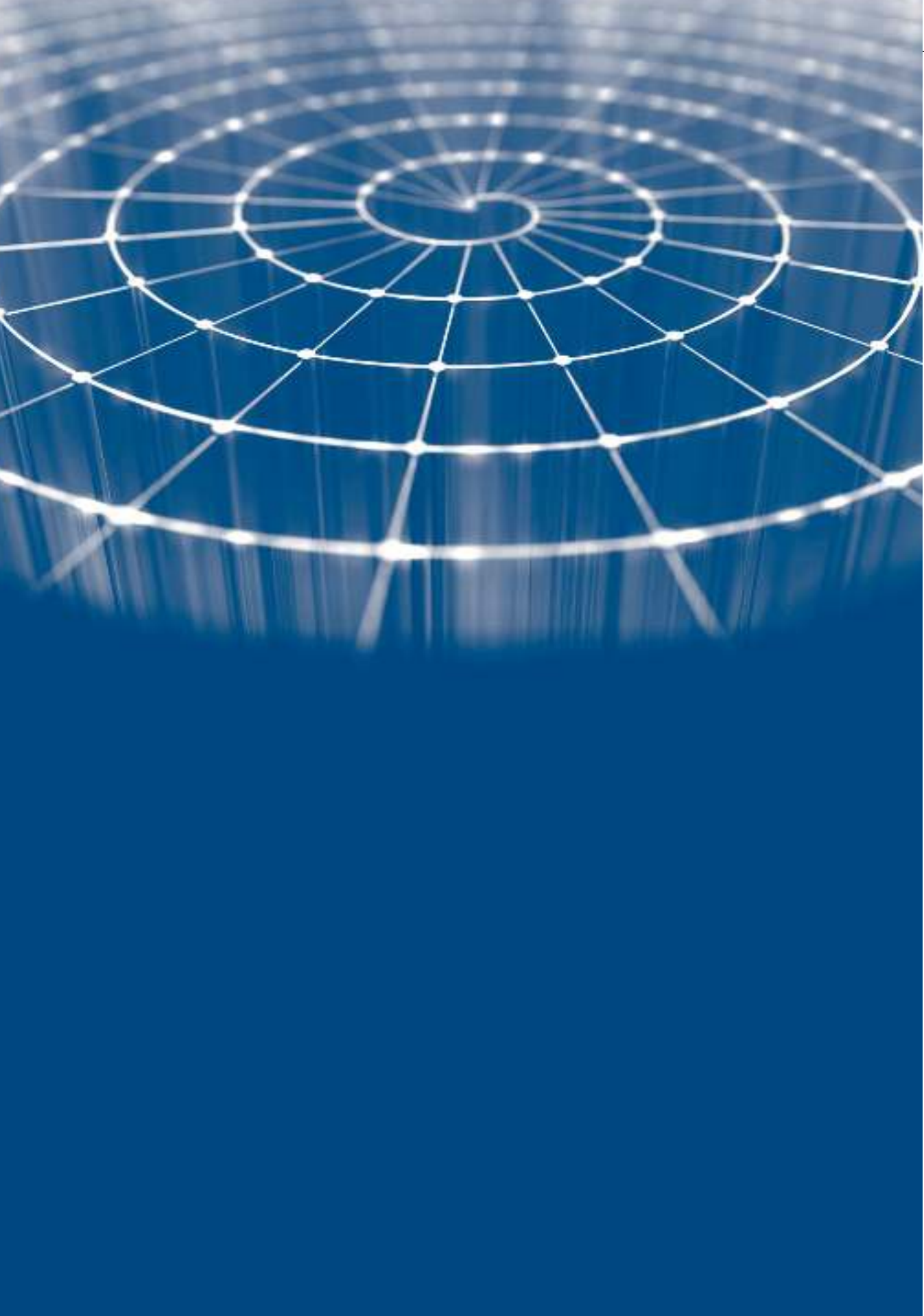




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**Nursing**  
**Theories** third edition  
**& Nursing**  
**Practice**





