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ABSTRACT

Aim: A discussion of 1) how methodologies are constructed and perpetuated in the context of research paradigms; 2) what exactly constitutes a paradigm; 3) how the proposed conceptual map of discourse development provides a new and original method for understanding knowledge production.

Background: In nursing research, methodologies are constructed by several external and internal contextually driven influences. Our focus is on how two methodological paradigms — evidence-based practice and mixed-methods — continue to impact and be impacted by patterns of knowledge production.

Design: Discussion Paper

Data Sources: This discussion is based on our own experiences and supported by literature and theory using examples from the two paradigms to illustrate how discourses are developed, perpetuated and deconstructed and how these have specific impacts on qualitative nursing research.

Implications for nursing: The conceptual map should be used to cultivate an awareness in practitioners, researchers and policy makers of how discourses surrounding research evidence and research practices are generated. This level of awareness will facilitate critical reflection on how certain practices assume dominance, potentially leading to hegemony in nursing research, practice and scholarship.

Conclusion: This research offers a critical examination of the meaning of paradigms and a meta-perspective on the production and practice of methodologies using a conceptual map of discourse development as a heuristic device. We anticipate that these examples will encourage debate and discussion on how methodologies and paradigms are perpetuated in academia and the impact this has on nursing knowledge.

Keywords nursing; paradigms; qualitative analysis; research design; research, mixed methods;

SUMMARY STATEMENT

Why is this research needed?

- Research methodologies are constructed by external and internal contextually driven influences and the concerns about how qualitative nursing research has been positioned by the methodological paradigms of evidence-based practice and are well rehearsed in the literature.
- There is substantial variation in how people understand the construct of ‘paradigm’: this research critically reflects on the implications of such variation and indeed discrepancy, for the nursing research community.

What are the key findings?

- The study generated a conceptual map which outlines the generic factors of discourse development, that in turn underpin research paradigms.
- By modelling our map of discourse development on the dyadic client relationship in psychotherapy, we offer an epistemology of knowledge production that is grounded in relationality, responsiveness and symbiosis.
- The study contests that methodologies are constructed by discourses that are themselves dynamic and relational. This proposed theory thus offers consumers of research a model of how to actively influence production and development of methodologies.

How should the findings be used to influence policy/practice/research?

- The conceptual map of discourse development should be used to provide a framework to understand and critically reflect on the epistemology for the generation of research paradigms and research methods and by extension research practices.

Conceptual map of discourse development

- The conceptual map should be used to cultivate an awareness in practitioners, researchers and policy makers of how discourses surrounding research evidence and research practices are generated. Which, in turn, may facilitate critical reflection on how certain practices assume dominance, potentially leading to hegemony in nursing research, practice and scholarship.
- We suggest that the conceptual map should be deployed in providing an inroad into how consumers, that is researchers, practitioners and policy makers, can take an active stance in how a given research paradigm might develop in the future. So as consumers rather than being simply written into the paradigm and hence having research methods pre-determined, we can make the decision to live with and exploit tensions and effectively rewrite ourselves into the paradigm so as to potentially effect paradigm shifts.

INTRODUCTION

Research methodologies are constructed by diverse external and internal contextually driven influences. Accordingly we identify two foci. First: how two methodological paradigms — Evidence Based Practice (EBP) and — Mixed Methods Research (MMR) continue to impact and be impacted by patterns of knowledge production. An issue especially important for qualitative nursing research because of how it has been positioned in relation to these paradigms.

Second: our analysis of the positioning of qualitative nursing research uses a novel conceptual map of discourse development developed by the authors, which provides a framework to understand the epistemology for the generation of research paradigms, research methods and by extension research practices. We choose EBP and MMR because of the prevalence of these paradigms across the globe and their far reaching implications for current international healthcare policy and practices.

Background

Concerns about how qualitative nursing research is affected by these two paradigms have already been raised (Morse 2006, Wuest 2011). Morse (2006) called for a revamping of the definition of ‘evidence’ in EBP to correctly evaluate the worth of qualitative research. Regarding MMR, Morse (2006) voiced concerns about the emergence of confusing terminology resulting in a ‘mixed method design scramble’ and pointed to largely quantitative methodologies incorporating qualitative research without proper consideration of the ‘principles of appropriate use’ of qualitative data. In this paper we will be employing a range of complex terminologies which are often taken for granted, misunderstood or highly contested in the literature; we therefore refer the reader to supplementary file Box 1 which includes our key working definitions.

