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Fundamentals of Nursing Models, Theories and Practice

HUGH P. MCKENNA,
MAJDA PAJNKIHAR AND
FIONA A. MURPHY

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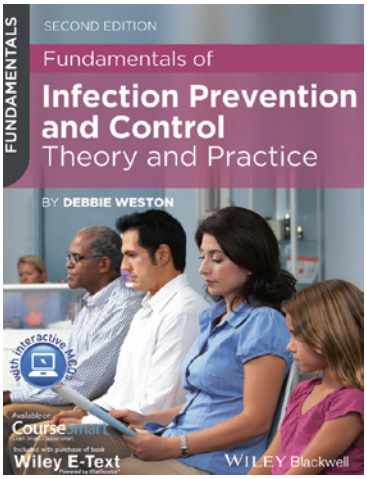

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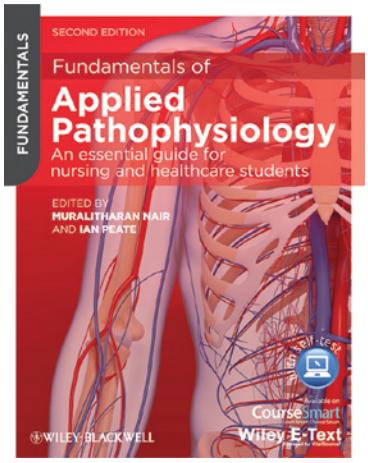

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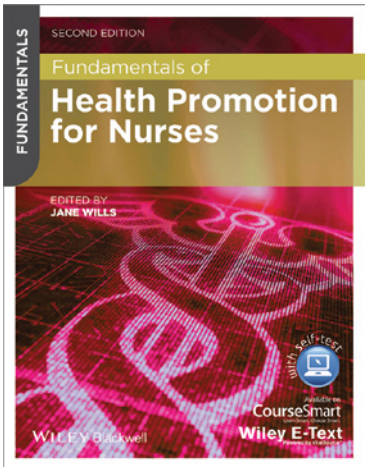

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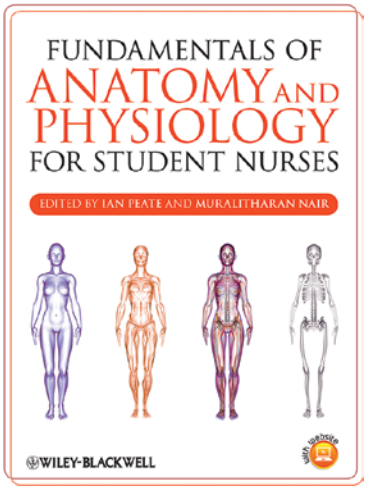

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SECOND EDITION

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Contents

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Dedication

This book is dedicated to all the patients, families and communities with whom we have worked over the years. It is also dedicated to those scholars and students who have shaped our thinking on nursing theories.

In addition, we wish to acknowledge the patience and fortitude of our friends and families, specifically Tricia, Gowain and Saoirse McKenna, Grega and Jasna Pajnkihar, Boris Kac and Phil, Katie and Kieran Murphy. M.P. would also like to thank Dr Verena Tcshudin and Dominika Jakl for their help.

Hugh P. McKenna
Majda Pajnkihar
Fiona A. Murphy

Preface

The stimulus for this second edition was the very positive feedback we received for the first edition from nursing students, nurse lecturers and clinical nurses. It helped that the publishers were extremely keen on an updated version being produced. Initially, there was some reluctance on our part because we felt that the first book had dealt with the subject matter very thoroughly. However, on reflection we realised that in the intervening years there had been a growth in discussion and debate about nursing theory. A preface to a later edition of a book should set out to explain in what respects that edition differs from the previous one. There are a number of differences. Fiona Murphy and Majda Pajnkihar have joined the team and they bring with them new insights into how theory can inform nursing practice and research and how this, in turn, improves the quality and safety of patient care. The literature has been updated considerably and we have taken account of developments outside the USA and the UK. In particular, Majda provides information on how nursing theories are being taught and used in Slovenia, Croatia, Russia and Poland. Readers will also find that we have included more exercises. These include key concept boxes, reflective exercises, multiple choice questions, true/false questions, additional reading sources and a number of case studies.

