Searching for specialized nursing knowledge led nurse scholars to theories that guide research, education, administration, and professional practice.

Nursing followed a path from concepts to conceptual frameworks to models to theories, and finally to middle range theory, in this theory utilization era.

Nursing history demonstrates the significance of theory for nursing as a division of education (the discipline) and a specialized field of practice (the profession).

Knowledge of the theory development process is basic to a personal understanding of the theoretical works of the discipline.

Analysis facilitates learning through systematic review and critical reflection of the theoretical works of the discipline.

Theory analysis begins the process of identifying a decision making framework for nursing research or nursing practice.
Introduction to Nursing Theory: Its History, Significance, and Analysis
Martha Raile Alligood

“The systematic accumulation of knowledge is essential to progress in any profession . . . however theory and practice must be constantly interactive. Theory without practice is empty and practice without theory is blind.” (Cross, 1981, p. 110).

This text is designed to introduce the reader to nursing theorists and their work. Nursing theory became a major theme in the last century, and it continues today to stimulate phenomenal professional growth and expansion of nursing literature and education. Selected nursing theorists are presented in this text to expose students at all levels of nursing to a broad range of nurse theorists and various types of theoretical works. Nurses of early eras delivered excellent care to patients; however, much of what was known about nursing was passed on through forms of education that were focused on skills and functional tasks. Whereas many nursing practices seemed effective, they were not tested nor used uniformly in practice or education. Therefore, a major goal put forth by nursing leaders in the twentieth century was the development of nursing knowledge on which to base nursing practice, improve quality of care, and gain recognition of nursing as a profession. The history of nursing clearly documents sustained efforts toward the goal of developing a specialized body of nursing knowledge to guide nursing practice (Alligood, 2010a; Alligood & Tomey, 1997; Bixler & Bixler, 1959; Chinn & Kramer, 2011; George, 2011; Im & Chang, 2012; Judd, Sitzman & Davis, 2010; Meleis, 2007; Shaw, 1993).

This chapter introduces nursing theory from three different perspectives: history, significance, and analysis. Each perspective contributes understanding of the contributions of the nursing theorists and their work. A brief history of nursing development from vocational to professional describes the search for nursing substance that led to this exciting time in nursing history as linkages were strengthened between nursing as an academic discipline and as professional practice. The history of this development provides context and a perspective to understand the continuing significance of nursing theory for the discipline and profession of nursing. The history and significance of nursing theory leads logically into analysis, the third section of the chapter and final perspective. Analysis of nursing theoretical works and its role in knowledge development is presented as an essential process of critical reflection. Criteria for analysis of the works of theorists are presented, along with a brief discussion of how each criterion

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contributes to a deeper understanding of the work (Chinn & Kramer, 2011).

**History of Nursing Theory**

The history of professional nursing began with Florence Nightingale. Nightingale envisioned nurses as a body of educated women at a time when women were neither educated nor employed in public service. Following her wartime service of organizing and caring for the wounded in Scutari during the Crimean War, Nightingale’s vision and establishment of a School of Nursing at St. Thomas’ Hospital in London marked the birth of modern nursing. Nightingale’s pioneering activities in nursing practice and education and her subsequent writings became a guide for establishing nursing schools and hospitals in the United States at the beginning of the twentieth century (Kalisch & Kalisch, 2003; Nightingale, 1859/1969).

