

Conceptualisations of criticality, evidence, and impersonality and academic writing in nursing and midwifery

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Abstract

This paper examines how attributes such as criticality, evidence and impersonality are conceptualised in nursing and midwifery and the role these conceptualisations play in discipline-specific academic writing. In this paper attributes are taken to mean existing or desired features of disciplinary texts. The paper draws on data from a two-year study on academic writing in these disciplines which looked at the nature and dynamics of discipline-specific academic writing in two undergraduate programmes at a UK university. The paper aims to contribute to recent theoretical and pedagogic debates on the specificity of writing in the disciplines. It argues that in attending to the significant relationship between context-sensitive attributes and disciplinary academic writing important perspectives can be gained.

Key words: discipline-specific academic writing – criticality - evidence – impersonality – nursing– midwifery

1. Introduction

Writing has been identified to be central to academic development and academic success in many higher education disciplines (Elander et al. 2006, Lillis & Turner 2001, Russell 1991, 2001, Whitehead 2002, Zhu 2004, among others). It has also been recognised to be the main vehicle for students to display their understandings of

social reality (ontology) and their claims of knowledge (epistemology) (Gimenez 2010) as well as the main assessment instrument in most English-speaking universities (Lillis & Scott 2007). Despite its centrality and the numerous research studies published in the literature, writing is still largely examined as a discrete skill that students are supposed to have mastered even before entering university (Leki 2003, Lillis & Turner 2001, Russell 2001, Whitehead 2002). This approach to writing as an isolated skill has failed to acknowledge, among other things, the discipline-specific nature of academic writing in higher education (Bazerman 2011). By the same token, it has supported the view that criticality, evidence and impersonality, which are defining attributes of discipline-specific academic writing in higher education, are context-free and transferrable and can thus be easily moved from context to context. Over the past few years, however, the generic nature of academic writing in higher education (Gimenez 2008, Hyland 2009) and the transferrable nature of attributes such as these (Jones 2009, Moore 2011) have come under close examination.

This paper thus examines the relationship between disciplinary conceptualisations of criticality, evidence and impersonality and academic writing in nursing and midwifery. It draws on data from a two-year study on the nature and dynamics of academic writing in these two disciplines (Gimenez 2008) and shows how the discipline-specific nature of these attributes helps to shape academic writing differently even in these two disciplines which are sometimes regarded as very similar.

The paper starts with a short review of the literature on the relationship between disciplinary epistemology and attributes that has informed the study. It then moves on to describe briefly the context and methodology of the study. Next, it

presents the results and discusses their significance. The paper ends with an exploration of the theoretical and pedagogical implications that result from analysing the significance of the study and its results.

2. Disciplinary epistemologies and discipline-specific attributes: A review of the literature

Disciplines have long been identified to have their own distinctive ways of creating, displaying and disseminating knowledge. Becher (1989) conducted one of the first large scale studies which aimed at identifying the key features of the knowledge base of different disciplines. Thus, he established that science-based disciplines see knowledge as a concrete, impersonal and value-free entity and that they show a strong emphasis on material objects and information reporting. The humanities, in contrast, tend to consider knowledge as abstract and open to individual interpretation, with a greater emphasis on argumentation. Becher concluded that the way a discipline creates, displays and disseminates its knowledge base will have a considerable impact on its academic culture. Therefore disciplinary epistemologies are central to researching not only the academic culture of disciplines but also the way disciplines conceptualise criticality, evidence and impersonality as attributes of written texts. This has also led to the realisation that such attributes are context sensitive rather than context-flexible. Thus, disciplines like medicine and history, as Jones (2009) has demonstrated, conceptualise criticality in rather a different manner. In medicine criticality is based on good clinical reasoning, understanding of evidence-based medicine and ethics, whereas in history it requires examining evidence and acknowledging ambiguities and ideologies in historical events.