Therefore, for these reasons and many others, we believe that this new edition is a considerable improvement on the previous book. It still takes the reader on a journey, from presenting the case for the use of theory in nursing practice through to considering the extent to which practice influences the development of theory, the definitions of theory and the different types of theory. We illustrate for readers the fact that theory is linked to science and why this is important for the profession of nursing. We spend a considerable amount of time outlining the different ways in which nurses know and the role of research and reasoning in building nursing knowledge.

One of the main movements for the profession worldwide is the emergence of new nursing roles. We show how such roles are linked to theories and we highlight the importance of 'role theory'. We describe how grand nursing theories have evolved and the importance of mid-range and practice theories for guiding patient care. We unravel the often controversial relationship between nursing theories and nursing models, and examine these terms in detail and compare and contrast them, taking into account their advantages and disadvantages. We show how the biomedical model has influenced nurse education, practice and research over the years, and not always for the benefit of nursing.

We make a case for nursing being mainly about building and sustaining interpersonal relationships with patients, their families and communities. Several nursing theories have their roots in such relationships. We share a number of these with the readers, explaining Hildegard Peplau's theory in considerable detail. We consider the differences between a

normal interpersonal relationship and a therapeutic interpersonal relationship, stressing that practising nurses use both. We also outline the actual and potential barriers to the development of therapeutic interpersonal relationships.

Selecting an unsuitable theory can have a detrimental effect on patient care, and when this happens nurses are often reluctant to admit it and they try to mould the patient's needs to fit the theory rather than moulding the theory to fit the patient's needs! Conversely, we believe that a theory that is appropriate for practice will benefit patients and improve the working practices and morale of nurses. Therefore, choosing an appropriate theory to underpin nursing practice or nurse education needs a great deal of thought. We discuss 12 different criteria that can be used to help readers select a nursing theory for practice.

Since the first edition of this book, there has been a great deal written about evidence-based practice. We believe that no reasonable nurse would argue that an important part of every clinical nurse's role is to ensure their practice is informed by the best available evidence. We show the link between theory and research and best evidence. We discuss how theory is generated by research, tested by research and evaluated by research. We also highlight how theory can help to shape a research study.

Every day in clinical practice, nurses are exposed to phenomena that influence patient care. Sometimes such phenomena are ignored because they seem commonplace or unimportant. We guide the readers through the process of identifying these phenomena, naming them and finding relationships between them. This provides an insight into how readers can construct a nursing theory.

Finally, we highlight how the worth of a theory is ascertained. The characteristics of a good theory are reviewed and these are presented as the basis for evaluating and analysing nursing theory. The particular place of testing a theory is considered, and the relationship between theory evaluation and theory testing is clarified.

We hope you enjoy reading this textbook as much as we have enjoyed writing it. We anticipate that it will open up new and interesting perspectives in your thinking about nursing theories and how they can be used to increase the knowledge base for the profession and enhance clinical practice.

Hugh P. McKenna
Majda Pajnkihar
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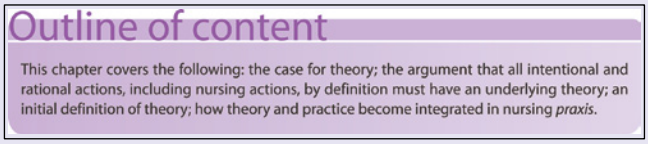
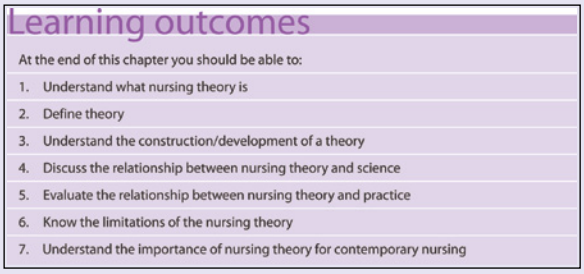


Outline of content

This chapter covers the following: the case for theory; the argument that all intentional and rational actions, including nursing actions, by definition must have an underlying theory; an initial definition of theory; how theory and practice become integrated in nursing *praxis*.



Learning outcomes

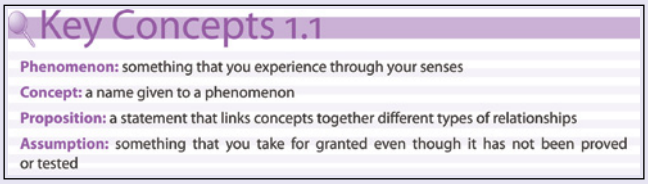
At the end of this chapter you should be able to:

1. Understand what nursing theory is
2. Define theory
3. Understand the construction/development of a theory
4. Discuss the relationship between nursing theory and science
5. Evaluate the relationship between nursing theory and practice
6. Know the limitations of the nursing theory
7. Understand the importance of nursing theory for contemporary nursing

Learning outcome boxes give a summary of the topics covered in a chapter.

