Knowledge for the good of the individual and society: linking philosophy, disciplinary goals, theory, and practice

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Abstract

Nursing as a profession has a social mandate to contribute to the good of society through knowledge-based practice. Knowledge is built upon theories, and theories, together with their philosophical bases and disciplinary goals, are the guiding frameworks for practice. This article explores a philosophical perspective of nursing’s social mandate, the disciplinary goals for the good of the individual and society, and one approach for translating knowledge into practice through the use of a middle-range theory. It is anticipated that the integration of the philosophical perspective and model into nursing practice will strengthen the philosophy, disciplinary goal, theory, and practice links and expand knowledge within the discipline. With the focus on humanization, we propose that nursing knowledge for social good will embrace a synthesis of the individual and the common good. This approach converges vital and agency needs described by Hamilton and the primacy of maintaining the heritage of the good within the human species as outlined by Maritain. Further, by embedding knowledge development in a changing social and health care context, nursing focuses on the goals of clinical reasoning and action. McCubbin and Patterson’s Double ABCX Model of Family Adaptation was used as an example of a theory that can guide practice at the community and global level. Using the theory-practice link as a foundation, the Double ABCX model provides practising nurses with one approach to meet the needs of individuals and society. The integration of theory into nursing practice provides a guide to achieve nursing’s disciplinary goals of promoting health and preventing illness across the globe. When nursing goals are directed at the

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Nursing as a profession has a social mandate to contribute to the good of society through knowledge-based practice. Knowledge is built upon theories for as Laudén (1984) noted, problems constitute the questions of science, but theories constitute the answers. Research then validates the answers. Scientific theories do not stand alone, but rather, validated theories, together with their philosophical bases and disciplinary goals, are the guiding frameworks for practice.

Nursing’s social mandate requires nurses to question existing care practices, test innovations in care, and engage in action research for the common good. This disciplinary movement is shaped by the discipline’s values and goals, guided by strong philosophical and theoretical bases, and designed to improve quality of care and health of individuals, families, communities, and society (Naylor, 2003). Our perspectives on the common good become crucial when advancing contemporary professional nursing knowledge. As noted by Grace (2002), nursing has a disciplinary goal to contribute to the health of individuals and the overall health of society. If nursing is to engage in research for the common good, nursing philosophies, models, and theories must be used as guides to practice.

This article explores a philosophical perspective of nursing’s social mandate, discusses disciplinary goals as they relate to the good of the individual and society, and demonstrates how theory can guide practice. Specifically, McCubbin & Patterson’s (1982) Double ABCX Model of Family Adaptation is discussed as one theory to guide practice at a more global level. This middle-range theory was selected because of its congruence with the discipline’s goal of health for all and its goodness of fit with all levels of nursing practice from the individual to the global community. It is anticipated that the knowledge generated from this paper will highlight the importance of linking the philosophical perspective, disciplinary goals, theory, and practice when expanding knowledge for the discipline. The implications of this expanded view of nursing are explored.

**Philosophical basis**

Deriving a view of the common good provides a significant philosophical basis for disciplinary knowledge in nursing. A number of authors (Etzioni, 1995; Novak, 1995; Hollenbach, 1999) have noted that our increasingly pluralistic global society needs to reconsider both the concept and the language used for the common good. These authors pointed to the historical case of the new world order created at the end of World War II. At that time, philosophers, such as Maritain, were significant in addressing their altered realities by inspiring worldwide movements including the foundation of the United Nations Educational, Scientific and Cultural Organization and the creation of the Universal Declaration of Human Rights. Similarly, we face a changed world today with increased polarization in economic status, cultural and religious beliefs, and political ideologies. Etzioni (1995) noted a change in communication. Rather than relying on dialogue, divided groups today are influenced by technology and are more likely to debate through ‘sound bites’ that do not capture the complexity of the issues. The author further identified the need to focus on two core issues: (1) the balance between individual and social responsibilities; and (2) the role of social institutions that foster moral values within communities (Etzioni, 1995). The nursing profession’s call for moral accountability requires that we deal with these issues (Grace, 2009).

