

The Nurse Theorists: 21st Century Updates—Martha E. Rogers

Jacqueline Fawcett, RN; PhD; FAAN

Professor, College of Nursing and Health Sciences, University of Massachusetts–Boston

This edited transcript of an interview with Rogerian scholars Elizabeth Ann Manhart Barrett, Violet M. Malinski, and John R. Phillips presents their thoughts about the contributions of Martha E. Rogers' science of unitary human beings to the current state of the discipline of nursing and the emergence of the unitary perspective in nursing and other sciences, as well as the implications of the science of unitary human beings for nursing research, education, administration, and practice.



Jacqueline Fawcett
Contributing Editor

Martha E. Rogers deliberately started to develop her conceptual system when she realized that “there had to be a body of knowledge that was specific to and unique to nursing, [without which] there was no need for higher education in nursing” (Rogers, 1978a). Accordingly, Rogers’ aim was to develop “a conceptual system that would give identity to nursing as a knowledgeable endeavor” (Rogers, 1978b). The result of Rogers’ effort is the unique nursing conceptual system that has come to be known as the science of unitary human beings (SUHB).

Rogers was a pioneer in her focus on human beings and their environments as equally important phenomena for study and practice in nursing. She traced the dual concern with human beings and their environments to Nightingale, explaining, “Rogerian science of irreducible human beings provides

a framework rooted in a new reality and directed toward moving us from what might be called a prescientific era to a scientific era. Certainly Nightingale laid a firm foundation for this kind of an approach to nursing knowledge and its use” (Rogers, 1992a, p. 61).

Many refinements have been made in the terminology for Rogers’ conceptual system as it has evolved over the years (see, for example, Rogers, 1970, and Rogers, 1992b). The concepts of the conceptual system currently are labeled energy fields, openness, pattern, and pandimensionality. The principles of homeodynamics now are labeled helicy, resonancy, and integrality. The refinements in the SUHB clearly reflect Rogers’ concern with language and the insights she gained over the years from new knowledge. She commented,

The development of a science of unitary human beings is a never-ending process. This abstract system first presented some years ago has continued to gain substance. Concomitantly, early errors have undergone correction, definitions have been revised for greater clarity and accuracy, and updating of content is ongoing. (Rogers, 1992b, p. 28)

I interviewed Martha E. Rogers in June 1987 at New York University in New York City. That interview is part of *The Nurse Theorists: Portraits of Excellence* series of videotapes and compact disks (Rogers, 1987). Martha Rogers died on March 13, 1994. This column presents the edited transcript of an interview I conducted on June 12, 2000, with Elizabeth Ann Manhart Barrett, Violet M. Malinski, and John R. Phillips, who are founders of the Society of Rogerian Scholars. Drs. Barrett, Malinski, and Phillips contributed additional comments to the transcript during the final editing in June, July, and August 2002.

Editor’s Note: Any comments about this dialogue should be addressed to the Editor for possible inclusion in Letters to the Editor. For other information, contact Jacqueline Fawcett, RN, PhD, FAAN, 3506 Atlantic Highway, P. O. Box 1156, Waldoboro, ME 04572; phone: (207) 832-7398; E-mail: jacqueline.fawcett@umb.edu

On the Discipline of Nursing

JF: What do you think about the current state of the discipline of nursing?

JRP: I think we are just on a down rhythm right now, off into the advanced practice nurse idea. Many of these curricula are not current given today's thinking. They are stuck in the old biomedical model, giving emphasis to what is fundable by national organizations that also are stuck in the same biomedical model. But what is going to happen to the curricula when the federal funding for these programs stops? Rogers' statements about nursing curricula always implied: "I don't want your money. I will create a curriculum that will stand on its own and when you take the money away, I will stay alive." And then there will be an upswing again. I am optimistic enough to know that with this upswing will be survival—Rogers instilled that into me a long time ago.

VMM: I vacillate as to where I am with regard to the rhythmical flow of optimism and pessimism. The pessimism side would be in terms of something very wrong that is going on in nursing, namely the lack of the use of nursing theory to guide current nursing educational programs, practice, and research. On the optimistic side, I see something very right that is going on in nursing, namely, the acceptance of two different tracks in nursing—the totality worldview and the simultaneity worldview (Parse, 1997). We are beginning to recognize that these two worldviews can coexist, so that we can evolve toward educating students and developing knowledge from the perspectives of these two worldviews.

