

## CHAPTER 3

# The Development of Nursing Theories

## The Nurse Theorists

Most nurse theorists did not set out to create a nursing theory. Most began constructing a theory as a way to improve the care delivered to clients, whether through direct clinical practice or through the education of nurses. The theorists were risk takers with lifelong commitments to the nursing profession. They viewed nursing as a career rather than as an alternative to marriage, which was the view of many nurses during the 1940s, 1950s, and 1960s. These theorists had broad, well-rounded educational backgrounds and a variety of interests. They were inquisitive, bold, and unafraid to question or challenge the status quo. The demands of their professional lives were great, and their home lives suffered, causing one nursing leader to remark that the early great leaders needed a “wife” to assist them or manage the personal dimension of their lives (R. Schlotfeldt, personal communication with Lisa Eichelberger, 1982). Most of the early theorists made professional choices that affected their personal lives, and most never married or had children. Interestingly, two major universities were responsible for educating most of the early nurse theorists: Peplau, Henderson, Hall, Abdellah, Orlando, Wiedenbach, King, and Rogers all graduated from either Columbia University’s Teachers College in New York or Yale University in New Haven, Connecticut.

## Why Theories Were Developed

Theory development was an integral part of modern nursing, as evidenced by Nightingale's *Notes on Nursing: What It Is and What It Is Not*, published in 1859. This small book was the first of its kind to theoretically describe the nature of nursing. Research was also an integral part of modern nursing, as evidenced by Nightingale's extensive research projects and publications related to examining the economics and efficacy of army hospitals. Unfortunately, Nightingale's examples of theory development and research were not carried forth. It would be nearly 100 years before nursing theory and research were again considered essential for nurses.

It was not until the 1950s that nurse scholars started to develop *nursing* theories. This occurred during a time when professional thought in nursing was moving toward conceptualizing nursing as a profession based on science rather than as a trade-based apprenticeship. Also at this time, nursing education was in transition, with the education and training of nurses moving into college-level educational institutions and out of hospital-based training schools (Kalisch & Kalisch, 1995).

In the 1960s, the first doctoral programs in nursing were established (Chinn & Kramer, 1999). Prior to the 1960s most nurses who wished to pursue a doctorate did so in related fields such as sociology, education, psychology, and anthropology and then adapted theories from those fields for use in nursing. This approach was initially helpful; however, it became apparent that nursing was unique and contained many aspects not addressed in theories from other disciplines. Other disciplines from which nursing theories were adapted were not immersed in the *actual, real-life particulars* of embodiment; that is, professionally managing the specifics of humans in various states of well-being. For instance, nurses often assess a client's mental, social, and spiritual well-being while at the same time giving a bed bath, evaluating skin integrity, assessing the stage of healing of a surgical wound, and observing for patency of a urinary bladder catheter. Psychologists, sociologists, and anthropologists would generally *not* be expected to provide intimate physical assessment and care while evaluating the psychological and social concerns of an individual or group of individuals. Because of this difference, theories from other related disciplines were (and are) applicable to nursing only in a limited sense. Nursing leaders began to understand that if nursing was to develop its own

body of knowledge, the creation of *nursing* theory was essential, and doctoral level *nursing* education and research were critical (Wilde, 1999).

## Why the Theorists Created Theories

When the biographies and works of the individual theorists are examined, it becomes apparent that the impetus for developing a theory, model, or framework was two primary reasons: to further nursing as a scholarly profession and to organize and improve the delivery of nursing care. Almost without exception, the nurse theorists created their theories, at least in part, as a result of their direct experiences in practice and their desire to improve practice, whether clinical or classroom based. Imogene King (General Systems Framework) and Martha Rogers (Science of Unitary Human Beings) stated specifically that they developed a conceptual framework/theory because of their concern over the lack of nursing knowledge. These two theorists believed that this knowledge was essential to the development of nursing as a science. Other reasons for theory development given by early theorists were that theories could be tools to provide structure for the improvement of clinical practice, teaching nursing students effectively, or organizing a nursing curriculum.

## How Theorists Created Theories

The development of nursing theory started with Nightingale and her astute and mindful observations of actual nursing practice environments. The idea that nursing theory comes from practice is consistent with Dickoff and James's classic theory development article (1968) that says theory about a practice discipline must come from actual practice experience. Discovery of knowledge, concepts, and relationships among and between concepts about the discipline occurs when practitioners are immersed in practice. It is through reflective thinking that practitioners are able to gain insight into the patterns that may exist in the practice arena (Johns, 1994).

Creating a theory is like constructing a complex puzzle (Van Sell & Kalofissudis, 2003). The nurse theorists relate very similar stories as to how they approached theory development. They reflected upon personal and professional experiences to make sense of worldviews and then put

together the pieces of the puzzle with the goal of coherent description and explanation.

