

THEORETICAL FRAMEWORK IN NURSING

DEFINITIONS OF TERMS:

1. Theory

- Is an organized, coherent, and systematic articulation of a set of statements related to significant questions in a discipline that are communicated in a meaningful whole.
- It is a symbolic depiction of aspects of reality that are discovered or invented for describing, explaining, predicting, or prescribing responses, events, situations, conditions, or relationships.
- Have concepts that are related to the discipline's phenomenon and these concepts relate to each other to form theoretical statements.
- A set of interrelated concepts, definitions, and propositions that present a systematic way of viewing facts/events by specifying relations among the variables, with the purpose of explaining and predicting the event/fact.
- Interrelated concepts, propositions, specifying relations among the variables, and a stated purpose of explaining or predicting facts or events (Kerlinger , 1973).
- A creative and rigorous structuring of ideas that project a tentative, purposeful, and systematic view of phenomena (Chan and Kramer, 1991).
- As articulated and communicated conceptualization of invented or discovered reality (central phenomena and relationships) in or pertaining to nursing for the purpose of describing, predicting, or prescribing nursing care (Meleis, 1991).
- Is an internally consistent group of relational statements that presents a systematic view about a phenomenon and that is useful for description, explanation, prediction, and or control.

1. Concept

- Describe a phenomenon or a group of phenomenon.
- Denotes some degree of classification or categorization.
- Provides a concise summary of thoughts related to a phenomenon; without concise labeling, we would have to go into great detail to describe the phenomenon. Notice the difference between describing the phenomenon of what happens to individuals who travel from one time zone to another through detailing their sleep disturbances, the changes in their moods and eating habits, and so forth, and

summarizing all those details through the concept of "jet lag". The latter is more concise and a more efficient way of communicating the ideas contained in related to "jet lag". Labeling a concept may make it more feasible to continue to analyze and develop it.

- The basic unit in the language of theoretical thinking and are words that represent reality and enhance our ability to communicate.
- May be empirical when they observed or experienced through senses, and abstract that are not observable, such as hope and infinity.

1. Construct

- A working hypothesis or concept (the unconscious was a construct that came from the daily effort to understand patients)
- A product of ideology, history, or social circumstances (privacy is more than a social construct or an idea).
- Something constructed by the mind and a theoretical entity (the deductive study of abstract construct).
- To make or form by combining or arranging parts or elements .
- To draw (a geometrical figure) with suitable instruments and under specified conditions.
- To set in logical order.
- To put together the constituent parts of (something) in their proper place and order; to build; to form; to make; as, to construct an edifice.
- To devise; to invent; to set in order; to arrange; as, to construct a theory of ethics.
- Created by organizing and linking ideas, arguments, or concepts.

1. Paradigm

- Is a *disciplinary matrix*, which includes the shared commitments of the community scholars, the shared symbolic generalizations, and the exemplars, which are shared problems and solution in the discipline (Kuhn, 1970).
- An example; a model; a pattern.
- An example of a conjugation or declension, showing a word in all its different forms of inflection.
- An illustration, as by a parable or fable.
- The generally accepted perspective of a particular discipline at a given time.
- Systematic arrangement of all the inflected forms of a word.

1. Model

- A miniature representation of a thing, with the several parts in due proportion; sometimes, a facsimile of the same size.
- Anything which serves, or may serve, as an example for imitation; as, a government formed on the model of the American constitution; a model of eloquence, virtue, or behavior.
- That by which a thing is to be measured; standard.
- Any copy, or resemblance, more or less exact.
- The act of representing something (usually on a smaller scale).
- A simplified description of a complex entity or process.
- A representative form or pattern.

1. Framework

- A structure supporting or containing something.
- A simplified description of a complex entity or process.
- Is a basic conceptual structure used to solve or address complex issues, usually a set of tools, materials or components.
- A structure for supporting or enclosing something else, especially a skeletal support used as the basis for something being constructed.
- An external work platform.
- A fundamental structure, as for a written work.
- A set of assumptions, concepts, values, and practices that constitutes a way of viewing reality.
- A hypothetical description of a complex entity or process.

1. Phenomenon

- Is an aspect of reality that can be consciously sensed or experienced. Within a discipline are the aspects that reflect the domain or the territory of the discipline.
- Is the term, description, or label given to describe an idea about an event, a situation, a process, a group of events, or group of situations.
- It may be temporally and geographically bound.
- It can be describe from evidence that is sense base (eg. something seen, smelled, or felt) or from evidence that is group together through thought connection (eg. the observation that mare children die in pediatric).
- Is any observable occurrence. In popular usage, a phenomenon often refers to an extraordinary event. In scientific usage, a phenomenon is any event that is observable, however commonplace it might be, even if it requires the use of instrumentation to observe it.

1. Assumption

- Are statements that describe concepts or connect two concepts that are factual, accepted as truths, and represent values, beliefs, or goal.
- These statements represent the thread that holds the different aspects of knowledge together.
- Are the taken-for-granted statements of the theory, the concepts, or the research that preceded and when it was challenged, they become propositions.
- Emanate from philosophy; they may or may not represent the shared beliefs of the discipline.
- Is a proposition that is taken for granted, as if it were true based upon presupposition without preponderance of the facts.

1. Statement

- Is an extremely important ingredient in any attempt to build a scientific body of knowledge.
- The act of stating, reciting, or presenting, orally or in paper.
- A formal embodiment in language of facts or opinions; a narrative.
- A fact or assertion offered as evidence that something is true.
- A message that is stated or declared; a communication (oral or written) setting forth particulars or facts etc.
- The act of affirming or asserting something.
- A declaration of matters of fact.

1. Philosophy

- Is a distinct discipline in its own right, and all discipline can claim their own philosophical bases that form guidelines for their goals.
- Is concerned with the values and beliefs of a discipline and with the values and beliefs in held by members of the discipline and it may or may not be congruent with those discipline.
- It also provides the assumptions inherent in its theoretical structure.
- The philosophy of a science that deals with the values that govern the scientific development and the justification of the discipline. It helps in defining or questioning priorities and goals. Philosophical inquiries help members of the discipline uncover issues surrounding priorities and analyze these priorities against societal and humanistic priorities.

1. Science

- Is a unified body of knowledge about phenomena that is supported by agreed on evidence.
- Includes disciplinary questions and provides answers to questions that are central to the discipline. These answer represent wisdom based on

the results of data that have been obtained through the different designs and methodological approaches and from which science evolves and develops.

- There are different approaches to evaluating and judging scientific findings: support of truth through repeated findings, tentative consensus among a community of scholars supporting aspects of evidence, tentative consensus among other subcommunities attesting to description of reality, and the use of objective criteria by members of the community.

1. Research

- Diligent inquiry or examination in seeking facts or principles; laborious or continued search after truth; as, researches of human wisdom.
- To search or examine with continued care; to seek diligently.
- Systematic investigation to establish facts.
- A search for knowledge.
- Attempt to find out in a systematically and scientific manner.
- Can be defined as the search for knowledge or any systematic investigation to establish facts. The primary purpose for applied research (as opposed to basic research) is discovering, interpreting, and the development of methods and systems for the advancement of human knowledge on a wide variety of scientific matters of our world and the universe. Research can use the scientific method, but need not do so.