JRP: I agree, absolutely. During my time teaching primarily in the master's and doctoral programs at New York University, I found that I was teaching what the students did not get in their baccalaureate and master's programs, helping them to think on an abstract level and understand how using models and theories has relevance for who they are as individuals and as nurses.

EAMB: The SUHB is within the simultaneity worldview, as are the works of Parse (1998), Newman (1994), and Watson (1999).

VMM: Yes, with her 1999 book, I also place Watson in the simultaneity worldview. In the latest writing of nurse theorists, such as Roy (Roy & Andrews, 1999), there is an apparent shift toward simultaneity ideas, as well. Moreover, other sciences are moving in the direction of the SUHB. I remember how little of what was available in the sciences had to do with the SUHB when I was a doctoral student during the late 1970s. Now there is much more in many disciplines.

JRP: We can see a movement during the past 30 years toward the ideas that resonate with what Rogers said in her 1970 book, even in those models and theories that are in the totality worldview.

VMM: It is important to point out, though, that models and theories that propose a holistic view of the person are not

necessarily consistent with the SUHB or with the simultaneity worldview.

EAMB: Yet, it also is important to point out that the totality and simultaneity worldviews inform each other. Both worldviews have value for the discipline; neither is superior. According to Parse (1997), a discipline requires more than one worldview.

VMM: I agree. There has to be recognition of what is similar and what is different in the two worldviews and where common areas of discourse can occur among faculty and students who subscribe to one or the other worldview. The most important point is that a *nursing* model or theory is used to guide research and practice, rather than a model or theory of another discipline.

JRP: But we have to remember that Rogers was an advocate of learning about other disciplines. The challenge is to help students to understand how that knowledge can be used to advance nursing.

EAMB: Remember how, starting in the 1970s, all the major nurse theorists came together in nursing theory conferences? Then, the groups grew, organizations were formed, and conferences centered around the work of particular theorists. Now, it seems to me that the time has come for those in the nursing theory movement to come together in a different way to begin to shift to a new power base. If nursing science as we define it is to survive and define the discipline, all of us must unite and articulate this view in a way that is both acceptable and compelling to those who are not at this time necessarily nursing theory oriented. I find myself thinking more and more beyond the parochialism of one framework/theory or even one paradigmatic view, to the larger picture of the entirety of nursing science. The overarching umbrella of nursing models and theories can bring all of nursing in out of the rain. Our commonality is the intense passion for the belief that nursing as a discipline is defined by the knowledge embedded in the extant frameworks and theories. I have written about these ideas in my article, "What is nursing science?" (Barrett, 2002).

JRP: In a recent article in *Advances in Nursing Science*, Newman (2002) claimed that the unitary perspective now includes knowledge of the particulate perspective as well as knowledge of physical, interpersonal, and integrative viewpoints. But it is important to point out Newman's current view of unitary would exclude the SUHB, as the SUHB is concerned with wholeness and acausality, rather than parts and cause and effect. A thoughtful reading of Rogers' work shows that she had already transcended the "separate realms of knowledge" (Newman, 2002, p. 6) to bring forth an understanding of the unitary nature of people and their environments. In the SUHB, parts, or the particulate perspective, have no meaning. Thus, the unitary perspective cannot include the particulate perspective when thinking within the context of the SUHB.

EAMB: What if we were to act on Newman's (2002) idea to "transcend separate realms of knowledge" (p. 6) in a some-

what different way? What if we were to transcend the various paradigmatic designations currently reflecting the unitary view (Fawcett, 1993; Newman, Sime, & Corcoran-Perry, 1991; Parse, 1998)? What if it was simply called the unitary paradigm? Then, what if one were to propose that nursing is the study of people as unitary human beings in mutual process with their environments (Rogers, 1992b), and that the phenomenon of concern to nursing is the human-universe-health process (Parse, 1998)? Health is the expansion of consciousness (Newman, 2002), and caring, foundational to nursing across time, is essential to all health disciplines (Watson, 1999). This is not to say that we need to give up the distinctiveness of each theory; rather it is to more clearly articulate commonalities among these different theoretical perspectives. Wouldn't it be exciting to have a conference centered around a discussion of how articulation of a unitary perspective common to each unitary theory might emerge?

