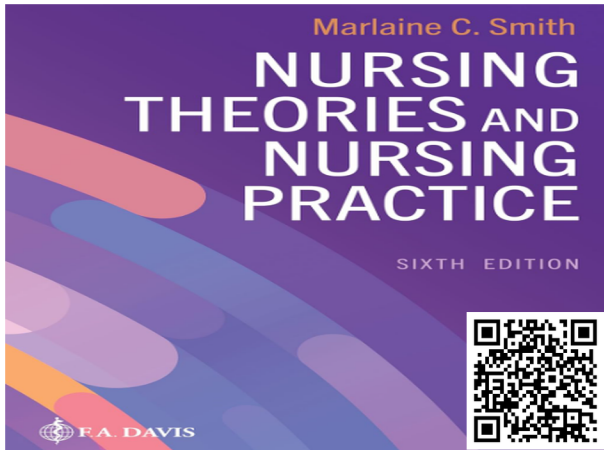


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Marlaine C. Smith

NURSING THEORIES AND NURSING PRACTICE

SIXTH EDITION



F.A. DAVIS



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



F.A. DAVIS

Philadelphia

F. A. Davis Company
1915 Arch Street
Philadelphia, PA 19103
www.fadavis.com

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Acquisitions Editor: Haleahy Craven
Content Project Manager: Shannon Hill
Manager of Art and Design: Carolyn O'Brien

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Preface to the Sixth Edition

For over 15 years, I've had the privilege of coediting (2010, 2015) and then editing (2020, 2025) *Nursing Theories and Nursing Practice*. In 2008, Marilyn Parker invited me to work with her on the third edition of her well-respected book. It was known for its focus on providing nurses and nursing students with an introduction to nursing theories to inform their practice and for the fact that its chapters were written by the theorists themselves or scholars identified by the theorists as experts. In addition to this distinctiveness that continues today, this book features only nursing theories and chapters on both conceptual models/systems/grand theories and middle-range theories. Early chapters introduce the readers to the nature and importance of theory in the evolution of the discipline of nursing, how to study nursing theories, and how theories can guide practice and education. I will always be grateful to Marilyn Parker for the opportunity to join her as coeditor and to receive the baton that she passed to me. My intent as editor is to respond creatively to changes in our discipline's theoretical evolution while continuing to honor her vision for this book.

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

practice and that this will focus practice more meaningfully and make a difference in the health and quality of life of people who are recipients of nursing care.

This book is intended to help nursing students in baccalaureate and graduate nursing programs explore and appreciate nursing theories and their use in nursing practice and scholarship. In addition, and in response to calls from practicing nurses, this book is intended for use by those who desire to enrich their practice through the study of nursing theories. Each chapter of the book includes an overview of the theory, applications of the theory in practice and research, a practice exemplar, a summary, and questions for reflection and discussion. This book is structured to offer nursing students at all levels a taste of a variety of nursing theories so that they can explore selected theories in greater depth and appreciate nursing theories for their potential to improve care and advance nursing knowledge through research.

There are five sections in the book. The first provides an overview of nursing theory, the evolution of theory in the discipline, and a focus for thinking about evaluating and choosing a nursing theory for use in practice and for developing curricula integrating nursing knowledge throughout. Section II features the work of early nursing scholars whose ideas provided a foundation for more formal theory development. The nursing conceptual models and grand theories are clustered in Sections III and IV. Section III contains those theories classified within the integrative-interactive paradigm, and those in the unitary-transformative paradigm are included in Section IV. The final section contains a selection of middle-range theories.

The book's website at www.fadavis.com features bonus materials that will enrich the

study of these nursing theories. An instructor guide using active learning strategies meant to facilitate student learning about nursing theory is included. Other online resources include additional content such as biographical information about the theorists, extended bibliographies, more detailed descriptions of research related to the theories, and case studies.

Changes in the discipline and profession have informed the sixth edition of this book. The most profound change has been the American Association of Colleges of Nursing's (AACN, 2021) publication *The Essentials: Core Competencies for Professional Nursing Education*. This revolutionary blueprint provides domains and concepts that guide entry-level and advanced nursing curricula. *The Essentials* begin with an emphasis on nursing as a discipline and the importance of teaching its theoretical foundations. Domain 1 of *The Essentials* is "Knowledge for Nursing Practice" and includes the theoretical knowledge in nursing needed for practice. The hope is that this will ignite curricular change integrating nursing theories as the primary knowledge to guide nursing practice. Peggy Chinn, Leslie Nicoll, and I were invited by AACN to create the *Toolkit for Knowledge for Nursing Practice* (2022) that appears on the AACN website. This book can be an important resource for nurse educators aligning their curricula and teaching with *The Essentials*. Chapter 2 includes a framework for integrating knowledge for nursing practice within curricula.

Another change is that nursing theory conferences have been held annually. In 2018, Case Western Reserve University (CWRU) and the American Academy of Nursing (AAN) sponsored a nursing theory conference marking the 50th anniversary of the first one held at CWRU. Since that conference, annual VirtualNursingTheoryWeek(VNTW)conferences (<https://nursingtheoryconference.com>) have attracted scholars, who share work related to nursing theories.

Nursology.net (<https://nursology.net>) continues to expand its repository as an abundant resource for those studying the theoretical

foundations of the discipline. Over 75 theories are featured in the gallery now with frequent additions to the database; the number of people accessing the site has continued to increase, with over 4,000 receiving the weekly blogs on nursing theory. New middle-range and situation-specific theories are being developed as more students become engaged with nursing's theoretical foundations, and many of the scholars working with conceptual models/conceptual systems/grand theories continue to hold conferences moving their research and practice traditions forward. Interest in nursing theories is expanding globally through the marvels of virtual scholarly connectivity. This growth is especially important at a time when nursing theory can provide what is missing and needed most in healthcare today.

There are several important changes to the sixth edition. All "Introducing the Theorist" sections that appeared in the beginning of the chapters of previous editions were moved to the online resources for each chapter. Three chapters from the fifth edition were removed from print but added to the online resources for the book: Dorothy Johnson's Behavioral Systems Model, Meredith Troutman-Jordan's Theory of Successful Aging, and Katie Eriksson's Theory of Caritative Caring. These chapters are accessible online at www.fadavis.com.

Three new middle-range theories were added: John Lowe's Theory of Native Reliance, Mona Wicks's Family Health Model, and Peggy Chinn's Philosophy, Theory, and Practice of Peace and Power. With these additions a more ethnically diverse panel of theorists are represented offering models with the potential to enhance equity and inclusivity in nursing practice. Most nursing theories reflect values from a Euro-American cultural heritage. Chapter authors were invited to reflect on the relevance of the cultural values embedded in the conceptual model/system/theory for persons from other cultures and to include these reflections in their chapters. You will notice these Point of Reflection boxes in most, but not all of the chapters. The story of Mary Seacole, a healer and contemporary of Florence Nightingale who also cared for soldiers in the Crimean War, is included in

Chapter 3. All but one chapter includes a practice exemplar, and all chapters include questions to guide reflection and discussion at the conclusion of each chapter. Because of limitations of chapter page length, some of the content was moved to www.fadavis.com. Additionally, due to the lengthy lists of chapter references, the publisher decided to move all references to www.fadavis.com as well.

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

My passion for studying nursing's distinctive knowledge came early as a student in my Bachelor of Science in Nursing program when early conceptualizations about nursing were surfacing in the literature. While pursuing an interdisciplinary master's degree in public health, I recognized that while all the other public health disciplines had some unique perspective to share, public health nursing seemed to lack a clear identity. In search of this identity, I pursued a second master's in nursing.

At that time, nursing theory was gaining wider recognition, and I learned about it from my teachers and mentors Rosemary Donley, Rosemarie Parse, and Mary Jane Smith. This was the answer to what I was seeking, and it both expanded and focused my thinking about the discipline. The question of "What is nursing?" was answered for me by these theories, and I couldn't get enough! This led to pursuing my PhD in Nursing at New York University, where I studied the Science of Unitary Human Beings in classes with Martha Rogers and John Phillips. During this same time, I taught at Duquesne University when Rosemarie Parse was dean, and I learned more about man-living-health, now "humanbecoming," and attended annual nursing theory conferences that brought all the nurse theorists together.

At these theory conferences, I was fortunate to have meaningful dialogues with

Virginia Henderson, Hildegard Peplau, Imogene King, Martha Rogers, and Madeleine Leininger. While teaching at Penn State in the early 1980s, I met Margaret Newman, who was on the faculty there, and later I spent my sabbatical studying with her. In 1988, I accepted a faculty position at the University of Colorado (CU), where Jean Watson was dean and Peggy Chinn was associate dean for academic affairs. The CU School of Nursing was guided by a caring philosophy and curricular framework, and I embraced caring as a central focus of the discipline of nursing and created a middle-range theory of caring within Rogerian nursing science.

