Chapter IV: Theories and models of Nursing Practice

Lecture Outlines:

1. Definitions of theory, concept, model, proposition
2. Basic concepts related to nursing theories (person, health, environment, and nursing)
4. Needs of theories
5. History and evolution of nursing theory.
6. Types of theory
7. Relationship of theory to practice and research.
8. Relationship of theory to nursing process.

Learning Objectives:

At the end of this chapter, the student should be able to:

1. Definitions of theory, concept, model, proposition.
2. Explain the relationships of concepts and propositions to theory.
3. Discuss the purpose of theory.
4. Explain the interdependent roles of nursing practice, nursing theory, and nursing research.
5. Identify the three categories relating to the scope of theories.
6. Describe the meta-paradigm concepts in nursing.
7. History and evolution of nursing theory.
8. Identify common concept in nursing theories.
Theories and models of nursing practice

Introduction

Nursing theory provides a perspective from which to define the what of nursing, to describe the who of nursing (who is the client) and when nursing is needed, and to identify the boundaries and goals of nursing’s therapeutic activities. Theory is fundamental to effective nursing practice and research. The professionalization of nursing has been and is being brought about through the development and use of nursing theory.

Definition of Terms

Concept
A concept is the basic building block of a theory. A concept is a vehicle of thought. According to Chinn and Kramer (1999), concepts are complex mental formulations of one’s perceptions of the world.

Phenomenon
Phenomenon is an observable fact that can be perceived through the senses and explained.
Conceptual framework
Is a structure that links global concepts together and represents the unified whole of a larger reality. The specifics about phenomena within the global whole are better explained by theory.

Conceptual model
The term conceptual model is often used interchangeably with conceptual framework, and sometimes with grand theories, those that articulate a broad range of the significant relationships among the concepts of a discipline.

Proposition
A proposition (another structural element of a theory) is a statement that proposes a relationship between concepts.
1. A non-nursing proposition might be the statement “people seem to be happier in the springtime.” This proposition establishes a relationship between the concept of happiness and the time of the year.
2. A nursing propositional statement linking the concept of helplessness and the concept of loss might be stated as “multiple and rapid losses predispose one to feelings of helplessness.” Propositional statements in a theory represent the theorist’s particular view of which concepts fit together and, in most theories, establish how concepts affect one another.

Theory
Theory may by define as a hypothesis or system of ideas that is proposed to explain a given phenomenon or idea. A theory can often be considered as a major, very well-articulated idea about something important to a particular individual or group.
Theory

It is a set of concepts and propositions that provide an orderly way to view phenomena. In the scientific literature, theory may be defined in many different ways, with subtle nuances specific to the particular author’s viewpoint.

Importance of Nursing Theories

1. In the early part of nursing’s history, knowledge was extremely limited and almost entirely task oriented.

2. The integration of theory into practice is the basis for professional nursing.

3. The literature about the relationship between theory and nursing care yields many interpretations in terms of the role each component plays in the health care environment.

4. Theories are mental powers or constructs created to help understand and find meaning from experience, organize and articulate our knowing, and ask questions leading to new insights.

5. Nursing theories provide a framework for thought in which to examine situations. As new situations are encountered, this framework provides a structure for organization, analysis, and decision making.

6. Nursing theories provide a structure for communicating with other nurses and with other members of the health care team.

7. Nursing theories assist the discipline of nursing in clarifying beliefs, values, and goals, and they help to define the unique contribution of nursing in the care of clients.
The Meta-paradigm for Nursing

Because these four concepts can be superimposed on almost any work in nursing, they are sometimes collectively referred to as a meta-paradigm for nursing, or key concepts of all theories.

A meta-paradigm

Meta-paradigm is the unifying force in a discipline that names the phenomena of concern to that discipline. The term originates from two Greek words: meta, meaning "with" and paradigm, meaning "pattern".

A paradigm

Paradigm is another building block of theory; it refers to a pattern of shared understandings and assumptions about reality and the word. Paradigms include our notions of reality that are largely unconscious or taken for granted.

Nursing theorists consider the following four concepts to be central to nursing:

1. Person or Patient
   
The recipient of nursing care (includes individuals, families, groups and communities).

2. Environment
   
Environment is the internal and external surroundings that affect the patient. This includes people in the physical environment, such as families, friends and significant others.

3. Health
   
Health is the degree of wellness or well-being that the patients experiences.
4. Nursing

The attributes, characteristics and actions of the nurse providing care on behalf of, or in conjunction with, the patient.

