The Living Tree of Nursing Theories

Charlotte Tourville, RN, BSN, and Karen Ingalls, RN, MA

TOPIC. Three behavioral theories have been used to develop major nursing theories: interactive, systems, and developmental.

PURPOSE. To provide a symbolic image as a framework for nurses to visualize the multitude of nursing theories starting with the first nurse theorist, Florence Nightingale.

SOURCES. Published research articles, authors’ experience, educational classes and workshops.

CONCLUSIONS. The Living Tree helps organize various nursing theories so a nurse can apply the theories to practice.

Search terms: Nursing theory, theory-based nursing practice

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The Living Tree of Nursing Theories is a growing, interactive, and interdependent tree that has deep roots and historical value. As the nursing profession has developed, many different theories of nursing have been presented. The purpose of this article to present some of the leading theories or models.

A virtual tree provides a visual representation of major nursing theories. The roots of the tree are the four metaparadigms defined as person, environment, health, and nursing. Because Florence Nightingale has been credited as the first nurse theorist, she represents the trunk of the tree. The three branches of the tree represent a classification of a theory or model—interactive, systems, and developmental. From each branch, the nurse theorists are symbolized as the ever-growing and so important smaller boughs of the Living Tree. In nursing literature, the term model is often referred to as a theory. For the purpose of this article, the two terms will be used interchangeably and are defined as a concept that provides a framework for nursing practice. The controversy regarding what is defined as theory and as conceptual model has created a wide range of definitions by nurse theorists and nurse scholars. Several theories will be summarized here, but it will be up to nursing practice and research to further delineate nursing theory versus conceptual model.

Nurse theorists have used various definitions to develop and support their theoretical frameworks. Their worldview is based on their personal, socioeconomic, political, spiritual, and educational experiences. They have applied these factors in developing their own theories and definitions of terms and concepts to explain each theory.

Metaparadigms: Roots of the Tree

The four metaparadigms represented in the roots of the Living Tree are person, environment, health, and
nursing (Figure 1). While these are the most widely used and accepted metaparadigms in nursing, there is scholarly debate within nursing whether there are more acceptable terms or perspectives that would better represent nursing. Some nursing models clearly articulate the four metaparadigms, while others may be more obscure.

The metaparadigms represent a worldview of common concepts in nursing. These concepts are accepted within the profession, setting unique boundaries. According to Kim, "the functions of a metaparadigm are to summarize the intellectual and social missions of a discipline and place a boundary on the subject matter of that discipline" (Fawcett, 1996, p. 94).

**Person.** The person is the individual with whom the nurse is interacting in a therapeutic manner. The relationship may include more than one person. The nurse may interact with small groups, such as a family, or even larger groups, as in public health. In some settings this person who is the recipient of the care may be identified as a patient or client.

**Environment.** Environment encompasses any place where the therapeutic interaction occurs. The environment is not exclusive to the hospital setting. It may be freestanding clinics, nursing homes, schools, corporations, or homes.

**Health.** Traditionally, health was described as the absence of disease. As nursing has progressed, nursing has viewed health as a continuum (Catalano, 1996). Health can be defined as the optimal level of one's potential relating to the environment. If a person with a disability has adapted and is functioning normally, that person would be considered healthy.

**Nursing.** The profession of nursing uses assessment, nursing diagnosis, care planning, intervention, and evaluation in the care of the person. Especially in these times, the nurse is not only responsible for the physical care of the person, but also has an intricate relationship with him or her. Incorporating all aspects of the person, the nurse develops a plan of care and becomes actively involved in educating and interacting with him or her.

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**Florence Nightingale: The Trunk of the Tree**

Florence Nightingale is the trunk of the tree because she is credited with being the first nurse theorist. The prestigious title is not frivolously given to Nightingale. In the 1800s a physician described the nurses of the times as "dull unobservant women; of the best it could only be said that they were kindly and careful and attentive in doing what they were told" (Schuyler, 1992, p. 11). Nightingale believed nurses should be well-educated and practice independently. In *Notes on Nursing*, she describes what nurses should observe: "The most important practical lesson that can be given to nurses is to teach them what to observe—how to observe—what symptoms indicate improvement—what the reverse—which are of importance—which are of none—which are the evidence of neglect—and of what kind of neglect" (Nightingale, 1992, p. 59). Nightingale was describing the nursing process of gathering information and assessing the information on its relevancy.

