Nursing has made phenomenal achievement in the last century that has lead to the recognition of nursing as an academic discipline and a profession. 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. 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.

A theory is a group of related concepts that propose action that guide practice. 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.
Nursing Theories for Advanced Practice

Based on the knowledge structure levels the theoretical works in nursing can be studied under the following headings:

- Metaparadigm (Person, Environment, Health and Nursing) – (Most abstract).
- Nursing philosophies.
- Conceptual models and Grand theories.
- Nursing theories and Middle range theories (Least abstract).

### NURSING PHILOSOPHIES

<table>
<thead>
<tr>
<th>Theory</th>
<th>Key emphasis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florence Nightingale’s Legacy of caring</td>
<td>• Focuses on nursing and the patient environment relationship.</td>
</tr>
<tr>
<td>Ernestine Wiedenbach: The helping art of clinical nursing</td>
<td>• Helping process meets needs through the art of individualizing care.</td>
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<tr>
<td></td>
<td>• Nurses should identify patients ‘need-for –help’ by:</td>
</tr>
<tr>
<td></td>
<td>1. Observation</td>
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<tr>
<td></td>
<td>2. Understanding client behaviour</td>
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<td></td>
<td>3. Identifying cause of discomfort</td>
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<td>4. Determining if clients can resolve problems or have a need for help.</td>
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<tr>
<td>Virginia Henderson’s Definition of Nursing</td>
<td>• Patients require help towards achieving independence.</td>
</tr>
<tr>
<td></td>
<td>• Derived a definition of nursing</td>
</tr>
<tr>
<td></td>
<td>• Identified 14 basic human needs on which nursing care is based.</td>
</tr>
<tr>
<td>Faye G. Abdellah’s Typology of twenty one Nursing problems</td>
<td>• Patient’s problems determine nursing care</td>
</tr>
<tr>
<td>Lydia E. Hall: Care, Cure and Cure model</td>
<td>• Nursing care is person directed towards self love.</td>
</tr>
<tr>
<td>Jean Watson’s Philosophy and Science of caring</td>
<td>• Caring is moral ideal: mind-body – soul engagement with one and other.</td>
</tr>
<tr>
<td></td>
<td>• Caring is a universal, social phenomenon that is only effective when practiced interpersonally considering humanistic aspects and caring.</td>
</tr>
</tbody>
</table>
### Patricia Benner’s Primacy of caring
- Caring is central to the essence of nursing. It sets up what matters, enabling connection and concern. It creates possibility for mutual helpfulness.
- Caring creates - possibilities of coping, possibilities for connecting with and concern for others, possibilities for giving and receiving help.
- Described systematically five stages of skill acquisition in nursing practice – novice, advanced beginner, competent, proficient and expert.

### CONCEPTUAL MODELS AND GRAND THEORIES

<table>
<thead>
<tr>
<th>Conceptual Model</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Dorothea E. Orem’s Self care deficit theory in nursing** | • Self care maintains wholeness.  
• Wholly compensatory (doing for the patient)  
• Partly compensatory (helping the patient do for himself or herself)  
• Supportive-educative (Helping patient to learn self care and emphasizing on the importance of nurses’ role) |
| **Myra Estrin Levine’s: The conservation model** | • Holism is maintained by conserving integrity  
<table>
<thead>
<tr>
<th>Author</th>
<th>Theory</th>
<th>Key Points</th>
</tr>
</thead>
</table>
| Martha E. Roger’s | Science of unitary human beings | - Person environment are energy fields that evolve negentropically.  
- Martha proposed that nursing was a basic scientific discipline.  
- Nursing is using knowledge for human betterment.  
- The unique focus of nursing is on the unitary or irreducible human being and the environment (both are energy fields) rather than health and illness. |
| Dorothy E. Johnson’s | Behavioural system model | - Individuals maintain stability and balance through adjustments and adaptation to the forces that impinges them.  
- Individual as a behavioural system is composed of seven subsystems.  
- Attachment, or the affiliative subsystems—is the corner stone of social organisations.  
- Behavioural system also includes the subsystems of dependency, achievement, aggressive, ingestive-eliminative and sexual.  
- Disturbances in these causes nursing problems. |
| Sister Callista: Roy’s Adaptation model | | - Stimuli disrupt an adaptive system.  
- The individual is a biopsychosocial adaptive system within an environment.  
- The individual and the environment provide three classes of stimuli—the focal, residual and contextual.  
- Through two adaptive mechanisms, regulator and cognator, an individual demonstrates adaptive responses or ineffective responses requiring nursing interventions. |
| Betty | | - Reconstitution is a status of adaptation to stressors. |
### Neuman’s: Health care systems model
- A conceptual model with two theories “Optimal patient stability and prevention as intervention”.
- Neuman’s model includes intrapersonal, interpersonal and extrapersonal stressors.
- Nursing is concerned with the whole person.
- Nursing actions (Primary, Secondary, and Tertiary levels of prevention) focuses on the variables affecting the client’s response to stressors.

