

An Integrative Framework for Conceptualizing Clients: A Proposal for a Nursing Perspective in the New Century

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It is exciting to view the year 2000 as the beginning for a new century and a new millennium that can be based on a new resolve and a refreshing insight. In thinking and reflecting about what aspects of nursing and nursing knowledge development that should be the focus for formulating such a new resolve or a refreshing insight, pluralism comes to mind as one of the critical issues that is both important and troublesome. Nursing has pursued multiple paths to develop knowledge with different commitments to philosophies and epistemological orientations during the past three decades. The resulting pluralism is evident not only in philosophical orientations regarding human nature and nursing, but also in theories, scientific explanations, and methods of inquiry adopted in nursing science.

During the past three decades we have put a great deal of our scientific effort into developing nursing knowledge in terms of (a) conceptualizing the key and essential phenomena of concern, (b) identifying the nature of nursing problems and different ways of solving such problems, (c) understanding fundamental human processes associated with health and illness through development of multiple theories, (d) identifying the impact of environment on human functioning and health, and (e) advancing technical supports that enhance human health. These efforts have resulted in truly pluralistic knowledge development in nursing in terms of theories, empirical findings, and practical approaches, along with differences in philosophical and value orientations. A rich array of scientific results has provided the foundation to move nursing practice to be grounded in scientific knowledge. On the other hand, multiple theories, conflicting findings, and competing approaches to patient care have created confusion as well as a heightened sense of separation and schism between science and practice in nursing.

One of the most critical aspects of such pluralism is in regard to theories and conceptualizations about phenomena in the client domain. Client domain, identified as one of the four domains of nursing's subject matter (Kim, 1987), refers to the key area of nursing's concern for knowledge development. There has been a long-standing presumption that through the understanding and explanation about client phenomena, nursing could develop its approaches, that is, therapeutics and strategies of care regarding clients' problems. The conceptual works of early nurse scholars helped to shift nursing's orientation from medicine and pathologies to human needs. In the ensuing decades, the relevance of these frameworks as a basis for the practice of nursing became apparent, and a series of grand theories concerned with the knowledge domain of the client were proposed and studied.

Rogers's (1970, 1992) science of unitary human beings, Roy's (Roy & Andrews, 1997) adaptation model, Orem's (1995) self-care model, Neuman's (1995) systems model, and Parse's (1998) theory of human becoming are the major grand frameworks in nursing that try to formulate and explain client domain phenomena from generalized conceptualizations of humanity and health. These and related nursing models can be categorized into six major types according to their views on humanity and health: (a) holistic processes as the modes through which humans coexist within their environment, (b) balance as the essential human characteristic that expresses human condition, (c) configuration of structural and functional aspects as an integrative basis for human functioning, (d) aggregation of parts as revealing states of the human condition, (e) experiencing as the basic form of human existence, and (f) meaning-making as the essential feature of human life.

This categorization suggests that in nursing there is diversity in the way clients and client phenomena are conceptualized and that there is no generally endorsed unified perspective regarding humans. It would be quite premature to state that nursing has firmly established specific paradigms or schools of thought based on these differing conceptualizations of humans and grand theories. However, these grand theories persist as the bases for empirical work and research, middle-range theory development, nursing curricula, and

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Keywords: client domain, human living construct, paradigms, pluralism



nursing practice models. In addition, knowledge development in nursing regarding client phenomena, particularly during the past decade, has also been rich and active not only in association with nursing's grand theories but in relation to general theoretical orientations such as biobehavioral, cognitive, psychosocial, and phenomenological frameworks. Multiple paradigmatic orientations are certainly in place in nursing and are viewed to be viable and necessary aspects of nursing knowledge development and practice (Gortner, 1993; Nagle & Mitchell, 1991).

Nevertheless, there are differing philosophical positions regarding this apparent pluralism in nursing. Many scholars seem to adhere to the notion that it is both acceptable and to some degree necessary to have multiple conceptualizations of persons and different grand theories in nursing. Others argue that for multiple paradigms and grand theories to be viable as the basis for scientific knowledge development, it is necessary to have a unifying perspective that provides the focus of the nursing discipline. It is from this second position that I propose a revisioning for the knowledge domain of client as necessary to establish firmly the unique focus of nursing in the larger context of healthcare. The conceptualization of the client domain as human living is presented as both a unifying perspective and a unique focus for nursing in the new century.