Nightingale was born May 12, 1820, in Florence, Italy, to wealthy parents who were on holiday and who named her for the town where she was born. Being a member of high society, she was privileged to have access to education and money. During Victorian times, social changes were sweeping. From her contacts in the higher social circles, she was able to influence the policies of the day. Her many accomplishments included improving health care, developing nursing schools, and improving sanitation conditions of hospitals (Schuyler, 1992).

Nightingale wrote extensively on the sanitation conditions of the times. Being a brilliant statistician, she proved her methods decreased the mortality rate. During the Crimean War, she was able to demonstrate her methods. When she arrived in Scutari, Turkey, at the Barrack Hospital, open filth was plugging the sewer drains. She proved that more soldiers were dying in the hospital than on the battlefields. With much difficulty and persistence she was able to change the army's practice and implement sanitary conditions in the hospital. The mortality rate dropped (Schuyler, 1992).
Nightingale’s strong spiritual beliefs guided her and complemented her scientific teachings. Early on she felt a strong calling to God’s work. In Suggestions for Thoughts, published in a limited edition, she reveals her spiritual beliefs. Her writings disclosed a broader spiritual doctrine rather than a specific religion. She described a “presence higher than human,” an intelligence that creates, sustains, and organizes the universe (Macrae, 1995, p. 8). It was God who laid out physical laws governing the world. It was now the human race’s responsibility to intervene to improve human conditions. For example, in controlling such diseases as cholera or typhus, mankind needed to take an active part by removing sewer wastes. Prayer alone would not be enough to remove these blights on civilization (Macrae).

Nightingale’s spiritual belief that she had a calling to improve the human condition influences nursing today as an altruistic profession. Her spiritual beliefs are self-evident in the concept of caring for the whole person—body, mind, and spirit. Caring is an essential component of nursing. It is an intervention nurses perform when treating the whole person. In nursing research, the benefits of caring are scientifically documented, as Nightingale’s work was statistically proven. As a profession, nursing is committed to helping others.

Models: Branches of the Tree

The three models of nursing presented as the branches of The Living Tree of Nursing Theories are interactive, systems, and developmental. Theories and concepts of nursing develop as scientific knowledge is
supported by research and nursing practice. It is this body of knowledge that is incorporated into the limbs of the tree. This article presents the positions of only some of the leading theorists. Each model and theorist has its own definition for certain terms and own choice of vocabulary.

**Interactive Model**

Hildegard Peplau and Virginia Henderson are two of the leading theorists of the interactive model who have laid the groundwork for future nurse theorists. The interactive model emphasizes the importance of interpersonal relationships between the nurse and the person. It focuses on identifying any interpersonal problems and providing intervention techniques to “promote optimal socialization” (Fawcett, 1984, p. 16). According to Benoliel, the interactive model “sees human beings as creatures who define and classify situations, including themselves, and who choose ways of acting toward and within them” (Benoliel, 1977, p. 110; Fawcett, 1989). The four main characteristics of the interactive model are perception (how people view the world, people, events), communication (transferring information), role (e.g., parent, spouse, citizen, worker), and self-concept (how people view themselves).

**Hildegard Peplau.** A leading interactive theorist is Hildegard Peplau (1909–1999), who taught the importance of the relationship between the nurse and the patient. Peplau earned a BA in interpersonal psychology and an MA in psychiatric nursing. She worked in the field of neuropsychiatry in a variety of hospitals and was highly influenced by such renowned psychologists as Frieda Fromm-Reichman and Harry Stack Sullivan. Peplau describes the patient as one who needs and seeks the services of a nurse to help solve any health problems. The patient wants respect, personal dignity, and to be heard, which the nurse must be aware of at all times, behaving in a professional manner. A nurse, therefore, needs to be empathetic, observant, and hear what the patient does or says, apply theoretical concepts, and determine what intervention to pursue (McQuiston & Webb, 1995).