Previous research has examined how attributes are conceptualised across a variety of different disciplines: Jones (2007), for instance, looked at economics and history; Jones (2008) examined history, physics, economics, law and medicine; and Moore (2011) researched philosophy, history and literary studies. The study reported on here looked at two disciplines that have been underrepresented in the literature and that, although commonly perceived to be very similar, seem to create their knowledge base differently. It could be therefore possible to assume that nursing and midwifery would conceptualise criticality, evidence and impersonality differently and that this would have a different bearing on how these two disciplines define these attributes to be realised in academic writing.

In the literature, nursing appears to have embraced the positivist model of science in order to conceptualise knowledge (Black 2001, Segal 2009, Spoel & James 2006). It is also described to prefer linear models of knowledge representation (McCourt 2005) to examine explanations of the relationship between health and illness (Vinson 2000). Midwifery, in contrast, seems to view knowledge as dynamic and to prefer the constructionist model to frame its knowledge base (Hunter 2008). Similarly, midwifery is usually described as trying to reconcile the Cartesian divide between logical reasoning and empirical data, on the one hand, and intuitive and knowledge gained from personal experience and professional observation, on the other (Hunter 2008, Lay 2000). Nursing, in contrast, is seen as having shied away from intuition and seeking to reaffirm its knowledge base primarily on clinical, conceptual and empirical knowledge (Kim 2010, Vinson 2000). Spoel and James (2006) describe how nursing tends to follow an established biomedical model, whereas midwifery favours a woman-centred model of childbirth. Lay (2000) also illustrates the differences between the two disciplines by referring to the tensions

between nurses, certified midwives and direct-entry midwives¹ in the USA, and the struggles of direct-entry midwives to retain their freedom by refusing to undergo nursing training.

These ontological positions and epistemological distinctions between nursing and midwifery are nonetheless to be understood as fairly fluid and highly localised. Despite having been considerably influenced by positivism, nursing has started to embrace a more contextualised approach to its practice in the past few years (Black 2001; Reed 2006). In a similar vein, the epistemologies of these disciplines will be influenced by localised views. In the USA, for example, certified midwifery is not separate from nursing, but a postgraduate specialisation within nursing education (Lay 2000). In the UK, in contrast, it is a discipline in its own right, with its own undergraduate and postgraduate degree programmes and a regulatory body which it shares with nursing.

The different ways in which nursing and midwifery define themselves as disciplines, construct their knowledge base and define their disciplinary cultures could possibly determine not only how they conceptualise criticality, evidence and impersonality but also how they conceptualise these attributes as features of discipline-specific academic writing. Thus the study set out to answer the following research questions:

1. How do the epistemologies of nursing and midwifery conceptualise criticality, evidence and impersonality in the context examined?
2. How do these conceptualisations impact undergraduate academic writing in these two disciplines?

¹ In the USA, “direct-entry midwives enter directly into midwifery education and practice, rather than through the discipline of nursing” (Lay 2000: 2).

3. Context and methodology of the study

The study reported on in this paper investigated discipline-specific academic writing on two undergraduate nursing and midwifery programmes at a university in London in the UK: a BSc Nursing degree (Adult branch) and a BSc Midwifery degree. Both are 3-year undergraduate programmes leading to professional registration as an Adult Nurse and a Midwife respectively. More precisely, the study aimed at examining, *inter alia*, the relationship between the disciplinary epistemologies of these two disciplines, their conceptualisations of criticality, evidence and impersonality and how, in turn, their epistemological formulation and the conceptualisations of these attributes would shape undergraduate academic writing.

Sixty-eight students on the nursing programme and sixty-seven on the midwifery programme and four content lecturers participated in the study. The student composition on these programmes shows a variety of cultural, ethnic, linguistic and educational backgrounds and experiences that are typical of these programmes (NMC 2006). Some of the participants started their university degrees right after finishing their 'A levels', others after 'Access courses', and others after they have done an 'Advanced Vocational Certificate of Education'.

The data for the study consisted of a questionnaire, ten in-depth interviews, two focus groups- one for each discipline- and a number of texts written by the students. The questionnaire had two sections: section one was about the students and their programmes and section two about their views and experiences in academic writing, including questions on the most frequently requested genres on their programmes, how difficult they found these genres, how they went about writing them, and questions about criticality, evidence and impersonality. Although the students had to choose their answers from a closed set, they could, and often did, use

the ‘Other’ category to expand on their answers, or complete an ‘Add your comments’ section².

