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A classical skeleton of nursing theories

*Prema Kumara¹, Yemiamrew Getachew², Wondwossen Yimam³

¹Assistant Professor, Department of Comprehensive Nursing, College of Medicine and Health Sciences (CMHS), Wollo University, Ethiopia

²Head, Department of Comprehensive Nursing, CMHS, Wollo University

³Dean, School of Nursing and Midwifery, CMHS, Wollo University

*Corresponding Author: Prem Kumar

Email id: greenwatewr3020@gmail.com

ABSTRACT

The theory framework of nursing science is built in a dynamic process that arises from practice and is reproduced through research, mainly by analysis and development of concepts and theories. Science consists of movement from common sense to critical evaluation, which is often poorly defined or inadequately performed. There are many and different theories with regards to the care, practice, education, Research and administration. Metaparadigm is a set of theories or ideas that provide structure for how a discipline should function. For a nursing discipline, these theories consist of four basic concepts that address the patient as a whole, the patient's health and well-being, the patient's environment and the nursing responsibilities.

INTRODUCTION

Theories are a set of interrelated concepts that give a systematic view of a phenomenon or an observable fact or an event that is explanatory & predictive in nature. Theories are composed of Ideas, concepts, definitions, propositions, knowledge, assumption, phenomenon or principles, models and elements based on elements.

Theory is "A creative and meticulous structuring of ideas that projects a timid, purposeful, and systematic view of phenomenon". A theory makes it possible to "organize the relationship among the concepts to describe, explain, predict and control practice.

The theory framework of nursing science is built in a dynamic process that arises from practice and is reproduced through research, mainly by analysis and development of concepts and theories. Science consists of movement from common sense to critical evaluation, which is often poorly defined or inadequately performed. [1, 2].

Nursing's theoretical knowledge has a rich heritage in its development, dating back to the writings of Florence Nightingale and emanating from the work of many nursing scholars of the past three decades. Although there is a continuing debate about whether nursing theories, as they exist, are mature enough or rigorously developed, nursing theories, large and small, have become the

cornerstone for understanding and guiding nursing practice in the current decade.

Nursing is distinct health care discipline and its practice is based on the paradigm of care. The theoretical foundation of discipline is rich of various, Grand and middle range theories and care models. The clinical Domain of discipline is a platform to test the theoretical aspect of discipline. Both theory and practice are reciprocal as theories generate from practice and return back to practice for testing. [3].

There is no consensus on the definition of a concept. Concepts are described as abstraction, mental formulations, mental images, and words that represent mental images. Therefore, concepts are not self-evident or refer to the same type of thing. Other authors point out that concepts have several meanings, uses, and definitions that are often described in words. [4, 5, 6].

CHARACTERISTICS OF THEORY

- Theory should have particular phenomenon.
- Logical in Nature.
- Generalizable
- Base for hypothesis that can be tested.
- Increasing in body of Knowledge with in the discipline through the research implemented to validate them.
- Used by the professionals/practitioner to guide and improve their practice.
- Consistent with others validated theories, laws and principles.
- It will have open unanswered questions that need to be research.

Analysis & Evaluation of the Theory

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;

Level of theory

Meta-Theory
Grand Theory
Middle-Range Theory
Practice Theory

Level of Abstract

Most abstract

Least abstract

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.

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".

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".

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".

