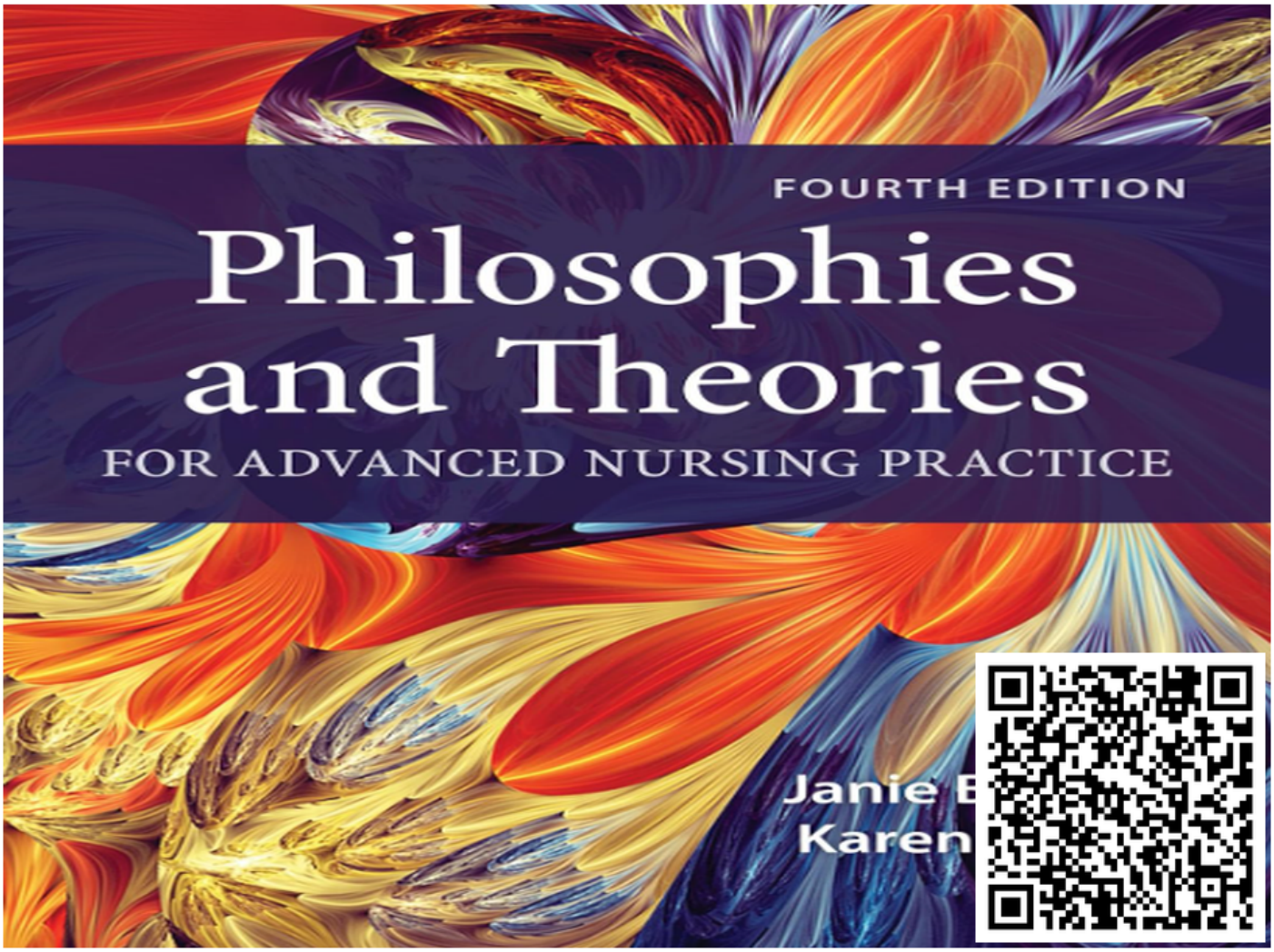

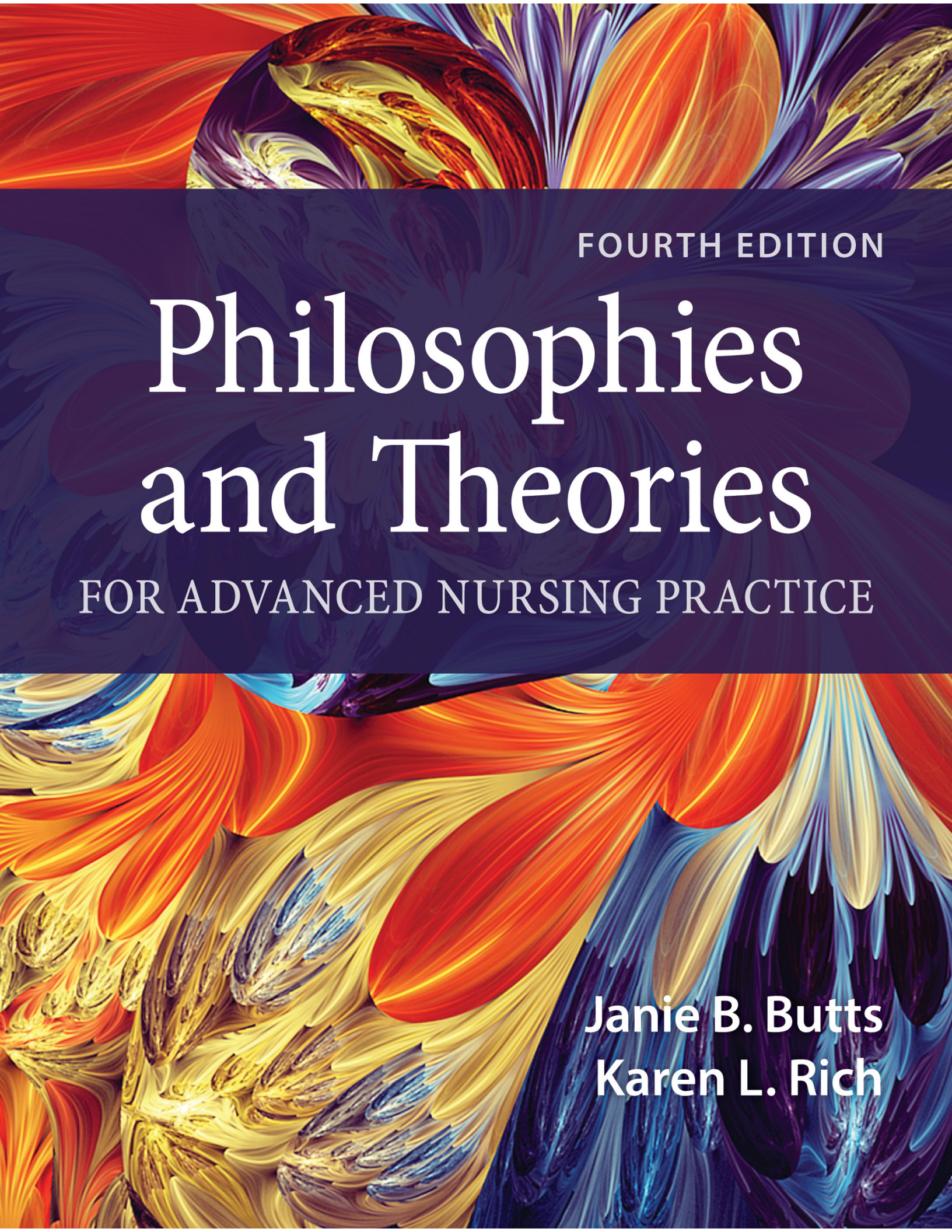
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Philosophies and Theories
FOR ADVANCED NURSING PRACTICE
Janie B. Butts
Karen L. Rich

FOURTH EDITION

Philosophies and Theories FOR ADVANCED NURSING PRACTICE

FOURTH EDITION

Philosophies and Theories FOR ADVANCED NURSING PRACTICE

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Preface

Philosophies and Theories for Advanced Nursing Practice, *Fourth Edition*, edited by Janie B. Butts and Karen L. Rich, is an essential resource for advanced practice nurses and for students in graduate programs, including DNP, PhD, and master's-level programs. Philosophies and theories provide a route or orientation to arrive at one's desired goal or outcome. Favored philosophies and theories guide nurses both personally and professionally, probably more than they realize. Philosophies and theories are not esoteric conjectures; they are meaningful guideposts integral to everyday life.