# **Nursing Theories**

third edition

# **& Nursing Practice**

**Marilyn E. Parker, PhD, RN, FAAN**

**Marlaine C. Smith, PhD, RN, AHN-BC, FAAN**



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1915 Arch Street  
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## Preface to the Third Edition

This book offers the perspective that nursing is a professional discipline with a body of knowledge that guides its practice. Nursing theories are an important part of this body of knowledge, and regardless of complexity or abstraction, reflect nursing and should be used by nurses to frame their thinking, action, and being in the world. As guides, nursing theories are practical in nature and facilitate communication with those we serve as well as with colleagues, students, and others practicing in health-related services. Our hope is that this book illuminates for the reader the interrelationship between nursing theories and nursing practice, and that this will focus practice more meaningfully and make a difference in the health and quality of life of people who are recipients of nursing care.

This very special book is intended to honor the work of nursing theorists and nurses who use these theories in their day-to-day practice, by reflecting and presenting the unique contributions of eminent nursing thinkers. Our foremost nursing theorists have written for this book, or their work has been described by nurses who have thorough knowledge of the theorist's work and who have a deep respect for the theorist as person, nurse, and scholar. Indeed, to the extent possible, contributing authors have been selected by theorists to write about their work. Seven additional grand or middle range theories and the conceptualizations of an early nursing scholar have been added to this edition of the book. This expansion reflects the growth in nursing theory development especially at the middle range; it was not possible to include all existing middle range theories in this volume.

This book is intended to assist nursing students in undergraduate, masters, and doctoral nursing programs to explore and appreciate

nursing theories and their use in nursing practice and scholarship. In addition, and in response to calls from practicing nurses, this book is intended for use by those who desire to enrich their practice by the study of nursing theories and related illustrations of nursing practice. The contributing authors describe development processes and perspectives on the work, giving us a variety of views for the twenty-first century and beyond. Each chapter of the book includes both descriptions of a particular theory and an illustration of use of the theory in nursing practice. Each chapter offers a glimpse into the theory and how it might be used in practice. We anticipate that this will lead to deeper study of the theory by consulting published books and articles by the theorists and those working closely with the theory in practice or research.

The first section of the book provides an overview of nursing theory and a focus for thinking about evaluating and choosing nursing theory for use in nursing practice. Section II introduces the work of early nursing scholars whose ideas provided a foundation for theory development. The nursing conceptual models and grand theories were clustered into three sections. Section III includes those that have been classified within the interactive-integrative paradigm, while the fourth section includes those in the unitary-transformative paradigm. We separated the grand theories that focus on caring within Section V. The final section includes a selection of middle range theories.

An outline at the beginning of each chapter provides a map for the contents. Major points are highlighted in each chapter. Since this book focuses on the relationship of nursing theory to nursing practice we invited the authors to share a practice exemplar. The



research methods and key research findings related to the theories have been placed on the book's website under "Additional Chapter Content" at <http://davisplus.fadavis.com>. We recognize the value of research in expanding nursing theory and in serving as a foundation for theory; however, this decision allowed us to focus the book more explicitly on theory and its relationship to practice. Having said this, readers will notice that not all the theorists chose to provide a practice exemplar, and some authors insisted on including research related to the theory in their chapters. Two chapters, 8 and 18, were not updated from the second edition.

The book's website features materials that will enrich the teaching and learning of these nursing theories. Materials that will be helpful for teaching and learning about nursing theories are included as online resources. For example, there are case studies and activities that facilitate student learning; powerpoint presentations are included in both instructor and student websites. We have cited online resources, more extensive bibliographies and have included biographies of chapter contributors. The ancillary materials for students and faculty have been prepared for this book by Dr. Shirley Gordon and a group of doctoral students from Florida Atlantic University. We are so grateful to Dr. Gordon for her creativity and leadership and to the doctoral students for their thoughtful contributions to this project.

