

SECOND EDITION

# NURSING THEORIES

A Framework for Professional Practice

Kathleen Masters

INCLUDES **ONLINE**  
**ACCESS CODE**

Not returnable if code is redeemed.

World Headquarters  
Jones & Bartlett Learning  
5 Wall Street  
Burlington, MA 01803  
978-443-5000  
info@jblearning.com  
www.jblearning.com

Jones & Bartlett Learning books and products are available through most bookstores and online booksellers. To contact Jones & Bartlett Learning directly, call 800-832-0034, fax 978-443-8000, or visit our website, www.jblearning.com.

Substantial discounts on bulk quantities of Jones & Bartlett Learning publications are available to corporations, professional associations, and other qualified organizations. For details and specific discount information, contact the special sales department at Jones & Bartlett Learning via the above contact information or send an email to [specialsales@jblearning.com](mailto:specialsales@jblearning.com).

Copyright © 2015 by Jones & Bartlett Learning, LLC, an Ascend Learning Company

All rights reserved. No part of the material protected by this copyright may be reproduced or utilized in any form, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without written permission from the copyright owner.

The content, statements, views, and opinions herein are the sole expression of the respective authors and not that of Jones & Bartlett Learning, LLC. Reference herein to any specific commercial product, process, or service by trade name, trademark, manufacturer, or otherwise does not constitute or imply its endorsement or recommendation by Jones & Bartlett Learning, LLC and such reference shall not be used for advertising or product endorsement purposes. All trademarks displayed are the trademarks of the parties noted herein. *Nursing Theories: A Framework for Professional Practice, Second Edition* is an independent publication and has not been authorized, sponsored, or otherwise approved by the owners of the trademarks or service marks referenced in this product.

There may be images in this book that feature models; these models do not necessarily endorse, represent, or participate in the activities represented in the images. Any screenshots in this product are for educational and instructive purposes only. Any individuals and scenarios featured in the case studies throughout this product may be real or fictitious, but are used for instructional purposes only.

The authors, editor, and publisher have made every effort to provide accurate information. However, they are not responsible for errors, omissions, or for any outcomes related to the use of the contents of this book and take no responsibility for the use of the products and procedures described. Treatments and side effects described in this book may not be applicable to all people; likewise, some people may require a dose or experience a side effect that is not described herein. Drugs and medical devices are discussed that may have limited availability controlled by the Food and Drug Administration (FDA) for use only in a research study or clinical trial. Research, clinical practice, and government regulations often change the accepted standard in this field. When consideration is being given to use of any drug in the clinical setting, the health care provider or reader is responsible for determining FDA status of the drug, reading the package insert, and reviewing prescribing information for the most up-to-date recommendations on dose, precautions, and contraindications, and determining the appropriate usage for the product. This is especially important in the case of drugs that are new or seldom used.

#### Production Credits

Executive Publisher: William Brottmiller  
Executive Editor: Amanda Martin  
Associate Acquisitions Editor: Rebecca Myrick  
Production Manager: Carolyn Rogers Pershoush  
Production Editor: Sarah Bayle  
Senior Marketing Manager: Jennifer Stiles  
Art Development Editor: Joanna Lundeen

VP, Manufacturing and Inventory Control: Therese Connell  
Composition: Cenveo Publisher Services  
Cover Design: Kristin E. Parker  
Rights and Photo Research Coordinator: Kristin Sladen  
Cover Image: © pashabo/Shutterstock, Inc.  
Printing and Binding: Edwards Brothers Malloy  
Cover Printing: Edwards Brothers Malloy

To order this product, use ISBN: 978-1-284-04835-3

#### Library of Congress Cataloging-in-Publication Data

Masters, Kathleen.

Nursing theories : a framework for professional practice / Kathleen Masters.—Second [edition].

pages cm

Includes index.

