SECOND EDITION

Fundamentals of

Nursing Models, Theories and Practice

HUGH MCKENNA, MAJDA PAJNKIHAR AND FIONA MURPHY



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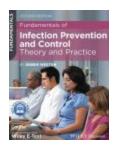
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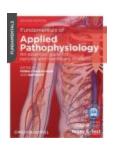
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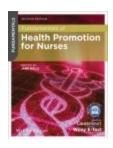
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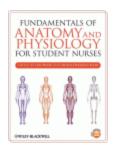
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Fundamentals of Nursing Models, Theories and Practice

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Dedication

This book is dedicated to all the patients, families and communities with whom we have worked over the years. It is also dedicated to those scholars and students who have shaped our thinking on nursing theories.

In addition, we wish to acknowledge the patience and fortitude of our friends and families, specifically Tricia, Gowain and Saoirse McKenna, Grega and Jasna Pajnkihar, Boris Kac and Phil, Katie and Kieran Murphy. M.P. would also like to thank Dr Verena Tcshudin and Dominika Jakl for their help.

Hugh P. McKenna Majda Pajnkihar Fiona A. Murphy

Preface

The stimulus for this second edition was the very positive feedback we received for the first edition from nursing students, nurse lecturers and clinical nurses. It helped that the publishers were extremely keen on an updated version being produced. Initially, there was some reluctance on our part because we felt that the first book had dealt with the subject matter very thoroughly. However, on reflection we realised that in the intervening years there had been a growth in discussion and debate about nursing theory. A preface to a later edition of a book should set out to explain in what respects that edition differs from the previous one. There are a number of differences. Fiona Murphy and Majda Pajnkihar have joined the team and they bring with them new insights into how theory can inform nursing practice and research and how this, in turn, improves the quality and safety of patient care. The literature has been updated considerably and we have taken account of developments outside the USA and the UK. In particular, Majda provides information on how nursing theories are being taught and used in Slovenia, Croatia, Russia and Poland. Readers will also find that we have included more exercises. These include key concept boxes, reflective exercises, multiple choice questions, true/false questions, additional reading sources and a number of case studies.

Therefore, for these reasons and many others, we believe that this new edition is a considerable improvement on the previous book. It still takes the reader on a journey, from presenting the case for the use of theory in nursing practice through to considering the extent to which practice influences the development of theory, the definitions of theory and the different types of theory. We illustrate for readers the fact that theory is linked to science and why this is important for the profession of nursing. We spend a considerable amount of time outlining the different ways in which nurses know and the role of research and reasoning in building nursing knowledge.

One of the main movements for the profession worldwide is the emergence of new nursing roles. We show how such roles are linked to theories and we highlight the importance of 'role theory'. We describe how grand nursing theories have evolved and the importance of mid-range and practice theories for guiding patient care. We unravel the often controversial relationship between nursing theories and nursing models, and examine these terms in detail and compare and contrast them, taking into account their advantages and disadvantages. We show how the biomedical model has influenced nurse education, practice and research over the years, and not always for the benefit of nursing.

We make a case for nursing being mainly about building and sustaining interpersonal relationships with patients, their families and communities. Several nursing theories have their roots in such relationships. We share a number of these with the readers, explaining Hildegard Peplau's theory in considerable detail. We consider the differences between a normal interpersonal relationship and a therapeutic interpersonal relationship, stressing that practising nurses use both. We also outline the actual and potential barriers to the development of therapeutic interpersonal relationships.

Selecting an unsuitable theory can have a detrimental effect on patient care, and when this happens nurses are often reluctant to admit it and they try to mould the patient's needs to fit the theory rather than moulding the theory to fit the patient's needs! Conversely, we believe

that a theory that is appropriate for practice will benefit patients and improve the working practices and morale of nurses. Therefore, choosing an appropriate theory to underpin nursing practice or nurse education needs a great deal of thought. We discuss 12 different criteria that can be used to help readers select a nursing theory for practice.

Since the first edition of this book, there has been a great deal written about evidence-based practice. We believe that no reasonable nurse would argue that an important part of every clinical nurse's role is to ensure their practice is informed by the best available evidence. We show the link between theory and research and best evidence. We discuss how theory is generated by research, tested by research and evaluated by research. We also highlight how theory can help to shape a research study.

Every day in clinical practice, nurses are exposed to phenomena that influence patient care. Sometimes such phenomena are ignored because they seem commonplace or unimportant. We guide the readers through the process of identifying these phenomena, naming them and finding relationships between them. This provides an insight into how readers can construct a nursing theory.

Finally, we highlight how the worth of a theory is ascertained. The characteristics of a good theory are reviewed and these are presented as the basis for evaluating and analysing nursing theory. The particular place of testing a theory is considered, and the relationship between theory evaluation and theory testing is clarified.

We hope you enjoy reading this textbook as much as we have enjoyed writing it. We anticipate that it will open up new and interesting perspectives in your thinking about nursing theories and how they can be used to increase the knowledge base for the profession and enhance clinical practice.

Hugh P. McKenna Majda Pajnkihar Fiona A. Murphy

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Features contained within your textbook

Every chapter begins with an **outline** of the chapter and an introduction to the topic.