How to use your textbook

Key Concept boxes give definitions of theories.



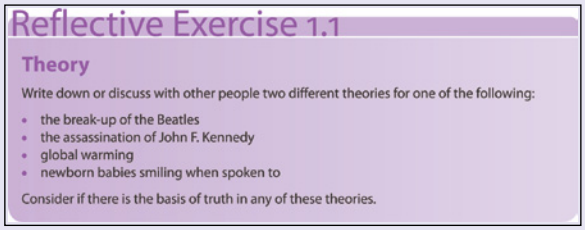
Key Concepts 1.1

Phenomenon: something that you experience through your senses

Concept: a name given to a phenomenon

Proposition: a statement that links concepts together different types of relationships

Assumption: something that you take for granted even though it has not been proved or tested



Reflective Exercise 1.1

Theory

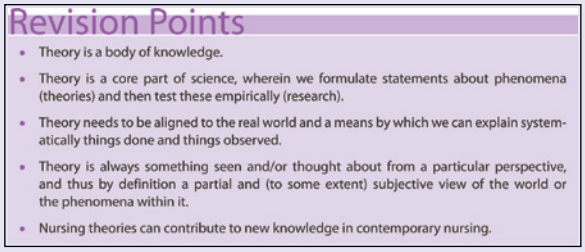
Write down or discuss with other people two different theories for one of the following:

- the break-up of the Beatles
- the assassination of John F. Kennedy
- global warming
- newborn babies smiling when spoken to

Consider if there is the basis of truth in any of these theories.

Reflective Exercises provide ways to put theories into practice.

Each chapter ends with a list of **Revision Points** to summarize important topics.



Revision Points

- Theory is a body of knowledge.
- Theory is a core part of science, wherein we formulate statements about phenomena (theories) and then test these empirically (research).
- Theory needs to be aligned to the real world and a means by which we can explain systematically things done and things observed.
- Theory is always something seen and/or thought about from a particular perspective, and thus by definition a partial and (to some extent) subjective view of the world or the phenomena within it.
- Nursing theories can contribute to new knowledge in contemporary nursing.

Your textbook is full of **illustrations and tables**.

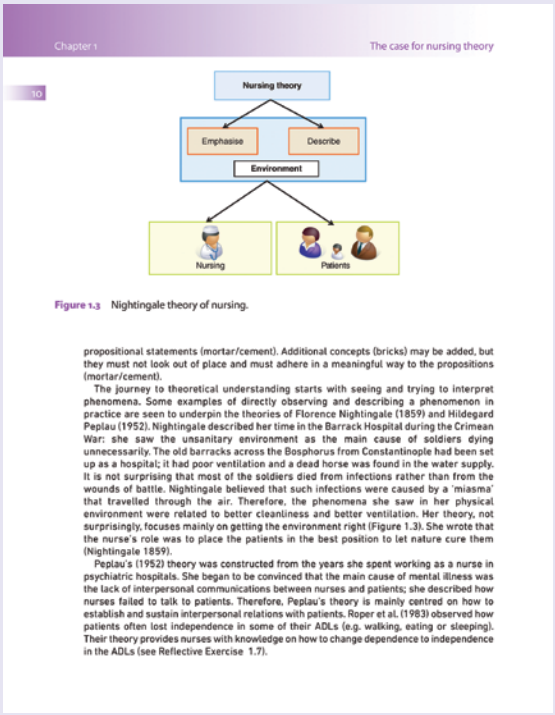
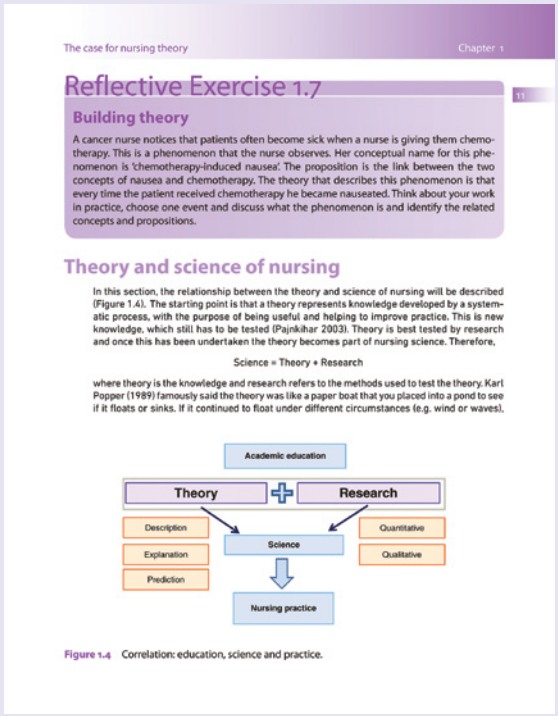