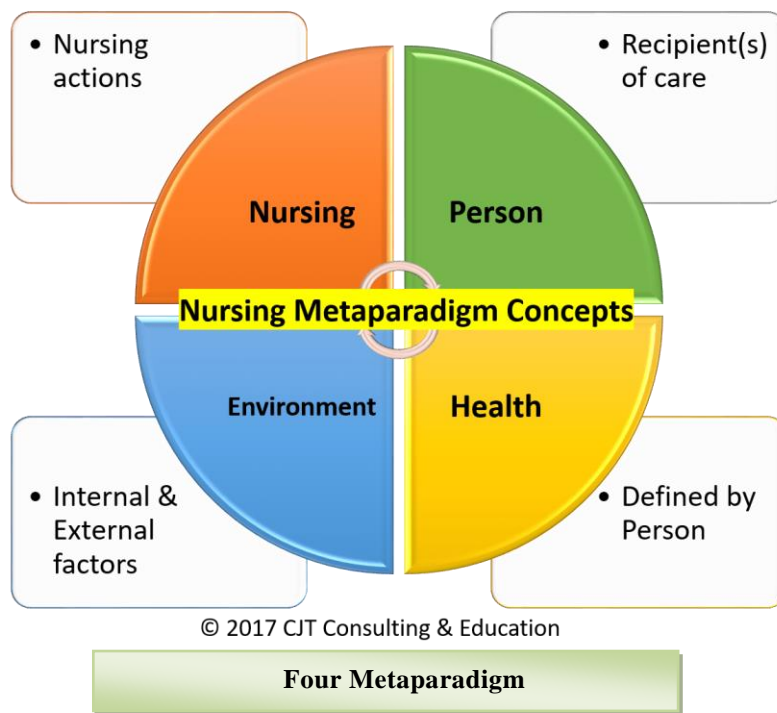
META-PARADIGM FOR NURSING

The metaparadigm for nursing is a framework for the discipline that sets forth the phenomena of interest and the propositions, principles, and methods of the discipline. It is very general and is intended to reflect agreement among members of the discipline about the field of nursing. This is the most abstract level of nursing knowledge

Paradigms are abstract ways of articulating knowledge and are discipline specific, philosophical, and changeable. [7, 8].

Metaparadigm is a set of theories or ideas that provide structure for how a discipline should function. For a nursing discipline, these theories consist of four basic concepts that address the

patient as a whole, the patient's health and well-being, the patient's environment and the nursing responsibilities. While there are several different nursing theories, these four basic nursing metaparadigms point to a holistic view of care where a person's well-being and medical health is connected to four interactive components [9].



Person Component

The person component of the metaparadigm focuses on the receiver of care. However, the person connection also includes family members and other groups important to the patient. The care structure considers the person's spiritual and social needs as well as health care needs. The resulting health outcome is attributed to how the person interacts with these physical and social connections. The premise is that the person is empowered to manage his health and well-being with dignity and self-preservation with positive personal connections.

Environment Component

The environment aspect of the nursing metaparadigms focuses on the surroundings that affect the patient. The environment consists of internal and external influences, and contends that how a person continuously interacts with her surroundings has a bearing on health and wellness.

Interactions with family, friends and other people are part of the environment, as are physical and social factors such as economic conditions, geographic locations, culture, social connections and technology. This metaparadigm component theorizes that a person can modify her environmental factors to improve her health status.

Health Component

The health component of the four metaparadigms refers to the extent of wellness and health care access that a patient has. This health component is characterized as one with multiple dimensions in a constant state of motion. Health and wellness covers a person's lifespan and genetic makeup, and how the physical, emotional, intellectual, social and spiritual well-being is integrated in health care for maximum health benefits. The theory is that these factors influence the patient's state of well-being.

Nursing Component

The nursing component of the metaparadigm involves the delivery of optimal health outcomes for the patient through a mutual relationship in a safe and caring environment. The nursing component applies principles of knowledge, skills,

technology, collaborations, professional judgement and communication to carry out duties and responsibilities for achieving the best possible scenario in patient health outcome. This nursing component values a high degree of service, and integrates with other metaparadigm components for patient well-being.



WORLDVIEW CONCEPT OF 4 METAPARADIGM BY NURSING THEORISTS

Each nursing theorist defines the metaparadigm concepts according to their worldview. Because each theorist has a different perception of the role of nursing and the definitions of person, health, and environment, their definitions of the metaparadigm concepts are also different.

