The Nature of Theoretical Thinking in Nursing

Third Edition
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For Hyung
Contents

Preface ix

1 Introduction 1
2 Terminology in Theoretical Thinking 19
3 Nursing Epistemology 41
4 Conceptual Domains in Nursing: A Framework for Theoretical Analysis 59
5 Theoretical Analysis of Phenomena in the Client Domain 85
6 Theoretical Analysis of Phenomena in the Client–Nurse Domain 137
7 Theoretical Analysis of Phenomena in the Domain of Practice 169
8 Theoretical Analysis of Phenomena in the Domain of Environment 219
9 Theory Development in Nursing 267
10 Concluding Remarks: Issues in Theoretical Development in Nursing 297

Bibliography 305
Index 335
It has been more than 25 years since the publication of the first edition, and nearly 10 years since the second edition of this work. During this period, nursing as a scientific discipline has achieved a great deal in terms of the development of knowledge. There especially has been a tremendous growth and enrichment in nursing's theoretical work. Several grand theories and conceptual models that were initially presented by the early 1980s have been revised, reformulated, and refined either by the original theorists or by their followers.

A great deal of nursing's theoretical work also has focused on the development of middle-level theories. In addition, there has been a significant growth in the delineation, clarification, and refinement of concepts in nursing from various perspectives. Furthermore, during the last 2 decades serious debates and discussions on the epistemological and other philosophical underpinnings of the development of knowledge in nursing began in earnest. As a discipline, nursing is evolving into a mature knowledge system that is clarifying its subject matter and the problems it faces as a science.

However, because nursing, as a knowledge system, has embraced pluralism not necessarily by design but de facto, it continues to struggle with what this means, especially in terms of making nursing knowledge relevant to nursing practice. My hope here, in this third edition, is to shed some light on how we are dealing with pluralism as well as addressing theoretical issues in nursing.

Although we have advanced in developing nursing concepts and theories, we are still engaged with the theoretical clarification of essential features of the phenomena of interest to nursing, with their conceptualizations, and with theorizing about them. There still are enough tensions in the field that call for an integrated approach to theoretical thinking in nursing. As has been my position from the first edition of this book, I intend to provide conceptual tools for use in delineating the world of nursing in theoretical terms.
Any serious student or scholar concerned with theoretical work in nursing would ask, at one time or another: “What is nursing concerned with in a theoretical sense?” It seems that for one to answer this question satisfactorily, it is necessary to have a systematic framework for the analysis of theoretical elements in the field of nursing.

In this book, I propose a systematic framework that can be used to examine elements in the field of nursing and to posit important concepts in a system of order and within a boundary of specific meaning. The purpose is to enhance understanding about how conceptualizations and theoretical statements are developed and refined in nursing while offering, at the same time, a typology of conceptual domains that can be used to delineate theoretical elements essential to nursing. In this third edition, I have retained the previous typology of four domains—the domain of client, the client–nurse domain, the domain of practice, and the environment domain—as the way to structure conceptual fields for nursing, incorporating further clarifications and current advances. I believe this typology, as a conceptual mapping device, is a useful analytic tool for delineating and theorizing about phenomena of interest to nursing, as it has done for many students and scholars in nursing since its initial publication.

I have added a new chapter on the nature of nursing epistemology, to address critical issues pertaining to pluralism in knowledge development in nursing. In the 21st century, we must work toward theoretical advances in nursing within a synthesizing framework that can consolidate and sort out the multifaceted and complex nature of knowledge required for nursing as a discipline and a practice. Taken together, the framework for nursing epistemology, as presented here, and the typology of four domains should become a map for developing and systematizing theoretical works in nursing. This is especially important in providing nursing knowledge with a critical heuristic value for nursing practice.

The book is primarily designed for graduate students in nursing who are struggling with conceptualization and the theoretical analysis of nursing phenomena. However, many colleagues have shown that it is also useful in introducing undergraduate students to nursing conceptualizations. I believe it is important to introduce senior-level nursing students to theoretical thinking in nursing, so that they are able to appreciate and recognize nursing knowledge as a systematized work for nursing practice. My goal is to show how empirical elements in the world of nursing are translated into theoretical terms and, in turn, how theoretical concepts articulate the real world of nursing.
As such, the specification of concept delineation is proposed along with the typology. The book also shows how various forms of theoretical expositions may be used in theoretical thinking in nursing.

Although I discuss and analyze many conceptual and theoretical ideas expressed by nursing theorists, namely, Rogers, Roy, Johnson, Orem, and King, I do not make systematic evaluations of the values and applicabilities of their theoretical systems. I have attempted neither to evaluate nor to criticize theories, whether in nursing or from other fields, in a systematic or comprehensive manner, as that is not my aim in this book. I have included those appropriate aspects of nursing (and other) theories mainly to illustrate, expand, and apply the ideas under discussion. Again, this book does not purport to examine the adequacies and inadequacies of theories for nursing qua science. On the other hand, the book does show how such theories either approximate to or differ from each other in their uses of abstraction, conceptualization, and theoretical approaches.