The history of western philosophy offers a range of viewpoints on the individual and common good. A
perennial tension that philosophers acknowledge is
that of the inevitable conflict between attending to
the communal good and support of individual free-
doms. One author noted that service to the common
good was central to a vision of the good life through
much of western thought; however, one rarely finds
a definition of this central concept (Hollenbach,
2002). Another author highlighted that the extremes
to avoid in these debates are authoritarianism vs.
radical individualism as neither position is capable
of resolving contemporary problems (Etzioni,
1995). Our brief exploration of some of these ideas offers a
perspective for a synthesis of the individual and the
common good in relation to disciplinary knowledge
for the social mandate of nursing.

Aristotle’s thought focused on motion, change,
and development, giving his work a strong goal-
directedness. This teleological perspective was carried
over into his ethical and political thought. According
to Aristotle, human inquiry and behaviour were con-
sidered to be guided by the end or goal, which is a
particular good. As for a common good, Aristotle
believed that equal citizens can start from different
understandings of the good but go on to particular
activity in defining and pursuing the good they share
in common (Etzioni, 1995). This normative position
was supported by Aristotle’s value of education
and intellectual virtues as essential to a good life.
However, Russell (1972) and others question whether
or not we can regard as morally satisfactory a com-

munity that confines the best opportunities to a few
(the educated) and constrains the majority to second
best.

In discussing the related concept of human needs,
Hamilton (2003) critiqued modern approaches to
meeting needs that are based on both Aristotle and
Kant’s normative positions. The logic implied in these
perspectives is that A needs X in order to Y. Hamilton
(2003) noted that such positions do not account for
the environment in which needs are generated nor the
variety of ways needs can be met. In delineating his
position related to the complexity of needs Hamilton
makes further distinctions between particular and
general needs, and within general needs, he makes a
distinction between vital and agency needs. Particular
needs may be considered in linear terms of means to
a specific end, as in the logic above. However, general
needs include vital needs that pertain to life ends,
the necessary but not sufficient component parts of
full human functioning, such as adequate shelter and
food (Hamilton, 2003). Further, agency needs are the
general ethical and political objectives of individuals
and groups. The general form is experienced as aspira-
tions to achieve a certain state in the future (e.g.
to have the freedom to act in certain way); the par-
ticular form is an expression and manifestation of the
general form of needs determined by context such as
time, location, and scope. That is, it expresses the
general form in a particular context. The state’s legit-
imate authority is the power to transform institutions
and roles in line with meeting developing vital and
agency needs. Hamilton’s approach to understanding
the nature of needs allows the linking of ideas and
material reality, an approach that allows for more
nuance than, e.g., the obligations of Kant’s Categori-
ical Imperative to act in a prescribed way and only that
way. Hamilton’s project provides the safeguard of
allowing ongoing evaluation of true interests and
need trajectories.

The contemporary approach used by Laszlo (2008)
in viewing the individual and the common good
seems to go beyond Kant’s proposition that using the
Categorical Imperative (Kant, 1956) to determine
right actions will result in ‘the good’. Laszlo’s (2008)
contention is that in this century, individually and col-
lectively, we face a new reality. Extensive social and
environmental changes denote a shift that makes
the human world unstable and eventually no longer
sustainable. He claims that the macroshift occurring
provides unique opportunities for a fundamental
transformation of our world. Moreover, this critical
global macroshift calls for a new look at human
choice based on a planetary ethic or code that guides
the behaviour of all (Laszlo, 2008).

