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MELANIE McEWEN

EVELYN M. WILLS

Theoretical Basis *for Nursing*

EDITION

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Theoretical Basis for **NURSING**

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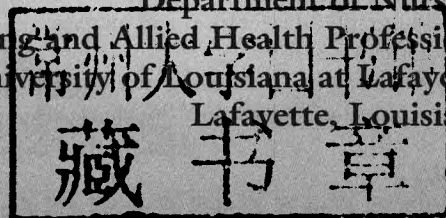
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*To Kaitlin and Grant—You have helped me broaden my thoughts and consider
all kinds of possibilities; I hope I've done the same for you.
Also for Helen and Keith—Our children chose well. Besides, you have given us
Madelyn, Logan, Brenna, and Liam; they are gifts beyond words.*

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*To Tom, Paul, and Vicki, who light up my life, and to Marian,
who is my applause. To Teddy, Gwen, Merlyn, and Madelyn
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who has supported me through this writing process.*

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Many graduate nursing students respond with a cringing expression or a resounding “ugh!” when faced with the requirement of taking a course on theory. Indeed, many fail to see theory’s relevance to the “real world” of nursing practice and often have difficulty applying the information in later courses and in their research. This book resulted from the frustration felt by a group of nursing instructors who met to adopt a textbook for a theory course. Indeed, because of student complaints and faculty dissatisfaction, we were changing textbooks yet again. A fairly lengthy discussion arose in which we concluded that the available books did not meet the needs of our students or course faculty. At the end of the discussion, it was determined that we would require three different books and recommend two others. Once again, students complained, and we concurred. To gather more data on theory courses and related information from a wider group of theory instructors, a nationwide survey was conducted. This survey corroborated the frustration felt by our small group of theory instructors, and gave us additional information to use in creating a new, and hopefully better, mousetrap.

As in past editions, an ongoing review of trends in nursing theory and nursing science has shown an increasing emphasis on middle range theory, evidence-based practice, and situation-specific theories. To remain current and timely, in this third edition, we have enhanced the discussion of those topics.

ORGANIZATION OF THE TEXT

Theoretical Basis for Nursing is designed to be a basic nursing theory textbook that includes the essential information students need to understand and apply theory.

The book is divided into four units. **Unit I, Introduction to Theory**, provides the background needed to understand what theory is and how it is used in nursing. It outlines tools and techniques used to develop, analyze, and evaluate theory so that it can be used in nursing practice, research, administration and management, and education. In this unit, we have provided a balanced view of “hot” topics (e.g., philosophical world views and utilization of borrowed theory). Also, rather than espousing one strategy for activities such as concept development and theory evaluation, we have included a variety of strategies.

Unit II, Nursing Theories, focuses largely on the grand nursing theories, and begins with a chapter describing their historical development. This unit divides the grand nursing theories into three groups based on their focus (human needs, interactive process, and unitary process). The works of many of the grand theorists are briefly summarized in Chapters 7, 8, and 9. We acknowledge that these analyses are not comprehensive; rather, they are intended to provide the reader with enough information to understand the basis of the work and to whet the reader’s appetite to select one or more for further study.

Chapters 10 and 11 cover the significant topic of middle range nursing theory. Chapter 10 presents a detailed overview of the origins and growth of middle range theory in nursing and gives numerous examples of how middle range theories have been developed by nurses. Chapter 11 provides an overview of some of the growing number of middle range nursing theories. The theories presented include some of the

most commonly used middle range nursing theories (e.g., Pender's Health Promotion Model and Leininger's Culture Care Diversity Model) as well as some that are less well known but have a growing body of research support (e.g., the Theory of Unpleasant Symptoms, the Uncertainty in Illness Theory). The intent is to provide a broad range of middle range theories to familiarize the reader with examples and to encourage them to search for others appropriate to their practice or research. Ultimately, it is hoped that readers will be challenged to develop new theories that can be used by nurses.

Unit III, Borrowed Theories Used by Nurses, is rather unique in nursing literature. Our book acknowledges that "borrowed" or "shared" theories are essential to nursing and negates the idea that the use of borrowed theory in practice or research is detrimental. In this unit, we have identified some of the most significant theories that have been developed outside of the discipline of nursing but are continually used in nursing. We have organized these theories based on broad disciplines: theories from the sociologic sciences, behavioral sciences, and biomedical sciences, as well as from administration and management and learning. Each of these chapters was written by a nurse with both educational and practical experience in his or her respective area. These theories are presented with sufficient information to allow the reader to understand the theories and to recognize those that might be appropriate for her or his own work. These chapters also provide original references and give examples of how the concepts, theories, and models described have been used by other nurses.

Finally, **Unit IV, Application of Theory in Nursing Practice**, explains how theories are applied in nursing. Separate chapters cover nursing practice, nursing research, nursing administration and management, and nursing education. These chapters include many specific examples for the application of theory and are intended to be a practical guide for theory use. The heightened development of practice theories and evidence-based practice (EVP) guidelines are critical to theory application in nursing today so these areas have been expanded. The unit concludes with a chapter that discusses some of the future issues in theory within the discipline.

