Nursing theory development: successes and challenges

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Central to this paper is the belief that developing nursing theory is fundamental to establishing nursing’s scientific foundation. Therefore, the paper examines successes and challenges in nursing theory development. This is achieved by evaluating both the present status of nursing theory as well as ideas for future directions. Within present status, the author considers three areas — those in which there is agreement, those in which both opinions differ and the prescribed course of relationships has not yet been achieved, and those which may serve as catalysts for future progress. A tripartite framework is also used to contemplate future directions by evaluating how nursing’s knowledge has developed, what improvements and refinements might take place, and how the domains of nursing might be expanded. The author concludes that satisfaction and pride in current successes are not only justified but may motivate future pursuits; pursuits that are necessary to advancing the discipline of nursing.

INTRODUCTION

Theory development is at the crux of nursing’s evolution into a scientific discipline. It gives definition to nursing’s body of knowledge, and direction to research and practice (Chinn & Jacobs 1978, Menke 1983, Walker & Avant 1983). While scientific knowledge is essential for advancing nursing as a profession, science is actually a collection of isolated, disjointed principles. Theory gives science direction and continuity. It is, according to Popper (1968), a net in which facts are unified to facilitate explanation and prediction; a reservoir, according to Meleis (1985), in which coherence and meaning are enhanced.

Therefore, as nursing strives to establish its scientific underpinnings, it must, by necessity, be concerned with the state of its theory development. This paper examines successes and challenges in nursing theory development. This will be accomplished by viewing the current state of theory from three perspectives: areas of convergence, areas of divergence and areas of reassurance. Further directions for theory development will then be considered through the triad of convolution, cultivation and amplification.

PRESENT STATUS OF THEORY DEVELOPMENT

Areas of convergence

In the 30 years during which nursing theory has evolved, a sense of disagreement and omission has seemed to typify the discourse involving theory. A more critical, objective look serves to document that, at present, a diminished dissonance prevails. Specifically, four facets of
convergence will be addressed. These are the need for theory, domain concepts, pluralism, and the success of past efforts.

The need for theory is no longer a matter of debate. King (1981), Rogers (1970), and Roy & Roberts (1981) represent the many individuals proffering various theories of nursing. Meta-theorists such as Fawcett (1984a), Meleis (1985) and Stevens (1984) not only provide guidelines for assessing theory, but also apply their techniques in a critical review of various nursing theories.

There also exists an expanding body of work which addresses the components of theory, its history and development, and provides guidelines for developing and advancing theory (Chinn & Jacobs 1983, Kim 1983a, Meleis 1985, Walker & Avant 1983). Entire sections of anthologies, such as Chaska's (1983) *The Nursing Profession, A Time to Speak*, are devoted to a discussion of nursing theory. Finally, the American Nurses' Association Social Policy Statement (1980) includes theory as one of four defining characteristics of nursing. The pervasiveness of the publications dealing with theory is a sign of the nursing profession's acceptance of theory as integral to advancing its science.

A second area of convergence involves the acceptance of four domain concepts that delineate questions and propositions central to the nursing discipline. Flaskerud & Halloran (1980) demonstrated more agreement than disagreement regarding many parameters of theory development, to include the central concepts of person, health, environment and nursing. Whereas Flaskerud & Halloran argued fervently to justify the domination of four domain concepts, current authors simply refer to the domains as a statement of fact (Fawcett 1983, 1984a, Fitzpatrick & Whall 1983, Thibodeau 1983a). Although Conway (1985) recently questioned inclusion of nursing as a domain, general acceptance of the four central concepts prevails. This level of agreement indicates that theory development is moving beyond the para-digmatic stage by using the domains to guide common lines of inquiry (Fawcett 1984b, Meleis 1985, Newman 1983).

The acceptance of pluralism is a third point of convergence. Debates have ensued regarding both the issues of borrowed versus unique theory as well as the need for a unified model provided by one grand theory. At present, thinking has been elevated from an either/or, 'one best way' posture to a more mature acceptance of multiple modes of theory. A pluralistic, eclectic approach is advocated by many theorists who address the value of using multiple perspectives to embrace the entirety of human behaviour that gives nursing its richness and complexity (Fawcett 1983, Fitzpatrick & Whall 1983, Meleis 1985, Menke 1983, Newman 1983, Stevens 1984).