Person metaparadigm concept

- Florence Nightingale: Recipient of nursing care.
- Virginia Henderson: Recipient of nursing care who is composed of biological, psychological, sociological, and spiritual components.
- Jean Watson: A “unity of mind-body-spirit/nature”; embodied spirit.
- Dorothy Johnson: A biopsychosocial being who is a behavioral system with seven subsystems of behaviour.

- Imogene King: A personal system that interacts with interpersonal and social systems.
- Martha Rogers: An irreducible, irreversible, pandimensional, negentropic energy field identified by pattern; the unitary human being.
- Dorothea Orem: A person under the care of a nurse; a total being with universal, developmental, and health deviation needs, who is capable of self-care.
- Hildegard Peplau: Encompasses the patient (one who has problems for which expert nursing services are needed or sought) and the nurse (a professional with particular expertise).
- Madeleine Leininger: Human being, family, group, community, or institution.
- Nola Pender: The individual, who is the primary focus of the model.
- Rosemary Parse: An open being, more than and different from the sum of parts, in mutual simultaneous interchange with the environment,

who chooses from options and bears responsibility for choices.

Health metaparadigm concept

- Florence Nightingale: “Not only to be well, but to be able to use well every power we have to use”.
- Virginia Henderson: Based on the patient’s ability to function independently (as outlined in 14 components of basic nursing care).
- Jean Watson: (Healing) Harmony, wholeness, and comfort.
- Dorothy Johnson: Efficient and effective functioning of system; behavioral system balance and stability.
- Imogene King: “Dynamic life experiences of a human being, which implies continuous adjustment to stressors in the internal and external environment through optimum use of one’s resources to achieve maximum potential for daily living”.
- Martha Rogers: Health and illness are a part of a continuum.
- Dorothea Orem: “A state characterized by soundness or wholeness of developed human structures and of bodily and mental functioning”.
- Hildegard Peplau: “Implies forward movement of personality and other ongoing human processes in the direction of creative, constructive, productive, personal, and community living”.
- Madeleine Leininger: A state of well-being that is culturally defined, valued, and practiced.
- Nola Pender: A positive high-level state.
- Rosemary Parse: Continuously changing process of becoming.

Environment metaparadigm concept

- Florence Nightingale: External (temperature, bedding, ventilation) and internal (food, water, and medications).
- Virginia Henderson: External environment (biologic, physical, and behavioral); some discussion of the impact of community on the individual and family.
- Jean Watson: (Healing space and environment) A nonphysical energetic environment; a vibrational field integral with the person where

the nurse is not only in the environment but “the nurse IS the environment”.

- Dorothy Johnson: Includes both the internal and external environments.
- Imogene King: Can be both external and internal. The external environment is the context “within which human beings grow, develop and perform daily activities”; the internal environment of human beings transforms energy to enable them to adjust to continuous external environmental changes.
- Martha Rogers: An irreducible, pandimensional, negentropic energy field identified by pattern, manifesting characteristics different from those of the parts, and encompassing all that is other than any given human field.
- Dorothea Orem: Physical, chemical, biologic, and social contexts within which human beings exist. Environmental components include environmental factors, environmental elements, environmental conditions, and the developmental environment.
- Hildegard Peplau: Forces outside the organism within the context of culture.
- Madeleine Leininger: (Environmental context) Totality of an event, situation, or experience that gives meaning to human expressions, interpretations, and social interactions in physical, ecological, sociopolitical, and/or cultural settings.
- Nola Pender: The physical, interpersonal, and economic circumstances in which persons live.
- Rosemary Parse: Coexists in mutual process with the person.

Nursing meta-paradigm concept

- Florence Nightingale: To alter or manage the environment to implement the natural laws of health.
- Virginia Henderson: Assist the person sick or well, in performance of activities and help the person gain independence as rapidly as possible.
- Jean Watson: Reciprocal transpersonal relationship in caring moments guided by carative factors and caritas processes.
- Dorothy Johnson: An external regulatory force that acts to preserve the organization and integrity of the patient’s behavior at an optimal level under those conditions in which the

behavior constitutes a threat to physical or social health or in which illness is found.