To advance new methods in nursing research, we particularly focus on the discourses that surround, sculpt and propel research and research methods. As part of our analysis we present a conceptual map of discourse development which we suggest can be used as a heuristic device to understand and critically reflect on the development of research discourses. We situate critical reflection as central to our analysis throughout.

We begin by critically examining and deconstructing the conceptual foundation of paradigms, which has specific implications for the framing of both the EBP and MMR. EBP and MMR are particularly pertinent examples owing to the prevalence of these discourses in current healthcare policy and practices and their impact on policy making.

Data sources

This discussion is based on our own experiences and supported by literature and theory using examples from EBP and MMR to illustrate how discourses are developed, perpetuated and deconstructed and how these impact on qualitative nursing research.

DISCUSSION

What is a Paradigm?

There has always been substantial variation in how people understand the construct of 'paradigm'. Thomas Kuhn's (1996) seminal definition referred to a set of practices that characterise a scientific discipline at any particular period in time. This definition affords some degree of slippage. One standpoint, exemplified by Mertens (2007, 2010), contests that paradigms must comprise sets of philosophical assumptions with regard to methodology, epistemology, ontology and axiology. In this model, methodological assumptions can determine a choice of methods: quantitative,

qualitative, or mixed in several paradigms — most commonly the pragmatic and transformative paradigms. The key epistemological premise is that the paradigm is a higher order construct that ‘sires’ or ‘begets’ choices in methods.

In direct contrast, there is another school of thought that permits paradigms to be methodological in their foundation. Denscombe (2008) and Johnson and Onwuegbuzie (2004) dubbed the mixed methods approach the ‘third paradigm’ for social research in its synthesis of quantitative and qualitative methodologies. We firmly contend that when we are writing about paradigms, we are not simply referring to choices of methods or methodological procedures but denoting an epistemological construct which has specific impacts on how we position and understand qualitative research. We fully acknowledge that these two quite distinct understandings of ‘mixed methods’ are used interchangeably and often conflated leading to conceptual mayhem. As Holloway (2011) has observed, the use of the term ‘paradigm’ has become problematic through being freely used but not interrogated for meaning. We certainly concede this issue in our own inquiry as follows.

First, in nailing our epistemological colours to the mast, we contend that a ‘methodological approach’ can form the basis of a paradigm which can indeed be conceptualized as having its own epistemological, ontological and axiological assumptions. We would like to disabuse the reader of any notion that we are suggesting that sets of methods — whether quantitative, qualitative or mixed — are paradigms. In keeping with the notion of paradigm refinement and development outlined later in this article, there is scope for diverse conceptualizations ranging from higher order philosophical paradigms that beget choices in methods and paradigms that can be methodological in their foundation. We would highlight that in the latter definition we conceptualize methodologies themselves as not only choices of methods

but as epistemological standpoints with their own conceptual and philosophical underpinnings. In the next section we outline some conceptual issues relating to research practice which are themselves contingent on how paradigms are conceptualized.

What is Research Practice?

Definitions of research practice are fluid and contingent. In this context, we define research practices as the operationalization and implementation of ideologies inherent in research methods and designs. Espoused theories, held dearly, flex and change as they become theories in action (Freshwater 2008). Discourses around research methods perpetuate research practices, which in turn validate and support the dominant discourses associated with research methodology. Thus discourse is both subject (perpetuating) and object (perpetuated), in this cycle which ensures that dominant discourses retain their privileged position. Unless discourses are informed by and are responsive to variation and contingencies in research practices, they remain largely idealistic and theoretical. Our conceptual map allows us to more closely reflect on the processes whereby research methods are constructed by and feed back into the discourse. Research publication is an example of research practice and illustrates well its pivotal role of supporting and perpetuating discourses surrounding research methodologies.

