

# Why does nursing need theory?

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The last 25 years have witnessed a growing support for and recognition of the importance of nursing theory, both in education and practice. This paper seeks to explore this movement, and also the issues in theory development, study and application. Definitions of theory are reviewed, and linked to the purpose of theory and theory development in nursing. The origins and motivation for developing nursing theory are identified, and arguments for the use of theory in nursing are raised. Further questions from the discussion of these issues are identified, questions likely to provide continued debate and investigation within the profession for decades to come.

## INTRODUCTION

If one considers the wealth of literature that is concerned with nursing theory and theory development, one may believe that the question — 'Why does nursing need theory?' — has already been adequately addressed. However, as more nursing degree programmes are being developed in the United Kingdom (UK) and *Project 2000* (UKCC 1986) is taking nursing into the realms of higher education, nursing theory is firmly on the agenda.

Despite this movement, there are sections in nursing that question, perhaps quite legitimately, why the profession is devoting so much of its energy to this pursuit of theory. Such doubts are reflected in the frequently cited theory–practice gap (e.g. Stevens 1984, Miller 1985). Are the important and emerging issues in nursing, which is after all a practice discipline, to be served by this enquiry, or is it merely to meet the needs of those who wish to achieve 'professionalization' and academic satisfaction? Does theory actually improve practice? Further, can it improve practice when manpower and resource problems predominate? In this context, is this enquiry not only fruitless, but wasteful of scarce resources?

## THEORY

In order to address the issue of why nursing may indeed need theory, it is necessary first to identify the nature and purpose of theory in a general sense, and what specific purpose theory can serve for nursing. Once these issues have been addressed, then many more questions are likely to come to the fore, such as, what theories are most useful in nursing, should nursing 'borrow' theories from other fields, or must new theories unique to nursing be developed? Can there be a unifying theory of nursing, and is this a worthwhile aim? What evidence is there to support the usefulness of nursing theories, and can this be related to outcomes? What are the consequences of nursing without theory?

It appears to be a reasonable expectation that if it is considered that theory is essential to progress in nursing, and that there is a desire within the profession to embrace and utilize theory, then nurse leaders and nurse educators must not only justify its place, but make it accessible to nurses in a form that is meaningful. This paper aims to examine the purpose and value of theory in nursing, and will attempt to address some of the other questions raised.

### Theory defined

What do we mean by the term 'theory'? Many authors offer definitions that seem to share general characteristics,

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yet further analysis indicates that the definition of theory raises many conflicting views. Chinn & Jacobs (1987) compared various theory definitions, and found differences in relation to the particular focus, of which they identified four definitions focusing on the theory development process, the outcome of theory, the tentative nature of theory, and a focus on inquiry.

Some of these definitions will exclude types of theory that are legitimate to other definitions. For example, Chinn & Jacobs (1987) cite Mackay's (1969) definition of theory as a 'logically interconnected set of confirmed hypotheses'. Chinn & Jacobs argue that whilst this definition reflects an accepted view of theory within the scientific community, most of what is described as nursing theory cannot meet these requirements. Marquis Bishop (1986) asks whether nursing theory actually exists, and suggests that if rigorous scientific criteria are used, then it does not. She argues that pursuing this debate is not useful to nursing, and merely reflects the early stage of theory development in nursing.

In contrast, Dickoff & James (1968) defined theory as 'a conceptual system or framework invented to serve some purpose'. This definition has a far wider application, as 'confirmed hypotheses' are not a prerequisite, whilst the focus on purpose has clear relevance to a practice-oriented profession.

Dickoff *et al* (1968) identified four levels of theory, each with a specific purpose. They were related in a hierarchical fashion, with each higher level requiring the existence of theory at a lower level. These levels ranged from 'factor-isolating theory', the most basic level concerned with identifying and naming concepts, through 'factor-relating' and 'situation-relating theory', to the highest level of 'situation-producing theory' (1968), which is concerned with the use of theoretical work to produce valued situations. They maintain that nursing actions must be supported by theory at the highest prescriptive level, although they emphasize that theory development at all levels is essential to achieve this.