Nightingale’s (1859/1969) vision of nursing has been practiced for more than a century, and theory development in nursing has evolved rapidly over the past 6 decades, leading to the recognition of nursing as an academic discipline with a specialized body of knowledge (Alligood, 2010a, 2010b; Alligood & Tomey, 2010; Bixler & Bixler, 1959; Chinn & Kramer, 2011; Fawcett, 2005; Im & Chang, 2012; Walker & Avant, 2011). It was during the mid-1800s that Nightingale recognized the unique focus of nursing and declared nursing knowledge as distinct from medical knowledge. She described a nurse’s proper function as putting the patient in the best condition for nature (God) to act upon him or her. She set forth the following: that care of the sick is based on knowledge of persons and their surroundings—a different knowledge base than that used by physicians in their practice (Nightingale, 1859/1969). Despite this early edict from Nightingale in the 1850s, it was 100 years later, during the 1950s, before the nursing profession began to engage in serious discussion of the need to develop nursing knowledge apart from medical knowledge. This beginning led to awareness of the need to develop nursing theory (Alligood, 2010a; Alligood, 2004; Chinn & Kramer, 2011; Meleis, 2007; Walker & Avant, 2011). Until the emergence of nursing as a science in the 1950s, nursing practice was based on principles and traditions that were handed down through an apprenticeship model of education and individual hospital procedure manuals (Alligood, 2010a; Kalisch & Kalisch, 2003). Although some nursing leaders aspired for nursing to be recognized as a profession and become an academic discipline, nursing practice continued to reflect its vocational heritage more than a professional vision. The transition from vocation to profession included successive eras of history as nurses began to develop a body of specialized knowledge on which to base nursing practice. Nursing had begun with a strong emphasis on practice, and nurses worked throughout the century toward the development of nursing as a profession. Progress toward the goal of developing a specialized basis for nursing practice has been viewed from the perspective of historical eras recognizing the thrust toward professional development within each era (Alligood, 2010a; Alligood & Tomey, 1997).

The *curriculum era* addressed the question of what content nurses should study to learn how to be a nurse. During this era, the emphasis was on what courses nursing students should take, with the goal of arriving at a standardized curriculum (Alligood, 2010a). By the mid-1930s, a standardized curriculum had been published and adopted by many diploma programs. However, the idea of moving nursing education from hospital-based diploma programs into colleges and universities also emerged during this era (Judd, Sitzman & Davis, 2010). In spite of this early idea for nursing education, it was the middle of the century before many states acted upon this goal, and during the second half of the twentieth century, diploma programs began closing and significant numbers of nursing education programs opened in colleges and universities (Judd, Sitzman, & Davis, 2010; Kalisch & Kalisch, 2003). The curriculum era emphasized course selection and content for nursing programs and gave way to the research era, which focused on the research process and the long-range goal of acquiring substantive knowledge to guide nursing practice.

As nurses increasingly sought degrees in higher education, the *research emphasis era* began to emerge. This era began during the mid-century as more nurse leaders embraced higher education and arrived at a common understanding of the scientific age—that research was the path to new nursing knowledge. Nurses began to participate in research, and research courses were included in the nursing curricula of early
developing graduate nursing programs (Alligood, 2010a). In the mid-1970s, an evaluation of the first 25 years of the journal *Nursing Research* revealed that nursing studies lacked conceptual connections and theoretical frameworks, accentuating the need for conceptual and theoretical frameworks for development of specialized nursing knowledge (Batey, 1977). Awareness of the need for concept and theory development coincided with two other significant milestones in the evolution of nursing theory. The first milestone is the standardization of curricula for nursing master's education by the National League for Nursing accreditation criteria for baccalaureate and higher-degree programs, and the second is the decision that doctoral education for nurses should be in nursing (Alligood, 2010a).

The research era and the *graduate education era* developed in tandem. Master's degree programs in nursing emerged across the country to meet the public need for nurses for specialized clinical nursing practice. Many of these graduate programs included a course that introduced the student to the research process. Also during this era, nursing master's programs began to include courses in concept development and nursing models, introducing students to early nursing theorists and knowledge development processes (Alligood, 2010a). Development of nursing knowledge was a major force during this period. The baccalaureate degree began to gain wider acceptance as the first educational level for professional nursing, and nursing attained nationwide recognition and acceptance as an academic discipline in higher education. Nurse researchers worked to develop and clarify a specialized body of nursing knowledge, with the goals of improving the quality of patient care, providing a professional style of practice, and achieving recognition as a profession. There were debates and discussions in the 1960s regarding the proper direction and appropriate discipline for nursing knowledge development. In the 1970s, nursing continued to make the transition from vocation to profession as nurse leaders debated whether nursing should be other-discipline based or nursing based. History records the outcome, that nursing practice is to be based on nursing science (Alligood, 2010a; Fawcett, 1978; Nicoll, 1986). It is as Meleis (2007) noted, “theory is not a luxury in the discipline of nursing . . . but an integral part of the nursing lexicon in education, administration, and practice” (p. 4). An important precursor to the theory era was the general acceptance of nursing as a profession and an academic discipline in its own right.

