

Editorial

A Call to Action: Becoming a Nursologist

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This editorial provides a background of the concepts of nursology and nursologists and my own lived experience. The practice of nursing has evolved dramatically over the decades with advances in education, innovations in technology, and valuable contributions by nurses to transform healthcare. However, some would say that nursing has lost its way with an overreliance on a biomedical model which has disrupted the focus of nursing - accompanying and being with the person through their health journey (Smith et al., 2021).

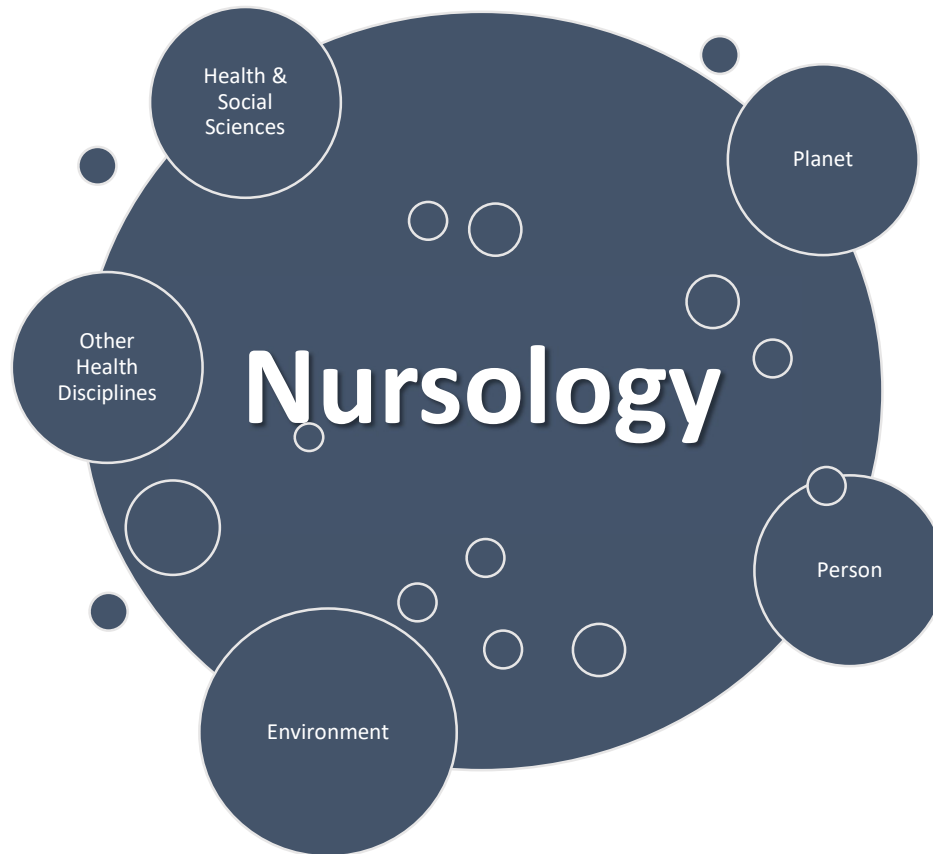
In the figure below – nursology is at the centre of our understanding of the world. We, like all other healthcare disciplines, borrow knowledge from **health and social sciences** (including anatomy, anthropology, epidemiology, pathophysiology, physiology, psychology, and sociology) to inform our individual practices. The circle labelled **other healthcare disciplines** reflects the intersection amongst our shared interest for delivering high quality healthcare to people. There will always be an overlap with other healthcare disciplines as we have a long-standing relationship especially in acute care settings as we all address the immediate needs of illness care, injury, and quality of death and dying or safety needs. And the goal within these situations is to support each other in this purpose. However, there is a risk of marginalizing or restricting our practice if we stay in this shared space. Our perspectives are influenced by a healthcare system and society which instills in us ideas of people being flawed and broken with nurses saving them as we cure or fix; reflecting a biomedical approach or an objectification of our nursing care (Smith et al., 2021). If we fail to move out of this shared

space, we run the risk of objectifying and dehumanizing the people we are called to care for and be with. The result will be nurses who are technicians in a healthcare system working on people from a task-focused practice.

Nursology is how we move seamlessly from addressing safety needs (the shared space) while critically examining and applying disciplinary knowledge to guide our actions thus developing as professionals. Nursology then becomes a movement to recognize and advance our disciplinary knowledge as those unique and valuable contributions to facilitating health for all (Fawcett, 2017; Fawcett et al., 2015). Nursology reflects our shared values and beliefs, the nursing theories, models, and frameworks, and research which inform our actions by defining and shaping who we are and who we need to become as professionals - whatever our role whether administrators, clinicians, educators, policy makers, and/or researchers. We need this unique perspective to help us to understand what matters and should matter from a nursing lens.