Peplau emphasizes in her writings that the family teaches the infant and small child how to relate to family members and others. Each individual begins life needing nurturance to survive. In childhood, the sense of self develops based on interactions with others. The view of the self changes or is affirmed through continued interactions with others. The pattern of behavior the child develops “change with growth, maturation and the influence of new circumstances; in this sense they are only relatively lasting” (Peplau, 1994, p. 12). Interpersonal relationships based on the individual’s patterns of behavior are critical in determining one’s quality of life. These relationships are always changing as they are influenced by “personalities, moods, concerns, needs, personal values and views which a person brings into each interpersonal encounter” (Peplau, p. 14).

Peplau defines three phases of the nurse-patient relationship in her interpersonal theory. Phase 1 is the orientation phase, in which the contact is primarily initiated and carried out by the nurse. During phase 1 the nurse introduces him/herself, gives a brief introduction as to his/her role and purpose, and then proceeds to obtain information from the patient. In the working phase, phase 2, the nurse provides physical care, educates the patient about his/her illness and what the patient can do to help promote his/her health, and provides support and counseling for the patient. The final phase is the termination phase, when the discharge plan is presented and closure to the relationship is initiated (McQuiston & Webb, 1995).

This theory of nursing suggests that a nurse can make a difference in people's lives and helps the nurse in his or her own personal growth. Peplau's theory "has been used extensively in nursing practice, particularly in mental health and psychiatric nursing. Peplau's theory allowed nursing to move away from 'doing to' to 'doing with' clients" (McQuiston & Webb, p. 501).

**Virginia Henderson.** Known as the mother of modern nursing, Virginia Henderson (1898–1966) taught a theory of nursing that belongs under the interactive model. Her years of experience in taking care of patients for the army and later as a public health nurse in the
1920s inspired her work. She was trained in the Army Nursing School at the Walter Reed Hospital in Washington, DC, where her training stressed Nightingale’s teachings. She stressed the importance of each nurse to develop her own theory of nursing and that patient care needs to be the major objective of nurses (Thomas, 1996). She taught the purpose of nursing was “to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help gain independence as rapidly as possible” (Henderson, 1966, p. 21). She saw the mind and body as one entity, inseparable. Her patient-centered theory stressed the importance of the nurse's relationship to the patient and the development of nursing practices.

Henderson had 14 areas of nursing care (Table 1), based on the physical, psychological, spiritual/moral, and sociological aspects of an individual. She played an important role in the development of the nursing profession. Her Principles and Practice of Nursing (Henderson & Nite, 1978) is recognized as an important and influential textbook, and her philosophy of nursing is respected and practiced throughout the world. She stressed that the responsibility of the nurse was primarily to the patient, not to the doctor. She provided a scientific basis for nursing through the development of care plans specific to the patient's needs, and for nursing education to include a liberal education beyond just nursing theory and techniques (Thomas, 1996).

The nursing theories of Hildegard Peplau and Virginia Henderson are commonly used by psychologists and psychiatrists as well as nurses in mental health clinical settings. They provide a framework for understanding patients' reactions to illnesses, births, deaths, and traumatic events. Other nurse theorists recognized in this classification of theory are Dorothea Orem and Faye Abdellah.

Table 1. Henderson’s Fourteen Areas of Nursing Care

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<tr>
<td>Breathe normally</td>
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<td>Eat and drink adequately</td>
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<td>Eliminate body wastes</td>
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<td>Move and maintain desirable positions</td>
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<td>Sleep and rest</td>
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<tr>
<td>Select suitable clothing</td>
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<tr>
<td>Maintain normal body temperature</td>
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<tr>
<td>Keep the body clean and well-groomed</td>
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<tr>
<td>Avoid dangers and injuries</td>
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<th>Psychological</th>
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<tr>
<td>Communicate with others in expressing emotions, needs, fears or opinions</td>
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<tr>
<td>Learn, discover, or satisfy the curiosity that leads to normal development and health and use the available health facilities</td>
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<th>Spiritual or Moral</th>
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<tr>
<td>Worship according to one's faith</td>
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<th>Sociological</th>
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<td>Work with a sense of accomplishment</td>
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<td>Play or participate in various forms of recreation</td>
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The systems model of nursing views the person as a multidimensional being who reacts continually to a world of stressors. Systems may be organizations (e.g., YMCA, Rotary), communities (e.g., small towns, neighborhoods), businesses (e.g., Microsoft, hospitals), or social structures (e.g., families, cultures). Within the large systems there also are subsystems interacting and influencing the main system. The premise is that the whole is greater than the sum of the parts.

