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Nursing theory development

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ABSTRACT

This paper analyzes knowledge and theory development in the discipline of nursing. Nursing theory development is characterized by nursing's unique perspective: a distinct focus of the discipline of nursing. In a recognized nursing theory, the nursing metaparadigm's concepts of person, environment, health, and nursing are defined, and the interrelationships among those concepts are described. Knowledge development in the discipline of nursing has generated and continues to generate philosophical, theoretical, and scientific knowledge, which serve as a basis for further reflections, investigations, and refinement, and as a source of new knowledge. In addition, nursing theory development has been related to borrowed or shared theories from or with other disciplines such as anthropology, education, sociology, and psychology.

Key Words: Theory, Nursing Theory, Nursing Knowledge Development

INTRODUCTION

Concern about the use and development of nursing theory became evident in the early 60's (Newman, 1972; Meleis, 1997). In this period, the emphasis was placed on the integration of theories from other disciplines into the discipline of nursing, on the analyses of nursing practice in search of a theoretical framework, and on the development of a conceptual framework that could serve as a foundation for theory development (Newman, 1972). In the early 80's, the nursing domain concepts emerged, and the emphasis shifted to the analysis of existing theories and the development of unique nursing theories (Meleis, 1997). Consequently, nursing literature is replete with suggestions that nursing theories must be congruent with a broad perspective of the discipline of nursing to be considered acceptable nursing theories. To view a nursing theory from a broad perspective means to take into consideration consensus on the four domain concepts of interest to the discipline of nursing which represent the nursing metaparadigm: person, environment, health, and nursing (Fawcett, 1983; Adam, 1985; Chinn & Jacobs, 1987). The interrelationships among these metaparadigm concepts represent nursing's unique disciplinary perspective (Adam, 1985). These interrelationships are described by scholars in terms of the focus given by the discipline of nursing. Donalson & Crowley (1978) stated that nursing has four dynamic and overlapping concerns: the rules that determine the wellness and functioning of humans during times of health and illness; the models of interaction between human beings and the environment in times of calm and crisis; the implementation of positive nursing interventions that impact a person's health status; and attention to the complex entirety of human health, with the understanding that

people are in constant interaction with the environment.

THEORY DEVELOPMENT

Theory development is "a process of scientific endeavors, and is a goal of all scientific work." Theory is defined as "an organized, coherent, and systematic articulation of a set of statements related to significant questions in a discipline that are communicated in a meaningful whole; a symbolic depiction of aspects of reality that are discovered or invented for describing, explaining, predicting, or prescribing responses, events, situations, conditions, or relationships" (Meleis, 1997, pp. 8,12). Thus, a theory is a coherent set of propositions and statements that describe (factor-isolating), explain (factor-relating), and predict (situation-relating) phenomena as well as prescribe (situation-producing) actions toward goals. (Dickoff et al., 1968).

According to Barnum (1998), theories may be classified as descriptive or exploratory. Descriptive theories observe a phenomenon and identify its elements or events. Exploratory theories deal with cause and effect, correlations, or the rules that regulate interactions among the theories' constituents. Meleis (1997) stated that theories are composed of concepts connected to the phenomena of concern to a discipline. These concepts relate to each other in order to comprise theoretical statements. The objective of theory is to formulate a minimum set of generalizations that allow a discipline to explain a maximum number of observable relationships among variables. This view is congruent with Dickoff et al. (1968) and Morris (1996) who observed that the purpose of theory is to describe, explain, and predict phenomena of a discipline, and to guide and direct its practice.

NURSING THEORY DEVELOPMENT

Nursing theories are very important for guiding education, research, and practice as well as for strengthening the links among those areas. Nursing theories are necessary and very important for the discipline of nursing; they define the body of nursing knowledge, promote further knowledge development, establish nursing as a profession, and aim to give directions to nursing practice. Fawcett (1983) asserted that nursing theory is “characterized as sets of concepts, definitions, and propositions that address the metaparadigm phenomena of person, environment, health and nursing, by specifying relations among variables derived from these phenomena” (p. 11). Additionally, Meleis (1997) stated that nursing theory provides insights about nursing practice situations and research and gives direction to nursing practice. Thus, nursing theory is viewed as contributing to a well-founded basis for nursing practice (Chinn & Kramer, 1995) and it is useful in describing nursing phenomena, in analyzing and explaining relationships among those phenomena, in predicting consequences, and in prescribing actions (Chinn & Jacobs, 1987, Meleis, 1997).