VMM: We already have nurse theorists who are looking at commonalities. For example, in their recent article in *Journal of Advanced Nursing*, Watson and Smith (2002) presented what they see as similarities between Rogers' SUHB and Watson's transpersonal caring science. Furthermore, according to Keville Frederickson, (personal communication, May 28, 2002), who attended the May 2002 annual meeting of the Roy Adaptation Association, Roy's current thinking reflects the unitary perspective. I think that Roy's new definition of adaptation (Roy, 1997; Roy & Andrews, 1999) clearly reflects the unitary perspective, although that perspective is not reflected in all of the concepts of the Roy adaptation model (Roy & Andrews, 1999).

JF: I agree with your interpretation of Roy's work. Her current definition of adaptation is, "The process and outcome whereby thinking and feeling persons, as individuals or in groups, use conscious awareness and choice to create human and environmental integration" (Roy & Andrews, 1999, p. 30).

JRP: I suppose I'm more of a purist about what is totality and unitary, which probably is related to Rogers' espoused views throughout her life. I think that Roy's new definition of adaptation is an oxymoron when considered within the context of her model. Such an illogical combination of totality and unitary perspectives can be found in the scientific and other literature, including nursing models and theories, and is reflected in Newman's (2002) current view of unitary. Don't we have a responsibility to help people recognize such inconsistencies, especially when theorists come together?

VMM: I think that the idea of theorists coming together is important and reflects Leininger's (1991) idea of universality and diversity. We are diverse, but there are things that are universal, and certainly what needs to be universal is the belief in, the valuing of, and the cherishing of what the nursing theories have contributed thus far. The call is to

come together in a way that creates a shift toward the unitary perspective rather than fragmentation.

EAMB: That idea could guide theory development around common worldviews that provide a new definition of nursing as a discipline, which may be more acceptable and meaningful to nurses who hold different views. I firmly believe that this is not only possible, but is highly likely to occur in the not-so-distant future now that the idea of the unitary perspective is accelerating in its expression, not only in nursing, but in all aspects of life.

VMM: This already is evident in other disciplines, where there is a lessening of problems and friction and a concomitant greater awareness of the unitary way of looking at things.

EAMB: That is why I think that eventually all the disciplines may shift; they may come together around similar worldviews and will contribute their own unique knowledge to a unitary perspective. A similar worldview would make the various contributions more meaningful. I have observed how often we now read something from various other disciplines that shares a common perspective with the SUHB. Clearly, the unitary perspective is not limited to nursing. The unitary ideas are out there; they have been increasingly evolving since the beginning of the 20th century, and some of the ideas represent ancient wisdom. We will, most likely, always have nursing, yet we may not have nursing in the future as we have known it in the past or know it in the present.

JRP: We come back to the idea that knowledge at the beginning of written history was concerned with wholeness, with unitary phenomena, as evidenced in the writings of the Greeks. If we go back to early writings, there were no disciplines. Philosophy was the major thought, and over time philosophy evolved into our various arts, humanities, and sciences. Boxes of knowledge were created, as well as specialties within each box. Rogers, through her SUHB, enabled people, particularly nurses, to break down the boundaries of those boxes to again be able to understand the unitary nature of the universe, its people, and their environments. It is this unitary knowledge that will help to pattern the current crisis in the discipline of nursing so it will survive to provide care for the betterment of humankind.

VMM: These ideas are now everywhere—they are burning the box for greater illumination of the unitary view. For example, consider the movies, *Powder*, *Phenomenon*, and *The Others*; the songs, "I'm Already There" by Lone Star and "The Other Side" by Don Conoscenti; and the book *Expecting Adam* by Martha Beck (1999). All of these portray poignant experiences of pandimensional unitary awareness. What a difference this would make in human life if people had a greater understanding of our proposed unitary paradigm.

JRP: I agree. I just finished reading some literature about world religions. It is interesting to see how all of the major

religions are concerned with similar concepts. In fact, when these religions are examined, there is evidence of Rogers' science, particularly her four concepts (energy fields, openness, pattern, and pandimensionality). This furthers the pervasiveness of unitary thinking and its acceleration today.

VMM: This is fascinating; it is perennial wisdom, out of time, out of space.

JRP: Rogers was getting at these perennial ideas. Rogers helped people to become aware of unitary knowledge that was difficult to understand, which probably is why so many people embraced her work, and why some people tried to discredit her work.

VMM: This unitary view calls beliefs into question, requires looking at things in a very different way, and is the reason why there may be continued dissension with groups that are going to resist unitary ideas.

EAMB: Isn't that exactly what we went through when we first started studying the SUHB? When we chose to challenge our beliefs, we had to throw some of them over to be in accord with the SUHB.

JRP: Or look at our beliefs in a different way.