Figure 1.3 Nightingale theory of nursing.

propositional statements (mortar/cement). Additional concepts (bricks) may be added, but they must not look out of place and must adhere in a meaningful way to the propositions (mortar/cement).

The journey to theoretical understanding starts with seeing and trying to interpret phenomena. Some examples of directly observing and describing a phenomenon in practice are seen to underpin the theories of Florence Nightingale (1859) and Hildegard Peplau (1952). Nightingale described her time in the Barrack Hospital during the Crimean War: she saw the unsanitary environment as the main cause of soldiers dying unnecessarily. The old barracks across the Bosphorus from Constantinople had been set up as a hospital; it had poor ventilation and a dead horse was found in the water supply. It is not surprising that most of the soldiers died from infections rather than from the wounds of battle. Nightingale believed that such infections were caused by a 'miasma' that travelled through the air. Therefore, the phenomena she saw in her physical environment were related to better cleanliness and better ventilation. Her theory, not surprisingly, focuses mainly on getting the environment right (Figure 1.3). She wrote that the nurse's role was to place the patients in the best position to let nature cure them (Nightingale 1859).

Peplau's (1952) theory was constructed from the years she spent working as a nurse in psychiatric hospitals. She began to be convinced that the main cause of mental illness was the lack of interpersonal communications between nurses and patients; she described how nurses failed to talk to patients. Therefore, Peplau's theory is mainly centred on how to establish and sustain interpersonal relations with patients. Roper et al. (1983) observed how patients often lost independence in some of their ADLs (e.g. walking, eating or sleeping). Their theory provides nurses with knowledge on how to change dependence to independence in the ADLs (see Reflective Exercise 1.7).



Reflective Exercise 1.7

Building theory

A cancer nurse notices that patients often become sick when a nurse is giving them chemotherapy. This is a phenomenon that the nurse observes. Her conceptual name for this phenomenon is 'chemotherapy-induced nausea'. The proposition is the link between the two concepts of nausea and chemotherapy. The theory that describes this phenomenon is that every time the patient received chemotherapy he became nauseated. Think about your work in practice, choose one event and discuss what the phenomenon is and identify the related concepts and propositions.

Theory and science of nursing

In this section, the relationship between the theory and science of nursing will be described (Figure 1.4). The starting point is that a theory represents knowledge developed by a systematic process, with the purpose of being useful and helping to improve practice. This is new knowledge, which still has to be tested (Pajnkihar 2003). Theory is best tested by research and once this has been undertaken the theory becomes part of nursing science. Therefore,

Science = Theory + Research

where theory is the knowledge and research refers to the methods used to test the theory. Karl Popper (1989) famously said the theory was like a paper boat that you placed into a pond to see if it floats or sinks. If it continued to float under different circumstances (e.g. wind or waves),

Figure 1.4 Correlation: education, science and practice.

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1

The case for nursing theory

Outline of content

This chapter covers the following: the case for theory; the argument that all intentional and rational actions, including nursing actions, by definition must have an underlying theory; an initial definition of theory; how theory and practice become integrated in nursing *praxis*.

Learning outcomes

At the end of this chapter you should be able to:

1. Understand what nursing theory is
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Fundamentals of Nursing Models, Theories and Practice, Second Edition. Hugh P. McKenna, Majda Pajnkihar and Fiona A. Murphy.

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Introduction

Before nursing students and registered nurses recognise the content and function of theory, they often ask themselves question such as the following. What are nursing theories? Why study them? What has this got to do with nursing? How can something that is divorced from action, that is by definition abstract and conjectural, be of value to something like nursing, which is one of the most practical of activities?