Laszlo’s perspective is broader and more suited
than earlier thinking to envisioning ‘the good’ for
contemporary complex and pluralistic societies. He
proposes the idea of a maximum code and a minimum
code for individual actions in relation to the group.
The maximum code addresses global action or actions
that further the evolution of a humanly favourable
dynamic equilibrium for the biosphere. The minimum
code is to act to ensure that the example set by one individual is worthy of becoming a standard, a measure, and perhaps an ideal, for all others. The criterion for individual moral action that emerges is the extent that self-selected behaviour contributes to the coherence of the person and to the coherence of the world around the person (Laszlo, 2008).

As a nurse scholar, Roy (1997) has also approached the issue of the individual and society from a discussion of cosmic unity. This principle stresses that persons and the earth have common patterns; there is a mutuality of relations and meaning, and persons, through thinking and feeling capacities rooted in consciousness and meaning, are accountable for deriving, sustaining, and transforming the universe. The author extends these principles into philosophical assumptions for her adaptation model of nursing and its application to practice (Roy, 2009).

Utilitarianism as a moral theory also highlights the tensions between living in community and supporting individual freedoms. John Stuart Mill (1806–1873) is perhaps the most familiar proponent of Utilitarianism. Mill expanded the utilitarian value of the individual in 19th-century England in the face of an undercurrent of reform in the political agenda (Howland, 2005). For Mill, persons’ individuality and diversity should be valued because in the end, this is what will benefit the larger society. Mill, like others, believed education to be the key to the betterment of individuals. As noted, other thinkers have been critical of the possibility that emphasizing the idea of improving educational levels in order to improve society can lead to elitism (Russell, 1972). Mill’s notion of freedom included the idea that ‘the individual is not accountable to society for his actions, in so far as these concern the interests of no person but himself’ (Mill, 1913, p. 297). The only restraint on individual freedom of action is if the action might cause harm to others. Critics argue against the validity of Mill’s premise that any actions concern only oneself, claiming this stance overlooks the social nature of humankind (Howland, 2005).

In the current pluralistic society, utilitarianism takes the form of promoting tolerance. Respect for the worth of the individual requires tolerance for different visions of the good life. This view indicates that in public life, the common good must be subordinated to the importance of tolerance (Hollenbach, 2002). Historically, an alternative to favouring one viewpoint was having equal citizens debate and argue in the public domain to forge a working idea of the common good. However, Hollenbach notes that today, we are acutely aware of the size and diversity of nations such as the USA and global society as a whole. This tends to leave us without hope to achieve the kind of social unity that might have been possible in the Athenian _polis_. The change in historical context is a source of doubt about whether we can regard realizing the common good as a realistic goal today. Another reason for what has been called the eclipse of hope is the centuries of religious conflict following the reformation. Hollenbach (2002) argues that pressing social problems emerging today suggest the need for creative responses built on a stronger commitment to the common good than we have displayed recently. The commitment to tolerance, Hollenbach (2002) claims, leaves us without approaches to handle common problems such as the issues of race, poverty, and social isolation occurring in central cities in the USA and other major cities across the globe.

Nurses believe in promoting the common good and in the dignity of the individual. Thus, we must join the dialogue to articulate a synthesis of these beliefs that is workable in practice. We can begin by returning to Maritain’s reasoning on the philosophical basis for the good of individuals and society and integrate these with the other contributions discussed. Maritain (1966) makes a distinction between individual and person. An individual is a fragment of the species and a part of the universe forming a unique point in what Maritain calls the immense web of cosmic, ethical, and historical influences. This position reflects Hamilton’s (2003) distinction between ‘vital’ and ‘agency’ needs and his emphasis on understanding context as a critical influence. It also reflects Laszlo and Roy’s focus on the individual, viewed as both within and a part of the cosmos. Similarly, Maritain clarifies that the individual is bound by laws that in the physical world are deterministic. Each individual, according to the philosopher, is also a person whose whole being subsists in virtue of the spiritual soul. Philosophers have debated the relationship between body and spirit, and
many see them as separate. Maritain agrees with Aristotle and Hamilton who see them as united. From this view of the person subsisting in virtue of what Maritain referred to as soul, he can see the soul of the person as a principle of the spiritual characteristics of creative unity, independence, and liberty. His conclusion is that the life of the person is superior to every value of mere social utility.