I focus on delineating and describing essential features of concepts in nursing that are thought to be important for development of theoretical systems. I contrast similarities and differences in conceptualization of nursing and elements in nursing to show how the same elements and phenomena are perceived differently from various perspectives, and how the same ideas encompass many different conceptual disguises. Furthermore, I have no specific “clinical” orientation, which reflects my conviction that theoretical development in nursing should follow universally applicable conceptual strategies, regardless of the specific ways nursing problems are classified. The main emphasis is on the how to and what of theoretical analysis in nursing.

In this edition, I have carried out a comprehensive literature review and have updated or supplemented my expositions with new and current material. However, I have retained many references that go back several decades, as these remain relevant, with many such references providing the critical historical background necessary to understand the issues addressed.

I have been fortunate to be associated with many colleagues and graduate students who have stimulated my thinking on this typology over the years. Many serendipitous ideas and insights were gained from working with them. Among them, I must acknowledge continued support from colleagues at the University of Rhode Island, even after my retirement from the College of Nursing, and many classes of doctoral students who were often exposed to my “underbaked” ideas. With them, I was never hesitant to grapple with even the most elementary theoretical questions.
I owe much gratitude to Professor Donna Schwartz-Barcott, who has spent endless hours debating and questioning with me many of the ideas presented in the book. Likewise, the faculty at the Institute of Nursing Science, University of Oslo, have continuously encouraged me to pursue the line of thinking that I was discussing with them. Many nursing faculty members of universities in Korea, especially Seoul National University and Yonsei University, have also given me encouragement as well as new insights for theoretical thinking. In addition, over the years, many well-established scholars who studied with me for their doctoral work at the University of Rhode Island have given me their unwavering support in this work. Their support especially has given me the courage and hope in putting myself through this revision. The Japanese translation of the second edition by Dr. Shigemi (Sato) Kamitsuru and Ms. Hiroko Harada gave me an added incentive to work on this edition.

For granting me the most scholarly and enhancing atmosphere that any scholar could want, I am most grateful to the succession of Deans at the College of Nursing, University of Rhode Island, especially during the period of the publication of the first and second editions. Dr. Barbara L. Tate was the staunchest supporter of my effort during the initial period. I believe it was this atmosphere of creative warmth, more than anything else, that enabled me to write the first two editions of this book. As with most good things in life that need special grace, my interest in theoretical thinking initially received a push from Professor Martin U. Martel of Brown University during my doctoral study in sociology there so many years ago. I thank him for showing me the way to question theoretically.

In writing this type of book, one must draw a great deal of support from one’s personal resources. I have had the most wonderful support from my family and friends over the years. Most of all, my husband, Hyung, has been the true source of support for the mental energy that was so necessary and critical for the writing of the second edition and has continued to be so during my work with this revision.

My appreciation goes to Allan Graubard, Senior Acquisitions Editor at Springer Publishing, who pursued me to write this revision. I hope this book can provide readers with insights and ideas that propel them to venture into deep theoretical thinking and work, challenging them to forge toward the systematization of nursing knowledge.

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The nursing profession has gone through more than 5 decades of struggle, both internally and externally directed, to finally gain recognition and legitimacy as a profession and as a scientific discipline. The nursing profession of the 21st century is a product of various stages of development and change, paralleling changes that have come about in culture and society at large as well as in particular sectors of society, such as health care, science and technology, and other professions. It has moved into its maturity, coming out of its jubilant, energetic, but confused pubescence into a more self-examining, responsible adulthood. The political forces within the nursing profession that have influenced its development during this period were rooted in the spirit of self-determination, in the professionalization of work, and in the equal rights and feminist movements.

The profession of nursing is an organized mechanism for the nursing role encompassing its central core, nursing practice, which is supported by three interlocking, related components: (a) what its practice is based on, nursing knowledge; (b) what its background is, nursing tradition; and (c) how it prepares its role players, nursing education. This view of the nursing profession is broader in its conceptualization than the concept of the nursing discipline as an area of study in a generic sense (Donaldson & Crowley, 1978) and the concept of nursing as a role from a social perspective. Because the nursing role is a response to societal needs for a specific type of health care profession, and because the characteristics of this role do not remain static but evolve in relation to its internal development
and in its interaction with external forces, this characterization is subject to evolutionary development and transformation.

The most epitomized early definition of the nursing role is one by Henderson to the effect that “the unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to 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 him gain independence as rapidly as possible” (1961, p. 42). With Henderson’s definition as the background and in view of the then-current situation of health care and nursing, the WHO (World Health Organization) Expert Committee on Nursing Practice convened in Geneva in 1995 and proposed the following as “a functional definition of nursing”:

Nursing helps individuals, families and groups to determine and achieve their physical, mental and social potential, and to do so within the challenging context of the environment in which they live and work. The nurse requires competence to develop and perform functions that promote and maintain health as well as prevent ill-health. Nursing also includes the planning and giving of care during illness and rehabilitation, and encompasses the physical, mental and social aspects of life as they affect health, illness, disability and dying.

Nursing promotes the active involvement of the individual and his or her family, friends, social group and community, as appropriate, in all aspects of health care, thus encouraging self-reliance and self-determination while promoting a healthy environment.

