

Discipline-Specific Inquiry: The Hermeneutics of Theory-Guided Nursing Research

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Gadamerian hermeneutics (that is, hermeneutics as a *process* of understanding, rather than a method) sheds light on the inherent role of theory in scientific inquiry.^{1,2} Inquiry in nursing is increasingly acknowledged as a theory-driven, value-laden enterprise, yet the full impact of nursing research as a process of understanding fueled by a particular disciplinary perspective has not been fully explicated. If nurses aspire to establish a scientific knowledge base that can guide an autonomous practice, discipline-specific research that expands extant theory must be recognized as being integral to that process. The purpose of this article is twofold: first, to explore the meaning of discipline-specific inquiry; second, to consider the implications of hermeneutics for nursing science.

DISCIPLINE-SPECIFIC INQUIRY

Discipline is defined in the Eighth Edition of the Concise Oxford Dictionary as "a branch of instruction or learning." The idea of a branch or area suggests that there are distinctions among branches or disciplines, an idea that remains obscure in nursing despite recent claims in the literature that all researchers have a belief system that guides their activities. It is, in fact, different belief systems, and their related values and actions, that distinguish individuals, groups, or disciplines.³⁻⁸ Disciplines house belief systems and values in theoretical structures disseminated through formal education and used to guide professional activities. The suggestion that all research is theory-driven (and, thus, discipline specific) although viewed as undesirable in the past, is regarded here as desirable, necessary for knowledge development and open to public scrutiny.

In contrast to those who believe that

"the tenets of truth with observables, reductionism, verification, and bias-free science" offer the most hope for advancing nursing knowledge,⁹ I believe there is only value-laden science. Science is knowledge about particular phenomena of concern created by human beings and stored in discipline-specific belief systems. How, then, does a researcher's disciplinary perspective and process of inquiry fit together?

Methods of inquiry themselves flow from some theoretical perspective. It is for this reason that the terms *qualitative* and *quantitative* are inherently obscure when it comes to identifying the values and purposes embedded in research activities. One cannot assume that a method of inquiry is automatically linked with a particular paradigmatic tradition until the guiding theory is examined. For example, quantitative researchers aligned with theories consistent with the natural science tradition may search for variables through qualitative methods. In contrast, there are qualitative researchers whose theories are aligned with the human science tradition. The point is that all modes of inquiry and the findings generated ultimately flow from the researcher's theoretical perspective. What methods of inquiry do provide are theoretically consistent processes for data gathering and analysis. This is why Parse^{10,11} and Phillips¹² have called for nurses to develop methods of inquiry that flow from nursing theory.

Proceeding on the belief that different disciplines require distinct theories to guide methods of inquiry, it is suggested that inquiry without a specific link to nursing theory, while it may contribute to the knowledge of another discipline, does not contribute to *nursing* knowledge. Morse¹³ presents an opposing view on nursing theory and provides an example of beliefs that are inconsistent with those proffered here. Morse is accurate when she suggests that "when one embraces a theoretical

perspective, one loses the ability to see things another way." This is precisely the point! A point that cannot be over-emphasized. Nurses need to see things in a nursing way so that understanding about human-health phenomena may be enhanced from a disciplinary perspective.

Morse's skepticism about discipline-specific theoretical inquiry is evidently linked to a belief in an objective reality. A reality that already exists out there and that may be discovered through value-free, inductive inquiry conducted by researchers who can bracket all prior knowledge, values, and purposes. But reality is constructed and interpreted by human beings who are already embedded in a world of meaning, language, culture, and history.^{2, 6, 14} Cadamer² proposed that it is not possible to have objective knowledge of reality since all persons are already situated in it.

All researchers are situated, through education and membership in some discipline. The knowledge of a discipline provides a theoretical horizon that is enlarged or expanded through inquiry. Gadamer² proposed that inquiry is in essence a hermeneutical

process of understanding, a process that mediates the familiar and the unfamiliar. The hermeneutical process then, represents the movement of insight and discovery as researchers come to understand something familiar in a new way. If the discipline of a researcher does not contribute to the process of inquiry, then what is the purpose of having different disciplines? What is the purpose of doctoral education in nursing if there is no discipline-specific inquiry? It is hoped that scholarly dialogue about the different approaches to inquiry will help to clarify and propel further debate. An example from the literature on quality of life may help to clarify issues related to discipline-specific inquiry.

