

A Comprehensive Review of the Evolution and Theories of Nursing

Nemia G. Florano, RN

Faculty, College of Nursing and Allied Health Sciences,
University of eastern Philippines, Catarman, Northern Samar

The History of Nursing Theory

The history of professional nursing began with Florence Nightingale. It was Nightingale who envisioned nurses as a body of educated women at a time when women were neither educated nor employed in public service. Her vision and establishment of a school of nursing at St. Thomas Hospital in London marked the birth of **Modern Nursing**.

Her pioneer activities in nursing practice and her subsequent writings about nursing served as guide for establishing nursing schools in the US at the beginning of the 20th century.

In the mid-1800s, Nightingale wrote that nursing knowledge is distinct from medical knowledge. She describes a nurse's proper function as putting the patient in the best condition for nature (God) to act upon him or her. She proposed that care of the sick is based on knowledge of persons and their surroundings – a different knowledge base than used by physician in their practice.

1. Significance for the Discipline and Professionalism

Nightingale's vision of nursing has been practiced for more than a century, and theory development in nursing has evolved rapidly over the past 5 decades, leading to the recognition of nursing as an academic discipline with substantive body of knowledge (Alligood, 2006a).

Nursing Theoretical works represents the most comprehensive ideas and systematic knowledge about nursing; therefore theory is vital to both discipline and the profession. **Discipline** is specific to academia and a branch of education, a department of learning or field of knowledge. **Profession** refers to specialized field of practice, which is founded upon the theoretical structure of the science or knowledge of that discipline and that accompanying practice abilities.

Significance of Theory for Nursing as a Discipline

Fawcett's conceptualization of metaparadigm of nursing and unifying conceptual-theoretical structure of knowledge recognize works of major nursing theorist as conceptual framework and paradigms of nursing.

Major Significance:

1. The **DISCIPLINE** is dependent upon theory:
 - a. Theoretical works have taken nursing into a higher level.
 - b. The emphasis has shifted from a focus on knowledge about how nurses function, which concentrated on the nursing process, to focus on what nurses know and how they use knowledge to guide their thinking and decision making while concentrating on the patient.

Significance of Theory for Nursing as Profession

Clearly, nursing is recognize as a profession today. Bixler and Bixler published a set of criteria tailored to nursing in

the American Journal of Nursing in 1959. They stated that **a profession**:

- a. Utilizes in its practice a well-defined and well-organized body of specialized knowledge that is on the intellectual level of the higher learning.
- b. Constantly enlarges the body of knowledge it uses and improves its techniques of education and service by the use of the scientific method.
- c. Entrusts the education of its practitioners to institution of higher education.
- d. Applies its body of knowledge in practical services that are vital to human and social welfare.
- e. Functions autonomously in the formulation of professional policy and in the control of professional activity thereby.
- f. Attracts individuals of intellect and personal qualities who exalt service above personal gain and who recognizes their chosen occupation as a life work.
- g. Strives to compensate its practitioners by providing freedom of action, opportunity for continuous professional growth and economic security.

These criteria have historical value because they provide an understanding of the developmental path the nursing followed. **Nursing Theory** is usually a tool for reasoning, critical thinking, and decision making in nursing practice. It provides more direction for nursing practice. **Nursing theoretical works** provide a perspective of the patient.

2. History and Philosophy of Science

Development Process of Theory of Nursing:

There are two (2) competing philosophical foundations of science has evolved in the era of modern science:

1. Rationalism

A philosophical position that the only source of knowledge employs treatments based on reasoning or general principles. It emphasizes the importance of priori reasoning as the appropriate method of advancing knowledge. Scientist approaches the task of scientific inquiry by developing systematic explanation (theory) of a given phenomenon.

This conceptual treatment is analyzed by addressing the logical structure of the theory and the logical reasoning involved in its development. Example: Einstein "imaginative Framework" – made extensive use of mathematical equations

2. Empiricism

A philosophical position that the only source of knowledge is sensory information. This is vital in applying nursing theory to patient care (i. e. seeing, feeling, hearing facts). This linking process is called "empirical relevance" and refers to the correspondence between a particular concept (theory) and objective empirical data (observed characteristics)."

Empiricism is a bridge linking nursing theory to nursing practice.

Early 20th Century Views of Science and Theory

Nursing began with a strong emphasis on practice, but throughout the century, nurses worked toward the development of nursing as a profession through successive periods recognized (Alligood, 2006a) as what has been viewed as four (4) **successive historical eras**:

1. Curriculum Era

>Addressed the question as what prospective nurses must study and learn to become a nurse

2. Research Era

>when more and more nurses sought degrees in higher education and arrived at a common understanding of the scientific age. Research was the path of the new knowledge.

3. Graduate Education Era

>Masters program (specialized education in nursing).

The Included in the curricula are nursing theory/conceptual nursing models that introduces students to early nursing theorists and their development process.

4. Theory Era

>there's a natural outgrowth of research era wherein there's an increase in understanding of research and knowledge development. Research without theory produced isolated information. Research and theory produced nursing science. Within the contemporary phase, there is an emphasis on theory use in Theory-based nursing practice and continued theory development.