Nursing is both an art and a science. It requires the understanding and application of specific knowledge and skills, and it draws on knowledge and techniques derived from the humanities and the physical, social, medical and biological sciences. (WHO, 1996, p. 4)

In a general perspective similar to these two definitions, the Social Policy Statement initially developed in 1980 by the American Nurses’ Association, revised in 1995, and recapitulated in 2003 offers the following definition of nursing:

Nursing, a profession based on knowledge, is the protection, promotion, and restoration of health, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human responses. (ANA, 1995)

These definitions embrace nursing’s role as helping and providing unique services to people in the context of health. Although nursing has
been firmly established in our society as a role assuming responsibilities for specific aspects of health care, the profession is still in a struggle to define itself, as the images of nursing continue to represent a confusion viewed from both inside and out (Kitson, 1997). Kitson goes further, stating that nursing as a profession needs to “refocus on those essential elements, those universal principles that give nursing its structure, character, presence, and strength in a turbulent health care environment” (1997, p. 111), and suggests that nursing must reconcile its two sides—the scientific, technical base and the authentic, care base—so that it meets the social and professional expectation of viable contribution to people’s health through “innovative schemes” in “empowering, enabling, educating people to take control of their lives” (1997, p. 115). Herdman (2001) insists in another way that nursing has not been effective in positioning itself in relation to “the moral, the aesthetic and the ecological” because of its alliance with professionalization, scientism, and “Western centrism.” Such disagreements and controversies create a mind-set that pits science against art, cure against care, and technology against humanism, as though nursing has to embrace one of the two alternatives.

This controversy has been complicated in recent decades by: (a) the need to “cost in” nursing within the health care financing system (Lang, 1988); (b) the presence of diversity in the patterns of educational preparation of nurses (Reed, 2000); (c) different roles, positions, and responsibilities available in nursing within health care settings; and (d) different directions in which nursing knowledge has been developed without an apparent integration. While some of these forces are either external to the profession itself or policy-oriented (thus requiring political responses by the profession), the most critical and central issue the nursing profession must address internally is the issue of knowledge development in nursing.

Furthermore, various definitions of nursing were able to furnish only a weak foundation for the generation of nursing knowledge, notwithstanding their positive impact on society and the profession. As a matter of fact, such definitions were the ones exactly needed as general guides for understanding what nursing is all about as a social role in the mind of the public as well as in the mind of the profession itself. A rigorous and exact definition of nursing as a role and as a scientific discipline is necessary specifically when it is used as the conceptual basis for the development of nursing knowledge. This points to the need to continue our journey to clarify what sorts of knowledge we need to develop and how we develop that knowledge.

Many eminent voices of earlier times have provided a base from which nursing leaders and scholars of more recent decades have been able to
extract the characteristics and essences of the discipline of nursing as a knowledge system. In addition, the conceptual and cognitive foundations of nursing had their origins in the writings of early scholars. Florence Nightingale (1859, 1992), with pioneering foresight, insisted on a formal training for nurses, which became an impetus for building a body of knowledge for nursing. Virginia Henderson’s ideals, on the other hand, have sustained nursing’s emphasis on humanizing care (Henderson, 1966). Similarly, Rozella Schlotfeldt and Rosemary Ellis were important advocates in strengthening nursing’s quest for scientization: Schlotfeldt (1978, 1987) insisted early on that nursing should become an independent academic field of study, whereas Ellis (1970), who abhorred casualness in scholarly pursuits, instilled analytic seriousness into nursing studies.

The image of nursing as a science has been in the making for the past several decades, and nursing is emerging as a field rich in theoretical and empirical knowledge. However, it is continuing to struggle to define its proper subject matter and the approaches with which nursing can develop the knowledge it needs. The beginnings of nursing knowledge as a specific movement can be traced to just after World War II. The journey from the 1950s to the current decade can be divided into four phases: the first period, from the 1950s to 1960s, as the declaration of independence phase; the second period, from the 1970s to the early part of the 1980s, as the formative phase; the third period, from the middle of the 1980s to the end of the 20th century, as the reformatory phase; and the first decade of the current century, as the diversifying phase.

The first phase, the declaration of independence phase, which spans the 1950s and 1960s, was forged by nursing leaders to carve out the uniqueness of nursing as a role with a different focus than that of medicine. During this phase there were two threads with which nursing leaders and scholars declared the nature of nursing and nursing knowledge: (a) the focus on the relationship between nurse and patient as the pivotal and unique characteristic of nursing; and (b) the focus on the patient’s problems, to which nurses must attend.

The first focus on the patient–nurse relationship was issued by writers such as Peplau (1952), Orlando (1961), Travelbee (1964), and Wiedenbach (1964), who offered various frameworks in which nurse–patient relationships can be understood, examined, and studied with the intention of producing nursing approaches that are guided by theories or frameworks of interpersonal relationships. This was an effort to emphasize nursing’s unique position in patient care, that is, nurses’ constant presence with patients and nursing’s focus on the person rather than on his/her medical problems. These scholars therefore did not specify or address the specific nature of patients’ problems that nursing needed to address.
On the other hand, the second focus, with the view that nursing should deal with patients' problems that are different from those of medicine, was addressed in a textbook by Henderson and Harmer (first published in 1955) that identified 14 areas of basic human needs as the major areas of nursing responsibilities; by Abdellah, Beland, Martin, and Matheney (1960), who proposed a typology of 21 nursing problems for patient-centered nursing as areas for nursing care; and by Levin (1966), who, in a somewhat different perspective, introduced the concept of adaptation as the basis for understanding and assessing patients' problems. These proposals were the first wave of conceptual frameworks that separated nursing's orientation from that of disease. However, these were not developed by adopting specific theoretical strategies, did not have specific theoretical contents, and were loose in their linkages to philosophical or theoretical frameworks.