Human Living as a Metaparadigm Concept

From the 1960s and throughout the ensuing decades, nursing's focus has been to meet patients' needs related to maintaining health or to assist individuals in their responses to health and illness. As stated in the American Nurses' Association's (1980) first social policy statements, nursing is defined as "the diagnosis and treatment of human responses to actual or potential health problems" (p. 9). This view places an emphasis on clients' problems that are specified as *reactions* and *concerns* attendant with health problems. These widely accepted orientations have firmly grounded nursing to focus on states of clients, rather than on clients as humans. These client states are not only specified in the languages of the grand theories but also in the works of nursing diagnoses classifications and other concept developments such as deficiencies, deficits, adaptation/maladaptation, balance/imbalance, homeostasis, or disturbances. Such seemingly unwitting focus on states of clients also has led nursing to view time as a discrete entity tied to states of responses and occurrences, rather than as a continuum in terms of history and trajectories, and in so doing has imposed an artificial interruption in connected human experience.

Furthermore, I believe this orientation and its subsequent developments have resulted in overemphasis on technical treatment of patients' problems, thereby shadowing the essential nursing philosophy of client care. Consequently, either by design or under pressure, professional nursing began handing over the care of certain states of clients traditionally associated with nursing to other healthcare workers and assis-

sive healthcare personnel, while taking on tasks and responsibilities of other client states that were formerly within the professional domain of physicians. Often this reshaping of nursing's realm of responsibilities, which is usually considered unsatisfactory to us, has been attributed to political and economic pressures within the dynamics of the healthcare system. However, as Kitson (1997) states, it may also have resulted from nursing's "ineptitude and lack of appreciating what matters to us" (p. 114).

Hence, the heart of the matter is in articulating clearly what the essential and central focus of nursing is, so that it becomes the guiding post not only for knowledge development but also for nursing practice. It is not satisfactory just to say that nursing contributes to patient outcomes differently from medicine and other healthcare professionals, or to say that nursing is oriented to the promotion of health and to the care of people in illness. It is this ambiguity that needs to be addressed to avoid continued diffusion of nursing's unique contribution to healthcare. Therefore, I propose human living as the revisioning orientation of the knowledge domain of client for nursing in the new century. By orienting its mission to clients' living rather than limiting its focus to clients' states, nursing can clarify its distinctive role within the community of healthcare providers, formulate client-centered outcomes that are uniquely related to its knowledge-based practice, and ensure public recognition of its distinctive professional contribution in healthcare.

Dimensions of the Human Living Concept

Although I believe that as a profession nursing has been always concerned with clients' living, I do not believe that it has been articulated clearly as the central focus of the discipline. The following discussion is aimed at achieving this necessary articulation. Human beings are biological and symbolic entities entrusted with bodies, selves, and histories, intertwined to carry on living by continuing, responding to happenings, appropriating and accommodating, and controlling. The concept of human living is based on ontological assumptions that accept humanness in terms of its biology, personhood, and sociality. And living as it is embedded in situations cannot be clearly viewed or fully understood out of context. Given these assumptions of biology, personhood, sociality, and context, human living constitutes three dimensions—living of oneself, living with others, and living in situations—which are coalesced through integration and intersection. These three dimensions are not partitioned sectors of living or even different aspects of living, but are integrative orientations that make human living what it is.

The essential features of humanness that frame human living are body and personhood as aspects of human selves. A human body entrusted with its appearance, makeup, concreteness, and boundedness is, to begin with, biological. But this human entity is also existential, because it exists only through what is experienced in time and space. Furthermore,

a human body can be considered as a vehicle through which humans are social beings, capable of symbolizing and interacting. Thus, a human body or entity is both biological/materialistic and symbolic/cultural. On the other hand, personhood is a specification of symbolic self constructed through reflexivity, consciousness, and meaning-making, which are uniquely human qualities. Hence, human living of oneself refers to body and personhood intricately connected and mediated to project the nature of living that is uniquely human. For example, eating as one particular form of human living is not simply an act of getting food but is an act having specific personal meanings and modes of operation established through personal, social, and cultural habits and desires. Living of oneself, then, is oriented to aspects of one's life related to rhythms, intactness and appearance, capacities and limitations, body feelings and sensations, history and genealogy, desires and wants, dreams and hopes, ideas and opinions, choices, habits, and knowing. For a nursing perspective, living of oneself has a specific meaning in terms of how clients' living needs to be supported and/or guided when it is constrained by various sorts of health-related threats to the integrity of body and personhood or to the modes of living itself.

The second dimension, human living with others, is based on the sociality of humans and refers to communality of human existence. Living with others (i.e., with family, friends, colleagues, neighbors, countrymen, and citizens of the world—both intimates and strangers) involves coexisting, communicating, coordinating, exchanging, and interacting as human selves, sometimes by choice and design and other times through accidents or force, both natural and instrumental. Living with others pertains to relating one's instrumental, symbolic, and affective needs with those of others, and to making connections with others for sharing humanness. Living with others is intrinsically tied to living of oneself, in that for one to live of oneself, it is necessary instrumentally to live with others in specific ways. From the nursing perspective, living with others may be viewed to have potential for being constrained or needing to be arranged differently because of clients' health status or healthcare experiences.