Nursing theories are normally derived from conceptual models in which the nursing metaparadigm phenomena are clearly identified (Fawcett, 1983). For this reason, the conceptual model is considered a precursor of nursing theory (Peterson, 1977; Fawcett 1983). A conceptual model of nursing is a set of abstract concepts and propositions that are integrated into a meaningful configuration and represent an involvement in theoretical formulations by describing nursing phenomena and their interrelationships in abstract terms (Fawcett, 1983). Consequently, it is implied that the concepts, definitions, and propositions of a

nursing theory are derived from a nursing conceptual model.

Nursing theories vary in scope; that is, they vary in the level of abstraction. Theories that are broader in scope are called grand range theories. These theories are abstract and give broad perspective to the goals and structures of nursing practice (Fawcett, 1994; Walker & Avant, 1995). They are not testable; rather, they are viewed as knowledge-generating models from which hypotheses can be derived and tested (Wilson, 1989), and they are useful as a theoretical framework for the development of middle range theories (Armstrong & Kelly, 1995). Middle range theories are limited in scope and contain a limited number of variables (Fawcett, 1994; Walker & Avant, 1995); they “involve abstractions, of course, but they are close enough to observed data to be incorporated in propositions that permit empirical testing” (Merton, 1968, p. 39). Thus, they can easily be taken to the operational level (Wilson, 1989); they are theories that describe, explain, and predict phenomena of concern to nursing as well as prescribe actions in response to those phenomena.

Both grand and middle range theories are important for knowledge development in the discipline of nursing. Grand range theories are important to provide a larger picture of the phenomena. However, a deeper understanding about the relationships among those phenomena is provided by middle range theories. Thus, the discipline of nursing should concentrate its efforts in developing more middle range theories, which are able to direct research and practice as well as to strengthen the linkage among those areas (theory, research, and practice). Speedy (1989) supported this view. She noted that the majority of nursing scholars have suggested that theories guide practice, that practice is a source of theory development,

and that theories and practice inform each other. Consequently, the discipline of nursing must advance further than just explaining and predicting in terms of theory development; the members of the discipline must develop prescriptive theories (Dickoff & James, 1968).

Nursing Theory Development as Part of Nursing Knowledge Development

When writing about theory, it is important to consider knowledge, since knowledge development within a discipline occurs basically through the development of theories (Fawcett, 1983; Chinn & Jacobs, 1987). Knowledge is defined as “familiarity, gained experience; the act or state of understanding; clear perception of facts or truth” (Webster’s New Universal Unabridged Dictionary, 1996, p. 1064). In addition, specialized knowledge defines the particular competence of a group, establishes a legitimate basis for the authority of the group, provides status and prestige, and facilitates the socialization of new members into the group (Carper, 1989). Theorists have classified knowledge development in different ways.

According to Johnson (1968), knowledge development consists of knowledge of order (describing and explaining the relations of physical, biological, and social objects and events – this order can be discovered and understood); knowledge of disorder (providing information to understand the events that pose a threat to well-being or survival of the individual or society, or which are deemed undesirable for some other reason); and knowledge of control (facilitating a prescriptive course of action, which when executed, changes the sequence of events in a preferred way and toward desired outcomes).

In addition, Carper (1978) identified four patterns of knowing which include empirics –

the science of nursing (describes, explains, and predicts phenomena of special concern to the discipline of nursing); aesthetics – the art of nursing (perceives through empathy; expresses through creativity, designing and providing efficient nursing care); personal knowledge (knows the self; accepts others; engages in process of becoming); and ethics – the moral component (focuses on obligation, moral code, and responsibility).

Schultz and Meleis (1988) asserted that the discipline of nursing uses three types of knowledge: clinical knowledge (combination of empirical and personal knowledge); conceptual knowledge (reflection on nursing phenomena); and empirical knowledge (result of research).

