

Commonalities in Nursing Perspectives Among 6 Countries/Regions

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The purpose of this article is to identify the commonalities in nursing perspectives among 6 countries/regions (United States, South Korea, Taiwan, Japan, Hong Kong, and Thailand). Nine leaders from the 6 countries/regions reflected on what nursing perspectives were in their own countries/regions and provided exemplars/cases from their own experiences and literature reviews. The data were analyzed using a content analysis. Seven themes were extracted: (a) “embedded in cultural and historical contexts”; (b) “based on philosophical pluralism”; (c) “women-centered perspectives”; (d) “care-oriented holistic views”; (e) “ethical and humane views”; (f) “respecting and advocating”; and (g) “considering diversities.”

Key words: *Asian, nursing theory, perspective, philosophy, research*

THROUGHOUT NURSING history, nursing scholars have discussed on basic and essential questions about nursing as a professional discipline. One of the questions

has been: What are common nursing perspectives of importance to the discipline? According to Meleis,¹ Ellis defined a perspective as the prevailing view held by members of a discipline or a profession. From this definition, a nursing perspective could be simply defined as the common ways that nurses view and characterize a situation. However, defining a nursing perspective is not a simple task because of the complexity of the term, changes in types of practice over time, the specific views of multiple specialties within the profession, and differences across different cultural and international contexts. Indeed, to define a nursing perspective, nursing scholars have discussed unique characteristics of the nursing discipline, the history of the profession, the sociopolitical context in which nursing care is provided, and the nature of the orientation of members of the nursing profession and/or discipline.¹

In the efforts to better describe a nursing perspective, there have been discussions on the characteristics that determine a nursing

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The authors have disclosed that they have no significant relationships with, or financial interest in, any commercial companies pertaining to this article.

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DOI: 10.1097/ANS.0000000000000358

Statements of Significance

What is known or assumed to be true about this topic?

- Defining a nursing perspective is not a simple task because of the complexity of the term, changes in types of practice over time, the specific views of multiple specialties within the profession, and differences across different cultural and international contexts.
- Novice nursing scholars, especially those from other disciplines (eg, alternative entry master's degree students from other disciplines), can often be puzzled in discovering the nursing perspective that will frame their research and practice, given the strong focus on multidisciplinary health care delivery and collaboration.

What this article adds:

- Nursing perspectives differ depending on the cultural and historical contexts of individual countries/regions.
- Nursing perspectives across the 6 countries/regions are inclusive of philosophical pluralism.
- Nursing perspectives across the countries/regions provide women-centered and care-oriented holistic views.
- Ethical and humane perspectives are key characteristics of nursing perspectives across the countries/regions.
- Nursing perspectives respect human beings' (persons'), families', and/or communities' own views and experiences and assume diversity in nursing phenomena across the countries/regions.

perspective. Some scholars defined the properties of nursing as a human science that

characterizes a nursing perspective (eg, its focus on a human being as a whole, its core of understanding human experience in different stages of health, its focus on meanings as seen and perceived by its professional members, etc).²⁻⁴ A group of scholars emphasized the characteristics of nursing as a practice-oriented discipline.⁵⁻⁷ Other scholars have focused on the caring aspects of nursing to define its perspective.⁸⁻¹⁰ Other scholars have also highlighted the properties of nursing as a health-oriented discipline.¹

Despite all these efforts, a unified definition of a nursing perspective has not been made, but a nursing perspective has always been chosen and used in theory development and research efforts in nursing.¹ It may be impossible to have a unified definition of a nursing perspective, given the diversity of the nursing workforce globally and the multiple settings in which nursing occurs. However, novice nursing scholars often struggle in the development of their research programs without being able to articulate what nursing perspective forms the basis of their work. Novice nursing scholars, especially those from other disciplines (eg, alternative entry master's degree students from other disciplines), can often be puzzled in discovering the nursing perspective that will frame their practice, given the strong focus on multidisciplinary health care delivery and collaboration. For example, a novice nurse may have difficulties with differentiating the nursing perspective of caring for the caregiver of an elderly person from the view of other professionals who are members of the care team. It is quite possible that nursing perspectives can be different in different countries/regions and in different time points. Thus, there is a dire need to provide novice nursing scholars with opportunities to explore nursing perspectives across different countries/regions and to determine in what ways they could integrate the nursing perspectives in their practice and research.