The last area of convergence to be discussed concerns the success of past efforts in developing nursing theory. The past has been filled with discourses on whether nursing is a science. As Fawcett (1983) identified, these arguments often stemmed from nursing's lack of theoretical knowledge. However, Fawcett herself, a one time disbeliever of nursing's theoretical base (Fawcett 1978), had the courage to admit to a change in thinking, restate her belief, and present an optimistic essay on successes in theory development (Fawcett 1983).

In addition to the more recent converts, Meleis (1983, 1985) represents those who have been long-standing proponents heralding progress in theory development. She has emphasized the need to view the evolution of theory as a process rather than a product. The pinnacle of theory maturation may appear to be distant and unattainable. However, a sense of accomplishment and satisfaction, as well as incentive to continue, may be experienced by addressing where theory development is in the context of where it has been.

**Areas of divergence**

Along with identifying areas which facilitate theory development, it is important to demarcate those areas which do not demonstrate the same strength of unification. Divergence in this sense refers to both difference of opinions as well as deviation from a prescribed course. This section will briefly consider three themes: definitions, research and practice.

Divergence in definitions is concerned with differing opinions. The use of theoretical terminology can be cumbersome not only because of the need to be familiar with the vocabulary, but also because the terms are defined in imprecise
and sometimes contradictory ways. Semantic ambiguity has stifled communication by contributing to the confusion and mystique that surround nursing theory. While theory and science cannot advance if meanings essential to exchanging and sharing theoretical ideas are unclear, arguments over terminology must not supersede debate of substantive issues.

Fawcett (1984a), Lancaster & Lancaster (1981) and Thibodeau (1983b) typify those who attempt to distinguish models, conceptual frameworks, theories, and paradigms in very exacting ways. Nevertheless, their distinctions are ambiguous and do not serve to better explicate the terminology. Without minimizing the need to exchange ideas based on common understanding and shared meanings, Meleis (1985) and Stevens (1984) both suggest that debates over labels may be less productive than analysing and arguing about substance. Perhaps when the content of theory is better developed and clarified, definitions will emerge more naturally.

The remaining two themes, research and practice, can be addressed simultaneously as their place in and relationship to theory development is similar. For these themes, divergence is used to suggest deviation from a prescribed course. At present, the need to interweave theory, research, and practice is well recognized as a means to increase the tensile strength of nursing science.

However, research and theory remain weakly related in two respects. First, the theoretical basis of nursing research is not strong, although it is improving (Brown et al. 1984). Second, the use of research to test nursing theory is in the preliminary stage (Roy & Roberts 1981). However, there is evidence of advancement. Kim (1983b) addressed the use of Roger’s conceptual system in research, Engle (1984) studied older adults’ health from Newman’s framework, and Harper (1984) used Orem’s theory to investigate self-medication behaviours.

Similarly, application of theory in practice is just beginning to emerge. While theory originates from and is used in practice (Dickoff et al. 1975), many nurse researchers and theorists are detached from clinical practice (Dracup & Weinberg 1983, Menke 1983). This situation has been recognized but not rectified. However, healthy harbingers are apparent: joint appointments between academic and clinical settings are becoming increasingly common, and administrators are demonstrating a greater interest in implementing theory in practice.

Therefore, rather than becoming impatient, it is important to realize that because nursing is in the early phase of scientific development, it is not surprising that theory, research and practice are loosely linked. Meleis (1985) finds these relationships to be strengthening, which may be the result of some maturation of nursing science.

Areas of reassurance

A look at the present also provides an opportunity to consider other factors that impact on nursing theory and are likely to serve as catalysts for the future. A triad of topics will provide an overview of areas of reassurance.

Doctoral education in nursing did not gain impetus until the mid-1960s (Matarazzo & Abdellah 1971). This coincides with the emphasis on nursing research, science and theory. Roy & Roberts (1981) found that doctoral curricula place heavy emphasis on nursing theory. The criticality of theory components in doctoral programmes is also expressed by Meleis & May (1981), and Menke (1983) clearly places the onus of theory development on doctorally prepared nurses.