The *theory era* was a natural outgrowth of the research and graduate education eras (Alligood, 2010a; Im & Chang, 2012). The explosive proliferation of nursing doctoral programs from the 1970s and nursing theory literature substantiated that nursing doctorates should be in nursing (Nicoll, 1986, 1992, 1997; Reed, Shearer, & Nicoll, 2003; Reed & Shearer, 2009; 2012). As understanding of research and knowledge development increased, it became obvious that research without conceptual and theoretical frameworks produced isolated information. Rather, there was an understanding that research and theory together were required to produce nursing science (Batey, 1977; Fawcett, 1978; Hardy, 1978). Doctoral education in nursing began to flourish with the introduction of new programs and a strong emphasis on theory development and testing. The theory era accelerated as works began to be recognized as theory, having been developed as frameworks for curricula and advanced practice guides. In fact, it was at the Nurse Educator Conference in New York City in 1978 that theorists were recognized as nursing theorists and their works as nursing conceptual models and theories (Fawcett, 1984; Fitzpatrick & Whall, 1983).

The 1980s was a period of major developments in nursing theory that has been characterized as a transition from the pre-paradigm to the paradigm period (Fawcett, 1984; Hardy, 1978; Kuhn, 1970). The prevailing nursing paradigms (models) provided perspectives for nursing practice, administration, education, research, and further theory development. In the 1980s, Fawcett’s seminal proposal of four global nursing concepts as a nursing metaparadigm served as an organizing structure for existing nursing frameworks and introduced a way of organizing individual theoretical works in a meaningful structure (Fawcett, 1978, 1984, 1993; Fitzpatrick & Whall, 1983). Classifying the nursing models as paradigms within a metaparadigm of the *person, environment, health, and nursing* concepts systematically united the nursing theoretical works for the discipline. This system clarified and improved comprehension of knowledge development by positioning the theorists’ works in a
larger context, thus facilitating the growth of nursing science (Fawcett, 2005). The body of nursing science and research, education, administration, and practice continues to expand through nursing scholarship. In the last decades of the century, emphasis shifted from learning about the theorists to utilization of the theoretical works to generate research questions, guide practice, and organize curricula. Evidence of this growth of theoretical works has proliferated in podium presentations at national and international conferences, newsletters, journals, and books written by nurse scientists who are members of societies as communities of scholars for nursing models and theories. Members contribute to the general nursing literature and communicate their research and practice with a certain paradigm model or framework at conferences of the societies where they present their scholarship and move the science of the selected paradigm forward (Alligood, 2004; Alligood 2014, in press; Im & Chang, 2012; Parker, 2006).

These observations of nursing theory development bring Kuhn’s (1970) description of normal science to life. His philosophy of science clarifies our understanding of the evolution of nursing theory through paradigm science. It is important historically to understand that what we view collectively today as nursing models and theories is the work of individuals in various areas of the country who published their ideas and conceptualizations of nursing. These works later were viewed collectively within a systematic structure of knowledge according to analysis and evaluation (Fawcett, 1984, 1993, 2005). Theory development emerged as a process and product of professional scholarship and growth among nurse leaders, administrators, educators, and practitioners who sought higher education. These leaders recognized limitations of theory from other disciplines to describe, explain, or predict nursing outcomes, and they labored to establish a scientific basis for nursing management, curricula, practice, and research. The development and use of theory conveyed meaning for nursing processes, resulting in what is recognized today as the nursing theory era (Alligood, 2010a; Alligood 2010b; Nicoll, 1986, 1992, 1997; Reed, Shearer, & Nicoll, 2003; Reed & Shearer, 2012; Wood, 2010). It was as Fitzpatrick and Whall (1983) had said, “...nursing is on the brink of an exciting new era” (p. 2). This awareness ushered in the theory utilization era.

The accomplishments of normal science accompanied the theory utilization era as emphasis shifted to theory application in nursing practice, education, administration, and research (Alligood, 2010c; Wood, 2010). In this era, middle-range theory and valuing of a nursing framework for thought and action of nursing practice was realized. This shift to the application of nursing theory was extremely important for theory-based nursing, evidence-based practice, and future theory development (Alligood, 2011a; Alligood, 2014, in press; Alligood & Tomey, 2010; Alligood & Tomey, 1997, 2002, 2006; Chinn & Kramer, 2011; Fawcett, 2005; Fawcett & Garity, 2009).