The purpose of this article is to identify the commonalities in nursing perspectives among 6 different countries/regions

including the United States, Japan, Hong Kong, South Korea, Taiwan, and Thailand. Nursing leaders from the 6 countries/regions engaged in discussions of the compelling perspectives of the nursing profession in their countries/regions to provide future directions for nursing research. First, the methods used to identify nursing perspectives across the countries/regions are described, followed by the themes reflecting the commonalities. Finally, after discussing the themes, directions for future nursing research are proposed.

METHODS

To identify nursing perspectives across the countries/regions, 9 leaders from the 6 countries/regions participated in discussions through a series of workshops, conference presentations, and e-mail discussions. The leaders were identified by their leadership positions (deans, nursing directors, and presidents), and the leaders are from 4 major areas of nursing: academia, hospitals, organizations, and governmental agencies. Based on the recommendations by 10 deans/former deans at schools of nursing across the countries/regions, a dozen of Asian leaders in nursing were invited to participate. A total of 9 leaders participated in this collective work on nursing perspectives; the leaders were asked to reflect on what nursing perspectives meant in their own countries/regions and provide exemplars/cases from their own experiences and from their literature reviews in a table format. Subsequently, the data that were the basis for this analysis included (a) the leaders' diaries/memos on what nursing perspectives meant in their countries/regions; (b) the exemplars/cases from the leaders' own experiences in a table format; and (c) the findings from the leaders' individual literature reviews in each country/region.

The literature searches used various combinations of key words including nursing, perspective, issue, research, philosophy, theory, and/or practice. Because of differences

in databases in individual countries/regions (with different languages), no standardized approaches were used in the literature review. For example, in Japan, the "Igaku Chuo Zasshi (ICHUSHI)-WEB version 5" was used to retrieve the relevant literature. The leaders conducted their individual literature searches in their own countries/regions within the past decade (2010-2019). After retrieving the literature, they reviewed the retrieved articles in terms of the findings related to nursing perspectives by initial categories on the characteristics of nursing perspectives from existing literature (eg, human being as a whole, practice-oriented, health care-oriented, caring). The initial categories were set by the lead author based on a review of 10 existing book chapters and articles related to nursing perspectives,¹⁻¹⁰ and the categories were revised on the basis of the feedbacks from the remaining authors. Then, individual leaders extracted the necessary findings in a table from their literature reviews to answer the question on what nursing perspectives meant in their own countries/regions. Therefore, both the articles and materials in English and other languages (ie, Korean, Japanese, Mandarin Chinese, Thai) were included in the reviews. Individual leaders' literature reviews included 20 to 50 articles per leader. The leaders compiled all the findings in English and shared the findings with each other.

The collected exemplars/cases and findings from the literature reviews were analyzed using a content analysis. Individual words in the findings (eg, exemplars/cases with references) that were shared by the leaders were the unit of analysis. First, the exemplars/cases and the literature review findings were coded using line-by-line coding process and categorized into similar ideas/themes. Then, idea categories/themes reflecting nursing perspectives were extracted while trying to link the categories of ideas. Then, the extracted idea categories/themes were shared with the leaders through a series of e-mail communication for more than 3 months. Upon the unanimous agreement among 9 leaders through e-mail

discussions, the themes were approved as a group. Finally, the leaders were asked to review and confirm all the final findings with the themes as the last step to finalize the themes.

FINDINGS

During the analysis process, seven themes were extracted to reflect the commonalities in nursing perspective among the 6 countries/regions: (a) “embedded in cultural and historical contexts”; (b) “based on philosophical pluralism”; (c) “women-centered perspectives”; (d) “care-oriented holistic views”; (e) “ethical and humane views”; (f) “respecting and advocating”; and (g) “considering diversities.”

Embedded in cultural and historical contexts

Nursing perspectives were found to differ depending on the cultural and historical contexts of individual countries/regions. All the nursing leaders spoke of the great influence of their culture (eg, Buddhism, Confucianism) and history (eg, colonialism, the World War II) on nursing perspectives in their country. For instance, according to a nurse leader from Japan, the perspective of nursing in Japan was strongly influenced by Buddhism, Shinto, and Confucianism.¹¹ Beyond the ordinary family care for sick or vulnerable members, nursing was described as special nonfamily care in the 6th century under the influence of Buddhism, where the monks worked as nurses. Therefore, the Buddhist view of the world such as “there is no universal substance of body or spirit” and “everything is changing in the connection” influenced nursing perspectives in Japan. Then, after the decline of Buddhist nursing, the Confucian idea that woman should serve the elderly and the family members influenced nursing as well. Subsequently, Japanese people became to consider nursing as women’s work that would serve their families and people in higher positions.