Knowledge development in the discipline of nursing involves using all these types of knowledge in order to describe, explain, predict, and control nursing situations. The classification of knowledge is a way to organize and structure the ways of knowing.

Goal of Nursing Knowledge Development

Knowledge development in nursing was initiated by Florence Nightingale in the nineteenth century. Nightingale focused on the importance of the health environment in promoting the patient’s physical and mental well-being (Donalson & Crowley, 1978). Between the nineteenth century and today, many different foci and approaches have been used for knowledge development in the discipline of nursing, such as case studies to understand nursing interventions, educational studies to determine the most effective educational preparation for nurses, the development of conceptual models and theories to guide nursing practice, and theories testing to validate their usefulness in nursing practice. The efforts to develop a scientific body of nursing knowledge

to guide nursing practice have resulted in dialogue aimed to clarify what nursing science is and how to develop such knowledge (Crawford et al., 1979). Nursing knowledge development may also be based on alternative scientific methods, such as historic and philosophic, which are useful to organize knowledge within a discipline (Schlofeldt, 1977; Silva, 1977; Carper, 1978; Schultz & Meleis, 1988).

To establish nursing as a profession and a science, it was necessary to define its body of knowledge. Thus, numerous discussions and debates took place about the nature and origin of nursing knowledge, the types of knowledge necessary to the discipline of nursing, the domains of nursing, the methods that should be used for developing nursing knowledge, and the criteria that should be used for the validation of nursing knowledge. These discussions and debates were very important not only in clarifying and understanding the different points of view of the members of the discipline of nursing, but also in leading to further discussions and debates about unresolved issues.

Ramos (1988) stated that the discipline of nursing needs to develop knowledge that facilitates the education of new practitioners; to rationalize the place for nursing in the health care delivery system; to describe and to explain the phenomena of concern of the discipline; and to demonstrate the ideal relationship between theory, research, and practice. Thus, the discipline of nursing relies on different ways of knowing in order to develop knowledge useful to nursing, such as research, tradition, authority, intuition, trial and error, personal experience, and logical reasoning. Each of these ways of knowing is important for knowledge development in the discipline of nursing. Empirical knowledge, which is derived from research, is considered by the majority of members of the discipline to be the primary source of knowledge development

in nursing, and it is a way to develop unique nursing theories; nursing phenomena are empirically tested in practical nursing situations.

The goal of research is to develop a scientific knowledge base for nursing practice. Knowledge development in the discipline of nursing has generated and continues to generate philosophical, theoretical, and scientific knowledge, which serves as a basis for further reflections, investigations, and refinements, and as a source of new knowledge.

Nursing theories: borrowed and unique

Nursing theories may be borrowed from other disciplines, or they may be unique to the discipline of nursing (Fawcett, 1983). Borrowed theory is defined as knowledge developed by other disciplines and is adapted in the discipline of nursing (Johnson, 1968).

In the early 60's, the United States Federal Government started funding nursing education in other disciplines in order to relate their theories to the discipline of nursing. This purpose has been accomplished to some extent: nurse researchers have been using frameworks from other disciplines (Newman, 1972; Flaskerud & Halloran, 1980; Hogan & DeSantis, 1991), and theories from other disciplines have contributed to theory development in nursing (Johnson, 1968). Moreover, the value of a borrowed or shared theory is that it allows nursing to interpret, add, expand, and validate it in nursing situations (Moore, 1990). The lack of comprehensive substantive nursing theories has resulted in nursing borrowing theoretical assumptions, concepts, and research instruments from other disciplines such as anthropology, sociology, psychology, and education (Hogan & DeSantis, 1991), and adopting concepts and propositions from other paradigms, such as psychoanalysis, development, adaptation,

and humanism (Meleis, 1997). When borrowed concepts and theories are utilized, they must be redefined and resynthesized in accordance with the perspective of the borrowing discipline (Donalson & Crawley, 1978). Many of the nursing theories dealing with normal life processes were comprehensively developed in other disciplines (Johnson, 1968). However, the knowledge and methods developed by other disciplines did not completely fulfill the needs for useful knowledge to guide nursing practice, thereby forcing nursing to expend its energy in developing its own theories, its own knowledge base (Wald & Leonard, 1964).

