

The Prismatic Midparadigm: A Novel Framework for Guiding Nursing Knowledge Development

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Abstract

This review examines the persistent challenge of bridging the theory-practice gap in nursing. The nursing metaparadigm, while foundational, struggles with direct application in daily practice settings. The authors propose the prismatic midparadigm, a framework designed to bridge this gap. Vulnerability serves as the core concept within the midparadigm, acknowledging its variation across contexts. The review explores the framework's structure, requirements for future midparadigms, and applications in individual and systemic scenarios. It concludes by highlighting the prismatic midparadigm's potential to inform policy, practice, and nursing education.

Key words: *midparadigm, nursing.*

Introduction

Similar to other sciences, nursing's unique perspective centers on core phenomena critical to its purpose (1). The metaparadigm, introduced by Fawcett et al., captures this essence with its abstract concepts: human beings, environment, health, and nursing (2). While foundational to the discipline, these abstract concepts pose a challenge for direct application in practice. This disconnect creates a barrier between academic and practicing nurses, hindering the dissemination of knowledge specific to each setting (3, 4). In essence, it widens the well-documented theory-practice gap.

The theory-practice gap in nursing persists due to challenges in both translating existing theories to practice and ensuring their relevance to daily work. Communication barriers can leave practicing nurses unaware of current nursing theories (5). Additionally, academic theories are often perceived as too abstract or lacking practical application, leading nurses

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to rely on practical knowledge developed within their work environments (5). These work cultures, while focused on tasks and skills, may implicitly incorporate the abstract concepts of the nursing metaparadigm. However, this knowledge remains tacit, failing to contribute to a strong disciplinary foundation for nursing practice.

Reed et al., argues that nursing practice itself holds inherent theoretical value, with the potential to generate valuable knowledge (6). To bridge this gap, the authors propose the prismatic midparadigm as a framework for knowledge generation through research. This midparadigm functions as a conceptual tool that can empower both practicing nurses and academics to contribute to a unified body of nursing knowledge. This knowledge base would be theoretically sound while directly applicable to patient care, education, and policy.

The Nursing Metaparadigm: Bridging the Gap to Practice

The nursing metaparadigm, as defined by Fawcett (1984, 1989) (2, 7), broadly outlines the discipline's core focus – human beings, environment, health, and nursing – providing a framework to explore these phenomena and develop unique nursing knowledge (8). However, concerns exist about its accessibility for practicing nurses, whose daily realities differ from the theoretical realm. This is particularly concerning since practice environments offer fertile ground for applying and refining nursing knowledge. The authors propose the midparadigm as a potential solution. A midparadigm acts as a less abstract framework, facilitating knowledge development and use by practicing nurses. Ideally, it would integrate knowledge from all nursing career paths – practice, education, research, administration, and leadership – to bridge the theory-practice gap.

This review introduces the prismatic midparadigm, a framework specifically designed to bridge the gap between abstract nursing theory and the realities of daily practice. The midparadigm utilizes shared concepts that are less abstract than the metaparadigm but remain firmly grounded in its core principles. These concepts are derived from both the authors' practical experiences and relevant academic studies. The "prismatic" analogy reflects the framework's structure, with interconnecting lenses representing the dynamic application of knowledge to various nursing practice contexts. This approach empowers practicing nurses to leverage theoretical knowledge and contribute to its ongoing development within the dynamic environment of patient care.

The prismatic midparadigm centers on the concept of vulnerability, acknowledging that this core concept may vary depending on the specific practice environment. It's crucial to understand that the midparadigm is not a replacement, but rather an extension of the nursing metaparadigm. As Hardy (1978) suggests, disciplines can develop "exemplar paradigms" that offer a more focused and concrete lens. In this case, the prismatic midparadigm serves as an exemplar paradigm for nursing, where the "restrictive" element is the practice environment, with a particular emphasis on vulnerability within individuals or systems (9).

A Framework for Knowledge Representation: A Guide to Central Concepts, Supporting Ideas, and Tiered Structures

Emerging from a doctoral nursing theory course, the prismatic midparadigm bridges the gap between abstract theory and the realities of nursing practice (10). Drawing upon the nursing metaparadigm and our diverse practice backgrounds, we propose a framework that reflects the holistic view of human-environment-health relationships (11). The core concept of the prismatic midparadigm is supported by a structure of additional concepts and their associated levels, including:

Vulnerability: The actual or potential awareness of a life crisis or major life transition (1), vulnerability is intrinsically linked to nursing's focus on human experiences and health (6, 12). It acts as a catalyst for practice-specific challenges, at both individual and system levels, impacting patients and nurses alike. Vulnerability can be mutual, arising from interactions between patient-nurse, patient-system, or nurse-system. Importantly,

vulnerability is not always negative; it can foster positive change when resources are available.

The Prismatic Structure: Two tiers surround vulnerability within the midparadigm:

- **Unitary Human-Environment-Health:** This tier defines the dynamic changes experienced through living and dying (13). Concepts within this tier include compassion, equity, and operational environments, all relevant to navigating life's experiences.
- **Healing Relationships:** This tier focuses on intentions, expressions, and behaviors that promote well-being (13). Concepts embedded here are communication, collaboration, leadership, and wisdom, representing key aspects of fostering healing.