Along with these two sorts of theoretical proposals during this phase, the discipline of nursing began to align itself with the mainstream scientific culture of the time by embracing scientific rationalism and positivism. The concept of nursing process, which epitomizes scientific rationalism and embraces causality, was initially proposed by Orlando (1961), was accepted and integrated into practice and education by nursing leaders, educators, and practitioners in full force, and, by the end of this period, became the major tool for carrying out nursing care. In addition, during this phase many nursing leaders and scholars proclaimed the need for nursing to become a scientific discipline (Johnson, 1959; Leininger, 1969; Moore, 1968; Schlotfeldt, 1960; Rogers, 1963, among many others). This discourse was supplemented by proposals that offered guidelines, frameworks, and processes for developing scientific theories in nursing (Dickoff & James, 1968; Dickoff, James, & Wiedenbach, 1968a, 1968b; Ellis, 1968; Johnson, 1968). Nursing knowledge, synonymously identified as nursing science, was to be developed through theories and research in the prevailing tradition of positivistic sciences. The stage was beginning to be set for the development of nursing as a scientific discipline differentiated from other fields, especially from medicine. The 1965 position statement of the American Nurses Association, which declared the proper educational preparation of nurses to be at the collegiate level, became the impetus also for forging ahead with the scientization of the discipline.

The second phase, the formative phase, from the 1970s to the early part of the 1980s, is the period during which fervent efforts were made to develop and systematize nursing knowledge. Three specific stages of development can be identified for this phase: (a) grand theories of nursing; (b) translation and adoption of theories from other disciplines and development of new models to address clinical nursing questions; and (c) empirical
The Nature of Theoretical Thinking in Nursing

Several grand theories and conceptual frameworks were proposed to provide nursing perspectives in the study of nursing's clients and practice. These include Rogers's initial work (1970), which later evolved into a science of unitary humans, Roy's adaptation model (1970), Orem's self-care model (1971), King's theory of goal attainment (1971), and Neuman's systems model (1974). These models (some scholars have labeled them conceptual frameworks, others called them theoretical frameworks) aimed to provide unique perspectives from which nursing clients should be understood and studied, and to address the full range of theoretical and empirical questions regarding clients and practice.

These models were used to describe in general three points: (a) with what aspect or aspects of the human condition the discipline is concerned; (b) in what ways we can understand and/or explain the key phenomena of concern; and (c) what the members of the discipline do as the practitioners of a scientific field. Because of the pan-disciplinary focus of these frameworks, they have been labeled as “grand theories” of nursing. Following their introduction in the early 1970s, these models went through some revisions, were supplemented with additional conceptual clarifications, and in some cases were fleshed out with detailed theoretical statements (see, for example: King, 1992; Neuman, 1998; Orem, 1995; Rogers, 1990; Roy & Andrews, 1991 [latest revisions all]).

In addition to these grand theories that were introduced in the early 1970s, two other grand theories were presented initially during the later part of this (the formative) phase—Watson's theory of human care (1979, 1985a, 1988), and Parse’s “human becoming” theory (1981, 1992, 1997a). Although there were efforts to apply these theoretical/conceptual frameworks in carrying out empirical research, they were more frequently used to guide the development of nursing curricula or to frame nursing process. The development of these grand theories was instrumental in putting into place a signpost for the direction to which nursing knowledge development would advance. In addition, these grand theories, having different ontological and epistemological orientations, became the initial base from which nursing knowledge began to embrace pluralism.

Parallel to the advancement of these grand theories was the development of different sorts of theoretical work and empirical research, a development influenced by the strong invocation of clinically oriented research in nursing. This was also influenced by the production of a cadre of nurse scientists with doctoral degrees in fields such as psychology, sociology, anthropology, and biology during the 1970s through the federal program aimed at increasing the number of nurse scientists.

As these nurse scientists assumed the leadership roles in education and research, especially within the growing number of master’s and doctoral programs in nursing, they were engaged, not only through their own theoretical work and research but also through their students’ work, in clinical nursing research seeking theoretical understanding from the nurs-
ing perspective and at the same time applying theories developed in other disciplines. Their generative, reconstructive, and revisional approaches along with the adoption of the empirical research tradition resulted in knowledge production in nursing that was quite different from the efforts based on the grand theories (see, for example, Barnard, 1973, 1983, on infant development; Benoliel, 1977, 1985, on dying; Johnson, Christman, & Stitt, 1985; Johnson & Rice, 1974; Johnson, Rice, Fuller, & Endress, 1978, on pain and pain management; McCorkle, 1974, 1976, 1981, on cancer and dying experiences; Mercer, 1974, 1981, on maternal role development; and Woods, 1980, 1885; Woods & Earp, 1978, on women’s health). These advancements were results of an active pursuit of empirical nursing research. The mainstream methods of scientific research, including various quantitative research methods, such as instrument development and experimental and intervention research, were used in many research programs that were being established at many universities.