The semi-structured interviews were used to collect more in-depth views about discipline-specific academic writing from four content lecturers and six students- three from nursing and three from midwifery. A list of the prompts used for the interviews is shown in the appendix. The focus group each consisted of six students who were asked a set of loosely organised questions devised after the initial analysis of the data collected from the questionnaire and interviews. Participating students were also asked to select samples of written texts they considered representative of the writing demands on their programmes. Table 1 shows the list of 28 written texts that the students selected.

Text	Discipline	Quantity
Essays	Nursing	4
	Midwifery	2
Care critiques	Midwifery	4
Dissertation proposal	Nursing	3
	Midwifery	3
Care plans	Nursing	3
Case studies	Nursing	2
Reflective texts	Nursing	3
	Midwifery	4
TOTAL		28

Table 1. Texts selected by the students

Answers to the questionnaire were computed using SPSS and interview and focus data were transcribed and coded using AQUAD 5, a package for analysing qualitative data. Once the data were transcribed, I examined the transcriptions to

² A more detailed description of the results is presented in Gimenez (2008).

identify prominent concepts and initial coding categories. The procedure followed the steps described by Strauss (1987: 27) in which “unrestricted coding of the data” is first attempted to find the prominent concepts (e.g. criticality). This was followed by a process of code refinement which resulted in a ‘library of codes’ for each of the concepts (e.g. critical use of sources). Finally, “linkages” (p. 33) were established between the refined codes to determine a significant relationship between them (e.g. critical use of sources + nursing). Notation of the data has been kept as simple as possible: underlined text represents words that have been emphasised, text in square brackets [text] indicates overlap, and three dots in brackets (...) are used for inaudible or incomprehensible parts.

4. Disciplinary conceptualisation of attributes and discipline-specific writing: An exploration of the findings

This section of the paper presents the results from analysing the relationship between how attributes are conceptualised in these two disciplines and how academic writing is shaped by such conceptualisations. It first looks at criticality, evidence and impersonality in nursing and midwifery and then how this is evidenced in academic writing in both disciplines.

4.1 Criticality, evidence and impersonality in nursing

The different epistemological positions held by nursing and midwifery described above will determine how these disciplines conceptualise attributes like criticality, evidence, and impersonality. These conceptualisations will, in turn, shape the ways each discipline constructs its writing practices, as will be shown in 4.3 below.

In nursing criticality is closely associated with ‘problem-solving’ which may have resulted from the way nursing constructs its knowledge base and the models of knowledge representation it applies to explain the relationship between health and illness (Kim 2010, Vinson 2000). By and large, nursing defines ‘being critical’ as the ability to examine, describe and explain the relationship between these two states of being. This way of defining criticality emerges quite clearly in the data of the study as the following quotes illustrate:

“it’s rather difficult to escape the health-illness dichotomy cause one is normally used to define the other... of course we’ve come a long way from the original definition of health by the WHO where you know you have words like ‘complete health’ and er... we’ve now come to see this in a more realistic way if you like... but you know it’s still quite useful to define how health and illness are related... and this is when you know you expect students to be critical about it...” (Mark³, nursing lecturer)

“I’d say so... when you critically examine how health has been defined and you know it’s still in some cases being defined this way you look at health and disease, you look at how you can help patients with a given condition become healthier you know...” (Rita, nursing student, talking about her essay on the definitions of health)

The conceptualisation of evidence also appears to be highly determined by the epistemology of each discipline. As emerged in the study reported here nursing appears to prefer randomised control trials (RCTs) over other forms of evidence. Although some have criticised the dominance of RCTs as ‘default scientific sources’ in disciplines like nursing (e.g. Black 2001, McCourt 2005), RCTs are still preferred for their robust design and their capacity to minimise biases and to enable fair comparisons (Black 2001). This preference is also referred to by many participants in the study:

³ All names are pseudonyms.