VMM: It involves stepping aside and asking what this or that would look like from this different perspective. It doesn't mean, necessarily, accepting it; rather, it means having the openness to entertain another perspective.

EAMB: We had to come to terms with certain assumptions as to how the world works, and give up cherished notions that don't fit with a pandimensional view, such as, for example, causality. Perhaps the SUHB initially had meaning for us because the SUHB already resonated with many of our beliefs. Certainly, all of us have seen that it more or less resonates with some students and not with others. We are speaking of differences among people, not assigning labels of better or worse, right or wrong.

JRP: Recently on *Nightline*, Ted Koeppel made a very cogent statement about people changing their ideas. He said, "It will take time for people to change their views."

JF: How has the SUHB contributed to the current state of the discipline of nursing?

VMM: We need to reiterate that it was Martha Rogers, the creator of the unitary view in nursing, who inaugurated what is now being called the simultaneity worldview. So all of the things that we talk about emerge from that perspective.

JRP: Rogers was one of the first theorists to publish her ideas in a book (Rogers, 1970). She was one of the first to highlight theoretical thinking, and it was of prime importance in the SUHB, as well as the idea of unique knowledge for nursing science. In the 1960s, Rogers edited a journal called *Nursing Science*.

JF: That journal ceased publication after a few years. In many ways, *Nursing Science Quarterly* is the contemporary version of *Nursing Science*.

JF: What predictions do you have about the contributions that the SUHB will make to the continued advancement of the discipline of nursing?

EAMB: I envision mobilizing the public more effectively as our allies to promote unitary nursing science; consumers will be the ones who will accompany us in approaching congresspersons, the media, various foundations, and numerous other audiences to tell the nursing science story. Even one person can make an important difference by going to Congress and saying, "I received x, y, and z, which I didn't receive elsewhere and which complemented what I did get elsewhere." The idea is for consumers to target their efforts toward specific groups to generate a need for unitary nursing science services and research.

VMM: Unitary practitioners could do that quite simply. They could approach their clients to determine if they would be willing to join with us in an organized endeavor. It would be a matter of simply asking clients if they are willing to tell the story of unitary nursing and what a difference it makes. Some of the stories have been told in-house; now, we need to go out-of-house.

JRP: Without question, the current healthcare system in the United States is not working. Congress is more and more frequently addressing concerns with the healthcare system and advocating that solutions be found.

EAMB: The current nursing shortage is an opportune time to focus our energies in this direction. People want good nursing care, and they are more and more verbal about receiving suboptimal care. Despite our numbers, there is still a lack of awareness of the importance of nursing care to the promotion of health and well-being.

JRP: A punctuational change is necessary. And there needs to be more emphasis on the importance of the human element, often absent in the current biomedical system.

On Nursing Research

JF: How should the SUHB be used to guide nursing research?

EAMB: We need to enlighten the leaders at the National Institute of Nursing Research (NINR) so they more clearly understand the relationship between knowledge about unitary persons in their environments and improvement in health conditions of various populations. We haven't been able to articulate the importance of this knowledge for societal health very well, not just to NINR, but to other groups as well. I think our foremost challenge at the moment is to articulate our uniqueness and importance to other nurses, other disciplines, and the public.

JRP: I think we can be brazen enough to go one step further and plead this case to Congress. The SUHB is a vehicle that would enable people to understand that a unitary view of human beings can be used to study what we currently call biomedical phenomena. It's the way you look at these phenomena that makes a difference; the physical, while

crucially important, doesn't tell the entire story. At times, understanding the spiritual nature of the person may be more important in identifying what is going on and what to do about it than simply focusing on the physical manifestations of illness.

VMM: In other words, the focus on the physical is important; yet, it just may not be the ultimate goal in providing unitary care.

JF: What research methods should be used to study phenomena within the domain of the SUHB?

VMM: In the SUHB, both quantitative and qualitative methods are valued and have purpose. Why would we want to limit ways of finding answers to questions? Why not use the full range and keep developing new ones?

JRP: Yes, we must move beyond the quantitative-qualitative debate; that debate is becoming old hat. With the emerging unitary perspective of humans and healthcare, there is a demand for methods that go beyond qualitative and quantitative. Both of these approaches give only glimpses of the wholeness of people. With the further advancement of the SUHB, we will be able to create unitary methods that get at the fullness of the life process.

EAMB: Some new methods derived from the SUHB already have emerged, such as those by Butcher (1998), Carboni (1995b), Cowling (2001), and Bultemeier (1997).