ISBN 978-1-284-04139-2

1. Nursing models. 2. Nursing—Philosophy. I. Title.

RT84.5.M364 2015

610.7301—dc23

2014006042

6048

Printed in the United States of America

18 17 16 15 14 10 9 8 7 6 5 4 3 2 1

# Introduction to Theoretical Nursing Knowledge as a Framework for Practice

## LEARNING OBJECTIVES

After completing this chapter the student should be able to

1. Identify and define terminology related to theoretical thinking
2. Identify and describe several types of theoretical works in nursing
3. Identify and explain the four metaparadigm concepts of nursing
4. Begin the process of identifying theoretical frameworks of nursing that are consistent with a personal belief system
5. Explain the rationale for incorporating theory in professional nursing practice

## KEY TERMS

Assumptions	Human being (person)
Clarity	Metaparadigm
Concept	Nursing
Conceptual model	Philosophies of nursing
Derivable consequences	Proposition
Empirical precision	Simplicity
Environment	Theory
Generality	Worldview
Health	

## Background and Overview

Although the beginning of nursing theory development can be traced to Florence Nightingale, it was not until the second half of the twentieth century that nursing theory caught the attention of nursing as a discipline. During the decades of the 1960s and 1970s, theory development was a major topic of discussion and publication. During the 1970s, much of this discussion related to the development of a single global theory for nursing. However, in the 1980s, attention turned away from the development of a global theory for nursing as scholars began to recognize the validity of multiple approaches to theory development in nursing.

Because of the plurality in nursing theory, this information must be organized to be meaningful for practice, research, and further knowledge development. The goal of this chapter is to present an organized and practical overview of the major concepts that are essential to understanding theoretical perspective in nursing and explaining the relationship of theory to professional nursing practice. Definitions of key terms are included throughout the discussion.

## Structure of Nursing Knowledge

To apply nursing theory in practice, the nurse must have some knowledge of the theoretical works of the nursing profession. Theoretical works in nursing are generally categorized either as philosophies, conceptual models, theories, or middle-range theories, depending on the level of abstraction. The most abstract of these theoretical works are the philosophies of nursing, followed by the conceptual models, theories, and middle-range theories. However, the metaparadigm of the discipline is considered the highest level of abstraction.

### *Metaparadigm of Nursing*

Before discussing the metaparadigm concepts that are important to nursing, it is important to define the term “concept.” A **concept** is a term or label that describes

a phenomenon or group of phenomena (Meleis, 2007). The label may be a word or phrase that summarizes ideas, observations, and experiences so as to provide a mental image for the purpose of facilitating communication and understanding about the phenomenon (Fawcett, 2005). The phenomenon described by a concept may be either empirical or abstract. An empirical concept is one that can be either observed or experienced through the senses. An abstract concept is one that is not observable, such as hope or caring (Hickman, 2002).

Most disciplines have a single metaparadigm but multiple conceptual models. Multiple conceptual models allow the members of the discipline to view the phenomena of interest in different ways.

A metaparadigm is the most global perspective of a discipline. A **metaparadigm** is defined by Fawcett (2005, p. 4) as “the global concepts that identify the phenomenon of central interest to a discipline, the global propositions that describe the concepts, and the global propositions that state the relations between or among the concepts.” Each discipline singles out phenomena of interest that it will deal with in a unique manner. The concepts and propositions that identify and interrelate these phenomena are even more abstract in the metaparadigm than those found in the conceptual models, yet identification of these metaparadigm concepts allows members of the discipline to identify and communicate the boundaries of the subject matter specific to the discipline (Kim, 2000). Most disciplines have a single metaparadigm but multiple conceptual models. Multiple conceptual models allow the members of the discipline to view the phenomena of interest in different ways (Fawcett, 2005).

While many have proposed what should be included as the metaparadigm concepts for the discipline of nursing, most scholars accept the central concepts of the discipline of nursing as person (human being), environment, health, and nursing:

- **Human being or person:** individuals, families, communities, and other groups who are participants in nursing
- **Environment:** human beings’ significant others and physical surroundings as well as local, regional, national, and worldwide cultural, social, political, and economic conditions that are associated with human beings’ health
- **Health:** human processes of living and dying
- **Nursing:** the actions taken by nurses on behalf of or in conjunction with human beings, and the goals or outcomes of nursing actions, the process of which encompasses activities that are referred to as assessment, diagnosis (labeling), planning, intervention, and evaluation (Fawcett, 2005, p. 6)

Because concepts are so abstract at the metaparadigm level, many conceptual models have developed from the metaparadigm of nursing. Subsequently, multiple theories have been developed from each conceptual model in an effort to describe, explain, and predict the phenomena within the model. These conceptual models and theories of nursing represent various paradigms derived from the

metaparadigm of the discipline of nursing. Therefore, although each of the conceptual models and nursing theories may link and define the four metaparadigm concepts somewhat differently, the four metaparadigm concepts are generally present and defined either implicitly or explicitly in each of the models and theories.

