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# **HISTORICAL VIEW OF THEORY DEVELOPMENT**

**The evolution and revolution**

# DEVELOPMENT OF PHILOSOPHIES AND THEORIES

## DEFINING NURSING

- Meaning
    - To reconsider the nature of nursing and the purpose of nursing
    - to question many ideas that were taken for granted in nursing and the traditional basis on which nursing practice was practiced
  - The process
    - similar to both scientific methods of problem-solving and research process
    - is a framework to view nursing as a deliberate, reflective, critical, and self-correcting system
    - To replace the rule- and principle-oriented approaches, and relies heavily on what can be assessed through observations
  - The significance
    - To provide practicing nurses a new sense of purpose and directions consistent with the basic values of nursing and a sense of increasing effectiveness achieved through systemic and thoughtful forms of nursing practice
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# THE THEORISTS AND THEIR THEORIES

- Nightingale (1860) Environment
  - Environment and Natural vital power of healing
- Peplau (1952) Interaction
  - Interpersonal Relation
- Handerson (1955) Need
  - Fourteen human Needs
- Adhellah (1960) Need
  - Twenty-one Nursing Problems



# THE THEORISTS AND THEIR THEORIES

- Johnson (1968) System
  - Behavioral systems
- Rogers (1970) System
  - Unitary man exchanging energy with environment
- Orem (1971) Need
  - Self-care deficit
- King (1971) Need
  - Human beings interaction with environment to achieve health (Goal Attainment )



# THE THEORISTS AND THEIR THEORIES

- Neuman (1972) Interaction
  - Open System Model related to stress-coping
- Roy (1976) System
  - Adaptation with four models
- Waston (1979) Interaction (science of care)
  - Humanistic, Altruistic, Interpersonal Process
- Leininger (1979) Cultural congruent care
  - Cultural universality and cultural diversity
- Erickson (1983) Developmental Interaction
  - Modeling and role modeling



## NIGHTINGALE (1860) ENVIRONMENT

- Environment and Natural vital power of healing
- 對病患合適的環境是 “新鮮的空氣,光線,溫暖,清潔,安靜,適當的進食,而不要再耗費精力
- 護理著重於正向環境的創造以增強天然復原力量的進行



## PEPLAU (1952) INTERACTION

- Interpersonal Relation
- 護理是有意義的治療性人際互動過程,
- 是一教育工具, 一成熟力量
- 促使個案之人格朝向人類生活之創造, 建設, 與生產
- 四個相: 定向(orientation), 確認(identification), 探索(exploration), 與解決(resolution), 此關係從感受到與健康相關的需要開始.
- 護理的重點在感受到與健康相關的需要時提供一人際互動過程.



## HANDERSON (1955) NEED

- Fourteen human Needs
- 護理的獨特功能是協助個體，不論是健康或生病，從事促進健康或安寧地死去的活動，這些活動在個體有足夠之必需的體力、意志、或知識時，是可以獨立完成、不需要人家協助的；護理在提供協助時也同時幫助個體儘早恢復獨立行使這些活動的能力 (p.4).
- 護理的重點在協助病人滿足14項基本需求.





## ABDHELLAH (1960) NEED

- Twenty-one Nursing Problems
- 病人的需要可分為四類：維持活命的需求，減少功能障礙朝向重得自助能力的治療需求，協助病人與障礙共存之復原需求；更能自助之預防性需求(p.51 and 52).
- 這些需求可自21項護理問題之評估而得，此21項護理問題包括病人生物性，心理性與社會性需求.
- 護理的重點在於辨識及滿足21項護理問題.



# JOHNSON (1968) SYSTEM

- Behavioral systems
- 行為系統包含行為型式與目的, 也可下分子系統, 各有其動力與目標. 個案的行為子系統包括: attachment or affiliate, sexual, eliminative, aggressive/protective, and dependency (pp. 207-215).
- 護理的工作即在於助長, 保護, 與刺激子系統, 促進行為之效果與效率.