At the same time, academic nursing in Japan was influenced by biomedical science that was brought from modern Europe and North America.¹¹ Indeed, professional nursing was introduced to Japan at the end of the 19 century. In 1883, foreign missionaries opened 2 small nursing schools based on the Western nursing model to give theoretical training to nurses.¹¹ After the World War II, Japan established a new nursing system under the guidance of the United States. The Act on Public Health Nurses, Midwives, and Nurses enacted in 1948 required those who wanted to work as a nurse to have a national nurse license and prescribed the unified education system for public health nurses, midwives, and nurses. At that time, American nursing textbooks were introduced to nursing education in Japan, which subsequently introduced Western perspectives to nursing in Japan. Then, the 1992 enactment of the Act on Promotion of the Maintenance of Human Resources for Nurses accelerated the development of higher nursing education, resulting in 272 undergraduate programs, 180 master’s degree programs, and 99 doctoral programs by 2019. All these historical and cultural contexts influenced the contemporary nursing perspectives in Japan.

A leader from Hong Kong provided another prominent example of cultural and historical factors influencing nursing perspectives. The Hong Kong Special Administrative Region had a British colonial history with a Chinese cultural context, which offered a dual system with a universal public health care system and private hospitals and practices.¹² Under the great impact of Chinese culture and British influences, nursing perspectives in Hong Kong were affected by both traditional Chinese medicine and Western medicine. Yet, a recent survey¹³ found that more than 50% of registered nurses in Hong Kong believed that Western medicine was more effective than traditional Chinese medicine (TCM) for acute conditions. The vast majority of Hong Kong nurses received their bachelor-level education based on Western medicine, which might be the major

reason for their preferences of Western medicine over TCM. However, the uptake of TCM services in Hong Kong was still high and it was a well-respected form of health care. Furthermore, the holism of TCM and holistic care in modern nursing had great similarities in their principles. Therefore, nursing perspectives in Hong Kong were shaped by the dual influences of Western medicine and TCM.

Based on philosophical pluralism

The nursing leaders agreed that historical positivism has dominated nursing perspectives in all of their countries/regions for a long time. Yet, with advances in modern philosophy, philosophical pluralism became highly prominent in the contemporary nursing across the countries/regions. In the United States, a number of nurse scholars supported the current philosophical pluralism in nursing.^{1,14} In the recent nursing history of the United States, nursing scholars gave up their traditional realist approach to nursing, and nursing was greatly influenced by “scientific and moral relativism” and “philosophical incoherence.”¹⁴ Subsequently, contemporary nursing perspectives in the United States were grounded in multiple philosophical bases including postempiricism, social criticism, hermeneutics, feminism, neopragmatism, and so on.¹⁴ Still, nursing in clinical settings of the United States was mainly based on postempiricism emphasizing observables/objective measurements and physiologic and psychological processes.¹⁴ Yet, critical social theory and feminism were embedded in nursing perspectives while providing the grounds to support diversities and respect sociopolitical and historical contexts surrounding nursing.¹⁴ Also, hermeneutics provided another dimension to nursing perspectives by emphasizing historical consciousness and humanistic and historical knowledge.¹⁵ In addition, pragmatism and neopragmatism supporting pragmatic views and multiple truths were incorporated into the contemporary nursing perspectives in the United States.

Nursing perspectives in other countries/regions were also inclusive of this philosophical pluralism. Although positivism dominated nursing perspectives in the past, all the countries/regions experienced changes in nursing perspectives in recent years. For example, in Japan, the academia in general was based on positivism, which subsequently influenced nursing perspectives. All researchers and scientists sought one universal truth. In addition, because most of all 4-year nursing programs were under medical schools in all national universities, biomedical perspectives strongly affected nursing perspectives; evidence-based practice was emphasized in nursing under the great influences of medicine. The situation in Japan demonstrated how contemporary nursing changed drastically. When *Igaku Chuo Zasshi (ICHUSHI)-WEB* version 5 was searched from 1947 up to 2020, the search resulted in 23 articles related to empiricism, 3 articles related to positivism, 29 articles related to feminism, 17 articles related to existentialism, 511 articles related to phenomenology, and 2 articles related to structuralism. This simple literature search showed the changes in nursing perspectives in Japan.