The increased demonstration of scholarliness, a second facet of reassurance, is strongly related to the number of doctorally prepared nurses. The milieu of scholarship in doctoral programmes, including those in nursing, offers exposure to the norms of science (Meleis & May 1981). Merton’s (1973) scientific norms of community, universalism, disinterestedness and scepticism are evident. Publications by nurses are increasing, national and international conferences highlighting theory are occurring more frequently, healthy debates attacking ideas and not individuals are ongoing, and work is scrutinized by logical, objective criteria. Further, impressive unity is displayed by the nationally known nurse theorists who have joined efforts to develop a theoretical framework for classifying nursing diagnoses (Roy 1983). To achieve this goal, collaboration must exceed self-aggrandizement.

The last area of reassurance relates to the former two. It concerns how science is conducted and pursued. Former battles over inductive and
deductive reasoning, as well as quantitative and qualitative methodology, seem to have given way to peaceful coexistence (Gorenberg 1983, Gortner 1980, 1983, Oiler 1982, Stevens 1984). Not only are multiple sources of truth recognized, but intuition, history and the utility of multiple philosophical perspectives are also accepted as relevant to science and hence to theory (Baer 1979, Meleis 1985, Silva & Rothbart 1984, Winstead-Fry 1980). Thompson (1985) finds these developments to be optimistic signs of the discipline's intellectual maturity.

The inextricable nature of theory and science necessitates an understanding of their reciprocity and mutuality. Consequently, to deal with the task of probing into the unexplored vistas of the complex discipline of nursing, it is reassuring to see that resources contributing to theory development are currently expanding.

**FUTURE DIRECTIONS**

In order to capitalize on the existing momentum that is contributing to the process of theory development in nursing, it is imperative to have not only a sense of the past and present, but also of where to direct the next steps. Impetus without control and direction has the potential to become, as Rozak (1974) argued, like Frankenstein — a meaningless monster. This should not take away the thrill of serendipitous discoveries but rather enhance maturation. Therefore, possible directions for future theory development will be discussed within the tripartite framework comprised of convolution, cultivation and amplification.

**Convolution**

The future must be considered within the context of the nature of nursing's previous knowledge development. While Kuhn (1970) posited a theory of revolution (sudden change) for scientific progress, both Laudan (1977, 1981) and Toulmin (1972) advanced evolution (continual, cumulative unfolding) as the pattern of knowledge development. However, Meleis (1985) takes issue with both these views in considering nursing knowledge: 'The revolutionary one would deny its scientific status and the evolutionary one presumes systematic development with research based on theory and theory evolving out of research'. Therefore Meleis proposes that nursing has followed a pattern of progress that could be called convolution.

Convolutionary progress is neither negative nor patternless. Rather, it represents a complex twisting, coiling, undulating model that better accounts for nursing's more tortuously developed knowledge. If Meleis' (1985) analysis and proposed alternative are tenable, it then seems reasonable to expect that the future may emerge similarly. Consequently, the nursing discipline must realize that an absence of linearity will not impair the development of nursing knowledge.

**Cultivation**

Cultivation refers to improvement and refinement. Consequently, cultivation provides a conceptual way to link extant features with plans for the future. It is primarily the areas of divergence and reassurance that offer potential for refinement and consequently contribute direction to future theory development.

From the area of divergence comes the need to strengthen the links of the theory, research, practice trilogy. As stated, the relationships among this triad exist but the challenge for the future is to enhance the robustness of these links. There are harbingers of clinically based research and theory. Regional consortia are combining the talents of nurses with practice and research backgrounds to explore clinical concerns (Bergstrom et al. 1984). In addition, Scott (Scott 1983, Scott et al. 1984, Scott et al. 1980) exemplifies individuals who are pursuing a preplanned series of studies which embodies the theory, research, practice triad. These healthy signs must be nurtured.

From the area of reassurance, the growing core of doctorally prepared nurses represents a nucleus of nurse scientists who have been imbued with the norms of scholarliness, are conversant with nursing theory, and therefore can facilitate theory's advancement. It is these nurses who bear responsibility to employ unique, ingenious, creative approaches to discovery. Timidity and conformity to tradition will not contribute to developing the discipline.
There is a need to accept a normative diversity in methods that, while atypical of more mature sciences, may be the cornerstone for advancing nursing's knowledge.