### Tentativeness of theory

However, further contrast can be demonstrated in Stevens' (1984) definition of theory as 'a statement that purports to account for or characterize some phenomena'. This definition, Chinn & Jacobs (1987) argue, underlines the tentativeness of theory, which is useful if we are to stress the realistic limitations to the extent that theory can actually represent reality, and may promote a more questioning stance when presented with new theories. This definition also admits an even broader range of work for

consideration as theory, as the specification of 'purpose' is not explicitly defined as in the work of Dickoff & James.

Chinn & Jacobs (1987) propose a definition which seeks to incorporate the main characteristics of other definitions. They suggest that nursing deals with a wide range of complex events that demands a broader view of theory and theory development. They define theory as

a set of concepts, definitions, and propositions that projects a view of phenomena by designating specific interrelationships among concepts for purposes of describing, explaining and predicting phenomena.

This definition suggests that theory is concerned with a structure of clearly defined concepts, and identifies the general purpose of theory. As Meleis (1986) points out, this definition allows a multiple use of theory, not restricted to propositions verified in research.

The statement, 'projects a view', again underlines the tentative nature of theory and, as Chinn & Jacobs (1987) state, theory is based on assumptions, value choices and judgements. The place of values in science may conflict with traditional and popular views of science (Chalmers 1982), and the positivists' view of 'value-free' science. However, as Heller (1986) points out, values do exist, they are inevitable, and warrant recognition. Clearly, the complexity of nursing, and its area of concern of man and health, dictate that nursing science and nursing action will reflect values. A definition of theory that incorporates this recognition is consequently enhanced.

### Purpose of theory

If theory is purposeful and goal-oriented, what purpose can the development of nursing theory serve for the nursing profession? An initial response to this question may be to state that all nursing theory should lead to enhanced nursing practice, and therefore better patient care. Marriner (1986) identifies multiple benefits derived from theory in nursing, incorporating this basic premise of improving practice, that seem to be representative of the literature. These are that theory provides knowledge; enhances nursing's power; aids deliberate action and provides rationale when challenged, and provides professional autonomy by guiding practice, education and research.

The applicability of many nursing theories to practice may appear to be problematic in many cases. Sometimes theoretical works do not have sufficient clarity, or indeed may not have applicability. Others may represent higher-level 'grand' theories, which may be viewed by some as prerequisites for further theory development, but which do

not always appeal, being 'too esoteric for clinicians' (Meleis & Price 1988) and having no apparent significance for the practitioner's immediate sphere of concern

Many writers describe a perceived 'theory-practice gap', for example, Stevens 1984, Miller 1985, Norton 1989. However, most will also assert that theory, research and practice are interconnected and essential to each other. Stevens (1984) exemplifies this view, as she states that

theory arises out of practice and, once validated, returns to direct or explain that practice [and that] further practice under the guidance of a given theory leads to theory refinement

## ORIGINS OF THEORY DEVELOPMENT

Kim (1983) suggests that interest in theory development in nursing was motivated by two main considerations. First, that nursing leaders identified the development of theory as a means of gaining recognition for nursing as a profession. Second, that theorists recognized the intrinsic value of theory for nursing as a means for defining and directing the profession and providing a base for further theoretical development.

Some may argue that the latter point represents the use of theory to justify its own existence, and is indicative of the academic needs of a section of the profession. However, theory, according to Kerlinger (1964), is the basic aim of science. The argument thus follows that if we consider that nursing is a science, then theory development is a fundamental activity.