1. Nursing Theory

- Is a conceptualization of some aspect of nursing reality communicated for the purpose of describing phenomena, explaining relationships between phenomena, predicting consequences, or prescribing nursing care.
- Logically interrelated sets of confirmed hypotheses (McKay, 1969).
- Is a conceptual system or framework invented for some purpose (Dickoff and James, 1968).
- Is not what is but what is ought to be and that leads one to worry over labels rather than to look at the substance of the given thesis (Barnum, 1990).
- A coherent set of hypothetical, conceptual, and pragmatic principles forming a general frame of reference for a field of inquiry (Ellis, 1968).
- A set of concepts, definitions, and propositions that projects a systematic view of phenomena by designating specific interrelationships among concepts for purposes of describing, explaining, predicting, and or controlling phenomena (Jacobs, 1987).

- Are made up of concepts and propositions and they address phenomena with much greater specificity than do conceptual models and they address the metaparadigm phenomenon of person, environment, health, and nursing by specifying relationships among variables derived from these phenomena (Fawcett, 1989).
- As a conceptualization of some aspect of reality (invented or discovered) that pertains to nursing. The conceptualization is articulated for the purpose of describing, explaining, predicting, or prescribing nursing care.

THEORY AND NURSING

1. Nature of Theory

- Barnum defines the nature of theory as “statement that purports to accounts for or characterize some phenomenon”. She emphasizes that the source of nursing theory is not “what is” but what “ought to be” and that existing conceptualizations are indeed nursing theories because she asserts, quibbling over labels of theory, concept, framework and so forth only “leads one to worry over labels rather than to look at the substance of the given thesis”. Her definition is significant in the number of ways. It acknowledge that theories are always in the process of development, that existing conceptualizations are theories, and that invention is as much an arena for theory development in nursing as discovery is.

1. Elements of Theory

a. CONCEPTS

- It is a mental image of a phenomenon; an idea or a construct in the mind about a thing or an action. It is not the thing or action only the image of it. Concept information begins in infancy, for concepts help us categorize or organize our environmental stimuli.
- There are two prevailing theories in contemporary philosophy which attempt to explain the nature of **concepts** (abstract term: **conception**). The representational theory of mind proposes that concepts are mental representations, while the semantic theory of concepts (originating with Frege's distinction between concept and object) holds that they are abstract objects. Ideas are taken to be concepts, although abstract concepts do not necessarily appear to the mind as images as some ideas do. Many philosophers consider concepts to be a fundamental ontological category of being.

a. STATEMENTS

- It is an extremely important ingredient in any attempt to build a scientific body of knowledge. It must be formulated before explanations or predictions can be made. A statement,, in the context of theory building in two forms, relational statements and non relational statements. Relational statements declares a relationship of some kind between two or more concepts. A nonrelational statement maybe either an existence statement that asserts the existence of concepts or a definition either theoretical or operational.

a. THEORIES

- Is an internally consistent group of relational statements that presents a systematic view about a phenomenon that is useful for description, explanation, prediction, and/or control.
- A set of statements or principles devised to explain a group of facts or phenomena, especially one that has been repeatedly tested or is widely accepted and can be used to make predictions about natural phenomena.
- The branch of a science or art consisting of its explanatory statements, accepted principles, and methods of analysis, as opposed to practice: a fine musician who had never studied theory. A set of theorems that constitute a systematic view of a branch of mathematics. Abstract reasoning; speculation: a decision based on experience rather than theory. A belief or principle that guides action or assists comprehension or judgment: staked out the house on the theory that criminals usually return to the scene of the crime. An assumption based on limited information or knowledge; a conjecture.

a. Contents of Theory

Theories are made up of assumptions, concepts, narrative descriptions, propositions, and exemplars. The structural contents of descriptive and prescriptive theories differ somewhat. Structural contents of descriptive theories include:

- a. Client's state or condition.
- b. Patterns of responses to conditions, situations, or events.
- c. Analyses of contexts of conditions and responses.
- d. Analyses of promoting and inhibiting contexts.

Structural contents of prescriptive theories include:

- a. Definition of client's situation
- b. Nursing therapeutics
- c. Process by which therapeutics is implemented.
- d. Patterns of desired status or consequences.
- e. Context for desired or undesired status and for therapeutics.

a. Uses of Theory

- a. Theories can interrelate concepts in such a way as to create a different way of looking at a particular phenomenon.
- b. It describes, explains, or predicts a wide range of possible experience in nursing practice.
- c. Determines, identify, and explore themes in reality lived by the persons who participated in the studies.

- d. It contributes and assist in increasing the general body of knowledge within the discipline through the research implemented to validate them.
- e. It can be used by practitioners to guide and improve practice.
- f. It continues to raise questions that challenge the aspects of knowledge that have not yet been challenged.
- g. Formulate a minimum set of generalizations that allow one to explain a maximum number of observable relationships among the variables in a given field of inquiry.
- h. Increases the potential for the improvement of nursing knowledge.
- i. Provide insights about nursing practice situations and guide research.
- j. Renders nursing practice to become more efficient and effective.
- k. Helps to identify the focus, means and goals of practice.
- l. Enhances communication.
- m. Increases accountability and autonomy to care.
- n. Guide to practice by directing the nurse to look for needs and deficits that the client may have.

a. Types of Theory

Theories are reservoirs in which related knowledge is articulated and organized to meaningful wholes. Theories answer significant questions and help investigators and clinicians to focus on raising questions in a systematic and a coherent way. Tentative theories reflect growth in disciplines. They reflect the wisdom of articulating disparate facts in a meaningful whole and the challenge of answering new questions as they arise. To accomplish its goals of optimum health for its clients, the discipline of nursing must have theories to describe its phenomena, to explain relations, to provide a framework for interventions, and to predict outcomes.

1. Level of Abstraction

Theories may be described in terms of their levels of abstraction or in terms of their goals. It includes three types of theory that emerge in nursing which are composed of the following:

a. Grand Theories

- Are systematic constructions of the nature of nursing, the mission of nursing, and the goals of nursing care.

a. Mid-Range Theories

- Theories that have more limited scope, less abstraction, address specific phenomena or concepts, and reflect practice (administrative, clinical, or teaching) are considered mid-range theories. The phenomena or concepts tends to cross different

nursing fields reflect a variety of nursing care situations. (eg. Are uncertainty, incontinence, social support, quality of life, and health as empowerment.

a. Situation-Specific Theories

- Theories that focus on specific nursing phenomena that reflect clinical practice and that are limited to specific populations or to a particular field of practice are situation-specific theories. These theories are socially and historically contexted; they are not developed to transcend time, a socially constraining structure, or a politically limiting situation. Therefore, their scope and the questions driven by them are limited.