DISCIPLINE SPECIFICITY AND QUALITY OF LIFE

The literature on quality of life begs the question: Do researchers of different disciplines require distinct views of human phenomena to guide inquiry that enhances understanding and the development of meaningful knowledge? An analysis of the literature on quality of life sheds light on the restrictions of atheoretical, or "generic," inquiry. Generic inquiry is not guided by an explicit theory from the researcher's discipline, and, thus, findings are sweepingly dispersed across disciplines without integration into a specific theoretical framework. Generic, or non-discipline-specific, inquiry only contributes to the ever expanding quagmire about the meaning of human phenomena, like health and quality of life.^{15, 16} A synthesis of findings is not possible because generic researchers mix languages (theories) that have different meanings and assumptions.

Generic inquiry about quality of life has generated more than 800 indicators, and researchers, including nurses, have resorted to creating hundreds of ad hoc definitions to guide research.^{15, 17} The search for the one definition of quality of life that is free of theoretical bias has only served to suspend findings in a bottomless well of

possible interpretations. Quality of life is a concept that is value-laden, and attempts to define it in a sterile, generic way have failed.

A frustration with the generic approach has led some scholars to suggest that researchers from different disciplines need to know different things about health and human experience. For example, Aaronson¹⁷ proposed that medical researchers should limit quality-of-life definitions to those that generate data that may have a direct impact on the treatment of, for instance, toxic side effects. In contrast, sociologists prefer to study global indicators of life quality and their relationships with roles and social processes.^{18, 19} Although the logic of the discipline-specific approach seems evident, there are those who continue to advocate for the opposing position, that the minimally acceptable definition of quality of life in any study must include multiple dimensions incorporating all life domains. Proponents of this latter position, like Morse¹³ in nursing, contend that there should be a gold standard,

some operational definition that will incorporate all dimensions and provide guidance for all researchers, for all disciplines.

Butler²⁰ proposed that the meaning assigned to any phenomenon ultimately depends on the values and purposes of the researcher or group. Should not researchers be expected to identify their group and its values and purposes in order to advance discipline-specific knowledge? If what distinguishes one discipline from another is the knowledge base used by group members,^{6, 10, 21-23} then researchers from different disciplines will be guided by and

dedicated to expanding distinct bodies of knowledge. The sociologist's global indicators of life quality and the oncologist's explication of morbidity and toxic side effects should be different from nursing's area of concern.

The advancement of nursing knowledge has been hindered not only by nurse researchers who borrow theory, but also by those who espouse value-free, generic research. It remains a mystery why nursing scholars want to conduct value-free inquiry when it is the values of a discipline that guide the thoughts and actions of its members. The belief that researchers can bracket prejudices is itself just a theoretical belief, a belief called into serious question by the recent disclosure of the integral nature of science and values.^{1, 2, 14, 22} And even when researchers suggest that they bracket theoretical presuppositions, the *language* used to interpret findings reveals their views and "biases" about human beings and health.²⁴ As noted by Gadamer, language "is the living out of what is with us—not only in the concrete interrelationships of work and politics but in all the other relationships and dependencies that comprise our world."¹

NURSING-SPECIFIC INQUIRY

Nursing as a discipline is interested in the human-health interrelationship, but not in the same ways as medicine or sociology. Like other disciplines, nursing has its theories that guide practice and research. It is generally agreed in nursing that the discipline is committed to providing care that respects the uniqueness of each human being and family in ways that promote health. The diversity of theoretical frameworks within the nursing discipline will eventually generate an extensive knowledge base about human-health phenomena as viewed from specific perspectives. For instance, the way grieving is viewed in Rogers's framework²⁵ is different from the way Newman,²⁶ Orem,²⁷ or Parse^{6, 28} view the phenomenon. Each view of the phenomenon will be linked to the "unity of understanding" about the