This period was followed by the third phase, the *reformatory phase*, from the middle 1980s to the close of the 20th century, which was burgeoning with knowledge development at the conceptual, empirical, and theoretical levels from multiple philosophical orientations. Although nursing knowledge development during the second phase was valuable for advancing the nursing discipline toward becoming a legitimate scientific field, by the end of this second period many nursing scholars began to question the lack of conceptual and theoretical clarity in theoretical works, the predominance of the positivistic philosophy among the scientists, and the development of nursing interventions that were not firmly grounded in theory. In response to such questioning, the work during this third period advanced with three distinct movements: (a) adoption of alternative philosophies for scientific work in nursing; (b) concept development and middle-range theory development; and (c) nursing therapeutics work.

American social sciences, during the period from the 1960s to the 1970s, had gone through tumultuous self-questioning about their epistemology and philosophy, in the wake of debates in the philosophy of science over the death of the received view (Suppe, 1977), Kuhns’ work (1962, 1970) on paradigmatic sciences and scientific revolution, and debates on scientific realism versus relativism. This resulted in the emergence and establishment of various schools of thought and theoretical orientations representing phenomenology, hermeneutic philosophy, critical philosophy, and postmodernism in the social sciences during that period. As the third period of development for nursing ensued, nursing scholars on the coattails of this broadening in the social sciences also began to seek out alternative philosophies and approaches to nursing knowledge development.

The literature shows that phenomenology, not only as a philosophy but also representing specific scientific methods, was applied in studying nursing phenomena beginning in the early 1980s with the initial proposals
by Oiler (1982) and Omery (1983). Nursing scholars were into transcendental, existential, and hermeneutic phenomenology, drawing especially upon developments not only in philosophy proper but also in psychology and sociology. Hermeneutic philosophy and critical theory were also debated within nursing, as in the human sciences, and nursing scholars also joined in the discourse of postmodernism in questioning the fallibility of knowledge, the role of language and power in knowledge development (especially from the feminist critique), and scientism’s effects on nursing practice (Allen, 1985; Chinn, 1985; Thompson, 1985; Thompson, Allen, & Rodrigues-Fisher, 1992).

Philosophical and methodological pluralism thus became the context of and a key issue in nursing knowledge development. Many nursing scholars pointed out that nursing knowledge was developing under different philosophical orientations and paradigms (Fawcett, 1993; Newman, 1992; Parse, 1987; Stevenson & Woods, 1986; Suppe & Jacox, 1985), and the pros and cons of pluralism were debated (Gortner, 1993; Gortner & Schultz, 1988; Kim, 1993a; Norbeck, 1987). The textbooks edited by Omery, Kasper and Page (1995), and Kim and Kollak (2006) presented various philosophical orientations that could be applied in developing knowledge in nursing, showing the range of perspectives from postpositivism and pragmatism to postmodernism. The annual knowledge development symposia held at the University of Rhode Island from 1990 to 1994 and at Boston College from 1996 to 2001 (Roy & Jones, 2007; University of Rhode Island, 1996) also examined the relationships between/among philosophy, theory, methods, and practice brought on by pluralism. These symposia were the follow-up to the Nursing Science Colloquia held at Boston University from 1984 to 1987, addressing strategies for theory development in nursing. Thus, by the end of this third phase, the field of nursing knowledge was fully infused with pluralism in philosophy, paradigm, and scientific methodology, resulting in the development of theories from various perspectives and carrying out research applying diverse methodological orientations.

At the same time, from the content perspective, this period was truly reformatory, as the theoretical and research attention was shifted from the big-picture orientation (i.e., the grand schemes) to the practice orientation. Concept development work became the cornerstone for this period through the development of new concepts and by refining and revising existing concepts. This was especially spurred by the need to formulate theoretically useful concepts that could be applied to the development of middle-range theories. Furthermore, nursing diagnosis classification work, which began in the later part of the 1970s and gathered steam during the 1980s, followed by the classification work for nursing interventions and outcomes, seemed to press for the need for concept development in nursing. Concepts were developed, reexamined, and refined, applying several methods of concept analysis and development, which were proposed spe-

In conjunction with the development of middle-range theories, a heightened interest in developing nursing interventions grounded on theories through research emerged. This interest was partly a response to the political force within the health care system to “cost out” all aspects of patient care. The movement for evidence-based practice in health care that began in the 1990s also added to the urgency with which nursing felt the need to develop nursing-specific therapeutics.