1. Goal Orientation

To accomplish their goals of supporting and promoting optimum health and well-being, nurses also need theories to capture efficient and effective clinical therapeutics to use in their practices. It Includes:

a. Descriptive Theories

- Descriptive theories are one that describe a phenomena, an event, a situation, or a relationship; identify its properties and its components ; and identify some of the circumstances under which occurs. Although descriptive theories have an element of prediction (eg. Predicting when a phenomena may occur and when it may not occur), their contribution to knowledge is mainly to help sort out observation and meanings regarding the phenomena. Descriptive theories describe a phenomena, speculate on why phenomenon occurs, and describe the consequences of the phenomenon; therefore, they have explanatory, relating and predicting utility. Descriptive theories are complete theories have the potential for guiding research.
- There are two types of descriptive theories. The first is the factor-isolating, category-formulating, or labeling theory. This theory describe the properties and dimensions of phenomena. The second type is the explanatory-theory, which describe and explain the nature of relationship of certain phenomena to other phenomena. Examples of descriptive theories are not description of the life processes of a nursing

client, person-environment interaction in health and illness, health status, way of assessment, types of diagnosing, disruption of life processes, and interventions. Descriptive nursing theories are those that help describe, explain, and predict nursing phenomena and relationships between nursing phenomena. Descriptive theories are not actions oriented and do not attempt to produce a situation.

- Types of descriptive theories in nursing include:
 - Life processes
 - Person-environment interaction
 - Assessment
 - Diagnosis
 - Description of alteration in life processes
 - Clinical therapeutics

a. Prescriptive Theories

- Are those addressing nursing therapeutics and the consequences of intervention. A prescriptive theory proposition that call for change and predict the consequences of a certain strategy of nursing intervention. A prescriptive theory should designate the prescription and its components, type of client to receive the prescription, the condition under which the prescription should occur, and the consequences. It articulate the conditions in the life process, person-environment interaction, and health status that need the prescription and the on the client's life process, health status, and interaction with the environment. Prescriptions may also be focus on the environment.
- In summary, all theories used nursing to understand, explain, predict, or change nursing phenomena are nursing theories whether or not they evolved out of other theories , other paradigms, other discipline, nursing experience, diagnoses nursing processes , or nursing practices, and whether or not they were developed by nurses. If we must differentiate between different types of theory, then such differentiation is meaningful by terms of the levels and the goals, not the source of the theory. Theories that are developed to understand and explain human processes in the health and illness are pure or basic

theories. In other words, they are theories with a descriptive focus. Theories that are developed to control, promote, and change are nursing practice theories of prescriptive theories (Crowley, 1968).

a. Relationship of theory, research and nursing practice

a. Theory and Research

- The objective of theory is to formulate a minimum set of generalizations allow one to explain a maximum number of observable relationships among the variables in a given field of inquiry. The theory sets limits ob what questions to ask and what method to use to pursue answer to the question. The relationship is cyclical in nature; the result of the research can then use to verify, modify, disprove, or support a theoretical proposition. Nursing theories provided nurse researchers. Nursing research has been driven in the past by educational, sociological, and psychological theories and less by nursing theories. Nursing theories stimulate nurse scientists to explore significant problems in the field of nursing. In doing so, the potential for the development of nursing knowledge increase.

a. Theory and Practice

- The primary uses of theory are to provide insights about nursing practice situation and to guide research. Through interaction with practice, theory is shape and guidelines for practice evolve. Research validates and modifies theory. Theory then guides practice. Unit empirical validation, modification, and support are complete, theory can be given support through clinical utilization and validation and can therefore be allowed to given direction to practice.
- Theory provides the nurse with the goals for assessment, diagnosis, and intervention. A nurse working as part of health care team focuses on those aspect of care that are delineated in theory for a more effective assessment for a health care client. If that goal are health maintenance, promotion of self care, and enhancement of stability during the illness , then the nurse has an intellectual checklist by which levels of health, self-care needs and abilities, and stabilities are assessed. Diagnosis is related to those areas in which the nurse plans an intervention.
- Theory is a tool renders practice more efficient and more effective. Just by being goal directed, our energies in assessing extraneous areas are minimized. If no nursing goals exist, the nurse might use her energy and time inefficiency. By

considering area of assessment or intervention that may be handled more efficiently and expertly by other members of the health care team, the nurse conserve her own energy, time, and talent for the areas and phenomena for which she is prepared.

- Theory has other uses. Language of theory provides us with common grounds for communication and with label and definitions for phenomena; therefore, nursing practice could be describe and explain by common concept. These common concepts allow us to communicate succinctly with each other. More effective and efficient communication can eventually to further theory development concepts are refined, sharpened, extended, and validate. Well defined concept with conceptual and construct validity and enhance the cyclical communication among practitioners, theorist, clinicians, and educators. The world of nursing can become more goal oriented and more efficient.
- Professional autonomy and accountability are enhancing theory use in practice. Being able to practice by scientific principles allow nurses the opportunity to accurately predict patterns of responds that are consequences of care. Articulation of actions, goals, and consequences of action enhances nurses' accountability. If we can clearly talk about our purpose and what we hope to accomplish, perhaps other professionals and patient are also able to describe or articulate nurses' action and goals more accurately and comprehensively. Defining the focus and the means to achieving that focus and being able to predict consequences increase our control of our practice and therefore increase our autonomy.

C. THEORETICAL HERITAGE

1. HISTORY OF NURSING THEORIES

The history of theory development and theoretical thinking in nursing began with the writings of Florence Nightingale and continues in 1990s. It highlights significant events which includes:

a. Florence Nightingale (1859/1992)

- Her notes on nursing presents the first nursing theory that focuses on the manipulation of the environment for the benefit of the patient. Although she did not present her work as a “nursing theory”, it has directed nursing practice for more than 100 years.

a. The Columbia School – the 1950s

- The need to prepare nurses at the graduate level for administrative and faculty positions was recognized. Columbia University’s Teachers College developed graduate education programs to meet these functional needs. The first theoretical conceptualizations of nursing science came from graduates of these programs. These include Peplau, Henderson, Hall, and Abdellah.
- Theorists of the Columbia School operated from a biomedical model that focused primarily on what nurses do, on their functional roles. They considered patient problems and needs to be the practice focus. Independent of the Columbia theorists, Johnson (at the University of California, Los Angeles) suggested that nursing knowledge is based on a theory of nursing diagnosis that is different from the medical diagnosis (Meleis, 1991).

a. The Yale School – The 1960s

- Theoretical thinking in nursing moved from focusing on a problem or need and the functional roles to focus in relationship between the nurse and the patient. The Yale School’s theoretical position was influenced by the Columbia Teacher’s College graduates who became faculty members there (Henderson, Orlando, and Wiedenbach).
- Theorists of the Yale School view nursing as a process rather than an end in itself. They look at how nurses do what they do and how the patient perceives his or her situation. Theorists of this school include Orlando and Wiedenbach. Independent of the

Yale School, Levine (1967) presented her four conservation principles of nursing.