For the latest and best thinking of some of nursing's finest scholars, all nurses who read and use this book will be grateful. For the continuing commitment of these scholars to our discipline and practice of nursing, we are all thankful. Continuing to learn and share what you love keeps the work and the love alive, nurtures the commitment, and offers both fun and frustration along the way. This has been illustrated in the enthusiasm for this book shared by many nursing theorists and contributing authors who have worked to create this book and by those who have added their efforts to make it live. For us, it is a joy to renew friendships with colleagues who

have joined in preparing this book and to find new friends and colleagues as contributing authors.

*Nursing Theories and Nursing Practice*, now in the third edition, has roots in a series of nursing theory conferences held in South Florida beginning in 1989 and ending when efforts to cope with the aftermath of Hurricane Andrew interrupted the energy and resources needed for planning and offering the Fifth South Florida Nursing Theory Conference. Many of the theorists in this book addressed audiences of mostly practicing nurses at these conferences. Two books stimulated by those conferences and published by the National League for Nursing are *Nursing Theories in Practice* (1990) and *Patterns of Nursing Theories in Practice* (1993).

For me (Marilyn), even deeper roots of this book are found early in my nursing career, when I seriously considered leaving nursing for the study of pharmacy. In my fatigue and frustration, mixed with youthful hope and desire for more education, I could not answer the question "What is nursing?" and could not distinguish the work of nursing from other tasks I did every day. Why should I continue this work? Why should I seek degrees in a field that I could not define? After reflecting on these questions and using them to examine my nursing, I could find no one who would consider the questions with me. I remember being asked, "Why would you ask that question? You are a nurse; you must surely know what nursing is." Such responses, along with a drive for serious consideration of my questions, led me to the library. I clearly remember reading several descriptions of nursing that, I thought, could have just as well have been about social work or physical therapy. I then found nursing defined and explained in a book about education of practical nurses written by Dorothea Orem. During the weeks that followed, as I did my work of nursing in the hospital, I explored Orem's ideas about why people need nursing, nursing's purposes, and what nurses do. I found a fit of her ideas, as I understood them, with my practice, and

I learned that I could go even further to explain and design nursing according to these ways of thinking about nursing. I discovered that nursing shared some knowledge and practices with other services, such as pharmacy and medicine, and I began to distinguish nursing from these related fields of practice. I decided to stay in nursing and made plans to study and work with Dorothea Orem. In addition to learning about nursing theory and its meaning in all we do, I learned from Dorothea that nursing is a unique discipline of knowledge and professional practice. In many ways, my earliest questions about nursing have guided my subsequent study and work. Most of what I have done in nursing has been a continuation of my initial experience of the interrelations of all aspects of nursing scholarship, including the scholarship that is nursing practice. Over the years, I have been privileged to work with many nursing scholars, some of whom are featured in this book. My love for nursing and my respect for our discipline and practice have deepened, and knowing now that these values are so often shared is a singular joy.

Marlaine's interest in nursing theory had similar origins to Marilyn's. As a nurse pursuing an interdisciplinary master's degree in public health I recognized that while all the other public health disciplines had some unique perspective to share, public health nursing seemed to lack a clear identity. In search of the identity of nursing I pursued a second master's in nursing. At that time nursing theory was beginning to garner attention, and I learned about it from my teachers and mentors Sr. Rosemary Donley, Dr. Rosemarie Parse and Dr. Mary Jane Smith. This discovery was the answer I was seeking, and it both expanded and focused my thinking about nursing. The question of "What is nursing?" was answered for me by these theories and I couldn't get enough! It led to my decision to pursue my PhD in Nursing at New York University where I studied with Martha Rogers. During this same time I taught at Duquesne University with Rosemarie Parse and learned more about Man-Living-Health,

which is now humanbecoming. I conducted several studies based on Rogers' conceptual system and Parse's theory. At theory conferences I was fortunate to dialogue with Virginia Henderson, Hildegard Peplau, Imogene King and Madeleine Leininger. In 1988 I accepted a faculty position at the University of Colorado when Jean Watson was Dean. The School of Nursing was guided by a caring philosophy and framework and I embraced caring as a central focus of the discipline of nursing. I had studied Newman's theory of Health as Expanding Consciousness and was intrigued by it, so for my sabbatical I decided to study it further as well as learn more about the unitary appreciative inquiry process that Richard Cowling was developing.