In 2006, I accepted a position at Florida Atlantic University's Christine E. Lynn College of Nursing, where an innovative curriculum valuing the theoretical foundations of nursing and the integration of Caring Science throughout was implemented and led by Anne Boykin, Savina Schoenhofer, and others. As dean of the College, from 2011 to 2019 we continued the legacy of advancing theoretical development in Caring Science and teaching from an integrated theoretical framework.

My retirement in 2021 gave me the gift of investing my time in professional organizations that advance nursing theory. I chaired the AAN Expert Panel on Theory-Guided Practice in 2021-2022. Currently, I serve as director of the Anne Boykin Institute for the Advancement of Caring in Nursing; on the board of the International Association of Human Caring, and as president of the Society of Rogerian Scholars (until Fall 2024). Advancing the theoretical foundations of the discipline continues to be my life's work.

For the first time, I edited this edition of *Nursing Theories and Nursing Practice* without a coeditor, assistant editor, or administrative assistant working with me. I couldn't have done this without the extraordinary support and guidance from the expert staff at F.A. Davis. Susan Rhyner, the publisher at F.A. Davis, brought her vision and deep experience to the conceptualization of the sixth edition. As the work unfolded, I relied on Haleahy Craven, the editor, and Shannon Hill,

the project manager, for their expert guidance and organizational skills. Throughout some personal challenges during this process, they couldn't have been more compassionate, patient, and accommodating. I am so grateful to each one of them.

I dedicate this book to my husband Brian, who has always been my biggest cheerleader and supporter...his energy and humor lifts me through the hard times; my children, Kirsten,

Alicia, and Brady, their spouses/partners, Jonathan, Tori, and Kristin, and my four grandchildren, Evie, Iyla, Lenyn, and Deno, who teach me and fill my life with light and love; and my parents, Deno and Rose Cappelli, who instilled in me a passion for caring for others and taught me the importance of scholarship, hard work, and following my dreams...their enduring presence on the other side inspires me every day.

Marlaine C. Smith
Boca Raton, Florida



Nursing Theorists

Elizabeth Ann Manhart Barrett, PhD, RN, LMHC, FAAN[†]

Charlotte D. Barry, PhD, RN, NCSN, FAAN*

Professor Emerita

Christine E. Lynn College of Nursing
Florida Atlantic University
Boca Raton, Florida

Anne Boykin, PhD, RN*

Dean Emerita, Professor Emerita

Christine E. Lynn College of Nursing
Florida Atlantic University
Boca Raton, Florida

Peggy L. Chinn, RN, PhD, DSc(Hon), FAAN

Professor Emerita

University of Connecticut
Oakland, California

Barbara Montgomery Dossey, PhD, RN, AHN-BC,

HWNC-BC, HSGAHN, FAAN

International Co-director

Nightingale Initiative for Global Health
Santa Fe, New Mexico

Joanne R. Duffy, PhD, RN, FAAN

Executive Vice President, QualiCare & Adjunct Professor

Indiana University School of Nursing
Indianapolis, Indiana

Helen L. Erickson, PhD, RN, AHN-BC, FAAN*

Professor Emerita

University of Texas at Austin
Austin, Texas

Adeline Falk-Rafael, RN, PhD, FAAN*

Senior Scholar

York University
Toronto, Ontario
Canada

Lydia Hall[†]

Virginia Henderson[†]

Imogene King[†]

Katharine Kolcaba, PhD, RN*

Associate Professor Emeritus

The University of Akron
Akron, Ohio

Madeleine M. Leininger[†]

Patricia Liehr, PhD, RN

Professor Emerita

Christine E. Lynn College of Nursing
Florida Atlantic University
Boca Raton, Florida

Rozzano C. Locsin, PhD, RN, FAAN

Professor & Professor Emeritus

Tokushima University
Florida Atlantic University
Tokushima, Japan
Boca Raton, Florida

John Lowe, RN, PhD, FAAN

Professor

University of Texas at Austin
Austin, Texas

Afaf I. Meleis, PhD, FAAN*

Dean Emerita & Professor of Nursing and Sociology

University of Pennsylvania School of Nursing
Philadelphia, Pennsylvania

Betty Neuman, PhD, PLC, FAAN[†]

Margaret Newman, RN, PhD[†]

Florence Nightingale[†]

Dorothea Orem[†]

Ida Jean Orlando Pelletier[†]

Marilyn E. Parker, PhD, RN, FAAN*

Professor Emerita

Christine E. Lynn College of Nursing
Florida Atlantic University
Boca Raton, Florida

Rosemarie Rizzo Parse, PhD, FAAN

Visiting Scholar & Faculty Research Consultant
State University of New York
Binghamton, New York

Hildegard Peplau†**Marilyn Anne Ray, PhD, RN, CTN, FAAN***

Professor Emerita
Christine E. Lynn College of Nursing
Florida Atlantic University
Boca Raton, Florida

Pamela G. Reed, PhD, MSN, MA, BSN, RN, FAAN

Professor
University of Arizona College of Nursing
Tucson, Arizona

Martha E. Rogers†**Sister Callista Roy, PhD, RN, FAAN***

Adjunct Professor & Professor Emerita
Mt. St. Mary's University
Boston College
Los Angeles, California
Chestnut Hill, Massachusetts

Savina O. Schoenhofer, PhD, RN, MN

Nursing Theorist
Nursing As Caring
Jackson, Mississippi

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

Dean Emerita & Professor Emerita
Director, Anne Boykin Institute for the Advancement of
Caring in Nursing
Christine E. Lynn College of Nursing
Florida Atlantic University
Boca Raton, Florida

Mary Jane Smith, PhD, RN, FAAN

Professor
West Virginia University
Morgantown, West Virginia

Mary Ann Swain, PhD***Kristen M. Swanson, PhD, RN, FAAN***

Dean Emerita & Professor Emerita
Seattle University
Seattle, Washington

Evelyn Tomlin***Joyce Travelbee†****Jean Watson, PhD, RN, AHN-BC, FAAN, LL (AAN)**

Dean Emerita & Distinguished Professor Emerita
University of Colorado Health Sciences
Denver, Colorado
Founder Watson Caring Science Institute
Deerfield Beach, Florida

Mona Newsome Wicks, PhD, RN, FAAN

Professor & Chair, Department of Health Promotion
& Disease Prevention
University of Tennessee Health Science Center
Memphis, Tennessee

Ernestine Wiedenbach†

*Retired

†Deceased



Contributors

Charlotte D. Barry, PhD, RN, NCSN, FAAN

Professor Emerita

Christine E. Lynn College of Nursing
Florida Atlantic University
Boca Raton, Florida

Allan Paulo L. Blaquera, MSN, RN

Faculty member

St. Paul University Philippines
Tuguegarao City, Cagayan
Philippines

April A. Braswell, PhD, CPNP, RN

Assistant Professor

School of Nursing
University of North Carolina Wilmington
Wilmington, North Carolina

Anne Boykin, PhD, RN*

Dean Emerita & Professor Emerita

Christine E. Lynn College of Nursing
Florida Atlantic University
Boca Raton, Florida

Howard K. Butcher, RN, PhD, FAAN

Professor & Director of PhD Program

Florida Atlantic University
Boca Raton, Florida

Peggy L. Chinn, RN, PhD, DSc(Hon), FAAN

Professor Emerita

University of Connecticut
Oakland, California

Carey S. Clark, PhD, RN, AHN-BC

Associate Professor

University of Maine at Augusta
Augusta, Maine

Margaret Dexheimer Pharris, PhD, RN, MPH,

AHN-BC, CCAP*

Professor Emerita

St. Catherine University
Minneapolis, Minnesota

Jennifer S. Dolgoff, BSN, RN

Graduate Research Assistant

The University of Tennessee Health Science Center
Memphis, Tennessee

Barbara Montgomery Dossey, PhD, RN, AHN-BC,

HWNC-BC, HSGAHN, FAAN

International Co-Director

Nightingale Initiative for Global Health
Santa Fe, New Mexico

Joanne R. Duffy, PhD, RN, FAAN

Executive Vice President, QualiCare & Adjunct Professor

Indiana University School of Nursing
Indianapolis, Indiana

Lynne M. Hektor Dunphy, PhD, APRN, FNP-BC, FAAN,

FAANP

Professor Emerita & Research Professor

Christine E. Lynn College of Nursing
Florida Atlantic University
Boca Raton, Florida