As **Nursologists**, we should never be seen as being less than other healthcare disciplines; all healthcare disciplines work both autonomously and collaboratively in their practices. As **Nursologists** we step beyond the shared space to view and initiate a relationship where each **person's** humanity – their struggles, strengths, worries, hopes, and dreams is recognized as unique to them. People bring with them all of their lived experiences of being in and with the world when they seek healthcare or in my domain of nursing education – wanting to be seen, heard, and valued.

Figure 1 – Nursology



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The figure highlights the need for discernment of **environment** or external influences on people's lives from an intersectionality approach to highlight power, privilege, and oppression. Nursologists must be aware of external influences on people's lives to engage with them from a strengths-based approach – building on the person's capacity so they can understand and lead their health or educational journey. This shift will enable us to move from a deficit model or seeing people as needing to be fixed or not having any knowledge, to a valued participant in the relationship and learning experience. We also need to realize the importance of workplace environments which are morally habitable and support initiatives which foster quality health for professionals (Maykut, 2021). **Planetary** health issues, such

as climate change resulting in air pollution, food and water insecurity, displacement, changing infections disease burdens, and mental health alterations must be fore fronted in our nursing practices (Whitmee et al., 2015). To focus only on the disease, illness, or injury as outcomes of planetary crisis negates the crucial role many nurses are now engaged in to navigate and mitigate the health inequities experienced by many people. Focusing on the health issue of diabetes without understanding deforestation, nutritional poverty, and capitalism may lead to shaming and blaming of the person by not understanding the larger issues at play on their choices.

I have been a nurse for over 35 years graduating with a diploma and working for the last 25 years in academia. My own journey as a Nursologist

has been an evolution. When I reflect back to the earlier years of my career, I now see I adopted a biomedical model to inform my practice; in essence I was a technician. I approached the disease as something to be assessed by labs and diagnostics and to be fixed by medical interventions. I objectified the person and their experience. Through the decades I have grown to understand that nursologists need to connect with people not diseases, illnesses, or injuries.

I have been fortunate to be part of two Caring Science groups over the years. The Anne Boykin Institute and the International Association for Human Caring have provided knowledge through conferences, journals, and networking opportunities to help me grow in my role as a humanistic nurse educator appreciating the complexity and uniqueness of people's lived experiences. Nursology.net groups like *Overdue Reckoning on Racism in Nursing* explicitly endorse the importance of understanding structural oppression as a precursor to educational and health inequities experienced by many. All of these organizations have challenged my original assumptions regarding health, environment, planet, choice or lack thereof, and nursing actions while providing me with the support to grow in my practice, notably around awareness of social injustices and systemic discrimination.

Nursing education has a dual purpose. First, to ensure safe and competent graduates prepared to care for people experiencing health alterations effectively and efficiently and to engage in health promotion. Secondly, and often delegated if there is time remaining in densely packed nursing programs, the need to develop as a humanistic professional. Nurse educators must balance the safety needs (the shared space) and the cultivation of professionalism by mentoring and role modelling ethics and a disciplinary knowledge lens to ensure graduates are engaged in nursing as clinicians and not solely as technicians.

For me, Nursology is an analytical and compassionate approach to using our lens as professionals to inform our being, thinking, and doing.

Many of us have been taught that nursing activities are the tasks we carry out as we predominantly complete the physician's orders in that shared space. So, think about your practice:

1. Do you focus primarily on curing and fixing to guide your actions, seeing the person as someone as flawed or broken (working on)? **OR** Do you see the importance of creating a relationship to understand the person's lived experiences to shift outside of the shared space (acting on) to better inform your nursing actions (doing with)?
2. Do you see yourself as a nurse educator having more knowledge and therefore, in control and having power over a nursing student? **OR** Do you create a space for shared creation of meaning to foster collaboration in classrooms?

We are all products of our educational programs and influences by the societies we live and work in. As nursologists we must begin to analyze our practices and determine what unlearning and relearning might be beneficial to evolve in our nursing practices.

I realize that this **Call to Action** will be a huge paradigm shift for many and I will tell you it has not been an easy or quick one for me. However, I believe this movement is a necessary one if we are to take back our own story as professionals who are both autonomous and collaborative in their practices.

Nursology provides the blueprint for understanding our unique and valued contributions and how we create and sustain connections with people. Nursology recognizes the need for borrowed health and social sciences knowledge and collaborations with other healthcare disciplines BUT not at the expense of losing our own identities and unique knowledge. Becoming a nursologist reflects the **BEST** expression of a professional and a global citizen. Embracing the title and approach of nursology not only enriches the practice of the individual professional but creates synergy for advancing disciplinary knowledge which is unique for the profession and will ultimately benefit humanity.

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