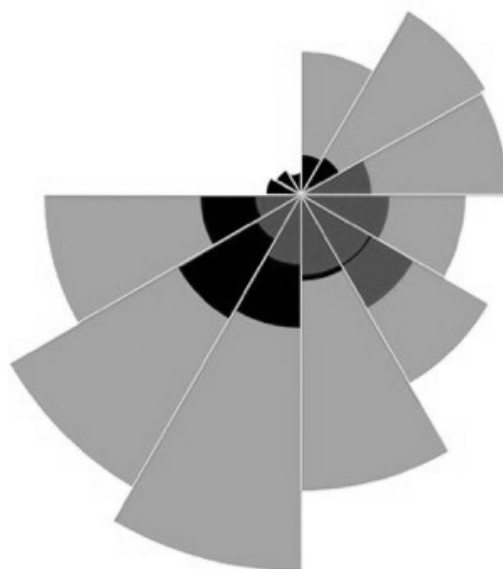


Why do we claim nursing is a consolidated discipline?

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One of the reasons *Nursing Index* returns manuscripts is that some authors claim nursing is an emerging profession or discipline.¹ As editors, we are concerned that contributing these perception to the journal will uphold false ideas² that only increase an underappreciation that damages nursing. Nursing is a profession as old as mankind itself, which has historically taken responsibility for guaranteeing some of the known, universal human rights (the rights to life, health, and care).³ However, authors regularly start a discourse, albeit a weak one, about nursing, forming insubstantial arguments with said claim, and spreading their own ignorance.

Other authors take it a step further, and show “objective” figures regarding the difficulties nurses have working with scientific knowledge (nurses do not know how to research, they do not have the time or resources to do it, they do not know the methods or understand the findings, or do not know how to apply them in practice).^{4,5} The most discouraging paradoxical data is that this does not seem to change, no matter how much nursing evolves and grows as a profession, discipline, and science. For the ideas above to be true, one would have to believe that the profession is living in a chronic embryonic state, something which does not make sense from a scientific or social point of view. However, there is an explanation. In reality, what these studies reflect is testimony used by many professionals to justify their lack of interest in research, something that seems to be expressed often in arguments. In contrast, when asking research nurses, answers vary, as they place emphasis on the difficulties a research nurse has with creating an opening in hegemonic spaces, where currently, they are invisible.⁶

What is clear is that nursing is not an emerging discipline or profession. In written texts, we can see that throughout the entirety of its history, a consistent, universal testimony appears regarding the function of nursing as a professional act, as well as sustainable institutions that could be the subject of study.⁷ But this can only be appreciated if one has a change in attitude

and mentality regarding the intellectuality of nursing, especially in the context of Latin America. Firstly, it requires a strength to overcome other frankly pointless debates, like the one that acts to clarify if nursing is a profession, trade, or vocation, as if those were mutually exclusive categories. It requires the willingness to accept that when we talk about nursing as the exercise of care, “we refer to a system of care

of a professional nature, regardless of the way it was expressed throughout its history, the social conditions in which it developed, and the different names the women and men who practiced it have received.”⁸

Today nursing is considered a consolidated profession (stable and definitive), which does not mean that it is not in a constant state of development, always searching for new areas of achievement and the growth of skill sets. In fact, this is one of the defining characteristics that makes a profession today; the educated creation of a higher level and a self-sustained body of scientific knowledge, continuous updates, a type of corporate organizational structure capable of managing professional practice with a well-defined ethical code, and the constant search for autonomy as a profession.^{9,10} Determining how we arrived here is up to the historians.

Another question to clear up is, should nursing also be seen as a consolidated discipline? Major doubts exist around this question. A discipline is a branch of knowledge with its own objective and method of study (Oxford Dictionary). Nursing clearly defines its objective by stating that it is concerned with delivering professional *care* to *people*, whom, through interactions with their *environment*, experience sickness and *health*. Some call this the nurse’s metaparadigm, though we could simply call it the nurse’s perspective. To reach this objective, nursing works to satisfactorily secure all basic, life-sustaining needs following a method that we call *The Nursing Process*, which is simply an adaption of the scientific method for our field. The perspective and method are learned through programs of higher education, usually at university centres. This is

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not new, but rather refers back to a historical-cultural tradition from time immemorial.