Helen L. Erickson, PhD, RN, AHN-BC, FAAN*

Professor Emerita

University of Texas at Austin
Austin, Texas

Adeline Falk-Rafael, RN, PhD

Senior Scholar

York University
Toronto, Ontario
Canada

Jacqueline Fawcett, RN, PhD, ScD (hon), FAAN, ANEF

Professor Department of Nursing, Manning College of

Nursing and Health Sciences

University of Massachusetts
Boston, Massachusetts

Mary Louanne Friend, PhD, MN, RN

Associate Professor

The University of Alabama College of Community Health
Science
Tuscaloosa, Alabama

Shirley C. Gordon, PhD, RN, AHN-BC, NCSN*

Professor Emerita

Christine E. Lynn College of Nursing
Florida Atlantic University
Boca Raton, Florida

Christine Griffin, PhD, RN-BC, CPN, Caritas Coach

Leadership Development
Watson Caring Science Institute
Deerfield, Florida

Diane Lee Gullett, RN, PhD, MPH

Nursing Faculty
FVI School of Nursing and Technology
Fountainbleau, Florida

Donna L. Hartweg, PhD, RN

Professor Emerita
Illinois Wesleyan University
Bloomington, Illinois

Beth M. King, PhD, APRN, PMHNP-BC

Associate Professor
Florida Atlantic University
Boca Raton, Florida

Katharine Kolcaba, PhD, RN*

Associate Professor Emeritus
The University of Akron
Akron, Ohio

Patricia Liehr, PhD, RN

Professor Emerita
Christine E. Lynn College of Nursing
Florida Atlantic University
Boca Raton, Florida

Rozzano C. Locsin, PhD, RN, FAAN

Professor Emeritus
Florida Atlantic University/Tokushima University
Boca Raton, Florida

John Lowe, RN, PhD, FAAN

Professor
University of Texas at Austin
Austin, Texas

Violet M. Malinski, RN, PhD*

Elizabeth Ann Manhart Barrett, PhD, RN, FAAN†

Betsy M. McDowell, PhD, RN, CNE, ANEF, FAAN

Professor Emerita of Nursing
Newberry College
Ninety Six, South Carolina

Afai I. Meleis, PhD, FAAN, LL

Dean Emerita
University of Pennsylvania School of Nursing
Greenbrae, California

Shari A. Metcalfe, RN, PhD

Professor Emerita
School of Nursing and Health Sciences, Illinois Wesleyan
University
Bloomington, Illinois

Elizabeth K. Moore, MSN, RN, CCRN

Clinical Assistant Professor
University of Memphis
Memphis, Tennessee

Marilyn E. Parker, PhD, RN, FAAN*

Professor Emerita
Christine E. Lynn College of Nursing
Florida Atlantic University
Boca Raton, Florida

Rosemarie Rizzo Parse, PhD, FAAN

Visiting Scholar & Faculty Research Consultant
State University of New York
Binghamton, New York

Ann R. Peden, PhD, RN, PMHCNS-BC

Professor & Dean of Nursing
Capital University
Columbus, Ohio

Nicole Poellet, DNP, RN, PMHNP-BC

Assistant Professor
Department of Nursing
Capital University
Columbus, Ohio

Marilyn Anne Ray, PhD, RN, CTN, FAAN*

Professor Emerita
Christine E. Lynn College of Nursing
Florida Atlantic University
Boca Raton, Florida

Pamela G. Reed, PhD, MSN, MA, BSN, RN, FAAN

Professor
University of Arizona College of Nursing
Tucson, Arizona

Maude Rittman*

Ashley Rivera, RN, PhD, Jonas Scholar

Assistant Professor
Florida Atlantic University
Davie, Florida

William E. Rosa, MS, AGPCNP-BC, ACPNP, AHN-BC,

FCCM, FAAN

Researcher
Memorial Sloan Kettering Cancer Center

Sister Callista Roy, PhD, RN, FAAN

Professor Emerita
Mt. St. Mary's University
Boston College
Los Angeles, California

Savina O. Schoenhofer, PhD

Nursing Theorist
Jackson, Mississippi

Pamela Senesac, PhD, SM, RN*

Assistant Professor
University of Massachusetts
Shrewsbury, Massachusetts

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

Dean Emerita & Professor Emerita
Director, Anne Boykin Institute for the Advancement of
Caring in Nursing
Christine E. Lynn College of Nursing
Florida Atlantic University
Boca Raton, Florida

Mary Jane Smith, PhD, RN, FAAN

Professor
West Virginia University
Morgantown, West Virginia

Jacqueline Staal, PhD, MSN, ARNP, FNP-BC

Lead Clinician, APRN
PPSWCF
Fort Myers, Florida

Kristen M. Swanson, PhD, RN, FAAN*

Dean Emerita & Professor Emerita
Seattle University
Seattle, Washington

Tetsuya Tanioka, RN, MSN, PhD, FAAN

Professor
Tokushima University
Tokushima, Japan

Jean Watson, PhD, RN, AHN-BC, FAAN

Dean Emerita/Director & Distinguished Professor Emerita
University of Colorado Health Sciences
Denver, Colorado
Founder Watson Caring Science Institute
Deerfield Beach, Florida

**Hiba B. Wehbe-Alamah, PhD, RN, FNP-BC,
CTN-A, FTNS, FAAN**

Professor-Michigan Distinguished Professor
University of Michigan-Flint
Flint, Michigan

Mona Newsome Wicks, PhD, RN, FAAN

Professor & Chair, Department of Health Promotion
& Disease Prevention
University of Tennessee Health Science Center
Memphis, Tennessee

Mary Ellen Wright, PhD, APRN, CPNP-PC

Associate Professor
College of Nursing, Clemson University
Clemson, South Carolina

*Retired

*Deceased



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SECTION

An Introduction to Nursing Theory

An Introduction to Nursing Theory

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

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

The first chapter in this section focuses on nursing theory within the context of nursing as an evolving professional discipline. We examine the relationship of nursing theory to the characteristics of a discipline. You'll learn new words that describe parts of the knowledge structure of the discipline of nursing, and we'll speculate about the future of nursing theory as nursology (the knowledge of the discipline), healthcare, and our global society change.

Chapter 2 is a guide to help you study and use the theories in this book. Use the guide as you read and think about how nursing theory fits in your practice. Nurses embrace theories that fit with their values and ways of thinking. They choose theories to guide their practice and to create a practice that is meaningful to them. This chapter contains information about the selection, evaluation, and implementation of theory for practice. Students often get the assignment of evaluating or critiquing a nursing theory. Evaluation is coming to some judgment about value or worth based on criteria. Various sets of criteria exist for you to use in theory evaluation. We introduce some that you can explore further, and we offer reflections on the process of implementing theory-guided practice models. Finally, we address Domain 1 in the American Association of Colleges of Nursing's (AACN) *The Essentials*, "Knowledge for Nursing Practice," with specific recommendations for how to integrate this domain into the study of nursing at the entry and advanced practice levels.

Nursing Theory and the Discipline of Nursing

Marlaine C. Smith and Marilyn E. Parker

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

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

Defining ourselves by tasks presents other problems. What nurses do—that is, the functions associated with practice—differs based on the setting. For example, a nurse might start IVs, administer medications, and perform treatments in an acute care setting. In a community-based clinic, a nurse might teach a young mother the principles of infant feeding or place phone calls to arrange community resources for a child with special needs. Multiple professionals and nonprofessionals may perform the same tasks as nurses, and persons with the ability and authority to perform certain tasks change based on time and setting. For example, both physicians and nurses may listen to breath sounds. Both nurses and social workers might engage in discharge planning. Both nurses and family members might change dressings, monitor vital signs, and administer medications, so defining nursing based solely on functions or activities performed is not useful.

To answer the question “What is nursing?” we must formulate nursing’s unique identity as a field of study or discipline. Florence Nightingale is often credited as the founder of modern nursing, the one who articulated its distinctive focus. In her book *Notes on Nursing: What It Is and What It Is Not* (Nightingale, 1859/1992), she differentiated nursing from medicine, stating that the two were distinct practices. She defined nursing as putting the person in the best condition for nature to act, insisting that the focus of nursing was on health and the natural healing process, not on disease and reparation. For her, creating an environment that provided the conditions for natural healing to occur was the focus of nursing. Her beginning conceptualizations were the seeds for the theoretical development of nursing as a professional discipline.

In this chapter, we situate the understanding of nursing theory within the context of the discipline of nursing. We define the discipline of nursing, describe the purpose of theory for the discipline of nursing, review the evolution of nursing science, identify the structure of the discipline of nursing, and speculate on the future place of nursing theory in the discipline.

