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KEY TOPICS

- Here you will find nursing theories and models from around the world.[\(More...\)](#)

Here you will find nursing theories and models from around the world. If you are aware of any middle range nursing theory not listed here, it would be appreciated if you were to either let the theorist(s) know about this site or forward to us the contact information. If you are involved in developing a mid-range nursing theory and feel that this site could be of use, please forward your suggestion and we will accommodate where possible. ^[1] Nursing Theory is used to: Define commonalities of the variables in a stated field of inquiry; guide nursing research and actions; predict practice outcomes; and predict client response. ^[1]

Grand Theory is a conceptual framework that defines broad perspectives for nursing practice. ^[1]

The mid-range theory of 'self care deficit' grew out of Orem's (1980) grand theory of 'self care'. This supports Smith's assertion (1994) that a major function of grand theories is to act as a source for mid-range theory development. By doing so they ensure that the focus of mid-range theories remains a nursing one. ^[2] The literature also offers middle-range

nursing theories that are directly related to grand theories of nursing (Olson & Hanchett, 1997; Ducharme, Ricard, Duquette, Levesque, & Lachance, 1998). Reports of nursing theory developed at this level include implications for instrument development, theory testing through research, and nursing practice strategies.^[3]

A nursing theory is a set of concepts, definitions, relationships, and assumptions or propositions derived from nursing models or from other disciplines and project a purposive, systematic view of phenomena by designing specific inter-relationships among concepts for the purposes of describing, explaining, predicting, and /or prescribing.^[4] A nursing metatheory presents the most global perspective of the nursing discipline. It's only natural that meta-theory has parts of grand theory, middle range theory and practice theory.^[5] Grand theory emphasizes a global viewpoint with a board perspective of nursing. It is broad in scope and less abstract.^[5]

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IN-DEPTH

Section Contents:

- Here you will find information on most Grand Nursing Theorists.[\(More...\)](#)
- The definition of Nursing Theory is an organized framework of concepts and purposes designed to guide the practice of nursing.[\(More...\)](#)
- Content includes the history of the development of nursing science and theory; an introduction to the analysis and evaluation of a theory; concept and theory development; application of middle range and practice theories; and an overview of the grand nursing theories.[\(More...\)](#)
- While there is a great deal of semantic debate about whether the abundance of "nursing theory" is beneficial to the profession or splits it needlessly, there is no doubt that the study of nursing theory can help you understand nursing as a profession from multiple viewpoints, and can afford you the capability to begin to formulate your own concept of what it means to be a nurse, and how your actions fit into a full plan to best care for your patients.[\(More...\)](#)
- This paper discusses nursing theory, specifically in regards to self-care facilitated by Dorothy Orem's model and the mid-range theory of the community health model.[\(More...\)](#)
- Situated in a critical-feminist perspective, this article describes a pedagogical approach to linking nursing theory and practice.[\(More...\)](#)
- The structure of nursing knowledge: Analysis and evaluation of practice, middle-range and grand theory.[\(More...\)](#)

Here you will find information on most Grand Nursing Theorists. The works of Middle-range and Micro-range Nurse theorists are being collated as they come to our attention. We welcome your visit and hope that perusal of the works of these eminent nurses will inspire you to excellence in your own career. ^[6]

Nursing scholars proposed using this level of theory because of the difficulty in testing grand theory (Jacox, 1974).^[3] Nurses, who have active commitments to the work of the discipline, whether in nursing practice, research, education, or administration, are essential for the continuing development of nursing theory. This chapter offers an approach to understanding nursing theory within three contexts: nursing knowledge, nursing as a discipline, and nursing as a professional practice.^[3]

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The definition of Nursing Theory is an organized framework of concepts and purposes designed to guide the practice of nursing.^[5] Nursing Theory is very important to any Nursing program. It is the foundation on how nursing students learn and it's the material that they care into their nursing profession.^[5] Nursing professionals apply Nursing Theory to describe, explain, predict or prescribe nursing practice.^[5]

You are now entering the Jones and Bartlett Nursing Theory Art Gallery which displays the creative works of nursing students across the country. She will contact you to obtain the art and permission to display them. We will post them for others to view and use in their discussion of nursing theory.^[7] Nursing theory must be seen as practical and useful to practice and the insights of practice must in turn continue to enrich nursing theory.^[3] Types of nursing theories generally include grand theory, middle-range theory, and practice theory. These will be described below.^[3]

Some people, including myself are not comfortable with breaking down nursing theory into grand or middle range theory categories.^[8]

Nursing theory is the term given to the body of knowledge that is used to support nursing practice. In their professional education nurses will study a range of interconnected subjects which can be applied to the practice setting. This knowledge may be derived from experiential learning, from formal sources such as nursing research or from non-nursing sources.^[9] The pages of "Nursing Science Quarterly", a major mouthpiece for Nursing Theory, are rife with examples of semantical hair-splitting.^[9]

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Content includes the history of the development of nursing science and theory; an introduction to the analysis and evaluation of a theory; concept and theory development; application of middle range and practice theories; and an overview of the grand nursing theories.^[10] If however, you take the theory from the perspective that it

proposes that through the articulation of the essences of that relationship you are defining nursing as a whole, then I believe you could make a case for calling it a grand theory.^[8] Humanistic Nursing Theory is based on the idea that nursing is an intersubjective transactional relationship between a nurse and a patient who are human beings existing in the world. The conceptual framework of the theory is existentialism and it presents a phenomenological method of inquiry that can be used by nurses to examine and understand their everyday practice.^[8] If you take the view of middle range theory as one that describes discrete aspects of empirically observable events and take that to mean that Humanistic Nursing Theory focuses on examining and explaining particular phenomenon that occur in nursing practice, e.g., the relationship between the nurse and the patient (as described by Hildegard Peplau) then the label might fit.^[8]

I think the goal is always the same. I am planning an updated version of the Humanistic Nursing Theory book that will address application of the theory in various aspects of nursing such as management, administration, policymaking, and education. This web page is part of the project of continuing and expanding the work of Josephine Paterson and Loretta Zderad.^[8] Humanistic Nursing Theory, formulated by Josephine Paterson and Loretta Zderad, aims at the development of nursing theory through the study of the existence and reality of nursing.^[8]

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While there is a great deal of semantic debate about whether the abundance of "nursing theory" is beneficial to the profession or splits it needlessly, there is no doubt that the study of nursing theory can help you understand nursing as a profession from multiple viewpoints, and can afford you the capability to begin to formulate your own concept of what it means to be a nurse, and how your actions fit into a full plan to best care for your patients.^[11] Nursing Theory has a fairly broad definition, encompassing many different schools of thought on what nursing should be or how it should be practiced. The study of Nursing Theory includes learning about the numerous models of nursing that have been proposed, many of them in the last twenty years or so. Understanding the various models of nursing can help nursing students formulate their own theories and develop their own models and beliefs about their profession.^[11]

