2.4: What is Nursing Theory?

A nursing theory is “a creative and rigorous structuring of ideas that projects a tentative purposeful, and systematic view of a phenomenon” ([8], p. 106). A nursing theory contains concepts, definitions, relationships, and assumptions derived from models. The purpose is to describe, gain understanding, predict, and/or prescribe what will take place in phenomenon. The researcher uses either deductive or inductive reasoning to derive a theory [7]. Concepts are a part of a phenomenon and as such are abstract. Constructs on the other hand consist of groups of concepts. For example, patient-centered care is a construct. It can consist of many concepts which can include participation, respect, and collaboration. Theories can be formulated which center around assumptions referencing these concepts.

A grand theory is a type of theory that was originated by C.W. Mills. It is viewed as an abstract formal organization of concepts that are used to view and take precedence over the social world [8]. For example, complexity science is a twenty-first-century worldview that views the world as systems that are complex and interact in a dynamic interactive fashion which is unpredictable. It is not a single theory but a guiding framework. A key concept to complexity theory is the complex adaptive system (CAS). A CAS is a group of individual components that are interconnected in such a manner that the action of one changes that context of another. Families or committees are two examples. Systems have fuzzy boundaries, and this can lead to challenges in problem solving [8]. For example, suppose a day-care facility decided to change their hours from 0700 to 1900 to 0800–1600, one can realize the havoc that this would cause on family members that have set work hours, child routines, family and day-care budgets, and employers. Some of the other tenets of CAS are that agents respond to their environment by using an internalized set of rules and that these rules determine the agent’s actions. The agents in the system are adaptive and the systems are intertwined or embedded within other systems and evolve interdependently [9].

Middle-range theories were proposed by R.K. Merton. They consist of hypothesis that can be tested. They are made up of propositions and though abstract are derived from grand theories. They are close enough to everyday observable data to be incorporated into a set of propositions [10]. They form the basis for clinical research and can be applied to
multiple settings. For example, concepts such as *pain, stress, and comfort* have been instrumental in defining a theoretical basis for nursing practice through the use of middle-range theories early in the evolution of nursing.

*Nursing models* differ from nursing theories in that a model provides us with a structure whereas a theory is a set of ideas.

A case can be made such that consideration is given to the use of grand theories as a context for their work due to the complexity of patient-care issues. An example is cited referencing the impact of conditions such as HIV-AIDS and the impact not only on the client but the family, community, nation, and the world. Neuman’s systems model was referenced as a good choice [11].