Conceptual Map of Discourse Development

The conceptual map is partly derived from a review of research articles published in the 'Journal of Psychiatric and Mental Health Nursing' 2003-2008. This was an exercise conducted in support of the Journal but a byproduct has been development of the authors' theories of knowledge production. The review provided the rationale for the development of the conceptual map presented at the Mixed Methods Conference

2009 (Freshwater & Cahill 2009). However, the theoretical or conceptual structure of the map is primarily derived from the second author's modelling of the therapeutic relationship (Hardy et al. 2007, Cahill et al. 2008) which lists three key developmental processes as necessary for the sustainability of an effective therapeutic relationship: establishing a relationship, developing a relationship and maintaining a relationship.

By way of introducing the relational basis of discourse development we will set out what we believe to be the structural premise of paradigm formation. Freshwater and Rolfe (2004, p.58) cite Thomas Kuhn's definition of a paradigm as 'ways of looking at the world that define both the problems that can be legitimately be addressed and the range of admissible evidence that may bear on their solutions'. The authors then go on to define a discourse as a 'set of rules' or 'assumptions for organizing and interpreting the subject matter of an academic discipline or field of study' (p. 135). We view discourses as underpinning paradigms; so in our theoretical model of understanding, the paradigm is the explanatory framework/structure and a discourse is the 'set of rules' and 'assumptions for organising and interpreting subject matter' and the enactment of the discourse (which is a practice) 'builds' the paradigm. We contend that these sets of rules and assumptions are constantly open to dynamic processes generated when the reader or audience responds to the discourse: as such this process is inherently relational. For these reasons we conceptualise discourse and ultimately paradigm development in relational and dynamic terms and draw parallels with dynamic processes observed in the formation of a therapeutic relationship. The use of the map of the therapeutic relationship to inform our conceptual map of discourse development is far from arbitrary: we contest that discourses are generated in dynamic processes and that are they iterative and responsive to contextual factors

(which we capture in the conceptual model). We would further highlight that the context of this paper is situated in healthcare practices, which in essence are relational.

If we hold that paradigm development is relational, this proposed conceptual framework also enables the ‘consumer’ of a research paradigm to assume a more active stance to position themselves in relation to the discourse and influence its developmental trajectory. The idea of active participation in discourse development is not simply theoretical posturing, but an expression of the lived experience of agency and power and a potential strategy for preventing hegemony in nursing practice.

What follows is an overview of the map and a description of its components. We conclude with some examples of research, scholarship and practice that illustrate the configuration of the map in relation to the EBP and MMR paradigms and the impact on qualitative nursing research.

Overview of the Map

We suggest that the conceptual map (Figure 1) can be used as a heuristic device to understand: research processes, research methodologies and their reproduction; the formation of research paradigms and how stories are created, perpetuated and maintained. These considerations provide a statement on knowledge generation, knowledge transfer and its impact on academic disciplines.

In providing a schematic overview we begin our description from the right – the section of the map concerned with ‘creation of a discourse’.

Four key developmental processes which have been identified as being necessary for facilitation of a discourse are:

1. Establishing a discourse

2. Maintaining or perpetuating a discourse.
3. Developing a discourse.
4. Deconstructing a discourse.

This last developmental process is in addition to the processes outlined in Hardy et al. (2007) and Cahill et al. (2008) and is presented as a process directly resulting from development of discourse rather than as a discrete phase (Freshwater 2007a, 2007b). We also highlight that in contrast to the map of the therapeutic relationship (Figure 2), we position the ‘developing’ after the ‘maintaining’ phase: this seemed most appropriate to our model in that we view subsequent development or deconstruction of a discourse as succeeding a period of stability or maintenance. We include the original map of the therapeutic relationship to indicate how the conceptual map of discourse development has been grounded on psychotherapeutic principles.

The ‘learning to be part of a discourse’ process in the central part of the map is cyclical, regenerative and multi-directional. The tangible outputs of this are publications, which in turn impact on all processes of discourse development. Key contextual factors in Figure 1 are grouped into external and internal (researcher and consumer) factors (see Table 1) which play a significant part to determine the nature of the learning process which in turn impact the developmental stages of discourse development. We acknowledge that this is a somewhat unidirectional description but the block arrows signify the cyclical nature of research practice with discourses feeding back into academic scholarship and impacting on contextual factors.