In order to be considered a valid nursing theory, a model must include a method of assessment to determine a patient's individual needs, and a method of implementing and measuring appropriate patient care. Most nursing models can be used to produce a care plan that will document a patient's treatment by all the healthcare professionals and workers who come into contact with him or her.^[11] The most familiar names in nursing theory include Madeleine Leininger, who brought concerns of recognizing cultural needs into nursing care, and Hildegard Peplau, who introduced the idea of nursing roles and the nurse-client relationship as major influences in quality of nursing care.^[11] Some programs may require you to develop and articulate your own nursing theory to help you formulate nursing care and nursing plans, and differentiate yourself as a nursing professional.^[11] An introduction course in Nursing Theory will expose you to the various models of nursing that have been proposed and followed in hospitals throughout the

country, and provide a frame of reference for your own beliefs and methods of nursing. ^[11] Many web sites have been developed that are devoted to the topic of nursing theory and nurse theorists. Select sites are included in this guide. ^[12] Home of original articles on nursing theory, clinical practice, and career development. ^[12] Site links to prominent nursing theories, books, and discussion forums, and more. Nursing Theory Link Page This page, originally designed by two undergraduate students at Clayton State University as part of their Nursing Theory coursework, links to information about prominent nursing theories and models. ^[12] Nursing Theory Page (USD Hahn School of Nursing and Health Sciences) The Nursing Theory Page is a collaborative effort by an international group interested in developing a collection of resources about nursing theories throughout the world. ^[12] Neuman Health Care Model of Nursing. Within this framework, Neuman's Health Care Systems Model is a grand nursing theory. ^[13] Look at the respect other health care professionals give each other. Can't you have a body of knowledge specific to a profession without having any grand theories? Do pharmacists have a grand theory of pharmacy? Do civil engineers a grand theory of civil engineering? Nurses can publish research on topics relevant to nursing without any grand theories in the background. such as ways to reduce the incidence of pressure ulcers or effective post-op teaching strategies. ^[14] We used to have to "borrow" theories from other professions and disciplines and we don't have to do that as much now that nursing theory is emerging. To help my students understand nursing theory, I ask them to think of their own religion and how it pretty much guides your life, the decisions you make, the way you live, etc. That is how nursing theory should be for nurses. ^[14]

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This paper discusses nursing theory, specifically in regards to self-care facilitated by Dorothy Orem's model and the mid-range theory of the community health model. ^[15]

Essay (General) # 33825 :: Broad Nursing Theory and Mid-Range Theory (900 words; 4 sources;) 3. ^[15] This paper discusses the importance of nursing theory as not simply a philosophical abstraction, but as also useful for the demands for "description, explanation, prediction and control" during nursing work and study. ^[15]

What are the purposes of nursing theory? The purposes of nursing theory are to define nursing, describe what nurses do, and provide goals or outcomes of care. ^[16] A conceptual model is a symbolic representation of a theory, shown through diagrams, words, or mathematical notations. Nurses have borrowed theory from biological, physical, and behavioral science disciplines and applied them to nursing situations to derive nursing theory. ^[16]

One article applies the use of Neuman's model to undergraduate nursing education. This nursing theory provides the nursing framework for the assessment and identification of the resulting nursing diagnoses. In the Case Study feature, the author illustrates how Neuman's theory provides the basis for her practice in a postpartum setting and assists her with identifying accurate nursing diagnoses. ^[17] Unfortunately, the strategy of relating concepts and nursing diagnoses is often forgotten in many nursing theory and research courses. ^[17]

Concepts are the building blocks of theories. Although the concepts that form the basis for the nursing diagnostic labels are not included in the grand nursing theories, development of these concepts will facilitate the development of middle-range theories for nursing. More specifically, some nurse theorists have discussed the nursing process in detail as part of the construct of nursing, but this may not be said of all nurse theorists.^[17]

Now, is the day ever going to come when we see Moogie's Grand Theory of Nursing and the Universe? Probably not.^[14] Drawing a parallel to religion would seem to hurt the argument for the necessity of nursing theory. Clearly, not everyone practices a religion and they still lead what they consider to be meaningful, productive and satisfactory lives. If a "borrowed" theory (tweaked to fit nursing) works, who cares if it's "borrowed"? Nursing by nature overlaps with many fields such as education, public health, & medicine.^[14] The average nursing student doesn't have the framework to really understand, integrate, synthesise the concepts. (can you tell I'm in grad school?) Nursing theory is probably best delivered at higher levels of education. I can't remember any of my original theory classes, they were over 30 years ago. I do remember the day were I thought, hmm there is something to this theory stuff. That's when I decided to pursue grad school.^[14] Nursing theory guides nursing research. Without it, nurses are basing their research on "hunches" or conventional wisdom, which simply don't stand the test for scientific rigor.^[14] Nursing theory provides the foundation for nursing research, which is important to help develop nursing practice.^[14]

The ongoing relevance of Nightingale's work continues to expand and provide a utilitarian function for nursing theory, especially given the current crisis in the health care setting. Those nurses who are becoming educated on environmental issues bring unique skills and understanding to the healthcare environment. Florence set the stage in her writings for nurses to be involved at all levels and all capacities in providing optimal health care settings and care.^[18] Nursing theory has evolved on a number of levels in the past fifty years. While it is true that Florence Nightingale is commonly recognized and accepted as the founder of modern nursing, there is some question as to whether or not she had an actual theory of nursing. Dr. Louise Selanders (1998) took Nightingale's writings and outlined them in a theoretical format, teasing out her philosophy, her principles, and creating diagrams which depict the Nightingale model.^[18]

Middle-range theories focus on a limited number of variables and are more amenable to empirical testing. This level of theory development was proposed in nursing because it is difficult to test grand nursing theory (Jacox, 1974).^[19] There are a limited number of examples of middle-range theory developed from grand nursing theory in the literature. The goals of this article are to (a) discuss the scope and purpose of various levels of theory, (b) discuss the role of various levels of theory within nursing science, and (c) demonstrate how a middle-range theory of nurse-expressed empathy and patient outcomes was developed from Orlando's (1961, 1972) work and tested through research (Olson, 1995).^[19] IMAGE: JOURNAL OF NURSING SCHOLARSHIP, 1997; 29(1), 71-76. 1997, SIGMA THETA TAU INTERNATIONAL. Suppe (1993) stated that nursing science has reached a level of maturity where the importance of grand nursing

theory or conceptual models has diminished and the need for middle-range theory derived from these models has increased.^[19]