### *Philosophies of Nursing*

**Philosophies of nursing** set forth the general meaning of nursing and nursing phenomena through reasoning and the logical presentation of ideas. Philosophies are broad and address general ideas about nursing. Because of their breadth, nursing philosophies contribute to the discipline by providing direction, clarifying values, and forming a foundation for theory development (Alligood, 2006).

## Conceptual Models of Nursing

Conceptual models are composed of abstract and general concepts and propositions that provide a frame of reference for members of a discipline. This frame of reference determines how the world is viewed by members of a discipline and guides the members as they propose questions and make observations relevant to the discipline (Fawcett, 1994). A **conceptual model** is specifically defined as a set of concepts and statements that integrate the concepts into a meaningful configuration (Lippitt, 1973, as cited in Fawcett, 1994). **Assumptions** are accepted as truth and represent the values and beliefs of the theory or conceptual framework. Assumptions form the basis for defining concepts and framing propositions (Meleis, 2007). A **proposition** is a statement about a concept or a statement of the relation between two or more concepts (Fawcett, 2005).

Conceptual models of nursing are models containing abstract concepts that are not directly observable and that are not limited to a particular type of patient, situation, or event (Fawcett, 2005, p. 16). At the level of the conceptual model, each metaparadigm concept is defined and described in a manner unique to the model, with the model providing an alternative way to view the concepts considered important to the discipline. The definitions and overall framework presented in a conceptual model are formal and explicit. Thus they identify the purpose and scope of nursing for nurses, for other healthcare providers, and for the public. In addition, they provide a framework for recording the effects of nursing. Using a conceptual model or framework also helps to provide consistency in nursing practice by facilitating communication and provides a mechanism for engaging in a systematic approach to nursing research, education, and practice (Fawcett, 2005, pp. 17–18).

### *Nursing Theories*

A nursing **theory** is more specific than a conceptual model (Alligood, 2014). A “theory is an organized, coherent, and systematic articulation of a set of statements

related to significant questions in a discipline that are communicated in a meaningful whole . . . discovered or invented for describing, predicting, or prescribing events, situations, conditions, or relationships” (Meleis, 2007, p. 37). More specifically, nursing theory is defined by Meleis (p. 41) as “a conceptualization of some aspect of reality (invented or discovered) that pertains to nursing. The conceptualization is articulated for the purpose of describing, explaining, predicting, or prescribing nursing care.” According to Fawcett (1994), “The primary distinction between a conceptual model and a theory is the level of abstraction. A conceptual model is a highly abstract system of global concepts and linking statements. A theory, in contrast, deals with one or more specific, concrete concepts and propositions.”


Theories vary in their scope and level of abstraction. The theory that is broad in scope and highly abstract conceptually may be referred to as a grand theory, whereas the theory that has a narrow scope and is more concrete or practical may be referred to as a middle-range theory (Fawcett, 2005, p. 19). Middle-range theories also generally include fewer concepts and propositions (Fawcett, 2005), represent a limited or partial view of nursing reality, are more appropriate for empirical testing (Liehr & Smith, 1999), and are more applicable to practice (Smith, 2008).

Nursing theories may be derived from existing conceptual models of nursing. Such theories evolve from nursing reality as perceived by the theorist. Nurse theorists, like other nurses, are affected by both historical events and philosophical influences in their lives. Nursing theories may also evolve from a perception of ideal nursing practice. As a consequence, various nursing theories represent different realities and address different aspects of nursing (Meleis, 2007). For this reason, the multiplicity of nursing theories presented in the following chapters should not be viewed as competing theories, but rather as complementary theories that may provide insight into different ways to describe, explain, and predict nursing concepts and/or prescribe nursing care.

Curley (2007, p. 3) describes this understanding in an interesting way by comparing the multiplicity of nursing theories to a collection of maps of the same region. Each map may display a different characteristic of the region, such as rainfall, topography, or air currents. Although all of the maps are accurate, the best map for use depends on the information needed or the question being asked. This is precisely the case with the nurse’s choice of nursing theories for practice.

