

Situation Specific Theories: Development, Utilization, and Evaluation in Nursing

Eun-Ok Im
Afaf I. Meleis
Editors



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Preface

Why do you want to write this book? This was the question posed to us by our colleagues and friends as we started to discuss our thoughts and plans for a book focused on situation-specific theories. This question forced us to reflect on our reasons and helped us clarify our rationale. We decided to write it for three main reasons. First and foremost, we believe very strongly that situation-specific theories reflect a vital future direction to continue with the progress that began decades ago in developing theories. Second, we wanted to acknowledge and honor the nursing scholars who engaged and are engaging in developing situation-specific theories through increasing the visibility of their theories in a volume devoted to their work. More importantly, the third reason that drove us to develop this book is to inspire future generations of nursing scholars to continue in this journey by providing them with the knowledge and the tools and models for developing situation-specific theories. Let us elaborate on each of our goals.

First, we have a strong belief that situation-specific theories are the lynchpin between our discipline history and future in theoretical nursing. Our theoretical history enriched and profoundly influenced nursing education, practice, research, and administration. Over the years, theory was demystified and continuously utilized more effectively in informing research programs, in developing models of care, and in guiding administrative practices. As an increasing number of members of the discipline used existing theories, there was noticeable comfort in developing more theories, subsequently progressing from grand theories to middle-range theories. That increase in levels of ease and sophistication in using theories helped scholars in nursing to develop theories that were more congruent with nursing phenomena and nursing knowledge. What had been challenging was the levels of abstraction in the theories and the limited specificity in populations which did not adequately reflect the multiplicity of experiences and the sociocultural contexts of nurses and their patients. These limitations became barriers for a wider scope of utility for the theories. The ideas for situation-specific theories based on earlier articulation of the need for practice theories evolved to build on the continuity of the imperativeness of theory, but more grounded to reflect and acknowledge the diversity in perceptions, experiences, responses, and conditions that could better inform our discipline. We believe that situation-specific theories are the link between practice, theory, research, and the experiences of the agents who are developing the theories. It is also the link

between the empirical and the subjective, for both the providers of care and the recipients of care.

Our second aim is to acknowledge the growth that has happened in developing situation-specific theories. The theorists who are part of this volume are risk-taking pioneers similar to earlier theorists who took risks in viewing their ideas as grand theories and/or middle-range theories. We wanted to honor them by developing a volume dedicated to their ideas. This is based on our observations of the nursing history of theoretical development as theory was acknowledged and more theories were developed and utilized.

By acknowledging and honoring those pioneers in the development of situation-specific theories, we are using their work to inspire the future of theory development, which is our third goal for this book. The next generation of situation-specific theories will undoubtedly benefit from this generation of theories and will improve on them. The theories in this volume are published to be utilized, evaluated, refined, redeveloped, refuted, or confirmed.

We have divided the book into six parts, each with a number of chapters. The parts reflect history, strategies for the development of situation-specific theories, theories that reflect central phenomenon in nursing, and proposed directions for the future. The different theories presented in this book support the patterns we believe characterize the structure of situation-specific theories. Most all of them use integrative approaches to developing theories, all of them incorporate the clinical experiences of the theory developers, and most of them reflect dialogues and collaboration with colleagues. In each chapter, the authors presented the background of the theory, theory development process, major concepts and subconcepts, links of the theory to research and practice, and suggestions for future theoretical development.

This book is to be used for teaching at all levels of education and for different purposes. Here are some examples of how we envision the use of the book. For undergraduate students, it could be used to emphasize the importance of theory in their education and practice. It could provide various frameworks that master students can use in their research or practice projects. It could be also used to inspire DNP students in their development of theoretical nursing or to help them choose a framework for their projects. It could be used for PhD students to evaluate, critique, test, refine, or use existing situation-specific theories for their own theory development and/or for their own dissertation research. We believe it is an important volume to be used by clinicians, researchers, and theoreticians. This book could be utilized in the courses about theory as well as in the courses that primarily focus on practice or research methods.

Accordingly, we developed the sections to be studied individually, sequentially, or un-sequentially. It will be helpful if readers (students or faculty members) review Part I as the basis upon which all other sections are viewed. The principles and recommendations in Part I could also help in the critical reading of all other parts. The last part is to inspire readers to think about the future of theoretical nursing.