Arrangement of the Book

The book consists of 26 chapters presented in the following 5 parts:

- Part I: Foundations of Nursing Science
- Part II: The Structure and Function of Theory
- Part III: Interdisciplinary Philosophies and Theories
- Part IV: Select Nursing Models and Theories
- Part V: Tools for Integrating and Disseminating Knowledge in Advanced Nursology Practice

The chapters in Parts I and II provide a conceptual foundation, exploring the philosophy of science, the development of nursing knowledge, and the application of theory to nursing. Advanced practice nurses and nursing students can use Parts I and II as preparation for the information in Part V, which covers theory evaluation, testing, and integrating, translating, and disseminating evidence-based findings from research to practice.

Part III focuses on a selection of interdisciplinary philosophies and theories relevant to advanced practice. Part IV presents select conceptual models, grand theories, and middle-range theories of nursing. Conceptual nursing models and grand nursing theories both bring advanced practice nurses a certain reality of conceptual arrangements, theoretical variables, and propositions used for deriving middle-range theory. Middle-range nursing theories derived from conceptual models and grand theories of nursing translate theory and research findings directly into practice.

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We would like to thank the Jones & Bartlett Learning staff, editors, and administrators for their diligent work and support. We also thank our colleagues who enthusiastically shared their expertise with us. The authors who contributed to this text are distinguished nursing and interdisciplinary scholars with expertise in theory. Without their contributions, we could not have completed this book. For these reasons, we extend to them a big thank-you!

Janie B. Butts and Karen L. Rich

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Janie B. Butts, PhD, RN, is a professor emeritus at the University of Southern Mississippi, College of Nursing in Hattiesburg, Mississippi, and taught classroom and online nursing courses at the doctoral, master's, and baccalaureate levels. Courses included - ethics, advanced theory, advanced practice issues, professional development, research, and professional nursing practice. From 2008 to 2015, Dr. Butts served as a consultant editor for *Nursing Ethics* journal, an international journal with headquarters in England. Specific research interests include death and dying ethical issues. Dr. Butts's journal articles and book chapters include topics on ethics, her research, theory, education, professional issues, and home care ethics, and, before her retirement, she reviewed for top nursing journals and book publishers. Dr. Butts's doctoral degree, with an emphasis in nursing education and nursing science, is from the University of Alabama, Birmingham, and her master's degree, with an emphasis in adult health nursing and nursing management,

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es, Research, Projects, and Practice

The following table includes philosophies, theories, and models and a few suggested applications for research, DNP projects, and practice. Nursing theories, which have more obvious applications, are not included.

Readers are invited to consider the uses provided and expand the table with their own ideas!

Philosophy, Theory, Model*	Research, Project, and Practice Examples
*It is recommended that nurses identify and use original and foundational works by authors, philosophers, and theorists when using the philosophies, theories, and models listed below. It is ideal to use primary sources in scholarly work.	
Affective Events Theory	Focuses on affective (emotional) experiences in the workplace Uses: Influences of affective events on job satisfaction in the workplace

Philosophy, Theory, Model*	Research, Project, and Practice Examples
	Mobbing (workplace bullying) and other affective influences on nurses' job satisfaction and job retention
(Implicit) Bias in Healthcare Model	Hidden stereotypes and attitudes that affect differences and disparities in healthcare delivery Uses: Identifying or addressing gender, race, or age-related differences in care Scholarly endeavors aimed at uncovering biases among healthcare professionals
Communitarianism	A philosophy supporting a group's emphasis on working toward a common good versus working toward individualistic aims Use/Questions: Will people wear masks to protect other people during a pandemic because of their interest in the common good versus not wearing masks because they value their autonomy as being more important? Should nurses risk their own health to work when not adequately protected with personal protective equipment (PPE) during a pandemic? What are nurses' attitudes about this issue? Research focused on bullying behaviors Projects and white papers focused on health insurance programs
Complexity Science	Explains simple behavioral rules involved in generating complex behavior Uses: Focusing on concepts such as adaptive responses and bifurcation points as these bifurcation points relate to critical decision making