# ROGERS (1970) SYSTEM

- Unitary man exchanging energy with environment
- 人是一獨特的整體, 為一開放性系統不斷與環境交換能量, 此單方向之改變以語言或情緒表示其型式與組織之特點 (pp41-72).
- 護理以探討人之與環境之互動過去來關懷其健康與福祉.
- Unique and dynamic



# OREM (1971) NEED

- Self-care deficit
- 護理是一種對人的服務著重於維持生命與自疾病中恢復之自我照顧 (p.6).
- 自我照顧的要求是 (1) universal, 如需要 air, water, food, (2) 與健康偏差相關的需求如癒傷, 與 (3) 發展性需求 (p. 141)



# KING (1971) NEED

- Human beings interaction with environment to achieve health (Goal Attainment )
- 護理是一領悟,判斷,行動,反應,互動,與交流,以達到目標的過程. 護理過程與人之與環境互動以求健康有關. 健康包括生長,發展,壓力調適,運用資源.
- 護理的重點在訂定及達成健康的目標.



# NEUMAN (1972) INTERACTION

- Open System Model related to stress-coping
- 護理以全人的觀點處理個體壓力因應方式. 目標在於增強個體能量,減輕壓力及其不良影響. 個體對壓力源有防禦線, 護理評估此防禦的能力及發展預防壓力的方法. 壓力源可來自個人自身, 個人之間,與非人因素 (pp.10-14).
- 護理以有目的的處置減輕壓力及其不良影響, 促進個體最高功能與福祉.



# ROY (1976) SYSTEM

- Adaptation with four models
- 護理視個體為一調適系統，以四種模式對刺激作反應。此四種模式為：生理需求，自我概念，角色功能，與相互依賴。個體經歷適應問題時需加以減輕以便對其它刺激有能力應付以維持健康(pp.41-44)。
- 護理需運用過程以處置壓力以促進健康。



# WASTON (1979) SCIENCE OF CARE

- Humanistic, Altruistic, Interpersonal Process
- 照顧的科學在於人性關懷與利他的價值關, 包括人際互動過程滿足人的需求以促進個體及家庭的健康與成長. 信心, 希望, 幫助-信任性關係 與支持性, 保護性, 矯正性環境均是護理的要點
- 護理的科學含括人性利他價值導向的人際互動過程.






# LEININGER (1979) CULTURAL CONGRUENT CARE

- Cultural universality and cultural diversity
- 文化影響人們對健康與護理的觀念, 在不同文化中有似相異之處, 關懷(Care)是護理的主體與特點, 治療(cure)若無關懷將減損效果, 但關懷可以不必有治療.
- 以文化為基之護理是促進與維護健康與自疾病中康復的重要因子. 共有三種護理決策與行動模式: 文化照顧保留, 文化照顧調適, 與文化照顧重建.



# ERICKSON (1983)

## DEVELOPMENTAL INTERACTION

- Modeling and role modeling
- 個體有內在驅力朝向整體性健康,復原,與調適. 個人應付壓力的能力決定於壓力之質與量, 以及個體社會心理與認知之生長發展基本需求的滿足程度. 進入模式與角色模式化引導個案基本需要之滿足, 因而促進個體社會心理與認知之生長與發展.
- 護理藉由進入模式與角色模式引導促進生長發展加強個體之應付能力. 藉進入模式了解個體之處境與觀點, 角色模式化是護理的目的性措施以運用個體內在驅力促進成長. 

# EVOLUTION OF THEORY DEVELOPMENT

- Gradually nursing moved from a metatheoretical focus on empirics as expressed in objectivist Naturalistic and qualitative approaches to practice began to appear with greater frequency in the 1980s.
- Critical research that undermines unjust and inequitable social conditions is being conducted. Is only part of what it takes to make good clinical decisions.
- A focus on practice evidence and translational research reemphasizes moving evidence into practice in a way that benefits the patient/client.