Nursing as an applied knowledge appears documented in very ancient texts, but we have found perhaps its most direct predecessors in medieval monasteries, where there was a focus on intellectual life in general; the place where the intellectuals assembled and concentrated in enormous libraries and where plans for some of the first universities were made.¹¹ Some religious hospitals provided very precise information regarding nursing knowledge, and their mechanisms for imparting it. In the early middle ages, The Hotel-Dieu in Paris, founded in 651, housed a community of religious Augustine nurses that governed the hospital and left us an exceptional document, *Le Livre de Vie Active de l'Hotel Dieu* (1482). In this manual of best practices, as we would call it today, these medieval nurses showed us very enlightening scenes of the education of novices, illuminated by the four cardinal virtues (those which Plato established as classic thought).¹² From then on, the novice would be a constant model for teaching nursing until the contemporary age, while guaranteeing the selection of the most suitable people (vocationally inclined), an education from a young age, and an education that combined theory and practice. Even in our time we use the term *novice* to designate the most basic level of professional competency in nursing, in a process of experiential learning.¹³

In its construction process as a discipline, nursing has followed a double agenda: one of conscience and one of science. The former is the more protracted in time, and came about as dedicated response in light of social consequences of inequality. The most notable moment in Spain was in the 16th century, when Christian humanists debated the sentiment of poverty and how to remediate its effects. With strong influences from the Council of Trent, establishing brotherhoods, they relaunched a powerful mechanism to assist in reforming the hospital model.¹⁴ This multinational net of hospitals that was to extend throughout the Catholic world was inspired and realised by secular leaders very committed to the cause of minorities and disenfranchised groups. Undoubtedly, Juan Ciudad (San Juan de Dios), in Granada since the fifteen hundreds, established a school with the creation of his hospital, that still does aid work now. The agenda of science in the construction of the discipline began in the middle of the 19th century, when Florence Nightingale promoted a second reform in nursing, supported by the results she collected during her work in the Scutari hospital (Crimean War).¹⁵

Did both agendas of conscience and science influence the construction of nursing as a discipline? Undoubtedly. The hospital reformers of the modern age give special importance to the function of the teacher, created in teaching hospitals where novice nurses trained in the art of nursing. Four centuries ago, in 1617, an important event took place- the publication of the first nursing manual written by nurses, for the education of nurses.¹⁶ It is *Instruction of Nurses* by Andrés Fernández, and it had six editions between the 17th and 18th centuries. For the first time, nursing adopted its own manner of transference of established academic knowledge. It began to use written text to teach what for centuries had been taught orally, according to the words of Augustine of Victoria (1668), the author of the

other most widespread manual of nursing. From here, other hospital organisations began to design their own manuals to teach their novice nurses. Many of these have been identified as from the era of the Ecclesiastical Confiscations and the suppression of the hospital orders in Spain.¹⁷ This finalizes what we consider to be the Golden Age of nursing, which still remains unknown and obscure to less thorough historians.

Modern nursing manuals clarify how nursing knowledge was synthesized, integrating the emanating spiritual values of nursing's founders, accumulated experience during years of thoughtfully lived practice, the intellect demonstrated by well-informed authors (citing principally classic Greco-Romans and Arabs) and the evidence of good practice obtained by consulting the most knowledgeable scholars of each era. Far from what is often simplified as the "vocational period" of nursing, during the Renaissance, we witnessed a renovation of knowledge and welfare models which they fused, and which was called *Hospitality*.¹⁸

The model of hospitality nursing, included in training manuals, should be considered the first effort nurses carried out to solidify a framework of thought that oriented their healthcare practice and at the very least established nursing as a discipline and/or branch of knowledge. Incorporated into the idea of hospital nursing are the technical skills needed to carry out manual interventions (therapeutic arts like bleedings, application of leeches and minor surgery), along with the skills of performing humanized care (charity, to them) including direct care before illness and death, and the governance of hospitals. The former were acquired through examination in courts such as *Protomedicato* or *Protobarbeirato*, while the latter were embraced in a religious order of the four vows (hospitality) as is was thought that this care should be performed by holy people.¹⁷