Philosophy, Theory, Model*	Research, Project, and Practice Examples
	Organizational Focus: Influencing factors impacting outcomes, human relationships, systems (unit) relationships and/or functioning, and transition of care points **Leadership Focus**: Considering factors that impact outcomes or human relationships
Consequentialism; Utilitarianism	A popular ethical theory in public health In its simplest application, utilitarianism focuses on doing the greatest good for the greatest number The consequences of actions are important Uses: Limitations of autonomy to maximize positive outcomes for populations Health insurance systems aimed at providing the greatest good for the greatest number of people but such systems might monetarily impact the richest people in a population Note, there are more specific applications that can be considered, such as rule or act utilitarianism
Critical Theory and Emancipatory Knowing	Focuses on power differentials among people Uses/Areas for focus: Marginalization of aggregates and populations Oppression of aggregates and populations Racism attitudes and practices Practices and elimination of misogyny Norms in nursing, populations, or healthcare systems Cultural influences Critical approaches to practice, caregiving, and emancipatory work with individuals and populations Politics and policy

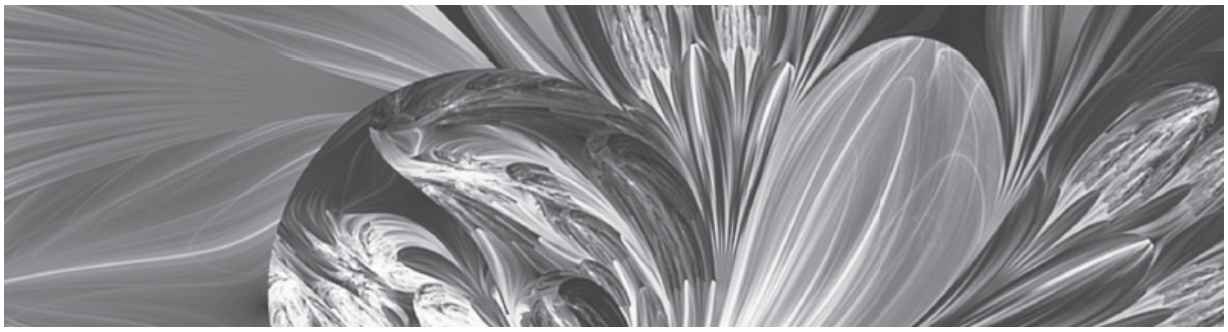
Philosophy, Theory, Model*	Research, Project, and Practice Examples
	Dialectic analysis Reflexivity in nursing practice Advocacy for patients or populations “Ways of Knowing” in nursing Interprofessional collaboration Upstream approaches Health literacy May use with community-based participatory research
Delay Discounting Mischel’s Marshmallow Theory	The ability to delay gratification for a greater or better reward or outcome Uses: Nurses’ choices to take shortcuts in practice Students’ choices to cheat on exams
Deontology	A theory or approach to ethics grounded in duty rather than consequences Uses/Questions: When and how much do nurses behave based on duty versus character (virtue)? Which do nurses value more, duty or virtue? Issues of autonomy Are “white lies” ever ethical? Duty to tell the truth versus telling compassionate untruths
Ecological Models	Studies or projects involving determinants of health Uses: Issues bearing on the health of populations in regard to factors such as disparities, access to care, socioeconomic status, and behavior
Economic Theories	Studies or projects focused on allocation of scarce resources Uses: Supply and demand issues Cost-benefit analysis

Philosophy, Theory, Model*	Research, Project, and Practice Examples
	Health policy
Feminist and Feminine Ethics	Care-focused and power-focused philosophies concerned with women's interests and traditional feminine characteristics Critiques of feminism and feminist philosophy Uses/Questions: Gender-related moral reasoning Gender issues in nursing education Experiences of "mothering persons" (both women and men) Power as it affects women (political, economic, and/or social forces) Stereotypes as they are applied to and affect women Experiences of female "care workers" "Labors of love" in caregiving Consciousness-raising practice and conversations "Distortions of caring" (being economically, socially, or psychologically coerced to care) Asking, "Do nurses focus too much on self-sacrifice rather than on self-development?"
Gestalt Theory	Studies or projects focused on sensory perception, attention, and unique ways of organizing information and experiences Uses: Differences of perception among different persons, groups, or cultures, such as perceptions of illness Configuration of information Selective attention choices
Health Belief Model	Motivation for accessing health care Behavior change strategies Uses/Questions:

Philosophy, Theory, Model*	Research, Project, and Practice Examples
	A person's decision to wear a mask or not wear a mask during a pandemic Will particular aggregates or populations take advantage of access to vaccines or recommended screenings? What is an aggregate's or population's motivation for accessing health care?
Incentive Theory	Extrinsic motivation for behavior; reward seeking behavior and/or behavior to avoid negative consequences Uses: Providing a reward as an incentive to move people to complete a particular action; for example, providing a chance in a lottery if a person receives the COVID vaccine Entering research respondents' names into a draw for a gift certificate Studies about how teachers' positive recognition and accolades affect students' behavior
Information-Processing Theory	Processing information rather than merely responding to cognitive input Uses: Pedagogical and andragogical approaches with nursing students and patients
Intergenerational Effects Models	A person's or a population's history perpetuating and predicting the impacts of adversity across generations Uses: Cycles of poverty Cycles of health disparities Impacts of domestic abuse
Justice (Theories of)	Studies or projects focused on fairness and distribution of benefits and burdens Uses/Questions:

Philosophy, Theory, Model*	Research, Project, and Practice Examples
	Health policy Access to health care Health disparities Who should receive scarce resources? How is this determined?
Organizational Theories	Issues of leading and managing organizations Uses: Influences of an organization's culture on workers Analyzing organizational dynamics and impacts Managing organizational change—programs, implementation, effects, and impacts
Re-Engineered Discharge (RED)	A model developed at Boston University Medical Center with over $7.5 million of federal funding RED is a model outlining a high-quality patient discharge process for hospitals This model is an example of one that is specific to a phenomenon of interest. Often, nurses can find relevant models or theories specific to their area of interest Uses: Reducing hospital readmissions Quality-improvement projects Impacts of discharge planning efforts
Social Constructionism, Social Constructivism, and Social Cognition Theories	Focused on knowledge being socially constructed Uses: Molding of shared realities Giving organization and meaning to learning Attending to information based on social factors such as gender, class, ethnicity, religion, and group memberships

Philosophy, Theory, Model*	Research, Project, and Practice Examples
Social Learning Theory	Role modeling Uses: Self-efficacy Behavior based on imitation of others Factors influencing behavior
Transitional Care Model	Preventing health complications and hospital readmissions by providing high-quality patient care at transition points Uses: Quality-improvement projects—improving practice at transition points Home follow-up programs Prevention of rehospitalizations Outcomes of nonprofessional healthcare posthospital discharge Transitional care program outcomes
Triple Risk Hypothesis Theory	This theory is an example of one that is very specific to a phenomenon of interest The theory is used to guide investigations focusing on sudden infant death syndrome (SIDS) and also can be used to investigate sudden unexpected postnatal collapse (SUPC) Uses as described above

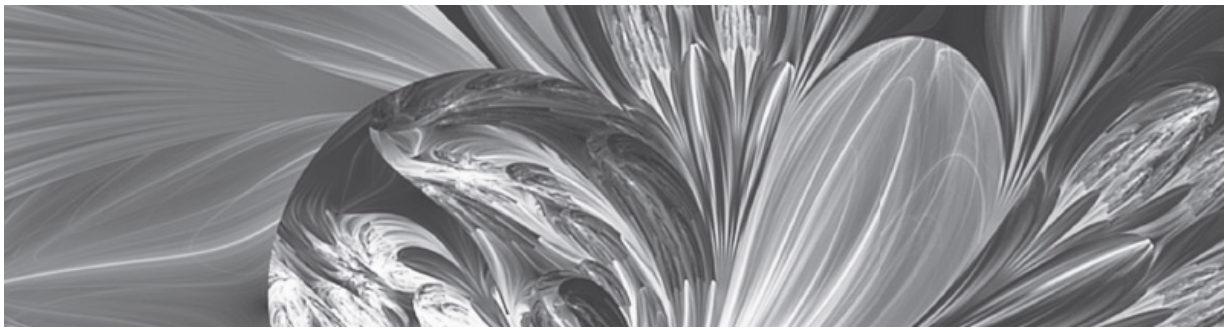


PART I
Foundations of Nursing Science

CHAPTER 1 Philosophy of Science: An Introduction and a Grounding for Your Practice

CHAPTER 2 The Evolution of Nursing Science

CHAPTER 3 The Essentials of the Doctor of Nursing Practice: A Philosophical Perspective



CHAPTER 1

Philosophy of Science: An Introduction and a Grounding for Your Practice

E. Carol Polifroni

Introduction

Much has changed since this chapter was written for the first edition of this book. Scholars are discussing theory in ways and forums that we have not witnessed since the initiation of grand theories in nursing back in the 1960s. Yet philosophy discussions have not increased. Even in a world where the question of health is a right or a privilege remains, or whether the coronavirus is highly communicable or not, or what Black Lives Matter really means, philosophy is not being addressed. This is a travesty—one that will limit our ability to grapple with problems and create solutions for them.