Systems have certain characteristics. They may be closed or open, depending on the amount of information coming in or out of the systems. Open systems allow for a free exchange of information through their boundaries. The term “permeable boundaries” explains the continual transfer of information throughout the system with the outside world. Closed systems refer to rigid structures in which minimal exchange of ideas and changes are limited (Fawcett, 1984).
The feeding of information into the system is the input, and the output is the flow of information out of the system. The combination of input and output of information is related to the feedback loop. The feedback loop is the regulator of information. How well the system responds to stress and strain will be dependent on its feedback loop and the flow of information. All systems try to maintain equilibrium or a homeostasis state. To achieve this goal, an open system is always in constant motion, sharing ideas and reacting to the input and output flow (Fawcett, 1984).

Betty Neuman, Dorothy Johnson, and Callista Roy are the three principal theorists of the systems model. Each one has uniqueness and differences in her theories, yet they each see the role of the nurse as helping the patient react or adapt in a healthy way to his/her continually changing environment.

Betty Neuman. The Neuman Systems Model was developed in the 1970s as a method for teaching nursing students. It is based on the works of Hans Selye, who identified stressors and stress responses; on the philosophy of Pierre Teilhard de Chardin, who viewed humans as spiritual beings having a human experience; on Gestalt theory, which is based on the works of Frederick Perls, who taught the importance of assuming responsibility for the self and increasing awareness of the feelings and behaviors of self and others; and on the general systems theory, which postulates that the world is made up of interconnected systems. Neuman's educational training and experience were in psychology and public health. She worked in the Los Angeles area in community public health, providing lectures, hands-on care, and administrative input. Her first publication, “A Model for Teaching Total Person Approach to Patient Problems in Nursing Research,” was released in 1972 (Neuman & Young).

For Neuman, health is wellness and is defined as “the condition of optimal stability of the client/client system” (Fawcett, 1989, p. 176). It is the balance among the five factors (physical, psychological, sociocultural, developmental, spiritual) of the person as he/she interacts with the environment. The client is seen as a whole person. Wellness and illness are on a continuum, and are influenced by the patient's stressors and reactions to them. The role of the nurse is to help restore or maintain the stability of the person's health and coping ability.

This model of nursing views the impact of any stressor on an individual and how he/she reacts to it. The stressor could be intrapersonal (occurring within the person), interperson (occurring between individuals), or extrapersonal (occurring outside the person). The environment is any factor that affects the client. It may be external or internal. The individual is constantly interacting with the environment, and each is continually influenced by the other.

The Neuman Systems Model is used in several countries around the world for nursing education and practice. It is a theory applicable to many cultures and other healthcare disciplines besides nursing.

Dorothy Johnson. Dorothy Johnson developed the Behavioral Systems Model. The development of her theory was based primarily on two bodies of work: Talcott Parsons' sociology theories and the intercultural theories of child-rearing practices. She obtained her BSN from Vanderbilt University School of Nursing and her master's degree in public health from Harvard University. Her major nursing career was as professor of pediatric nursing at UCLA (Meleis, 1991).

She believed that nursing had a unique practice model. The primary function of the nurse is to assist in regulating the behavioral system of the client. The client is viewed as a behavioral system controlled by biological, psychological, and social factors.