The theory utilization era has restored a balance between research and practice for knowledge development in the discipline of nursing. The reader is referred to the fifth edition of Nursing Theory: Utilization & Application (Alligood, 2014, in press) for case applications and evidence of outcomes from utilization of nursing theoretical works in practice. Table 1-1 presents a summary of the eras of nursing’s search for specialized nursing knowledge. Each era addressed nursing knowledge in a unique way that contributed to the history. Within each era, the pervading question “What is the nature of the knowledge that is needed for the practice of nursing?” was addressed at a level of understanding that prevailed at the time (Alligood, 2010a).

This brief history provides some background and context for your study of nursing theorists and their work. The theory utilization era continues today, emphasizing the development and use of nursing theory and producing evidence for professional practice. New theory and new methodologies from qualitative research approaches continue to expand ways of knowing among nurse scientists. The utilization of nursing models, theories, and middle-range theories for the thought and action of nursing practice contributes important evidence for quality care in all areas of practice in the twenty-first century (Alligood, 2010b; Fawcett, 2005; Fawcett & Garity, 2009; Peterson, 2008; Smith & Leehr, 2008; Wood, 2010). Preparation for practice in the profession of nursing today requires knowledge of and use of the theoretical works of the discipline (Alligood, 2010c).
At the beginning of the twentieth century, nursing was not recognized as an academic discipline or a profession. The accomplishments of the past century led to the recognition of nursing in both areas. The terms discipline and profession are interrelated, and some may even use them interchangeably; however, they are not the same. It is important to note their differences and specific meaning, as noted in Box 1-1:

**Significance of Nursing Theory**

At the beginning of the twentieth century, nursing was not recognized as an academic discipline or a profession. The accomplishments of the past century led to the recognition of nursing in both areas. The terms discipline and profession are interrelated, and some may even use them interchangeably; however, they are not the same. It is important to note their differences and specific meaning, as noted in Box 1-1:

**BOX 1-1 The Meaning of a Discipline and a Profession**

- A discipline is specific to academia and refers to a branch of education, a department of learning, or a domain of knowledge.
- A profession refers to a specialized field of practice, founded upon the theoretical structure of the science or knowledge of that discipline and accompanying practice abilities.

The achievements of the profession over the past century were highly relevant to nursing science development, but they did not come easily. History shows that many nurses pioneered the various causes and challenged the status quo with creative ideas for both the health of people and the development of nursing. Their achievements ushered in this exciting time when nursing became recognized as both an academic discipline and a profession (Fitzpatrick, 1983; Kalisch & Kalisch, 2003; Meleis, 2007; Shaw, 1993). This section addresses the significance of theoretical works for the discipline and the profession of nursing. Nursing theoretical works represent the most comprehensive presentation of systematic nursing knowledge; therefore, nursing theoretical works are vital to the future of both the discipline and the profession of nursing.

**Significance for the Discipline**

Nurses entered baccalaureate and higher-degree programs in universities during the last half of the twentieth century, and the goal of developing knowledge as a basis for nursing practice began to be realized. University baccalaureate programs proliferated, master’s programs in nursing were developed, and

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**TABLE 1-1 Historical Eras of Nursing’s Search for Specialized Knowledge**

<table>
<thead>
<tr>
<th>Historical Eras</th>
<th>Major Question</th>
<th>Emphasis</th>
<th>Outcomes</th>
<th>Emerging Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum Era: 1900 to 1940s</td>
<td>What curriculum content should student nurses study to be nurses?</td>
<td>Courses included in nursing programs</td>
<td>Standardized curricula for diploma programs</td>
<td>Develop specialized knowledge and higher education</td>
</tr>
<tr>
<td>Research Era: 1950 to 1970s</td>
<td>What is the focus for nursing research?</td>
<td>Role of nurses and what to research</td>
<td>Problem studies and studies of nurses</td>
<td>Isolated studies do not yield unified knowledge</td>
</tr>
<tr>
<td>Graduate Education Era: 1950 to 1970s</td>
<td>What knowledge is needed for the practice of nursing?</td>
<td>Carving out an advanced role and basis for nursing practice</td>
<td>Nurses have an important role in health care</td>
<td>Focus graduate education on knowledge development</td>
</tr>
<tr>
<td>Theory Era: 1980 to 1990s</td>
<td>How do these frameworks guide research and practice?</td>
<td>There are many ways to think about nursing</td>
<td>Nursing theoretical works shift the focus to the patient</td>
<td>Theories guide nursing research and practice</td>
</tr>
<tr>
<td>Theory Utilization Era: Twenty-first Century</td>
<td>What new theories are needed to produce evidence of quality care?</td>
<td>Nursing theory guides research, practice, education, and administration</td>
<td>Middle-range theory may be from quantitative or qualitative approaches</td>
<td>Nursing frameworks produce knowledge (evidence) for quality care</td>
</tr>
</tbody>
</table>