Philosophical pluralism was also prevalent in nursing in other countries/regions. In Taiwan, multiple philosophical perspectives were used in nursing research for knowledge generation. For example, the narrative inquiry based on hermeneutics was one of the most frequently used methods in nursing. Narrative inquiry was being used to realize, listen to, empathize, and interpret patients' stories in nursing research.¹⁶ Indeed, nurses applied the narrative methods to understand patients' perspectives and opinions, increased the communication between nurses and patients, promoted a consensus between nurses and patients, and achieved the best quality of care.¹⁷ Also, feminism was being used in nursing in Taiwan in order to take a nonhierarchical, reflexive, and interactive approach to the construction of nursing knowledge.¹⁸ An example would be the study by Li and associates¹⁹ in which

feminism was applied to explore role adjustment, social impact, and health-related issues among Southern East Asian women who married Taiwanese husbands. Philosophical pluralism was also prominent in nursing research in Thailand. It was not uncommon to find nursing studies that were based on hermeneutics, phenomenology, and so forth. For instance, Sarnkwawkum and Oumtane²⁰ conducted a hermeneutic phenomenological study on the lived experiences of being a nurse politician.

Women-centered perspectives

Across the countries/regions, nursing was perceived as a women's profession, and most of nurses are women. Subsequently, nursing perspectives tended to be women-centered perspectives. For instance, the leaders from the United States mentioned gender segregation in nursing. Despite an increasing number of male nurses, nursing was still a female-dominant profession, and nursing perspectives in the United States still tended to be women centered. In fact, more than 82% of registered nurses were female, making nursing a female-dominated profession.²¹ Even nursing students reported their perception on gendered nature of nursing.²² For example, for conflict resolutions, nursing profession tended to focus on compromising, avoiding, collaborating, and/or accommodating.²³

The situations were similar in other Asian countries/regions including Hong Kong, South Korea, Taiwan, Japan, and Thailand. For example, in Hong Kong, nursing was a female-dominant profession as well; more than 85% of active registered nurses were female.²⁴ On the other hand, only around 30% of physicians were female.²⁴ In Japan, more than 90% of active registered nurses were female while only around 20% of physicians were female.²⁵ This gender difference between nursing and medicine was frequently presented in media; nurses were commonly portrayed as females. Subsequently, nursing perspectives across the

globe tended to be gendered perspectives, specifically women-centered perspectives.

Care-oriented holistic perspectives

Across the countries/regions, nursing perspectives were viewed as providing a care-oriented holistic lens. A major reason for this specific characterization was that nursing education emphasized nurses' holistic approaches to nursing care. For instance, according to a nurse leader from Japan, all the 6 nursing textbooks that were widely used in Japan viewed human beings as a holistic system and explained the mechanism through which human beings would maintain homeostasis through adapting to new environmental changes. The textbooks also explained the concept of health from various definitions including WHO definition of health (health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity) and included the descriptions of life cycle, developmental stages, and aging. Furthermore, nursing clients were described as individuals, family, community, organizations, society, nation, and world. In other words, nurses in Japan were taught this holistic view on human beings, health, and nursing clients, which subsequently influenced nursing perspectives in nursing research in Japan. The situations were similar in other countries/regions including South Korea, Taiwan, Thailand, and Hong Kong.

Using the holistic view on human beings that were learned through nursing education, nursing perspectives were also care-oriented throughout the 6 countries/regions. According to the leaders from Taiwan, nursing perspectives in Taiwan had a central focus on nursing care based on a holistic view of human beings (holistic nursing care) across nursing fields, which subsequently influenced nursing research. For instance, in a recent study, holistic nursing care was implemented to the patients with lung cancer at a terminal stage who were admitted to the intensive care unit.²⁶ The results of the study

indicated that the holistic approach was effective in reducing pain, increasing patient's comfort and families' awareness, providing positive emotional supports, reducing family members' anxiety, providing bereavement counseling, and coordinating with the family members to help the patients achieve positive thinking about death.