We need to embrace philosophy as a part of everyday discourse, as a means to explore the perplexing challenges of society and of human behavior, and as a helpful guide to understanding ourselves and what we believe. Philosophy should not be reserved for academics or students of philosophy; it is part of who we are as human beings and why we do what we do and if and when we do it.

My goal in this chapter is to introduce you to philosophy with regard to science. I view nursing to be a science, so my words are written from that perspective. I believe that the nurse at the point of care is a scientist as they practice their profession wherever they may be—whether in the boardroom, at the bedside, in the home, or in a camp. I also appreciate through dialogue with doctoral students that *science* may be too limiting a word for nursing, but it is all we have right now. Some suggest that we should replace *nursing* with *nursology*, but for me, we need a change in our mindset of what nursing really is before we use a new name. Too many nurses today define nursing as a list of tasks, of things they do, rather than as a profession and discipline wherein all ways of knowing are used and incorporated into their *praxis.*

Philosophy of science (of nursing) is a perspective—a lens, a way that you see the world, and, in the case of advanced practice nurses

(APNs), the viewpoint that governs nurses' behavior in every encounter with a patient, family, or group. A person's philosophy of science creates the frame on a picture—a message that becomes a paradigm and a point of reference. Each individual's philosophy of science will permit some things to be seen and block others. It allows people to be open to some thoughts and potentially closes them off to others. A philosophy will deem some ideas correct, others inconsistent, and still others simply wrong. While philosophy of science is not meant to be viewed as a black-or-white proposition, it does provide perspectives that include some ideas and thoughts; therefore, it must unavoidably exclude others. The key is to ensure that the ideas and thoughts within a given philosophy remain consistent with one another rather than being in opposition.

Discussions of science, philosophy, and the philosophy of science can fill entire books. This chapter introduces readers to these topics. It is constructed in the form of a landscape and is designed to launch inquiry in myriad ways. The purpose is to encourage you, as a nurse, to think in ways that you may not yet have discovered, and to examine your assumptions and actions in your role as an APN. If you leave this chapter without questioning your assumptions, I, the author, have not done my job! One must appreciate the personal assumptions used in everyday professional life. Nurses, for example, must question their assumptions and reaffirm (appreciate and understand) what they believe.

Science

Before the concept of a philosophy of science is examined in greater depth and particular philosophies of science are specifically explored, it is important to begin by developing an appreciation of the meaning of the terms *science* and *philosophy*. *Science,* which comes from the Latin word *scientia*, meaning "knowledge," traditionally refers both to processes and to the outcomes of processes, such as general laws and observations. *General laws* are the laws of nature that guide physical life, such as the laws of gravity, energy, and motion. Generators of science use these laws in a systematic way to create a body of knowledge about a specific topic. The culmination of using the scientific method (the systematic process) provides a set of data (i.e., evidence) supported by propositions about an area of study (Boyd et al., 1991).

Natural (Hard/Physical) Sciences

As an outcome, science is a body of knowledge. Physics, mathematics, and chemistry are three examples of scientific disciplines composed of unique bodies of knowledge. These sciences are often classified as *natural sciences* because they employ the general laws of nature and begin with the physical notion of the world. These natural sciences (which are also sometimes referred to as the *physical sciences*) are also known as *pure sciences*. The word *pure,* in this context, means a unique, definitive body of knowledge. A pure science is independent of others; it is able to stand alone, and it may be developed and furthered for the abstract cause of the knowledge itself. Pure science is not pursued for its utility or value or application per se.

Natural and pure sciences are based on the assumption that reality is objective rather than subjective. As a result of this objectivity, natural science is consistent; in other words, it is reproducible and reliable. Natural science further encompasses the

assumption that human beings have the capacity to be accurate and consistent in their objectivity.

