Overview of nursing theory

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1. What is "Nursing Theory" and why "Nursing Theory"?

Theory-guided, evidence-based practice is the hallmark of any professional discipline. As nursing is a professional discipline, nursing theory is a framework designed to organize knowledge and explain phenomena in nursing, at a more concrete and specific level. Nursing theory is the terms given to the body of knowledge that is used to support nursing practice. Each discipline has a unique focus for knowledge development that directs its inquiry and distinguishes it from other fields of study (Smith and Liehr 2008).

A nursing theory is a set of concepts, definitions, relationships, and assumptions or propositions derived from nursing models or from other disciplines and project a purposive, systematic view of phenomena by designing specific inter-relationships among concepts for the purposes of describing, explaining, predicting, and/or prescribing.

Nursing theory aims to describe, predict and explain the phenomenon of nursing (Chinn and Jacobs 1987). It should provide the foundations of nursing practice, help to generate further knowledge and indicate in which direction nursing should develop in the future (Brown 1964). Theory is important because it helps us to decide what we know and what we need to know (Parsons 2002). It helps to distinguish what should form the basis of practice by explicitly describing nursing. This can be seen as an attempt by the nursing profession to maintain its professional boundaries. Characteristics of theories are interrelate concepts in such a way as to create a different way of looking at a particular phenomenon. Theories are logical in nature, generalize, and are the bases for hypotheses that can be tested. Theories increase the general body of knowledge within the discipline through the research implemented to validate them. They are used by the practitioners to guide and improve their practice. And Theories are also consistent with other validated theories, laws, and principles but will leave open unanswered questions that need to be investigated.

Almost 90% of all Nursing theories have been generated in the last 20 years.

2. Education for Nursing Theory

There are some education programs of nursing theory at the undergraduate and graduate level for the understanding of nursing theory. Table 1 shows the titles of nursing theory for students according to the academic program.

2. 1 Overview of Nursing Theory

When undergraduate students learn "Introduction of Nursing" or "Fundamental Nursing" or "Overview of Nsg. Theory", or other courses like an introduction of current nursing theorist's theory or philosophy, or nursing history, lectures giving an overview of nursing theory can be briefly included.

2. 2 Modern Philosophy and Nursing Philosophy

The introduction of modern philosophy like Epistemology, Empiricism, Idealism, Rationalism and Constructivism can be included in the contents of Nursing Philosophy. And another way that the contents
of nursing philosophy can be dealt with is during an introduction of nursing theorist philosophy. The
Introduction of the body of knowledge of nursing can be used to support nursing practice and to explain
phenomena in nursing. There are some traditional and modern philosophies related to nursing discipline
such as Empiricism – knowledge is based on experience, Idealism – knowledge is innate or not based on
experience, Rationalism – knowledge is based on reason and empirical evidence and Constructivism –
knowledge is "constructed".

For example, the role of epistemology of nursing is beliefs, truth, and justification regarding nursing
knowledge. It addresses the questions: What is knowledge? How is knowledge acquired? How do we
know what we know? Epistemology is the study of knowledge and justified belief. Epistemology is the
branch of philosophy which deals with the theory of knowledge. Epistemology is closely related to critical
thinking.

The epistemology of nursing and competencies required in health care today demand examination of
how and where students acquire clinical, conceptual, and empirical knowledge (Vinson 2000).

2. 3 Introduction of Nursing Theory

A. For the contents of "Introduction of Nsg. Theory", at first, there can be provided subjects about 1)
the historical development of nursing theory and 2) other subjects with general fundamental theory
construction materials like 'what is theory', 'what is science', 'what is discipline', and 'what are the
concept, proposition, assumption etc'.

B. Nursing models are conceptual models. These conceptual nursing models are constructed of theories or
concepts from Nightingale to modern theorists.

C. Explain definitions, relationships and assumptions or propositions derived from nursing models or from
other disciplines. Explain definitions of some concepts & their relation in nursing theories. Understand
a purposive, systematic view of phenomena by designing specific inter-relationships among concepts
in nursing phenomena. Understand the purposes of describing, explaining, predicting, or prescribing &
controlling of the construction theory.

2. 4 Analysis of Nursing Theory & Evaluation of Nursing Theory

An understanding of the area of theory can be gained through an analysis and evaluation of theory
broadly done with the same contents.

A. An analysis of the parts in the theory contents can be included as follows:
   - Theorist's motivation and background of developing the theory,
   - Theoretical philosophies,
   - Assumptions of the theory,
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- Major theoretical concepts, propositions & paradigms...

According to the four concepts common in nursing theory; the person (patient), the environment, health & nursing (goals, roles, functions) can be analyzed. Each of these concepts is usually defined and described by a nursing theorist. Of the four concepts, the most important is that of the person. The four concepts are generally considered central to the discipline of nursing.