### Imogene King’s Goal attainment theory
- Transactions provide a frame of reference toward goal setting.
- 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.
- Perceptions, Judgements and actions of the patient and the nurse lead to reaction, interaction, and transaction (process of nursing).

### Nancy Roper, WW. Logan and A.J. Tierney A model for nursing based on a model of living
- Individuality in living.
- A conceptual model of nursing from which theory of goal attainment is derived.
- Living is an amalgam of activities of living (ALs).
- Most individuals experience significant life events which can affect ALs causing actual and potential problems.
- This affects dependence–independence continuum which is bi-directional.
- Nursing helps to maintain the individuality of person by preventing potential problems, solving actual problems and helping to cope.
### Hildegard E. Peplau: Psychodynamic Nursing Theory
- Interpersonal process is maturing force for personality.
- Stressed the importance of nurses’ ability to understand own behaviour to help others identify perceived difficulties.
- The four phases of nurse-patient relationships are:
  1. Orientation
  2. Identification
  3. Exploitations
  4. Resolution
- The six nursing roles are:
  1. Stranger
  2. Resource person
  3. Teacher
  4. Leader
  5. Surrogate
  6. Counselor

### Ida Jean Orlando’s Nursing Process Theory
- Interpersonal process alleviates distress.
- Nurses must stay connected to patients and assure that patients get what they need, focused on patient’s verbal and non verbal expressions of need and nurse’s reactions to patient’s behaviour to alleviate distress.
- Elements of nursing situation:
  1. Patient
  2. Nurse reactions
  3. Nursing actions

### Joyce Travelbee’s Human to Human Relationship Model
- Therapeutic human relationships.
- Nursing is accomplished through human to human relationships that began with: The original encounter and then progressed through stages.
- Emerging identities
- Developing feelings of empathy and sympathy, until the nurse and patient attained rapport in the final stage.
| **Kathryn E. Barnard’s Parent Child Interaction Model** | - Growth and development of children and mother–infant relationships.  
- Individual characteristics of each member influence the parent-infant system and adaptive behavior modifies those characteristics to meet the needs of the system. |
| **Ramona T. Mercer’s: Maternal Role Attainment** | - Parenting and maternal role attainment in diverse populations.  
- A complex theory to explain the factors impacting the development of maternal role over time. |
| **Katharine Kolcaba’s Theory of comfort** | - Comfort is desirable holistic outcome of care.  
- These needs include physical, psycho spiritual, social and environmental needs.  
- Health care needs are needs for comfort, arising from stressful health care situations that cannot be met by recipients’ traditional support system.  
- Comfort measures include those nursing interventions designed to address the specific comfort needs. |
| **Madeleine Leininger’s Transcultural nursing, culture-care theory** | - Caring is universal and varies transculturally.  
- Major concepts include care, caring, culture, cultural values and cultural variations.  
- Caring serves to ameliorate or improve human conditions and life base.  
- Care is the essence and the dominant, distinctive and unifying feature of nursing. |
| **Rosemarie Rizzo Parse’s:** | - Indivisible beings and environment co-create health.  
- A theory of nursing derived from Roger’s conceptual model. |
### Theory of human becoming

- Clients are open, mutual and in constant interaction with environment.
- The nurse assists the client in interaction with the environment and co-creating health.

### Nola J. Pender’s: The Health promotion; model

- Promoting optimum health supersedes disease prevention.
- Identifies cognitive, perceptual factors in clients which are modified by demographical and biological characteristics, interpersonal influences, situational and behavioural factors that help predict in health promoting behaviour.