These tiers interact dynamically, influencing the experience of vulnerability. The specific concepts within the midparadigm offer a framework for research, proposing testable relationships that may influence vulnerability in individuals or systems within the nursing practice environment.

Requirements

A study by Fawcett et al., outlined four key requirements for the nursing metaparadigm: distinct domain, parsimony, perspective neutrality, and international scope (14). However, nursing practice environments are dynamic, demanding that nurses adapt their focus and processes (15). Recognizing this, we propose the following requirements for future nursing midparadigms:

- **Practice-Focused:** A midparadigm should guide practicing nurses in specific contexts.
- **Contextually Relevant:** Concepts within the midparadigm should be relevant to the specific practice environment's phenomena of interest.
- **Ethical Exemplar:** The midparadigm should exemplify the core ethical principles of nursing practice.
- **Dynamic Adaptability:** The midparadigm's scope and concepts should be adaptable to the dynamic nature of practice settings.

These requirements guide concept selection for specific research and practice goals. Practicing nurses can leverage the prismatic model as a foundation, adapting its central concepts to their unique practice environments.

Applications

Extending the nursing metaparadigm, the prismatic midparadigm offers a framework for developing and testing vulnerability theories in various contexts. This research-driven approach can inform best practices, policies, and educational strategies to effectively address vulnerability in nursing.

Practice

To illustrate the midparadigm's application, we present two contrasting scenarios: an individual and a community health system facing vulnerability. While these examples highlight a few key concepts, all concepts within the midparadigm are envisioned to dynamically interact, influencing the central concern of vulnerability in practice.

Individual Vulnerability: Jana's Case

Jana, a 22-year-old incarcerated mother with a recent mental health diagnosis, exemplifies individual vulnerability. Her primary vulnerability stems from incarceration (3 months), disrupting her role as a mother to her 3-year-old daughter. Jana's unpredictable behavior, a result of her unmanaged mental health condition, led to her incarceration. As Jana prepares for release, the nurse's role becomes critical in navigating the "operational environment" – the resources and systems available to Jana. Here, the nurse prioritizes

"equity" by ensuring Jana receives appropriate care and resources not only for herself but also for her daughter and family. The nurse's "wisdom" is crucial in assessing Jana's immediate and future needs, while "collaboration" is essential for understanding local policies that may impact her successful transition back to the community.

Systemic Vulnerability: A Border Community

A rural border community exemplifies systemic vulnerability. Recurring sewage overflows (over a million gallons in the latest incident) threaten public health near an elementary school, raising long-term environmental concerns. This international context adds a complex "operational environment" with political considerations. The public health nurse confronts both immediate and long-term responses, shaping the community's well-being. Through "leadership," the nurse spearheads development of preventative policies. This leadership requires "compassion" for affected individuals while "communication" allows clear information dissemination to stakeholders, fostering vital "collaboration" for successful intervention.

Bridging Policy and Practice: The Role of Vulnerability

Healthcare policy and practice often involve compromises, potentially limiting equitable solutions. The prismatic midparadigm offers a lens to view vulnerability and related factors, informing both policy development and ethical practice. Its structure, aligned with the nature of nursing, facilitates the generation of novel policies and ethically driven practices.

Nursing has a long history of caring for marginalized populations despite challenges related to access and equity within policy structures. Within this framework, vulnerability is not meant to denote a lesser status, but rather an opportunity to drive positive change in policy and practice for individuals and communities across the healthcare spectrum. The prismatic midparadigm serves as a unifying approach, promoting equitable policy and ethically sound practice.

The Prismatic Midparadigm in Nursing Education

The prismatic midparadigm can empower nursing students to bridge the theory-practice gap. Consider Meleis's et al., transition theory. This framework highlights transitions as periods of heightened vulnerability (16).

The midparadigm's first tier, focusing on "person-environment conditions" (compassion, equity, and operational environment), helps students understand how these factors influence vulnerable individuals or systems. By applying these concepts, nurses can design practices that improve patient experiences and responses during transitions.

The second tier, encompassing "healing relationships" (communication, wisdom, leadership, collaboration), equips students with the knowledge of resources that foster positive transitions at both individual and system levels. Therefore, the midparadigm, as a flexible framework, can stimulate creative thinking, linking abstract theory to concrete practice and making it more meaningful for students.

Conclusion

The prismatic midparadigm offers a promising solution to the theory-practice gap in nursing. It translates abstract concepts into a framework applicable to diverse practice environments. By acknowledging the dynamic nature of vulnerability and its influence on patients, nurses, and healthcare systems, the framework empowers nurses to contribute to knowledge generation and improve patient care. Furthermore, the prismatic midparadigm fosters collaboration between academics and practicing nurses, ultimately strengthening the foundation of nursing knowledge and practice. Future research can explore the effectiveness of this framework in bridging the theory-practice gap and its broader impact on nursing education, policy development, and ethical practices.

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