B. Evaluation parts of the theory:
- Theorist's motivation and background of developing the theory,
- Theoretical philosophies,
- Assumptions of the theory,
- Major theoretical concepts, propositions & paradigms...
- Relevance of the theory for nursing practice,
- Theory Classification; levels, structure, format etc.
- Four concepts common in nursing theory,
- Applicability in today's nursing care and other matters ...

C. The criteria contents of the analysis & evaluation of the theory classification:

There are several methods of analysis & evaluation criteria of the theory's classification according to the many theorists. The criteria can be chosen by the researchers and reviewers.

Analysis, evaluation and critique are all methods of studying the nursing theoretical works. Analysis, evaluation and critique are an important process for learning, and for developing research and science.

Walker and Avant (1995a) proposed four levels of theory construction for the analysis, evaluation and critique of theories as follows;

<table>
<thead>
<tr>
<th>level of theory</th>
<th>level of Abstract</th>
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<tbody>
<tr>
<td>Meta-Theory</td>
<td>most abstract</td>
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<tr>
<td>Grand Theory</td>
<td></td>
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<tr>
<td>Middle-Range Theory</td>
<td>least abstract</td>
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<tr>
<td>Practice Theory</td>
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Meta-theory: the theory of theory. Identify specific phenomena through abstract concepts. They explain as follows: "Meta-theory, through analysis of issues about nursing theory, clarifies the methodology and roles of each level of theory development in a practice discipline. In turn, each level of theory provides material for further analysis and clarification at the level of meta-theory" (Walker and Avant 1995b).

Grand theory: it provides a conceptual framework under which the key concepts and principles of the nursing discipline can be identified. They explain as follows: "Grand nursing theories by their global perspectives serve as guides and heuristics for the phenomena of special concern at the middle-range level of theory..." (Walker and Avant 1995b).

Middle range theory: it is more precise and only analyses a particular situation with a limited number of variables. They explain as follows: "Middle range theories, as they are tested in reality, become reference points for further refining grand nursing theories to which they may be connected. Also, direct the prescriptions of practice theories aimed at concrete goal attainments" (Walker and Avant 1995b).

Practice theory: it explores one particular situation found in nursing. It identifies explicit goals and details how these goals will be achieved. They explain as follows: "Practice theories, which are constructed
from scientifically based propositions about reality, tests the empirical validity of those propositions as practices are incorporated in patient care" (Walker and Avant 1995b).

There are other analysis, evaluation and critique methods based on the criteria of other theorists for theory classification according to the level of development. Fawcett and others have proposed the following format of structures of theory construction development:

By Fawcett (1989, 2000)
  - Descriptive Theory, Explanatory Theory, Predictive Theory, Grand Theory and Middle-Range Theory

By Hardy (1973)
  - Grand theory, Circumscribed theory

By Stevens (1984)
  - Descriptive theory, Explanatory theory

By Reynolds (1971)
  - set-of-laws form, axiomatic form, causal process form

Finally, the following criteria can be recommended to learners of Nursing Theory classifications:
- Holistic and/or Humanistic View
- Interaction and/or Human response View
- System and/or Adaptation View

With these ideas, the four main nursing concepts or subjects can be analyzed as follows: Human Being by the "Holistic and/or Humanistic View", "Interaction and/or Human response View", "System and/or Adaptation View".
Nursing by the "Holistic and/or Humanistic View", "Interaction and/or Human response View", "System and/or Adaptation View".
Health Nature by the "Holistic and/or Humanistic View", "Interaction and/or Human response View", "System and/or Adaptation View".
Environment by the "Holistic and/or Humanistic View", "Interaction and/or Human response View", "System and/or Adaptation View".

D. Introduce a nursing theorist's philosophy or the classification of the nursing theory by examples of analysis & evaluation:

<table>
<thead>
<tr>
<th>Theorist's theory</th>
<th>Evaluation theory</th>
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<tbody>
<tr>
<td>Florence Nightingale theory (1860)</td>
<td>Environment theory</td>
</tr>
<tr>
<td>Hildegard Peplau theory (1952, 1988)</td>
<td>Interpersonal theory</td>
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<tr>
<td>Virginia Henderson theory (1955, 1966)</td>
<td>Need Theory</td>
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<tr>
<td>Faye Abdellah theory (1960)</td>
<td>Twenty One Nursing Problems</td>
</tr>
<tr>
<td>Dorothy Johnson theory (1968, 1980)</td>
<td>System model</td>
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<tr>
<td>Martha Rogers theory (1970)</td>
<td>Unitary Human beings</td>
</tr>
<tr>
<td>Dorothea Orem theory (1971)</td>
<td>Self-care theory</td>
</tr>
<tr>
<td>Sister Calista Roy theory (1980)</td>
<td>Adaptation theory</td>
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</table>
E. Nursing theorists' historical perspectives and key concepts by analysis; example:
Nightingale 1860: To facilitate "the body's reparative processes" by manipulating the client's environment.
Peplau 1952, 1988: Nursing is a therapeutic interpersonal process.
Henderson 1955, 1966: The needs often called Henderson's 14 basic needs.
Abdellah 1960: Faye Abdellah emphasizes delivering nursing care for the whole person to meet the physical, emotional, intellectual, social, and spiritual needs of the client and family.
Orlando 1961, 1962: Ida Orlando believes that the client is an individual; with a need that, when met, diminishes distress, increases adequacy, or enhances well-being.
Johnson's Theory 1968, 1980: Dorothy Johnson focuses on how the client adapts to illness and how actual or potential stress can affect the ability to adapt.
Rogers 1970: Nursing is to maintain and promote health, prevent illness, and care for and rehabilitate the ill and disabled client through the "humanistic science of nursing".
Orem 1971: This is the self-care deficit theory. Nursing care becomes necessary when the client is unable to fulfill biological, psychological, developmental, or social needs.
King 1971, 1981, 1989: To use communication to help client reestablish positive adaptation to the environment.
Roy 1980: This adaptation model is based on the physiological, psychological, sociological and dependence-independence adaptive modes.
Watson's Theory 1980: It attempts to define the outcome of nursing activity in regard to the humanistic aspects of life.

F. Evaluation of Nursing Theory; criteria
There are several theorists' criteria for the evaluation of nursing theories, as follows: According to Paul D. Reynolds (Reynolds 1971), he proposed that the desirable characteristics of scientific knowledge (theory) are as follows:
1) Abstractness; independence of time and space
2) Inter-subjectivity
   a) Explicitness: the public agrees on the meaning of the concepts
   b) Rigorosity (logical rigor): the use of logical systems, which are shared and accepted by the relevant scientists to ensure agreement on the predictions of the theory
3) Empirical relevance: the evaluation of the correspondence between the theory & the results of empirical research
Rosemary Ellis (1968) proposes them as follows:
   - Scope
   - Complexity
   - Testability
   - Information generation
   - Terminology
   - Usefulness
   - Implicit value
Margaret E. Hardy (1973) proposes them as follows:
   - Meaning & logical adequacy
- Testability: a) operational adequacy  
  b) empirical adequacy  
- Generality  
- Contribution to understanding  
- Predictivity  
- Pragmatic adequacy  

B. J. Stevens (1984) proposes them as follows:  
- Internal  
- Clarity  
- Consistency  
- Logical development  
- Level of theory development  
- External  
- Adequacy  
- Utility  
- Significance  
- Discrimination  
- Scope (microscopic, macroscopic)  
- Complexity  

Chinn and Jacobs (1987) propose them as follows:  
- Clarity  
- Simplicity  
- Generality  
- Acceptability  
- Importance  

G. Criticisms of nursing theories  
To understand why nursing theory is generally neglected in the wards, it is crucial that a nursing theory should have the characteristics of accessibility and clarity. It is important that the language used in the development of nursing theory be used consistently. Many nurses have not had the training or experience to deal with the abstract concepts presented by nursing theory. The majority of nurses fail to understand and apply theory to practice (Miller 1985).  
In summary, theory and practice are related. To develop nursing as a profession the concept of theory must be addressed. If nursing theory does not drive the development of nursing, it will continue to develop in the footsteps of other disciplines such as medicine.  

2.5 "Nursing Theory development" & "Nursing Theory application"  
Theory is a group of related concepts that propose action that guides practice.  
The construction idea process of nursing theory; example: First, interest in an area is decided. During the next step there may be a philosophy check; methodology can be decided; paradigms, concepts, assumptions, propositions, and models can be define; progress can be checked; and significance to nursing can be provided. Theory refers to "a coherent group of general propositions used as principles of explanation". Kerlinger (1997) said that theories as a set of interrelated concepts give a systematic view of a phenomenon (an observable fact or event) that is explanatory and predictive in nature.
A. Theory develops methods:
A theory makes it possible to organize the relationship among the concepts to describe, explain, predict, and control. Theory is derived through three or four principal methods such as:
- Deductive reasoning
- Inductive reasoning and/or
- Retroductive reasoning or Abductive reasoning
Many Nursing theorists use three or four of the above methods.
- Inductively looking at nursing practice to discover theories/concepts to explain phenomena.
- Deductively looking for the compatibility of a general nursing theory with nursing practice.
- Retroductively looking for the generation of ideas for devising theory & approaches to theoretical inquiry.