To assist the behavioral system back to homeostasis, the nurse interacts with the client's behavioral subsystems (Table 2). Each of the subsystems possesses certain characteristics (goal, set, choice) that a person uses to interact with the environment. The environment would be any factor influencing the behavioral subsystem. All subsystems have some goal or drive. Each individual decides which goal may be important to the behavioral system. The term “set” means observable behavior of the clients. Choice refers to the belief system of a person to change one's behavior (Meleis, 1991). When a nurse is in-
Table 2. Johnson’s Behavioral Subsystems

1. Attachment or affiliative subsystem
2. Dependency subsystem
3. Ingestive subsystem
4. Eliminative subsystem
5. Sexual subsystem
6. Aggressive subsystem
7. Achievement subsystem


Interacting with a client, the nurse needs to take into account these factors. Thus a nurse is able to plan her nursing care in light of the competence of the client's regulatory patterns. Health, then, would be obtained when the functions of each subsystem are balanced.

In summary, Johnson believed that the person is a behavioral system reacting in a predictable manner to its environment to maintain equilibrium. Nursing interventions occurred when the person was unable to perform the necessary subsystem tasks (Meleis, 1991). Thus, “nursing is seen as an external regulatory force that acts to restore the balance in the behavioral system” (Brown, 2002, p. 255). Johnson believed that nursing had its own unique body of knowledge.

Callista Roy. Callista Roy’s Adaptation Model presented in 1970 is another systems model that was highly influenced by Dorothy Johnson. It focuses on the constant interaction between the person and the environment, and how the person adapts to his/her environment. The four modes of adaptation are physiological, self-concept, role function, and interdependence. Roy defines “adaptation as a positive response that promotes survival, growth, reproduction and mastery” (Roy, 1997, p. 43). This Adaptation Theory is an outgrowth of Roy’s years in neuroscience nursing and research.

The five primary physiological needs are oxygen, nutrition, elimination, activity and rest, and protection. Individuals need to evaluate their own characteristics, expectations, values, and worth in addition to their health or illness status. The person is a biological, psychological, and social being whose “primary role is determined by the majority of behaviors that are engaged in by persons during specific periods of life; determined by age, gender and developmental stage” (McQuiston & Webb, 1995, p. 118). That which determines our behavior is our knowing who we are in relationship to others.

Roy’s theory of nursing is influenced by the philosophy of de Chardin, a paleontologist and philosopher. de Chardin’s theory was an attempt to unite science with spirituality. For Roy, God is the creator of the universe and Christ is its head, and humans are complete when they move toward the oneness with God, which is called the Omega Point (Roy, 1997).

McQuiston and Webb (1995) see Roy’s nursing goal as “a promotion of adaptation in each of the four adaptation modes, thereby contributing to the person’s health, quality of life, and dying with dignity” (p. 457). The response an individual has to his/her environment determines how that individual is adapting physiologically, through self-concept, role function, and interdependence. For Roy, health is a process of a person becoming complete and integrated.

Roy continues to do research and refine her Adaptation Theory. The scientific and philosophical assumptions of today have been taken into account as she incorporates the spirituality and the understanding of human adaptation. “The concept of adaptation has been expanded to serve the development of knowledge for practice in the future” (Roy, 1997, p. 47).

The Systems Model is used by many schools of nursing as the basis for their curricula. It is a model that works well in various nursing care settings, whether a hospital, nursing home, clinic, or in-home care. Imogene King’s Goal Attainment Theory and Dorothea Orem’s Self-Care Theory are two other examples of the systems model.

The three theorists presented believe there are internal and external stressors that influence a person. It is the
nurse's role to evaluate these stressors and respond appropriately in assisting the person to a certain continuum of health.

Developmental Model

The nurse theorists classified under the Developmental Model branch are Jean Watson, Madeline Leininger, and Martha E. Rogers. This model makes an assumption that there is a process of growth or maturation that is directional and has some orderly purpose. At each stage of development changes are inherent, predictable, and have some causal factors. The cause may be a natural process necessary in the growth development or an environmental factor.

Developmental models have four different forms of progression. The first is the unidirectional development, where each stage builds on another and there are no repeating steps. Next is the spiral effect, where growth is upward; if maturation has not occurred at a lower level, it will be repeated at a higher level of understanding. Thus, development is continuing to be built on. The third process is the cyclic, where problems continue to recur in a circle until growth has occurred. The final process views development as branching out. At each new branch is a growth of autonomy and a new way of reacting to stressors (Fawcett, 1984).