We both have been fortunate to hold faculty appointments in universities where nursing theory has been valued, and we are fortunate today to hold positions at the Christine E. Lynn College of Nursing at Florida Atlantic University where faculty and students ground their teaching scholarship and practice on caring theories, including Nursing as Caring, developed by Dean Anne Boykin and a previous faculty member at the College, Savina Schoenhofer. Many faculty colleagues and students continue to help us study nursing and have contributed to this book in ways we would never have adequate words to acknowledge. We are grateful to our knowledgeable colleagues who reviewed and offered helpful suggestions for chapters of this book, and we sincerely thank those who contributed to the book as chapter authors. It is also our good fortune that many nursing theorists and other nursing scholars live in or willingly visit our lovely state of Florida. Since the first edition of this book was published we have lost several nursing theorists. Their work continues through those refining, modifying, testing and expanding the theories. The discipline of nursing is expanding with more research and practice in existing theories and the introduction of new theories. This is especially important at a time when nursing theory can provide what is missing and needed most in health care today.



All three editions of this book have been nurtured by Joanne DaCunha, an expert nurse and editor for F. A. Davis Company, who has shepherded this project and others because of her love of nursing. We are both grateful for her wisdom, kindness, patience and understanding of nursing. We give special thanks to Kimberly DePaul and Maria Price of F. A. Davis, for their gentle and wise editorial assistance, attention to detail, and creative ideas during the development of the project and to Berta Steiner who so carefully directed the book's production. Marilyn thanks her

**MARILYN E. PARKER**  
**WEST PALM BEACH, FLORIDA**

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**MARLAINE C. SMITH**  
**BOCA RATON, FLORIDA**

## Nursing Theorists

**Charlotte D. Barry, PhD, RN, NCSN**

*Associate Professor of Nursing*  
Florida Atlantic University  
Boca Raton, Florida

**Anne Boykin, PhD, RN**

*Dean and Professor*  
Florida Atlantic University  
Boca Raton, Florida

**Barbara Montgomery Dossey,**

**PhD, RN, AHN-BC, FAAN**  
*International Co-Director*  
Nightingale Initiative for Global Health  
Santa Fe, New Mexico

**Joanne R. Duffy, PhD, RN, FAAN**

*Professor*  
Indiana University  
Indianapolis, Indiana

**Helen L. Erickson\***

**Lydia Hall†**

**Virginia Henderson†**

**Dorothy Johnson†**

**Imogene King†**

**Katharine Kolcaba, PhD, RN**

*Associate Professor Emeritus*  
The University of Akron  
Akron, Ohio

**Madeleine M. Leininger\***

**Myra Levine†**

**Patricia Liehr, PhD, RN**

*Professor and Associate Dean for Nursing Research  
and Scholarship*  
Florida Atlantic University  
Boca Raton, Florida

**Rozzano C. Locsin, PhD, RN**

*Professor*  
Florida Atlantic University  
Boca Raton, Florida

**Betty Neuman, PhD, RN, PLC, FAAN**

Beverly, Ohio

**Margaret Newman\***

**Dorothea E. Orem†**

**Ida Jean Orlando (Pelletier)\***

**Marilyn E. Parker, PhD, RN, FAAN**

*Clinical Professor*  
University of Kansas  
Kansas City, Kansas

**Rosemarie Rizzo Parse, PhD, FAAN**

*Distinguished Professor Emeritus*  
Loyola University Chicago  
Chicago, Illinois