## Analysis and Evaluation of Theoretical Knowledge in Nursing

Several authors have devised criteria for the analysis and evaluation of nursing conceptual models and theories. In general, the criteria that are used for analysis include examination of the origins of the model relative to logic and reasoning as



The primary distinction between a conceptual model and a theory is the level of abstraction.

well as the work of other scholars who have influenced the thinking of the theorist, the unique focus of the model, and the definitions of the metaparadigm concepts (Fawcett, 2005, pp. 52–53). Other authors suggest that the criteria for analysis should include clarity, simplicity, generality, empirical precision, and derivable consequences (Chinn & Kramer, 2008, p. 237). **Clarity** refers to consistency in terms of terminology and structure—or put simply, “How clear is the theory?” (p. 237). **Simplicity** is highly valued in nursing model and theory development: “How simple is this theory?” (p. 237). **Generality** refers to the scope of the concepts and the purpose of the theory (Alligood, 2014, p. 10) and is reflected in the question, “How general is this theory?” (Chinn & Kramer, 2008, p. 237). The fourth criterion in analytic schema is **empirical precision**, which is linked to the testability and usability of the theory (Alligood, 2010, p. 13). Chinn and Kramer (2008, p. 237) express this notion by asking, “How accessible is this theory?” Finally, the last criterion is “How important is this theory?” (p. 237)—that is, what are the **derivable consequences** of the theory.

Suggested evaluation criteria include an explanation of the origins of the model and an examination of statements of values and philosophical claims of the theorist. This step is followed by an exploration of the comprehensiveness of the content of the model, which entails looking at the depth and the breadth of the model to ascertain, for example, if definitions of the metaparadigm concepts of the discipline are included. The third step considers whether the structure of the model is logical.

Step 4 considers whether the model will lead to further theory generation, and step 5 of the evaluative process focuses on the credibility of the model for use in practice. As a part of the criterion for step 5, attention is also paid to the factors of social utility, social congruence, and social significance. The criterion of social utility considers whether special education is required to use the model in practice. The criterion of social congruence considers whether the model will lead to nursing activities that meet the expectations of the public. The criterion of social significance considers whether the model makes differences in the health conditions of the public.

Finally, in step 6 of the evaluation process, a determination is made as to the contributions of the model to the discipline of nursing. This determination reflects the findings from a review of literature, where the expectation is that the model will enhance understanding of the phenomena of interest rather than being based on any type of comparison of one model to another (Fawcett, 2005, pp. 54–57).

A combination of these criteria will be used in the brief analysis of each nursing model and theory in the chapters that follow in this text. While some of the theories will fare better

### CRITICAL THINKING

Can you think of any additional criteria that should be added to the list for analysis and evaluation of models and theories? If so, what are they? Share your rationale for adding these criteria.



than others based on the way they satisfy these criteria, in the final analysis, all of the theorists whose work is included in this text have made substantial contributions to the discipline of nursing.

## Relationship of Theory to Professional Nursing Practice

How does theory affect your nursing practice? Using a theoretical framework to guide your nursing practice will assist you as you organize patient data, understand and analyze patient data, make decisions related to nursing interventions, plan patient care, predict outcomes of care, and evaluate patient outcomes (Alligood & Tomey, 2002). Why? The use of a theoretical framework provides a systematic and knowledgeable approach to your nursing practice. Such a framework also becomes a tool that will assist you in thinking critically as you plan and provide nursing care. This tool offers a paradigm within which to view the process of nursing and the patient care scenario.


## Choosing a Theoretical Framework for Nursing Practice

How do you begin? Now that you know why nursing theory is important to your nursing practice, you will want to identify a theoretical framework that fits you and your practice. The first step to determine a fit is to identify your personal worldview. Next you must consider the worldview upon which the theoretical framework you have identified is based and determine whether there is congruence between the worldviews.

Sire (2004) defines a **worldview** as “a commitment, a fundamental orientation of the heart, that can be expressed as a story or in a set of presuppositions (assumptions which may be true, partially true or entirely true) which we hold (consciously or subconsciously, consistently or inconsistently) about the basic constitution of reality, and that provides the foundation on which we live and move and have our being” (p. 122). According to Shelly and Miller (2006), because a worldview is so overarching, it can integrate many theories from various aspects of life and assist us to see how different theories complement one another. However, when theories reflect different worldviews, upon close examination the theories are likely to conflict with each other. Ultimately, differing worldviews cannot be reconciled (Shelly & Miller, 2006, p. 35).