Since we proposed situation-specific theories as a new type of nursing theories by the level of abstraction in 1999, there have been many changes that have influenced nursing knowledge development, which further support the rationale for

developing situation-specific theories. We have seen drastic changes in the demographics of populations, new illnesses posed by new pandemics (Ebola, Covid-19), increases in technological discoveries forcing new modes of communication, and the evolving needs for more individualized and precision health care. These changes are indicative forces for globalization of theories and enforced the need for more situation-specific theories. This volume reflects both these imperatives. It is a volume about precision health care as informed by situation-specific theories reflecting multi-culturalism and globalization of populations. The theories include multicultural populations (Korean Americans, Mexican Americans, Koreans, Japanese, and Malawians), different age groups (children, adults, and old adults), and different genders (men, women, cisgender, and transgender), and several central concepts in our discipline (transitions, self-care, caregiving, and health/illness response). The authors also reflect the importance of increasing needs for global knowledge production in health care and reflect the global interests in theory development (Japanese and Korean authors).

Finally, we have developed this volume in the hope that it will help enhance the maturity of situation-specific theories and develop many more situation-specific theories in order to enrich and guide nursing practice and research programs in our discipline.

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Acknowledgments

With tremendous excitement about this book, as the first theory book that is focused exclusively on situation-specific theories, we want to acknowledge first the pioneering work of the theorists who are featured in the book. We extend to them our congratulations and appreciation for developing the theories and for allowing us to share their talented chapters. Without their vision and contributions, we would not have been able to produce this volume. We particularly want to extend our gratitude to two colleagues who are giants in theoretical nursing, Drs. Peggy Chinn and Jackie Fawcett. We are honored by their thought-provoking contributions, and we truly believe their original chapters will be the subject matter for many theoretical dialogues and debates.

It takes many people and lots of collaborations to produce a book. We extend our appreciation to the Springer Nature team for the multiplicity of roles they each played in taking the book from authors-produced to publisher-completed book. We particularly extend our deep gratitude to Ms. Nathalie Lhorset-Poulain who guided us from the moment we presented her with the idea of the book. Her encouragement and her belief in the importance of the content were instrumental in continuing our journey with the project. Her facilitation of permissions for the republished chapters was significant. We also want to acknowledge the important roles that Mr. Sushil Kumar Sharma played. He helped systematically organize and track on all the chapters with all the authors and did wonderful copy-editing of individual chapters.

As Editors of the book, we have many individuals in our respective lives who continue to inspire and support us as we focus on different projects, especially projects with this magnitude which require specific periods of concentration that takes us away from our other roles and responsibilities. Our special thanks go to our husbands (Dr. Wonshik Chee and Dr. Mahmoud Meleis) who, once again, took on more responsibilities that we relinquished temporarily. As they have always done throughout our careers, they provided support and encouragement during our journey with this book. We continue to be grateful to their partnership, understanding, and unwavering belief in the importance of our work.

Finally, we want to acknowledge our discipline of nursing. It is nursing that has inspired our theoretical ideas. It is the members of the discipline who have generously accepted, used, and challenged our ideas and who continue to inspire further development of theoretical nursing. As always, we look forward to hearing their critical ideas about this volume.

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Theoretical Origins and Structure

1.1 Introduction to Part I

Nursing, as a human science that is focused on the practice of supporting population's health and well-being [1], provides the impetus for developing theories that explains, describes, and predicts responses to health and illness. The limited generalizations to a special population or a particular nursing situation in situation specific theories are designed to further the advancement of nursing knowledge [1, 2]. Situation-specific theories that you will review in the different parts of this book will provide the guidance to nursing practice as well as to nursing research.

This first part of the book sets the stage for critically reviewing all the subsequent parts of the book. We provide the bases by which situation-specific theories (SST) are developed and the ways by which they can be utilized. In this part, the readers will be provided with context that orients them to view, review, and utilize situation-specific theories. We embed these types of theories, which are the focus of this book, within the context of the history of theoretical nursing, its philosophical roots, and its relationship to other theory categories, and with the ethical issues that should be considered in developing and using theories. In this part, we also provide strategies to develop situation-specific theories.

For this part, we have selected several already published articles that we consider classical and are vital for understanding the origins of situation specific theories, and we also invited new thought-provoking ideas that have never been published before. These new chapters provided by leading nurse theorists complete the background for viewing and utilizing SSTs, while also raising some very important questions about the relationship between SSTs and middle range theories, as well as ethical issues in developing and using theories.