**Josephine Paterson\***

**Hildegard Peplau†**

**Marilyn Anne Ray, PhD, RN, CTN**

*Professor Emeritus*  
Florida Atlantic University  
Boca Raton, Florida

**Pamela G. Reed, PhD, RN, FAAN**

*Professor*  
University of Arizona  
Tucson, Arizona

**Martha E. Rogers†**

**Sister Callista Roy, PhD, RN, FAAN**

*Professor and Nurse Theorist*  
Boston College  
Chestnut Hill, Massachusetts

**Savina O. Schoenhofer, PhD, RN**

*Professor of Nursing*  
Alcorn State University  
Natchez, Mississippi

**Marlaine C. Smith, PhD, RN, AHN-BC, FAAN**

*Helen K. Persson Eminent Scholar and Associate Dean*  
Florida Atlantic University  
Boca Raton, Florida

**Mary Jane Smith, PhD, RN**

*Professor and Associate Dean*  
West Virginia University  
Morgantown, West Virginia

**Mary Ann Swain, PhD**

*Provost and Vice President for Academic Affairs*  
Binghamton University  
Binghamton, New York

**Kristen M. Swanson, PhD, RN, FAAN**

*Professor and Dean*  
University of North Carolina  
Chapel Hill, North Carolina

**Evelyn Tomlin\***

**Joyce Travelbee†**

**Jean Watson, PhD, RN, AHN-BC, FAAN**

*Distinguished Professor of Nursing*  
University of Colorado at Denver–Anschutz Campus  
Aurora, Colorado

**Ernestine Wiedenbach†**

**Loretta Zderad\***

*\*Retired*  
*†Deceased*

## Contributors



**Patricia Deal Aylward, MSN, RN, CNS**  
*Assistant Professor*  
Santa Fe Community College  
Gainesville, Florida



**Marcia Dombro, EdD, RN**  
*Chairperson*  
Miami-Dade College  
Miami, Florida



**Elizabeth Ann Manhart Barrett, PhD, RN, FAAN**  
*Professor*  
City University of New York  
New York, New York



**Lynne M. Dunphy, PhD, APRN-BC**  
*Professor*  
Routhier Endowed Chair for Practice  
University of Rhode Island  
Kingston, Rhode Island



**Nettie Birnbach†**



**Lauren M. Fleck, DNS, FNP-BC, CDE**  
*Family Nurse Practitioner*  
Florida Atlantic University  
Boca Raton, Florida



**Howard Karl Butcher, PhD, RN, PMHCNS-BC**  
*Associate Professor*  
University of Iowa  
Iowa City, Iowa



**Maureen A. Frey, PhD, RN**  
*Research Associate*  
Wayne State University  
Detroit, Michigan



**Bonnie Holaday, RN, DNS**  
*Professor*  
Clemson University  
Clemson, South Carolina



**Theresa Gesse, PhD, RN**  
*Professor*  
University of Miami  
Miami, Florida



**Mary B. Killeen, PhD, RN, NEA-BC**  
*Consultant*  
Evidence Based Practice Nurse Consultants, LLC  
Howell, Michigan



**Shirley C. Gordon, PhD, RN**  
*Associate Professor*  
Florida Atlantic University  
Boca Raton, Florida



**Susan Kleiman, PhD, RN, CS, NPP**  
*Founder*  
International Institute for Human Centered Caring  
Riverdale, New York



**Donna L. Hartweg, PhD, RN**  
*Director*  
Illinois Wesleyan University  
Bloomington, Illinois



**Kaitlin A. Laubham**  
*Nursing Student*  
University of Kentucky  
Lexington, Kentucky



**Danielle Linden, MSN, ARNP-BC, ARNP**  
*Nurse Practitioner*  
Coral Springs, Florida



**Ann R. Peden, ARNP, CS, DSN**  
*Professor*  
University of Kentucky  
Lexington, Kentucky



**Violet M. Malinski, PhD, RN**  
*Associate Professor*  
Hunter-Bellevue School of Nursing  
New York, New York



**Margaret Dexheimer Pharris,**  
**PhD, RN, MPH, FAAN**  
*Associate Professor*  
College of St. Catherine  
St. Paul, Minnesota



**Marilyn R. McFarland,**  
**PhD, RN, CTN, FNP-BC**  
*Associate Professor*  
University of Michigan at Flint  
Flint, Michigan