Jean Watson. Jean Watson is a leading theorist of the Developmental Theory. Her theory of human caring was based on the phenomenological psychology and philosophy of Carl Rogers, the existential work of Yalom, and the philosophies of de Chardin, Sartre, and Kirkegaard. She also was influenced in developing her theory through her contacts with peoples and cultures of many different countries (Watson, 1997). Watson’s theory contains 10 carative factors (Table 3), the core to therapeutic healing processes and relationships in nursing. The medical procedures, setting, testing, and technologies are defined as the Trim, a term developed by Watson. The Trim is recognized as a very important part of the medical profession but cannot be the central focus of the nursing profession (Watson).

Table 3. Watson’s Carative Factors

| 1. Formation of humanistic-altruistic system of values |
| 2. Instillation of faith-hope |
| 3. Sensitivity to one’s self and others |
| 4. Development of helping-trust relationship |
| 5. Promotion and acceptance of expression of positive and negative feelings |
| 7. Promotion of interpersonal teaching-learning |
| 8. Supportive, protective, and/or corrective mental, physical, sociocultural, and spiritual environment |
| 9. Assistance with gratification of human needs |
| 10. Allowance for existential-phenomenological forces |


Table 4. Watson’s Assumptions Related to Human Care Values in Nursing

- Need to become more caring and loving
- Nursing is a caring profession
- Need to treat our “self” with gentleness and dignity
- Nursing has always held a human-care and caring stance
- Caring is the essence of nursing
- Human care has received less emphasis in the care delivery system.
- Caring values of nurse and nursing have been submerged.
- Preservation and advancement of human care is a significant issue today and in the future.
- Human care can be effectively demonstrated and practiced interpersonally.
- Nursing’s social, moral, and scientific contributions to humankind and society lie in its commitment to human care ideals on theory, practice, and research.

Caring is the most important aspect of nursing. According to Watson, caring is when “the nurse enters into the experience of another person, and another can enter into the nurse’s experiences” (Watson, 1989, p. 234). A basis for Watson’s theory is the 10 assumptions related to care (Table 4).

Watson’s Theory of Human Caring is a widely accepted and practiced nursing theory. The University of Colorado Center for Human Caring is one institution where this theory is taught, practiced, and researched. It is the holistic, caring-healing emphasis of this model that brings nursing back to the essence of Florence Nightingale.

**Madeline Leininger.** In the 1950s, Madeline Leininger began the development of the first transcultural theory of nursing, the Culture Care Theory. She saw the need for such a theory as more nurses were introduced to diverse cultures through travel and immigration.

For Leininger, care is the essential basis of nursing. In 1981, she stated, “There can be no curing without caring, but caring can exist without curing” (Leininger, 1996, p. 72). There are two types of caring: Generic caring refers “to the folk, familiar, natural, and lay care that is used and relied upon by cultures as their basic primary care practices,” and “professional care refers to the learned and practiced care by nurses prepared in schools of nursing and used largely in clinical professional contexts” (Leininger, p. 72). To appreciate the theory of “culture care,” it is important to understand certain terms as defined by Leininger. Table 5 lists some definitions from her article, “Culture Care Theory, Research and Practice.”

As with the other developmental theorists, Leininger bases her theory on a holistic approach that can be found in her “sunrise model.” Educational, political, and religious factors must be included when developing a holistic view of people, groups, families, and institutions. It is a guide for the nurse to provide appropriate and meaningful care to people. Leininger believed that information obtained from these factors led to a more holistic and better understanding of people (Leininger, 1996).

**Martha E. Rogers.** Martha E. Rogers is recognized for her Science of Unitary Human Beings. In the 1960s she developed the “Unitary Human Beings” theory, which is based on scientific, philosophical, and mystical beliefs and theories (McQuiston & Webb, 1995). Rogers (1989) states that “people and their environments are perceived as irreducible energy fields integral with one another and continuously creative in their evolution” (p. 184). People are energy fields constantly interacting with the environment, always transforming energy.