The first of these newly published chapters in this part is by Meleis where a historical review of theory development in nursing leading up to the ideas related to the need for developing a focus on SST are discussed (Chap. 1). This chapter is followed by Im and Meleis republished chapter about the philosophical roots and the specific properties that characterize situation-specific theories which are vital for reviewing and evaluating them (Chap. 2). You will note that in this chapter the

authors remind the readers of the importance of critical feminists' theories, among other theories, in providing the principles upon which SSTs are developed.

The invited chapters by two leading theorists follow. Chinn's chapter questions the ideological structures that may have influenced theory development and that sustained inequities (Chap. 3). She proposes that perhaps SST theorists, if they incorporate emancipatory approaches in the theories they develop, may provide a framework to restore social justice in our knowledge development in nursing. Fawcett's chapter on the differences and similarities between SST and middle-range theories is particularly important as it provides the readers with her own thoughtful perspective which complements in some ways and differs in other ways from other perspectives by SST authors (Chap. 4). As a true scientist, she acknowledges that the perspective she presents may not be universally shared and she provides supportive evidence for it. This is a model for readers about scholarly differences in opinion which are meant to create and enrich dialogues about theories. It is a model that supports critical thinking and helps continue to advance nursing knowledge.

We included one article that was published about SST which became the basis for further development of SST (Chap. 5). This chapter by Im is on a strategy that we believe is very effective in developing SSTs through an integrative approach that incorporates multiple sources of theorizing including the lived experiences of the theory developer. In this chapter, the readers will find there are specific useful steps to guide their own theory development.

The readers are encouraged to review these chapters critically for consistency, for continuity or discontinuity, and for complimentary and oppositional thinking about SSTs. Also, the reader should consider this part as an important backdrop for reviewing all the subsequent parts.

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Historical Background for Theories: Revisiting the Past to Create the Future

1

Afaf I. Meleis

1.1 Introduction

I first heard about the importance of theoretical frameworks in 1962 from my research professor, Dr. Burton Meyers, in the Masters of Nursing program at UCLA. He, a brilliant psychology researcher and teacher, lectured us on the vital role of having a theoretical framework to guide our research proposals and research projects. He emphasized upon us that to enhance the impact of our research findings, they should relate to the theory that influenced the questions no one is asking, the research variables, the propositions, and the hypotheses that are being investigated. This beginning of theoretical thinking and its link to research was subsequently emphasized in my Ph.D. educational journey in medical and social psychology with my mentor, Dr. Ralph Turner, who was considered the father of role theory, informed by his colleague, Dr. Herbert Blumer, who was the voice behind symbolic interactionism—all of which ignited my own interest in theory and my drive to understand the theoretical underpinnings of nursing practice as a driver in the development of research programs. I did not have to look far from UCLA to see the beginnings of the nursing theory movement and to learn that on both sides of the USA (the East and the West) there were seeds planted for a theoretical revolution in the discipline of nursing, a revolution fueled by what West Coast professor Dorothy Johnson [1] and East Coast professor Martha Rogers [2] developed, the theories that became frameworks for educational programs. Consideration of using a nursing theory as a framework for nursing programs and for nursing curricula was reaffirmed by NLN criteria and guidelines for educational programs. While the focus may have been on the link between theory and the development, refinement and implementation of educational programs, faculty members searched for a

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theory to guide curricula, prompting them to study existing theories in nursing to utilize and to adapt to curricula and to teaching/learning strategies. This was a turning point in the history of theories and theory development in nursing.

Borrowing, developing, and utilizing theories in nursing went through different overlapping phases, most of which continue to inform the discipline of nursing. Each is presented and described below.

1.2 Borrowed/Shared Theories

Many theories were used to elucidate phenomena related to different aspects of our discipline, as well as the variety of roles nurses play. Examples of these theories that continue to inform nurses and nursing are systems theories, role theory, biological systems, developmental theories, psychotherapy, organizational theories, learnt behavioral theories, and crises theories, among many others. These borrowed/shared theories provided models for thinkers in nursing to ask questions about the nature of nursing care and the uniqueness of nursing knowledge. Studying theories that evolved and informed other disciplines provided the intellectual context for critical thinking and the impetus in nursing for formulating coherent conceptualizations about, of, and for nursing. Undoubtedly, these coherent formulations were prompted and nurtured by the need to justify university-based education over hospital-based education, where apprenticeships and teaching were determined by medical staff and by medical sciences. But, they also facilitated the support for the development of graduate programs.