- In 1967, Yale faculty – Dickoff, James and Wiedenbach (two philosophers and a nurse) presented a definition of nursing theory and goals for theory development in nursing (Dickoff, et al., 1968).
- It is important to note that it was during the 1960s that federal monies were made available for doctoral study for nurse educators. The resulting doctorally prepared individuals become the next wave of nurse theorists.

a. The 1970s

- Many nursing theories were first presented. Most of these theories have been revised since their original presentations, these are listed below:

Theorists	Year	Title
Martha Rogers	1970	An introduction to the theoretical basis of nursing
Imogene King	1971	Toward a theory of nursing: General concepts of human behavior
Dorothea Orem	1971	Nursing: Concepts of practice
Myra Levine	1973	Introduction to clinical nursing
Betty Neuman	1974	The Betty Neuman Health-Care Systems Model: A total person approach to patient problems
Callista Roy	1976	Introduction to nursing: An adaptation model
J. Paterson & L.T. Zderad	1976	Humanistic nursing
Margaret Newman	1979	Theory development in nursing
Jean Watson	1979	Nursing: The philosophy and science of caring

a. The 1980s

- Many nursing theories were revised on the basis of research findings that expanded them. In addition, the works of Dorothy Johnson, Rosemarie Rizzo Parse, Madeleine Leininger, and Erickson, Tomlin, and Swain were added to the body of theoretical thought in nursing which are presented below:

Theorists	Year	Title
New		
Johnson	1980	The Behavioral Model for Nursing
R. Parse	1981	Man-Living-Health: A Theory of Nursing
	1985	Man-Living-Health: A Man-Environment Simultaneity Paradigm
	1987	Nursing Science: Major Paradigms, Theories, Critiques
	1989	Man-Living-Health: A Theory of Nursing
H. Erickson, E. Tomlin, and M. Swain	1983	Modeling and Role Modeling
Revised		
M. Leininger	1980	Caring: A Central Focus of Nursing and Health Care Services
	1981	The Phenomenon of Caring: Importance, Research, Questions, and Theoretical Considerations
	1988	Leininger's Theory of Nursing: Cultural Care Diversity an Universality
D. Orem	1980	Nursing: Concepts of Practice, 2 nd edition
	1985	Nursing: Concepts of Practice, 3 rd edition
	1991	Nursing: Concepts of Practice, 4 th edition
M. Rogers	1980	Nursing: A Science of Unitary Man

	1983	A Science of Unitary Human Beings: A Paradigm of Nursing
	1989	Nursing: A Science of Unitary Human Beings
C. Roy	1980	The Roy Adaptation Model
	1981	Theory Construction in Nursing: An Adaptation Model
	1984	Introduction to Nursing: An Adaptation Model, 2 nd edition
	1989	The Roy Adaptation Model
I. King	1981	A Theory of Nursing: Systems, Concepts, Process
	1989	King's General Systems Framework and Theory
B. Neuman	1982	The Neuman System Model
	1989	The Neuman System Model, 2 nd edition
M. Newman	1983	Newman's Health Theory
	1986	Health as Expanding Consciousness
J. Watson	1985	Nursing: Human Science and Human Care
	1989	Watson's Philosophy And Theory of Human Caring in Nursing
M. Levine	1989	The Conservation Principles: Twenty years later

a. The 1990s

- Research studies that test and expand nursing theory are numerous. *Nursing Science Quarterly* (edited by Rosemarie Rizzo Parse and published by Chestnut House) is devoted exclusively to the presentation of theory-based research findings and theoretical topics.
- Rogers published "Nursing: Science of Unitary, Irreducible, Human Beings: Update 1990," the latest refinement of her theory, in *Visions of Rogers' science-based nursing*, edited by Barrett. Barrett (1990) text contains 24 additional chapters

about Rogers' theory and its implications for practice, research, education, and the future.

- In 1992 Parse changed the language of her theory from Man-Living-Health to the Theory of Human Becoming. She explained that the reason for the change is that contemporary dictionary definitions of "man" tend to be gender-based, as opposed to meaning *mankind*. The assumption and principles of the theory remain the same, only the language is new.
- In 1993, Boykin and Schoenhofer published their theory of *Nursing as Caring*. They presented this theory with caring as a moral imperative for nursing.
- In 1994, Margaret Newman's 2nd edition of her theory of health as expanding consciousness was published. This publication provided an update of her earlier work.
- In 1995, Betty Neuman published her latest version of the Neuman systems model. This version is also an update rather than a major change in content.
- Meleis (1992) presents 6 characteristics of the discipline of nursing that direct theory development in the 21st century:
 1. The discipline of nursing is the human science underlying the discipline that is predicated on understanding the meanings of a daily lived experiences as they are perceived by the members or the participants of the science.
 2. There is increased emphasis on practice – orientation
 3. Nursing's mission is to develop theories to empower nurses, the discipline, and clients.
 4. It is accepted that women may have different strategies and approaches to knowledge than men do.
 5. Nursing attempts to understand consumers' experiences for the purpose of empowering them to receive optimum care and to maintain optimum health.
 6. The effort to broaden nursing's perspective includes efforts to understand the practice of nursing in 3rd world countries.
- Meleis (1992) forecasts that nursing theories will become theories for health, developed by nurses, physicians, occupational therapists and others. She also forecasts that the domain of nursing that focuses on environment-person interactions, energy levels, human responses, and caring will have long been accepted as a central and complementary perspective in providing health care to clients. She states that

neglected aspects of care, such as advocacy, comfort, rest, access, sleep, trust, grief, symptom, distress, harmony, and self-care will receive attention and will lead to collaborative programs of research and theory building.

- She also states that qualitative and quantitative research are equally essential for the development of the discipline of nursing. Theories may be single domain theories that describe, explain, or predict a phenomenon within a specific descriptive and explanatory context, or they may be prescriptive. Prescriptive theories reflect guidelines for caregivers and for providing appropriate actions. She describes prescriptive theories of the future as having 3 components: levels and types of energy, mind-body wholeness, and environment-person connections.

1. STAGES IN NURSING THEORY PROGRESS

Since the time of the Crimean War, nursing has gone through many stages in its research for a professional identity and in defining its domain. It is interesting to note that our analysis and evaluation of nursing's theoretical thought, the patriarchal societies we live in, and the view and status accorded nurses and nursing may make it appear as if each of these stages was a deviation from the goal of establishing the discipline of nursing. However, each of these stages has indeed sharpened and clarified the dimensions needed for the establishment of the scientific discipline, promoting or leading to a scholarly evolution of nursing discipline. Each stage has helped nurses come closer to identify the domain of nursing, its mission, and theoretical base. Progress in the development of theoretical nursing is definable in terms of five stages which includes the following:

a. Stage of Practice

- The Western version of nursing as an occupation dates from the late 19th century and early 20th century, a product of the Crimean War. From the need to care for wounded soldiers, Florence Nightingale organized a group of women to deliver care under her supervision and that of the war surgeons. Nightingale focused on hygiene as her goal and environmental changes as the means to achieve that goal.
- The Eastern version of the beginning of nursing gives credit to Rofaida Bent Saad Al-Islamiah (also referred to as Koaiaba Bent

Saad), who accompanied the prophet Mohammed in his Islamic wars. She, too, organized a group of women and focused on hygiene and environment in caring for the wounded. She established special moving tents to attend the sick, the wounded, and the disabled. She modeled first aid, emergency care, and long-term healing and caring. She cared for patients and trained women in the art of first aid and nursing (Fangary, 1980; S.H. Hassan, personal communication, 1990). In both Eastern and Western version of the beginnings of nursing, a woman saw the need for organizing other women to care for the wounded in the wars; in both they provided emergency care as well as long-term care. They both focused on caring, healing, promoting healthy environments, and on training other nurses.