human-health interrelationship that is specified in the theory.²

There is a growing recognition and commitment to the belief that if nursing is to continue to develop a scientific knowledge base its inquiry must expand nursing theory.^{10, 26, 29-33} Current research in nursing is restrictively bound by an unacknowledged, medically dominated, multidisciplinary framework and a generic mode of in-

quiry that does not advance nursing science. The trend toward generic, multidisciplinary inquiry, which does not distinguish the theoretical perspectives of participating members, only serves to blur and level differences that need to be developed and sharpened. Discipline-specific inquiry has the potential to clarify the uniqueness of each discipline's knowledge and, thus, its contribution to society.

Nursing's distinct concern with the human-health interrelationship demands unique modes of inquiry that are guided by nursing theory.^{10, 12} Parse has specified a qualitative mode of inquiry that guides researchers to explore meanings, patterns, and relationships related to universal lived experiences. Most qualitative methods require the recording of descriptions about lived experiences that are gathered by a human researcher who belongs to a particular discipline and who has a particular perspective within that discipline.

It is in this arena, where researcher meets participant description in words, texts, or art work, that Gadamer's insights about the hermeneutical process become especially meaningful. There

is increasing evidence in the literature that nurses need theoretical knowledge that integrates unitary human experience and health patterns in non-causal, process-oriented structures that can guide practice and research activities. Gadamer's insights as a philosopher inform all researchers of their participation in the entire research process.

GADAMERIAN HERMENEUTICS AND NURSING SCIENCE

Gadamer's insights into the nature of understanding as a process of interpretation, rather than a reenactment, has far-reaching implications for scientific development, including nursing science.^{1, 2} According to Gadamer, the hermeneutical phenomenon is a process of interpretation or mediation that brings the familiar and the unfamiliar together in a new way. In the arena of qualitative inquiry, the familiar may be regarded as the researcher's theoretical perspective, the unfamiliar as the heretofore unknown aspects described by research participants about a particular phenomenon under study. Gadamer suggests that theoretical prejudices, rather than representing barriers to understanding, are the biases of the researcher's openness to the world. This means that a researcher cannot attend to all the phenomena that are present in the stream of a lived experience. All persons give attention to certain aspects of experience according to values, beliefs, and purposes. For a discipline, and a researcher within a discipline, the way a researcher attends to a phenomenon should be guided by some theory that identifies the researcher as part of a group. And the group's realities are made explicit in the language of its theories.

Language discloses different realities; that is its power.^{1, 2, 14, 34} Gadamer might ask, How do the unique prejudices of the nursing discipline represent an openness to the world? And what is the phenomenon that nursing is open to? Further, How is the phenomenon disclosed in the different languages of the discipline? The pur-

pose of theory in any discipline is to describe a meaningful reality about a particular phenomenon of concern in a unique language. In nursing, the language of different theories describes different realities about the human-universe-health interrelationship.

Gadamer¹ describes a process of inquiry whereby the researcher and participant come together to have a dialogue about the meaning of some phenomenon. Both parties are concerned about the subject matter and both experience a buoyancy in the transmission of meaning that leads them to places beyond their original horizons. Understanding is an event, a happening that happens through language. For nurses conducting qualitative inquiry, the findings represent the researcher's understanding, the fusion of horizons that is disclosed by the researcher in the light of a theoretical prejudice, or perspective. The example below serves to illustrate the power of the hermeneutic process in nursing science.

THE HERMENEUTICS OF PARSE'S RESEARCH METHOD

Parse's research method was structured to flow from the assumptions and principles of her human becoming nursing theory.^{10,11} Researchers have been guided by Parse's theory in the study of universal lived experiences like hope, grieving, aging, and struggling through a difficult time, to name several. The human becoming theory represents the researcher's preexisting nursing framework. A researcher guided by Parse's theory of human becoming holds certain views or prejudices that create unique openings or questions about human beings and health. The openness defined by the preexisting framework is circumscribed and, yet, waiting to be filled. Scientific inquiry, then, is a process of gathering specific knowledge to fill the openness circumscribed by theory.