This book will help to answer these questions. Theories exist everywhere in society. There are numerous theories of the family, of the internal combustion engine, of how cancer cells multiply, of changes in the weather. There are even lots of theories as to who killed President John F. Kennedy or Marilyn Monroe. The world is full of theories, some tested as accurate, some untested and some speculative. It is no surprise, then, that there are theories of nursing. But what do theories do? In essence, they are simply used to describe, explain or predict phenomena (see Reflective Exercise 1.1). This will be explored in detail later.

Reflective Exercise 1.1

Theory

Write down or discuss with other people two different theories for one of the following:

- the break-up of the Beatles
- the assassination of John F. Kennedy
- global warming
- newborn babies smiling when spoken to

Consider if there is the basis of truth in any of these theories.

Now, none of the theories that you outlined for any of the topics in Reflective Exercise 1.1 may be true. In fact, they may be erroneous or downright preposterous. The point is that we all use theories to explain what goes on in our lives or in the world. But if you wanted to, you could probably test or find out whether your theories are true. Later on in this chapter we will outline what theories are made of and how they are formed.

In many ways, theories are like maps. Maps are used to give us directions or to help us find our way in a complicated landscape or terrain. Maps often make simple what is a very complex picture. At their best, nursing theories also give us directions as to how to best care for patients. But why have we got so many nursing theories (over 50 at last count)? If you take any large city, there are many maps. For instance, in London, there are street maps, underground maps, electricity supply maps, Ordinance Survey maps and so on. Consider the London Underground map or the Moscow or Paris Metro maps – they are simple and easy to follow but they do not look anything like the complex reality of the underground networks they represent. In other words, they make a complex system understandable.

Similarly, nursing is highly complex and we need different theories to help us understand what is going on. A theory that can be used in emergency care may not be much use in mental health care, and a theory that can be used to help nurses in a busy surgical ward may be of little use in community care.

Nursing theories can provide frameworks for practice and in many clinical settings they have been used in the assessment of patients' needs. For instance, in the UK one of the most popular nursing theories was designed by three nurses who worked at Edinburgh University – Nancy Roper, Winifred Logan and Alison Tierney. They based their theory on the work of an American nurse called Virginia Henderson. Her theory outlined how nurses should be focused on encouraging patients to be independent in certain activities of daily living (ADLs) such as sleeping, eating, mobilising etc. Roper et al. took this a step further by identifying 12 ADLs. They stressed that it was the nurses' role to prevent people having problems with these ADLs. If this could not be achieved then nurses should help the patients to be independent in the ADLs. If this was not possible then nurses should give the patient and/or the patient's family the knowledge and skills to cope with their dependence on the ADLs. Many clinical nurses used the ADL theory to assess patients. They simply see how independent the patient is for each ADL and then focus their care on those for which the patient is dependent.

Therefore, theory can help us to carry out an individual patient's care and can contribute to better observation and recognition of specific patient needs, be they biological, social or psychological. Nursing theories are often derived from practice. In other words, nursing theorists have constructed their theories based on what they have experienced when working with patients and their families. Understanding the basic elements of a theory and its role, as well as taking a critical view of it, can help to develop a body of knowledge that nurses need for everyday work.

In this book we want to highlight the need for and use of nursing theory and its function. We will try to convince you of the importance of nursing theories to the nursing profession, to nursing education and especially to practice. This first chapter will introduce you to new words and ideas and it will take some concentration to understand the terminology. You may decide to read it in small doses, rather than all of it in one sitting. However, once you have mastered this first chapter, the rest of the book will be relatively easy to understand and, believe it or not, enjoyable. Several aspects of nursing theory are discussed in later chapters, and when reading those, dipping back into this first chapter will be helpful. Have a look at Reflective Exercise 1.2.

Reflective Exercise 1.2

Terminology

When you get involved in a new subject, you often have to learn new words to understand the topic. If you are a nursing student, you have had to learn many new anatomical or psychological words and phrases. Also, think of all the new words you would have to learn to take on any of the following hobbies:

- photography
- astronomy
- music
- gardening

See how many more you can think of. People accept learning new terms as part of understanding something in which they have an interest. The same is true in nursing theory.