- During this stage, the mission of nursing was defined as providing care and comfort to enhance healing and a sense of well-being and to create a healthy environment that helps to decrease suffering and deterioration. Nurses defined their domain to include the patient and the environment in which care is offered. Both Nightingale and Al-Islamiah created and monitored the environment in which the care was given. The stage of practice gave nursing its *raison d'être*, its focus, and its mission. Theoretical writings of Nightingale (1946) describing the care goals and processes are testimony to the potential for nurses to articulate practice activities theoretically. These writings also point to the potential for nursing as a field of practice to be articulated theoretically.

a. Stage of Education and Administration

- From that early focus on practice and the concomitant traditions of apprenticeship and service, there was a shift to questions related to training programs and nursing curricula. The "how to" of practice eventually was translated into what curriculum to develop and how to teach it. Almost 3 decades were spent experimenting with different curricula, ways of preparing teachers, modes of teaching administrators for schools of nursing and for service, and ways of preparing nurse practitioners. During this stage the focus was on the development of functional roles for nurses. The dominant themes of this stage evolved from the educational and administrative roles of nurses.
- The significance of this stage in the theoretical development of the discipline lies in the impetus it provided nurses to ask questions related to the domain of nursing. In developing curricula that are geared toward preparing nurses for different educational levels,

nurses asked questions as: What is nursing? How different is nursing care as provided by a diploma graduate, an associate degree graduate, a BS graduate, or master's degree graduate? These questions promoted nurses to articulate the core of nursing theory (Henderson, 1966). In a curious way, it is during this stage that the theoretical ideas of the pioneering American nurse theorists were born. A focus on teaching and education, therefore, may have paved the way for the further development of theoretical nursing.

a. Stage of Research

- The focus on education, curriculum, teaching, learning strategies, and administration led educators to an interest in research. Experts in nursing curricula recognized that without research and a systematic inquiry into, (ex. The different teaching or learning modalities and the teaching/learning milieu on outcomes, education of nurses could not be improved. Therefore, the research interest emerged from and focused on questions related to educational and evaluative processes.
- How to teach, how to administer, how to lead and which strategies would be more effective in teaching and administering were the questions that led to the development and expansion of nursing research (Gortner and Nahm, 1977). The first nursing research journal (*Nursing Research*) in the US (and in the world) was established in 1952, and the Southern Regional Educational Board (SREB) and the Western Council for Higher Education in Nursing (WCHEN) were developed in the mid-1950s and mid-1960s, respectively. Their objectives called for improving nursing education, enhancing nursing research productivity, and raising the quality of research. Both of them also helped nursing to develop its scientific norms – that “set of cultural values and more governing the activities termed scientific” (Merton, 1973).
- Thus, nurse researchers began to abide by Metron's norm of universalism, the impersonal evaluation of a research product by some objective criteria (Metron, 1973). Universities also held the same expectations for nursing faculty that they held for other faculty; specially, members of faculty in schools of nursing were required to develop their ideas and communicate them in the scientific arena through publication refereed journals and scholarly presentation in the meeting. Therefore, when seen in the context of science, the “publish or perish” dogma was not unrealistic but was rather another norm governing nursing science. Nurses were now involved in that communality—the sharing of ideas—and their

research was subjected to the scrutiny of their peers and anonymous critics (Gortner, 1980; Metron, 1973).

- Nursing's initial attempts at introducing ideas and sharing research result were met with severe and, at times, devastating criticism by other nursing colleagues.(Those who participate in the early research conference may remember the lengthy and severe research critiques that may not considered the stage of nursing research development and that traumatized researchers and audience alike).As a result, and in addition to universality and communality, two other norm's evolved: objectivity and detached scrutiny. Objectives criteria for research evaluation, which were identified and shared, provided a turning point—a scholarly medium for research refinement and further development (Leinirnger,1968).
- The stage of research development made major contributions to contemporary scholarly nursing. It was also the stage in which tools of science left a major mark on curricula through the new offerings of research classes and statistics course and through the several publications in which major research tools and instruments were complied and combined.
- These, then, were beginnings of nursing inquiry and science. During this stage, as in other science, researchers emphasized scientific syntax—the process rather than the content of research (Kuhn, 1970).The binding frame works or depositories of collected facts were still lacking. Nevertheless, the syntax of the discipline had been formulated.

a. Stage of Theory

- Eventually, the fundamental questions about the essence of nursing —it mission and its goal—began to surface in a more organized way. An incisive group of leaders, nurses who believed that theory should guide the practice of nursing, wrote about the need for theory, the nature of the nursing theory: philosophers' views of theory, and how nursing theory ought to be shaped. Although nurse theorists' conceptual schemata for the discipline, it was not until the stage of theory emerged that they were taken seriously.
- During this stage, arguments arose about whether nursing was merely a chapter of medicine or by Cartesian concept that biology is simply chapter of physics). The Cartesian concept was rejected (biology is indeed a distinct and autonomous science), and nursing continued to resist the application that it was part of medicine. It became clear to a new bread of nurse leaders—the philosophers and the theories (or conceptualist , as some referred to them)—that

nursing could not be reduced to a single science that requires into just one aspect of man, just as a biology is not reducible to physics.

- The search for the conceptual coherence evolved from a preoccupation with syntax to the disciplined and imaginative study of the realities of nursing and the meaning and truths that guide its actions (Table 3-1). The development from preoccupation with scientific method to speculation and conceptualization in nursing is reminiscent of the development of philosophical thought in the 18th and 19th centuries. The 18th century was greatly influenced by Newton and by Bacon, who was in turn influenced by Descartes. The 19th century was dominated by Kant, whose hypothetical, deductive, and metaphysical approach encouraged the speculative nature of science. The speculators in nursing began to construct realities as they saw them, and their imaginative constructs evolved from their philosophical backgrounds and from educational inclinations.
- It was natural for theory development to be influenced by the paradigms of other disciplines, by the educational background of nurse theorists, and by the philosophical underpinnings of time. Therefore, we find premises stemming from existentialism, analytical philosophy, and pragmatism guiding development of those theories, sometimes explicitly and often implicitly. Nurses also adopted concepts and propositions, as well as from humanism, to guide their assessment and their action. Theories were developed in response to dissatisfaction with isolated findings in research. The emerging theories address the nature of the human being in interactions and transactions with the health care system as well as the processes of problem solving and decision making for assessment and intervention.
- Although certain theoretical concepts were synthesized from diverse paradigms, most nursing theories, such as subsystem of behavior, role supplementation, therapeutic touch, and self-help, were definable and analyzable only from the nursing perspective. Theories offered a beginning agreement on the broad intellectual endeavors and fundamental explanatory tasks of nursing. This stage offered knowledge of relevant phenomena, but there was continued uncertainty about the discipline of nursing and its intellectual goals. Just as nuclear physics, when the first achievement was not one of observation or mathematical calculation but one of intellectual imagination, conceptual schemata evolved before there was any clear recognition of nursing's empirical scope.
- Rogers (1970) offered a conception of nursing that focused on the constant human interaction with the environment. Johnson (1980)

developed the notion that a human being—a biologic system—is also abstract system of behavior centered on innate needs. Levine (1967) and Orem (1985) reminded us that the human being is perfectly capable of self-care and should progress toward that goal. Because of the earlier focus on education and professional identity, because the National League for Nursing stipulate a concept framework for curricula, and because the truth of a theory had not yet been established using the empirical positivist's criteria corroboration, emergent theories were not used to guide practice or research but were instead used to guide teaching.