Ethical and humane perspectives

Ethical and humane perspectives were key characteristics of nursing perspectives across the 6 countries/regions. A prominent example would be the South Korean culture's traditional view on human beings based on *Dangun* mythology, the founding myth of Korea, which would be consistent with humanism. At its core is *Hongik human*, a traditional Korean idea, which was based on the view of humanism philosophy, meaning "benefiting the human being." This cultural perspective placed human beings and human dignity as the first priority, which subsequently emphasized that human beings should be the first in all systems, organizations, and structures that would affect human life.²⁷ This cultural perspective was embedded in nursing perspectives in South Korea, and ethical and humane care was a strong emphasis in nursing in South Korea.

In other Asian countries/regions including Japan, Taiwan, Thailand, and Hong Kong, ethical aspects of nursing perspectives were also emphasized. The Japanese Nursing Association published the first code of ethics in 1988. Then, the Japanese Nursing Association revised the code of ethics for nurses in 2003 as the code of conduct for practicing nurses.²⁸ It provided a central point for self-learning on "what is ethics" and "what are important concepts to consider in nursing to protect human rights (e.g., advocacy, responsibility, collaboration and caring)." This ethical aspect of nursing was embedded in nursing perspectives in Japan.

The situation was similar in Taiwan where nursing profession believed that improving nursing students' ethical competence could

solve clinical ethical issues, which should be an essential part of nursing perspectives. Because of its emphasis on ethical competence in nursing perspectives, researchers experimented a dozen of strategies and interventions to promote ethical competence among nursing students. Lin and associates²⁹ applied an experimental design to compare the learning effectiveness between the peer-tutored problem-based learning and conventional teaching of nursing ethics. The result indicated that both peer-tutored problem-based learning and lecture-type conventional teaching were effective for nursing ethics education, but problem-based learning was more effective. Chao et al³⁰ developed an interactive situational e-learning system to improve ethical decision-making competence among nursing students. After completing the course, nursing students showed significant improvement in ethical decision-making competence including skills in "raising questions," "recognizing differences," "comparing differences," "self-dialogue," "taking action," and "identifying the implications of decisions made." Through these studies, the researchers reported that the ethical competence could promote high-quality care, job satisfaction, and ethical climate in nursing clinical practice, which was naturally embedded in nursing perspectives.

Respecting and advocating

Nursing perspectives across the countries/regions respected human beings' (persons'), families', and/or communities' own views and experiences. According to the leaders from the United States, nurses sought to find the meanings and lived experience of human beings in order to provide optimal nursing care while respecting the actual needs of nursing clients. For instance, Lee et al³¹ explored the lived experience of suffering among 2 families immigrated from South Korea who had relatives living with chronic mental illness. Sherman et al³² tried to find 75-year-old persons' own health concerns and how the concerns were linked to their

sociodemographic status and sense of coherence in order to provide directions for nurses' preventive home visits.

Nursing perspectives in Thailand also respected nursing clients' own views and experiences, which was prominent in their literature. For example, in a recent study,³³ nurses examined a participatory policy process using a "citizens' jury" to promote public engagement in elder care policy. The process was initiated by the National Health Commission Office in Thailand to explore how citizens' jury as a model for civic deliberation can be utilized to provide sophisticated policy recommendations on long-term care policies for the elderly. In addition, in Hong Kong, nurses thrived to gain a better understanding on the needs and demands of the local community in order to advocate for them. For example, a research team at The University of Hong Kong was undertaking a cross-sectional study to investigate the awareness and preference of end-of-life care among local nursing home residents. Understanding their wishes could help health professionals and policy makers develop high-quality end-of-life care for Hong Kong elderly population.

"Advocating" was also prominent in nursing perspectives across the countries/regions. Nurses were involved in changing policy and regulations to advocate the actual needs of nursing clients and nurses across the countries/regions. In the United States, nurses were on the frontline to make changes in health policies and regulations that would influence access to care for the poor (eg, clinical care by the DNPs).³⁴ Also, in the United States, changes in health policies and regulations influenced access to care for the poor. A decrease of physicians in private practice had impacts on nursing workforce; nurse practitioners were moving into this void with research focusing on clinical care by the DNPs. In Taiwan, nurse leaders advocated to have a nursing department at the Department of Health during the 2004 national presidential election in Taiwan in order to make nurses' perspectives (from direct interactions with nursing clients) incorpo-

rated into the national health policies. Also, the Taiwan Nurses Association worked with health authorities to set up the criteria, roles, functions, regulations, and credentialing of advanced practice nurses, including nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse midwives, to accommodate the actual needs of nursing clients. In Japan, nurses advocated the use of nurse specialist and nurse practitioners by providing evidence on positive health outcomes of nursing clients that resulted from the use of nurse practitioners.³⁵ In South Korea, the nurses advocated the necessity of high quality of care by leading the country to be the first in the world to unify a 4-year undergraduate curriculum (BSN) as the entry level of RN.