For example, Mitchell³⁵ recorded 12 discussions with persons over the age of 75 about their experience of restriction-freedom in later life. Three core concepts emerged in the structure of

the experience as described by study participants, "anticipating limitations, unencumbered self-direction, and yielding to change fortifies resolve for moving beyond." One of the three core concepts, anticipating limitations, will serve to guide this discussion of the hermeneutical process.

Anticipating limitations was described by participants as a process of reflecting on restrictions in the now, as well as how restrictions might be experienced in time to come.³⁵ Older persons expected that painful arthritis, poor vision, and hearing loss would continue to present restrictions in later life. Falls were pictured as possible happenings, as was the eventual relinquishment of caring for self and living independently, unless death came first. Some participants spoke about anticipated limitations in a matter-of-fact way and in the context of the opportu-

nities that would accompany them. For example, a participant described that the restriction of less privacy might lead to more time to do what is wanted with friends and family. Persons anticipated gains and losses in later life. Loss of activity, strength, and loved ones, for example, were expected to coexist with the freedom to laugh and be with friends, the freedom to decide how to be with frustrations, and the freedom to keep going until the end was in sight.

The core concept, anticipating limitations, was synthesized from participant descriptions about what they pictured as possible happenings. The descriptions, when interpreted in the light of Parse's theoretical concepts, clearly linked to the concept *imaging*. Imaging is one of nine concepts specified in the theory of human becoming.

It is the way persons construct reality, according to Parse.

Participant descriptions directed the researcher to Parse's concept, *imaging*. The researcher's bias before the study was *that* all human beings *image*; *what* they imaged about the lived experience of restriction-freedom was discovered in the inquiry. The anticipated limitations described by participants were not known before inquiry. In this way Parse's abstract concept of *imaging* was filled out, expanded, and further defined with substantive content at the level of lived experience.

The researcher gained understanding, not only about what kinds of limitations were imaged in later life, but also how persons saw themselves in relation to the limitations. The researcher discovered how persons were already trying out and planning ways to be with the anticipated limitations. The older persons spoke about choosing how to be with frustrations, upsets, and losses. Personal descriptions interpreted in the light of Parse's theory included not only *what is*, but *what will be*. This understanding is profound in that nurses aspire to conduct inquiry that depicts health as a process. Inquiry guided by Parse's theory captured the process of how persons experience health, not only in the now moment, but health as it will be lived in time to come.

All research is theory driven, and all research findings are weaved into some theoretical belief system that is inherently philosophical; this is what makes findings meaningful. Rather than being an embarrassment, theoretical interpretation is prized as the essence of knowledge expansion. If researchers desire discipline-specific inquiry, research must be performed in the light of a specific theory that houses the knowledge of the researcher's discipline. It is evident in the language of Parse's theory that it represents a certain way of thinking and speaking about human experience. Other researchers, who have different preexisting theoretical frameworks would not have conceptualized the inquiry or in-

terpreted findings about restriction-freedom in the way described above. This is the beauty, and the value, of theory-guided research. Findings from Mitchell's study on restriction-freedom are uniquely discipline specific, and they represent nursing knowledge.³⁵

SUMMARY

Gadamer's insights into the hermeneutical process contribute a great deal to the understanding that may accompany scientific inquiry, *if* preexisting prejudices are respected for their contribution to discipline-specific knowledge. Heidegger³⁴ said that language "speaks for us in what has been spoken." This means that the way nurses use language signifies who they are as a group of health professionals. Language is the vehicle that discloses nurses' values and beliefs. Parse's theory is one framework among many that provides nurse researchers with a coherent language of the human-health interrelationship for guiding inquiry. The prejudices of the theory are clearly specified and they circumscribe unique arenas for knowledge development. The language of the theory describes human becoming from a nursing perspective. It is complex, process oriented, and abstract, just like the human-health phenomena it represents. It is precisely the unique understanding and knowledge of nursing theories that may direct further discipline-specific inquiry and structure activities for an autonomous nursing practice. Ultimately, knowledge generated from discipline-specific inquiry will expand theories for guiding creative and meaningful practice with persons, families, and groups that seek professional engagements. ■

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