**Maude Rittman, PhD, RN**  
*Associate Chief of Nursing Service for Research*  
Gainesville Veteran's Administration Medical Center  
Gainesville, Florida



**Linda G. Payne, MSN, RN, BC, CARN-AP**  
*PhD Student and Teaching Assistant*  
Florida Atlantic University  
Boca Raton, Florida



**Karen Moore Schaefer, PhD, RN**  
*Associate Chair*  
Temple University  
Philadelphia, Pennsylvania





**Christina L. Sieloff, PhD, RN, CNA-BC**  
*Associate Professor*  
Montana State University  
Billings, Montana



**Autumn Wells**  
*Nurse Research Intern*  
University of Kentucky  
Lexington, Kentucky



**Jacqueline Staal, MSN, ARNP, FNP-BC**  
*PhD Student*  
Florida Atlantic University  
Boca Raton, Florida



**Kelly N. White, MSN, FNP-BC**  
*PhD Student*  
Florida Atlantic University  
Boca Raton, Florida



**Theris A. Touhy, DNP, GCNS-BC**  
*Professor*  
Florida Atlantic University  
Boca Raton, Florida



**Terri Kaye Woodward,**  
**MSN, RN, CNS, AHN-BC, HTCP**  
*Founder*  
Cocreative Wellness  
Denver, Colorado



**Marian C. Turkel, PhD, RN**  
*Director of Professional Nursing Practice*  
Albert Einstein Healthcare Network  
Philadelphia, Pennsylvania



**Lin Zhan, PhD, RN, FAAN**  
*Dean and Professor*  
Massachusetts College of Pharmacy and Health  
Sciences  
Boston, Massachusetts

## Reviewers

**Geraldine Allen, RN, DSN, FNP**

*MSN Program Director*  
Troy University  
Selma, Alabama

**Cathryn J. Baack, PhD, RN, CPNP**

*Assistant Professor*  
MedCentral College of Nursing  
Mansfield, Ohio

**Mary Baumberger-Henry, PhD, RN**

*Associate Professor*  
Widener University School of Nursing  
Chester, Pennsylvania

**Beverly M. Brown, EdD, MSN, APRN/GCNS, BC**

*Assistant Professor*  
Tennessee State University  
Nashville, Tennessee

**Nancy Hinzman, MSN, RN**

*Associate Professor of Nursing*  
College of Mount St. Joseph  
Cincinnati, Ohio

**Marlene Huff, PhD, MSN**

*Associate Professor*  
University of Akron  
Akron, Ohio

**Kathleen Ann Kalb, PhD, RN**

*Associate Professor of Nursing*  
The College of St. Catherine  
St. Paul, Minnesota

**Barbara Kearney, PhD, RN**

*Assistant Professor*  
Murray State University  
Murray, Kentucky

**Norma Krumwiede, EdD, RN**

*Professor*  
Minnesota State University  
Mankato, Minnesota

**Judy Kuhns-Hastings, PhD, APRN-BC, FNP**

*Associate Professor of Nursing*  
University of Maine  
Orono, Maine

**Carole-Lynne Le Navenec, PhD, RN**

*Associate Professor*  
University of Calgary  
Calgary, Alberta, Canada

**Margherite Matteis, PhD, RN, PMHCNS-BC**

*Associate Professor*  
Regis College  
Weston, Massachusetts

**Victoria Menzies, PhD, APRN-BC**

*Assistant Professor*  
Florida International University  
Miami, Florida

**Carel Mountain, MSN, RN**

*Nursing Faculty*  
Shasta College  
Redding, California

**Carla Mueller, PhD, RN**

*Professor*  
University of St. Francis  
Fort Wayne, Indiana

**Barbara R. Norwood, MSN, EdD, RN**

*Associate Professor*  
University of Tennessee at Chattanooga  
Chattanooga, Tennessee