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Situated in a critical-feminist perspective, this article describes a pedagogical approach to linking nursing theory and practice. The inclusion of the critical humanities is emphasized in creating an environment in which this linkage can be reified for learners.^[20] Implications for the future of nursing theory and its links to practice in the context of current political realities in academia are considered.^[20]

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The structure of nursing knowledge: Analysis and evaluation of practice, middle-range and grand theory.^[21] Available online 26 April 2004. Nursing has accepted theory as basic to its practice; however, the use and development of nursing theory is constrained by the approach used in nursing education. It is not appropriate or sufficient to isolate theory in one course.^[22]

CULTURE CARE THEORY Caring is central to the prac. programs and social historical conditions within which practice theories and service delivery systems emerge. (3rd ed.). Jean Watson's Nursing Theory This paper presents an analysis and c.^[13] Z is divided into two QUICKfind sections: Nursing Theory and Theory Resources. Nursing Theory is further divided into more specific categories, such as Grand Theory, Midrange Theory, and Nursing Models.^[23] Nursing theory - Wikipedia, the free encyclopedia Nursing theory is the term given to the body of knowledge that is used to support nursing practice. In their professional education nurses will study a.^[24]

If you are aware of any middle range nursing theory not listed here, it would be appreciated if you were to either let the theorist(s) know.^[24]

There are four successively more abstract types of nursing theories: practice theory, middle range theory, grand theory, and metatheory.^[25]

Owned and maintained by Nurse Becky Sisk, NurseScribe provides links to many nursing theory Websites and offers bibliographies on a select group of nursing theorists.^[23] Maintained by the Hahn School of Nursing and Health Science, University of San Diego, San Diego, CA, as an ongoing international collaborative effort, the Nursing Theory Page provides links to Websites focused on specific theorists.^[23] Jones and Bartlett Publishers provide a virtual art gallery of creative works related to nursing theory.^[23] While students may regard the topic of nursing theory with apprehension, librarians need to be comfortable with resources that address the subject because it is a perennial favorite among nursing school faculty.^[23]

WaLker and Avant (1995) suggest that rather than asking, "What level of nursing theory development should occur," we should be concerned with how the levels of theory

development are related to each other. ^[19] To discuss the advantages and disadvantages of nurses in the same work setting practicing by a single nursing theory. ^[26] Individual paper #1 - Paper on nursing concepts and nursing theory(s) used in your workplace. ^[26]

State the relationship of nursing conceptual models to evidence based practice - This solution is for a graduate nursing theory class. ^[27] Describe the following concepts: Theory development, metatheory, grand theory, metaparadigm, conceptual models. This solution describes by definition and examples the following nursing concepts: theory development, metatheory, grand theory, metaparadigm and conceptual models. Supplemented with a highly informative articles further describing these nursing theories, development and concepts. ^[27]

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POSSIBLY USEFUL

Section Contents:

- A conceptual model of nursing from which theory of goal attainment is derived. [\(More...\)](#)
- Prescriptive theories address nursing therapeutics and consequences of interventions. [\(More...\)](#)
- There are metatheories, grand theories, mid-range theories, min-theories and micro-theories. [\(More...\)](#)
- Josephine Paterson and Loretta Zderad retired in 1985 and moved South where they are currently enjoying life. [\(More...\)](#)
- For nursing and allied health professionals, students, educators and researchers, CIHAHL provides full text for nearly 400 journals. [\(More...\)](#)
- The paper asserts that even grand theories have a practical emphasis. [\(More...\)](#)
- Grand theories consist of a global conceptual framework that defines broad perspectives for nursing practice, ways of looking at nursing phenomena from a distinct nursing perspective. [\(More...\)](#)
- Grand theory has been used over the millennia of human intelligence in order to establish the reality of their world. [\(More...\)](#)
- Phenomena are identified from nursing practice. [\(More...\)](#)
- Separate multiple e-mails with a (;). [\(More...\)](#)
- Questions about the entry level for nursing practice continue to be asked within the nursing community. [\(More...\)](#)

- Abstract In 1989 research was performed aimed at discovering the views of Dutch administrators of intramural health care institutions on the need for graduate nursing education and nursing research in The Netherlands.[\(More...\)](#)
- Theory Resources include Teaching Tools, Books, Journals, Scholars & Experts, Forums, Conferences, and Nurse Philosophers.[\(More...\)](#)

A conceptual model of nursing from which theory of goal attainment is derived. From her major concepts (interaction, perception, communication, transaction, role, stress, growth and development) derived goal attainment theory.^[4] The relationship between research and theory is undeniable, and it is important to recognize the impact of this relationships on the development of nursing knowledge.^[28] Debate is whether the use of borrowed theory has hindered the development of the discipline. It has contributed to problems connecting research and theory in nursing.^[28]

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Prescriptive theories address nursing therapeutics and consequences of interventions.

^[1] Nursing theories are used to describe, develop, disseminate, and use present knowledge in nursing. They provide a framework to develop new and validate current knowledge. They help to describe, explain, predict and prescribe.^[1]

Descriptive theory identifies properties and components of a discipline. They identify meaning and observations and describe what elements exist in that discipline.^[1]

Explanatory theory identifies how the properties and components relate to each other and accounts for how the discipline functions.^[1]

Theory can be defined as "an internally consistent group of relational statements (concepts, definitions and propositions) that present a systematic view about a phenomenon and which is useful for description, explanation, prediction and control" (Bodie & Chitty, 1993).^[1] Middle Range Theory is moderately abstract and has a limited number of variables. They are able to be tested directly.^[1]

Moody (1990) argues that for a theory to be usefully generalised to other nursing situations, it needs to be abstract. Mid-range theories go some way to solving this problem. They are moderately abstract and inclusive but are composed of concepts and propositions that are measurable. Therefore, mid-range theories, at their best, balance the need for precision with the need to be sufficiently abstract.^[2] Perceptions, Judgments and actions of the patient and the nurse lead to reaction, interaction, and transaction (Process of nursing).^[4] A move towards theory-based practice has made contemporary nursing more meaningful and significant by shifting nursing's focus from vocation to an organised profession.^[4] Nursing has made phenomenal achievement in the last century that has lead to the recognition of nursing as an academic discipline and a profession.^[4]

Health care needs are needs for comfort, arising from stressful health care situations that

cannot be met by recipients' traditional support system. These needs include physical, psycho spiritual, social and environmental needs. Comfort measures include those nursing interventions designed to address the specific comfort needs.^[4] Meleis Ibrahim Afaf (1997), *Theoretical Nursing : Development & Progress* 3rd ed. Philadelphia, Lippincott.^[4] Nursing helps to maintain the individuality of person by preventing potential problems, solving actual problems and helping to cope.^[4] Nursing actions (Primary, Secondary, and Tertiary levels of prevention) focuses on the variables affecting the client's response to stressors.^[4]