a standardized curriculum was realized through accreditation. Nursing had passed through eras of gradual development, and nursing leaders offered their perspectives on the development of nursing science. They addressed significant disciplinary questions about whether nursing was an applied science or a basic science (Donaldson & Crowley, 1978; Johnson, 1959; Rogers, 1970). History provides evidence of the consensus that was reached, and nursing doctoral programs began to open to generate nursing knowledge.

The 1970s was a significant period of development. In 1977, after *Nursing Research* had been published for 25 years, studies were reviewed comprehensively, and strengths and weaknesses were reported in the journal that year. Batey (1977) called attention to the importance of nursing conceptualization in the research process and the role of a conceptual framework in the design of research for the production of science. This emphasis led the theory development era and moved nursing forward to new nursing knowledge for nursing practice. Soon the nursing theoretical works began to be recognized to address Batey's call (Johnson, 1968, 1974; King, 1971; Levine, 1969; Neuman, 1974; Orem, 1971; Rogers, 1970).

In 1978, Fawcett presented her double helix metaphor, now a classic publication, on the interdependent relationship of theory and research. Also at this time, nursing scholars such as Henderson, Nightingale, Orlando, Peplau, and Wiedenbach were recognized for the theoretical nature of their earlier writings. These early works were developed by educators as frameworks to structure curriculum content in nursing programs. Similarly, Orlando's (1961, 1972) theory was derived from the report of an early nationally funded research project designed to study nursing practice.

I attended the Nurse Educator Nursing Theory Conference in New York City in 1978, where the major theorists were brought together on the same stage for the first time. Most of them began their presentations by stating that they were not theorists. Although complete understanding of the significance of these works for nursing was limited at the time, many in the audience seemed to be aware of the significance of the event. After the first few introductions, the audience laughed at the theorists' denial of being theorists and listened carefully as each theorist described the theoretical work they had developed for curricula, research, or practice.

Also noteworthy, Donaldson and Crowley (1978) presented the keynote address at the Western Commission of Higher Education in Nursing Conference in 1977, just as their nursing doctoral program was about to open. They reopened the discussion of the nature of nursing science and the nature of knowledge needed for the discipline and the profession. The published version of their keynote address has become classic for students to learn about nursing and recognize the difference between the discipline and the profession. These speakers called for both basic and applied research, asserting that knowledge was vital to nursing as both a discipline and a profession. They argued that the discipline and the profession are inextricably linked, but failure to separate them from each other anchors nursing in a vocational rather than a professional view.