1.3 From Grand Nursing Theories to Situation-Specific Theories

Conceptualizations of what nursing is, what nurses do, the goals for what they do, and ultimately, the outcomes of nursing care in all specializations were developed by a number of pioneering nurse theorists. These theories were inclusive and reflected the broadest scope in highly abstract concepts about and for nurses. There are several generations of theorists who developed grand visions of nursing. I consider the very *first generation* of theorists the giant thinkers. They considered the whole profession and articulated what nurses do and what outcomes are anticipated based on assumptions of who the recipients of care are and what the mission of nursing is [3]. These were Virginia Henderson, Dorothy Johnson, Myra Levine, Florence Nightingale, Dorothea Orem, Ida Orlando, Hildegard Peplau, Martha Rogers, and Ernestine Wiedenbach [4]. What is of note is that these theorists represented different areas of practice, yet they were all educators who thought deeply about nursing education and the substance that differentiates it from other areas of knowledge (Table 1.1).

Table 1.1 Generations of theorists

First generation	Henderson, Johnson, Levine, Nightingale, Orem, Orlando, Peplau, Rogers, Wiedenbach
Second generation	King, Neuman, Newman, Parse, Patterson, Roy, Watson, Zderad
Third generation	Meta-theorists: Avant, Chinn, Fawcett, Harding, Kim, Meleis, Walker
Fourth generation	Middle-range theorists: Barrett, Mishel, Kolcaba, Reed, Swanson
Fifth generation	See the different chapters/authors in this book

This group provided the inspiration and the impetus for the second group of deep thinkers, who considered what nursing is and what nurses do, or should do, to provide quality care. These *second-generation theorists*, in my view, are Imogene King, Betty Neumann, Margaret Newman, Rosemarie Parse, Josephine Paterson, Calista Roy, Jean Watson, and Loretta Zderad. While the first generation articulated what nurses actually do and developed abstract concepts from practice, I believe the second generation of theorists benefited from this pragmatic depiction of what nurses do and extended it to what nurses could and should do. The ideas that both generations provided continue to inform nursing throughout the twenty-first century, but perhaps, not in the ways that these theorists anticipated or hoped for. Instead of being total and exclusive frameworks for curricula, for research programs, or for entire practice areas only, their conceptualizations influenced the thinking of the next several generations of theorists, who continued to challenge them and build on them.

The *third generation* of theorists are the meta-theorists, who provided structures for development, evaluation, transformation, or implementation of theories. I believe this group of theorists is better designated as meta-theorists who contributed immensely to processes, strategies, and outcomes of and for theory development. They made theory development more tangible and more accessible to clinicians and researchers. They provided road maps, which were used in academic institutions to educate generations of scholars. Among these meta-theorists, who were, and are, highly influential, are Kay Avant, Peggy Chinn, Jacqueline Fawcett, Margaret Harding, Haesook Kim, Maeona Kramer, and Lorraine Walker. (And, I may include myself in this august group.)

The *fourth generation* of theorists had the benefit of all the previous generations, the benefit of well-established graduate education programs, informed mentorship, and many new evolutions in all areas of science, as well as the many global transitions that deeply influenced healthcare providers, recipients, and systems of care. They also benefited from the critiques of earlier grand conceptualizations of what nursing is and ought to be and the difficulties in translating them into practice and research programs. The fourth generation of theorists

focused on specific phenomenon and developed frameworks to elucidate nursing practice phenomena that were better informed with research findings, practice examples, philosophical assumptions, and theoretical frameworks. Among these are, and there are many who cannot be counted in one paragraph, Merle Mishel, Katherine Kolcaba, Elizabeth Barrett, Kristen Swanson, Pamela Reed, and Afaf Meleis [5].

And in the second decade of the twenty-first century, there is yet the *fifth generation of theorists*, who developed theories that were the impetus and the subject of this book, the situation-specific theorists, some of whom may have also developed middle-range theories. There will be more on this group in this chapter and throughout this book.

