practice within the larger healthcare and sociopolitical environment, including perceptions of both positive and negative human-natural world conditions, affecting the facilitation of humanization, meaning, choice, quality of life, and healing; and (c) the nurse's reflecting on nursing concepts, ways of knowing, and practical knowledge; the relational use of self and the natural world in forming effective healing relationships; and other healing modalities.

Choice is the human potential for making personally derived decisions, given the developmental and reasoning skills necessary, that are in congruence with one's values, beliefs, and meanings. Choice presupposes intentionality, comprehension, and ability to communicate. Thus, facilitating choice involves both the nurse and the recipient of care making sense of the care recipient's life experiences, envisioned quality of life, and health and healing concerns. One's choices are influenced by one's perceptions and meanings related to quality of life, health, and healing. One's future is influenced by the choices that are or are not made.

Quality of life is the value and significance ascribed by individual human beings to their lives, given their changing unitary human-natural world situations. Individuals' quality of life is based on their values, beliefs, and meanings related to life experiences. For example, what constitutes quality of life is knowable for recipients of nursing care by way of knowing them as human beings. Once what constitutes quality of life for a given individual is known, choice(s) that is congruent can be facilitated. Quality of life is influenced by one's meanings, choices, and health such that optimal quality of life may be synonymous with one's health.

Health is the embodiment of wholeness and integrity in living and dying. That is, health is experienced in the body; it is embodied. Wholeness is the bodily experience of unity, harmony, balance, and integration in the unitary human-natural world, including the integration of what appear to be opposites but are unifications of the whole. For example, wholeness can be experienced in a variety of ways depending on human beings' meanings, choices, and quality of life, and is related to their unitary human-natural world experiences/situations in living and dying. Implicit in health is humanization, meaning-making, choice, quality of life, and healing.

Healing is the multidimensional unitary human-natural world process of restoring bodily experiences (perceptual-physical) of wholeness, meaning, and integrity in living and dying when it is disrupted. This means that healing may or may not occur when a physiological disruption is resolved, such as in congestive heart failure, depending on whether the human being has bodily experiences of wholeness, meaning, and integrity. Conversely, healing may occur in the absence of resolution of a physiologic disruption, such as cancer, when the human being has bodily experiences of wholeness, meaning, and integrity.

Living and dying is the unitary human-natural world process of coming into existence in a human body in the world and changing until death.

PROPOSED LINKAGES AMONG THE CONCEPTS

The linkages among the concepts in the central unifying focus can be thought of as facets in a diamond. That is, the concepts are all interrelated and integrated and reflective of the essence of nursing knowledge for practice. Thus, the relationships among the concepts may be thought of as recursive. Each concept informs and shapes the others and provides a gestalt for thinking about the essential nature of nursing knowledge for practice. The goals and approaches for nursing practice are inherent in the central unifying concepts as described individually and in relation to each other. According to the proposed central unifying focus, the goal of nursing practice, and thus nursing knowledge development, is to *facilitate humanization, meaning, choice, quality of life, and healing in living and dying* for all recipients and potential recipients of nursing care. Nursing knowledge and practice are advanced as we conceptualize our practice within a central unifying focus and use questions, evidence, and interventions from multiple and overlapping modes of knowing—such as empirics, ethics, personal, esthetics,⁴⁸ and sociopolitical⁴⁹—to enhance our ways of being with others as nurse healers. Nursing is practiced at the individual, family, community, society, and global levels.