## CONCLUSION

The conceptual and theoretical nursing models help to provide knowledge to improve practice, guide research and curriculum and identify the goals of nursing practice. The state of art and science of nursing theory is one of continuing growth. 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. It is important the nursing knowledge is learnt, used, and applied in the theory based practice for the profession and the continued development of nursing and academic discipline.
INTRODUCTION

Kerlinger views theories as a set of interrelated concepts that give a systematic view of a phenomenon (an observable fact or event) that is explanatory and predictive in nature. Theories are composed of concepts, definitions, models, propositions and are based on assumptions. They are derived through two principal methods: 1) Deductive reasoning 2) Inductive reasoning. Nursing theorists use both of these methods. Nursing Theory: Barnum (1998) “attempts to describe or explain the phenomenon (process, occurrence and event) called nursing.”

THEORIES FOR PROFESSIONAL NURSING

- Theory is “a creative and rigorous structuring of ideas that projects a tentative, purposeful, and systematic view of phenomena.”
- A theory makes it possible to “organize the relationship among the concepts to describe, explain, predict, and control practice.”

Definition

- Concepts are basically vehicles of thought that involve images. Concepts are words that describe objects, properties, or events and are basic components of theory.
- Types: Empirical concepts
  - Inferential concepts
  - Abstract concepts
- Models are representations of the interaction among and between the concepts showing patterns.
- Propositions are statements that explain the relationship between the concepts.
Nursing Theories for Advanced Practice

- Process it is a series of actions, changes or functions intended to bring about a desired result. During a process one takes systemic and continuous steps to meet a goal and uses both assessments and feedback to direct actions to the goal.
- A particular theory or conceptual framework directs how these actions are carried out. The delivery of nursing care within the nursing process is directed by the way specific conceptual frameworks and theories define the person (patient), the environment, health and nursing.
- The terms ‘model’ and ‘theory’ are often wrongly used interchangeably, which further confounds matters.
- In nursing, models are often designed by theory authors to depict the beliefs in their theory (Lancaster and Lancaster 1981).
- They provide an overview of the thinking behind the theory and may demonstrate how theory can be introduced into practice, for example, through specific methods of assessment.
- Models are useful as they allow the concepts in nursing theory to be successfully applied to nursing practice (Lancaster and Lancaster 1981).
- Their main limitation is that they are only as accurate or useful as the underlying theory.

Importance of Nursing Theories

- Nursing theory aims to describe, predict and explain the phenomenon of nursing (Chinn and Jacobs 1978).
- It should provide the foundations of nursing practice, help to generate further knowledge and indicate in which direction nursing should develop in the future (Brown 1964).
- Theory is important because it helps us to decide what we know and what we need to know (Parsons 1949).
- It helps to distinguish what should form the basis of practice by explicitly describing nursing.
- The benefits of having a defined body of theory in nursing include better patient care, enhanced professional status for nurses, improved communication between nurses, and guidance for research and education (Nolan 1996).
- The main exponent of nursing – caring – cannot be measured, it is vital to have the theory to analyze and explain what nurses do.
- As medicine tries to make a move towards adopting a more multidisciplinary approach to health care, nursing continues to strive to establish a unique body of knowledge.
- This can be seen as an attempt by the nursing profession to maintain its professional boundaries.
The Characteristics of Theories

Theories are

1. Interrelating concepts in such a way as to create a different way of looking at a particular phenomenon.
2. Logical in nature.
3. Generalizable.
4. Bases for hypotheses that can be tested.
5. Increasing the general body of knowledge within the discipline through the research implemented to validate them.
6. Used by the practitioners to guide and improve their practice.
7. Consistent with other validated theories, laws, and principles but will leave open unanswered questions that need to be investigated.

Basic Processes in the Development of Nursing Theories

Nursing theories are often based on and influenced by broadly applicable processes and theories. Following theories are basic to many nursing concepts.

General System Theory

It describes how to break whole things into parts and then to learn how the parts work together in “systems.” These concepts may be applied to different kinds of systems, e.g. Molecules in chemistry, cultures in sociology, and organs in Anatomy and Health in Nursing.

Adaptation Theory

• It defines adaptation as the adjustment of living matter to other living things and to environmental conditions.
• Adaptation is a continuously occurring process that effects change and involves interaction and response.

Human adaptation occurs on three levels:
1. The internal (self)
2. The social (others) and
3. the physical (biochemical reactions)

Developmental Theory

• It outlines the process of growth and development of humans as orderly and predictable, beginning with conception and ending with death.