Soon nursing conceptual frameworks began to be used to organize curricula in nursing programs and were recognized as models that address the values and concepts of nursing. The creative conceptualization of a nursing metaparadigm (person, environment, health, and nursing) and a structure of knowledge clarified the related nature of the collective works of major nursing theorists as conceptual frameworks and paradigms of nursing (Fawcett, 1984). This approach organized nursing works into a system of theoretical knowledge, developed by theorists at different times and in different parts of the country. Each nursing conceptual model was classified on the basis of a set of analysis and evaluation criteria (Fawcett, 1984; 1993). Recognition of the separate nursing works collectively with a metaparadigm umbrella enhanced the recognition and understanding of nursing theoretical works as a body of nursing knowledge. In short, the significance of theory for the discipline of nursing is that the discipline is dependent upon theory for its continued existence, that is, we can be a vocation, or we can be a discipline with a professional style of theory-based practice. The theoretical works have taken nursing to higher levels of education and practice as nurses have moved from the functional focus, or what nurses do, to a knowledge focus, or what nurses know and how they use what they know for thinking and decision making while concentrating on the patient.
Frameworks and theories are structures about human beings and their health; these structures provide nurses with a perspective of the patient for professional practice. Professionals provide public service in a practice focused on those whom they serve. The nursing process is useful in practice, but the primary focus is the patient, or human being. Knowledge of persons, health, and environment forms the basis for recognition of nursing as a discipline, and this knowledge is taught to those who enter the profession. Every discipline or field of knowledge includes theoretical knowledge. Therefore, nursing as an academic discipline depends on the existence of nursing knowledge (Butts & Rich, 2011). For those entering the profession, this knowledge is basic for their practice in the profession. Kuhn (1970), noted philosopher of science, stated, “The study of paradigms . . . is what mainly prepares the student for membership in the particular scientific community with which he [or she] will later practice” (p. 11). This is significant for all nurses, but it is particularly important to those who are entering the profession because “in the absence of a paradigm . . . all of the facts that could possibly pertain to the development of a given science are likely to seem equally relevant” (Kuhn, 1970, p. 15). Finally, with regard to the priority of paradigms, Kuhn states, “By studying them and by practicing with them, the members of their corresponding community learn their trade” (Kuhn, 1970, p. 43). Master’s students apply and test theoretical knowledge in their nursing practice. Doctoral students studying to become nurse scientists develop nursing theory, test theory, and contribute nursing science in theory-based and theory-generating research studies.

**Significance for the Profession**

Not only is theory essential for the existence of nursing as an academic discipline, it is vital to the practice of professional nursing. Recognition as a profession was a less urgent issue as the twentieth century ended because nurses had made consistent progress toward professional status through the century. Higher-degree nursing is recognized as a profession today having used the criteria for a profession to guide development. Nursing development was the subject of numerous studies by sociologists. Bixler and Bixler (1959) published a set of criteria for a profession tailored to nursing in the *American Journal of Nursing* (Box 1-2).

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**BOX 1-2 Criteria for Development of the Professional Status of Nursing**

1. Utilizes in its practice a well-defined and well-organized body of specialized knowledge [that] is on the intellectual level of the higher learning
2. Constantly enlarges the body of knowledge it uses and improves its techniques of education and service through use of the scientific method
3. Entrusts the education of its practitioners to institutions of higher education
4. Applies its body of knowledge in practical services vital to human and social welfare
5. Functions autonomously in the formulation of professional policy and thereby in the control of professional activity
6. Attracts individuals with intellectual and personal qualities of exalting service above personal gain who recognize their chosen occupation as a life work
7. Strives to compensate its practitioners by providing freedom of action, opportunity for continuous professional growth, and economic security


These criteria have historical value for enhancing our understanding of the developmental path that nurses followed. For example, a knowledge base that is well defined, organized, and specific to the discipline was formalized during the last half of the twentieth century, but this knowledge is not static. Rather, it continues to grow in relation to the profession’s goals for the human and social welfare of the society that nurses serve. So although the body of knowledge is important, the theories and research are vital to the discipline and the profession, so that new knowledge continues to be generated. The application of nursing knowledge in practice is a criterion that is currently at the forefront, with emphasis on accountability for nursing practice, theory-based evidence for nursing practice, and the growing recognition of middle-range theory for professional nursing practice (Alligood, 2014, in press).
In the last decades of the twentieth century, in anticipation of the new millennium, ideas targeted toward moving nursing forward were published. Styles (1982) described a distinction between the collective nursing profession and the individual professional nurse and called for internal developments based on ideals and beliefs of nursing for continued professional development. Similarly, Fitzpatrick (1983) presented a historical chronicle of twentieth century achievements that led to the professional status of nursing. Both Styles (1982) and Fitzpatrick (1983) referenced a detailed history specific to the development of nursing as a profession. Now that nursing is recognized as a profession, emphasis in this text is placed on the relationship between nursing theoretical works and the status of nursing as a profession.