Outline of content

This chapter covers the following: the case for theory; the argument that all intentional and rational actions, including nursing actions, by definition must have an underlying theory; an initial definition of theory; how theory and practice become integrated in nursing *praxis*.

Learning outcome boxes give a summary of the topics covered in a chapter.

Learning outcomes

At the end of this chapter you should be able to:

- 1. Understand what nursing theory is
- 2. Define theory
- 3. Understand the construction/development of a theory
- 4. Discuss the relationship between nursing theory and science
- 5. Evaluate the relationship between nursing theory and practice
- 6. Know the limitations of the nursing theory
- 7. Understand the importance of nursing theory for contemporary nursing

Key concept boxes give definitions of theories.

Key Concepts 1.1

Phenomenon: something that you experience through your senses

Concept: a name given to a phenomenon

Proposition: a statement that links concepts together different types of relationships

Assumption: something that you take for granted even though it has not been proved or tested

Reflective exercises provide ways to put theories into practice.

Reflective Exercise 1.1

Theory

Write down or discuss with other people two different theories for one of the following:

- the break-up of the Beatles
- the assassination of John F. Kennedy
- global warming
- newborn babies smiling when spoken to

Consider if there is the basis of truth in any of these theories.

Each chapter ends with a list of **Revision Points** to summarize important topics.

Revision Points

- Theory is a body of knowledge.
- Theory is a core part of science, wherein we formulate statements about phenomena (theories) and then test these empirically (research).
- Theory needs to be aligned to the real world and a means by which we can explain systematically things done and things observed.
- Theory is always something seen and/or thought about from a particular perspective, and thus by definition a partial and (to some extent) subjective view of the world or the phenomena within it.
- Nursing theories can contribute to new knowledge in contemporary nursing.

Your textbook is full of illustrations and tables.

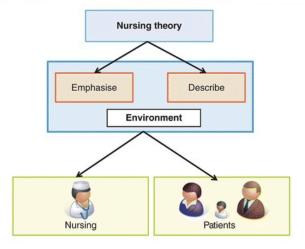


Figure 1.3 Nightingale theory of nursing.

propositional statements (mortar/cement). Additional concepts (bricks) may be added, but they must not look out of place and must adhere in a meaningful way to the propositions (mortar/cement).

The journey to theoretical understanding starts with seeing and trying to interpret phenomena. Some examples of directly observing and describing a phenomenon in practice are seen to underpin the theories of Florence Nightingale (1859) and Hildegard Peplau (1952). Nightingale described her time in the Barrack Hospital during the Crimean War: she saw the unsanitary environment as the main cause of soldiers dying unnecessarily. The old barracks across the Bosphorus from Constantinople had been set up as a hospital; it had poor ventilation and a dead horse was found in the water supply. It is not surprising that most of the soldiers died from infections rather than from the wounds of battle. Nightingale believed that such infections were caused by a 'miasma' that travelled through the air. Therefore, the phenomena she saw in her physical environment were related to better cleanliness and better ventilation. Her theory, not surprisingly, focuses mainly on getting the environment right (Figure 1.3). She wrote that the nurse's role was to place the patients in the best position to let nature cure them (Nightingale 1859).

Peplau's (1952) theory was constructed from the years she spent working as a nurse in psychiatric hospitals. She began to be convinced that the main cause of mental illness was the lack of interpersonal communications between nurses and patients; she described how nurses failed to talk to patients. Therefore, Peplau's theory is mainly centred on how to establish and sustain interpersonal relations with patients. Roper et al. (1983) observed how patients often lost independence in some of their ADLs (e.g. walking, eating or sleeping). Their theory provides nurses with knowledge on how to change dependence to independence in the ADLs (see Reflective Exercise 1.7).

Reflective Exercise 1.7

Building theory

A cancer nurse notices that patients often become sick when a nurse is giving them chemotherapy. This is a phenomenon that the nurse observes. Her conceptual name for this phenomenon is 'chemotherapy-induced nausea'. The proposition is the link between the two concepts of nausea and chemotherapy. The theory that describes this phenomenon is that every time the patient received chemotherapy he became nauseated. Think about your work in practice, choose one event and discuss what the phenomenon is and identify the related concepts and propositions.

Theory and science of nursing

In this section, the relationship between the theory and science of nursing will be described (Figure 1.4). The starting point is that a theory represents knowledge developed by a systematic process, with the purpose of being useful and helping to improve practice. This is new knowledge, which still has to be tested (Pajnkihar 2003). Theory is best tested by research and once this has been undertaken the theory becomes part of nursing science. Therefore,

Science = Theory + Research

where theory is the knowledge and research refers to the methods used to test the theory. Karl Popper (1989) famously said the theory was like a paper boat that you placed into a pond to see if it floats or sinks. If it continued to float under different circumstances (e.g. wind or waves),

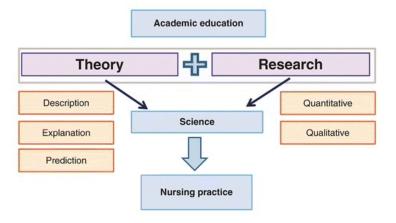


Figure 1.4 Correlation: education, science and practice.



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