By the dawning of the new century, the key players engaged in nursing knowledge development were getting into debates about globalization versus local needs, nursing as science versus nursing as art, nursing’s focus on health versus illness, quality control in practice, and standardization versus creativity. On one hand, the knowledge development has continued along the same path of pluralism established during the earlier decades; on the other hand, there has been a growing angst related to the legitimacy of the current pursuits. Thus, this first decade of the 21st century is labeled as the diversifying phase for nursing knowledge development. Knowledge development in nursing, as reflected in professional publications during recent years, is replete with works representing biobehavioral and bio-psycho-social perspectives as well as those from the interpretive, critical, and postmodern camps. Skirmishes still break out in the nursing literature between the camp advocating for the dominant scientific culture (i.e., the so-called value-free science) and the “opposing” force mostly engaged in postmodern power critiques, each camp claiming to be the true representative of nursing. The apparent differences between these two camps regarding the approach to knowledge development as well as understanding of the nature of nursing sometimes propelled the discipline along bifurcated roads, making reconciliation and integration difficult or problematic (Holmes & Gastaldo, 2004; Pitre & Myrick, 2007). However, according to Georges, nursing is beginning to carry on an “intertextual discourse” of “epistemic diversity” by which a diversity in nursing scholarship is valued as the only way for nursing to make “a positive difference in a global community informed by multiple lived realities” (2003, p. 50).

This journey, then, has put us in the midst of continuous questioning not only in terms of what the nature of nursing knowledge is—and should entail—but also as to how that knowledge needs to be developed for practice. Although nursing practice from the 1980s onward has forged a firm alliance with the culture of scientific knowledge and technological advances that are aimed at controlling health problems, a strong sentiment has been expressed in the recent discourse in nursing to the effect that
The Nature of Theoretical Thinking in Nursing

nursing needs to stand apart from that culture. Nursing practice encompasses both the scientific, problem-solving orientation and the human-practice orientation. Nurses are not only dealing with and seeking solutions for clients’ health problems, but are also concerned about how to help clients in their “living” in health-related situations. This means that the essential features of nursing knowledge required for practice must embrace the science of control and therapy as well as the knowledge of understanding and care. This also means that nursing as a scientific discipline must delineate its specific nature as a “human practice” science, distinguished not only from the natural and social sciences, but also from the so-called human sciences. This points to the need to develop and clarify approaches to knowledge development that cover these complexities, the complexities in the disciplinary matrix for nursing as a human practice discipline.

One of the major confusions in the discussions regarding nursing knowledge is the ambiguity with which scholars treat the differences between knowledge possessed by individual practicing nurses and that of the discipline of nursing as a whole. Knowledge thus exists in two sectors—as private knowledge and public knowledge—in the discipline of nursing because, in practice disciplines, practitioners are not only the users of knowledge of the discipline, but also the possessors of certain sets of knowledge. Hence, there is knowledge that is held by practitioners as private knowledge, and there is knowledge that belongs, as it were, to the public domain (i.e., to the discipline). While there is an intimate connection between these two sectors of knowledge, nursing knowledge development basically is for the knowledge at the disciplinary sector (i.e., the “public” knowledge). Confusion exists because, often, nursing scholars are both practitioners and scientists, who contribute to the development of the public knowledge while at the same time generating their own private knowledge.

One can view this partitioning from Popper’s epistemology of “world 2” and “world 3” (Popper, 1985). Popper proposed three “worlds” within the universe: “world 1,” referring to the physical world; “world 2,” referring to the world of states of consciousness that belong to specific subjective humans; and “world 3,” referring to “the world of objective contents of thought” (Popper, 1985, p. 58). From this, two types of epistemology are considered: one originating from world 2 as knowledge in the subjective sense, and the other belonging to world 3 as objective knowledge consisting of theories, objective problems, and objective arguments. Scientific knowledge thus is considered to belong to world 3 and is not tied to specific, individual knowing subjects. Scientists are concerned with the growth of knowledge in world 3, but are dependent upon processes of world 2 as the basis for that growth. Drawing from these notions advanced by Popper, it is possible to partition nursing knowledge into two sectors, private and public. Private knowledge refers to the knowledge that belongs to specific individuals gained through one’s consciousness and mental processing of
experiences and responses; it thus belongs to Popper’s world 2. Public knowledge, on the other hand, aligns well with Popper’s world 3 as knowledge that exists at large. Public knowledge, although gained through the private processes of scientists, is objective and is oriented towards systematization.

Benner’s work (1984, 1996b) has especially created the somewhat comforting idea that nurses can come to possess that holistic knowledge of clinical situations through experience and exposure to problem-solving situations. Each practicing nurse is a possessor and generator of knowledge, and each nurse possesses and generates a unique set of knowledge that is different from all others’ private knowledge. Each nurse has a private nursing knowledge that is generative and dynamic as well as idiographic. At the same time, some parts of nurses’ private knowledge have shared elements with other nurses’ private knowledge and with the disciplinary knowledge at large (that is, the public nursing knowledge). Knowledge considered from this private, personal perspective points to the workings of processes individual nurses are engaged in that either expand or stagnate their private knowledge. Hence, what constitutes nurses’ private knowledge and how it becomes constituted and generated are questions not of epistemology (that is, of philosophy) but of experientially based cognition, requiring answers from specific types of inquiry. Benner, Tanner, and Chesla (1992) have attempted to provide answers to such questions from the perspective of phenomenological hermeneutics, while others are considering these questions from the perspective of cognitivism or of social structuralism. On the other hand, Silva and her colleagues (Silva, Sorrell, & Sorrell, 1995) have adopted an ontological orientation in addressing such questions, focusing on knowledge of reality, meaning, and being.