In the sections that follow we focus on explication of the four key developmental processes with reference to our exemplars of EBP and MMR.

Application of the Map of Discourse Development: Two Exemplars

Our exemplars focus on the evolution of two different methodological paradigms that continue to impact on qualitative nursing research. First we consider the dominance of the EBP paradigm in research and the specific impact on qualitative nursing research.

Exemplar 1: Evidence-Based Practice Paradigm

In this exemplar we focus on the construct of ‘evidence-based practice’ (See supplementary file Box 1). In recent years there has been a significant shift with regard to the status of qualitative nursing research in the academic community.

However it is still the case that research situated in the quantitative paradigm exerts greater influence over research agendas and is therefore able to exploit funding streams in healthcare and medicine more effectively.

For the purposes of this exemplar, our working definition of evidence is ‘constructed knowledge’. We argue that the hierarchy of evidence model (e.g. Schunemann et al. 2008), one of the key drivers in this paradigm, has had direct impacts on how the ‘quality’ of research is rated in funding competitions and to what extent research findings have been represented in national and international contexts. For example, in international research assessment exercises the criteria of originality, significance and rigour is demonstrated by ‘the extent to which knowledge, theory or understanding in the field has been increased or practice has been (or is likely to be) improved’ (Freshwater 2007a, p.111). The metrics of impact factor, immediacy index and cited half-life, populate databases such as the Institute for Scientific Information which in turn drives the dissemination of scholarly research. Such metrics act as gatekeepers to the high-ranking, impact-factored publications, which means that only particular constructions of evidence and EBP enjoy the exposure which leads to recognition and uptake in the scientific community.

However, the practice-based evidence (PBE) movement has effected a shift in how evidence is configured. Barkham and Margison (2007) attribute the emergence of PBE to the unease felt when one paradigm such as EBP assumes dominance. Accordingly, they present the theory of chiasmus to describe the construction of PBE via a reversal in the order of words in the parallel phrase 'evidence-based practice'. Barkham and Margison (2007) insert the phrase 'practice-based evidence' into Sackett's (1996) definition of evidence-based medicine to generate an alternative paradigm so that:

practice-based evidence is the conscientious, explicit and judicious use of current evidence drawn from practice settings in making decisions about the care of individual patients. Practice-based evidence means integrating both individual clinical expertise and service-level parameters with the best available evidence drawn from rigorous research activity carried out in routine clinical settings (p 442).

Hence, a complementary paradigm of PBE emerges that transcends the either-or dichotomy and moves towards a dialectic. According to such a paradigm, efficacy research and Clinically Representative Research (CRR) are not pitched against each other but combine to generate an evidence base that draws on the differing characteristics of the two approaches.

This reconfiguration of evidence is a particularly pertinent development in a healthcare climate which is not only much more inclusive of qualitative research as evidence but is extending beyond 'traditional' approaches to encompass more transformational and postmodern paradigms where the focus is on meaning and on using the researcher's self as part of the evidence building (Holloway 2011, Wuest 2011). As we observe here, emphasis on difference has expanded and our concepts of

what constitutes innovative and rigorous research approaches. These include story telling and narrative (Frank 1995, Fisher and Freshwater 2013), feminist approaches (Oakley 2000, Bologh 2009,), post-structural methodology , Foucauldian analysis (McHoul and Grace (1995), discourse analysis and discursive methods, (Alvesson and Karreman 2000, Powers 2007,) biographical and auto-ethnographic methods (Muncey 2010).

What we now seek to highlight, through the conceptual map, is how in the EBP paradigm, contemporary approaches to qualitative nursing research have produced evidence that is not only of equal standing to quantitative research but which has led to comparable impacts on practice. So what follows is a narrative about not only the shifting trajectory of EBP but the subsequent positioning of qualitative nursing research.