JRP: As an indicant of the changes that will occur in the approaches to nursing, particularly in our unitary perspective, we can look at what is coming out of the complementary-alternative healthcare movement in terms of the concepts and modalities being studied. What we are looking for will not come from outcomes-based research, whether quantitative or qualitative. This further emphasizes the need for new methods. We have had only a few courageous people like Rogers who have shifted the paradigm to illuminate the unitary knowledge that is essential in the creation of new unitary research methods and research that pertains to the care of humankind in all of its manifestations.

On Nursing Education

JF: How should the SUHB be used in basic nursing education?

EAMB: First, it ought *not* to be used as an add-on or pass-through, but rather as an integral knowledge base for practice.

VMM: I believe that with a unitary education, students would still be able to learn what they need to pass the current NCLEX, as unitary thinking would enhance the students' ability to understand and give care to the whole person.

JRP: Questions have arisen about the survival of nursing, and one could question why we are in the current dilemma of the nursing shortage and declining enrollments. Is it related to the fact that over the past several years, there has been a tendency to get rid of nursing theory? Nursing edu-

cation must be turned around to give greater emphasis to the unitary view throughout all its modes of education.

EAMB: In commenting on the state of various professions, O'Neill (2000) proposed that unless nursing is viewed as a substantive scientific discipline, today's intelligent young people, who could solve some of nursing's long-standing problems, will not be attracted to enter the profession.

VMM: In other words, the public still sees nurses as ancillary personnel, doing what they have been told to do. People entering a profession do not want to be viewed this way. There is so much variation in what it means when one says, "I'm a nurse." We are not using nursing science to educate people to be nurses. Therefore, we are not sending out professional nurses. Two years is not enough in upper division programs.

JRP: If the SUHB is used in a very strategic way, it helps to convey a broader picture and some of the minutia of education can be eliminated. Simulations in the nursing arts labs of the future will be as realistic in caring for people as flight training simulations are of real-time flights. Using the unitary frame of reference, these labs can be structured in a particular way, where teaching technical aspects of care will be revolutionized. It is important that our future nurse educators, researchers, and administrators generate new ways to give care, wherever people are.

VMM: In the meantime, we need a critical mass to preserve nursing theory.

EAMB: Yes, collaborating with other like-minded persons in the nursing theory movement, in other disciplines, and with the public will lead to changes we can't accomplish as small, isolated groups.

VMM: And that is really key. We need to support one another. We can't be fighting against each other, or tearing down someone else's theory or model. We need to be supporting all of the nursing theory efforts that are going on and focusing on our similarities rather than the differences. I want to focus on what unites us and holds us together.

JRP: Collaborative endeavors with like-minded unitary thinkers are necessary. These collaborative endeavors are essential to get at the wholeness of a phenomenon; however, the crux of nursing must never be given up.

EAMB: When we come together, we have strength, regardless of which paradigm we personally endorse. This will create a shift. In the broader sense, we also need to honor those people who are not in the nursing theory movement. It is up to us to demonstrate to them the value of nursing theory. In addition to the traditional path, I envision unitary universities that will offer people a different route, where students with a unitary worldview can choose an educational path in accordance with their own personal philosophy.

JF: Given the knowledge needed to use the SUHB, what is the appropriate entry level for professional nursing?

VMM: Without doubt, it seems that the diploma and associate degree entry routes should be abolished, given the com-

plexity of knowledge and care required to practice nursing. I'd like to stay with the traditional nursing education paths: baccalaureate, master's, and doctorate, with a strong grounding in nursing science throughout. I believe the entry level should be the baccalaureate degree in nursing.

EAMB: Given the history of the ill-fated 1965 and 1985 proposals for the baccalaureate as entry into practice, I'm not sure how likely it is that the associate degree route will be abolished. Some schools are downsizing or closing their baccalaureate programs. Generic master's and doctor of nursing (ND) programs may be the wave of the future as entry points for nursing. Several professions already have gone this route.

JRP: If nursing goes the ND route, then what happens to the master's? I think we need to endorse the baccalaureate as the entry level for practice. However, we must carefully look at all the baccalaureate programs that are teaching essentially diploma or associate degree content.

EAMB: We are in agreement that the diploma and associate degrees, ideally, need to be abolished. I also endorse the baccalaureate in nursing degree as the entry level.

JF: Do you make a distinction between technical and professional nursing?