At the same time, Maritain noted that a human life is less precious than the moral good, than the human and moral work, and the heritage of the community. This view is consistent with Etzioni’s (1995) communitarian perspective. An example of living this principle, as articulated by Maritain, is found in a mother who rescued Jews during the holocaust. The mother explained that she would rather risk the life of her own child than have her child grow up in a community without commitment to the moral good of the right of persons to exist (Perry, 2009).

In summary, our philosophical basis for disciplinary knowledge for the social mandate of nursing is a synthesis of the individual and the common good. The moral good is a society that supports human life and the dignity of persons. This involves an educated public that engages in and is a part of the dialogue about what are emerging valid vital needs, and it involves a moral community that can respond flexibly to these needs. Nightingale (1859), among others, challenged nurses to embrace the social good related to the social class injustices of her time. Current times call for similar social transformations to build a common good that supports individual goods.

**Disciplinary perspective of nursing**

Using a synthesis of the individual and social good from the disciplinary focus of nursing begins with understanding the social mandate of nursing. We know that by definition, professions exist to meet the many needs of society. Further, the service provided by a profession to meet social needs is based on specialized knowledge. For some professions, the focus is clear. Law professionals use knowledge related to maintaining justice and civil order, while clergy have knowledge related to spiritual needs and to interpreting religious doctrine and practice. Throughout history, nurses have comforted and tended to the personal needs of people related to health. Throughout modern development of the profession, the focus of nursing knowledge has been debated. Perhaps the most comprehensive recent statement of the disciplinary focus is ‘facilitating humanization, meaning, choice, quality of life and healing in living and dying’ (Willis et al., 2008, p. E28).

This description of the disciplinary focus is rich with implications to guide nursing knowledge development for practice aimed at the good of both the individual and society. With the focus on humanization, nursing knowledge for social good embraces the global coherence described by Laszlo and the primacy of maintaining the heritage of the good within the human species as outlined by Maritain. Further, by embedding knowledge development in a changing social and health care context, nursing focuses on the goals of clinical reasoning and action. The early 21st century social context involves changing demographics, such as racial and cultural diversity in many countries across the globe, and the extremes of aging populations and expanding youth. Health care worldwide has shifted to population-based care. Providing health care has become increasingly complex because of the need to manage rising numbers of chronic conditions, while at the same time, even basic needs are not being met, as evidenced by water shortages and worldwide hunger.

Grace (2009) noted that ‘the effects of unaddressed health needs on human functioning and flourishing make it crucial that healthcare professionals can be trusted to maintain their primary focus on individual and societal healthcare needs even when faced with economic, institutional, or time pressures’ (p. 4). The goal of nursing provides further guidance for disciplinary knowledge and in particular, a focus for practice. The International Council of Nurses (ICN) (2006) states nursing goals in terms of responsibilities ‘to promote health, to prevent illness, to restore health and to alleviate suffering’ (p.3). Major nursing theorists have provided more specialized statements of the goal of nursing. Orem (1995) focused on self-care maintenance of individuals, while Roy (2009) promoted adaptation and transformation of individuals and groups. At the interpersonal level, Peplau
(1952) explored human processes and the nurse-client relationship. Rogers (1970) examined the interaction of the individual with the environment, introducing patterning as a way to strengthen the integrity of the human-environment energy field, while Newman (1994) theorized that expanding consciousness of the individual occurs through personal transformations and forming shared consciousness. Theories become guiding frameworks for practice by heeding Lonergan’s (1957) premise that we turn knowing into action by willing. Action involves clinical reasoning to assess and define goals for practice with appropriate interventions.