Natural scientists believe that explanations (obtained using the method described later in this chapter) exist within the natural or real world. As a consequence, explanations are reasonable, constant and consistent, accurate, objective, discoverable, and understandable. Owing to its basis in objectivity, natural science is predicated on the belief that there is an external world structure, independent of self, that is grounded in reliability.

Natural physical sciences are referred to as *hard sciences*. In recent years, quantum physicists have begun to integrate the role of the observer into their discipline, which is still categorized as a hard science. This conundrum will be addressed during the discussion of complexity science later in this chapter.

Examples of the physical sciences in health care include the biophysical and biochemical processes related to diabetes, cardiovascular disease, and cancer. Using the physical sciences in health care involves assuming a disease focus rather than a person focus. The science is about diagnosis, treatment, and outcomes of treatment. It is about side effects, and it is about pathology. The concentration is on objectivity, consistent application, and the creation of algorithms of predictability.

Applied (Soft) Sciences

Sociology, psychology, and anthropology are three examples of applied sciences. *Applied sciences* have their own unique body of knowledge, albeit a different one than is found in the natural sciences category. They are known as *applied sciences* because the focus is on the application of related knowledge, usually to meet a particular human need, not to generate knowledge for the sake of knowledge. In addition, the word *applied* is used to convey the understanding that, in the development of their own knowledge, applied scientists use knowledge from the pure sciences. Sociologists, who study people and behavior, rely on and use the natural sciences and their inherent assumptions to further their work.

Thus, sociology is an applied science. Mathematicians and physicists do not use psychology or sociology to add knowledge to their scientific disciplines because mathematics and physics are pure sciences, whereas psychology and sociology are applied sciences.

Although applied scientists use what they deem accurate and appropriate from the natural sciences, they do not subscribe to the rigid belief of objectivity and reliability. In applied science, the focus is on human beings and the utility of the science to them and for them. Consequently, objectivity, observation, and reproducibility are diminished or perhaps not present at all. Therefore, the applied sciences are sometimes referred to as *soft sciences*.

Inherent in the distinction between hard and soft sciences are certain assumptions and beliefs. Hard scientists assume objectivity, whereas soft scientists do not. Hard scientists operate from a belief in an external world structure independent of self, whereas soft scientists do not. The hard sciences are grounded in a worldview based on reliability and consistency, in contrast with the soft sciences, which allow for individuality and originality. These distinctions are not minor semantics, but rather indicators of major differences in philosophy and perspective.

Examples of using the soft applied sciences in health care can be found in social work, the work of a psychotherapist, and the examination of healthcare disparities between people of color, the wealthy, and fragile elders. Some state practice acts define nursing as specialized knowledge integrating both the physical and social sciences. In these instances, the acts combine the concepts of hard, soft, pure, and applied sciences.

Human Science

In addition to the categories of science discussed previously, human science is an important type of science. Few scholars would choose to classify human science as either hard or soft, but rather might prefer to classify it as something totally different. *Human science* is not a new term. It was introduced by Wilhelm Dilthey in the late 1800s (Ermarth, 1978). As a German philosopher, Dilthey was

perplexed by the concepts of objectivity and value-free science, which left the person out of the process. He expressed concern about a science and a subsequent knowledge base that did not include the everyday, lived reality of individuals. Along the way, he created the discipline of human science, which captures human beings and their experiences as the source for knowledge.

With this understanding of human science, the scientist becomes as much a part of the experience as does the participant. This view is in direct opposition to the neutral or value-free experience of the physical scientist, whose life is irrelevant to their work. Thus, the nature and focus of the science and the process and role of the scientist are different when the subject area is viewed as a human science. In the physical sciences, the scientist and the subject are not one. In the applied sciences, the science and the scientist are not necessarily one. In contrast, in human science, they are one; they cannot be separated from each other.

Is nursing a human science? Is the work of the APN inextricably interwoven with the population being served? When nurses speak of patients and families, is this a function of a human science view, or of something else? For nursing to be a human science, nurses must recognize themselves as scientists. The work that they do to provide care to individuals, families, and communities may be viewed through a lens of science that is simultaneously physical (hard), applied (soft), and human. Further, when the nurse looks through the lens of incorporating natural, applied and human sciences, they are embracing all ways of knowing: empirics, ethics, aesthetics, personal, and emancipatory (Chinn & Kramer, 2018).