- Imogene King: A process of human interaction with the goal of helping patients achieves their goals.
- Martha Rogers: Seeks to promote symphonic interaction between human and environmental fields, to strengthen the integrity of the human field, and to direct and redirect patterning of the human and environmental fields for realization of maximum health potential.
- Dorothea Orem: Therapeutic self-care designed to supplement self-care requisites. Nursing actions fall into one of three categories: wholly compensatory, partly compensatory, or supportive-educative system.
- Hildegard Peplau: The therapeutic, interpersonal process between the nurse and the patient.
- Madeleine Leininger: Activities directed toward assisting, supporting, or enabling with needs in ways that are congruent with the cultural values, beliefs, and life ways of the recipient of care.
- Nola Pender: The role of the nurse includes raising consciousness related to health-promoting behaviours, promoting self-efficacy, enhancing the benefits of change, controlling the environment to support behaviour change, and managing barriers to change.
- Rosemary Parse: A learned discipline; the nurse uses true presence to facilitate the becoming of the participant [10,11].

THEORISTS & NURSING THEORIES

- Anne Casey: Casey's model of nursing
- Betty Neuman: Neuman systems model
- Boykin & Schoenhofer
- Callista Roy: Adaptation model of nursing
- Carl O. Helvie: Helvie energy theory of nursing and health
- Dorothea Orem: Self-care deficit nursing theory
- Faye Abdallah: Patient-centered approach to Nursing
- Helen Erickson
- Hildegard Peplau: Theory of interpersonal relations
- Ida Jean Orlando
- Imogene King
- Isabel Hampton Robb

- Kari Martinsen Adequate care must involve both objective observation and perceptive response.
- Katharine Kolcaba
- Katie Eriksson
- Madeleine Leininger
- Katie Love, PhD: Empowered Holistic Nursing Education
- Marie Manthey: Primary Nursing
- Margaret A. Newman: Health as expanding consciousness theory
- Martha E. Rogers: Science of unitary human beings
- Merle Mishel: Uncertainty of Illness Theory 1988, Reconceptualized theory 1990
- Paterson & Zderad
- Ramona T Mercer: Maternal role attainment theory
- Rosemarie Rizzo-Parse: Human becoming theory
- Virginia Henderson: Henderson's need theory
- Jean Watson, PhD
- Erickson, Tomlin & Swain: Modeling and Role-Modeling
- Moyra Allen: McGill model of nursing
- Nancy Roper, Winifred W. Logan, and Alison J. Tierney: Roper-Logan-Tierney model of nursing
- Phil Barker: Tidal Model
- Michel Nadot: Cultural mediator model

PURPOSES OF NURSING THEORIES

In Practice

- 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, which are essential for effective decision making and implementation.
- Help to describe criteria to measure the quality of nursing care.
- Help build a common nursing terminology to use in communicating with other health professionals.
- Ideas are developed and words are defined.
 - Enhance autonomy (independence and self-governance) of nursing through defining its own independent functions.

In Education

- Provide a general focus for curriculum design
- Guide curricular decision making.

In Research

- Offer a framework for generating knowledge and new ideas.
- Assist in discovering knowledge gaps in the specific field of study.
- Offer a systematic approach to identify questions for study; select variables, interpret findings, and validate nursing interventions.
- Approaches to developing nursing theory
- Borrowing conceptual frameworks from other disciplines.
- 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.

- Questions from practicing Nurse about using Nursing theory.

Practice

- 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 situation?
- 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?

CONCLUSION

Theory is a blue print for the purpose of rendering quality of care. To effectively build knowledge to research, process should be developed within some theoretical structure that facilitates analysis and interpretation of findings.

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