The concept of humanization is prescriptive for nursing practice. As described earlier, it is the foundation for establishing effective, humane relationships in which human beings are known as “human.” Thus, knowledge of humanization is a preliminary requisite in nursing practice that is necessary for helping people process their life experiences and construct meaning(s), which necessarily involves them in reflecting on their cherished values, beliefs, and knowledge of self and others. Knowledge and skills related to humanization and our human search for meaning(s) are necessary in healthcare practices that privilege human needs and individualized care. Observations of the human condition over the centuries have revealed that the essen-

tial nature of humans is to search for meaning, nurturance, and relationship. While it may seem superficial to claim that humans require meaning, nurturance, and relationship in their lives, the claim is actually profound and it provides us with an opportunity to reflect on the need for these aspects in quality humanistic nursing practice. It seems that nurturing human relationships and meaning are the 2 key aspects of living that we do not fully acknowledge and honor in our own lives as nurses and in contemporary health-care. Perhaps we take it for granted and pass it over as trivial or not critically important. Or, perhaps it is because envisioning and realizing humanization and meaning are much harder work emotionally than some people are willing to fully engage in. These aspects of human care require an investment in self and others that goes beyond superficiality or just trying to “fix” a problem and hurriedly moving along.

A focus on humanization and the process of constructing meaning(s) in life experiences is prerequisite to facilitating choices that are reasoned, useful, and authentic. Choices that are congruent with a human being’s values, beliefs, life context, and meanings emerge from acts of humanization and through discovering and constructing meaning(s). Thus, optimal quality of life cannot be facilitated for humans until the nurse and other clinicians and interested others understand what life experiences mean to an individual. What constitutes quality of life for humans can be understood only through their internal frame of reference. Healing—involving the restoration of bodily experiences of wholeness, meaning, and integrity—can be facilitated for humans when the nurse values, clarifies, and understands their life experiences and the meanings and significance they ascribe to them.

FUTURE DIRECTIONS

We have articulated a central unifying focus for the discipline that synthesizes a nursing perspective on human health and healing in living and dying. This focus gives us a strong professional identity and clearly explains the

service we offer. We believe that the constituent concepts of the proposed central unifying focus will not change over time if nursing as a discipline continues to exist. Nursing practice will always involve *facilitation of humanization, meaning, choice, quality of life, and healing in living and dying*. For example, meaning will always be an integral concept in nursing practice, but our understanding of the processes of constructing meaning(s) in life experiences and their relationship to choices, decision-making, and healing will be developed and more fully understood with further knowledge development. Given the enduring nature of our proposed central unifying focus, its concepts and their interrelationships will direct nursing education, research, and practice in meeting individual and societal goals for health and healing, where nursing practice means any action taken to meet nursing's goals. This is nursing's moral/ethical imperative given our proposed central unifying focus.

We believe that the highest priority for advancing nursing practice is that a central unifying focus serves as the linchpin of nursing curricula, other education efforts, and the normative ethic of nursing practice. We believe it is essential that nursing students, at all levels, be exposed to, study, and incorporate the central unifying focus in their practice because this is the most reasonable way to unite us and articulate our substance and service within an interdisciplinary environment. This priority has implications for program outcomes and objectives and for the development of professional values and characteristics that can be nurtured and evaluated.

Nursing exists to serve individual, societal, and global needs for health and healing. Thus, nursing education at all levels, including continuing education, will be shaped by the concepts in the central unifying focus. In nursing curricula, nurses will be steeped in the phenomena of concern to the discipline. As a result of their education, they will be able to clearly articulate nursing's central unifying focus in intra- and interdisciplinary fora for the purpose of facilitating human beings' and

societies' health and healing. We believe that nursing's unity around the world would be beneficial and built upon an understanding of the concepts in the proposed central unifying focus. Education within nursing and in interdisciplinary healthcare contexts would emphasize how knowledge from various disciplines is both necessary and complementary in meeting the health and healing needs of humans.

We believe that nurses must lead the discipline forward by knowing what our central unifying focus for practice is, developing it, teaching it, and speaking it, thereby transforming self, other, and the larger healthcare environment. At the highest level of nursing education, doctorally prepared nurses in research and education will be guided by the concepts in the central unifying focus and the disciplines' theories while providing leadership in curriculum design, research, and practice.