Theory-guided practice

Theory-guided practice provides nurses with a framework for their clinical decision making and ensures accountability by increasing transparency of their actions. Theories and models are useful for organizing, classifying, and interpreting the data used to guide those actions. While the nursing process describes the ‘how’ of nursing – how to collect and process data, formulate nursing diagnoses, and plan and evaluate care – nursing models guide the ‘what’ of nursing – what to collect, focus on, and evaluate (Kenney, 2002). One approach for translating knowledge into action is through the use of middle-range theories.

Middle-range theories are narrower in scope and less abstract than grand theories. These theories focus on specific phenomena or concepts central to nursing practice in a variety of care settings (Meleis, 1997). Middle-range theories are viewed as more accessible to empirical testing due to their specific focus and limited number of variables. By using these theories, nurse researchers are able to investigate specific patient behaviours and develop and test the effectiveness of interventions, while practising nurses are able to translate knowledge generated from middle-range theories to transform their practice (Peterson, 2009).

The contributions of middle-range theories to nursing may be limited. Because middle-range theories are concept-specific, they offer only a limited or segmented view of nursing practice (Peterson, 2009) and are not applicable to all individuals in all settings. Despite these limitations, the middle-range theory provides a practical way for nurses to link philosophical perspectives of the discipline with real world applications of theory to practice.

Selecting a middle-range theory for practice – one example

In keeping with the social mandate of nursing that calls for development of knowledge for the good of individuals and society, nursing’s involvement in global health is mandatory. One way for nursing, as a discipline, to meet this challenge is to seek out theoretical models that have proven helpful when developing knowledge for individuals, dyads, or families and expand their use to the community and global level. While a number of middle-range practice theories that meet the needs of families and communities exist, it is essential for the nurse to find the theory that best addresses the clinical problem. Best fit can be determined using selection criteria that consider several factors: (1) personal – the nurses’ comfort with the model and congruence with their philosophical views; (2) literature support – the theory’s significance in the literature; (3) theorist – the reputation of the theorist in the discipline; (4) sociopolitical congruency with the clinical setting; and (5) utility – the ease in which nursing can understand and apply the model in the particular clinical setting (Meleis, 1997).

The Double ABCX Model of Family Adaptation by McCubbin & Patterson (1982) is one middle-range theory that meets the selection criteria detailed above by Meleis (1997) and has the potential to guide practice at the community and global levels. The rationale for selecting this theory is detailed below. Meleis’ theory selection criteria provide a framework for the discussion and supports the linkages between our philosophical perspective, disciplinary goals, and translation of knowledge into practice.

Personal

McCubbin and Patterson developed the Double ABCX model to study family adaptation to normative and non-normative crises. The authors were inter-
ested in understanding how the presence and degree of stressors and mediating factors would impact a family’s coping responses and the family’s ability to cope and adapt over time (McCubbin & Patterson, 1982). The model is congruent with nursing’s disciplinary goal of contributing to the health of individuals and the overall health of society. Furthermore, the Double ABCX model is a process model that includes the pre-crisis, crisis, and postcrisis phases, which lead to an outcome. It is anticipated that practising nurses may be comfortable using the model because of its similarity in structure to the nursing process and their familiarity with the major concepts of coping and adaptation used in the model.

**Literature support**

This middle-range theory has extensive literature support and its validity is established in several fields including psychology, nursing, and education. Using the Double ABCX model, researchers have examined the major variables that contribute to the adaptation of families (Crosbie-Burnett, 1989; Xu, 2007). Further studies supported the validity of the model by researching adaptation to crisis with individuals and dyads (Florian & Dangoor, 1994; Han, 2003; Shin & Crittenden, 2003). Based on this literature support, it seems feasible that application of the model to larger groups, communities, and nations will also be beneficial to expanding nursing knowledge for the good of society.

**Sociopolitical congruency**

Sociopolitical congruence is obtained at the community level by balancing the vital and agency needs of the individual and the community, as discussed earlier by Hamilton (2003). Nurses strive to maintain a state of equilibrium, or coherence, for individuals and the society by supporting practices that build the common good while ensuring support for individuals. By using the Double ABCX model as a guiding framework for community-level practice, nursing assessment and evaluation is more transparent, safeguarding the true interests and need trajectories of the community.