Conversely, unique theory is the result of discipline-specific knowledge derived through empirical methods, so by extension, nursing unique theories inquire into phenomena and experiences related to nursing (Johnson, 1968). The distinct way that a discipline views all phenomena defines the limits and nature of its inquiry, and characterizes its unique perspective and its actions (Donalson & Crawley, 1978).

Scholars have asserted that all disciplines have ambiguous boundaries; inquiries and answers in one field may overlap with those of another. Thus, borrowed theories remain borrowed until they are adapted to the discipline of nursing. Once these theories are adapted to nursing they become part of nursing theories as knowledge shared with other disciplines. Borrowed theories have been both a source of ideas and a contrast for the discipline of nursing to examine what are believed to be unique nursing theories (Lamb, 1988). In addition, it has been argued that theories which deal with all four metaparadigm concepts, or theories about any one of these concepts, could also legitimately be considered nursing theories (Fawcett, 1983). However, Flaskerud and Halloran (1980) have argued that that the concept of nursing must be included in a theory

for it to be considered a nursing theory because theories dealing with person, environment, and health can also be useful to other disciplines such as social and health sciences. Chinn (1983) supported this assertion, and explained that theories developed in one discipline that are used by another are called borrowed theories, and not unique theories. To be unique nursing theories, Crawford et al. (1979) stated that the knowledge has to derive from within nursing's unique perspective.

Nursing knowledge development from nursing's unique perspective is developed by asking questions and viewing phenomena unlike other disciplines. Nursing theories derived from nursing conceptual models clearly identify with the nursing metaparadigms; thus they are unique nursing theories (Fawcett, 1983). Nursing unique theories direct nursing practice and enhance the body of knowledge in the discipline of nursing (Hogan & DeSantis, 1991). In addition, Hogan and DeSantis (1991) advocated the use of quantitative and qualitative methods to generate and verify substantive theories which they consider necessary to create the empirically based nursing practice and essential for the science of nursing. Most nursing theories, such as subsystems of behaviors, role supplementation, therapeutic touch, and self-help, were definable and analyzable from a nursing perspective (Meleis, 1997). Thus, these theories are considered unique nursing theories.

Moore (1990) asserted that many different conceptual models such as Orem, Rogers, Roy, and King, have been used by nursing researchers to develop nursing unique theories (e.g. self-care deficits, complementarity, theory of the person as an adaptive system, and theory of goal attainment). The purpose of nursing science is to develop the basis for nursing care. Therefore, nurse researchers must be committed to developing knowledge aimed to explain human

responses related to health and recovery from illness as well as to predict the effectiveness of different nursing interventions in promoting and maintaining health (Weiss, 1995).

CONCLUSION

Theories from other disciplines were the starting point for the development of unique nursing theories. Concepts and propositions from borrowed theories have been the building blocks for the synthesis of nursing theories. The discipline of nursing continues to borrow and to share theories from and with other disciplines. The authors of this paper agree with Hayne (1992) who asserted that interdisciplinary and multidisciplinary collaboration strengthens the interpretation and understanding of human phenomena, but these phenomena should be selected according to their appropriateness from the perspective of nursing. And, their usefulness in nursing should be validated by carrying out nursing research. Thus, the knowledge base of nursing will be developed from basic, applied, and prescriptive research. The discipline of nursing must strive to refine previous knowledge adding, validating and investigating new unresolved problems that challenge nursing practice (Andreoli & Thompson, 1977).

Additionally, the discipline of nursing has been developing its own theories. The discipline of nursing should continue efforts in theory development aimed to describe, explain, and predict phenomena, as well as to prescribe goals significant to the discipline. Theory, research, and practice are integral parts of nursing knowledge development; thus nursing practitioners must be exposed to those three areas.

An Adam's quotation fits very well with this paper's conclusion: "If indeed for nursing to be recognized as a science (and as a profession)

it must have a body of knowledge; if to have a body of knowledge there must be theory development; if to develop theory one must begin at the first level of factor isolating; if factor isolating cannot be done except from a broad perspective; nursing is in the enviable position of having several broad perspectives (conceptual models for nursing), any one of which provides a conceptual departure point for practice, research, and education" (Adam, 1985, p. 155).

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