**Lauren E. O'Hare, EdD, RN**

*Chair*  
Wagner College  
Staten Island, New York

**Nelma B. Shearer, PhD, RN**

*Associate Professor*  
Arizona State University  
Phoenix, Arizona

**Christina L. Sieloff, PhD, RN, CNA-BC**

*Associate Professor*  
Montana State University  
Billings, Montana

**Pamela Wessling, MSN, ARNP, NP-C**

*Assistant Professor*  
Barry University  
Miami Shores, Florida



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*Section* **I**

**An Introduction to  
Nursing Theory**

## An Introduction to Nursing Theory

In this first section of the book we, the editors, have written three chapters that will introduce the reader to the purpose of nursing theory and how to study, analyze, and evaluate it for use in nursing practice. If you are new to the idea of theory in nursing, the chapters in this section will orient you to what theory is, how it fits into the context of nursing as a professional discipline, and how to approach its study and evaluation. If you have studied nursing theory in the past, we hope the chapters will provide you with additional knowledge and insight as you continue your study. We assert that nursing is a professional discipline focused on the study of human health and healing through caring. Nursing practice is based on the knowledge of nursing, which consists of its philosophies, theories, concepts, principles, research findings, and practice wisdom. Theories are patterns that guide the thinking about being, and doing of nursing. All nurses are guided by some implicit or explicit theory, or pattern of thinking, as they care for their patients. Too often, this pattern of thinking is implicit, and is colored by the lens of diseases, diagnoses, and treatments. This does not reflect practice from the disciplinary perspective of nursing. The major reason for nursing theory is to improve nursing practice, and therefore the health and quality of life of those we serve. The first chapter in this section focuses on nursing theory and how it fits within the context of nursing as a professional discipline. We examine the relationship of nursing theory to the characteristics of a discipline. You'll learn new words that describe parts of the knowledge structure of the discipline of nursing, and we'll speculate about the future of nursing theory as nursing, health care, and our global society change. Chapter 2 is a guide to help you study the theories in this book. We hope you'll use this guide as you read and think about nursing theory for use in practice. Nurses embrace theories because they fit with their values and ways of thinking. They choose theories to guide their practice when the theories help them to create a practice that is meaningful to them. Chapter 3 focuses on the selection, evaluation, and implementation of theory for practice. Students often get the assignment of evaluating or critiquing a nursing theory. Evaluation is coming to some judgment about value or worth based on criteria. Various sets of criteria exist for you to use in theory evaluation. We introduce some that you can explore further. Finally, we offer reflections on the process of implementing theory-guided practice models.

# Chapter 1

## Nursing Theory and the Discipline of Nursing

MARLAINE C. SMITH AND  
MARILYN E. PARKER

**The Discipline of Nursing**  
**Definitions of Nursing Theory**  
**The Purpose of Theory in a Professional Discipline**  
**The Structure of Knowledge in the Discipline of Nursing**  
**Nursing Theory and the Future**  
**Summary**  
**References**



*Marilyn E. Parker*



*Marlaime C. Smith*

What is nursing? At first glance, the question may appear to be one with an obvious answer, but when it is posed to nurses, many define nursing by providing a litany of functions and activities. Some answer with the elements of the nursing process: nurses assess, plan, implement, and evaluate the patient. Others might answer that nurses coordinate a patient's care.

Defining nursing in terms of the nursing process, or by functions or activities performed is problematic. The phases of the nursing process are the same as those that delineate the solution of any problem we encounter, from a broken computer to a failing vegetable garden. We assess the situation to determine what is going on and then identify the problem; we plan what to do about it, implement our plan, and then evaluate if it works. The nursing process does nothing to define nursing.

Defining ourselves by tasks presents other problems. What nurses do, that is, the functions associated with practice, differs based on the setting. For example, nurses might start IVs, administer medications, and perform treatments in an acute care setting. In a community-based clinic, nurses might teach a young mother the principles of infant feeding or place phone calls to connect a child with special needs to community resources. Multiple professionals and non-professionals perform the same tasks as nurses, and persons with the ability and authority to perform certain tasks change based on time and setting. For example, both physicians and nurses may listen to breath sounds and recognize the presence of rales. Both nurses and social workers

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