While it is clear that answers to the questions of "what is nursing research?" and "what is the relationship between nursing theory and nursing knowledge?" are varied and debatable, we believe that knowledge for the development of nursing practice must be grounded in the questions, concerns, and problems that are central to the practice of nursing. That is, nursing research should address questions related to nursing's theoretical base of human care, meanings, choice, quality of life, and healing. As nurses, we need better knowledge about how we can facilitate humans to live more complete, quality, and meaningful lives as envisioned from their implicit frames of reference. We need more knowledge and research about how to be with them in ways that are healing and facilitative of their self-healing and transformation of suffering. We believe that future nursing research should be grounded in questions that are pertinent to practice and related to the concepts in the proposed central unifying focus. Nursing research will include various methodologies including philosophic inquiry, historical, qualitative, quantitative, and mixed methods. In addition, methodological advancements within nursing and other disciplines will

contribute to our evolving research and practice. Scholarly endeavors will further develop and refine the knowledge needed for practice. We believe that knowledge development in nursing should span the gamut from philosophical inquiry to bench science, but where the knowledge developed through research has significant relevance and identifiable relationships to the theories and practice of nursing and the meaningful concerns of humans in living and dying. We believe that nurses in practice need knowledge of the physiological, psychological, sociocultural, and spiritual aspects of human living and dying. We endorse evidence-based practice and the use of randomized clinical trials and other forms of evidence as part of the whole, even with their limitations, and envision empirics—as described by Carper⁴⁸—as only one way of developing knowledge within the discipline. We believe, like Fawcett et al⁵⁰ that nursing theory (including Carper's multiple ways of knowing), inquiry, and evidence are all interrelated and form the foundation for advancing nursing knowledge development. Within our vision of nursing practice that is grounded in a notion of the unitary whole, there has to be room for all valid ways of knowing. Doctorally prepared nurses will use the concepts and understandings associated with the central unifying focus for developing nursing knowledge related to human-natural world experiences, humanistic and other inquiry methodologies, and practice issues that reflect nursing's ontology. The key in advancing knowledge for nursing practice is that the knowledge produced be related to the important nursing concerns and challenges faced by nurses in providing wholistic care to their clients/patients.

At the graduate level of nursing education, the study of nursing theories and the central unifying focus will undergird role preparation of nursing administrators, leaders, educators, and clinical practitioners. At the undergraduate level of nursing education, the study of nursing theory and the central unifying focus will provide a foundation for students in understanding the essence of nursing and engag-

ing in nursing practice that encourages multiple ways of knowing in facilitating humanization, meaning, choice, quality of life, and healing in living and dying.

Other priorities include nursing practitioners', scholars', and leaders' engagement in dialogue, critique, research, practice, and knowledge development to refine concepts in the central unifying focus and others from nursing's theoretical base that are useful and relevant for the goals and purposes of nursing. This is important because the future of nursing practice will be significantly influenced by every nurse's understanding of the discipline as a whole; use of disciplinary philosophies, theories, and practice knowledge; and contributions in meeting the common goals of health and healing across societies and healthcare professions. Responsibilities that are understood as a result of the proposed central unifying focus necessitate addressing health and healing concerns from a broad perspective that transcends divisions and is inclusive of the whole. This is an especially important ethical point in light of nursing's recent weakened sociopolitical influence, which stems in part from their lack of communicating a clear unifying focus for the work of nurses on behalf of humankind. The articulation of a central unifying focus permits the discipline to present a cohesive approach to meeting sociopolitical changes needed for human health and healing contexts. The importance of nursing's contributions in sociopolitical and interdisciplinary work is the addition of a substantive perspective, as articulated in nursing's theoretical base and the central unifying focus, that other professions are unlikely to have developed given their philosophies, interests, roles, and perceived responsibilities.

CONCLUSION

We set out to identify and clarify a central unifying focus for the discipline of nursing. In the process of doing this, we were able to explain essential concepts and their interrelationships that were derived from our

experiences and a synthesis of nursing's theoretical literature. On the basis of the proposed central unifying focus, we addressed implications for future directions in the advancement of nursing practice. We anticipate that

our proposal will provoke significant debate and dialogue in nursing aimed at unification in purpose and that nursing will begin to see changes in nursing education, research, and practice.

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