Following the map from left to right, if we examine the contextual factors for EBP, there have been diverse well-documented external policy drivers sustaining dominance of EBP approaches. The introduction of clinical governance into the NHS in 2000, called for clinical guidelines and production of National Service Frameworks — all of which are contingent on verification of practice by a robust evidence base, typically derived from Randomized Controlled Trials (RCTs). In the USA and Canada, the Evidence-based Practice Centers (EPC) Program of the Agency for Healthcare Research and Quality) awards five year contracts to institutions to serve as EPCs. It is the responsibility of these EPCs to undertake reviews of all relevant scientific literature on clinical, behavioral and financing topics to produce evidence reports and technology assessments. These weighty contextual factors, fostering a culture EBP is pervasive and part of clinical lore, have in turn impacted on both researcher and consumer factors. For example researchers are consistently exposed to

EBP approaches in Higher Education Institutions (HEIs), career structures, practice guidelines, research guidelines and infrastructure of research funding organizations. Similarly consumers are encouraged by the NHS Expert Patient Programme initiative, launched in 2002 and its US counterpart the Chronic Disease Self Management Program in the USA 1999, to develop self-management expertise on a bedrock of evidence derived from accepted sources defined by the evidence-based model.

There are many instances of how researchers, in the process of learning to be part of a discourse, encounter academic scholarship that is infused with EBP. In systematic reviews of interventions, research has been catalogued according to the hierarchy of evidence with RCTs at the top and qualitative approaches less amenable to the EBP paradigm somewhere near the bottom. However we acknowledge that in recent years there has been growing recognition of the need to consider the importance of the synthesis of qualitative and organisational research that is most apposite for examining factors inherent in the implementation of research or service innovation particularly in local settings (Dixon-Woods & Fitzpatrick 2001), alongside epidemiological research (Petticrew & Roberts 2006, Roen et al. 2006). This shift has been reflected in the development of seminal consensus documents (Mays, Roberts & Popay 2001, Paterson 2001, Spencer 2003, Dixon-Woods et al. 2004, NHS CRD 2008) relating to methods for synthesising of qualitative research findings. However there is recognition that the increasing plethora of methods (and terminologies) for qualitative synthesis in recent years has created its own methodological challenge necessitating critical reviews by way of guidance for authors (Barnett-Page & Thomas 2009).

Maintaining this discourse in academia has been achieved by such infrastructures as high profile generic research assessment exercises research activity

that has high impact secures increases in funding, (Freshwater & Fisher 2014b). However, recent innovation in the assessment and evaluation of research outputs has led to the deconstruction of the concept of impact. Many countries are now keen not only to focus limited research funding on traditional output measures of quality, but to conduct exercises that include a considered assessment of the real impact of research emanating from HEI's. This has been particularly noticeable in the recent international research excellence assessments, where impact capture and evaluation has become much more central to the process of defining and measuring quality; see for example REF UK (2014) and Hare (2015) commenting in the Australian regarding the Excellence in Research for Australia (ERA). The complexity of capturing and assessing impact templates in REF 2014 has already been acknowledged (Manville et al. 2014) with some panellists fearing that the quality of the writing was having too great an influence and calling for recommendations for increased use of 'narrowly factual information' (p. 17). What this point perhaps illustrates is the key role of contextual factors (changes in national and international research assessment exercises) in prompting EBP discourses to acknowledge qualitative and mixed methods approaches as equally valid methodological lines of enquiry; the rationale being that such a shift could help to clarify issues in assessing the evidence base for impact.

In terms of establishing a discourse of qualitative nursing research, dated but nonetheless seminal publications, (Greenhalgh & Hurwitz 1998, Heron 1998, Denzin & Lincoln, 2005), followed by high quality qualitative research received by a dedicated readership, have all been instrumental in building on the momentum provided by the contextual factors noted above and garnering support in the academic nursing community.

In the maintenance phase, a key objective has been to actively embed the discourse of qualitative nursing through production of high impact research outputs associated with competitive funding streams. Examples of key research publications concerning methodological advancements in qualitative nursing research include: Koch & Harrington 1999, Manias & Street 2001, Whittemore et al. 2001, Freshwater and Avis 2004, Whitehead 2004, Holloway & Freshwater 2007. These publications have been instrumental in ensuring quality control and raising the bar in academic nursing.