The Discipline of Nursing

Every discipline has a unique focus that directs the inquiry within it and distinguishes it from other fields of study (Smith, 2024). Nursing knowledge guides its professional practice; therefore, it is classified as a professional discipline. Donaldson and Crowley (1978) stated that a discipline “offers a unique perspective, a distinct way of viewing ... phenomena, which ultimately defines the limits and nature of its inquiry” (p. 113). Any discipline includes networks of philosophies, theories, concepts, approaches to inquiry, research findings, and practices that both reflect and illuminate its distinct perspective. The discipline of nursing is formed by a community of scholars, including nurses in all nursing practice venues, who share a commitment to values, knowledge, and processes to guide the thought and work of the discipline.

The classic work of King and Brownell (1976) is consistent with the thinking of nursing

scholars (Donaldson & Crowley, 1978; Meleis, 2018) about the discipline of nursing. These authors have elaborated attributes that characterize all disciplines. As you will see in the discussion that follows, the attributes of King and Brownell provide a framework that contextualizes nursing theory within the discipline of nursing.

Expression of Human Imagination

Members of any discipline imagine and create structures that offer descriptions and explanations of the phenomena of concern to that discipline. These structures are the theories of that discipline. Nursing theory is dependent on the imagination of nurses in practice, administration, research, and teaching, as they create and apply new ideas to improve nursing practice and ultimately the lives of those they serve. To remain dynamic and useful, the discipline requires openness to novel concepts and innovative approaches that grow out of members’ reflections and insights.

Domain

A professional discipline must be clearly defined by a statement of its domain—the boundaries or focus of that discipline. The domain of nursing includes the phenomena of interest, problems to be addressed, main content and methods used, and roles required of the discipline’s members (Kim, 1997; Meleis, 2018). The processes and practices claimed by members of the discipline’s community grow out of these domain statements. Nightingale provided some direction for the domain of the discipline of nursing. Although the disciplinary focus has been debated, there is some degree of consensus (Chinn, 2019; Smith, 2019). Smith (2019) identified examples of phenomena of concern for the discipline: (1) promotion of health, well-being, and quality of living and dying; (2) stress, coping, and adaptation in the life process; (3) transitions in the life process; (4) cultural care; (5) human-environment energy field patterning for wellbecoming; (6) consciousness and health; (7) health-related lived experiences; (8) caring relationships, processes, and practices; and (9) environments that support health, healing,

and wellbecoming. Note: “Wellbecoming” was coined by Phillips (2015, 2016) to capture the dynamic nature related to what we’ve called “health” or “well-being.”

Donaldson and Crowley (1978, p. 113) identified the following as the domain of the discipline of nursing:

1. Concern with principles and laws that govern the life processes, well-being, and optimal functioning of human beings, sick or well
2. Concern with the patterning of human behavior in interactions with the environment in critical life situations
3. Concern with the processes through which positive changes in health status are affected

Fawcett (1984) described the metaparadigm as a way to distinguish nursing from other disciplines. The metaparadigm identified by Fawcett (1984) and refined by her over the years is very general and intended to reflect agreement among members of the discipline about the field of nursing. This is the most abstract level of nursing knowledge and closely mirrors beliefs held about nursing. However, because the term may not be familiar, it offers no direct guidance for research and practice (Kim, 1998; Walker & Avant, 2011). Fawcett’s (1984) original metaparadigm consists of four concepts: persons, environment, health, and nursing. According to Fawcett, nursing is the study of the interrelationship among these four concepts.

Modifications and alternative concepts for this framework have been explored throughout the discipline (Fawcett, 2000). For example, some nursing scholars have suggested that “caring” should replace “nursing” in the metaparadigm (Stevenson & Tripp-Reimer, 1989; Smith, 1984, 2019). Kim (1998) set forth four domains: client, client-nurse encounters, practice, and environment. Recently, Fawcett (2023) has modified her metaparadigm to human beings, global environment, planetary health, and nursologist activities. Fawcett uses the term “nursology” to reflect the knowledge of nursing and “nursologists” as those who

practice based on this knowledge (Fawcett, 2019).

Others have defined nursing as the study of “the health or wholeness of human beings as they interact with their environment” (Donaldson & Crowley, 1978, p. 113), the life process of unitary human beings (Rogers, 1970), care or caring (Leininger, 1978; Watson, 1985, 2008, 2018), and human-universe-health interrelationships (Parse, 1998). A widely accepted focus statement for the discipline was published by Newman et al. (1991), “Nursing is the study of caring in the human health experience” (p. 3). A consensus statement of philosophical unity in the discipline was published by Roy and Jones (2007) and included statements such as the following:

- The human being is characterized by wholeness, complexity, and consciousness.
- The essence of nursing involves the nurse’s true presence in the process of human-to-human engagement.
- Nursing theory expresses the values and beliefs of the discipline, creating a structure to organize knowledge and illuminate nursing practice.
- The essence of nursing practice is the nurse-patient relationship.

In 2008, Newman et al. revisited the disciplinary focus asserting that relationship was central to the discipline, and the convergence of seven concepts—health, consciousness, caring, mutual process, presence, patterning, and meaning—specified relationship in the professional discipline of nursing. Willis et al. (2008) posited that the central unifying focus for the discipline is facilitating humanization, meaning, choice, quality of life, and healing in living and dying (p. e28). Litchfield and Jonsdottir (2008) defined the discipline as the study of humanness in the health circumstance. Smith (1994) defined the domain of the discipline of nursing as “the study of human health and healing through caring” (p. 50). For Smith (2024), “nursing knowledge focuses on the wholeness of human life and experience and the processes that support relationship, integration, and transformation” (p. 4). Smith’s (2019) analysis of the disciplinary

perspective identified four concepts that delineate nursing's disciplinary perspective: (1) human wholeness (the unitary or integrative perspective on human beings reflecting the fullness and complexity of the human condition); (2) health, healing, well-being (the dynamic and transformative experiences and manifestations of living and dying); (3) human-environment-health relationship (the interconnectedness of human health with the multidimensional environment); and (4) caring (the intentions, expressions, behaviors, actions, and experiences grounded in a moral-ethical-spiritual foundation that nurture humanization, health, healing, and well-being). Nursing conceptual models, grand theories, middle-range theories, and practice theories explicate the phenomena within the domain of nursing. In addition, the focus of the nursing discipline is a clear statement of social mandate and service used to direct the study and practice of nursing (Newman et al., 1991).

Syntactical and Conceptual Structures

Syntactical and conceptual structures are essential to any discipline and are inherent in nursing theories. The conceptual structure delineates the proper concerns of nursing, guides what is to be studied, and clarifies accepted ways of knowing and using content of the discipline. This structure is grounded in the focus of the discipline. The conceptual structure relates concepts within nursing theories. The syntactical structures help nurses and other professionals to understand the talents, skills, and abilities that must be developed within the community. This structure directs descriptions of data needed from research, as well as evidence required to demonstrate the effect on nursing practice. In addition, these structures guide nursing's use of knowledge in research and practice approaches developed by related disciplines. It is only by being thoroughly grounded in the substantive knowledge of the discipline and modes of inquiry that the boundaries of the discipline can be understood and possibilities for creativity across disciplinary borders can be created and explored.

Specialized Language and Symbols

As nursing theory has evolved, so has the need for concepts, language, and forms of data that reflect new ways of thinking and knowing specific to nursing. The complex concepts used in nursing scholarship and practice require language that can be specific and understood. The language of nursing theory facilitates communication among members of the discipline. Expert knowledge of the discipline is often required for full understanding of the meaning of these theoretical terms.

Heritage of Literature and Networks of Communication

This attribute calls attention to the array of books, periodicals, artifacts, and aesthetic expressions, as well as audio, visual, and electronic media that have developed over centuries to communicate the nature of nursing knowledge and practice. Conferences and forums on every aspect of nursing held throughout the world are part of this network. Nursing organizations and societies also provide critical communication links. Nursing theories are part of this heritage of literature, and those working with these theories present their work at conferences, societies, and by using other communication networks of the nursing discipline. A website created in 2018, Nursology.net, provides a comprehensive compendium of resources related to nursing knowledge. The Nursology website includes weekly blogs related to nursing theory; lists of upcoming events and conferences; a gallery of synopses of over 86 nursing theories; examples of the use of theories in practice, research, education, and quality improvement projects; videotapes of interviews with nursing theorists; and more. The blogs are accessed by over 8,000 nurses throughout the world. The website is continuously updated, and a variety of authors contribute to the blogs each week. This astounding online resource makes it possible for nursing theories to be accessible to nurses across the globe who may not have access to libraries or theory books. Although the depth of information about the theories is limited, the website

features the incredible breadth of nursing theory development in the discipline and introduces readers to resources available to explore nursing theories in greater depth.