Scientific Method for the Physical Sciences (Traditional)

As an approach or a method, traditional physical science uses a process of linear steps to solve a problem. Most nurses are familiar with the term *scientific method*, but few appreciate the assumptions inherent within the method itself. An *assumption* is a notion, proposition, or fact that one takes for granted as true and right. The scientific method is based on the assumptions that observation is universal, laws of nature guide every action, and the outcome of an experiment will be useful in predicting, and therefore controlling, the object of the experiment. Being *universal*, as the term is used in relation to the scientific method and science, means that all essences are the same and that individuality does not apply. The laws of nature are those that are connected to the physical world structure independent of human consciousness, such as the laws of thermodynamics and gravity. Control through prediction is the ultimate aim of the scientific method. Control occurs through the accurate and reproducible prediction of events.

The scientific method is more than a linear process to conduct an experiment. Although hard scientists would say that it is value neutral, the scientific method is an interwoven and value-laden approach to solving a problem. Objectivity is a key factor that is used to define and validate the scientific method, and yet what the scientist considers to be part of the process is a value-laden decision, regardless of whether objectivity is used later. Arguments about science being value neutral versus value-laden color the aims of the two categories of science: pure and applied.

Aim of Science

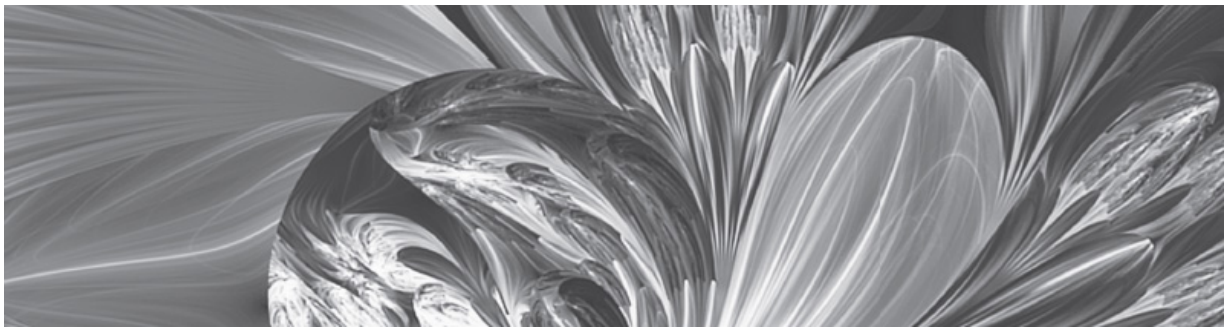
The pure, hard sciences have a single aim: knowledge development for the sake of knowledge development and the search for truth. To the hard scientist, a single truth exists that can be discovered once human beings have the physical capacity to make the necessary discovery. This “single truth” approach is based on a belief that an objective world exists, independent of human consciousness. Traditional science aims to describe and explain this external world structure. Another aim of the physical, pure sciences is to control phenomena through an empirical approach to scientific inquiry. Control is achieved as a result of the accurate prediction of universal descriptions of outcomes. When it is known, the world can be controlled.

The aim of the applied sciences, by comparison, is the application of knowledge for a specific purpose, thereby yielding utility. Applied science is not focused on generating knowledge for the sake of having knowledge, but rather for the development of applications that can better a situation, improve a process, or change the way in which situations are viewed.

In human science, the aims focus on individuals, families, and communities. The goals of human science may be to improve quality of life, ensure dignified beginnings and ends to life, uncover meaning in everyday life, and highlight the roles of individuals within this examination. The main aim of human science may be simply stated as *to know and understand what works for people to maximize their ability to be fully functioning individuals, families, and communities at whatever level they are able to function*.

Scientific Methods in Human Science

Human science requires different methods. While the scientific method may be applied in the abstract, the end for the human scientist is greater than the sum of the parts. Thus, varied methods are needed. In human science, the scientists and the subject (content area) being studied are treated as parts of the same whole. Therefore, the methods used can be neither linear nor constant. Instead, the methods need to be dynamic, while still meeting the same expectation of rigor found in the hard sciences. Rigor—a notion usually associated with randomized control studies, reliability, and validity in the hard sciences—is not the goal in human science. Rather, contextual consistency, purposive sampling within the population experiencing the essence to be described, validity of questions, a detailed audit trail of data collection and data analysis, and a return to the participants for validation of the message sent and received are emphasized.



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