**Utility**

The Double ABCX model was selected as one example because of its ease of use and ability to translate to practice. Much like the nursing process, using the model for assessment of individuals, dyads, families, and communities provides the practising nurse with a systematic way to identify what data to collect, what problems to focus on, and what interventions to develop.

In addition, the model can be used to identify resources, guide desired outcomes, and define what changes to evaluate.

If nursing is to take its place in the global health care arena and meet the discipline’s commitment to health care for all, knowledge development for population-based care will be required. Theory-guided practice is one way for nursing to meet this goal. By using middle-range theories in practice, nurses can develop interventions that advance the health of all.

**Theory-practice application**

Nurses in community practice strive to maintain a state of equilibrium, or coherence, for individuals and society. One example of disequilibrium experienced by communities is flooding. Like other natural disasters, floods happen in countries across the globe, and their impact is felt at the individual, family, and community level (Musgrave, 2006; Tapsell & Tunstall, 2008). Nurses may use the Double ABCX model as a framework to guide their practice in the management of individuals and communities experiencing a flooding crisis. The role of the nurse in assisting with disaster management and community adaptation that benefits both individuals and society will be highlighted.

**Community needs assessment**

In this example, community was defined as a small-town geographic community that had experienced river flooding. Using the Double ABCX model, the following pre-crisis variables were assessed: (a) common stressors; (b) existing resources; and
(c) community’s perception. Common stressors (a) included knowing the community was located in a flood plain (Tapsell & Tunstall, 2008) and the ongoing torrential rain combined with rising waters. In the Midwest of the United States, flooding occurred in 2008. Unrelenting rains raised concerns that cresting of the Mississippi river was imminent (Munns, 2008) and prompted officials to assess their existing resources. Existing resources (b) for most towns in flood plains consist of sandbags, closing levees, evacuating low-lying areas, opening shelters, and prayers. For example, when the Red River rose in 1997 in Grand Forks, North Dakota, the state prepared for flooding by sandbagging along the river and evacuating residents of low-lying sections of the city (Reed, 1998). The community’s perception (c) of the torrential rain and potential for flooding is, in large part, based on their history. In a community with a successful history of recovery from flooding, the perception of the community is one of acceptance of the potential for crisis and subsequent activation of disaster preparedness plans (Reed, 1998; Munns, 2008).

Crisis (x) is the community’s inability to maintain equilibrium. Crisis ensues when existing resources are no longer able to compensate for the increasing stressors and shifting perceptions of the event. In this example, the crisis was defined as flooding.

The model identifies postcrisis variables as pile up (aA), existing and new resources (bB), perception (cC), and coping. Pile up (aA) is defined as the build-up of stressors over time, demanding the need for role change and realignment of community functions. Some examples include breached levees, impassable roads, closed businesses, lack of potable water, and lack of access to health care. In the Iowa floods of 2008, the United States Department of Human Services, which normally administers the state’s Medicaid program, was called on to organize emergency aid programs including food assistance, crisis counselling, and United States Federal Emergency Management Agency (FEMA) grants (Munns, 2008).

Existing and new resources (bB) focus on additional local, state, and federal assistance. Examples of resources that may be activated include FEMA, the National Guard, and the American Red Cross. In an article by McClellan (2001), religious statements, such as ‘God will provide’, were used to cope with the emotional trauma of natural disasters. Prayer may be sought on a national level through Christian radio stations and prayer chains, while volunteers are recruited both locally and long distance.

Community perception (cC) is the meaning attached to the total situation. It is the key element and central factor in determining community coping. A community’s perception may range from feelings of shock and disbelief, uncertainty, grief, loss, and emotional exhaustion, to hope and finding meaning (Keene, 1998).