The Characteristics of Theories

1. Interrelating concepts in such a way as to create a different way of looking at a particular phenomenon.

2. Logical nature.

3. Generalizable.

4. Bases for hypotheses that can be tested.

5. Increasing the general body of knowledge within the discipline through the research implemented to validate them.

6. Used by the practitioners to guide and improve their practice.

7. Consistent with other validated theories, laws, and principles but will leave open unanswered questions that need to be investigated.

Purposes of theory

1. Support the development of knowledge through thesis and contestability

2. Explains and predicts outcomes

3. Supports decision making

4. Embeds goals and outcomes for the client and by implication for the nurse

5. Supports modeling of processes of nursing
Needs of Theories

1. Based on strongly held values and beliefs about nursing, and within contexts of various worldviews, theories are patterns that guide the thinking about, being, and doing of nursing.

2. They provide structure for developing, evaluating, and using nursing scholarship and for extending and refining nursing knowledge through research.

3. Nursing theories either implicitly or explicitly direct all avenues of nursing, including nursing education and administration.

4. Nursing theories provide concepts and designs that define the place of nursing in health and illness care.

5. Through theories, nurses are offered perspectives for relating with professionals from other disciplines that join with nurses to provide human services.

6. Nursing has great expectations of its theories.

7. Theories provide structure and substance to ground the practice and scholarship of nursing and also be flexible and dynamic to keep pace with the growth and changes in the discipline and practice of nursing.

History Evolution of Nursing Theory

1. The work of early nursing theorists in the 1950 focused on the tasks of nursing practice from a somewhat mechanistic viewpoint. Because of this emphasis, much of the art of nursing the value of caring, the relationship aspects of nursing, and the esthetics of practice was diminished.

2. During the decades of the 1960, 1970, and 1980, many nursing theorists struggled with making nursing practice, theory, and research fit into the then prevailing view of science. Reflecting changes in global awareness of health care needs, several contemporary nursing theorists have
projected a new perspective for nursing that truly unifies the notion of nursing as both an art and a science.

3. Each of these established theories provides a unique perspective, and each is distinct and separate from other nursing theories in its particular view of nursing phenomena.

Types of Nursing Theory

1. **Grand Nursing Theory**

   *Grand theories* have the broadest scope and present general concepts and propositions. Theories at this level may both reflect and provide insights useful for practice but are not designed for empirical testing. This limits the use of grand theories for directing, explaining, and predicting nursing in particular situations. Theories at this level are intended to be pertinent to all instances of nursing.

2. **Middle-range Nursing Theory**

   *Middle-range theory* was proposed by Robert Merton (1968) in the field of sociology to provide theories that are both broad enough to be useful in complex situations and appropriate for empirical testing. Middle-range theories are more narrow in scope than grand theories and offer an effective bridge between grand theories and nursing practice.

3. **Nursing Practice Theory**

   *Nursing practice theory* has the most limited scope and level of abstraction and is developed for use within a specific range of nursing situations. Theories developed at this level have a more direct impact on nursing practice than do theories that are more abstract. Nursing practice
theories provide frameworks for nursing interventions, and predict outcomes and the impact of nursing practice. At the same time, nursing questions, actions, and procedures may be described or developed as nursing practice theories.

Overview of Selected Nursing theories / Models

1. Nightingale's environmental theory

Florence Nightingale often considered the first theorist. She linked health with five environmental factors:

1. Pure or fresh air.
2. Pure water.
3. Efficient drainage.
5. Light, especially direct sunlight.

2. Peplau's interpersonal relations model

(Interpersonal communication)

Hildegard peplau, introduced her interpersonal concepts in 1952 as one of the first model of psychiatric nursing care. Nurses enter into a personal relationship with an individual when a need is present. The nurse-patient relationship evolves in four phases:
1. Orientation.
2. Identification.
3. Exploitation.
4. Resolution.

3. Henderson's definition of nursing
Virginia Henderson (1966) conceptualized the nurse's role as assisting sick or healthy individuals to gain independence in meeting (14) fundamental needs.

4. Rogers science of unitary human beings
According to Martha E. Rogers (1970), unity man:
1. Is an irreducible, four-dimensional energy field identified by pattern.
2. Manifests characteristics different from the sum of the parts.
3. Interacts continuously and creatively with the environment.
4. Behaves as a totality.
5. As a sentient being, participates creatively in change.