Professional education, certainly, is the starting point at which each student or trainee gains access to the public knowledge of a discipline and moves to build a private knowledge that initially is more standardized than unique. Enrichment of private knowledge can be from personal experiences, from self-referential and reflexive constructing at individual levels, or may draw from the knowledge in the public “sector” that is continuously enriched through activities within nursing’s scientific community. Conceptually, thus, the private knowledge that refers to knowledge held by and generated through individual nurses is different from what Carper (1978) called “personal knowledge,” which refers to the knowledge of self. Personal knowledge in the sense of the knowledge of oneself is the knowledge of introspection and is a part of private knowledge. The private nursing knowledge comprises those cognitive elements that are required and used in nursing practice, including the nurse’s knowledge of him/herself.

On the contrary, public knowledge refers to knowledge of the discipline that is available at large and has the characteristics of systematization
and generalization. However, the level of systematization and generalization may vary according to the maturity of a discipline and the degree with which a discipline is able to integrate new knowledge into a coherent system, which encompasses epistemological questions. When nursing scholars discuss nursing knowledge in general, they are referring to the public nursing knowledge that exists in various forms, such as empirical, theoretical, descriptive, ideological, or philosophical. Nursing knowledge development is oriented toward enriching the public knowledge, as it is the source and foundation of the discipline’s performance at both individual and aggregate levels. The theory–practice gap we often talk about refers to the apparent lack of alignment between what is available in the public sector and what is being used in individual practice (Kim, 1993b).

Figure 1.1 shows the interrelatedness between the knowledge in the private and public spheres in the development of nursing knowledge. Hence, in practice disciplines public knowledge is not only gained and developed through scientists’ work but also by accessing what becomes accumulated and refined in practicing nurses’ private knowledge.

My exposition in this book, therefore, deals with how we may systematize nursing knowledge in the public sphere, although the private knowledge held by practicing nurses is a rich source of such systematization.
Nursing knowledge in general may refer to any epistemic aspects of nursing. However, nursing knowledge considered in this book focuses only on the core of nursing related to nursing practice, and ignores those aspects of nursing knowledge considered in a broader sense, such as knowledge about nursing history or its professional organizations. The focus here is on epistemological issues rather than on professional issues. I address specifically the knowledge that is directly related to understanding, explaining, and sometimes predicting nursing practice and its relationship to clients and to outcomes of practice.

Nursing certainly has made a great deal of progress in accumulating the scientific and theoretical basis for its practice as depicted in the description of the development, yet a systematic view of that knowledge gives a fuzzy picture. Confusion still exists regarding what classes of phenomena should be included in a system of theoretical understanding and explanations in nursing. However, one must remember that the boundaries of subject matter for scientific fields, even for the well-established ones such as physics, chemistry, or economics, become revised through an evolutionary process.

A scientific field goes through stages of boundary redifinitions that are based partly on the kinds of major phenomena or subject matter it deals with (e.g., money flow in economics, energy and matter in physics, or personality development in psychology) and partly on what is happening in the scientific fields in general. This idea agrees with Shapere’s position (1977) regarding formation and reformation of a scientific domain as constituting a unified subject matter. Well-established associations between phenomena in a scientific field are exposed to scientific scrutiny by a variety of methodologies and from entirely different perspectives. Eventually, the propriety of categorizing scientific problems into a field of scientific knowledge may be questioned, and reformulation of the boundary may occur.

The criteria for deciding boundaries of fields may also be considered superfluous or ambiguous. Thus, subject matter may be reclassified or redescribed in different fields, especially with the emergence of new scientific fields. This happened in the 19th century in sociology when it became differentiated from economics. On this evolutionary basis, nursing as a scientific field became differentiated from medicine and has been going through the process of claiming certain classes of phenomena as its proper subject matter, and subsequently abandoning and reclaiming other subject matter as the field became clearer in its definition of what major scientific problems it seeks to answer. In addition, it appears that the monistic claim of a theory to be completely general and universally relevant is neither fruitful nor appropriate for nursing. Since a diversity of phenomena can be claimed as nursing’s subject matter, and since the field has yet to be organized in such a way as to lay definite claim to a body of specific knowledge, multiple theories are not only useful but also necessary.
With these ideas as background, and in the same spirit espoused by Berger (1963) and by Berger and Kellner (1981) for sociology, I propose a framework to be used to delineate theoretical elements for the field of nursing. My main attempt is to show how one can examine relevant phenomena systematically with a nursing perspective using this framework. This framework is offered as the metaparadigm framework for nursing that draws out the boundaries for nursing’s subject matter. I propose a backtracking, for I believe we are ready for a thoughtful reconsideration of what we have said about nursing in theoretical terms. We are now at a crossroads, after fervent discussions concerning what kinds of theories nursing should be developing and from what philosophical perspectives we must address nursing’s subject matter. During the past 10 years, the field of nursing knowledge has progressed in a truly multifaceted, pluralistic manner. That situation has resulted from the development of multiple theories with various scopes, the adoption of pluralistic philosophical orientations in developing nursing knowledge, and the application in nursing studies of various scientific methods. We are at a point in our scientific development that requires a careful examination of and reflection upon the construction of the theoretical foundation of nursing based on a unifying framework.