Coping is the active process of using resources to strengthen the community. Positive coping facilitates movement towards adaptation and adjustment. In this example, using resources supplied by federal agencies to provide basic needs would reduce the impact of stressors. Religious coping is also effective. According to Smith et al. (2000), religious coping, which includes fellowship, sermons, and psychosocial support, was used by victims of the 1993 Midwest floods. Smith (1996) examined coping and individual outcome variables following the 1993 United States Midwest flood. Active coping was found to decrease psychological stress and improve postflood affect.

Adaptation is defined as community adjustment following a crisis on a continuum from bonadapta- tion to maladaptation. The degree of adaptation is determined by variables including accommodation, meaning, and coherence (McCubbin & Patterson, 1982). Bonadaptation occurs when stressors are well managed; resources meet community demands; perceptions are positive; and coping is active. Maladaptation exists when disaster preparedness plans are not implemented or are inadequate. Key resources identified as lacking in past disaster responses include communication between agencies, health care resources, infection control practices, and sufficient food and water (Rebmann et al., 2008).

Role of the nurse
Community nurses have an integral role in all phases of disaster management (Jakeway et al., 2008). By using the Double ABCX model as a framework
for the community needs assessment, strengths and weaknesses in the community preparedness and disaster response may be more easily identified. For example, using the pre-crisis (prior to the flood) stage of the model, the community nurse would be able to assess the populations at risk, identify those with special health needs, and determine the level of preparedness to meet those needs. Once the flooding begins (crisis), the postcrisis stage of the model allows nurses to identify developing needs, implement disaster plans, assess the coping and ongoing health needs of the community, and evaluate the effectiveness of the emergency preparedness plan. By using the model as a framework to guide the disaster management of a flood, the community nurse is able to systematically carry out the steps of the nursing process on a community level.

Discussion and implications

Knowledge for the discipline is furthered when philosophy, disciplinary goals, theory, and practice are linked. We have highlighted multiple philosophical approaches to understand the individual and common good. The result was a synthesis that has implications for expanding horizons for the good of society. If nurses are to contribute to the individual and social good according to the philosophical bases identified, the urgent imperative to view the common good globally is clear. Nursing’s goal of facilitating humanization includes what Laszlo calls coherence of person and the universe, what Hamilton refers to as vital and agency needs, and what Maritain notes as maintaining the good within the human species. As early as Florence Nightingale, nursing has established international links to achieve the goal of ‘health care for all’. The ICN (2006) provides leadership for nurses to ‘respond to healthcare needs across nations’.

Recently, we have witnessed a globalization of the world’s economy that has led to shared challenges of economic downturn. Gaps in global resources across nations are expanding. For example, the World Bank reports that 40% of the world (more than 2 billion people) has no access to clean water or sanitation (University of Arizona, 1999). An important UNICEF (2001) report noted that more than 30,000 children under 5 years of age die each day of preventable causes such as malnutrition, unsafe water, and lack of even the most basic health care.

The integration of theory into practice serves as a guide to achieve nursing’s disciplinary goals of promoting health and preventing illness across the globe. McCubbin and Patterson’s Double ABCX model was offered as one example of how a middle-range theory can be expanded to assess communities and the larger society. By using this model and others, existing and needed resources and gaps in health care can be identified, preventable causes of illness addressed, and basic health care needs met. As Grace (2002, p. 67) puts it, ‘Practicing according to a well-established theoretical framework generally results in more consistent and better care than does practice without such guides’.

By using nursing models and theories congruent with our philosophical perspectives, nursing knowledge is advanced, and practising nurses become empowered through their ability to use knowledge to transform perspectives, organize critical thinking, and articulate rationales for decision making, actions, and goals (Kenney, 2002). When nursing goals are directed at a synthesis of the good of the individual and the society, nursing’s social and moral mandate may be achieved. Future directions of the discipline are revealed when these linkages between philosophy, disciplinary goals, theory, and practice are strengthened.

References