The development phase relates to how the discourse can be progressed and defined and is the most critical. We have recognised through our own research and practice that one of the ways a discourse can be strengthened is ironically through its potential to provoke dissonance and direct a lens on its perceived fractures so as to stimulate debate in the scientific community and increase its currency. Gournay and Ritter (1997) and Griffiths (2005) have, in their reactive (some may argue destructive) responses to qualitative research evidence, only served to raise its profile. What we are suggesting is that these initial points of dissonance while leading to instances of discomfiting exposure have potential to strengthen the paradigm.

Next we turn to the MMR paradigm, which has been generated from the paradigm wars of quantitative and qualitative approaches and which now critically impacts on its 'parent paradigm' of qualitative nursing research. For the purposes of this paper we define MMR as a methodology which involves collecting, analyzing and integrating (or mixing) quantitative and qualitative research (and data); with the mixing being integral to the conduct of MMR.

Exemplar 2: Mixed Methods Research Paradigm

Again we can attribute the development of MMR to contextual factors such as consumers (in this case practitioners or researchers) seeking meaningful research that applies to a variety of methodological orientations which are not necessarily aligned purely with quantitative or qualitative paradigms. Indeed, it has been proposed that MMR grew from the ‘paradigm wars’, where after the ascendance of quantitative methodologies between the 1950s and 1970s and qualitative methodologies from the 1970s to 1990s, it emerged as a bridge between the two (Denscombe, 2008) and has since been constructed by its proponents as the third paradigm, a ‘separate methodological orientation with its own worldview, vocabulary and techniques’ (Tashakkori & Teddlie 2003, p.112) and which has both object (produced by paradigm wars) and subject (impacting on how qualitative nursing research is positioned) roles.

In determining the creation of the underpinning discourse, we once again consider separately the establishing, maintaining and developing phases. The establishment of the discourse has, in part, been activated by seminal publications that promote the distinctive nature of the paradigm and its core ideas and practices (Tashakkori & Teddlie 1998, 2003, Denzin & Lincoln, 2001, Creswell, 2003, Creswell & Plano Clark, 2007), by high-quality publications and by a dedicated readership as indicated by the Journal of Mixed Methods Research journal statistics. John Creswell notes that from January through May 2008, the journal received 58,000 hits on its website and according to the Journal’s publisher, Sage Publications, it displayed the profile of a long-established journal (Creswell, 2009).

In the maintenance phase, a way to actively perpetuate the discourse of (as we observed with the EBP paradigm) has been to ensure that research outputs are monitored through quality control methods so as to ensure high impact publications

that have the potential to attract funding streams. To this end, it has been essential to include checks on quality control in terms of publishability and on the specific contribution each publication makes to the field (Creswell & Tashakkori 2007, Creswell & Tashakkori 2008, Mertens, 2011).

Examples of seminal research publications which have focussed on methodological improvements and advances in the field are to be found in articles on paradigmatic formulations and innovative thinking about designs. In relation to the former, we would refer readers to Morgan's (2007) and Denscombe's (2008) explication of the community-of-scholars' idea. This line of thought is pivotal for the development of the underpinning discourse in that it accommodates the fragmentations and inconsistencies previously eschewed by researchers advocating integration (Bryman, 2007, 2008) in the MMR approach (Cresswell 2011). In this chapter Cresswell notes 11 controversies in mixed methods, a discussion which has been prominent in the qualitative community in the USA and is part of the process of deconstructing, challenging and ultimately strengthening the emerging field.

The development phase is the most pressing for MMR researchers and practitioners in that it will directly impact the future in terms of how the discourse can be advanced. Cresswell and Plano Clark (2010) have termed this as the 'reflective' phase. As we observed with the EBP paradigm and the positioning of qualitative research, one of the ways a discourse can be advanced is paradoxically through its deconstruction and attendant dissonance.

There are several ways we can focus on fractures and anomalies in any given discourse. First, there is the approach of accommodating variations, inconsistencies and fragmentations in the discourse to strengthen the paradigm. For example Denscombe (2008) and Bergman (2007) use the 'communities of practice model' to

formulate a model of paradigm development based on smaller communities of practice. According to this model, research practitioners use such ideas as shared understanding, shared identity, practice-driven approach to research problems, informal networks and groupings. Above all a flexible approach to inquiry that incorporates the inconsistencies and fragmentations in discourses underpinning MMR offers a responsive approach to any given research problem.