Living in situations refers to the idea that living takes place in contexts and that modes of living are adjusted and modified to address contextual requirements of human existence. Situations of living may vary from ordinary life situations such as family, work, and community settings to more specialized situations such as hospitals or prisons. Situations also can be considered to be stable and continuous over time, or to be transient and changing. Living in situations involves responding to, accommodating and adapting to, managing of, engaging in, and choosing and creating contexts of one's existence. From the nursing perspective, living in situations raises questions regarding clients' relationships with their environment and accommodations or variations necessary in clients' living that are necessary, inescapable, or desirable because of situational contingencies accompanying health problems or healthcare.

Relevance for Theory and Practice

Focusing on human living as nursing's orientation gives a possibility to articulate nursing's unique contribution in healthcare. I believe nursing's orientation to human responses and conditions arising from actual or potential health problems, and resulting formulations in many of nursing's grand theories that emphasize clients' states, have limited the scope of that contribution. Revisioning nursing's focus emerges from shifting an attention on states to an attention on living, especially in response to the outcomes-based culture of healthcare practice. Nursing's concern with client outcomes, then, can focus on, for example, how well the client is living in this situation of healthcare, how the client is progressing with his or her living throughout this episode of care, how well the client is managing his or her living in the context of given health-related threats or problems, or with what sorts of continuity or alignment the client is carrying on his or her living. Nursing is primarily concerned with helping people to live as well as they can, whether they are experiencing acute episodes of illness or trauma, chronic disease trajectories, transient or persisting disabilities, or terminal illness. Nursing is also concerned with helping people to live as well as they can as they engage in anticipated developmental human living experiences such as giving birth, aging, and dying. Diagnosing and treating conditions, difficulties, and disturbances must not be an end in themselves but must be oriented to supporting and helping clients to find ways of living through these experiences—ways of living more creatively, more wisely, more meaningfully, and with more personal control.

The human living concept, elaborated in this way as a unifying focus for the discipline, is metaparadigmatic and hence is not tied to any specific theoretical formulation. Extant nursing theories and conceptualizations regarding clients and client phenomena, therefore, need to be reframed in relation to human living as an essential metaparadigm concept and knowledge domain in nursing. For many decades, nurse scholars have considered health, person, environment, and nursing as the essential metaparadigm concepts for nursing (Fawcett, 1984; Yura & Torres, 1975). However, as concepts these are so nonspecific that they have not been used to identify a distinctive nursing focus as a discipline and an area of study. Human living as an explication of the metaparadigm concept concerned with client and client phenomena can stipulate nursing to be concerned primarily not with health problems such as diseases, illness, or disability but with living in the context of health problems and healthcare. As shown in Figure 1, human living as a metaparadigm concept can embrace many theoretical concepts and phenomena of clients, which can be elaborated in terms of specific theoretical orientations.

Explanations and understanding about human responses, behaviors, processes, functioning, and subjectivity can thus be formulated, developed, and empirically examined from various theoretical orientations, such as from different grand



Figure 1. Three Dimensions of Human Living as a Metaparadigm Concept in Nursing

theories of nursing as well as other theoretical frameworks. When such theoretical frameworks are interpreted within nursing practice, it would be necessary to frame nursing therapeutics in terms of the three dimensions of human living, considering it as an essential metaparadigm concept of nursing. For example, the phenomenon of being diagnosed with a chronic disease such as diabetes can be examined from various theoretical perspectives (adaptation, cognitive, or phenomenological). Ultimately, any theoretical explanation about this phenomenon must address possible ways of helping individuals who are diagnosed with chronic disease. At this point, the question of what nursing can do and needs to do for such clients must be framed in regard to human living in terms of living of oneself, living with others, and living in situations. This orientation means that nursing will focus on client outcomes of its practice in terms of promoting quality in human living that is understood as it is experienced—continuous, transitional, and trajectorial.

Conclusions

In this exposition, I have suggested that it is necessary to reposition nursing's focus within healthcare and uphold human living as its primary orientation. I have argued from the perspective of a pluralistic approach that allows for multiple

paradigms and theories in nursing that is grounded in a unifying focus in the metaparadigm domain of client. Human living has been explained as a three-dimensional integrative dynamic of biology, personhood, and sociality. This unifying focus on human living provides a new, fresh image of nursing that can redefine and direct our role within healthcare in the emerging century. The vision it gives us is a vitalized sense of mission for nursing, through which nursing can uniquely contribute to the lives of its clients. During the past decades, nursing has established a firm alliance with the culture of science and technology, which is primarily oriented to controlling health problems. Without diminishing our involvement in the scientific problem-solving traditions, we can renew our commitment to a human-practice perspective through a unifying disciplinary focus that orients our practice to helping clients in their living within the context of health and healthcare in the new century.

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