*“I think in nursing it’s important that your sources are all from what we call scientific sources you know international journals, NHS reports, RCTs and things like... that you have to show a *balance of sources that’s also true but most of them I think should be from sources like these...*” (Anthony, nursing student on writing in nursing)*

*“yeah you know last semester for example we had a lot of input on doing research and how important it is for all to get involved in it you know *reading research is obviously important, that’s where you get your evidence, but doing research is also as important you know to make some kind of contribution... scientific contribution to the discipline*” (Carol, nursing student)*

“and the more rigorous and scientific your evidence is the stronger the conclusions you can draw and [that]

Interviewer: *[and] what type of evidence would be considered rigorous or... scientific?*

Well... evidence from authoritative sources like reports by the NHS, or the NMC or NICE and of course RCTs...” (Alex, nursing student)

In relation to impersonality, different disciplines have been reported to adhere to different norms of impersonality (Harwood 2005, Hyland 2002). However, this is an area where nursing and midwifery seem to show differences as well as similarities. Both disciplines similarly recommend students to project an impersonal voice mainly to avoid drawing the reader’s attention to the writer of the text instead of the text itself. This creates linguistic as well as identity problems among most students. They frequently find it difficult to be linguistically absent from their texts and to accept loss of ownership, identity and authority over their writings. As two students commented:

“I never know what to write you know... It’s like talking about somebody else, writing about them as if you hadn’t been there it’s so weird...when I read what I’ve written you know I feel it belongs to somebody else” (Cynthia, nursing student)

“How can you refer to yourself as the student midwife when you’re actually talking about you yourself?” (Vera, midwifery student)

Nursing and midwifery, however, differ in the emphasis they place on impersonality as an academic writing attribute. In nursing impersonality is an element of objectivity and thus valued in almost all texts:

“There is you know this tradition that you don’t use contracted forms or personal pronouns in formal writing like essays for example so we tell students to avoid using things like I or in my opinion for their essays it looks more objective when they avoid these things in their accounts” (Mark, nursing lecturer)

4.2 Criticality, evidence and impersonality in midwifery

In contrast to nursing, midwifery shows a rather different take on criticality. In line with the constructivist approach to knowledge that midwifery follows, criticality is defined as a multifaceted attribute which involves problem solving as well as critical thinking, an understanding of ideology and social change, and critiques of the theories and practices of midwifery in their socio-political and historic-cultural contexts (Siddiqui 2005). This conceptualisation of criticality is evidenced in the written texts some of the students provided and in the interviews with the two lecturers.

“The woman in labour can experience pain depending on the stage of labour she is in. For example, in the first stage of labour pain arises from sensory receptors called nociceptors which are located in the uterus and perineum. In the second stage pain is experienced by the second, third and fourth sacral segments which can be blocked by means of epidural analgesia (Leong, et al 2000). However, the use of epidural in labour has received mixed reviews in the literature with some studies supporting it (e.g. Crosby, 1990; Simkin, 1997; Stem 1997) and others opposing it (e.g. Halpern et al., 1998; Howell, 1999; Robinson et al., 1999). Similarly, the use of epidural has been criticised in midwifery practices that favour normal over accelerated births and oppose the use of epidurals in the second stage of labour (O’Driscoll & Meagher, 1989). The recent increase in the demand for epidurals by women themselves observed in antenatal appointments also calls for the need to inform women about the pros and cons of using epidurals for labour and delivery.” (Martha, midwifery student, essay on using epidural in labour)

... students in midwifery need to develop a complex set of knowledge, developing midwifery knowledge is never a straightforward process that includes only the anatomy and physiology of human body you know the body and the childbearing process, the uterus, the placenta and all that midwifery includes other aspects that will also have a bearing on the childbirth experience you know, is the woman a primigravida? has she decided to go for this or that position? what ideas about childbirth does the woman have? what are her social and cultural beliefs about childbirth? how about postnatal care? and breastfeeding? All this is important for the midwife to know..." (Adele, midwifery lecturer)