VMM: No, we don't distinguish between them. We already proposed eliminating the diploma and associate degree preparation. There can be different roles, but not in terms of technical and professional. Nurses prepared with baccalaureate and master's degrees in nursing have different roles that reflect the different knowledge bases inherent in earning different degrees.

JRP: I would hope the professional nurse has technical skills. How can a unitary nurse be divided into parts labeled technical versus professional?

EAMB: By definition, nursing's societal mandate is to provide autonomous, professional service. There is no room for the divisions of technical and professional.

On Administration of Nursing Services

JF: How should the SUHB be used to guide administration of nursing services?

JRP: If administrators use the SUHB, they have knowledge about Barrett's (Barrett & Caroselli, 1998; Caroselli & Barrett, 1998) theory of power. That theory guides recognition that all people within an institution, including clients, can participate knowingly in changes concerning a variety of things.

VMM: The SUHB, through the recognition of mutual process, enriches the forming of care partnerships. In addition, there is less abuse and more collegiality among everyone in a healthcare setting.

JRP: There is not a one upmanship approach; rather, an egalitarian approach prevails. There is a nurse orchestrating de-

centralized unit management for decision-making, staffing changes, and budget allocations.

EAMB: The hierarchical structure within nursing is abolished, in favor of a more horizontal one using shared governance, and fostering greater autonomy of individual nurses. There are fewer layers between staff nurses and the vice president of nursing, who meets regularly with groups of staff nurses. Nursing is truly in charge of nursing, and not just in name only. It takes a strong nursing leader. Unless the nurse administrator is committed to knowing what nursing is and wanting it there, it is difficult to assure high-quality nursing care. There are nurse administrators grounded in the SUHB who view nursing as not just a verb meaning to do but also as a noun meaning to know. These nurse administrators understand that knowledge may derive from a variety of sources and disciplines, but is conceptualized and contextualized within the SUHB. This translates into meaningful, knowledgeable caring for clients.

JRP: Do you really need a nurse to be the administrator?

VMM: Yes, unless the people are grounded in the SUHB as well as administration. Unitary knowledge that transcends disciplinary boundaries would be required. The administrator has to understand and value unitary nursing, how it translates to practice, and what environmental supports nurses need to be able to practice that way. In short, the administrator has to be the advocate for that style of nursing.

JRP: CEOs of hospitals aren't usually physicians. The point is, do we need all these specialties in nursing? Where's the nursing in some of the nursing specialties, such as administration?

EAMB: That's a different question.

VMM: The unitary perspective transcends disciplinary boundaries. That is what we are seeing everywhere. There could come a time where there could be enough sharing across disciplines that it wouldn't matter if the administrator was a nurse, but for now it does matter. The match would have to be there.

EAMB: My thinking is that it will still matter since the translation into practice requires disciplinary differentiation. All disciplines can have a unitary perspective, but when it is translated into practice, it emerges specific to each discipline. I think that a nurse administrator can optimally foster creation of a nursing environment to guide autonomous nursing practice.

JRP: If we believe that the SUHB will pervade all the sciences and the disciplines, then administrators of any institution could be unitary. If this is the case, it is possible that in the future, it may not be necessary to have a nurse administrator for nursing services. Until this moment arrives, we need a unitary *nurse* administrator.

VMM: Yes. As long as the assumption is that this unitary person understands that nurses have the knowledge they need to provide high-quality nursing care, and that the function

of the administrator is to create the environment for this to happen. Power is heightened in such an environment for everyone—clients and all staff, not just nurses. Everyone is participating together in meaningful care partnerships focusing on mutual well-being. From the beginning, unitary nurses would be educated to practice autonomously and to collaborate effectively.

JRP: We believe that in many ways being autonomous involves mutual process and power as knowing participation. Nurses have the opportunity to be their own spokespersons as opposed to the view of power over or controlled by others.

On Nursing Practice

JF: Where should nursing be practiced?

VMM: Wherever there are people; there is no place where it should not be practiced. Nursing needs to be in traditional settings, such as hospitals, as well as in less traditional settings, such as churches and day care centers.

EAMB: Yet, there are places that optimize the practice of nursing, such as autonomous nursing centers and wellness centers. Unitary nursing is being practiced in places it was never practiced before.

JRP: In the future, there may be new types of settings. In 1970, Rogers said nursing will be practiced primarily in the community. This is coming to pass. Nursing is everywhere—in homeless shelters, in single-room occupancy hotels, in many types of agencies for people of all ages. In addition to nursing on earth, there is a possibility that the SUHB would be an optimal frame of reference for nursing of people in space. Nursing, even here on earth, is more than just taking care of the physical body; it is the human energy field and its manifestations that should be the focus. The other thing that is going through my mind is the question, "Is nursing just for people?"