The need for knowledge-base to guide professional nursing practice had been realised in the first half of the twentieth century and many theoretical works have been contributed by nurses ever since, first with the goal of making nursing a recognised profession and later with the goal of delivering care to patients as professionals.^[4]

A theory is a group of related concepts that propose action that guide practice.^[4] A complex theory to explain the factors impacting the development of maternal role over time.^[4]

Using the internet the nurses of the world can share ideas and knowledge, carrying on the work begun by nursing theorists and continue the growth and development of new nursing knowledge.^[4] The conceptual and theoretical nursing models help to provide knowledge to improve practice, guide research and curriculum and identify the goals of nursing practice.^[4]

Nursing science is blend of knowledge that is unique to nursing and knowledge that is borrowed from other disciplines.^[28] Research without theory results in discreet information or data which does not add to the accumulated knowledge of the discipline.^[28] Interface theory and research by generating theories, testing the theories and by using it as a conceptual framework that drives the study.^[28] If a conceptual model is used as a theoretical framework for research it is not theory testing.^[28] Theory guides the research process, forms the research questions, aids in design, analysis and interpretation. It enables the scientist to weave the facts together.^[28] In theory testing research, theoretical statements are translated into questions and hypothesis. It requires a deductive reasoning process.^[28]

Grounded theory provides a way to describe what is happening and understanding the process of why it happens.^[28]

Chinn and Kramer (1995) discuss eight other mid-range theories which can be used to guide practice. These include: a theory of menstrual care, a theory of family care-giving, a theory of relapse among ex-smokers, a theory of uncertainty in illness, a theory of the peri-menopausal process, a theory of self-transcendence, a theory of personal risking and a theory of illness trajectory.^[2] Mid-range theory can also grow from concept analysis and is inextricably linked to research and practice. This triad of research-theory-practice helps to close both the theory-practice and the research-practice gaps and to provide knowledge which is more readily applicable in direct care situations. Some mid-range

theories have their basis in grand theories.^[2] In the 1990s nursing has recognised the phenomena that specifically interest us, the importance of the metaparadigm, and the grand theories that help identify the boundaries of our discipline.^[2] The phenomena of pain is a mid-range concept of concern for nursing because it is only one of many phenomena that comprise the global concern of the discipline (Chinn and Kramer, 1995, p 216).^[2]

A theory of pain alleviation represents a mid-range theory for nursing; it is broader than a theory of neural conduction of pain stimuli but narrower than the goal of achieving high level wellness.^[2]

The nurse must be able to integrate cultural differences into the plan of care, including alternative therapies. In this way, all the needs of the patient are met, and the nurse has established a working relationship with the patient and family. This theory is difficult to put into practice, however with the nursing shortages and tight staffing ratios.^[9] Purposely left off this list is that most famous of all nurses, Florence Nightingale. Ms. Nightingale never actually formulated a theory of nursing science but was posthumously accredited with same by others who categorized her personal journaling and communications into a theoretical framework. Left off are many who simply improvised on others work and acclaimed their thoughts as new theoretical vision.^[9] Models of nursing have always been accused of being "out of touch" with the harsh reality of patient care, and creating yet more unnecessary paperwork for nurses to complete. This misses the point of a nursing model, which is to drive research, innovation and change, to connect theory with practice, but not to be practice.^[9]

Practice theory is the lowest of the theories while meta-theory is the highest level of theory.^[5] In practice theory, there are four steps to follow: you have to identify and describe a phenomenon, identify and describe possible explanations, predict the occurrence and control or eliminate the cause.^[5] First advocated by the sociologist Robert Merton (1968), mid-range theories are more focused than grand theories. They have fewer concepts and variables within their structure, are presented in a more testable form, have a more limited scope and have a stronger relationship with research and practice.^[2] London, Routledge, p. 144-146. Like concepts theories may be classified by their levels of abstraction along a continuum from grand theories to practice theories.^[2]

Grand theories have the broadest scope and present general concepts and propositions. Theories at this level may both reflect and provide insights useful for practice but are not designed for empirical testing. This limits the use of grand theories for directing, explaining, and predicting nursing in particular situations. Theories at this level are intended to be pertinent to all instances of nursing.^[3]

George B. Julia, Nursing Theories- The base for professional Nursing Practice, 3rd ed. Norwalk, Appleton & Lange.^[4] Florence Nightingale supported her theoretical propositions through research, as statistical data and prepared graphs were used to depict the impact of nursing care on the health of British soldiers.^[28] Research findings on various nursing problems offer data to develop nursing practice theories as nursing

engages in research-based development of theory and practice.^[3] Nursing practice theory has the most limited scope and level of abstraction and is developed for use within a specific range of nursing situations.^[3]

Today knowledge development in nursing is taking place on several fronts, with a variety of scholarly approaches contributing to advances in the discipline.^[3] Development of nursing knowledge is a result of theory-based nursing inquiry.^[3]

Benner (1984) demonstrated that dialogue with expert nurses in practice is fruitful for discovery and development of practice theory.^[3]

Mid-range theory tends to focus on concepts of interest to nurses. As well as pain, these include: empathy, grief, self esteem, hope, comfort, dignity, quality of life.^[2] Fawcett (cited in Smith 1994) agrees, believing that if a 'conceptual framework' (sic) is not related to mid-range theory then it is not absent but is really present in an implicit sense. Other mid-range theories grow directly from practice.^[2] Mid-range theory deals with a relatively broad scope of phenomena but does not cover the full range of phenomena that are of concern within a discipline.^[2] Merle Mishel (1990) developed a mid-range theory of 'uncertainty' among patients.^[2] Swanson's (1991) mid-range theory of 'caring in perinatal nursing' was inductively developed from studies in three perinatal settings.^[2]

Grand theories are broad and abstract and do not easily lend themselves to application or testing. Narrow range theories are very precise and restricted in their focus.^[2]

There are four levels of theory: meta-theory, grand theory, middle range theory, and practice theory.^[5] Dr. Paterson and Dr. Zderad used a three-pronged approach that integrated clinical practice, education, and research. Their theory of humanistic nursing presented a method for nurses in clinical practice to examine their experiences. They believed that by examining these experiences they could be analyzed, synthesized, and subsequently formulated into theoretical propositions which can become resourceful guides for nursing practitioners (Zderad, 1978, p. 4)."^[8] Many care plans are completed at the end of the day, so that there is something on the chart. Technological advances are starting to produce software specific to nursing, based on the way nurses actually think and work.^[9] Nursing models are conceptual models, constructed of theories and concepts. They are used to help nurses assess, plan, and implement patient care by providing a framework within which to work. They also help nurses achieve uniformity and seamless care.^[9] Nursing models can be used to produce a document known as a care plan that is used to document a patient's treatment plan as set by nurses, doctors and other healthcare professionals and auxiliary workers. These documents are considered to be living documents - they are supposed to be changed and evaluated on a daily basis as the patient's condition and abilities change.^[9]