As to evidence, midwifery conceptualises it as involving both the result of 'rigorous, objective, scientific enquiry' (DoH 1996) as well as clinical experience and embodied knowledge that is defined as knowledge gained from personal experience and observation (Fullbrook, 2004), as shown in the following two quotes from the interviews with midwifery students:

"...that's what I'm doing in this text, you see...I think it's important to strike a balance between evidence from scientific research you know journals and NICE reports for example but also what you have experienced yourself on your placements and through observation..." (Martha, midwifery student on midwifery writing)

"very important I'd say but not more than what you've learnt on clinical placement, observation is as important I think it's emphasised you know in class and on placement that we need to develop observation skills to understand or take in the situation holistically..." (Sally, midwifery student)

Although nursing and midwifery share similarities as to impersonality as an attribute of academic writing as shown above, in contrast with nursing in midwifery the value of impersonality is restricted to certain types of texts, especially those that relate to professional practice:

"Yes, that's right we do recommend students to avoid using personal pronouns such as I or we but that's only when their text needs to draw the attention of their readers to what is being said rather than who is saying it... in reflective writing for example we would never say avoid using I..." (Adele, midwifery lecturer)

4.3 Criticality, evidence and impersonality and academic writing

The findings presented above show that the beliefs about knowledge and knowledge construction that disciplines hold play a central role in the way a discipline conceptualises attributes such as criticality, evidence and impersonality, making them context-specific rather than generic and transferable. Whereas nursing sees criticality mainly as ‘problem-solving’ in nursing, midwifery conceptualises it as ‘contextual relativistic reasoning’ (Parry 1998). When nursing students need to show their critical skills in writing, therefore, they have to do so by synthesising and weighing research evidence from different sources which should all meet the ‘scientific’ criterion dictated by the patterns of knowledge in their discipline. Midwifery students, in contrast, are faced with a more complex task. Not only do they have to synthesise and weigh evidence, they also have to demonstrate they are capable of integrating different types of evidence from a variety of sources, some of which would probably not meet the scientific standard required in nursing.

Whereas nursing students are generally expected to show how their writing is based on carefully selected scientific evidence, established definitions and models of knowledge production, midwifery students are normally required to integrate what has been scientifically confirmed in the literature with what they have learnt from clinical experience and observation, and to be able to relate it all to contextual issues of professional practice.

The disciplinary conceptualisation of evidence offers a similar picture. Within the positivist model of knowledge prevalent in nursing, scientific evidence is privileged over other types of evidence; within the constructivist model more common in midwifery evidence appears to be a more multifaceted concept which requires writers to reconcile a wider range of possibilities. Thus, in nursing evidence

is often considered ‘context-free evidence’ (Lomas et al. 2005) and can be hierarchically organised depending on its scientific value from RCTs ranking at the top of the scale to expert opinion at the bottom. In contrast, midwifery approaches evidence as a ‘context-sensitive’ attribute.

These different approaches to evidence are also reflected in the expectations that student writers have to meet when writing academically as can be seen in the following two extracts from texts provided by the student participants:

“Reducing blood pressure in patients with above optimal pressure is one very difficult task that nurses involved in health education still face today. Advice given to patients when visiting the nurse has not always resulted in success, despite the many efforts of nurses to complement their advice with some kind of literature (e.g. leaflets). Interventions of the behavioural type, on the other hand, have shown to be more effective. A considerable number of key studies in the literature that have used randomized control trials such as the one by Appel et al. (2003) to measure the effectiveness of behavioural interventions (e.g. ELR and DASH) in above-optimal-pressure subjects have demonstrated the supremacy of these interventions over nursing advice.” (Joy, nursing student, essay on health education)

“In contrast to medical-based models of care where an obstetrician or physician is responsible for the care of a woman in labour, midwife-led care is based on the principles of normality and continuity of care, providing care antenatally, during labour and postnatally (Robinson et al.,1999). It emphasises the ability of women to experience birth naturally and with a minimum medical intervention. It also stresses the importance of developing care around the woman and baby; their ethnic background, social needs and, in some cases, religious beliefs (notes on clinical placement).” (Stelle, midwifery student, care critique)

Although as shown in the previous section, both disciplines would normally require students to write impersonally, nursing students are usually advised to project an impersonal voice in almost all of their texts, even when writing reflectively, as evidenced in the quote from the interview with Cynthia above. In midwifery, on the other hand, impersonality is presented as a more relative concept which is advised

when writing about professional practice but a personal style is generally accepted in reflective writing.