The nurse theorists used reflection to gain understanding and to glean new knowledge from practice experience. Reflection is an intentional undertaking that requires time and commitment. The purpose of reflection is to allow practitioners to examine clinical anecdotes and resolve contradictions between what the nurse desires to achieve and what is experienced in actual practice, with the goal to achieve more effective outcomes (Johns, 1994). Reflection was described by many of the nurse theorists as one way to generate nursing theory. However, frustration, confusion, the need for organization of content, and the need for a way to communicate outcomes to others also proved helpful in stimulating theory development (Fitne, Inc., 1987–1989).

Theorists wanted to improve the nursing profession and also improve daily clinical nursing care. Reflective practice allowed them to learn and draw conclusions through lived experiences. Nurse theorists sought ways to represent the realities and relationships found within nursing practice. Theories were developed to enhance practice either directly, by stimulating practice-based thinking through reflection, or indirectly, through further development of theory (Ingram, 1991). Said another way, the theorists observed a phenomenon in practice, reflected on it over time, compared it to what was known, and determined goodness of fit and usefulness. Then the phenomenon was named, classified, and categorized, and relationships/interrelationships were described (Peden, 1998).

An example of practice-based theory development can be found in the work of Peplau and her use of participant observation with depressed women (Peplau, 1989). Peplau's work was the earliest published work (1952) after Nightingale. Peplau used several methods of observation, such as interviews, spectator observation, and random observation. She recorded her observations of the nurses and patients, classified and categorized the data, assigned meaning at different levels of abstraction within the phenomenon, and interpreted the observations in the context of the phenomenon. Patterns emerged throughout this process, and Peplau was able to develop interventions from the patterns that helped the patient gain interpersonal competencies during illness (Peden, 1998). It was through this process that Peplau developed her model *Interpersonal Relations in Nursing*.

# Testing of Theory

Theory, practice, and research are interrelated and interdependent. Theory, once conceptualized, must be tested. While theories were being developed in the 1950s and 1960s, doctoral programs in nursing were being established and master's programs were becoming entrenched. Research programs were established, and nurses began to conduct nursing research. Columbia University's Teachers College primarily used a biomedical model for its research focus in the 1950s and concentrated on the roles of nurses. In the 1960s, Yale School of Nursing's research focus was on nursing as a process (George, 2002).

During the subsequent decades, the number and quality of nursing research efforts grew significantly, and the emergence of nursing as a science began. However, there was debate over the methodology being used to study nursing concepts. Since the 1920s, the academic community has primarily used the scientific method of discovery, also known as Logical Positivism, which is based on the assumption that objective truth could be discovered through rigorous observation and experimentation. According to Logical Positivism, a statement or theory is meaningful and adds to knowledge through objective verification: measuring, observing, and quantifying for the purpose of generalizing (Ayers, 1990).

During the late twentieth century, much debate occurred between the social, philosophical, educational, spiritual, and scientific disciplines, and many academic scholars started to view science, theory building, and the generation of knowledge as more of a process rather than as a way to create a "solution" or "discover the truth." The idea of flexibility with regard to the generation of knowledge and theory development started gaining acceptance, and the process of theory development in more recent times has begun to encompass phenomena that cannot be concretely measured and quantified using methods based on the tenets of Logical Positivism (Allmark, 2003). Given the fact that nursing deals with human beings and controlled experimentation is very often impossible, many nurse researchers use qualitative research methods. These qualitative methods, along with alternative approaches, often referred to as "postmodern" methods (Crotty, 1998), are sometimes not fully embraced in the scientific community. Some nurses find these postmodern approaches liberating; others (who still accept Logical Positivism and scientific method as the "gold standard" for knowledge development) are skeptical of these new approaches.

It is normal for individuals to develop opinions that favor one method of theory development and inquiry over another. The kind or type of research one chooses should depend on the questions to be answered rather than on the method of inquiry deemed “acceptable” in most academic circles. Some important questions associated with nursing phenomena that cannot be answered using a controlled, experimental approach lend themselves well to exploration through postmodern methods. An example of such a question might be “What is the experience of parenting a chronically ill child?” Other important nursing questions can be answered only through strict scientific methods of inquiry. An example of this type of question might be “Do axillary temperature measurements in newborns accurately reflect core body temperature?” Approaches spanning Logical Positivism to postmodern methods are essential because of the need for varied tools to use in describing the manifold aspects of nursing practice. All methods contribute to the development of nursing knowledge.

## Theory Utilization in Knowledge Development

Nursing theories facilitate the process of describing, explaining, and predicting relevant phenomena, and they support a wide range of research-related endeavors. The best way to truly understand the usefulness of nursing theories is to explore the work of nurses who have utilized them in research studies and other knowledge development activities. The classic, well-established nursing theories presented in this book have formed the theoretical scaffolding upon which many scholarly endeavors have been built and carried out. At the end of each theorist chapter, under the heading “Theory in Action,” examples of published knowledge development related to that specific theory are presented.

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