The methods used for developing middle range theories are many and represent some of the most exciting work being published in nursing today. Many of these new theories are built on content of related disciplines and brought into nursing practice and research (Lenz, Suppe, Gift, Pugh, & Milligan, 1995; Polk, 1997; Eakes, Burke, & Hainsworth,

1998).^[3] Nursing practice theory has been articulated using multiple ways of knowing through reflective practice (Johns & Freshwater, 1998).^[3] Nursing practice theories provide frameworks for nursing interventions, and predict outcomes and the impact of nursing practice.^[3] Nursing questions, actions, and procedures may be described or developed as nursing practice theories.^[3]

Middle-range theories are narrower in scope than grand theories and offer an effective bridge between grand theories and nursing practice. They present concepts and propositions at a lower level of abstraction and hold great promise for increasing theory-based research and nursing practice strategies.^[3]

The conceptualization is articulated for the purpose of describing, explaining, predicting or prescribing nursing care. (Meleis, 1997). Barnum (1998) divides theories into those that describe and those that explain nursing phenomena.^[3] The circle continues as data, conclusions, and recommendations of nursing research are evaluated and developed for use in practice.^[3] Nursing practice increasingly takes place in interdisciplinary community settings, and the form of nursing in acute care settings is rapidly changing.^[3] The major reason for structuring and advancing nursing knowledge is for the sake of nursing practice.^[3]

Florence Nightingale taught us that nursing theories describe and explain what is and what is not nursing (Nightingale, 1859/1992).^[3]

The original role of the nurse was primarily to care for the patient as prescribed by a physician. This evolved into the biomedical model of nursing care which still strongly influences nursing practice today.^[9] Most nursing models involve some method of assessing a patient's individual needs and implementing appropriate patient care.^[9]

If you take it from the perspective that it is a theory about defining a theory of nursing through existentialism and phenomenology then you might consider it a meta-theory. Paterson and Zderad define their theory as a meta-theory.^[8] The theory serves as a vehicle to describe the essences of everyday nursing experiences. It is an inductive approach to theory building through exploration and description.^[8] Insightful recognition of the lived nursing act as the point around which all nursing functions revolve, requires a paradigm shift in orientation for some nurses.^[8]

Most definitely. When this theory was first articulated by Paterson and Zderad it was used in the context of nurse administrators helping nurses to define themselves, their relationships and their practice in another period of time when there was significant changes that were creating unrest and tension.^[8] This was their vision for their theory from the start. Those other nurses following them would take their work and expand and use it for the benefit of all nurses. Paterson and Zderad frequently refer inquiries about their theory to Dr. Kleiman as they actively pursue only their retirement interests.^[8]

Who is Ramona T Mercer ? R.T. Mercer is a nursing theorist who developed the midrange theory of Maternal Role Attainment that evolved into the midrange theory of Becoming a

Mother. Much of her work developed from Rubin's. ^[29] Who was the first nursing theorist ? Florence Nightingale (12 may 1820 - 13 august 1910) Key concepts of "Notes in Nursing" is the manipulation of the environment as the major component of nursing care. ^[29] Modeling and Role-Modeling theory (MRM; Erickson, Tomlin & Swain, 1983) provides a paradigm and theory for nursing. ^[30]

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There are metatheories, grand theories, mid-range theories, min-theories and micro-theories. ^[9] The biomedical theories of nursing assume that all patients with the same illness have the same problems and require the same care. These theories do not take into account differences in patient knowledge and abilities due to socioeconomic, psychological or cultural differences. ^[11] In the real world, however, you will often find that different fields of nursing subscribe to specific theories of nursing. ^[11]

Nightingale's beliefs about nursing have influenced the shape of the profession for well over 150 years. She was the first to view the nurse as more than a servant carrying out the orders of a physician, but rather as a caregiver in her own right, who could manipulate the environment and situation to influence the patient's well-being. ^[11] Social models of nursing, by contrast, consider the patient from varying degrees of holistic viewpoints. They take into account differences among patients due to culture, economic and social status and other factors. ^[11] There have been many models of nursing proposed and accepted by various communities and types of nursing. ^[11]

Originally, the role of the nurse was to carry out the orders of a physician. Nursing theories that arose from this model of patient care were essentially biomedical and focused on treating diseases rather than patients. These theories allowed little variation in care based on a patient's individual needs and abilities. ^[11] As a student nurse, you will be expected to learn about and be able to describe various bodies of work and knowledge about nursing and nursing theories. ^[11]

Our nursing goal is to help people achieve quality, holistic health. Major concepts in MRM are related to the underlying assumptions and philosophical beliefs regarding how people are alike, how they differ from each other, and what nurses do. ^[30] Concepts related to the nurse and nursing role are facilitation, nurturance and unconditional acceptance. ^[30] The states of equilibrium, arousal and impoverishment describe the individual's resource mobilization and coping potential in the APAM. A more complete list of key concepts, organized as Human Nature, Nursing Focus and Nursing Role(s) can be found here ; and selected concept definitions are here. ^[30]

There are four categories of data that guide the nursing assessment. They are: Description of the situation, Expectations, Resources, and Goals. ^[30]

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Josephine Paterson and Loretta Zderad retired in 1985 and moved South where they

are currently enjoying life. Although they are no longer active, they are pleased at the on going interest in their theory. ^[8]

The care plans themselves will be shaped by the theories behind the nursing model. ^[11] You will learn about the major nursing theorists of the 20th century and since, and how to formulate your own models of nursing in order to be a more effective caregiver and medical assistant. ^[11]

Care plans fall roughly into five categories: metatheories, grand theories, mid-range theories, min-theories and micro theories, in order from the range of factors considered. ^[11]

Special features include chapter opening case studies and learning activities. Reviewer Vicki Ann Moss, DNSc, MS, BSN, RN(University of Wisconsin-Oshkosh) Description According to the editors, "the focus of this book is on the application of theory rather than on the study, analysis, and critique of grand theories or a presentation of a specific aspect of theory (e.g., construction or evaluation)", (p. xiv). ^[10] The editors and contributing authors bring theory to practice. It is an outstanding addition to the available texts on theory. ^[10] This new introductory theory book addresses the underlying information needed to understand theory and apply it to practice. ^[10] Internet resources are also provided where appropriate. Assessment This is an excellent text for a graduate theory course. I have used the 1st edition since it was available and have been very pleased with its versatility and ease of read. The 2nd edition with its added content makes it even more valuable as a beginning graduate text. ^[10]