There is therefore an argument to be made in favour of explicitly teaching students these attributes as specific to the epistemologies of their discipline rather than as transferable entities. By the same token, students should be made aware of the role these attributes play in discipline-specific academic writing as the next section argues.

5. Examining theoretical and pedagogic implications

An examination of the relationship between disciplinary epistemologies, context-sensitive attributes and disciplinary academic writing can provide some significant theoretical and pedagogical perspectives.

Theoretically, it is important to explore how disciplinary epistemologies determine the way disciplines conceptualise attributes such as criticality, evidence and impersonality which have for a long time believed to be context-free and therefore transferable. However, recent studies have demonstrated that such attributes are actually context-sensitive and therefore variable to specific disciplines (Jones 2009, Moore 2011). This study has shown that this is also the case in disciplines like nursing and midwifery which are normally considered to be very similar.

This realisation is also important for how discipline-specific academic writing is theorised. Criticality, evidence and impersonality are central attributes of academic writing in higher education and they therefore play an important role in shaping the beliefs and expectations about writing that each discipline holds. These beliefs and expectations that form part of disciplinary practices may remain 'invisible' in some views of academic writing in higher education (e.g. text-oriented English for

Academic Purposes (EAP) approaches) and may thus become an insurmountable obstacle for student writers (Gimenez 2010).

By the same token, we need a pedagogy of discipline-specific academic writing that explicitly makes students aware of the contextual sensitivity of attributes and their place in academic writing. These aspects are rarely discussed, let alone taught, and students' difficulties in producing discipline-specific texts tend to be masked as literacy or linguistic problems (Lillis and Scott 2007, McCune 2004). However, if students are to become effective writers of disciplinary texts, and active participants in the construction of disciplinary knowledge, attributes like criticality, evidence and impersonality should be explicitly taught within the disciplines and their role in shaping discipline-specific writing actively explored.

6. Conclusion

Drawing on data from a two-year study on the nature and dynamics of academic writing in nursing and midwifery, this paper has examined the relationship between disciplinary conceptualisations of criticality, evidence and impersonality and academic writing in these two disciplines.

The paper has concluded that by attending to the relationship between disciplinary epistemologies, context-sensitive attributes and disciplinary academic writing significant theoretical and pedagogical perspectives can be gained. Theoretically the study has argued that examining disciplinary epistemologies is important as it throws light on the roles that epistemologies play in determining how attributes are conceptualised. In a similar vein, by looking at how different disciplines conceptualise such attributes, an understanding of the connection between context and attributes can be gained. This, in turn, would help to make the centrality of

attributes such as criticality, evidence and impersonality in disciplinary academic writing emerge more clearly.

Pedagogically the study has argued for explicitly making students aware of the contextual sensitivity of attributes, their relationship with the epistemologies of their discipline, and how both things should be reflected in their writings. This could, in due course, help new members not only to gain access to the discourses of their disciplines but also, and more importantly, to become less peripheral members of its culture.

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Appendix

List of prompts for the semi-structured interviews (these are guiding prompts which the interviewer elaborated on depending on the answers provided by the participants)

1. what academic writing in nursing/midwifery is like
2. what are the major challenges you/students generally face
3. is there a need to be critical in nursing/midwifery academic writing
4. what it takes to be critical in nursing/midwifery academic writing
5. the role of evidence in in nursing/midwifery academic writing
6. what is 'evidence' in nursing/midwifery academic writing
7. the use of personal pronouns (e.g. I, we) in in nursing/midwifery academic writing

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