As individual nurses grow in their professional status, the use of substantive knowledge for theory-based evidence for nursing is a quality that is characteristic of their practice (Butts & Rich, 2011). This commitment to theory-based evidence for practice is beneficial to patients in that it guides systematic, knowledgeable care. It serves the profession as nurses are recognized for the contributions they make to the health care of society. As noted previously in relation to the discipline of nursing, the development of knowledge is an important activity for nurse scholars to pursue. It is important that nurses have continued recognition and respect for their scholarly discipline and for their contribution to the health of society. Finally and most important, the continued recognition of nursing theory as a tool for the reasoning, critical thinking, and decision making required for quality nursing practice is important because of the following:

Nursing practice settings are complex, and the amount of data (information) confronting nurses is virtually endless. Nurses must analyze a vast amount of information about each patient and decide what to do. A theoretical approach helps practicing nurses not to be overwhelmed by the mass of information and to progress through the nursing process in an orderly manner. Theory enables them to organize and understand what happens in practice, to analyze patient situations critically for clinical decision making; to plan care and propose appropriate nursing interventions; and to predict patient outcomes from the care and evaluate its effectiveness.

(Alligood, 2004, p. 247)

Professional practice requires a systematic approach that is focused on the patient, and the theoretical works provide just such perspectives of the patient. The theoretical works presented in this text illustrate those various perspectives. Philosophies of nursing, conceptual models of nursing, nursing theories, and middle-range theories provide the nurse with a view of the patient and a guide for data processing, evaluation of evidence, and decisions regarding action to take in practice (Alligood 2014, in press; Butts & Rich, 2011; Chinn & Kramer, 2011; Fawcett & Garity, 2009). With this background of the history and significance of nursing theory for the discipline and the profession, we turn to analysis of theory, a systematic process of critical reflection for understanding nursing theoretical works (Chinn & Kramer, 2011).

**Analysis of Theory**

Analysis, critique, and evaluation are methods used to study nursing theoretical works critically. Analysis of theory is carried out to acquire knowledge of theoretical adequacy. It is an important process and the first step in applying nursing theoretical works to education, research, administration, or practice. The analysis criteria used for each theoretical work in this text are included in Box 1-3 with the questions that guide the critical reflection of analysis.

**BOX 1-3 Analysis Questions to Determine Theoretical Adequacy**

- Clarity: How clear is this theory?
- Simplicity: How simple is this theory?
- Generality: How general is this theory?
- Accessibility: How accessible is this theory?
- Importance: How important is this theory?

The analysis process is useful for learning about the works and is essential for nurse scientists who intend to test, expand, or extend the works. When nurse scientists consider their research interests in the context of one of the theoretical works, areas for further development are discovered through the processes of critique, analysis, and critical reflection. Therefore, analysis is an important process for learning, for developing research projects, and for expanding the science associated with the theoretical works of nursing in the future. Understanding a theoretical framework is vital to applying it in your practice.

**Clarity**

Clarity and structure are reviewed in terms of semantic clarity and consistency and structural clarity and consistency. Clarity speaks to the meaning of terms used, and definitional consistency and structure speaks to the consistent structural form of terms in the theory. Analysis begins as the major concepts and subconcepts and their definitions are identified. Words have multiple meanings within and across disciplines; therefore, a word should be defined carefully and specifically according to the framework (philosophy, conceptual model, or theory) within which it is developed. Clarity and consistency are facilitated with diagrams and examples. The logical development and type of structure used should be clear, and assumptions should be stated clearly and be consistent with the goal of the theory (Chinn & Kramer, 2011; Reynolds, 1971; Walker & Avant, 2011). Reynolds (1971) speaks to intersubjectivity and says, “There must be shared agreement of the definitions of concepts and relationships between concepts within a theory” (p. 13). Hardy (1973) refers to meaning and logical adequacy and says, “Concepts and relationships between concepts must be clearly identified and valid” (p. 106). Ellis (1968) used “the criterion of terminology” to evaluate theory and warns about “the danger of lost meaning when terms are borrowed from other disciplines and used in a different context” (p. 221). Walker and Avant (2011) assess “logical adequacy” according to “the logical structure of the concepts and statements” proposed in the theory (p. 195).

