

Nursing Theories and Nursing Practice

FIFTH EDITION

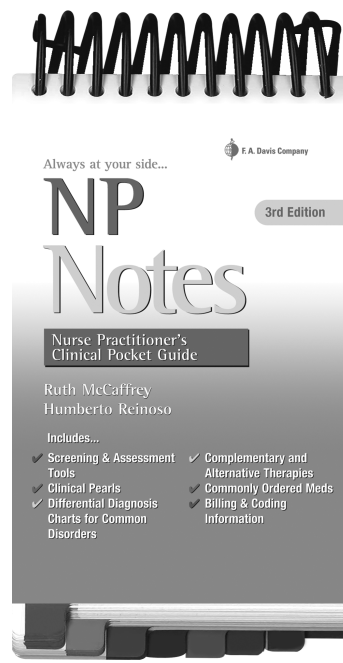
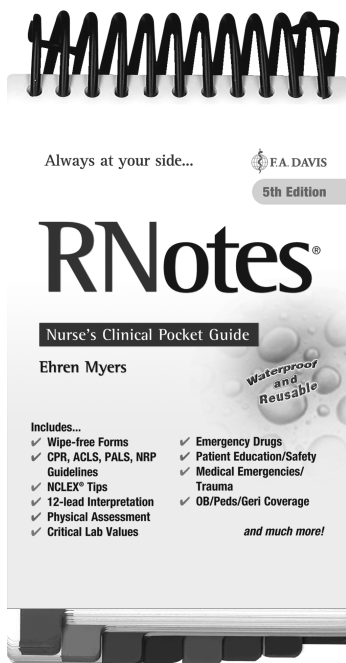
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Nursing Theories *and* Nursing Practice

FIFTH EDITION

Marlaine C. Smith, PhD, RN, AHN-BC, HWNC-BC, FAAN

Diane L. Gullett, PhD, RN, MPH, Assistant Editor



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Philadelphia

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Preface to the Fifth Edition

Over 10 years ago Marilyn Parker invited me to work with her on the third edition of her well-respected book, *Nursing Theories and Nursing Practice*. The book was known for its focus on providing nurses and nursing students with a basic introduction to nursing theories that could inform their practice, and for the fact that its chapters were written by the theorists themselves or scholars identified by the theorists as experts. When I joined Marilyn as co-editor we retained this distinctiveness and created a new organization for the book, including a section on middle-range theories. In the fourth edition we added content on the evolution of the discipline of nursing and additional theories. Marilyn Parker decided not to continue as co-editor of the fifth edition. Although her name no longer appears on the cover, her spirit lives on in the pages of the book. Marilyn is passionate about nursing knowledge. This passion was born from asking the question, “What is nursing and how is it different from other health professions?” and getting the answer to that question from reading Dorothea Orem’s Self-Care Deficit Theory. Marilyn was a pioneer in bringing theories to practicing nurses. *Nursing Theories and Nursing Practice* has roots in a series of nursing theory conferences organized by her in South Florida. Many of the theorists in this book addressed audiences of mostly practicing nurses at these conferences. Two books stimulated by those conferences and published by the National League for Nursing were the first edition of Parker’s *Nursing Theories in Practice* (1990) and *Patterns of Nursing Theories in Practice* (1993). This fifth edition of *Nursing Theories and Nursing Practice* continues to embody Marilyn’s vision to make nursing theory accessible to practicing nurses and students at all levels. Marilyn welcomed me to this project and encouraged my input. I will always be

grateful for the opportunity to join her as co-editor and to receive the baton that she passed to me. My intent is to continue to honor her vision for this book.

As I was working on the fourth edition I was fortunate to have a talented PhD student, Diane Gullett, agree to help me with the administrative work as my research assistant. Diane has now completed her PhD and has joined me as the Assistant Editor of this fifth edition. She co-authored a chapter and contributed practice exemplars for other chapters. In addition, Diane revised and updated all of the ancillary resources that appear online in DavisPlus. I’m most grateful for Diane’s organizational prowess and her careful editorial skills. I couldn’t have completed this book without her assistance, and I’m certain the book is better because of it.

This book offers the perspective that nursing is a professional discipline with a body of knowledge that guides its practice. Nursing theories are an important part of this body of knowledge, and regardless of complexity or abstraction, reflect nursing and should be used by nurses to frame their thinking, action, and being in the world. As guides, nursing theories are practical in nature and facilitate communication with those we serve as well as with colleagues, students, and others practicing in health-related services. My hope is that this book illuminates for the reader the interrelationship between nursing theories and nursing practice, and that this will focus practice more meaningfully and make a difference in the health and quality of life of people who are recipients of nursing care.