Considering diversities

Nursing perspectives assumed diversity in nursing phenomena across the countries/regions. In the United States, the diversity of populations was incorporated into nursing perspectives earlier than other countries/regions. However, many Asian countries/regions tended to have homogenous populations until relatively recently, and diversities of populations were rarely incorporated into nursing perspectives. For instance, Japan was considered as an ethnically homogenous nation.³⁶ Some people even believed that all Japanese were from middle class in 1970s and 1980s.³⁶ With a recent increasing economic gap among Japanese people, nursing in Japan began to recognize diversities in nursing needs (eg, nursing needs of poor single-parent households, unmarried men, senior couples living by themselves, senior citizens living by themselves, or part-time employees) and consider diversities in their approaches. Furthermore, because of Japan's low birth rate and shrinking populations, many immigrants including refugees came to stay in Japan and their health status and access to Japanese health systems became a recent issue that nursing began to give their attention.

The situation was also similar in South Korea. Although South Korea was considered

to have a homogenous population in the past, it also experienced increasing diversities among its population.³⁷ In South Korea, more than 2.2 million foreign patients were reported to be treated in their health care systems during the past 10 years.³⁷ Moreover, increasing racial/ethnic diversities was prominent in South Korean health care systems due to recent labor migration for temporarily less skilled jobs.³⁷

Taiwan also experienced increasing diversities in recent years as more and more new immigrants came from South East Asia and married to Taiwanese men. As the statistics of the Department of Interior show, Taiwan had a total of 948 049 to 984 815 immigrants yearly in past 5 years.³⁸ With this increasing number of immigrants, cultural diversity became an important part of nursing perspectives.

Hong Kong was in a unique condition of increasing diversities because of recent economic ties between Hong Kong and China. Hong Kong was known as a multilingual society, with Cantonese as the most popular spoken language. Nursing professionals received their tertiary education in English instruction, and sometimes communicated trilingually in their work, in English, Cantonese, and Mandarin. Interpretation service was also available when requested for individuals using other languages in hospital authority hospitals to facilitate the communication between patients and hospital authority staff. In addition, patient information and clinical forms were available in 20 languages including Chinese and English for ethnic minorities (Arabic, Bahasa Indonesia, Bengali, French, German, Hindi, Japanese, Korean, Malay, Nepali, Portuguese, Punjabi, Sinhala, Spanish, Tagalog, Thai, Urdu, and Vietnamese). Subsequently, the consideration on diversities was naturally embedded in nursing perspectives in Hong Kong.

DISCUSSIONS

In this article, seven themes reflecting the commonalities in nursing perspectives

among 6 different countries/regions were identified. The findings indicated that (a) nursing perspectives are embedded in unique cultural and historical contexts of individual countries/regions; (b) nursing perspectives are based on philosophical pluralism; (c) nursing perspectives are women-centered perspectives; (d) nursing perspectives are based on care-oriented holistic views; (e) nursing perspectives are based on ethical and humane views; (f) nursing perspectives respect and advocate nursing clients' own views and experiences; and (g) nursing perspectives consider diversities.

Some of the themes that were found across the countries/regions are consistent with the characteristics of nursing perspectives that have been reported in the literature. The themes of "care-oriented holistic views," "ethical and humane perspectives," and "respecting and advocating" have been reported in the literature. As described previously, many scholars asserted nursing's focus on human beings as wholes, its core of understanding human experience, and its focus on meanings as seen and perceived by its members²⁻⁴ as essential characteristics of nursing perspectives. Also, some scholars highlighted "a practice-oriented discipline" as a major characteristic of nursing perspectives.⁵⁻⁷ Other scholars claimed nursing's caring aspects⁸⁻¹⁰ and health-oriented views as nursing perspectives.¹ All these characteristics are reflected in the themes of "care-oriented holistic views," "ethical and humane perspectives," and "respecting and advocating."