Sire (2004, p. 20) identifies seven questions that must be answered to understand the concept of a worldview. Answering these seven questions will assist you in identifying your own worldview as well as the underlying worldview of theoretical frameworks:

1. What is prime reality?
2. What is the nature of the world around us?



The use of a theoretical framework provides a systematic and knowledgeable approach to your nursing practice.

3. What is a human being?
4. What happens to a person at death?
5. Why is it possible to know anything at all?
6. How do we know what is right and wrong?
7. What is the meaning of human history?

After considering these general questions, you are ready to consider some questions more specific to nursing that will assist you in determining which theories of nursing are congruent with your personal values and beliefs. Alligood (2006) presents guidelines for the individual nurse who is selecting a framework for theory-based nursing practice:

- Consider the values and beliefs that you truly hold in nursing.
- Write a philosophy of nursing that clarifies your beliefs related to person, environment, health, and nursing.
- Survey definitions of person, environment, health, and nursing in the various nursing models.
- Select two or three frameworks that best fit with your beliefs related to the concepts of person, environment, health, and nursing.
- Review the assumptions of the frameworks that you have selected.
- Apply those frameworks in a selected area of nursing practice.
- Compare the frameworks in terms of client focus, nursing action, and client outcome.
- Review the nursing literature written by persons who have used the frameworks.
- Select a framework and develop its use in your nursing practice.

In addition to determining whether a theory is congruent with your belief system, it is important to identify whether a theory is congruent with your area of practice within the discipline of nursing. Miller (1989, p. 47) states that relevance to practice is the central issue when selecting a theory for use in practice and recommends that you ask the following questions when choosing a theory:

- Does the theory have direct relevance for the way that nursing is practiced?
- Does the theory describe real or ideal care?
- Have the assumptions and propositions been tested?
- Does the theory deal with the resources that are necessary for care?
- Does the theory guide the use of the nursing process?
- Does the theory provide practicing nurses with good direction for clinical actions?
- Are the concepts within the theory too abstract to be applied in practice?

- Is the language in the theory easy to understand?
- Does the theory correspond with practicing nurses' knowledge?

Finally, as we move beyond the individual nurse and consider a group of nurses on a unit or within an entire organization, the level of complexity related to theory selection becomes compounded. Several issues arise if all of the individual nurses on a unit or in an organization select a model or theory for use in practice without making some effort to provide a framework for their choices. The use of multiple theories of nursing within the same organization or nursing unit will lead to issues with communication between nurses, between nursing units, and between disciplines within an organization; it will also complicate the training necessary to prepare staff for the sophisticated level of understanding required to function using multiple theories (McKenna & Slevin, 2008). While the selection of nursing theories based on the nurses' preference and patient population fit may be desirable, the successful implementation projects reported in the literature describe the incorporation of only one nursing theory—rather than multiple nursing theories—in practice at the organizational level (Fawcett, 2005). Therefore, while the criteria presented earlier in this chapter are important in determining the preferences of individual nurses, it is necessary to go beyond these criteria when selecting a nursing model or theory for incorporation into practice.

Fawcett (2005, p. 40) suggests four steps for the process of selecting a conceptual model of nursing or nursing theory for practice for a nursing unit or organization:

1. Analyze and evaluate several nursing models and nursing theories.
2. Compare the content of each of the nursing models and nursing theories to the mission statement of the healthcare organization to determine whether the model or theory is appropriate.
3. Determine whether the philosophy of the model or theory is congruent with the philosophy of the nursing department.
4. Select the nursing model or theory that most closely matches the mission of the organization and the philosophy of the nursing department.

As one can see from these steps, this schema applies to the adoption of theoretically based nursing practice throughout an organization. According to Fawcett (2005), the implementation of a theoretical framework in a healthcare organization is a process that takes 27 to 36 months and includes 10 phases: (1) the initial vision, (2) feasibility study, (3) development of a long-range plan, (4) review of the organization's philosophy, (5) selection of the conceptual model or nursing theory, (6) education of the nursing staff, (7) designation of specific nursing units

#### CRITICAL THINKING

Can you identify any additional questions that it may be helpful to think about as you consider a theoretical framework for practice?

as demonstration sites, (8) institution-wide implementation, (9) evaluation of outcomes, and (10) dissemination of project outcomes.