The necessity and meaning of theory

Some people argue that in the real world of practice most nurses are not concerned with theories and that they are of interest only to nursing academics. However, our position is that there is no such thing as nursing without theory, because there is no such thing as atheoretical nursing. Nursing is theory in action and every nursing act finds its basis in some theory. For instance, if a nurse is talking to a patient, she may be using communication theory. At its simplest, a communication theory would include a speaker, a listener, a message and understanding between the speaker and the listener. Similarly, if she is putting a dressing on a patient, she may be using a theory of asepsis from the field of microbiology. Nurses may not always have a named theory in mind or they may even reject the notion that they are using a theory at all. Yet nurses do what they do for a reason and where there is a *reason* or *purpose* in mind, there is, more often than not, a theory.

When providing care to a patient, we are doing something in a *purposeful* manner. While doing it, we are seeking to understand, to uncover meaning, to determine how we should act on the basis of our understanding. This process describes theorising or *theory construction*. In this sense, theory is not some rarefied academic pursuit, but something that every nurse employs many times a day.

From the moment we start to think about something intentionally, we are constructing a theory. When we speak of construction, we are referring to how something is built or how the parts are put together to form a whole structure. Frequently we are referring to a building that has been constructed, such as a house or a bridge. When we bring *thoughts* together to form some understanding, we are also constructing. In this instance we are producing a *mental* building that has about it a sense of wholeness, which can be explained and shared with others through language.

This draws attention to another significant aspect of this process: when we think, we do so in language. A set of symbols that label the mental images are constructed, made up of our thoughts and the connections we make between them. In daily life too, people use different words and symbols to express meaning. In the same way, all theorists constructing their own theory use their own language and symbols to express and describe the theory. For example, an American nurse theorist, Jean Watson (1979), developed a theory that differentiates nursing from medicine, and advocates a moral stance on caring and nursing as a service driven by specific value systems regarding human caring. According to this theory, the purpose of nursing is to preserve the dignity of clients.

Similarly, another American theorist, Dorothy Orem (1991) began to see that most people are self-caring, e.g. they feed themselves, they get themselves out of bed and they wash themselves. This is a normal way of living for most of the population. Orem saw that self-caring is very important for the preservation of dignity and independence. How would you feel if someone started feeding you or helping you to walk when you could do these things very well yourself? Her theory focused on encouraging patients and helping them towards as much self-caring as possible (Pajnkihar 2003).

Therefore, theory involves thinking (describing) and seeking meanings and connections (explaining), and often leads to actions (predicting). Such knowledge included in different nursing theories can help not only to describe and explain what is significant about patient care, but also to assist with the prediction of what would work with different patients' problems (Pajnkihar 2003). As we outlined earlier, there are many nursing theories to help us describe, explain or predict caring practices. However, we need to be selective in the use of

theories and this will be dealt with in a later chapter. We can, of course, adopt, adapt or develop our own theories, but many of the existing ones have been researched and found to be useful guides for practice and so might be more useful than simply constructing our own. But as with the map analogy discussed earlier, we need to consider them as guides that inform our actions (Meleis 1997, 2007). It has been said that there is nothing as practical as a good theory, so theories only have value if they can be applied in practice.

Theory defined

The issue of what theory actually *is* will be returned to frequently in this and subsequent chapters. There are almost as many definitions of theory as there are nursing theories. Various definitions are offered here with the intention of showing differences in describing and defining what a nursing theory is.

To best understand the various definitions of theory, it would be useful to describe the bits that make up a theory – the working parts of a theory. We have already alluded to some of these. For instance, theories describe, explain or predict phenomena. The singular of phenomena is phenomenon. But what, you may ask, are phenomena? Put simply, phenomena are things we witness through our senses. So a patient falling is a phenomenon, a dog barking is a phenomenon and a wet floor is a phenomenon. Kennedy's assassination was a phenomenon and wound healing is a phenomenon (see Reflective Exercise 1.3).

Reflective Exercise 1.3

Phenomena

Consider your average day in class or at work. Identify five phenomena that you have seen, heard, smelled, touched or tasted.

As you have read, theories seek to explain, describe or predict these phenomena.

When we put a name to a phenomenon, it becomes a concept. To take the examples discussed earlier of a patient falling, a dog barking, a wet floor and an assassination are all concepts. They tend to encapsulate what the phenomenon is. If we can define the concepts, they help clarify our view of the phenomena. So, concepts are the building blocks of a theory (see Reflective Exercise 1.4).

Reflective Exercise 1.4

Concepts

See if you can put a label or name to the five phenomena you identified in Reflective Exercise 1.3. If you can provide a name such that any other person hearing it would know what the phenomenon is then so much the better. Try to define each of the concepts in one sentence.