The remaining themes have rarely been pointed out as characteristics of nursing perspectives in an explicit way in the literature. Yet, that does not mean that these themes have rarely been reported in nursing literature. Rather, these themes have been frequently reported in nursing literature in a different way. For instance, sociopolitical contextual understanding, which supports the first theme of "embedded in unique cultural and historical contexts," has been emphasized in nursing as an important part

of knowledge generation.³⁹ Indeed, White⁴⁰ proposed sociopolitical knowing as a way of knowing in nursing with other types of ways of knowing. Here, sociopolitical knowing means a way of knowing based on understanding on “sociopolitical context of the persons (nurse & patient)” and “sociopolitical context of nursing as a practice profession.” Without understanding the sociopolitical contexts of nursing phenomena (between nurses and patients) and nursing profession, knowledge generation in nursing could not be adequate to guide nursing care.

The necessity of philosophical pluralism in nursing has long been asserted by nursing scholars, and philosophical pluralism is currently prevalent in contemporary nursing,^{1,2,41} which is consistent with the theme of “philosophical pluralism.” Philosophical pluralism could mean differently depending on the field. In nursing, philosophical pluralism has been used exchangeably with the term “epistemological pluralism” in most cases. Here, based on the definition by Kellert et al,⁴² epistemological pluralism means various ways of knowing a nursing phenomenon through different methodologies to fully describe a nursing phenomenon. As in the field of philosophy of science,⁴² epistemological pluralism grew in nursing in objection to reductionism based on positivism. In recent years, most nursing scholars began to agree that nursing phenomena could not be fully explained by a single theory or fully investigated using a single approach, which is obviously reflected in the theme of “philosophical pluralism” across the countries/regions.

Many feminist nurse scholars have asserted women-centered views in nursing knowledge generation,⁴³⁻⁴⁶ which is reflected in the theme of “women-centered perspectives.” In 1985, Chinn and Wheeler⁴⁷ asserted the necessity of understanding the oppression of women in nursing as nursing was considered as a women’s occupation for a long time. The situation is still the same in 2020 although the number of male nurses has notably increased in recent years. Nursing is

still perceived as a woman’s profession across the countries/regions, and nursing perspectives still tend to reflect women-centered views on nursing phenomena, which is consistent with the theme of “women-centered perspectives.”

Finally, diversities have continuously been viewed as an essential part of nursing phenomena in the literature.⁴⁸⁻⁵⁰ Indeed, with an increasing number of diverse populations (by gender, race/ethnicity, disability, geographical area, and so on) across the countries/regions, the consideration on diversities became a norm in nursing, which is naturally embedded in nursing perspectives. The theme of “considering diversities” is consistent with this trend. Although the diversity in individual countries/regions could have somewhat different meanings and implications (eg, foreign brides in Taiwan, temporary medical travelers in South Korea, etc), nursing perspectives have obviously evolved into the direction of incorporating diversities as an essential component.

The findings of this analysis need to be carefully interpreted because of several limitations in the methods. First of all, the methods used for individual literature reviews in each country/region tended to be inconsistent. Second, no formal notes or diaries on challenges and advantages in the data collection and analysis process were made. Third, because the data were not at the same level of abstraction and/or areas/domains across the countries, the themes tended to reflect various levels of abstraction and/or areas/domains related to nursing perspectives (eg, philosophical basis, methodological aspects, cultural contexts). Finally, due to the inconsistent levels of abstraction and/or areas/domains in the data from different countries/regions, there were unintended overlaps in the finalized themes as well.

SUGGESTIONS FOR FUTURE NURSING RESEARCH

Based on the commonalities in nursing perspectives that were discussed previously,

the following suggestions are made for future nursing research. The Table summarizes the suggestions by the findings. First, when a researcher uses a nursing perspective in his or her research study, he or she needs to be aware that the nursing perspective might be limited to the current contexts of sociopolitical environments, culture, time, and pace where the nursing phenomenon happens. As the theme of “embedded in cultural and historical contexts” indicated, a nursing perspective is not universal or unified across time or place. A nursing perspective in Japan about 100 years ago would be quite different from a nursing perspective in the contemporary United States.