Tradition

The tradition and history of the discipline are evident in the study of nursing over time. A recent book, *Taking Care: The Story of Nursing and Its Power to Change the World*, written by a journalist, Sarah DiGregorio (2023), offers comprehensive historical and contemporary perspectives on the discipline and profession. There is recognition that theories most useful today often have threads of connection with ideas originating in the past. For example, some theorists have acknowledged the influence of Florence Nightingale and have acclaimed her leadership in influencing nursing theories of today. Nightingale appears in this book because of her contributions to the evolution of nursing knowledge. In addition, nursing has a rich heritage of practice. Nursing's practical experience and knowledge have been shared and transformed as the content of the discipline and are evident in many nursing theories.

There has been an important body of criticism related to nursing theory because of its origins from a white European perspective on knowledge. By far, most nursing theorists are white women from European backgrounds, and the ideas generated reflect the cultural values about human beings, their relationship to their families and communities, the nature of health and illness, and the nature of care and caring from that white Eurocentric perspective. Like many other academic disciplines and professions, nursing has not been welcoming to nurses of color nor inclusive of diverse cultural values (Chinn & Smith, 2023). A call to decolonize nursing—that is, to welcome and integrate knowledge and values from indigenous, Black, Asian, and Latino cultures—has awakened many to the insularity of nursing knowledge (Canty, 2023; Iradukunda & Canty, 2023; Suarez-Baquero, 2023).

Values and Beliefs

Nursing has distinctive views of persons and strong commitments to compassionate and

knowledgeable care of persons. Fundamental nursing values and beliefs include a holistic view of person, the dignity and uniqueness of persons, and the call to care. There are both shared and differing values and beliefs within the discipline. The metaparadigm reflects the shared beliefs, and the paradigms reflect the differences.

Systems of Education

A distinguishing mark of any discipline is the education of future and current members of the community. Nursing is recognized as a professional discipline within institutions of higher education because it has an identifiable body of knowledge that is studied, advanced, and used to underpin its practice. Students of any professional discipline study its theories and learn its methods of inquiry and practice. Nursing theories, by setting directions for the substance and methods of inquiry and practice for the discipline, should provide the basis for nursing education and the framework for organizing nursing curricula (AACN, 2021).

Definitions of Nursing Theory

A theory is a notion or an idea that explains experience, interprets observation, describes relationships, and suggests outcomes. Parsons (1949), often quoted by nursing theorists, wrote that theories help us know what we know and decide what we need to know. Theories are mental patterns or frameworks created to help understand and create meaning from our experience, organize and articulate our knowing, and ask questions leading to new insights. **As such, theories are not discovered in nature but are human inventions.**

Theories are organizing structures of our reflections, observations, projections, and inferences. Many describe theories as “lenses” because they color and shape what is seen. The same phenomena will be seen differently depending on the theoretical perspective assumed. For these reasons, “theory” and related terms have been defined and described in a number of ways according to individual experience and what is useful at the time.

Theories, as reflections of understanding, guide our actions, help us set forth desired outcomes, and give evidence of what has been achieved. A theory, by traditional definition, is an organized, coherent set of concepts and their relationships to each other that offers descriptions, explanations, and predictions about phenomena.

Early writers on nursing theory brought definitions of theory from other disciplines to direct future work within nursing. Dickoff and James (1968, p. 198) defined theory as a “conceptual system or framework invented for some purpose.” Ellis (1968, p. 217) defined theory as “a coherent set of hypothetical, conceptual, and pragmatic principles forming a general frame of reference for a field of inquiry.” McKay (1969, p. 394) asserted that theories are the capstone of scientific work, and that the term refers to “logically interconnected sets of confirmed hypotheses.” Barnum (1998, p. 1) later offered a more open definition of theory as a “construct that accounts for or organizes some phenomenon” and simply stated that a nursing theory describes or explains nursing.

Definitions of theory emphasize its various aspects. Those developed in recent years are more open and conform to a broader conception of science. The following definitions of theory are consistent with general ideas of theory in nursing practice, education, administration, or research:

- Theory is a “creative and rigorous structuring of ideas that projects a tentative, purposeful, and systematic view of phenomena” (Chinn & Kramer, 2004, p. 268).
- Nursing theory is “an organized, coherent, and systematic articulation of a set of statements related to significant questions in a discipline and communicated as a meaningful whole” (Meleis, 2018, pp. 29–30).
- Nursing theory is an “inductively and/or deductively derived collage of coherent, creative, and focused nursing phenomena that frame, give meaning to, and help explain specific and selective aspects of nursing research and practice” (Silva, 1997, p. 55).

- A theory is an “imaginative grouping of knowledge, ideas, and experiences that are represented symbolically and seek to illuminate a given phenomenon” (Watson, 1985, p. 1).

The Purpose of Theory in a Professional Discipline

All professional disciplines have a body of knowledge consisting of theories, research, and methods of inquiry and practice. They organize knowledge, guide inquiry to advance science, guide practice, and enhance the care of patients. Nursing theories address the phenomena that are of interest to nursing: human beings–environment, health, and caring in the context of the nurse–person relationship.¹ **On the basis of strongly held values and beliefs about nursing, and within contexts of various worldviews, theories are patterns that guide the thinking about, being, and doing of (in) nursing.**

Theories provide structures for making sense of the complexities of reality for both practice and research. Research based in nursing theory is needed to explain and predict nursing outcomes essential to the delivery of nursing care that are both humane and cost-effective (Gioielli, 1996). Some conceptual structure, either implicitly or explicitly, directs all avenues of nursing, including nursing education and administration. Nursing theories provide concepts and designs that define the place of nursing in healthcare. Through theories, nurses are offered perspectives for relating with professionals from other disciplines, who join with nurses to provide human services. Nursing has great expectations of its theories. At the same time, theories must provide structure and substance to ground the practice and scholarship of nursing and must also be flexible and dynamic to keep pace with the growth and changes in the discipline and practice of nursing.

The major reason for structuring and advancing nursing knowledge is for the sake of nursing practice. The primary

¹“Person” refers to individual, family, group, or community

purpose of nursing theories is to further the development and understanding of nursing practice. Because nursing theory exists to improve practice, the test of nursing theory is a test of its usefulness in professional practice. The work of nursing theory is moving from an academic exercise into the realm of nursing practice. Chapters throughout this book highlight the use of nursing theories in nursing practice.

Nursing practice is both the source and the goal of nursing theory. From the viewpoint of practice, Gray and Forsstrom (1991) suggested that theory provides nurses with different ways of looking at and assessing phenomena, rationales for their practice, and criteria for evaluating outcomes. Many of the theories in this book have been used to guide nursing practice, stimulate creative thinking, facilitate communication, and clarify purposes and processes in practice. The practicing nurse has an ethical responsibility to use the discipline's theoretical knowledge base, just as it is the nurse scholar's ethical responsibility to develop the knowledge base specific to nursing practice (Cody, 1997, 2003). Engagement in practice generates the ideas that lead to the development of nursing theories.

At the empirical level of theory, abstract concepts are operationalized, or made concrete, for practice and research (Fawcett & Desanto-Madeya, 2012; Smith et al., 2024). Empirical indicators provide specific examples of how the theory is experienced in reality; they are important for bringing theoretical knowledge to the practice level. These indicators include procedures, tools, and instruments to determine the effects of nursing practice and are essential to research and management of outcomes of practice (Jennings & Staggers, 1998). The resulting data form the basis for improving the quality of nursing care and influencing healthcare policy. Empirical indicators, grounded carefully in nursing concepts, provide clear demonstration of the utility of nursing theory in practice, research, administration, and other nursing endeavors (Allison & McLaughlin-Renpenning, 1999; Hart & Foster, 1998; Smith, 2024).

Meeting the challenges of systems of care delivery and interprofessional work demands practice from a theoretical perspective. Nursing's disciplinary focus is important within the interprofessional healthcare environment (Grace et al., 2016; Smith, 2019); otherwise, its unique contribution to the interprofessional team is unclear. Nursing actions reflect nursing concepts from a nursing perspective. Careful, reflective, and critical thinking are the hallmarks of expert nursing, and nursing theories should undergird these processes. Appreciation and use of nursing theory offer opportunities for successful collaboration with colleagues from other disciplines and provide definition for nursing's overall contribution to healthcare. Nurses must know what they are doing, why they are doing it, and what the range of outcomes of nursing may be, as well as indicators for documenting nursing's effects. These theoretical frameworks serve as powerful guides for articulating, reporting, and recording nursing thought and action.