## Past Challenges and Future Directions

If using nursing theory in practice is so important, then why don't all nurses practice using a theoretical framework? This question is best answered by looking at the history of theory development in nursing. The earliest nurse theorists did not plan to develop theories of nursing, but rather sought to explicate guidelines for practicing nursing care. Among those who followed in their footsteps, however, were nurse educators who were interested in developing guidelines for nursing curricula. Because nursing as a discipline was relatively new compared to many other disciplines in the social and behavioral sciences, these nurse theorists relied heavily on borrowed knowledge from other related disciplines.

Relying on borrowed theoretical knowledge was not seen as congruent with nursing being a strong and free-standing discipline. In response to this perception, a determination developed within the nursing profession that, looking back, makes it seem as though nursing as a discipline was on a mission to build the theoretical knowledge base to prove itself worthy of being called a separate discipline. Research and theory development occurred primarily in university settings, largely within the context of graduate nursing education. Many of the early theories were grand and complex, as the discipline struggled to find a theory that fit the entire discipline. This process took place mostly in isolation in research and education pockets within academic settings, and most graduates of these programs taught in academic settings after graduation or practiced in advanced roles in the service arena. As a consequence of this pattern, nursing theory has not yet been incorporated fully into the practice of nursing care at the level of the bedside nurse. It is important for the profession of nursing to close this gap so that nursing theory becomes interwoven into nursing practice as intended, rather than continuing the pretense that currently exists.

In addition to the historical issues that have impeded the incorporation of theory into nursing practice, many nurses believe that the trend in more recently developed nursing theories is more about “being with the person” and less about “doing for the patient” (Shelly & Miller, 2006). Thus many nurses who have had only superficial exposure to nursing theory do not see nursing theory as practical or relevant to their very busy nursing practice, which is filled with doing for patients. In addressing this point, it is important to understand that even though a particular theory might focus on one aspect of care, the professional nurse is responsible for providing *all* aspects of required care for the patient. Providing care within a theoretical framework does not excuse the nurse from providing care that is evidence based and that meets the current standards for professional nursing care as described by the American Nurses Association (2010) within the context of the nursing process.

In an effort to illustrate the relationship of nursing theory to evidence-based practice as well as the incorporation of the nursing process, each of the chapters in this text includes a patient scenario that will be analyzed using the identified theory as a framework for practice. The nursing process in a format congruent with the nursing theory presented in the chapter will also be integrated into the scenario for one identified nursing problem. In addition, the scenario will illustrate the inclusion of current best practice in the plan of care so that the relationship between all three of these components—the theoretical framework, the evidence, and the nursing process—is apparent.

As the descriptions of the philosophies, conceptual models, and theories presented in the following chapters make clear, there are a wide variety of perspectives and choices of frameworks from which to practice nursing. There is no one right or wrong answer. Begin with whichever one seems to “fit” your situation, and then practice using it as you provide nursing care. According to Cody (2006, p. 119), “The full realization of nursing theory-guided practice is perhaps the greatest challenge that nursing as a scholarly discipline has ever faced.” So be patient, because developing a nursing practice that is driven by nursing theory will take time and practice. All nursing theories require in-depth study over time to master fully, but the incorporation of theory into your practice will most assuredly transform your nursing practice. The end result of this process will be evidenced in the excellent nursing care that you are able to provide to patients over the course of your professional nursing career. Today, when you frame your practice within the perspective of nursing theory, you may be the exception and an exemplar. As a discipline, however, nursing is approaching a time when practice guided by theory will be expected of the professional nurse, just as practice based on evidence and formulated within the context of the nursing process is the current standard.

### CRITICAL THINKING

Do you think that you will face challenges as you incorporate a theoretical framework into your own nursing practice? Who or what do you see as the biggest challenge related to the incorporation of a theoretical framework into your nursing care?

The full realization of nursing theory-guided practice is perhaps the greatest challenge that nursing as a scholarly discipline has ever faced.