- As an educator who was a member of a school that used nursing theory (also called a model) as a framework for the curriculum, I experience first hand, in the mid-1960's, the conflict that graduates the program encountered when they wanted to used nursing framework, one that they studied and experience in their educational program, in practice and were unable to do so because of its novelty and its esoteric concept. The graduates of program based on nursing theories in the early and mid-1960's should be encourage to write the stories of their experience with these theoretically based program and ways by which their practice was informed or not by these programs.
- These questions continued to lead to one type of answer. That is, let us find guiding paradigms or search for a universal theory with explanatory power for all dimension of nursing. Once we find this all-encompassing theory, we will be able to answer question related to the discipline. This approach reminds us that Galileo and Descartes talked of scientist task as that of being once and for all the secrets of nature and to arrive at the "one true structure" of the nature of the world. However, that was a Platonic ideal rather than a plain description of the task of scientific research. Later, scientist began to discard this line of pursuit. Physicists and physiologist "now believe the....we shall do better in these field by working our way toward more general concept progressively, as well go along. Rather than insisting on complete generality from the outset". (Toulmin, 1977). Toulmin proposed that "human behavior in general represent too broad a domination to be encompassed within a single body of theory". When scientist, accept the need for multiple theories, and when they accept the nature process of science, it will be a "sign of maturity rather than defeatism" within the discipline.
- Because nurse scientists searched for one theory for the entire discipline, the task was either, overwhelming and too highly abstract (Rogers, 1970) or too simplistic and reductionist (Orem, 1971). The

sentiment was to question the possibility throughout the 1960s and 1970s on nursing practice using nursing theory. The desire for a single conceptual framework to guide the nursing curriculum was carried to nursing practice. Nurse practitioners believed that there was also a movement towards making a choice between theories and adhering to that one particular theory. Because none of the theories addressed all aspects of nursing, nurse practitioners avoided nursing theory, ignored it, or refused to use it. A myth was being formed. However, many nurses were beginning to abandon the notion of a universal theory to describe and explain nursing phenomena and units of analysis and to guide nursing practice, just as physicists did when they abandoned the 17th century hope that a universal science of nature could be developed within the framework of fundamental ideas of classical mechanics.

- Three themes in nursing and that evolved during this stage this are: acceptance of complexity of nursing and the inevitability of multiple theories; acceptance of the need to test and corroborate major propositions of differing theories before dismissing any of them; and the idea that concepts or theories remaining in the field, through a cumulative effect, become the basis for the development of a specific perspective. Dualism and pluralism were the norms of the stage of theory. It was also during this stage that nursing developed the boundaries necessary to focus its inquiry and the flexibility necessary to allow expansion through creative endeavor.

a. Stage of Philosophy

- As nurses began reflecting on the conceptual aspects of nursing practice, on defining the domain of nursing, and on the most appropriate methods for knowledge development, they turned to philosophical inquiries. The focus during this stage was on raising and answering questions about the nature of nursing knowledge (Carper, 1978; Silva, 1977), the nature of inquiry (Ellis, 1983), and the congruency between the essence of nursing knowledge and research methodologies (Allen, Benner, and Diekelman, 1986). During this stage, philosophy was considered an attempt to understand philosophical premises underlying nursing theory and research (Sarter, 1987) and an attempt to develop philosophical inquiry as a legitimate approach to knowledge development in nursing (Fry, 1989).
- This stage influenced profoundly the intellectual discourse in nursing literature. During this stage epistemological diversity was accepted and the need for ethical, logical, and epistemological inquiries was

legitimized, as evidenced in the numerous philosophically based manuscripts accepted for publication (Ellis, 1983).

- It was also marked by a scholarly maturity in the discipline, as its members acknowledged the limitation of appropriate tools to investigate fundamental and practice issues. Assumptions about wholeness of human beings, contextual variables, and holism of care called for congruent investigative tools, and nurse scholars acknowledged the complexity of capturing nursing phenomenon using existing tools (Newman, 1995; Stevenson and Woods, 1986). Accepting limitations while maintaining the reality of the contextuality and complexity of the phenomenon represents a marked scholarly maturity and the potential to focus on the development of appropriate tools.
- It encompassed the different “ways of knowing” in nursing and a call for going beyond the empirical (Carper, 1978). These epistemological discussions focusing on the structure of knowledge, nature of theory; criteria for analysis, and justification of particular methodologies for knowledge development significantly contributed to the discovery and construction of an identity for the discipline of nursing. As theorists and metatheorists discussed the philosophical bases that shaped nursing knowledge (Allen, Benner, Diekelman, 1986; Roy, 1995), a new set of questions emerged. These questions reflected more the values and meaning of knowledge that is being developed, and the consequences of this knowledge on nursing practice and less on the structure and justification of knowledge (Bradshaw, 1995; Silva and Sorrell, 1995).
- The emphasis on knowing was complemented with another emphasis on “being”. The being was not limited to the nurse or to the patient, but to each separately and to both joined in caring interactions (Benner, 1994; Newman, 1995). This philosophical stage encompassing both components of epistemology and ontology provided nurses with legitimacy to ask and answer questions related to values, meanings, and realities using multiple philosophical and theoretical bases.

a. Stage of Integration

- A first characteristic of this stage is substantive dialogues and discussions focused on identifying coherent structures of discipline of nursing at large and of the specific areas of specialization (Schlotfeldt, 1988). The structures include nursing, scientific, theoretical, philosophical, and clinical knowledge that is focused on the nursing domain and its phenomena. These dialogues take place

in conferences, think tanks, and theme journal editions devoted to the development of middle-range and situation-specific theories focused on an aspect of nursing.

- A second characteristic of this stage is the development of educational programs that are organized around substantive areas through the integration of theory, research, and practice – such as environment and health, symptom management, or transitions and health. It is also manifested in the ease by which nursing administrators, clinicians, and educators use theoretical nursing, and in the increasing dialogue among members of the discipline regarding matters related to knowledge, discovery, and development that is focused on and emanates from the domain of nursing.
- A third characteristic of this stage is the evaluation of different aspects of theoretical nursing by members of the discipline representing nursing clinicians, teachers, administrators, researchers, and theoreticians. Evaluation is not limited to theory testing; it includes description, analysis, and critiques as well. Each of these processes is important in the development and progress of our discipline because of its diverse philosophical bases.
- A fourth characteristic of this stage is the attention that members of the discipline give to the strategies of knowledge development that are congruent with the discipline's shared assumptions and that consider the conditions of holism, patterning, experience, and meaning (Newman, 1995).
- A fifth characteristic of this stage is the involvement of members specialty fields in developing theories that are pertinent to the phenomena of that particular field. This involvement does not preclude similar attention to theories related to phenomena of the domain of nursing at large.
- A final characteristic is the systematic reappraisal of philosophical and theoretical underpinnings that have guided the definitions and conceptualizations of the central concepts of the domain of nursing. An example of such discourse is the reappraisal of the definition of client in the nursing literature and the congruency of these definitions with domain assumptions (Allen, 1987).