One of the assertions referred to often in the nursing theory literature is that theory is born of nursing practice and, after examination and refinement through research, must be returned to practice. Nursing theory is stimulated by questions and curiosities arising from nursing practice. Development of nursing knowledge is a result of theory-based nursing inquiry. The circle continues as data, conclusions, and recommendations from nursing research are evaluated and developed for use in practice. Nursing theory must be seen as practical—that is, useful to practice—and the insights of practice must in turn continue to enrich nursing theory.

The Evolution of Nursing Science

Disciplines can be classified as belonging to the sciences or humanities. In any science, there is a search for an understanding about specified phenomena through creating some organizing frameworks (theories) about the nature of those phenomena. These organizing frameworks (theories) are evaluated for their empirical accuracy through research. So

science is composed of theories developed and tested through research (Smith, 1994).

The evolution of nursing as a science has occurred within the past 70 years; however, before nursing became a discipline or field of study, it was a healing art. Throughout the world, nursing emerged as a healing ministry to those who were ill or in need of support. Knowledge about caring for the sick, the injured, and those birthing, dying, or experiencing normal developmental transitions was handed down, frequently in oral traditions. Folk remedies and practices that were found to be effective through a process of trial and error were used in these healing arts. In most societies, the responsibility for nursing fell to women, members of religious orders, or those with spiritual authority in the community (DiGregario, 2023). With the ascendancy of science, those who were engaged in the vocations of healing lost their authority over healing to the evolving field of medicine. Traditional approaches to healing were marginalized as the germ theory and the development of pharmaceuticals and surgical procedures were legitimized because of their alleged grounding in science.

Although there were many influential healers from other countries who should be acknowledged for their importance to the history of nursing, Florence Nightingale is responsible for setting Western nursing on a path toward scientific advancement. She appears in this book because of her writings, which set the foundation for the movement in theory development. Nightingale not only defined nursing as “putting the person in the best condition for nature to act,” she also established a phenomenological focus of nursing as caring for and about the human-environment relationship to health. While nursing soldiers during the Crimean War, Nightingale began to study the distribution of disease by gathering data, so she was arguably the first nurse-scientist that we know of in that she established a rudimentary theory and tested that theory through her practice and research.

Nightingale schools were established in the West at the turn of the 20th century, but

Nightingale’s influence on the nursing profession waned as student nurses in hospital-based training schools were taught primarily by physicians. Nursing became strongly influenced by the “medical model” and for some time lost its identity as a distinct profession. The biomedical model focuses on disease, parts of the body, an objective stance to human relating, and treating using primarily pharmaceuticals and/or surgery.

Slowly, nursing education moved into institutions of higher learning where students were taught by nurses with higher degrees. By 1936, 66 colleges and universities had baccalaureate programs (Peplau, 1987). Graduate programs began in the 1940s and grew significantly from the 1950s through the 1970s.

The publication of the journal *Nursing Research* in 1952 was a milestone, signifying the birth of nursing as a fledgling science (Peplau, 1987). But well into the 1940s, “many textbooks for nurses, often written by physicians, clergy, or psychologists, reminded nurses that theory was too much for them, that nurses did not need to think but rather merely to follow rules, be obedient, be compassionate, do their ‘duty’, and carry out medical orders” (Peplau, 1987, p. 18). We’ve come a long way in less than a hundred years.

The development of nursing curricula stimulated discussion about the nature of nursing as distinct from medicine. In the 1950s, early nursing scholars such as Hildegard Peplau, Virginia Henderson, Dorothy Johnson, and Lydia Hall established the distinct characteristics of nursing as a profession and field of study. Faye Abdellah, Ida Jean Orlando, Joyce Travelbee, Ernestine Wiedenbach, Myra Levine, and Imogene King followed during the 1960s, elaborating their conceptualizations of nursing. During the early 1960s, the federally funded Nurse Scientist Program was initiated to educate nurses in pursuit of doctoral degrees in the basic sciences. Through this program, nurses received doctorates in education, sociology, physiology, and psychology. These graduates brought the scientific traditions of these disciplines into nursing as they assumed faculty positions in schools of nursing.

By the 1970s, nursing theory development became a priority for the profession, and the discipline of nursing was becoming established. Martha Rogers, Callista Roy, Dorothea Orem, Betty Newman, Josephine Paterson, and Loraine Zderad published their theories and graduate students began studying and advancing these theories through research. During this time, the National League for Nursing required a theory-based curriculum as a standard for accreditation, so schools of nursing were expected to select, develop, and implement a conceptual framework for their curricula. This propelled the advancement of theoretical thinking in nursing (Meleis, 2018). A national conference on nursing theory and the Nursing Theory Think Tanks were formed to engage nursing leaders in dialogue about the place of theory in the evolution of nursing science. The links between theory, research, and philosophy were debated in the literature, and *Advances in Nursing Science*, the premiere journal for publishing theoretical articles, was launched.

In the 1980s, additional grand theories such as Parse's Man-Living-Health (later changed to the Human Becoming paradigm); Newman's Health as Expanding Consciousness; Leininger's Transcultural Nursing; Erickson, Tomlinson, and Swain's Modeling and Role Modeling; and Watson's Theory of Human Caring were disseminated. Nursing theory conferences were convened, frequently attracting large numbers of participants. Those scholars working with the published theories in research and practice formalized networks into organizations and held conferences. For example, the Society for Rogerian Scholars held the first Rogerian Conference in 1987, and the Transcultural Nursing Society and the International Association for Human Caring were formed during this time. Some of these organizations developed journals that published the work of scholars advancing these conceptual models and grand theories. Meta-theorists such as Jacqueline Fawcett, Peggy Chinn, Afaf Meleis, Joyce Fitzpatrick, and Ann Whall published books on nursing theory, making nursing theories more accessible to students. Theory courses were established

in graduate programs in nursing. The Fuld Foundation supported a series of videotaped interviews of many theorists, and the National League for Nursing disseminated videos promoting theory within nursing. *Nursing Science Quarterly*, a journal focused exclusively on advancing extant nursing theories, published its first issue in 1988.

During the 1990s, the expansion of conceptual models and grand theories in nursing continued to deepen, and forces within nursing both promoted and inhibited this expansion. The theorists and their students began conducting research and developing practice models that made the theories more visible. Nursing regulatory bodies in Ontario Province in Canada required that nursing practice was theoretically grounded. This accelerated the development of nursing theory-guided practice within Canada and the United States. The accrediting bodies of nursing programs in the United States pulled back on their requirement of a specified conceptual framework guiding nursing curricula. Because of this, there were fewer nursing educational programs guided by specific conceptualizations of nursing, and possibly fewer students having a strong grounding in the theoretical foundations of nursing. Fewer grand theories emerged; only Boykin and Schoenhofer's Nursing as Caring grand theory was published during this time. Middle-range theories emerged to provide more descriptive, explanatory, and predictive models around circumscribed phenomena of interest to nursing. For example, Meleis's Transition Theory, Mishel's Uncertainty Theory, Barrett's Power Theory, and Pender's Health Promotion model were generating interest.

From 2000 to the present, there has been accelerated development of middle-range theories with less interest in conceptual models and grand theories. Dossey's grand Theory of Integral Nursing is the only new grand theory that has been established. A growing devaluing of nursing theory has emerged; many graduate programs have eliminated their required nursing theory courses, and baccalaureate programs may not include the development of conceptualizations of

nursing into their curricula. This has the potential for creating generations of nurses who have little, if any, comprehension of the importance of theory for understanding the focus of the discipline and the diverse, rich legacy of nursing knowledge from these theoretical perspectives (Smith & McCarthy, 2010; Flanagan et al., 2021). However, it seems that the interest in nursing theories is increasing outside the United States; for example, international conferences and publications on Roy Adaptation Model and Watson's theory from international scholars have grown significantly.

On the other hand, healthcare organizations in the United States have been more active in promoting theoretical applications in nursing practice. For example, those hospitals on the magnet journey are required to select a guiding practice model, and Watson's Theory of Human Caring is guiding nursing practice in many acute care hospitals. These hospitals have formed a consortium so that best practices can be shared across settings (Turkel et al., 2021).

Although nursing research is advancing and making a difference in people's lives, the research is often not linked explicitly to theory and probably not linked to nursing theory. This compromises the advancement of nursing science. All other disciplines teach their foundational theories to their students, and their scientists test or develop their theories through research.

There is a trend toward valuing theories from other disciplines over nursing theories. For example, motivational interviewing is a practice theory out of psychology that nurse researchers and practitioners gravitate toward in large numbers. Arguably, there are several similar nursing theories that describe approaches to health promotion that preceded motivational interviewing, yet these are used less by nurse researchers. Interprofessional practice and interdisciplinary research are essential for the future of healthcare, but we do not do justice to these ideas by abandoning the rich, distinguishing features of nursing science over others (Smith, 2019; Grace et al., 2016).