1.4 Fifth Generation of Theorists

Fifth-generation theorists develop theories to answer important questions in disciplines, to propose coherent approaches to asking more questions and to be a reservoir for all the answers, whether the answers are positive or negative. These questions in human science reflect the context within which the inquiries evolve; therefore, the questions are dynamic and changeable, and accordingly, the theories are also dynamic and changeable. Early answers and theories could be and should be challenged when contexts change and when competing information and/or data emerge or are discovered. Thus, theories are dynamic representations of phenomena, propositions, hypotheses, data, and findings, some of which have different levels of support at different times. Because of these assumptions and because of the well-developed theoretical heritage of our discipline, a *fifth generation of theorists* is emerging. Fifth-generation theorists are versatile and will develop theories at all different levels of abstraction. Some may continue the tradition of developing grand theories, while others may develop middle-range theories, but the majority will develop theories that focus on describing, explaining, or predicting phenomena and outcomes within a specific context, for a specific population, and with limited explanatory power [3]. These theories will also focus on and include uncovering voices, respecting diversity, promoting inclusivity, and reflecting and representing multiple truths. These theories help illuminate the experiences of different populations, including those of the caregivers. They are theories that are based on the principles of social justice, as Dr. Chinn describes in one of the chapters in this book (Chap. 3). These are the situation-specific theories that are the subject of this book of readings. Fifth-generation theorists were supported by the explicit guidelines provided by Dr. Eun-Ok Im [6] and by the many inspiring analyses she provided as models for further developments [7].

It is important to note that fifth-generation theorists are not confined by developing only one kind of theory, rather they are described as those who are adept at using more integrated ways of developing theories, whether extending other theories, abstracting from practice, synthesizing research findings, or using any combination of these. They are driven by the experiences that are embedded in nursing practice.

Since clinical knowledge is a combination of personal, subjective, and objective knowing, it is the wisdom that emerges from the synthesis of all that is used in developing fifth-generation theories. This synthesis and integrative wisdom that informs fifth-generation theorists is used unapologetically.

Fifth-generation theorists will continue to make contributions to advancing theoretical nursing and knowledge that will profoundly influence the quality of nursing care.

1.5 Theoretical Thinking

These different generations of theorists sparked the interest of academic nurses to engage in philosophical dialogues and theoretical debates and informed graduate programs where opportunities to nurture were provided and supported theoretical thinking. This is a very important phase in the history of developing theory. Graduate courses were offered, not to particularly focus on any generation of theorists, in as much as the focus became discussing prevailing theoretical assumptions that were embedded in the discipline of nursing. Also, dialogues were sparked by delving into ways that appropriate, inappropriate, and congruent assumptions guided the moral fabric of nursing. Theoretical thinking promoted by theory development was about identifying explicit and implicit assumptions, identifying old and new concepts, and recognizing patterns in nursing care, education, and research findings. This phase of theoretical thinking was and is characterized by inspiring and challenging the abilities of nurses to use frameworks to guide their practice and research, while also cultivating their ability to be skeptical and their interest in exploring and exploring their potential for further developing theory. This is the phase in our disciplines' history where budding thinkers worked with abstract ideas, connected them to ethical questions, and inspired the development of creative new propositions for testing. Armed with skepticism and evaluation of existing theories, this phase facilitated and provided opportunities for refining, creating, discarding, developing, and utilizing, but more critically and comfortably, theories from other disciplines [3].

1.6 Facilitators for Theoretical Development of the Discipline

One important question that should be considered is how do we guarantee the continuity of the progress made in establishing the theoretical bases and the theoretical underpinnings of the discipline of nursing?

Over the years, there have been events and forces that helped move members of the discipline to develop theories. Among them are the theory-focused groups that were framed by a specific theory that drove the development of theory-focused conferences [8]. It is important to pause, recognize, and identify them and analyze their influence on the advancement of nursing. Perhaps we can re-create or reinvent

Table 1.2 Strategies to facilitate continuity in theoretical advancement

• Theory-focused conferences
• Theory and philosophy dialogues at all educational levels
• Journals dedicated to promoting theoretical dialogues and debates
• Theory-focused books
• Webpages to facilitate updates and discourses

similar facilitators when we experience a slowdown in the attention to theoretically based research programs and practice models of nursing care. There have been also several organized structural events that accelerated theory development [9]. Examples are conferences and symposia that focused on promoting theoretical and philosophical dialogues such as the ones provided by Case Western Reserve and Yale Universities in the mid-1960s, which sparked many philosophical dialogues and connected theory to research programs [10]. The 1970s and 1980s saw many conferences, which featured nurse theorists, individually discussing their theories and inspiring faculty members, graduate students, clinicians, and administrators to study more theories and to translate and/or utilize theories in their work (Table 1.2).