**Simplicity**

Simplicity is highly valued in nursing theory development. Chinn and Kramer (2011) called for simple forms of theory, such as middle range, to guide practice. A theory should be sufficiently comprehensive, presented at a level of abstraction to provide guidance, and have as few concepts as possible with simplistic relations to aid clarity. Reynolds (1971) contends, “The most useful theory provides the greatest sense of understanding” (p. 135). Walker and Avant (2011) describe theory parsimony as “brief but complete” (p. 195).

**Generality**

The generality of a theory speaks to the scope of application and the purpose within the theory (Chinn & Kramer, 2011). Ellis (1968) stated, “The broader the scope . . . the greater the significance of the theory” (p. 219). The generality of a theoretical work varies by how abstract or concrete it is (Fawcett, 2005). Understanding the levels of abstraction by doctoral students and nurse scientists facilitated the use of abstract frameworks for the development of middle-range theories. Rogers’ (1986) Theory of Accelerating Change is an example of an abstract theory from which numerous middle-range theories have been generated.

**Accessibility**

Accessibility is linked to the empirical indicators for testability and ultimate use of a theory to describe aspects of practice (Chinn & Kramer, 2011). Accessible” addresses the extent to which empiric indicators for the concepts can be identified and to what extent the purposes of the theory can be attained” (Chinn & Kramer, 2011, p. 203). Reynolds (1971) evaluates empirical relevance by examining “the correspondence between a particular theory and the objective empirical data” (p. 18). He suggests that scientists should be able to evaluate and verify results by themselves. Walker and Avant (2011) evaluate testability based on the theory’s capacity to “generate hypotheses and be subjected to empirical research” (p. 195).

**Importance**

A parallel can be drawn between outcome and importance. Because research, theory, and practice are closely related, nursing theory lends itself to research testing, and research testing leads to knowledge for practice. Nursing theory guides research and practice,
generates new ideas, and differentiates the focus of nursing from that of other professions (Chinn & Kramer, 2011). Ellis (1968) indicates that to be considered useful, “it is essential for theory to develop and guide practice . . . theories should reveal what knowledge nurses must, and should, spend time pursuing” (p. 220).

The five criteria for the analysis of theory—clarity, simplicity, generality, accessibility, and importance—guide the critical reflection of each theoretical work in Chapters 6 to 36. These broad criteria facilitate the analysis of theoretical works, whether they are applied to works at the level of philosophies, conceptual models, theories, or middle-range theories.

### Summary

This chapter presents an introduction to nursing theory with a discussion of its history, significance, and analysis. A nurse increases professional power when using theoretical research as systematic evidence for critical thinking and decision making. When nurses use theory and theory-based evidence to structure their practice, it improves the quality of care. They sort patient data quickly, decide on appropriate nursing action, deliver care, and evaluate outcomes. They also are able to discuss the nature of their practice with other health professionals. Considering nursing practice in a theory context helps students to develop analytical skills and critical thinking ability and to clarify their values and assumptions. Theory guides practice, education, and research (Alligood, in press; Chinn & Kramer, 2011; Fawcett, 2005; Meleis, 2007).

Globally, nurses are recognizing the rich heritage of the works of nursing theorists, that is, the philosophies, conceptual models, theories, and middle-range theories of nursing. The publication of this text in multiple (at least 10) languages reflects the global use of theory. The contributions of global theorists present nursing as a discipline and provide knowledge structure for further development. The use of theory-based research supports evidence-based practice. There is worldwide recognition of the rich diversity of nursing values the models represent. Today we see added clarification of the theoretical works in the nursing literature as more and more nurses learn and use theory-based practice. Most important, the philosophies, models, theories, and middle-range theories are used broadly in all areas—nursing education, administration, research, and practice.

There is recognition of normal science in the theoretical works (Wood, 2010). The scholarship of the past 3 decades has expanded the volume of nursing literature around the philosophies, models, theories, and middle-range theories. Similarly, the philosophy of science has expanded and fostered nursing knowledge development with new qualitative approaches. As more nurses have acquired higher education, understanding of the importance of nursing theory has expanded. The use of theory by nurses has increased knowledge development and improved the quality of nursing practice (Alligood, 2010a; Alligood, 2011b; Chinn & Kramer, 2011; Fawcett & Garity, 2009; George, 2011; Im & Chang, 2012; Reed & Shearer, 2012; Wood, 2010).

### POINTS FOR FURTHER STUDY


REFERENCES