### CLASSROOM ACTIVITY 1-1

Select one nursing model or theory for review. Review the chapter in this text that pertains to this model or theory, and conduct an analysis and evaluation of the theory using the criteria presented in this chapter, based on the information in the model- or theory-specific chapter. Compare your evaluation with the evaluations made by your fellow students, and discuss areas of agreement and disagreement.

## CLASSROOM ACTIVITY 1-2

Reflect on the questions posed in this chapter, and then begin to draft a philosophy of nursing paper that expresses your individual values and beliefs about the concepts important to nursing. Using your philosophy of nursing paper, compare your own values and beliefs to those of the theorists discussed in the subsequent chapters.

## References

- Alligood, M. R. (2006). Philosophies, models, and theories: Critical thinking structures. In M. R. Alligood & A. M. Tomey (Eds.), *Nursing theory: Utilization and application* (3rd ed., pp. 43–65). St. Louis, MO: Mosby.
- Alligood, M. R. (2010). Introduction to nursing theory: Its history, significance, and analysis. In M. R. Alligood & A. M. Tomey (Eds.), *Nursing theorists and their work* (7th ed., pp. 2–15). Maryland Heights, MO: Mosby.
- Alligood, M. R. (2014). Introduction to nursing theory: Its history, significance, and analysis. In M. R. Alligood (Ed.), *Nursing theorists and their work* (8th ed., pp. 2–13). Maryland Heights, MO: Mosby.
- Alligood, M. R., & Tomey, A. M. (2002). Significance of theory for nursing as a discipline and profession. In A. M. Tomey & M. R. Alligood (Eds.), *Nursing theorists and their work* (5th ed., pp. 14–31). St. Louis, MO: Mosby.
- American Nurses Association. (2010). *Nursing: Scope and standards of practice*. Washington, DC: Author.
- Chinn, P. L., & Kramer, M. K. (2008). *Integrated knowledge development in nursing* (7th ed.). St. Louis, MO: Elsevier-Mosby.
- Cody, W. K. (2006). Nursing theory-guided practice: What it is and what it is not. In W. K. Cody (Ed.), *Philosophical and theoretical perspectives for advanced nursing practice* (4th ed., pp. 119–121). Sudbury, MA: Jones and Bartlett.
- Curley, M. A. Q. (2007). *Synergy: The unique relationship between nursing and patients*. Indianapolis, IN: Sigma Theta Tau International.
- Fawcett, J. (1994). *Analysis and evaluation conceptual models of nursing*. Philadelphia: F. A. Davis.
- Fawcett, J. (2005). *Contemporary nursing knowledge: Analysis and evaluation nursing models and theories* (2nd ed.). Philadelphia: F. A. Davis.
- Hickman, J. S. (2002). An introduction to nursing theory. In J. B. George (Ed.), *Nursing theories: A base for professional nursing practice* (5th ed., pp. 1–20). Upper Saddle River, NJ: Prentice Hall.
- Kim, H. S. (2000). *The nature of theoretical thinking in nursing* (2nd ed.). New York: Springer.
- Liehr, P., & Smith, M. J. (1999). Middle range theory: Spinning research and practice to create knowledge for the new millennium. *Advances in Nursing Science*, 21(4), 81–91.
- Lippitt, G. L. (1973). *Visualizing change: Model building and the change process*. Fairfax, VA: NTL Learning Resources.
- McKenna, H. P., & Slevin, O. D. (2008). *Nursing models, theories and practice*. Oxford, UK: Blackwell.
- Meleis, A. I. (2007). *Theoretical nursing: Development and progress* (4th ed.). Philadelphia: J. B. Lippincott.

- Miller, A. (1989). Theory to practice: Implementation in the clinical setting. In M. Jolley & P. Allen (Eds.), *Current issues in nursing* (pp. 47–65). London: Chapman & Hall.
- Shelly, J. A., & Miller, A. B. (2006). *Called to care: A Christian worldview for nursing* (2nd ed.). Downers Grove, IL: InterVarsity Press.
- Sire, J. W. (2004). *Naming the elephant: Worldview as a concept*. Downers Grove, IL: InterVarsity Press.
- Smith, M. C. (2008). Disciplinary perspectives linked to middle range theory. In M. J. Smith & P. R. Liehr (Eds.), *Middle range theory for nursing* (2nd ed., pp. 1–11). New York: Springer.