The other way of addressing anomalies and fractures in discourses surrounding MMR is offered by Freshwater's (2007) postmodern critique. Here the emphasis is not so much on the content of the MMR discourse, as in the reading and writing practices that as well as perpetuating the discourse, also highlight fracture points. Freshwater deals with the 'consumers', the health and social care researchers, who in their eagerness to become part of the academic discourse have displayed an uncritical and unquestioning stance in their reading of MMR, believing it to be a panacea for the solution of the unsolvable. While interpreting the discourse as one which integrates and fuses dialectical and opposing paradigms has been employed to overcome uncomfortable tensions, this has led to flatness in the quest for unity across methodological approaches, a unity promoted as enhancing validity.

There has been a trend for pinning down internal and competing components to present a coherent and comprehensive map of the area, a practice which directly bears on Freshwater's critique. Creswell notes this tension in his 2009 editorial on mapping the field: while recognizing that a mapping exercise can be interpreted as an attempt to fix the field and provide a template to which new components must be assimilate, Creswell also argues that the map is simply the beginning of a conversation rather than an attempt to impose determinacy.

Implications for Nursing

In reflecting on our motivation for developing the conceptual map, we recognize that it was partly down to an attempt to understand the complex and multi-layered way these two paradigms continue to influence the direction of qualitative nursing research. Our conceptual map has offered a meta-perspective, pointing to generic factors of discourse development which in turn underpin research paradigms. We would like to acknowledge some danger inherent in the approach of offering an overarching meta-perspective that does to some degree present as a meta-narrative. We have not only described how discourses underpin the production and practice of methodologies but have presented a narrative about the development of discourses themselves, a narrative which in a sense becomes self-perpetuating.

However, what the map does offer is an inroad into how consumers –nursing researchers, practitioners and policy makers - can take an active stance in how a given research paradigm might develop in the future. Freshwater (2007) pointed to the drawbacks of consumers adopting an uncritical reading of MMR which results in a bland landscape fusion and integration are privileged over uncertainty and paradox. However, the converse is that by harnessing critical abilities in becoming part of an academic discourse, we, as members of the nursing community, can offer alternative readings of any given research paradigm that celebrate rather than occlude tensions. In this sense, rather than being simply written into the paradigm and hence having our research methods pre-determined we can make the decision to live with and exploit tensions, potentially effecting paradigm shifts.

We would also like to highlight the ways our conceptual map impacts on not only the paradigms of EBP and MMR but on debate concerning what constitutes paradigms themselves. Based on our own knowledge of paradigm development, we would contend that ‘reading’ and ‘writing’ on the nature of paradigms and their

conceptual ingredients necessarily involve disparate viewpoints in the academic nursing community. We suggest that readers and writers respond to and interact with research outputs, of which ours is an example, in a variety of unpredictable ways. These understandings or misunderstandings as they might be termed, then lead to iterations that contribute to the development and ultimately deconstruction of discourses.

We suggest that in modelling our map of discourse development (Figure 1) on the dyadic therapist client relationship in psychotherapy, we are arguing for an epistemology of nursing knowledge that is grounded in responsiveness and symbiosis. We can view this as an extension or variation of the communities of practice basis of paradigm development (Denscombe 2008). Taking on board the idea that research paradigms are based on smaller communities with shared identities, informal networks and groupings and relational practices, we drill down even further to an explanation of paradigm formation in modelling it at the micro level of the dyadic relationship. This relational basis of discourse development is fluid, contingent and dynamic.

CONCLUSION

In summary we recommend that the conceptual map be used and in future work be refined according to differing contexts, as a new method in the nursing community to cultivate an awareness in nursing practitioners, researchers and policy makers of how discourses relating to research evidence and research practices are produced and perpetuated. Engendering active and critical reflection on the generation of these practices and the ways they can be deployed, in nursing research, practice and scholarship is, we suggest an integral part of advancing nursing knowledge and practice.

Conceptual map of discourse development

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