There are several important changes to the fifth edition. First, two additional middle-range theories have been added. These theories originated from scholars outside the United States, providing a more global perspective on nursing theory development. Adeline Falk-Rafael is

from Canada and presents her theory of Critical Caring, which incorporates a critical–social theory perspective. The second is Katie Eriksson’s theory of Caritative Caring written by Eriksson’s colleague Camilla Koskinen and Diane Gullett, whose dissertation was informed by Eriksson’s concepts of suffering and caring. Eriksson is from Finland, and her work in caring science is well known throughout the Nordic countries. In this edition several practice exemplars were developed; only one chapter does not include a practice exemplar (at the request of the author). Questions to guide reflection and discussion appear at the conclusion of each chapter. Chapter authors summarize research related to the theory, but because of limited page length some of the content was moved to DavisPlus at <http://davisplus.fadavis.com>. Additionally, due to the lengthy lists of chapter references the publisher decided to move all references to DavisPlus as well. While each chapter is presented using a standard structure, the theorists themselves or their surrogates present their ideas in their own style providing some diversity among the chapters. But uniformity is a worthy sacrifice for preserving the accuracy from the primary or expert sources.

This book is intended to help nursing students in undergraduate, master’s, and doctoral nursing programs explore and appreciate nursing theories and their use in nursing practice and scholarship. In addition, and in response to calls from practicing nurses, this book is intended for use by those who desire to enrich their practice by the study of nursing theories and related illustrations of nursing practice. The contributing authors describe theory development processes and perspectives on the theories, giving us a variety of views for the 21st century and beyond. Each chapter of the book includes a section about the theorist, an overview of the theory, applications of the theory in practice and research, a practice exemplar, summary, and questions for reflection and discussion. A chapter outline at the beginning of each chapter provides a map for the contents. Major points are highlighted in each chapter. I am hopeful that this overview of the theory and its applications will lead to deeper exploration of the theory as students consult

other published works by the theorists and those working closely with the theory in practice or research. This book is structured to offer nursing students at all levels a taste of a variety of nursing theories so that they can explore selected theories in greater depth and appreciate nursing theories for their potential to improve care and advance nursing knowledge through research.

There are six sections in the book. The first provides an overview of nursing theory, the evolution of theory in the discipline, and a focus for thinking about evaluating and choosing a nursing theory for use in practice. Section II introduces the work of early nursing scholars whose ideas provided a foundation for more formal theory development. The nursing conceptual models and grand theories are clustered into three parts in Sections III, IV, and V. Section III contains those theories classified within the integrative–interactive paradigm, and those in the unitary–transformative paradigm are included in Section IV. Grand theories that are focused on the phenomena of care or caring appear in Section V. The final section contains a selection of middle-range theories.

The book’s website at <http://davisplus.fadavis.com> features materials that will enrich the teaching and learning of these nursing theories. For this edition these materials were developed or updated by Diane Gullett, Assistant Editor. For this edition, Diane included activities in the Instructor Guide using active learning strategies meant to facilitate student learning about nursing theory. Other online resources include additional bonus content such as extended bibliographies, in-depth biographies of select nursing theorists, and case studies.

This book provides a useful overview of the latest theoretical advances of many of nursing’s finest scholars. I am most grateful to these contributors whose love of nursing and creative conceptualizations inform our practice, inspire our research, and improve care. With each edition of this book I’ve learned more and received new insights. A deep bow to each of you!

My interest in nursing theory came early as a student in a BSN program when early conceptualizations about nursing were surfacing in the

literature. As a nurse pursuing an interdisciplinary master's degree in public health I recognized that while all the other public health disciplines had some unique perspective to share, public health nursing seemed to lack a clear identity. In search of the identity of nursing I pursued a second master's in nursing. At that time nursing theory was gaining wider recognition, and I learned about it from my teachers and mentors Sr. Rosemary Donley, Dr. Rosemarie Parse, and Dr. Mary Jane Smith. This discovery was the answer I was seeking, and it both expanded and focused my thinking about nursing. The question of "What is nursing?" was answered for me by these theories and I couldn't get enough! It led to my decision to pursue my PhD in Nursing at New York University where I studied the Science of Unitary Human Beings. During this same time I taught at Duquesne University with Rosemarie Parse and learned more about Man-Living-Health, which is now Humanbecoming. I conducted several studies based on Rogers' conceptual system and Parse's theory. At theory conferences I was fortunate to dialogue with Virginia Henderson, Hildegard Peplau, Imogene King, and Madeleine Leininger. In 1988 I accepted a faculty position at the University of Colorado when Jean Watson was Dean. The School of Nursing was guided by a caring philosophy and framework, and I embraced caring as a central focus of the discipline of nursing. I had studied Newman's Theory of Health as Expanding Consciousness and was intrigued by it, so for my sabbatical I decided to study it further with her guidance as well as learn more about the unitary appreciative inquiry process that Richard Cowling was developing.