Amplification

The final facet to be considered for the future involves expansion of the domains of nursing. First, augmenting knowledge of existing domains is necessary because the substantive development of nursing’s central concepts is unequal. Newman (1983) visually portrays the evolution of the domains and demonstrates that the emphasis has shifted. While each of the four domains has been a major concern at one time, it does not follow that each has been developed with the same degree of thoroughness.

Flaskerud & Halloran (1980) identified the abundance of work done to explicate the concept of person, while noting that much less study has been concerned with the environment. Kim (1983a) and Meleis (1985) concur that there is a dearth of data regarding environment. The two theorists who have emphasized environment, Nightingale (1860/1969) and Rogers (1970), provide ideas upon which future work can build. Also, environment can be enhanced by more clearly stating its relationship to the other domains and pursuing those questions that help to investigate those interactive qualities and relationships.

The second mode of amplification, the extension of the domain concepts into the realm of administration, is necessary to align all specialty areas of the nursing discipline. Theory has been considered similarly for education, research and practice. However, application of theory to administration is based on its use in guiding patient care (Fawcett 1984a, Meleis 1985, Stevens 1984). This use of theory in administration is necessary but not sufficient. Scientific foundations are equally germane to nurse administrators, for it is they who establish the setting in which nursing is practised. Therefore, administrative knowledge should develop in a manner congruent with the rest of the discipline. Using the domain concepts to delineate the nursing administrative arena is a means of realizing this goal.

The domain concept environment can be used to illustrate this extension. Health care technology and prospective payment are but two of the contemporary environmental features that are exerting a potent force in the institutional settings where most nursing is currently practised (Naisbitt & Elkins 1983a, 1983b, Shaffer 1984). Nurse administrators are responsible for understanding these changes, maximizing their positive effect on nursing, and minimizing deleterious consequences. Aligning the development of administrative knowledge regarding the environment represents how the domain concepts might facilitate answering questions central to nursing that existing theory does not address.

It is possible that the third feature of amplification, the inclusion of new domain concepts, could be met with some scepticism. This might be expected both because scepticism is befitting of a science and because work to thoroughly explore the four existing domains is embryonic. However, there is a need to assure that the domain concepts, the determinants of the boundaries of nursing, embrace the discipline in its entirety. As new concepts emerge, it is necessary to subject them to scholarly examination. Such analysis provides an objective means to add new domains only when they have sustained critical scrutiny.

Meleis (1985) demonstrates this extension. She believes that transition represents another domain concept because nursing deals with people who are affected by transition in one or more ways. Meleis has articulated how transition, as viewed from a nursing perspective, differs from the orientations of other disciplines. As a central concept, transition contributes to expanding nursing’s repertoire of questions. It can be explicated both as an independent domain and according to its relationships to other domain concepts. Further, Chick & Meleis (1986) have distinguished transition from the more general phenomena of change. This work serves as an example of the judicious way in which domains relevant to the discipline of nursing can be identified.

CONCLUSION

The present status of nursing theory can be conceptualized within the areas of convergence,
divergence and reassurance. It is apparent that areas of convergence exceed areas of divergence. While this is healthy because it provides stability and opportunity for growth, it is also important to accept that the pendulum will continue to swing so that disagreement will once again prevail. This too is healthy, as the flux between conflict and reconciliation can be strengthening. Perhaps there is an element of Kuhn’s (1977) ‘essential tension’ represented in this dialectic. While neither extreme is productive, the dialectical synthesis represents the heart of knowledge development.

The areas of divergence and reassurance are those features of theory development that will provide momentum to move the discipline forward. They represent positive forces and energy that can be used to transcend obstacles. They will provide the basis for cultivation of extant theoretical conditions, while amplification of theory, another challenge for the future, might proceed by highlighting issues concerning the domains of the discipline.

Science, and therefore theory, is an ongoing process, not an isolated product; it is not a set of findings, but the inquisitive search (Bronowski 1978). A sense of science and scholarliness prevail in the present. Existing accomplishments are a source of satisfaction and pride that may motivate future pursuits; quests that will contribute to developing the nursing discipline to its fullest potential.

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