## ARGUMENTS FOR THEORY IN NURSING

The 'professionalization' argument for nursing theory is explored by Chinn & Jacobs (1987). In a health care setting involving a range of health professions, the profession holding the theoretical knowledge relating to a specific issue is the most likely to provide effective therapy. This issue will then become the domain of that profession, which will then be able to access resources to build on its theoretical knowledge, thus securing its professional autonomy. Chinn & Jacobs suggest that, in this context, theoretical knowledge is a basis for power.

Whilst the pursuit of power as an end in itself cannot be justified, in the real world, nursing may only make the significant contribution it has the potential to offer if it achieves true professional autonomy. Unfortunately, the autonomy so desired may not be achieved if there is a lack of unity among practising nurses who do not similarly value theory. Such disunity would not empower the profession, and others may assume elements of nursing's domain.

Leddy & Pepper (1985) suggest that the united action of all nurses could provide enormous potential power, but because of internal dissension and rivalry, nursing is politically impotent and professionally powerless. Whether or not one agrees with this description, many nurses will recognize Leddy & Pepper's assertion that nurses seek status and power, not by expert practice, but by climbing the nursing hierarchy.

Further arguments for nursing theory as a source of professional autonomy are that nurses who study theory will have a good basis for challenging existing health care practice, and will develop new analytical skills that will allow them to act deliberately. As Fawcett (1980) states

a theory in and of itself is irrelevant and a practice devoid of theoretically sound, empirically validated processes may soon be considered as unethical.

## Coherence of purpose

Coherence of purpose is a second argument for theory, posed by Chinn & Jacobs (1987), which follows on from that of professional autonomy. They suggest that there is evidence for a lack of coherence of purpose, which is demonstrated by failures in continuity of care when different practitioners fail to share common goals for their activities.

In seeking coherence of purpose, some theorists have proposed 'unifying' theories of nursing that would present nursing with a single theory which would resolve many of the difficulties encountered by multiple, often competing theories. Many writers now argue powerfully against this search for a unifying theory. Engstrom (1984) argues that the fundamental belief in the holism of man is not a feasible starting point for developing a single comprehensive theory. Meleis (1983) suggests that in the search for one theory for nursing, the task was 'either overwhelming and appeared highly abstract, or too simplistic and reductionist', and that nursing may proceed to more general theories progressively, as other sciences have learned to do. As Stevens (1984) argues, perhaps the best approach is to seek broad consensus amongst nurses, rather than specificity at our current stage of development.

A third argument for theory is its use to enhance communication in nursing. Chinn & Jacobs (1987) state that theory of all types enhances communication between nurses by providing a common base of theoretical knowledge and thought upon which practice is built. Further, the way in which theory is expressed will influence its potential for communication between theorists, researchers and practitioners, and ultimately its applicability in practice.

## Separate language

Conversely, Stevens (1984) sees the potential for nursing theory to impair the communication of ideas to those outside nursing. As nursing seeks to identify its unique body of knowledge, it is creating a separate language which may indeed enhance communication between nurses. However, she warns that where communication bridges are not developed, collaborative multidisciplinary work may be difficult. This is, however, an argument for building such bridges, rather than one against the pursuit of nursing's body of knowledge.

## CONCLUSION

It has been seen that theory is purposeful, and in the context of nursing it is of value to the development of practice. Theory, therefore, supports nursing's ultimate aim of promoting health (used here in its broadest sense) through the application of expert practice derived from a developing body of nursing knowledge.

Theory can influence practice in direct or indirect ways. The main issues identified are that it enhances professional autonomy and the power of nursing, that nursing action is deliberate and can both make challenges and respond to them, that theory can help develop coherence and consensus in nursing, and that theory provides a common frame of reference to aid communication within nursing. Also, practice without theory may raise ethical concerns.

The study of theory is also useful as it develops the analytical skills of the practitioner, so that theory can be critically appraised and utilized. Consequently, further theory refinement or development can take place.

Some of the difficulties encountered when considering nursing theory have been raised, as have further questions. These remain the source of a healthy debate in the profession, and are representative of nursing's current stage of theory development.

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