If nursing is to advance as a science in its own right, future generations of nurses must respect and advance the theoretical legacy of our discipline. Scientific growth happens through cumulative knowledge development with current research building on previous findings. To survive and thrive, nursing theories must be used in nursing practice and research. Yet, this is not the only reason for a call to attention to nursing theory. Our disciplinary knowledge is essential for the well-becoming of people:

Nurses are thirsting for a meaningful practice, one that is based on nursing values and knowledge, one that is relationship-centered, enabling the expression of the depth of our mission, and one that brings a much needed, missing dimension to current health care. What is missing in health care is what nursing can provide when practiced from the heart of our disciplinary perspective. (Newman et al., 2008, p. e25)

The Structure of Knowledge in the Discipline of Nursing

Theories are part of the knowledge structure of any discipline. The domain of inquiry (also called the "metaparadigm" or "focus of the discipline") is the foundation of the structure. The knowledge of the discipline is related to its general domain or focus. For example, knowledge of biology relates to the study of living things, psychology is the study of the mind, and sociology is the study of social structures and behaviors. Nursing's domain was described earlier as the disciplinary focus statement or metaparadigm. Other levels of the knowledge structure include paradigms, conceptual models or grand theories, middle-range theories, practice theories, and research and practice traditions. These levels of nursing knowledge are interrelated; each level of development is influenced by other levels. Theoretical work in nursing is dynamic; that is, it is continually in the process of development and use. It is open to adapting and extending to guide nursing endeavors and to reflect development within nursing. Although there is diversity of opinion among nurses

about the terms used to describe the levels of theory, the following discussion of theoretical development in nursing is offered as a context for further understanding nursing theory (Smith, 2024).

Paradigm

Paradigm is the next level of the disciplinary structure of nursing. The notion of paradigm can be useful as a basis for understanding nursing knowledge. A “paradigm” is a global, general framework composed of assumptions about the nature of the phenomena of concern to the discipline. Paradigms offer particular perspectives on the metaparadigm or disciplinary domain. The concept of paradigm comes from the work of Thomas Kuhn (1970, 1977), who used the term to describe models that guide scientific activity and knowledge development in disciplines. Because paradigms are broad shared perspectives held by members of the discipline, they are often called worldviews. Kuhn set forth the view that science does not always evolve as a smooth, regular, continuing path of knowledge development over time but that periodically there are times of revolution when traditional thought is challenged by new ideas, and paradigm shifts occur.

Kuhn’s ideas provide a way to think about the development of science. Before any discipline engages in the development of theory and research to advance its knowledge, it is in a preparadigmatic period of development. Typically, this is followed by a period of time when a single paradigm emerges to guide knowledge development. Research activities initiated around this paradigm advance its theories. This is a time during which knowledge advances at a regular pace; Kuhn refers to this as normal science. Sometimes, a new paradigm can emerge to challenge the worldview of the existing paradigm. It can be revolutionary, overthrowing the previous paradigm, or multiple paradigms can coexist in a discipline, providing different worldviews that guide the scientific development of the discipline.

Kuhn’s work has meaning for nursing and other scientific disciplines because of his

recognition that science is the work of a community of scholars in the context of society. Paradigms and worldviews in nursing are subtle and powerful, reflecting different values and beliefs about the nature of human beings, human-environment relationships, health, and caring. Kuhn’s (1970, 1977) description of scientific development is particularly relevant to nursing today as new perspectives are being articulated, some traditional views are being strengthened, and some views are taking their places as part of our history. **As we continue to move away from the historical conception of nursing as a part of biomedical science, developments in the discipline of nursing are directed by at least two paradigms, or worldviews, outside the medical model.** These are now described.

Several nursing scholars have named the existing paradigms in the discipline of nursing (Fawcett, 1995; Newman et al., 1991; Parse, 1987). Parse (1987) described two paradigms: the totality and the simultaneity. The totality paradigm reflects a worldview that humans are integrated beings with biological, psychological, sociocultural, and spiritual dimensions. Humans adapt to their environments, and health and illness are states on a continuum. In the simultaneity paradigm, humans are unitary, irreducible, and in continuous mutual process with the environment (Rogers, 1970, 1992). Health is subjectively defined and reflects a process of becoming or evolving. In her most recent work, Parse (2014) added a third paradigm, the human becoming paradigm. In contrast to Parse, Newman and her colleagues (1991) identified three paradigms in nursing: particulate-deterministic, integrative-interactive, and unitary-transformative. From the perspective of the particulate-deterministic paradigm, humans are known through parts, health is the absence of disease, and predictability and control are essential for health management. In the integrative-interactive paradigm, humans are viewed as systems with interrelated dimensions interacting with the environment, and change is probabilistic. From the worldview of the unitary-transformative paradigm, humans are patterned, self-organizing fields within larger patterned, self-organizing fields. Change is

characterized by fluctuating rhythms of organization-disorganization toward more complex organization. Health is a reflection of this continuous change. Fawcett (1995, 2000) provided yet another model of nursing paradigms: reaction, reciprocal interaction, and simultaneous action. In the reaction paradigm, humans are the sum of their parts, reaction is causal, and stability is valued. In the reciprocal interaction worldview, the parts are seen within the context of a larger whole, there is a reciprocal nature to the relationship with the environment, and change is based on multiple factors. Finally, the simultaneous action worldview includes a belief that humans are known by pattern and are in an open, ever-changing process with the environment. Change is unpredictable and evolving toward greater complexity and organization (Fawcett, 2000, pp. 11–12).

It may help you to think of theories as clustered within these nursing paradigms. Many theories share the worldview established by a particular paradigm. At present, multiple paradigms coexist within nursing (Smith, 2024).

Grand Theories and Conceptual Models

Grand theories and conceptual models are at the next level in the structure of the discipline. They are less abstract than the focus of the discipline and paradigms but more abstract than middle-range theories. Conceptual models and grand theories focus on the phenomena of concern to the discipline such as persons as adaptive systems, self-care deficits, unitary human beings, human becoming, or health as expanding consciousness. The grand theories, or conceptual models, are composed of concepts and relational statements. Relational statements on which the theories are built are called assumptions and often reflect the foundational philosophies of the conceptual model or grand theory. These philosophies are statements of enduring values and beliefs; they may be practical guides for the conduct of nurses applying the theory and can be used to determine the compatibility of the model or theory with personal, professional, organizational, and societal beliefs and values. Fawcett (2000) differentiated

conceptual models and grand theories. For her, conceptual models, also called conceptual frameworks or conceptual systems, are sets of general concepts and propositions that provide perspectives on the major concepts of the metaparadigm: person, environment, health, and nursing. Fawcett (1993, 2000) pointed out that direction for research must be described as part of the conceptual model to guide development and testing of nursing theories. There is no differentiation between conceptual models and grand theories within this book; the terms are used interchangeably.

Middle-Range Theories

Middle-range theories are the next level in the structure of the discipline. Robert Merton (1968) described this level of theory in the field of sociology, stating that they are theories broad enough to be useful in complex situations and appropriate for empirical testing. Nursing scholars proposed using this level of theory because of the difficulty in testing grand theory (Jacox, 1974). Middle-range theories are narrower in scope than grand theories and offer an effective bridge between grand theories and the description and explanation of specific nursing phenomena. They present concepts and propositions at a lower level of abstraction and hold great promise for increasing theory-based research and nursing practice strategies (Smith & Liehr, 2024). Fifteen middle-range theories are included in this book. Middle-range theories may have their foundations in a particular paradigmatic perspective or may be derived from a grand theory or conceptual model. The literature presents a growing number of middle-range theories. This level of theory is expanding most rapidly in the discipline and represents some of the most exciting work published in nursing today. Some of these new theories are synthesized from knowledge from related disciplines and transformed through a nursing lens. The literature also offers middle-range nursing theories that are directly related to grand theories of nursing. Reports of nursing theory developed at this level include implications for instrument

development, theory testing through research, and nursing practice strategies.