Nurses applying Rogers's theory in practice:
1. Focus on the person's wholeness.
2. Seek to promote symphonic interaction between the two energy fields (human and environment) to strengthen the coherence and integrity of the person.
3. Coordinate the human field with the rhythmicity of the environmental field.
4. Direct and redirect patterns of interaction between the two energy fields to promote maximum health potential.
5. **Orem's general theory of nursing (Self-Care)**

Dorothea Orem’s theory, first published in (1971), includes:

1. The Self-Care
2. The Self-Care Deficit
3. The Nursing Systems

**Orem identifies three types of nursing systems**

1. Wholly compensatory system
2. Partly compensatory system
3. Supportive-educative system

6. **Roper, Logan and Tierney's activities of living model**

The Roper-Logan-Tierney (RLT) model has (12) activities of living centrally at its core, each activity are linked closely with biological, social or psychological needs required for health:

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7. **King's goal attainment theory**

Imogene King's theory of goal attainment (1981) was derived from her conceptual framework that demonstrates the relationship of:

a. Operational systems (individuals)
b. Interpersonal systems (group such as nurse-patient)
c. Social systems (such as educational system, healthcare system)

King selected (15) concepts from the nursing literature as essential knowledge for use by nurses.

8. Neuman's systems model
Betty Neuman views the patient as an open system consisting of a basic structure or central core of energy resources (physiological, psychological, socio-cultural, developmental and spiritual) surrounded by two concentric boundaries or rings referred to as lines of resistance.
Nursing interventions focus on retaining or maintaining system stability.

These interventions are carried out on three preventive levels:
1. Primary prevention focuses on protecting the normal line of defense and strengthening the flexible line of defense.
2. Prevention focuses on strengthening internal lines of resistance, reducing the reaction and increasing resistance factors
3. Tertiary prevention focuses on pre adaptation and stability and protects reconstitution or return to wellness following treatment

9. Roy adaptation model
Sister Callista Roy (1997), defines adaptation as the process and outcome whereby the thinking and feeling person uses conscious awareness and choice to create human and environmental integration. Individuals respond to needs (stimuli) in one of four modes:
1. The physiological mode.
2. The self-concept mode.
3. The role function mode.
4. The interdependence mode.

10. **Leininger's cultural care diversity and universality theory**
Madeleine Leininger states that care is the essence of nursing and the dominant, distinctive and unifying feature of nursing. In order for nurses to assist people of diverse cultures, Leininger presents three intervention modes:
1. Culture care preservation and maintenance.
2. Culture care accommodation, negotiation, or both.
3. Culture care restructuring and re-patterning.

11. **Watson's human caring theory**
Jean Watson (1979), a guide refers to as the 'Core of Nursing'. Watson outlines the following (10) factors:
1. Forming a humanistic-altruistic system of values
2. Instilling faith and hope
3. Cultivating sensitivity to one's self and others
4. Developing a helping-trust (human care) relationship
5. Promoting and accepting the expression of positive and negative feelings
6. Systematically using the scientific problem-solving method for decision making
7. Promoting interpersonal teaching-learning
8. Providing a supportive, protective or corrective mental, physical, socio-cultural and spiritual environment
9. Assisting with the gratification of human needs
10. Allowing for existential-phenomenological forces (aspects from outside the individual or their area of control)
12. Parse's human becoming theory

Parse (1995), proposes three assumptions about human becoming:
1. Human becoming is freely choosing personal meaning in situations in the inter-subjective process of relating value priorities
2. Human becoming is co-creating rhythmic patterns or relating in mutual process with the universe
3. Human becoming is transcending multidimensionality (finding unique ways of living in many aspects of life), with the emerging possible.

Relationship of theory to education, practice and research

1. In education
   Because nursing theory is used primarily to establish the profession's place in the university, it is not surprising that nursing theory has become more firmly established in academia than in clinical practice. Many nursing programs identified the major concepts into a conceptual framework and then attempted to organize the entire curriculum around that framework.

2. In research
   Nurse scholars have repeatedly insisted that nursing research identifies the philosophical assumptions or theoretical frameworks on which it is based. That is because all thinking, writing, and speaking is based on previous assumptions about people and the world.
   1. Theory provides direction for nursing research
   2. Relationships of components in a theory help to drive the research questions for understanding nursing
3. In clinical practice

1. Where nursing theory has been utilized in a clinical setting, its main contribution has been the facilitation of reflection, questioning and thinking about what nurses do.
2. Family theorists and critical theorists have encouraged the profession to move the focus from individuals to families and social structures.
3. Debates about the role of theory in nursing practice provide evidence that nursing is maturing, both as an academic discipline and as a clinical profession.

Relationship of theory to nursing process

Models and theories of nursing may be seen as part of the nursing process in order to assess and manage the care of the patients. The nursing process was proposed by Yura and Walsh (1967) with the publication of the nursing process. They suggested that nursing should develop a problem-solving approach in which the nurse and patient undertake four steps of care:

1. Identify together problems and causes requiring intervention.
2. Make plans that remedy the problems identified.
3. Take the steps necessary to alleviate the problems.
4. Reflect upon what has happened.