KEY FEATURES

In addition to numerous tables and boxes that highlight and summarize important information, *Theoretical Basis for Nursing* contains case studies, learning activities, exemplars, Internet resources, and illustrations.

- **Case Studies:** At the end of Chapter 1 and the beginning of Chapters 2 to 21, case studies help the reader understand how the content in the chapter relates to the everyday experience of the nurse, whether in practice, research, or other aspects of nursing.
- **Learning Activities:** At the end of each chapter, learning activities pose critical thinking questions, propose individual and group projects related to topics covered in the chapter, and stimulate classroom discussion.
- **Exemplars:** In five chapters, an exemplar discusses a scholarly study from the perspectives of concept analysis (Chapter 3); theory development (Chapter 4); theory analysis and evaluation (Chapter 5); middle range theory development (Chapter 10); and theory generation via research, theory testing via research, and use of a theory as the conceptual framework for a research study (Chapter 18).
- **Internet Resources:** Because of the importance of the Internet as a resource, whenever appropriate we have included web addresses that will direct the reader to sites that contain additional information about the topic at hand.
- **Illustrations:** Diagrams and models are included throughout the book to help the reader better understand the many different theories presented.

NEW TO THIS EDITION

- Expanded discussions of situation-specific theories
- More detailed explanation of EVP and its relationship to theory in nursing
- Numerous recent examples of application of theories in nursing practice, nursing research, leadership/administration, and education
- NEW instructional support

Visit *thePoint*[®] at <http://thePoint.lww.com> to learn about a variety of resources that are available for students and instructors.

In summary, the focus of this book is on the application of theory rather than on the study, analysis, and critique of grand theorists or a presentation of a specific aspect of theory (e.g., construction or evaluation). It is hoped that practicing nurses, nurse researchers, and nursing scholars, as well as graduate students and theory instructors, will use this book to gain a better understanding and appreciation of theory.

Melanie McEwen, PhD, RN
Evelyn Wills, PhD, RN

Our heartfelt thanks to Product Manager Helen Kogut for her assistance, patience, and persistence in helping us complete this project. She has made a difficult task seem easy! We also want to thank Senior Acquisitions Editor Jean Rodenberger for her continued support and assistance with this edition. Finally, a huge word of thanks to our contributors who have diligently worked to present the notion of “theory” in a manner that will engage graduate nursing students, and to look for new examples and applications to help make theory fresh and relevant.

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U N I T

I

Introduction to Theory

Philosophy, Science, and Nursing

Melanie McEwen

Largely due to the work of nursing scientists, nursing theorists, and nursing scholars over the past five decades, nursing has been recognized as both an emerging profession and an academic discipline. Crucial to the attainment of this distinction have been numerous discussions regarding the phenomena of concern to nurses and countless efforts to enhance involvement in theory utilization, theory generation, and theory testing to direct research and improve practice.

A review of the nursing literature from the late 1970s until the present shows sporadic discussion of whether nursing is a profession, a science, or an academic discipline. These discussions are sometimes pleading, frequently esoteric, and occasionally confusing. Questions that have been raised include: What defines a profession? What constitutes an academic discipline? What is nursing science? Why is it important for nursing to be seen as a profession or an academic discipline?

Nursing as a Profession

In the past, there has been considerable discussion about whether nursing is a profession or an occupation. This is important for nurses to consider for several reasons. An occupation is a job or a career, whereas a profession is a learned vocation or occupation that has a status of superiority and precedence within a division of work. In general terms, occupations require widely varying levels of training or education, varying levels of skill, and widely variable defined knowledge bases. Indeed, all professions are occupations, but not all occupations are professions (Logan, Franzen, Pauling, & Butcher, 2004; Schwirian, 1998).

Professions are valued by society because the services professionals provide are beneficial for members of the society. Characteristics of a profession include (1) a defined knowledge base, (2) power and authority over training and education, (3) registration, (4) altruistic service, (5) a code of ethics, (6) lengthy socialization,

and (7) autonomy (Rutty, 1998). A profession must also have an institutionalized goal or social mission as well as a group of scholars, investigators, or researchers who work to continually advance the knowledge of the profession with the goal of improving practice (Schlotfeldt, 1989). In addition, professionals are responsible and accountable to the public for their work (Northrup et al., 2004). Traditionally, professions have included the clergy, law, and medicine.

Until recently, nursing was viewed as an occupation rather than a profession. Nursing has had difficulty being deemed a profession because the services provided by nurses have been perceived as an extension of those offered by wives and mothers. Additionally, historically nursing has been seen as subservient to medicine, and nurses have delayed in identifying and organizing professional knowledge. Furthermore, the education for nurses is not yet standardized, and the three-tier entry-level system into practice that persists (diploma, associate degree, and bachelor's degree) may have hindered professionalization. Finally, autonomy in practice is incomplete because nursing is still dependent on medicine to direct much of its practice.