Several of the above concepts are original or uniquely defined in MRM theory. ^[30] Her theory of nursing brought to the forefront the idea of the nurse as patient educator. ^[31] Health care around the world and especially in the Western world, has undergone extreme changes over the past few decades, however, the basic principles of nursing such as caring for the sick and elderly have remained the same. Many of those principles come from the teaching of Virginia Henderson. Her interactional theory of holistic care has helped to form the philosophical base of twentieth century nursing. ^[31]

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For nursing and allied health professionals, students, educators and researchers, CIHAHL provides full text for nearly 400 journals. ^[12] Provides authoritative information on medicine, nursing, dentistry, veterinary medicine, the health care system, pre-clinical sciences, and more. ^[12]

This guide is intended to serve as a general introduction to researching nursing theory/theorists using both print and electronic resources. ^[12]

Additional web sites may be found using Google or Yahoo and searching by the name of a nurse theorist and/or a specific theory or model, e.g. Dorothy Johnson Behavioral System Model. ^[12] Use article indexes/databases to identify periodical or journal articles

on nursing theories or models.^[12]

MRM is best depicted as a grand theory encompassing numerous mid-range theories.^[30] Jean Watson developed the theory of Human Caring, describing 10 carative factors, classified as nursing actions or processes.^[16] Florence Nightingale is recognized as the first nurse theorist. She described nursing as both an art and a science. She recommended adjusting the environment to improve the person's health.^[16] Virginia Henderson defined nursing as assisting the individual to gain health or to be allowed a peaceful death. Along with Bertha Harmer, she wrote a fundamentals of nursing text that described 14 human needs addressed by nurses.^[16] The metaparadigms of nursing are: Person, health, environment, and nursing.^[16] The ways of knowing are empirical (scientific) knowledge, aesthetic (creative) knowledge, personal knowledge, and ethical knowledge (Carper, 1978). They are used to study nursing problems.^[16] A discipline is a recognized field of study, so the discipline of nursing is the body of knowledge in nursing.^[16]

Paterson and Zderad also emphasized the humanistic and existential bases of nursing.^[16]

You can teach a student how to provide care for patients, but if a student enters nursing does not know how to be caring towards others, it's a bit late in the day, to try to teach them this personality trait. I don't think being caring is a trait that can be taught in the classroom, it is something that should be a basis of a persons personality, that is transparently genuine, not a theory the student has learned and can check off their skill set.^[14] I was taught minimal theory in my ADN program, a bit more in my BSN program, but got the full treatment when I started grad school. The concepts I learned in grad school totally changed the way I think about nursing but there is no way I would have been ready to absorb any of them when I was still learning the fundamentals of nursing.^[14]

Additionally I think that some of the theories are kind of wacked. i dont exactly remember which, maybe one about transpersonal caring? Not sure. Anyway, it can be argued both ways, as Florence Nightengale's practice of making patients as comfortable as possible in a tranquil environment (etcetc) is still applied in nursing today.^[14] One of the characteristics of a profession is that there is a specific body of knowledge to that profession. These arguments may seem silly to those who are working in direct patient care, some of whom seem to follow a sort of Zen-like philosophy of nursing. They practice nursing and nursing is defined by their actions.^[14] Nursing has been struggling to be recognized as an academic discipline ever since the 1960s, when the ANA published a position paper that supported baccalaureate education as the entry level to practice. What does this have to do with actually being a nurse? Plenty.^[14]

Creating theories that cut medical diagnoses and ordered treatments out of the picture was one way to prove that nursing was more than just one small subset of medicine. I definitely think such theories played an important role in the development of nursing as a profession.^[14] As you note, many theories were initially developed as a way to legitimize nursing as a profession as it struggled to pull itself from being considered subject to physicians.^[14]

The theories are not necessarily applied while practicing nursing, Roach's 6 C's don't exactly cross my mind when i enter a patients room.^[14]

I think so. In order to be recognized as an academic discipline, separate from medicine and other health sciences, nursing needs to have its own body of knowledge.^[14] Sister Callista Roy developed the Roy Adaptation Model for Nursing in 1980. Her theory has been applied to health teaching about osteoporosis (Doyle, Rajacich, AAOHN Journal November 1991) and breastfeeding (Sjoden, Journal of Advanced Nursing, 1993). Her model emphasizes the importance of adaptation to situations to facilitate healing.^[18]

The middle range theory of Vigilance (Carr, 1998) provides a unique opportunity to consider the continual presence of a caring family member in the environment as a nursing phenomenon.^[18] Environment as a phenomenon in nursing is imbedded in the philosophical assumptions and principles of Parse's Human Becoming Theory.^[18]

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The paper asserts that even grand theories have a practical emphasis. They can offer validation of the patient's cultural differences and self-empowerment and actualization through facilitating patient self-care. Self-care facilitation is a stress in many of the grand theories, as Orem's theory likewise attempts to address self-care deficits such as patient noncompliance with a dietary or physical fitness regime.^[15] There is always inevitable overlap between models, as contemporary nursing models and grand theories all strive to be limited to a focus on problems in nurse-patient situations or problems in person-environment interaction to be of use in practitioners in the field.^[15]

Having a background in nursing theories can prove helpful because theories give clues as to what to ask, what to observe, what to focus on and what to think about when a nurse is under pressure or dealing with a noncompliant patient.^[15] Orem also stresses patient empowerment in the context of direct nursing care, where the nurse has direct contact with client and/or family, along with Orem's the belief that self-care deficits are the result of environmental situations (Mayo, 1997).^[15]

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Grand theories consist of a global conceptual framework that defines broad perspectives for nursing practice, ways of looking at nursing phenomena from a distinct nursing perspective.^[31] Gordon's 11 Functional Health Patterns are an example of middle-range theory. They provide a framework for assessment, nursing diagnoses, and a plan of care.^[16] Myra Levine described four conservation principles for nursing, specifically the conservation of energy, structural integrity, personal integrity, and social stability. She stated that nursing is needed when a person is unable to handle health problems. Dorothea Orem developed the Self-Care Deficit Theory of Nursing, in which she purports that people need nursing care when they have a "self-care deficit," or cannot care for themselves.^[16]

Sister Callista Roy used general systems theory and adaptation theory to produce the Roy Adaptation Model, in which the person is a biopsychosocial being constantly interacting with the environment.^[16] A theory is a set of concepts and propositions that provides an orderly way to view phenomena.^[16] Middle-range theory addresses more narrowly defined phenomena and can be used to suggest an intervention.^[16]