Practice-Level Theories

Practice-level theories have the most limited scope and level of abstraction and are developed for use within a specific range of nursing situations. Theories developed at this level have a more direct effect on nursing practice than do more abstract theories. Nursing practice theories provide frameworks for nursing interventions/activities and suggest outcomes and/or the effect of nursing practice. Nursing actions may be described or developed as nursing practice theories. Ideally, nursing practice theories are interrelated with concepts from middle-range theories or developed under the framework of grand theories. A theory developed at this level has been called a prescriptive theory (Crowley, 1968; Dickoff et al., 1968), a situation-specific theory (Im, 2005; Meleis, 1997), and a microtheory (Chinn & Kramer, 2011). **The day-to-day experience of nurses is a major source of nursing practice theory.**

The depth and complexity of nursing practice may be fully appreciated as nursing phenomena and relations among aspects of particular nursing situations that are described and explained. Dialogue with expert nurses in practice can be fruitful for discovery and development of practice theory. Research findings on various nursing problems offer data to develop nursing practice theories. Nursing practice theory has been articulated using multiple ways of knowing through reflective practice (Johns & Freshwater, 1998; Johns & Burnie, 2013; Sherwood & Horton-Deutsch, 2012). The process includes quiet reflection on practice, remembering and noting features of nursing situations, attending to one's own feelings, reevaluating the experience, and integrating new knowing with other experiences (Gray & Forsstrom, 1991). Examples of practice-level and situation-specific theories include the attendant nurse caring model (Watson & Foster, 2003), migration transition for migrant farmworker women (Clingerman, 2007), maintaining hope in transition (Davidson et al., 2007), heart failure self-care (Reigel et al., 2016; Riegel et al., 2022), and compassionate

care for parents experiencing miscarriage in the emergency department (Emond et al., 2023).

Research and Practice Traditions

Research traditions are the associated methods, procedures, and empirical indicators that guide inquiry related to the theory. For example, the theories of Health as Expanding Consciousness, Human Becoming, and Cultural Care Diversity and Universality have research methods associated with the theories. Other theories have specific tools that have been developed to measure constructs related to the theories. The practice traditions of the theory consist of the activities, protocols, processes, tools, and practice wisdom emerging from the theory. Several conceptual models and grand theories have specific associated practice methods.

Nursing Theory and the Future

Nursing theory is essential to the continuing evolution of the discipline of nursing. Several trends are evident in the development and use of nursing theory. First, there seems to be more agreement on the focus of the discipline of nursing that provides a meaningful direction for our study and inquiry. This disciplinary dialogue has extended beyond the confines of Fawcett's metaparadigm and explicates the importance of caring and relationship as central to the discipline of nursing (Meleis, 2018; Newman et al., 2008; Roy & Jones, 2007; Willis et al., 2008; Smith, 2019, 2024).

The development of new grand theories and conceptual models has decreased. Dossey's (2008) Theory of Integral Nursing, included in this book, is the only new theory at this level that has been developed in nearly 20 years. Instead, the growth in theory development is at the middle range and practice or situation-specific levels. There has been a significant increase in middle-range theories, and many practice scholars are working on developing and implementing practice models or situation-specific theories that guide practice in specific situations or populations.

In the past 15 years, we've witnessed some troubling patterns related to the lack of nursing philosophies and theories in the curricula of nursing programs. Many baccalaureate programs include little nursing theory in their curricula. Similarly, some graduate programs are eliminating or decreasing their emphasis on nursing theory. This alarming trend deserves our attention.

Smith and McCarthy (2010, p. 49) analyzed several of the documents from the AACN that guide curriculum development and inform accreditation; the analysis revealed that nursing knowledge in the form of philosophies and theories and the research and practice models based on them were not prominent or central, and they were rarely explicit. Flanagan et al. (2021) analyzed the curricula of doctor of nursing practice programs through website reviews and concluded that there was very little, if any, focus on nursing theory to guide advanced practice. Grace et al. (2016) described the imbalance in PhD education in nursing, with too much emphasis placed on the empirical at the expense of the philosophical and conceptual/theoretical dimensions of the discipline. Evidence-based practice has become the guideline for professional nursing practice. The use of evidence is important in many situations; however, nursing practice, like the practice of other disciplines, must be guided by its theoretical base (Smith et al., 2021).

If nursing is to continue to thrive and to make a difference in the lives of people, our practitioners and researchers need to practice and expand knowledge within the structure of the discipline. As healthcare becomes more interprofessional, the focus of nursing becomes even more important. If nurses do not learn and practice based on the knowledge of their discipline, they may be coopted into the practice of another discipline. Even worse, another discipline could emerge that will assume practices associated with the discipline of nursing.

However, there is hope that the tide may turn with the AACN revision of *The Essentials: Core Competencies for Nursing Education* (AACN, 2022). These Essentials are orga-

nized into 10 domains and eight concepts. The first domain is Knowledge for Nursing Practice. Knowledge for Nursing Practice includes:

integration, application and translation of established and evolving disciplinary nursing knowledge and ways of knowing as well as knowledge from other disciplines including a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgement and innovation in nursing practice. (AACN, p. 11)

To meet the domain of Knowledge for Nursing Practice, nursing programs must teach nursing theories and their application in practice at the entry and advanced practice levels.

Another positive trend is that nursing theories are being embraced by healthcare organizations to structure nursing practice. For example, organizations embarking on the journey toward magnet status (www.nursingworld.org) identify a model that guides nursing practice, and many are choosing existing nursing models. This work has great potential to refine and extend nursing theories (Turkel et al., 2021).

The use of nursing theory in research is inconsistent at best. Often, outcomes research is not contextualized within any theoretical perspective; however, reviewers of proposals for most funding agencies request theoretical frameworks, and scoring criteria give points for having one. This encourages theoretical thinking and organizing findings within a broader perspective. Nurse researchers often use theories from other disciplines instead of their own, and this expands the knowledge of those other disciplines rather than nursing.

We are hopeful about the growth, continuing development, and expanded use of nursing theory. We hope that there will be continued growth in the development of all levels of nursing theory. The students of all professional disciplines study the theories of their disciplines in their courses of study. We must continue to include the study of nursing theories within our baccalaureate, master's, and doctoral programs. Baccalaureate

students need to understand the foundations for the discipline, our historical development, and the place of nursing theory in its history and future. They should learn about conceptual models and grand theories. Didactic and practice courses should reflect theoretical values and concepts so that students learn to practice nursing from a theoretical perspective. Middle-range theories should be included in the study of particular phenomena such as self-transcendence, sorrow, and uncertainty. As they prepare to become practice leaders of the discipline, doctor of nursing practice students should learn to develop and test nursing theory-guided models. PhD students will learn to develop and extend nursing theories in their research. We will decolonize nursing knowledge so that new, more open and inclusive ways to theorize about nursing will be developed. These new ways will acknowledge the history and traditions of nursing but will move nursing forward into new realms of thinking and being. Reed (1995) noted the “ground shifting” with the reforming of philosophies of nursing science and called for a more open philosophy, grounded in nursing’s values, which connects science, philosophy, and practice. Gray and Pratt (1991, p. 454) projected that nursing scholars will continue to develop theories at all levels of abstraction and that theories will be increasingly interdependent with other disciplines such as politics, economics, and ethics. These authors expect a continuing emphasis on unifying theory and practice that will contribute to the validation of the nursing discipline. Theorists will work in groups to develop knowledge in an area of concern to nursing, and these phenomena of interest will define the theory (Meleis, 1992). Newman (2003) called for a future in which

we transcend competition and boundaries that have been constructed between nursing theories and instead appreciate the links among theories, thus moving toward a fuller, more inclusive, and richer understanding of nursing knowledge.

Nursing’s philosophies and theories must increasingly reflect nursing’s values for understanding, respect, and commitment to health beliefs and practices of cultures throughout the world. **It is important to question to what extent theories developed and used in one major culture are appropriate for use in other cultures.** To what extent must nursing theory be relevant in multicultural contexts? Among the efforts of many international scholarly societies, how relevant are American nursing theories for the global community? Can nursing theories inform us about how to stand with and learn from peoples of the world? Can we learn from nursing theory how to come to know those we care for, how to be with them, to truly listen? Can these questions be recognized as appropriate for scholarly work and practice for graduate students in nursing? Will these issues offer direction for research? If so, nursing theory will prepare nurses for humane leadership in national and global health policy. Abdellah (McAuliffe, 1998) proposed an international electronic “think tank” for nurses around the globe to dialogue about nursing theory. The widespread use of online videoconferencing has made this possible. The 2018 launch of Nursology.net offers the opportunity for nursing theory to be accessible to all nurses. Such opportunities could lead nurses to truly listen, learn, adapt nursing theories to accommodate cultural variations, and contribute new theories to the discipline.

Summary

This chapter focused on the place of nursing theory within the discipline of nursing. The relationship and importance of nursing theory to the characteristics of a professional discipline were reviewed. A variety of definitions of theory were offered, and the evolution and structure of knowledge in the discipline

were outlined. Finally, we reviewed trends and speculated about the future of nursing theory development and application. One challenge of nursing theory is that theory is always in the process of developing and that, at the same time, it is useful for the purposes and work of the discipline. This paradox may

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