# THE DEVELOPMENT OF MIDRANGE PRACTICED-LINKED THEORY

- Meleis (1987) called on nurses to focus on developing substance in theory, that is nursing concepts grounded in a practice context.
- There is the need to avoid a focus on methodology for methodology's sake, and to move away from long-term debates about the nature of theory, knowledge, and the proper functions of nursing.



## THE SUBSTANTIVE THEORY

- Theory of this type is developed in concert with research questions directly linked to important practice problems.
- Substantive theory can inform practice and lead to new practice approaches and factors that influence the outcomes desired in nursing practice.
- Such midrange theory tends to cluster around a concept on interest.
- Several nurse researcher-scholars may work in concert with practitioner-scholars to develop theory related to substantive area of concern.
- Each theorist's perspective contributes to developing research, theory, and practice in the substantive area.



# THE SUBSTANTIVE VS. MIDDLE-RANGE THEORY

- Substantive middle-range theory can inform practice and lead to new practice approaches as well as investigate factors that influence the outcomes desired in nursing practice. Situation-specific theory.
- Whereas middle-range theory narrows the conceptual focus of a theory, and substantive middle-range theory further defines the focus as clinically relevant concepts, situation-specific theory emphasizes the need to consider the unique context for which the theory is developed.



# THE MOVE OF METHODOLOGY

- Classification of research:
  - empiric-analytic,
  - interpretive-hermeneutic,
  - critical-social.
- Methodologies grounded in the philosophy of phenomenology seek to account for the nature of the experience from the experienter's point of view.
- The primary purpose of critical theory is to create social and political change. It focuses on class issues as they perpetuate unfair educational, political, and other social practices, points to a need to undo and remake oppressive social structures.





# POSTSTRUCTURALIST APPROACHES

- Poststructuralism is an outgrowth of structuralism
  - Deconstruction and postmodernism
- Postmodernism in relation to methods of inquiry is reflected in increasing use of nonscientific methodologies as well as the combining of multiple methods within a single research





# EVIDENCE-BASED PRACTICE

- Evidence-based practice requires the integration of information about best research evidence, health care resources, clinical setting, state, and circumstances with patient preferences.



# PRACTICE-BASED EVIDENCE AND TRANSLATIONAL RESEARCH

## ○ Practice-based research

- A focus on investigating and validating what seems to be effective in practice as a way to generate research evidence for integration into evidence-based decision making.
- Rather, evidence must be generated out of, or situated in, the context from which it is generated in order to be useful to practitioners (Simons et al., 2003).

## ○ Translational research

- Moving basic research studies into practice, translational research promotes the utilization of research discoveries in clinical settings.



# FACTORS THAT INFLUENCE THEORY DEVELOPMENT

## ○ Values

- Individual
  - Commitment to nursing
  - Philosophy
  - motives
- Professional
  - Commitment to develop knowledge
  - Codes of ethics
  - Standards for practice
- Society
  - Culture mores

## ○ Resources

- Individual
  - Cognitive style
  - Intellectual ability
  - Educational background
- Professional
  - Educational requirements
  - Practice traditions
  - Body of literature
- Society
  - Settings for practice, research, and education
  - Funding for disciplinary activities



# TOOLS FOR CONCEPT AND THEORY DEVELOPMENT

- Knowledge of research methodology,
- experience,
- ability to critique research,
- knowledge of what constitutes theory,
- knowledge of what major issues are confronting theorizing,
- knowledge of existing theories,
- knowledge of major pitfalls in the development of theory.
- Knowledge of the context for theory such as the clinical area is essential.



## THE THEORY BUILDING

- Theorizing is a process that is refined through a deliberate experience.
- The processes of reflecting, analyzing, questioning, relating, thinking, writing, changing, and communicating are integral parts of philosophical analysis,
- Equally essential to theory is a diary or journal, in which observations, reflections, and relationships are systematically logged, helps the theorist to sort out thoughts, develop documentation, and synthesize empirical reasoning with intuitive reasoning.
- (Zderad, 1978).