I have been fortunate to be the dean of the Christine E. Lynn College of Nursing at Florida Atlantic University where faculty and

students ground their teaching scholarship and practice on caring theories. The College has a history of advancing theoretical development in nursing; many of the former and current faculty have contributed chapters to this book. I continue to network with colleagues passionate about nursing theory. The American Academy of Nursing (AAN) Expert Panel on Theory-Guided Practice is an excellent forum for this networking. Case Western Reserve University (CWRU) and the AAN sponsored a Nursing Theory Conference marking the 50th anniversary of the first one held at CWRU. The discipline of nursing is expanding with more research and practice in existing theories and the introduction of new theories. This is especially important at a time when nursing theory can provide what is missing and needed most in health care today.

The fifth edition of this book has been nurtured by Susan Rhyner, an expert editor for F. A. Davis Company. Diane and I are appreciative of her guidance, patience, and steady hand. We give special thanks to Shana Murph and Amy Romano, who served as the contacts and coordinators for this project. I am grateful to my husband Brian for his love and enduring support and to my children, Kirsten, Alicia, and Brady, and their spouses, Jonathan and Tori, for the joy and love that they bring to my life. I honor my parents, Deno and Rose Cappelli, for instilling in me the love of learning, the value of hard work, and the importance of caring for others. Finally, I dedicate this book to my beautiful grandchildren who light up my life ... Iyla Ever, Lenyn Rose, Soryn Deno, and Evangeline Celestia.

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SECTION

An Introduction to Nursing Theory

An Introduction to Nursing Theory

In this first section of the book you will be introduced to the purpose of nursing theory and shown how to study, analyze, and evaluate it for use in nursing practice. If you are new to the idea of theory in nursing, the chapters in this section will orient you to what theory is, how it fits into the evolution and context of nursing as a professional discipline, and how to approach its study and evaluation. If you have studied nursing theory in the past, these chapters will provide you with additional knowledge and insight as you continue your study.

Nursing is a professional discipline focused on the study of the wholeness of human-environment health and healing through caring. Nursing practice is based on the knowledge of nursing, which consists of its philosophies, theories, concepts, principles, research findings, and practice wisdom. Nursing theories are patterns that guide the thinking about nursing. All nurses are guided by some implicit or explicit theory or pattern of thinking as they care for their patients. Too often, this pattern of thinking is implicit and is colored by the lens of diseases, diagnoses, and treatments. This does not reflect practice from the disciplinary perspective of nursing. The major reason for the development and study of nursing theory is to improve nursing practice and, therefore, the health and quality of life of those we serve.

Chapter 1 focuses on nursing theory within the context of nursing as an evolving professional discipline. The authors examine the relationship of nursing theory to the characteristics of a discipline. You'll learn new words that describe parts of the knowledge structure of the discipline of nursing, and speculations about the future of nursing theory as nursing, health care, and our global society change. Chapter 2 is a guide to help you study the theories in this book. Use this guide as you read and think about how nursing theory fits in your practice. Nurses embrace theories that fit with their values and ways of thinking. They choose theories to guide their practice and to create a practice that is meaningful to them. Chapter 3 focuses on the selection, evaluation, and implementation of theory for practice. Students often get the assignment of evaluating or critiquing a nursing theory. Evaluation is coming to some judgment about value or worth based on criteria. Various sets of criteria exist for you to use in theory evaluation. We introduce some that you can explore further. Finally, we offer reflections on the process of implementing theory-guided practice models.

Nursing Theory and the Discipline of Nursing

Marlaine C. Smith and
Marilyn E. Parker

The Discipline of Nursing
Definitions of Nursing Theory
The Purpose of Theory in a Professional
Discipline
The Evolution of Nursing Science
The Structure of Knowledge in the Discipline of
Nursing
Nursing Theory and the Future
Summary
Questions for Reflection and Discussion

What is nursing? At first glance, the question may appear to be one with an obvious answer, but when it is posed to nurses, many define nursing by providing a litany of functions and activities. Some answer with the elements of the nursing process: assessing, planning, implementing, and evaluating. Others might answer that nurses coordinate a patient's care.

Defining nursing in terms of the nursing process or by functions or activities nurses perform is problematic. The phases of the nursing process are the same steps we might use to solve any problem we encounter, from a broken computer to a failing vegetable garden. We assess the situation to determine what is going on and then identify the problem; we plan what to do about it, implement our plan, and then evaluate whether it works. The nursing process does nothing to define nursing.

Defining ourselves by tasks presents other problems. What nurses do—that is, the functions associated with practice—differs based on the setting. For example, a nurse might start IVs, administer medications, and perform treatments in an acute care setting. In a community-based clinic, a nurse might teach a young mother the principles of infant feeding or place phone calls to arrange community resources for a child with special needs. Multiple professionals and nonprofessionals may perform the same tasks as nurses, and persons with the ability and authority to perform certain tasks change based on time and setting. For example, both physicians and nurses may listen to breath sounds and recognize the presence of rales. Both nurses and social workers might do discharge planning. Both nurses and family members might change dressings, monitor vital signs, and administer medications, so