

Summaries

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During recent decades a new domain of research has emerged which is usually termed ²omvårdnadsforskning² (caring and nursing research). A precondition has been that nurses, a category without previous academic recognition, have started to write PhD-theses, entered academia and thereby challenged the medical doctors¹ monopoly on knowledge.

The aim of this article is twofold. Firstly, it reports a study on the emergence of Swedish caring and nursing research as an academic discipline based on data which emanate from text analyses of the 65 PhD theses written by nurses in Sweden 1974-1991 and a mailed questionnaire to the authors. One important question posed in the research concerns to what extent and in what respect caring and nursing research constitutes a scientific field in Pierre Bourdieu's sense.

Secondly, the article has a methodological focus. According to our results caring and nursing research does not (yet) function as a field and therefore may not be studied in the same manner as fully-fledged fields in Bourdieu's sense. The article thus illustrates how Bourdieuan concepts of capital, strategy etc. and techniques like correspondence analysis might be used in the study of a domain that is not a proper scientific field.

A typical thesis written by a nurse in Sweden is founded on some kind of psychological theory, varying from psychoanalysis to behavioural therapy. Also sociological or philosophical theories as well as American nursing and caring theories occur, though less frequently. When it comes to research techniques the influence from bio-medicine is most apparent. Empiristic techniques are dominating, which means that data ²speak for themselves.² Problems concerning measurement techniques are central. Several authors have developed their own measurement instruments and scales. When it comes to the research subject, most theses treat clinical care and pathological conditions. If we distinguish between nursing and caring, the main stream of the theses have highlighted phenomena exclusively in nursing (i.e. not caring) with an outspoken interest of improving practice. Considerably fewer have focused on the caring phenomena in those cases most often aspects of interaction, interpretation and understanding. Some theses concern the theoretical development in the emerging field.

In short, an average thesis is with respect to theory marked by psychological traditions and, with respect to techniques and subjects, marked by medical research traditions. In the present study we are, though, /more interested in the distinctive features within the domain.

Correspondence analyses of properties of the doctoral theses show that the ²space of possibilities² available for a nurse who writes her dissertation is split into three main regions, which might be labelled 1) biomedical, 2) social science, and 3) nursing research in a narrower sense. The scientific tools, research techniques and genre conventions available in each one of these three regions have more in common with the values and standards cultivated within the faculty of medicine, within the social sciences respectively within nursing practice and nurse education than with each other.

Especially (bio-)medical science exerts a heavy influence on the domain. This dominance is revealed by the fact that 42 doctoral theses out of 65 have been supervised by medical doctors. Also the majority of opponents and members of the committees have been representatives of medical science. The fact that positions of authority are held by agents representing other scientific fields makes a clear indication of the subordination with respect to established academic fields.

The dominance of medical science is of course most evident in the first region, the (bio-) medical. Here the designs are often similar to the physicians¹ clinical investigations, making use of comparisons between a research group and a control group, measurement scales, statistical treatment of quantitative variables, etc. The genre conventions are often similar to those of medical science, i.e. the theses are short (less than 100 pages), written in English, composed of a handful of previously published papers, and with a formalised disposition (background, purpose, data presentation, methods, results, discussion).

Separate correspondence analyses of the social characteristics of the authors (social origin, educational capital, academic power, lifestyle indicators, etc.) reveal a first factor separating those equipped with a large amount of scientific capital and academic power from those lacking these resources. Thus at the one end of this polarity are the dominating agents in the domain, the first generation of nursing and caring researchers who guide numerous post-graduate students, take part in academic organisations and networks, function as editors or referees for scientific journals, etc.

At one extreme of the second factor are the authors who most willingly identify themselves with the new nursing and caring discipline. They have undertaken rather weak general educational and academic investments. They are the second generation of nursing and caring researchers, fostered by the first generation. (It might be that a field of nursing and caring science will develop between the two poles representing those two generations.)

The other extreme of the second factor singles out those authors who resist being categorised as belonging to the nursing and caring discipline. They have undertaken considerable educational and academic investments, visited many conferences, written books, etc. They are dependent on the recognition from colleagues of other disciplines and willingly identify themselves as scholars, not as nursing and caring specialists.

Simultaneous analyses of both the space of possibilities and the space of social positions indicate that the stands the authors have taken in scientific questions meant much more than most of the social factors. In other words, the polarities within the domain are, above all, explained by the differences between the research milieus which are recruiting the nurses as post-graduate students.

There are some signs indicating that a new scientific field might be emerging. Correspondence analyses of the space of positions show that there are hierarchies between authors with a high versus low amount of scientific prestige and academic power. There is also an ongoing institutionalisation with regard to titles (professorships in caring and nursing research), post-graduate education and post-doc research programmes, research administration, specific associations, etc.

More probable is, though, that the domain in its present state will not be able to function as a field. A scientific field in Pierre Bourdieu's sense is characterised by a sufficient degree of autonomy in relation to other

fields. This does not count for caring and nursing research yet. Caring and nursing research is still a dominated domain, and above all by the medical scientific field.

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