B. Concepts
Concepts are basically vehicles of thought that involve images.
Concepts are words that describe objects, properties, or events and are basic components of theory.
Types of Concepts:
- Empirical concepts
- Inferential concepts
- Abstract concepts.

C. Models are representations of the interaction among and between the concepts showing patterns
Models allow the concepts in nursing theory to be successfully applied to nursing practice.
They provide an overview of the thinking behind the theory and may demonstrate how theory can be introduced into practice, for example, through specific methods of assessment.

D. Propositions
Propositions are statements that explain the relationship between the concepts.

E. Process
Processes are series of actions, changes or functions intended to bring about a desired result. During a process one takes systemic and continuous steps to meet a goal and uses both assessments and feedback to direct actions to the goal.
A particular theory or conceptual framework directs how these actions are carried out. The delivery of nursing care within the nursing process is directed by the way specific conceptual frameworks and theories define the person (patient), the environment, health and nursing.

F. Classification of nursing theories;
- Depending On Function (Polit and Hungler 2001)
  - Descriptive To identify the properties and workings of a discipline
  - Explanatory To examine how properties relate and thus affect the discipline
  - Predictive To calculate relationships between properties and how they occur
  - Prescriptive To identify under which conditions relationships occur

- Depending on the generalisability of their principles
  - Grand theory: provides a conceptual framework under which the key concepts and principles of the discipline can be identified.
  - Middle range theory: is more precise and only analyses a particular situation with a limited number of variables.
Practice theory: explores one particular situation found in nursing. It identifies explicit goals and details how these goals will be achieved.

G. Application of nursing theory:
The purpose of application of nursing theory:
   a) To assess the patient condition by the various methods explained by the nursing theory
   b) To identify the needs of the patient
   c) To demonstrate an effective communication and interaction with the patient.
   d) To select a theory for the application according to the needs of the patient
   e) To apply the theory to solve the identified problems of the patient
   f) To evaluate the extent to which the process was fruitful.

H. Application for the evolution of nursing theories:
There are four main characteristic eras:
   a) In the last century nursing began with a strong emphasis on practice. Following that came the curriculum era which addressed the questions about what nursing students should study in order to achieve the required standards of nursing.
   b) As more and more nurses began to pursue higher degrees in nursing, there emerged the research era.
   c) Later graduate education and masters education was given much importance. The development of the theory era was a natural outgrowth of the research era.
   d) Within the contemporary phase there is an emphasis on theory use and theory based nursing practice that lead to the continued development of theories.
   d-1) Theory based nursing practice: At first there were some questions to nurses such as:
      Does this theory reflect nursing practice as I know it?
      Will it support what I believe to be excellent nursing practice?
      Can this theory be considered in relation to a wide range of nursing situations?
      What are my personal interests, abilities and experiences?
      What will it be like to think about nursing theory in nursing practice?
      Will my work with nursing theory be worth the effort?
      Assist nurses to describe, explain, and predict everyday experiences.
      Serve to guide assessment, interventions, and evaluation of nursing care.
      Provide a rationale for collecting reliable and valid data about the health status of clients.
      Help to describe a criteria to measure the quality of nursing care.
      Help build a common nursing terminology to use in communicating with other health professionals.
      Enhance autonomy (independence and self-governance) of nursing through defining its own independent functions.
   d-2) Theory based nursing education:
      Provide a general focus for curriculum design in BS, MS and PhD. programs.
      Guide curricular decision making.
      Guide each subject's course outline and contents.
   d-3) Theory based nursing research:

<table>
<thead>
<tr>
<th>Type of theory</th>
<th>Type of research</th>
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<tbody>
<tr>
<td>Descriptive</td>
<td>Explanatory study</td>
</tr>
<tr>
<td>Explanatory</td>
<td>Co-relation study</td>
</tr>
<tr>
<td>Predictive</td>
<td>Experimental study</td>
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</table>
To effectively build knowledge to research, process should be developed within some theoretical structure that facilitates analysis and interpretation of findings.

Relationship between theory and research in nursing is not well understood.

<table>
<thead>
<tr>
<th>Research</th>
<th>Process of inquiry</th>
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</thead>
<tbody>
<tr>
<td>Theory</td>
<td>Product of knowledge</td>
</tr>
<tr>
<td>Science</td>
<td>Result of the relationship between research and theory</td>
</tr>
</tbody>
</table>

Offer a framework for generating knowledge and new ideas.
Offer a systematic approach to identify questions for study; select variables, interpret findings, and validate nursing interventions.

Approaches to developing nursing theory.

Note
This article was written based on the final lecture “Nursing Theory” for the faculties which conducted on 2012/2/27 as a summary of the lecture.

References


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