Martha Rogers developed the theory of the Science of Unitary Human Beings, in which the person is a unified whole, greater than the sum of the parts.^[16] Two examples are Maslow's Hierarchy of Human Needs and Von Bertalanffy's general systems theory.^[16] Caring was understood. It didn't matter if it was a patient, a neighbor or a stray kitty I rescued. you cared and were expected to always show that. Same as the theory of helping patients do as much for themselves as possible, same as behavioral theories, etc. It was just all part of my life.^[14]

I didn't acquire the value of caring from Jean Watson or some other theorist in nursing school, I acquired it from my parents - neither of them nurses.^[14] I do have my personal philosophy of nursing that has been born out of my education, my experiences, my core values in life, and every little thing that has to do with nursing, no matter how grand or trivial. BTW, just a quick note to the OP and other nursing students just remember that your instructors might be lurking on these boards as well, so don't just ask any of us for the answers.^[14] I honestly don't believe thinking and doing have to be mutually exclusive in the nursing profession.^[14] Looking at the larger picture at nursing as a profession and a discipline we can't just do.^[14] Physicians often taught some of the nursing classes, mostly anatomy, physiology and pathophysiology. Nursing has been struggling to be recognized as its own profession.^[14]

The concept of integrating new knowledge (environmental health nursing) into clinical nursing domain creates the need for understanding the criteria for defining an expert nurse with environmental health skills.^[18] Given the current juncture in human history, the nursing profession would be well served by evaluating the educational preparation Nightingale received, and parody the breadth of that education in the preparation for nurses today.^[18]

One of the early articles in this journal discussed how concept development contributes to more precise diagnostic labels and advances nursing science (Avant, 1991).^[17] Paths to concept development in nursing diagnosis Nursing Diagnosis, 2, 105-110.^[17] Each nursing diagnosis is a concept that is a human response, and it represents a phenomenon of concern to nurses. To help beginning researchers identify topics to investigate, I refer them to the list of nursing diagnoses.^[17]

Without participating members to use nursing diagnoses, interventions, and outcomes in nursing practice, education, and research, there would be no further advancement of nursing diagnoses and the profession.^[17]

Grand theory has been used over the millennia of human intelligence in order to establish the reality of their world. The phenomenon has touched on every area of not only human knowledge, but also on other areas of being such as religion and theory systems regarding the origin of the earth. Creation and evolution theories can be classified as grand, as can the various scientific theories worked out by persons such as Newton and Einstein. ^[32] The entirety of the human experience of reality appears to be based upon grand theory. All of the above are only theories, because they have not been proved otherwise. ^[32] Because of the nature of technology and science today, I do believe that it is possible to develop a grand theory, or even several grand theories. ^[32] Woowara. A theory to help develop these puzzles of history is called the grand theory. ^[32]

For every area of knowledge, therefore, there is a set of concomitant grand theories. ^[32] Environment which was previously been a "silent partner" in one's life, can suddenly present numerous challenges and become a significant component of healing. Madeline Leininger is best known for her work related to cultural competency in nursing. ^[18] The evolution of expert skills in nursing alters the academic environment for students, leading faculty to create different types of learning opportunities in different environments. ^[18] Environment as a nursing phenomenon will have importance as our existing environments are rapidly being biogeochemically transformed by technology, innovation, and an ever-increasing human population load. ^[18] Environment as a phenomenon in nursing will continue to have importance as new environments are inhabited by humans. ^[18]

Journal of Professional Nursing, Vol. 6, No 3 (May-June), 1990: pp. 167-173. ^[18]

Nightingale's theory of environment provides basic fundamentals for nursing practice, and has achieved universality. ^[18] We teach theory wrong. It should only get a mention in undergrad nursing education. ^[14]

The ideas get passed down through our culture and we don't need to read the original scholarship that produced. We forget that not too long ago (in human history terms) nobody washed their hands or any health care equipment between patients because the "germ theory" did not exist. ^[14] Not specific to a single profession, but I suppose the germ theory of disease seems pretty basic, but it sure wasn't at one time. Just because it's basic and commonly known doesn't mean it shouldn't have a name and label. ^[14]

Humanism and postmodern philosophy have challenged natural science philosophical influences on nursing's syntax. This paper examines the construction of nursing's syntax from empiricist, hermeneuticist, feminist, and critical social theory views. In this critique, two requirements are placed on the world views: (1) they must accommodate theoretical (realist) terms important to nursing; and (2) they should provide explanatory power for these terms within nursing's disciplinary substance. ^[22] Arguments are continued for a "within-the discipline" structure, a substantive and syntactical structure for the discipline of nursing that recognizes the centrality of biobehavioral processes in the practice of nursing. ^[22]

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Phenomena are identified from nursing practice. Nursing theories describe these phenomena or provide a framework to deal with these questions or problems. [\[16\]](#) Nursing research is used to describe the phenomena or address the questions and problems. [\[16\]](#)

Grand theory is broader and provides an overall framework for structuring ideas. [\[16\]](#)

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Separate multiple e-mails with a (;). Thought you might appreciate this item(s) I saw at Advances in Nursing Science. [\[20\]](#) In order to define nursing research, I begin with the definition of nursing, which is the diagnosis and treatment of human responses to actual or potential health problems (American Nurses Association, 1995). [\[17\]](#) I hope we will continue to see the application of various nursing theories include nursing diagnoses as a component for further implications of nursing practice. Another exciting feature in this issue is the Commentary section. [\[17\]](#) Consider today how you will participate in the further development of nursing diagnoses. [\[17\]](#)

In a metaphoric sense, Florence Nightingales work can be viewed as the base root and trunk of a tree, and modern theorists as branches from that tree leading into various areas of nursing practice. Theories have been defined as grand and middle range, depending on their scope of focus. [\[18\]](#) Several theorists have defined environment along multiple dimensions. Nightingale described the nurses role in optimizing the environment for healing, while others, such as Sister Callista Roy write about the environment as something clients must "adapt to" as part of the healing process. This paper seeks to explore the phenomenon of environment in nursing practice, and suggest considerations for expanding nursing knowledge in the realm of the impact of environment on human health. [\[18\]](#)

Selanders, L. (1998) The power of environmental adaptation: Florence Nightingale's original theory for nursing practice. [\[18\]](#) Margaret Newman's Theory describes health as expanding consciousness in situations where absence of disease or disability is not possible. [\[18\]](#)