Second, when a researcher uses a nursing perspective in his or her research study, he or she needs to think about what philosophical basis his or her nursing perspective comes from. As the theme of “based on philosophical pluralism” indicated, a nursing perspective based on positivism could be different from that based on feminism. Subsequently, research questions based on positivism could be different from those based on feminism. Research questions based on positivism would be related to observables or objective measurements in a specific nursing phenomenon. Yet, the research ques-

tions based on feminism would be related to gender or racial/ethnic discrimination or disparities in a specific nursing phenomenon.

Third, when a researcher claims that he or she uses a nursing perspective in his or her research studies, he or she needs to be aware that the nursing perspective could possibly be a gendered perspective. As the theme of “women-centered perspectives” indicated, a nursing perspective may be more likely to reflect women’s perspectives. For instance, as discussed previously, a nursing perspective may tend to focus on compromising, collaborating, and/or accommodating²³ in conflict resolutions.

Fourth, a researcher needs to consider that a nursing perspective tends to be care-oriented holistic views. As the theme of “care-oriented holistic views” indicated, a nursing perspective may focus on how to provide optimal and best care for a specific nursing population while viewing the population and/or their health from a holistic lens. If he or she does not view his or her phenomenon with a holistic view (eg, not considering multiple covariates that influence a specific nursing phenomenon), he or she may want to revisit his or her research questions if the questions are from a nursing perspective.

Table. Suggestions for Future Research According to the Findings

Findings	Suggestions
“Embedded in cultural and historical contexts”	Need to be aware that a nursing perspective might be limited to the current contexts of sociopolitical environments, culture, time, and pace where the nursing phenomenon happens.
“Based on philosophical pluralism”	Need to think about what philosophical basis a nursing perspective comes from.
“Women-centered perspectives”	Need to be aware that a nursing perspective could possibly be a women-centered perspective.
“Care-oriented holistic views”	Need to consider that a nursing perspective tends to be a care-oriented holistic view.
“Ethical and humane views”	Need to recognize that a nursing perspective is based on an ethical and humane view on a nursing phenomenon.
“Respecting and advocating”	Need to consider whether research questions reflect the research participants’ own needs, views, and experiences.
“Considering diversities”	Need to check whether the diversities in a nursing phenomenon are considered if he or she is using a nursing perspective.

Fifth, a researcher needs to recognize that nursing perspectives are based on ethical and humane views on nursing phenomena. As the theme of “ethical and humane perspectives” indicated, a nursing perspective needs to be grounded in ethical ways of knowing and in humane views on nursing phenomena (eg, benefiting human beings). If the researcher’s research questions are from a possibly unethical perspective (eg, potentially promoting illegal behaviors), he or she needs to revisit his or her research questions if the questions are from a nursing perspective.

Sixth, if a researcher claims that he or she is using a nursing perspective in his or her research study, he or she needs to consider whether the research questions reflect the research participants’ own needs, views, and experiences. As the theme of “respecting and advocating” indicated, nursing perspectives across the countries/regions obviously reflect nursing clients’ own views and experiences and advocate nursing clients’ and nurses’ needs. Thus, if a researcher is certain that he or she is using a nursing perspective, but research questions do not reflect research participants’ own needs, views, and/or experiences, the researcher may want to revisit the research questions.

Finally, a researcher needs to check whether he or she considers the diversities in nursing phenomena if he or she is using a nursing perspective. As the final theme of “considering diversities” indicated, contemporary nursing perspectives reflect diversities in nursing phenomena. With increasing diversities and complexities in nursing phe-

nomena due to rapid changes in nursing environments, the consideration of diversities in nursing phenomena is an important aspect of nursing perspectives.

CONCLUSIONS

In this article, the commonalities in nursing perspectives among 6 different countries/regions including the United States, South Korea, Taiwan, Japan, Hong Kong, and Thailand were identified. As the findings support, nursing perspectives are (a) embedded in unique cultural and historical contexts of individual countries/regions; (b) based on philosophical pluralism; (c) women-centered perspectives; (d) based on care-oriented holistic views; (e) ethical and humane perspectives; (f) respecting and advocating nursing clients’ own views and experiences; and (g) considering diversities. Based on the findings, some suggestions for future research using a nursing perspective are made in this article. As nursing discipline has evolved and revolved throughout nursing history, nursing perspectives could change with changes in nursing environments. Yet, there are some essential characteristics of nursing perspectives that may not be changeable with the changes, which need to be retained throughout nursing generations. This article actually indicated some of these essential components of nursing perspectives across the countries/regions, which need to be handed down to the next generations of nurse researchers throughout the world.

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