In the last of the published manuals from the Golden Age (the *Art of Nursing* by José Bueno y González, 1833) the author requests the consideration of science for nursing, and two decades later, Nightingale developed the first statistics of mortality, which made the impact a nurse's care had on health outcomes in the Turkish hospital evident. This was also done later in India.¹⁹ With this, a path for the scientific method opened in nursing, at the same time starting a scientific agenda from which there is no return. Additionally, this started the processes of secularizing and feminizing the profession, its permanent arrival in universities,²⁰ and the adoption of nursing's own thought processes and methodology, that today have congealed into what we universally recognize as the perspective and methodology of nurses.

All of this affirms that nursing is not an emerging discipline, but rather, a consolidated one, for it has accomplished stability through a process of various centuries. One can identify different milestones during its double agenda of conscience and science, each of them consistent with its historic moment, and showing one of the defining, identifying principles of nursing as a profession: its ability to adapt.

Nursing is a consolidated discipline because today it is accepted as a branch of human knowledge with its own objective and methods of study. Because the knowledge of nursing, that which is occupied with the care of people in health and sickness, constructed during centuries of evolution, constitutes an

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Figure 1. Twelve milestones in the construction of Nursing as a discipline (Amezcuca, 2018).

1482: *Le Livre de Vie Active de l'Hotel Dieu* is written, a manual for the education of Augustine nurses at the most important and long-lasting hospital of Paris.

1617: In Spain, the first written manual of nursing by nurses for nurses is published (the *Instruction of Nurses* by the Obregon's). They continue to publish new texts without interruption until now.

1833: José Bueno y González claims in the *Art of Nursing* the character of "particular science" of nursing and "observation" as valid instruments for the age of knowledge.

1855: Florence Nightingale publishes the first statistical figures of mortality in Crimea, which can be considered the first research study of health care outcomes.

1859: *Notes on nursing: What it is, and what it is not*, by Florence Nightingale is published, considered the first doctrine of contemporary nursing.

1860: The *Nightingale Training School for Nurses* is founded at St Thomas Hospital in London (in Spain the School of St Isabel of Hungary is created in 1896, the first school for secular nurses, in the Hospital of the Princess in Madrid, and the official title of Nurse is approved in 1915 in the Central University of Madrid).

1899: The creation of the International Council of Nurses (ICN) which represents more than 130 national corporate associations and 20 million nurses from around the world, with emphasis on education, among others.

1900: *The American Journal of Nursing* is published, the first magazine of nursing with a section of Originals, still active (later hundreds of magazines of nursing studies around the world are published).

1923: Yale University opens the first university school of nursing (today the teaching of nursing at universities is widespread in the majority of countries).

1953: Peplau formulates her model of *Interpersonal Relations in Nursing*, Henderson, Orem, Rogers, Leininger, Collière, and more nursing theories would come later.

1961: The first database of nursing research, CINAHL, is published, which later gave way to more than a dozen new specialized databases, among those CUIDEN.

1982: The *North American Nursing Diagnosis Association (NANDA)* is created to establish a nomenclature of Nursing Diagnostics, later new taxonomies to classify interventions (*Nursing Interventions Classification NIC*) and nursing outcomes (*Nursing Outcomes Classification NOC*) are developed, along with multiple societies of scientific nurses.

essential legacy for humanity.²¹ And because, in its condition as an applied discipline, nursing has shown over and over again its capacity to reinvent and redefine continuously in synch with the emerging needs of the citizen and the advances of scientific knowledge.

The fundamentals of nursing as a profession have been formulated for a long time. We will continue to evolve, but it will be some time before the nurse's perspective and their method of working vary substantially, with a third agenda that we cannot currently predict. Or, maybe we can. Does it have something to do with robots and artificial intelligence/thought? At the very least, nurses should not feel the need to assert that we personify a profession and a consolidated discipline. Others with less experience do not, and they come from professions that nursing made possible.

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