Publications have been another means for facilitating progress in utilizing and developing theories. Besides publications from conference proceedings, each theorist individually published their theories through many forms and venues. There were also many published volumes that included compilation of many theories.

Courses offered in philosophy, theory, theory development, and knowledge advancement, which were required in many universities as part of graduate programs leading to Masters or Ph.D.s, were also instrumental in inspiring theoretical dialogues. These courses led to enhancing theory and contributed to the development of third-, fourth-, and fifth-generation theorists.

Having venues to display and disseminate theoretical and philosophical publications that allow for more contemporary dialogues about theory have been pivotal to the phenomenal progress over the past four decades. Among these venues, there are two in particular that, against all odds and with a great deal of innovative vision and risk-taking, were developed to focus on theory, philosophy, and disciplinary development. One of these venues, established in 1978, was *Advances in Nursing Science*. The visionary behind it is the pioneer theoretician and meta-theorist, Dr. Peggy Chinn from the U.S.A. She looked to “establish a journal that expanded beyond empirical research to include theory and philosophy” [11]. Another venue was established in Australia by Dr. Judith Parker from the University of Melbourne in 1994 [12]. Her vision, according to the current editor, Dr. Sally Thorne, was that the journal “could facilitate intellectual growth by embracing the blurring of traditional disciplinary and methodological boundaries and nurturing a ‘radical critique and breakdown of traditional oppositional categories, such as science/art, mind/body, subject/object and theory/practice’.” “She envisioned a space within which a wide range of issues of profound importance to nurses could be examined, deconstructed and advanced” [13].

These two pioneering journals gave the signal that scholarship in nursing is not only exemplified in its empirical traditions but that theoretical and philosophical dialogues and debates are fundamentally vital for the continuous growth and advancement of the discipline of nursing. Their mission and messages enhanced and expanded dialogues by creating and valuing venues for sharing and disseminating arguments and narratives inclusive of empirical research, but not limited to it. Subsequently, many other journals evolved to widening the scope of ethical, philosophical, and theoretical dialogues [14].

Other facilitators for continuing the intellectual dialogues about theoretical nursing that benefits from previously established strategies are the revival of two international theory conferences, held in March 20–21, 2019 and November 14–15, 2019 to commemorate the initial landmark theory conferences that were held in 1967–1969 at Case Western Reserve University and the University of Colorado. This new focus for dialogues was envisioned as a collaboration with the existing organizations for single theories such as K.I.N.G. nursing organization, as well as Martha Rogers, Calista Roy, and other theorists' organizations. In this collaborative pioneering conference, it was determined that there is a need for continuity of a structure to promote and shape the future of nursing knowledge development [15].

Another important creative driver for continuing the advancement of theory was established by two leaders in theoretical nursing, Dr. Peggy Chinn and Dr. Jacqueline Fawcett [16]. Realizing and recognizing a growing neglect of the foundational values, mission, and knowledge in the discipline of nursing, they established a website [17] as a repository of specific nursing theoretical knowledge to promote its further development and dissemination and to foster partnerships and collaboration. They decided on the concept of "Nursology" to reflect and describe the domain and scope of nursing knowledge to match other disciplines such as pharmacology, anesthesiology, physiology, etc. [18]. They defined Nursology as a body of knowledge, a research methodology, and a practice methodology about and for phenomena of concern to nurses [19, 20].

A vital facilitator to developing relevant theories is to insure that the theories must reflect key global issues that are facing populations. The 17 United Nations Sustainable Development Goals (SDGs) should be considered as guidelines [21]. Theories provide the language for nurses to have a voice in the future of health care and its impact on populations, and SDGs are the linkage that connects all nurses to populations' health and well-being [22].

1.7 Conclusion

The impetus for theoretical nursing has been to differentiate the essence and substance of nursing from other disciplines, to describe what nurses do, and to determine the outcomes of nursing actions. Many strategies helped in achieving these goals, including different generations of theorists, mediums, and venues that nurtured dialogues and fostered debates, leading to advancing theoretical knowledge.