1. MILESTONES IN THEORY DEVELOPMENT

The progress and development of theoretical nursing is marked by several milestones, which are identified through an analysis of theoretical literature that appeared in selected nursing journals between 1950 and 1995. These

milestones substantially changed the position of theory in nursing and profoundly influenced the further development of theoretical nursing which includes of the following:

1. Prior to 1955 – From Florence Nightingale to Nursing Research

- The significant milestone of the period before 1955, which has influenced the subsequent development of all nursing science, was the establishment of the journal, *Nursing Research*, with the goal of reporting on scientific investigations for nursing by nurses. The journal's most significant goal was to encourage scientific productivity. The establishment of the journal confirmed that nursing is indeed a scientific discipline and that its progress will depend on whether or not nurses pursue truth through an avenue that respectable disciplines take, namely, research and theory, her impact was most keenly felt in nursing education. Education of nurses had predominantly occurred in diploma programs, but there was a beginning unrest regarding a different route for nurses' education.
- This period was otherwise unevenful for nursing theory, except that establishment of nursing research publications provided the framework for a questioning attitude that may have the stage for inquiries into theoretical nursing.

1. 1955 – 1960 – The Birth of Nursing Theory: The Columbia University Teachers College Approach

- Columbia University's Teachers College offered graduate programs that focused on education and administration to prepare graduates as expert educators and administrators. Although the focus was not on nursing science or nursing theory, participants in this program must have debated such questions.
- Being prepared in the functional roles and experiencing a sense of competency in preparing syllabi, staffing patterns, and so on may have freed the creative abilities of these scholars for other aspects of the scholarly process, such as theory development or conceptual model development. Therefore, it may have been other experiences and programs that directly influenced these scholars in their theoretical pursuits (Rogers' doctoral preparation at John Hopkins). However, whatever the other experiences were, it appears that the philosophy of Teachers College indirectly left an impact, not only on psychiatric theory and research, but also on theoretical thinking in all of nursing (Sills,1977). Asking and answering questions about the influence of scholarly environments on preparing productive scholars

may have stimulated the search for the nature of scholarship, which may have led to questions related to the nature of nursing identity.

- Peplau (1952), using Jarry Stack Sullivan's theory title and concepts to develop her own, produced the 1st articulated concept of nursing as an international relationship with components of interpersonal processes central to nursing needing to be elicited and analyzed and using it psychiatric nursing subsequently was substantially develop (eg. Virginia Henderson, with Bershan Harmer, developed the early seeds of a nursing theory that was published in the mid-1950s in a textbook on the principles and practice of nursing).
- The request from the International Council of Nursing (ICN) to define nursing and its mission led to the subsequent ICN statement in 1958 that appeared in a publication with wide distribution and that was adapted internationally (Henderson, 1996). The message given by both Peplau and Henderson was that nursing has a specific and unique mission and that this mission has some order and organization that can be communicated. These articulated wholes represented the beginnings of theories in nursing.
- Abdellah's doctoral dissertation in 1953 at Teacher's College under the leadership of Hildegard Peplau, focused on determining covert aspects of nursing problems. The result of her research were subsequently published in *Nursing Research*, making the beginning of her attempts at theorizing the nursing care process and her conceptualization of nursing care on the needs of patients rather than on techniques.
- Orem's ideas were first established in a guide for developing a curriculum for practical nursing in 1959. Patient needs were also the focus.
- Hall developed, in 1959, and implemented, in 1963, a concept of nursing based on needs and interpersonal relations at the Loeb Center for Nursing and Rehabilitation. One can see the influence of both Peplau and Henderson in her writing.
- Johnson, was one of the independent of the Teacher's College group of theorists, was beginning to play a central role in conceptualizing nursing. His analysis on 1959, of the nature of science in nursing and that nursing knowledge is based on a theory of nursing diagnosis that is distinct and different from medical diagnosis. The substantive matter for such diagnosis, the beginning of Johnson's theory, was starting to be formulated at this time.
- Another milestone in nursing progress was the establishment of the special nursing research fellowship program to facilitate, support, and encourage nurses' education for research careers.

1. 1961 – 1965 – Theory: A National Goal for Nursing

- From a reduced conception of a human being as “an illness” or “a surgery”, with signs and symptoms, nursing theory, in the late 1950s, refocused nursing attention on the individual as a set of needs and nursing as set of unique functions. Still, a reductionist approach to nursing existed.
- The 1960s, with its turbulent society, the Camelot goals of harmony and coexistence, and the influence of Peplau may have prompted the refocusing of nursing from its stated mission of meeting patient’s needs to the goal of establishing a relationship between the nurse and client. If relationship are effectively established through interpersonal relationships (as previously articulated by Peplau, 1952, and as advocated by a new group of theorists), then nursing care can meet the needs of the patient – not as defined by nurses as perceived by the patient.
- The Yale School of Nursing’s position, influenced by the Columbia Teachers College graduates who become faculty members at Yale, was beginning to be formulated. To them nursing was considered a process rather than an end, and interaction rather than content, and a relationship between two human beings rather than and interaction between unrelated nurse and patient. The availability of time and resources was significant in providing the necessary push as well as the appropriate environment in which to reflect on nursing’s mission and goals.
- Although the work of the faculty of the Yale School of Nursing may have profoundly influenced nursing research in the United States in the 1960s, its influence on theory was not marked at that time. There was a revival of that impact in the 1980s as nurses acknowledged Yale’s strategies for theory development; this evidenced by the reconsideration of Orlando’s work (Schmieding, 1983, 1987,1988) and by the paradigmatic shift in nursing research to phenomenology (Oiler, 1982; Omery, 1983; Silva and Rothbart, 1984). These writers’ conceptualization of nursing therefore was not the milestone that prompted the evolution of the next stage of theory. Rather, it was the American Nurses Association position paper in which nursing was defined as care, cure, and coordination and in which theory development was identified as a most significant goal for the profession of nursing that may have been influential in the further development of theoretical nursing (ANA, 1965).
- Two other significant developments occurred during this period. Federal support was provided to nurses wishing to pursue doctoral education in one of the basic sciences. The graduates of these

programs are those who, in the mid-1970s, further developed metatheoretical ideas. The 2nd development was inauguration of the journal, *Nursing Science*. Although short-lived it was a medium for exchange of ideas on theory and science in nursing and a confirmation that nursing is an evolving science with theoretical principles and underpinnings.