There are three important concepts within the theory of Unitary Human Beings (Rogers, 1989, p. 186):

- **Principle of resonancy:** The continuous change from lower to higher frequency wave patterns in human and environmental fields
- **Principle of helicity:** Continuous, innovative, probabilistic, increasing diversity of human and environmental field patterns

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<th>Table 5. Leininger’s Definitions</th>
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<tr>
<td>Culture care</td>
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<tr>
<td>Culture care diversity</td>
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<tr>
<td>Culture care universality</td>
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<tr>
<td>Worldview</td>
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<td>Emic</td>
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<tr>
<td>Etic</td>
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<tr>
<td>Health</td>
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<td>Nursing</td>
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*Source: Leininger, 1996, p. 73.*
The Living Tree of Nursing Theories

- **Principle of integrity:** The continuous mutual human field and environmental field process.

Health is viewed as a life process that is defined differently among cultures. For Rogers, prevention is seen as a negative concept and promotion as a positive one. The purpose of nursing is to help the individual achieve his/her maximum well-being through the use of scientific knowledge and the art of nursing. The focus is on the person and his/her interaction with the environment. At the moment when the nurse has a conscious thought about the patient, the nurse is connecting with the patient’s energy field (Fawcett, 1989). For Rogers, “the purpose of nursing is to help all people devoted to the study wherever they are to achieve maximum well-being within their potential of each individual, family, and group” (Rogers, 1989, p. 183).

In summary, developmental theory views the person as developing in a predictable pattern. Nursing tasks would involve identifying what stage of development the individual is in and empowering the individual or community in its growth potential. The theories of Watson and Leininger rely on the development of caring in the human experience. Rogers’s theory defines caring in a scientific manner to promote her belief in health care.

**A Living System: The Merging of Theories**

The foundation of all models or theories is Nightingale and the metaparadigms of person, environment, health, and nursing. It is through her work and teachings of caring, being accountable, seeking ways to improve the avenues of care, and emphasizing the professionalism of nursing that nursing has reached its present high standards.

Multiple images or models give the profession of nursing many different approaches in providing quality care: “we all have a private image (concept) of nursing practice. In turn, this private image influences our interpretation of data, our decisions, and our actions. But can a discipline continue to develop when its members hold so many differing private images?” (Reilly, 1975, p. 567). The Living Tree is one symbolic way to view some of these images.

Just as a tree needs water, sunlight, and nourishment to grow, so The Living Tree of Nursing Theories needs the research by nurse theorists, professional nurses putting theories into practice, patients and families to provide feedback, and nursing schools to teach. The Living Tree will wither and die if it is not allowed to have its branches trimmed for new growth, its roots fed by new definitions and understanding, and the trunk strengthened by a deeper knowledge and understanding of the teachings of Florence Nightingale.

**Conclusion**

Nursing practice is a living system as evidenced by the continuous growth and change of definitions, understanding, and new developments. Nurses need to develop their practice of nursing as it best applies to the client or person, the environment, the client’s culture, and the nurse’s level of understanding and philosophy. To care for and to care about the person are two essential components of nursing that are evident in all the theories presented.

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**References**


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Invest in Yourself

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Tomorrow is the ritualistic and spiritual goodbye. In my visits with Vivian I hoped I would more clearly understand my own strength to cope with aging. However, in reflecting on these 18 months, I gained insight into both my personal and professional lives. Personally, the elderly people in my life, like Vivian, led simple and routinized lives, which are to be respected without judgment. I never expected our friendship to end with Vivian dying. I always struggled in the hospital watching someone “die alone”: I don’t want to die alone. Helping Vivian at the end of her life and assuring she was not alone was important to me and remains so.

Professionally, it is clear to me as an acute care nurse, in today’s world of fast-paced health care, that the holistic care I was taught to provide can only be achieved, if it is even possible, by reaching out beyond the boundaries of “a real hospital.” We are taught this, but can we or do we make it happen? Home health care, hospice care, volunteer care, and the role of one’s family are all part of the healthcare network. When comparing healthcare delivery of the past to today, even inpatient care is episodic. My relationship with Vivian makes me question how nurses can best help transition the patient back to being the person who has all their “life baggage” to contend with as they recover from an illness or adjust to their life ending. A stranger passed my way, and for that I am a better person and a more enriched nurse.

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