VMM: No, we can work with animals, trees, and plants; nursing can be practiced with all living things and the environment.

JF: How should the SUHB be used to guide nursing practice? What process or processes should be used to practice from the perspective of the SUHB?

VMM: The SUHB is an overall frame of reference; it is not something that is just plunked into the status quo such as nursing care plans and nursing diagnosis.

JRP: It is a frame of reference for conceptualization to create practice modalities and processes for practice. When people say that the SUHB is too abstract for practice, they are not aware that Rogers' intent was never to apply her science in its abstract form, but rather it has to be brought to practice applications.

VMM: A number of people have written about using the SUHB to guide practice, and a number of practice settings have adopted the science as a guide for practice. In terms of specific processes, the practice methodologies that have been developed within the context of the SUHB include

Barrett's (1998) health patterning, Cowling's (1997) pattern appreciation, Butcher's (1999) ideas for synthesizing health patterning and pattern appreciation, Andersen and Smereck's (1992) light model, and Carboni's (1995a) ideas about practice.

EAMB: It is possible that there may be as many ways of practicing as there are unitary nurses. However, saying a practice is unitary doesn't make it so. In the SUHB, the postulates and principles, as well as specific Rogerian theories derived from the SUHB, provide the framework that is translated through the practice methodologies into delivery of care. The practice methodologies provide user-friendly guidelines to assist in making the leap from the abstract science to the unique situations of individuals and groups encountered in the practice world. Practice modalities, such as Therapeutic Touch or imagery or giving physical care, are tools of practice and are not to be confused with the practice itself (Rogers, 1992b).

JRP: If we intend to have nursing frameworks as the basis for nursing practice, then we need to revisit the requirements for curricula identified by accrediting agencies. These frameworks must be required for nursing curricula, which then would enable nurses to use nursing knowledge rather than rely so much on knowledge from other disciplines. Our northern neighbor Canada requires use of nursing theories. Is it time for us to do the same? Maybe we should also bring nursing theory back into nursing research at the NINR.

EAMB: Nursing frameworks and theories provide the power that give substantive form to the vision of nursing's important contribution to 21st-century healthcare.

JF: Thank you very much for this most informative interview. I am certain that our readers will benefit greatly from such a clear understanding of the implications of the SUHB for all nursing activities.

References

- Andersen, M. D., & Smereck, G. A. D. (1992). The consciousness rainbow: An explication of Rogerian field pattern manifestation. *Nursing Science Quarterly*, 5, 72-79.
- Barrett, E. A. M. (1998). A Rogerian practice methodology for health patterning. *Nursing Science Quarterly*, 11, 136-138.
- Barrett, E. A. M. (2002). What is nursing science? *Nursing Science Quarterly*, 15, 51-60.
- Barrett, E. A. M., & Caroselli C. (1998). Methodological ponderings related to the power as knowing participation in change tool. *Nursing Science Quarterly*, 11, 17-21.
- Beck, M. C. (1999). *Expecting Adam: A true story of birth, rebirth, and everyday magic*. New York: Times Books.
- Bultemeier, K. (1997). Photo-disclosure: A research methodology for investigating unitary human beings. In M. Madrid (Ed.), *Patterns of Rogerian knowing* (pp. 63-74). New York: National League for Nursing.
- Butcher, H. K. (1998). Crystallizing the process of the unitary field pattern portrait research method. *Visions: The Journal of Rogerian Nursing Science*, 6, 13-26.
- Butcher, H. K. (1999). Imagination column: The artistry of Rogerian practice. *Visions: The Journal of Rogerian Nursing Science*, 7, 49-54.