One of the major reasons for the apparent lack of a systematic view of nursing knowledge, I believe, is the continued use of the so-called four metaparadigm concepts—health, person, environment, and nursing—in discussing nursing theories and nursing’s conceptual issues. These concepts served as the starting points in thinking about nursing’s emphasis when they were introduced by Yura and Torres (1975) and reinforced by Fawcett (1984). However, these are merely key concepts that nursing may need, so as to formulate meanings from which various ontological and explanatory positions may emerge. These concepts cannot be used as four cornerstones that set up the conceptual boundary for nursing’s subject matter, as some nursing scholars have been trying to do. They are empty as boundary-specifying constructions, and are only useful in asking nursing scholars to formulate specific conceptual orientations for further theoretical thinking. The proposed metaparadigm framework for nursing thus is different from these “metaparadigm concepts,” as the proposed framework is a boundary-specifying guide for delineating conceptual and theoretical issues regarding nursing’s subject matter.

This metaparadigm framework is a typology that includes four distinct conceptual domains: client, client–nurse, practice, and environment. This typology is an analytical tool to be used to classify and posit concepts and phenomena within specified boundaries. By doing this, conceptualizations and theoretical ideas can be derived or examined with a conscious knowledge of the empirical locality of phenomena. This will help nurse scholars to conceptualize and theorize about specific entities in the nursing world, and to derive scientific understandings and explanations from whatever
philosophical or theoretical perspective they may hold. The idea is to show how phenomenal elements relevant to nursing study are translated into theoretical terms and, in turn, how theoretical concepts are specified in the real world of nursing. Therefore, inductive, deductive, and interpretive approaches are considered appropriate for expositions in nursing based on this typology. These approaches are used to illustrate theoretical thinking through which systematization of ideas, abstraction at theoretical levels, and development of theories can result. This book does not go into specific ways of using theories, however. The “use of theories” here refers to the many ways of expanding, refining, and testing that scientists do through research, critical evaluation, and theory reconstruction.

Staring with conceptualization as the first step in theory building, my intention is to present various sorts of theoretical thinking, free of any specific theoretical bias or philosophical bent. Thus, I shall not provide formal guidelines for evaluating nursing theories, nor provide synoptic discussions and summaries of “major nursing theories.” Specific detail of major nursing theories and conceptualizations will be analyzed and discussed in appropriate sections as examples of theoretical thinking.

In chapter 2, the terms and concepts used in concept development, theoretical expositions, and theoretical analysis are defined to the extent that they are used in this book. The coverage in this chapter regarding definitions is far from comprehensive. There are many fine writings on this subject, and readers are referred to several original sources for understanding terms in a variety of perspectives and uses.

In chapter 3, a model of nursing epistemology is presented, which is based on an explication of specific cognitive needs for nursing practice. Nursing practice has to be guided by a specific set of knowledge that satisfies five distinct types of cognitive needs, namely, inferential, referential, transformative, normative, and desiderative needs. This model undergirds my position regarding philosophical and theoretical pluralism in nursing knowledge and offers ways to systematize epistemological questions that plague nursing as a human practice discipline. These five different cognitive needs, critical to nursing practice, point to the five different spheres of knowledge that need to be developed for practice. This is an overarching framework that can guide knowledge development in nursing.

In chapter 4, the general description of the typology of nursing domains is presented. The rationale for the typology of four domains for nursing as client, client–nurse, practice, and environment is presented. This typology is an organizational construct, developed for systematizing many classes of phenomena that are essential for nursing studies. This is a boundary-specifying general guide that is used to delineate aspects of the real world into coherent sets of theoretical elements. As a boundary-specifying typology, it guides in the selection and specification of nursing concepts and theories. It is used as a mapping device for the analyses that follow in chapters 5 to 8.
Chapters 5 to 8 are the main focus of the book and consider conceptualization of essential phenomena at several different theoretical levels, taking up one domain at a time. Chapter 5 deals with the domain of client; chapter 6 deals with the domain of client–nurse; chapter 7 deals with the domain of practice; and chapter 8 deals with the domain of environment. In each of these chapters, a general conceptual mapping that is specific to the given domain is delineated and discussed, and conceptualizations vis-à-vis the map are given. Applying the concept analysis method specified in chapter 2, two representative concepts for each domain are analyzed as examples of concept development in the domain. The main focus of these chapters is the delineation and development of concepts.

The focus in chapter 9 is theory development. Different type of syntax for theory development from the heuristic, descriptive, explanatory, and prescriptive orientations are presented for each domain and across domains. Theoretical statements linking phenomena within each domain and across domains are examined in order to show that relevant and critical relationships may be brought together in “theories in nursing” and “theories of nursing.” For each domain, models of explanation are presented as guides that can be used to develop theoretical ideas. Theory development is also examined by overlaying the model of nursing epistemology on the typology of four domains, specifying various types of knowledge-development approaches.

The last chapter addresses the next step in theoretical thinking that follows from the exposition in this book. Some of the problem areas and issues in theoretical thinking in nursing are discussed, highlighting areas for future emphasis and concern. The issue of pluralism in nursing knowledge development is taken up in relation to systematization of knowledge.

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