Emergent Views of Science and Theory in the late 20th century

There are four (4) Major Themes that emerged in present Theories of Nursing:

1. Human-Centered Theories of Nursing-

>An underlying assumption that nursing can be inferred and developed from a knowledge of human.

2. Human-Other Centered Theories of Nursing-

>Theories view the human as a component of system, rather than seeing him as a single person.

3. Nurse-Centered Theories of Nursing-

>Nursing viewed in terms of the nurse's role or through the tasks she performs.

4. Health-Centered Theories of Nursing-

>Nursing has been viewed in many different ways when health is the focus of the nursing theory.

A. Types of Theories:

General Purpose of a Theory

1. Specifies the context and situation in which the theory applies
2. May describe, predict, or prescribe activities for the phenomena of interest

Classified according to:

1. Level of Abstraction

>Grand Theories versus Middle-range Theories

2. Goals of the Theory

>Descriptive or Prescriptive Theory

B. Categories of Theory

1. Micro-Range (Practical Theories)

>Contain the least complex concepts

>Refer to specific, easily defined phenomena

Narrow in scope (they attempt to explain small aspect of reality)

>Primarily composed of *enumerative or associative concepts*

2. Middle-Range Theory

>Theories that have more limited scope, less abstraction and address specific phenomenon or concepts

>Reflects (administration, clinical or teaching)

>Cross different nursing fields

>Primarily composed of *relational concepts*

>Reflect a wide variety of nursing situations, such as uncertainty, incontinence, social support, quality life, and caring (Meleis, 1997). For example:

Mishel's Theory of Uncertainty in Illness (1988, 1990) focuses on the experience of clients with cancer while leaving with continual uncertainty.

The theory provides a basis for nurses to assist clients in appraising and adapting to uncertainty and the illness response.

Grand Theories

>Most complex and broader in scope

>Attempt to explain broad areas within a discipline

>Composed of *summative concepts* and incorporate numerous narrower range theories

>Broad in scope and complex, and require further specification through research before they can be fully tested (Chinn & Kramer, 1999)

>This is not intended to provide guidance for specific nursing interventions, but provide the structural framework for broad, abstract ideas about nursing (Fawcett, 1995)

3. Partial Theories

>Theories in the development stage

>Some concepts are necessary to explain a phenomenon have been identified between them, but the theory is ***not complete***.

>For example: theories derived from social sciences, including nursing, are probably exclusively partial theories (there are few, if any, phenomena that have been totally and completely explained).

Criterion of a Complete Theory:

1. Concepts and proposed relationship must be exhausted
2. Every thing or event comprising the phenomena is represented in a theory.

Goals of Theory

1. ***Descriptive Theories:*** first level of theory development

>describe phenomena

>Speculate on why phenomena occur

>Describe the consequence of the phenomena

>Have the ability to explain, relate, and in some situations predict nursing phenomena (Meleis, 1999).

>**Do not direct** specific nursing activities, but may help to explain client assessment

>For example:

1. Theories of Growth and development (describe the maturation process of children at various ages).

2. **Prescriptive Theories:**

>Address nursing interventions

>Predict the consequence of a specific nursing intervention

>For example:

1. Nursing Interventions (conditions under which the prescription should occur, and the consequences

Barbara Carper (1978) identified **Four (4) Fundamental Patterns of Knowing** that form the conceptual and syntactical structure of nursing knowledge. These patterns of nursing knowledge include:

1. **Personal Knowing** (Personal Knowledge/ Therapeutic Use of Self)

Refers to the knowledge we have of ourselves and what we have seen and experienced. This type of knowledge comes to us through the process of observation, reflection, and self-actualization. It is through the knowledge of ourselves that we are able to establish authentic, therapeutic relationships as it propels us towards wholeness and integrity (Chinn & Kramer, 2015).

2. **Empirical Knowing** (Nursing Science)

We gain empirical knowledge from research and objective facts. This knowledge is systematically organized into general laws and theories. One of the ways we employ this knowledge is through the use of evidence-based practice

(EBP). This is often referred to as the “science” of nursing. (Chinn & Kramer, 2015)

3. **Ethical Knowing** (Ethics in Nursing/Moral Knowledge)

Ethical knowing helps one develop own moral code; our sense of knowing what is right or wrong. For nurses, our personal ethics is based on our obligation to protect and respect human life.

Our deliberate personal actions are guided by ethical knowing the

“Code of Ethics for Nurses” (American Nurses Association, 2015) can guide us as we develop and refine our moral code.

4. **Aesthetic Knowing** (Nursing as an Art)

Aesthetic knowing makes nursing as an “art”. It takes all of the other ways of knowing and through it creates new understanding of the phenomenon. It is the “aha” moment that we uncovered something new.

SUMMARY

This module presents an introduction to nursing theory with a discussion of its history, significance, philosophy of science in the early and late 20th century. Professional development within each era was viewed from the perspective of historical eras. It was emphasized that the use of theory by nurses will increase the development of knowledge and improvement of quality nursing practice.

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