On the other hand, many of the characteristics of a profession can be observed in nursing. Indeed, nursing has a social mandate to provide health care for clients at different points in the health–illness continuum. There is a growing knowledge base, authority over education, altruistic service, a code of ethics, and registration requirements for practice. Although the debate is ongoing, it can be successfully argued that nursing is an aspiring, evolving profession (Logan et al., 2004; Rutty, 1998; Smith, 2000; Wolf, 2006).

Nursing as an Academic Discipline

Disciplines are distinctions between bodies of knowledge found in academic settings. A *discipline* is “a branch of knowledge ordered through the theories and methods evolving from more than one worldview of the phenomenon of concern” (Parse, 1997, p. 74). It has also been termed a field of inquiry characterized by a unique perspective and a distinct way of viewing phenomena (Holzemer, 2007; Parse, 1999).

Viewed another way, a discipline is a branch of educational instruction or a department of learning or knowledge. Institutions of higher education are organized around disciplines into colleges, schools, and departments (e.g., business administration, chemistry, history, and engineering).

Disciplines are organized by structure and tradition. The structure of the discipline provides organization and determines the amount, relationship, and ratio of each type of knowledge that comprises the discipline. The tradition of the discipline provides the content, which includes ethical, personal, esthetic, and scientific knowledge (Northrup et al., 2004; Riegel et al., 1992). Characteristics of disciplines include (1) a distinct perspective and syntax, (2) determination of what phenomena are of interest, (3) determination of the context in which the phenomena are viewed, (4) determination of what questions to ask, (5) determination of what methods of study are used, and (6) determination of what evidence is proof (Donaldson & Crowley, 1978).

Knowledge development within a discipline proceeds from several philosophical and scientific perspectives or worldviews (Newman, Sime, & Corcoran-Perry, 1991; Parse, 1997, 1999). These worldviews may serve to divide or segregate members of a discipline. For example, in psychology practitioners might consider themselves behaviorists, Freudians, or any one of a number of other divisions.

Several ways of classifying academic disciplines have been proposed. For instance, they may be divided into the basic sciences (physics, biology, chemistry, sociology,

anthropology) and the humanities (philosophy, ethics, history, fine arts). In this classification scheme, it is arguable that nursing has characteristics of both.

Distinctions may also be made between academic disciplines (e.g., physics, physiology, sociology, mathematics, history, philosophy) and professional disciplines (e.g., medicine, law, nursing, social work). In this classification scheme, the academic disciplines aim to “know,” and their theories are descriptive in nature. Research in academic disciplines is both basic and applied. Conversely, the professional disciplines are practical in nature, and their research tends to be more prescriptive and descriptive (Donaldson & Crowley, 1978).

Nursing’s knowledge base draws from many disciplines. In the past, nursing has depended heavily on physiology, sociology, psychology, and medicine to provide academic standing and to inform practice. In recent years, however, nursing has been seeking what is unique to nursing and developing those aspects into an academic discipline. Areas that identify nursing as a distinct discipline are as follows:

- An identifiable philosophy.
- At least one conceptual framework (perspective) for delineation of what can be defined as nursing.
- Acceptable methodologic approaches for the pursuit and development of knowledge (Oldnall, 1995).

To begin the quest to validate nursing as both a profession and an academic discipline, this chapter provides an overview of the concepts of science and philosophy. It examines the schools of philosophical thought that have influenced nursing and explores the epistemology of nursing to explain why recognizing the multiple “ways of knowing” is an important concept in the quest for development and application of theory in nursing. Finally, the chapter presents issues related to how philosophical worldviews affect knowledge development through research. The chapter concludes with a case study that depicts how “the ways of knowing” in nursing are used on a day-to-day, even moment-by-moment, basis by all practicing nurses.

Introduction to Science and Philosophy

Science is concerned with causality (cause and effect). The scientific approach to understanding reality is characterized by observation, verifiability, and experience; hypothesis testing and experimentation are considered scientific methods. In contrast, *philosophy* is concerned with the purpose of human life, the nature of being and reality, and the theory and limits of knowledge. Intuition, introspection, and reasoning are examples of philosophical methodologies. Science and philosophy share the common goal of increasing knowledge (Fawcett, 1999; Silva, 1977). The science of any discipline is tied to its philosophy, which provides the basis for understanding and developing theories for science (Gustafsson, 2002; Silva & Rothbert, 1984).

OVERVIEW OF SCIENCE

Science is both a process and a product. Parse (1997) defines science as the “theoretical explanation of the subject of inquiry and the methodological process of sustaining knowledge in a discipline” (p. 74). Science has also been described as a way of explaining observed phenomena as well as a system of gathering, verifying, and systematizing information about reality (Streubert-Speziale & Carpenter, 2006). As a process, science is characterized by systematic inquiry that relies heavily on empirical