- Carboni, J. T. (1995a). Enfolding health-as-wholeness-and-harmony: A theory of Rogerian nursing practice. *Nursing Science Quarterly*, 8, 71-78.
- Carboni, J. T. (1995b). A Rogerian process of inquiry. *Nursing Science Quarterly*, 8, 22-37.
- Caroselli, C., & Barrett, E. A. M. (1998). A review of the power as knowing participation in change literature. *Nursing Science Quarterly*, 11, 9-16.
- Cowling, W. R. (1997). Pattern appreciation: The unitary science practice of reaching for essence. In M. Madrid (Ed.), *Patterns of Rogerian knowing* (pp. 129-142). New York: National League for Nursing.
- Cowling, W. R. (2001). Unitary appreciative inquiry. *Advances in Nursing Science*, 23(4), 32-48.
- Fawcett, J. (1993). From a plethora of paradigms to parsimony in world views. *Nursing Science Quarterly*, 6, 56-58.
- Leininger M. M. (Ed.). (1991). *Culture care diversity and universality: A theory of nursing*. New York: National League for Nursing.
- Newman, M. A. (1994). *Health as expanding consciousness* (2nd ed.). New York: National League for Nursing Press.
- Newman, M. A. (2002). The pattern that connects. *Advances in Nursing Science*, 24(3), 1-7.
- Newman, M., Sime, A. M., & Corcoran-Perry, S. A. (1991). The focus of the discipline of nursing. *Advances in Nursing Science*, 14(1), 1-6.
- O'Neill E. (2000, November). *Workplace issues in nursing*. Paper presented at the annual conference of the American Academy of Nursing, San Diego, CA.
- Parse, R. R. (1997). The language of nursing knowledge: Saying what we mean. In I. M. King & J. Fawcett (Eds.), *The language of nursing theory and metatheory* (pp. 73-77). Indianapolis, IN: Sigma Theta Tau International Center Nursing Press.
- Parse, R. R. (1998). *The human becoming school of thought: A perspective for nurses and other health professionals*. Thousand Oaks, CA: Sage.
- Rogers, M. E. (1970). *An introduction to the theoretical basis of nursing*. Philadelphia: F. A. Davis.
- Rogers, M. E. (Speaker). (1978a, December). *Application of theory in education and service* [Audiotape]. Paper presented at the Second Annual Nurse Educator Conference, New York.
- Rogers, M. E. (Speaker). (1978b, December). *Nursing science: A science of unitary man* [Audiotape]. Paper presented at the Second Annual Nurse Educator Conference, New York.
- Rogers, M. E. (1987). *The nurse theorists: Portraits of excellence—Martha E. Rogers* [Videotape and CD]. Athens, OH: Fuld Institute for Technology in Nursing Education.
- Rogers, M. E. (1992a). Nightingale's notes on nursing: Prelude to the 21st century. In F. N. Nightingale, *Notes on nursing: What it is and what it is not* (Commemorative ed., pp. 58-62). Philadelphia: Lippincott.
- Rogers, M. E. (1992b). Nursing science and the space age. *Nursing Science Quarterly*, 5, 27-34.
- Roy, C. (1997). Future of the Roy model: Challenge to redefine adaptation. *Nursing Science Quarterly*, 10, 42-48.
- Roy, C., & Andrews, H. A. (1999). *The Roy adaptation model* (2nd ed.). Stamford: Appleton & Lange.
- Watson, J. (1999). *Postmodern nursing and beyond*. New York: Churchill Livingstone.
- Watson, J., & Smith, M. (2002). Caring science and the science of unitary human beings. *Journal of Advanced Nursing*, 37, 452-461.

Parse's Theory of Human Becoming: Video and Learning Guide Now Available

The Human Becoming Theory: Living True Presence in Nursing Practice

The video provides an introduction to the practice methodology of the human becoming theory as lived through true presence. Rosemarie Rizzo Parse, author of the human becoming theory, speaks about nursing practice and the intention of being in true presence with others as they tell about their personal realities. Nurses are shown in various situations with others as they illuminate meaning, synchronize rhythms, and move beyond the now moments of their lives.

Video supplied in 1/2 inch VHS and PAL formats.

Individual - \$75 Canadian dollars

Institution - \$125 Canadian dollars

Parse's Theory of Human Becoming: A Learning Guide

Parse's theory of human becoming offers nurses a framework for organizing knowledge about the human-universe-health process. The values and beliefs of Parse's theory are lived by nurses in their relationships with persons and families. Learning the theory involves a process of questioning, reflecting, clarifying, and choosing.

This second edition of the learning guide covers the central ideas of Parse's theory. It has been expanded to include further explanation about the theory, the research methodology, and the practice methodology. It is supplementary to Parse's original works. The purpose of the guide is to assist nurses who want to learn a different way of nursing.

\$25.00 Canadian dollars

For ordering information, contact:

Pat Lyon • 1 Meredith Avenue • Cobourg, Ontario, Canada K9A 4G6

Phone (905) 377-1665 • E-mail pat.lyon@utoronto.ca