1. **1966 – 1970 – Theory Development: A Tangible Goal for Academics**

- With the ANA's recommendation that theory development was of the highest priority in the profession, and with the availability of federal support, a symposium sponsored by Case Western Reserve University was held as part of nursing science program. This symposium was divided into three parts. The part of focusing on theory was held on October 7, 1967 and was considered a milestone during this period. The papers were published in *Nursing Research* a year later. These publications supported what were previously considered simply perceptions and conceptions of theoretical nursing from an isolated number of theorists. Not only did a group of significant people in nursing get together to discuss theory in nursing, but the official scientific journal of the field recognized the significance of these proceedings by publishing them.
- Nurses also received confirmation from two philosophers and a nurse theorist who had been involved in teaching nurses at Yale for 5 years that theories are significant for the practice of nursing, that it is amenable to theoretical development, and that nurses are capable of developing theories (Dickoff, James, Weidenbach, 1968). Nursing theory was defined, goals for theory development were set, and the confirmation of outsiders (people outside the field of nursing, non-nursing philosophers) was productive.
- Dickoff and colleagues presented their metatheory of nursing. (The evidence for skepticism is derived from omission rather than commission. When theories were used during this period, they were used in conjunction with education and not in practice or, except for the New York and Yale students, in research).
- The metetheorists in nursing started their questioning during this period. Questions of this era were related to what types of theories nurses should develop rather than to the nature of the substantive content of those theories. The first metatheories were Ellis (1968) and Weidenbach (Dickoff, James and Weidenbach, 1968). Dickoff and James (1968), philosophers by training, addressed metatheoretical concerns that focused on types of theories and content of theories.

Debates occurred about whether the theories should be basic or borrowed, pure, or applied, descriptive or prescriptive.

- Accomplishments at this stage amenable to theorizing:
 - Nursing is a field amenable to theorizing.
 - Nurses can develop theories.
 - Practice is a rich area for theory.
 - Practice theory should be the goal for theory development in nursing.
 - Nurses' highest theory goal should be prescriptive theory, but it is acceptable to develop descriptive and explanatory theories.

1. 1971 – 1975 – Theory Syntax

- Metatheorists dominated this period. The emphasis was on articulating, defining, and explicating theory components and on the processes inherent in theory analysis and critique. Nurse theorists were no longer questioning whether nursing needed a theory or whether or not theory could be developed in nursing; questions of this period focused on what is meant by theory (Ellis, 1968, 1971; Walker, 1971), on what are the major components of theory (Hardy, 1974; Jacox, 1974), and on ways to analyze and critique theories (Duffey and Muhlenkamp, 1974). Education of nurses in basic, natural, and social sciences through the federally supported nurse-scientist programs produced a cadre of nurses who shared a common goal; the establishment of the unique knowledge base of nursing.
- National League for Nursing not only acknowledged theory but also made theory-based curriculum requirement for accreditation. Schools of nursing were expected to select, develop, and implement for a conceptual framework for their curricula. This requirement for accreditation was both a moving force and a major barrier to theory development. To use theory for curriculum development further heightened awareness of academic nursing to the significance of theory and to the available nursing theories. However, this requirement diverted the goal of developing theories for practice (those theories that would answer significant questions related to practice) to the goal of using theory for education. The milestone increased the use of theory and discussions about theory and prompted more writing about the syntax of theory to help academicians and students understand and use theories in curriculum and teaching.

1. 1976 – 1980 – A Time to Reflect

- A national conference devoted to nursing theory and the formation of the Nursing Theory Think Tank in 1978 further supported the direction of the profession toward the utilization of existing theory and the development of further theory to describe and explain nursing phenomena, to predict relationships, and to guide nursing care. This was the time for nurse academicians, who had used nursing theories as guiding frameworks for curricula, to consider putting theory to other uses, particularly in practice.
- The inauguration of the journal, *Advances in Nursing Science*, with its focus on the "full range of activities involved in the development of science", including "theory construction, concept, and analysis" and the application of theory, was another significant milestone in which nurses used this to present and discuss their ideas.
- This period is characterized by questioning if nursing's progress would benefit from the adoption of a single paradigm and a single theory of truth.
- A more solid commitment to the development of theory emerged, combined with a specific direction to nurses' efforts in theory development.
- The links between theory and practice, theory and philosophy were examined, and the role of each in the development of nursing knowledge was clarified.

1. 1981 – 1985 – Nursing Theories' Revival: Emergence of the Domain Concepts

- In this period, theory began to be questioned less and pluralism debated less and it was characterized by an acceptance of the significance of theory for nursing and, furthermore, by the inevitability of the need for the development of nursing theory. Doctoral programs in nursing incorporated theory into their curricula and considered it a core content area, ranking it at the top of all other core content.
- A review of theory literature during this period reveals the lack of debate on whether or not to use theory-practice versus basic theory or borrowed versus nursing theory. Instead, there appeared to be more writing on the examination of nursing theories in relation to different research and practice problems and on comparisons between the conceptualization. Questions of this period includes:
 - What have we learned from theory?
 - How can we use theory?

- Concepts central to nursing were identified, and existing theory, the source of the identified field concepts, was in turn re-examined in terms of further development and refinement.
- It was characterized by the nursing *theory advocates* who pleaded for the use of nursing perspective in general or for the specific utilization of nursing theory. Another group also emerged during this period: the *theory synthesizers*. The advocates promoted nursing theory and demonstrated its use in research projects or in a limited area, while synthesizers went beyond the limited use to describe and analyze how nursing theory had influenced nursing practice, education, research, and administration.
- This period was characterized by an acceptance of theory as a tool that emanates from significant practice problems and can be used for practice and research. It was also characterized by a greater clarity in the relationship between theory and research than between theory and practice.
- One remaining confusion, during this period was related to semantics. Conceptual models were referred to as conceptual frameworks, theories, metatheories, paradigms, and metaparadigms and when differentiated, boundaries were not totally clear and properties not entirely distinct.

1. **1986 – 1990 – From Metatheory to Concept Development**

- Three characteristics of this milestone were epistemological debates, ontological analyses, and an increase in concept development and analyses. The epistemological debates included questions related to describing alternative approaches to knowledge development, such as the use of phenomenology, critical theory, and feminist or empiricist methodologies. These analyses also raised the awareness and the consciousness of nurses to the necessity of using frameworks that allow for an integrative, holistic, and contextual description nursing phenomena, phenomena that go beyond the individual client. The third property of this milestone was an increase in writings related to concept development. These developments were different from earlier theory developments that included answer to such general question as “What is nursing?” These analyses were more practice oriented, were integrative, and represent in early attempts in the development of single domain theories.
- Process debates became more a potential force for theory development when and if they were grounded in substantive disciplinary content. Therefore, instead of debating whether critical theory or feminist theories were more appropriate as a philosophical

base for the discipline, one may argue whether it was more effective to view environment or comfort from either or both perspective. Such substantive debates then would add to or revise parameters and dimensions of that area of knowledge.

1. 1991 – 1995 – Mid-Range and Situation Specific

- One significant milestone that marks the considerable progress in knowledge development in nursing is manifested in the numerous mid-range theories that evolved during this period. Some of these were labeled as theories. Others were considered in the process of becoming theories.
- Mid-range theories focus on specific nursing phenomena that reflect and emerge from nursing practice and focus on clinical process.
- Situation-specific theories may be emerging as another milestone. They are theories that are more clinically specific, theories that reflect a particular context, and may include blueprints for action. They are less abstract than mid-range theories but far more abstract than individual nurses' frameworks for specific designed for a specific situation.
- It helps to illuminate patterns of behavior and responses before immigration and helps in providing a historical and socio-cultural context for the responses of immigrants in their new country.