While the theory looks at vigilance and the experience for family members, it provides the opportunity to consider vigilance as an environmental factor. [\[18\]](#) Considering culture as an environmental factor can impact one's experience in healthcare. Culturally sensitive care providers can create an environment where patients feel accepted and their cultural norms are respected and honored. In this way, Leiningers' work around culture has environmental relevance and is an important feature in nursing care. [\[18\]](#) Hollie Shaner has used Nightingale's model of to develop an Environmentally Responsible Clinical Practice Model, featured in the text: Exploring Our Environmental Connections by NLN Press. These are a few examples of the emerging trend toward reintegration of environment as central to nursing practice. [\[18\]](#) In closing, the environment as a phenomenon in nursing is

represented in the works of many nursing theorists, either directly or indirectly.^[18] A variety of nursing theories have been developed in the past fifty years, many using the Florence Nightingale's work as foundational.^[18] If it wasn't for nursing research, we'd still be putting Maalox on decubiti like we did thirty years ago when I was in school. Now I'd like to think that my education from eons ago is still relevant; in terms of clinical knowledge, what I learned was obsolete before I hit my five year anniversary as an RN. But in terms of basic nursing knowledge the theoretical foundations it's still there.^[14]

Grand theories act as the foundation for nursing practice; mid-level theories are utilized to develop nursing actions in specific clinical areas. Nursing has been struggling to be recognized as its own profession.^[14] When most nursing education took place in hospital schools (diploma programs), the profession was very much under the control of medicine.^[14] When Watson first starting working on caring, people in nursing were not talking about caring -- or incorporating it within nursing education. There was such a strong focus on physiology that caring was disappearing from nursing.^[14]

Mid-range theory building and the nursing theory-practice gap: A respite care case study.^[21] Neuman's theory of nursing is the Health Care Systems Model (Pierce & Hutton, 1992, pp. 15-18).^[13]

Abstract Lodged within the syntax of a discipline are the value systems and research constraints that influence theory development and research strategies.^[22] Because the research aim was to learn the informants' point of view, a grounded theory method was applied.^[22]

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Questions about the entry level for nursing practice continue to be asked within the nursing community.^[18] In-depth coverage of the development of the theories that guide nursing practice, middle range theories, and practice models. Chapters written by the original theorists, scholars, and nurse s experienced in use of the theory in their practice.^[33]

There has long been discussion about the need for the development of varying levels of theory within nursing. Much of this discussion focused on whether nurses should develop both conceptual models and middle-range theories.^[19]

Parse asserts that " o add the adjective middle-range does not fit with the term theory since it reflects a lower level of discourse" (p. 91).^[21]

Orem's Model of Nursing. three types of nursing systems : wholly compensatory, partially compensatory, and supportive-educative (developmental) (Central, 2005).^[13] Polkinghorne, D. (1983). THE ROY ADAPTATION MODEL OF NURSING. of nursing grew, Roy further articulated the scientific and philosophical assumptions of her model.^[13]

Abstract In 1989 research was performed aimed at discovering the views of Dutch administrators of intramural health care institutions on the need for graduate nursing education and nursing research in The Netherlands. ^[22] To determine the scope of a theory, one asks the question, "How many of the basic problems in nursing could be addressed by the same theory?" (Meleis, 1991) The terms conceptual model, middle-range theory, and single-domain theory refer to different positions on a theory continuum from a conceptual model at the "wide scope" end to a single-domain theory at the "narrow end." ^[19] Suppe (1993) argues that grand theories will always have a role to play in the socialization of people into a practice discipline but development of middle-range theory must predominate when the discipline has legitimated itself as a research discipline. Each day nurses care for people experiencing changes in their health status. These changes are often associated with patient distress and emotions such as anxiety, anger, and depression. ^[19]

A new emphasis on the relevance of theory to practice with additional content online focused on the application of theory to research. ^[33] Readers will understand how the theory has been used in the past and evaluate it as a model for clinical practice. ^[33] Thoroughly revised to make every chapter easier to read and to emphasize the relevance of theory to practice. ^[33]

Unfortunately, there is still a gap between theory and practice in nursing, largely because theories are developed in academic settings removed from direct nursing care at the bedside. ^[25] Some nursing theories have been widely adapted in clinical settings. Dorothea Orem's self-care deficit theory is widely used in nursing settings with patient- and family-centered philosophies of care because it directs the nurse to devise strategies to make the patient and/or his family members capable of meeting self-care needs. ^[25] Nursing theories provide a common language for nurses, serve as a shared foundation for nursing practice across a wide range of environments, improve patient care, enhance the status of the nursing profession, guide nursing research and education, and help maintain boundaries for the nursing profession within multidisciplinary health systems. ^[25]

Education & Nursing Theories in Nursing Education. social- historical conditions within which practice-theories and service- delivery systems emerge. ^[13]

Models and theories from other disciplines have often been used to explore nursing questions (Allen & Hayes, 1989). ^[19] A section devoted to middle range theories and practice models that support evidence-based nursing practice. ^[33]

George B. Julia, Nursing Theories - The base for professional Nursing Practice, 3rd ed. Norwalk, Appleton and Lange. ^[24]

In the 1950s and 60s, nursing theorists promoted other areas of focus: Hildegard Peplau talked about nursing as a therapeutic interpersonal process, Virginia Henderson described 14 basic needs, and Faye Abdellah emphasized holistic care for the patient and family. ^[25]

Nursing theorists continue to develop and test increasingly abstract theories of nursing.
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Theory Resources include Teaching Tools, Books, Journals, Scholars & Experts, Forums, Conferences, and Nurse Philosophers. [\[23\]](#) Nurse-expressed empathy, patient outcomes, and development of a middle-range theory. [\[19\]](#) Nursing models identify the phenomena of interest to nursing and in doing so provide direction for the generation of new nursing knowledge for the discipline of nursing (Allen & Hayes, 1989). Therefore, a nursing model was used as the basis for our research. [\[19\]](#)

Please explain the relationship of nursing conceptual/theoretical models to theory-driven, evidence-based practice. [\[27\]](#)

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RANKED SELECTED SOURCES

(33 source documents numbered in order of appearance in text)

14. [is nursing theory important to nursing practice - Page 4- Nursing for Nurses](#)
18. [Articles - The Nightingale Institute for Health and the Environment](#)
3. [Lifenurses Nursing Theory and Nursing Practice](#)
16. [Delmar Cengage Learning Companion - Nursing Fundamentals: Caring & Clinical Decision Making](#)
11. [Introduction to Nursing Theory](#)
2. [Nursing Theory Page: Mid-range Theory](#)
4. [Introduction to Nursing Theories](#)
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31. [Nursing Theory - Research Papers - Belfner](#)
27. [Nursing Theory Development and Concepts](#)
29. [WikiAnswers - Is Ramona T Mercer a grand nursing theorist](#)
26. [School of Nursing | N2700 - Nursing Theory](#)
7. [Understanding the Work of Nursing Theorists: Theory Art Gallery](#)
6. [Nursing Theories](#)

