The Role of Theory in Clinical Nursing Practice

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The role of theory in clinical practice

- The role of theory in clinical practice
  - Viewed in the context of knowledge-use in practice
  - Clinical nursing practice as a situation-specific, singular human experience as well as a system of nursing-specific practice in clinical situations
  - The role of theory as:
    - Background building for practice
    - Use in “specific clinical practice”

- Examined in relation to:
  - The nature of nursing practice
  - The structure of nursing knowledge
Plan for the Presentation

- The Nature of Nursing Practice
- The Nature of Nursing Knowledge
  - Knowledge-based Practice
- The Role of Theory in Clinical Nursing Practice
Basic Assumptions

• Theories having different utilities in clinical practice
  – The general un-specified role: Providing general orientations, attitudes, & commitments to fundamental features of nursing practice in all situations
  – The particularistic, situation-specific role: Being used selectively in specific clinical situations
Basic Assumptions

• Nursing practice requires multiple theories.
  – Nursing practice in terms of two inter-linked, but analytically separable orientations
    • Client orientation
    • Practice orientation
  – Multiple theories at different levels
    • Background building for nursing practice
    • Use in specific clinical situations
  – Multiple theories for different purposes
    • Illumination, Appreciation, & Understanding
    • Description, Explanation, & Prediction
    • Action-proposing & Prescription
    • In human practice actions
  – Theories used in combinations
    • Different combinations at different times
Basic Assumptions

• Theory as a central component of knowledge
• Theories in different sorts – by scope, by type, & by orientation
  – Theories in different scope
    • Grand theories
    • Meso-level theories
    • Middle-range theories
    • Micro-theories
  – Theories in different types
    • Many different ways of specifying types
      – Descriptive, Explanatory, Prescriptive
      – Normative versus Descriptive
      – By Different Epistemologies (For example: Habermas, Kim’s nursing epistemology)
  – Theories in different orientations
    • Meta-discipline orientation
    • Discipline orientation
    • Domain orientation
    • Phenomena orientation
Basic Assumptions

• Theories by themselves cannot “tell” us exactly what to do in clinical situations.
  – Theories (all forms) as abstractions
    • Understanding, Description, Explanation, & Prediction as only Theoretical
  – Uniqueness of each clinical situation -- Complications
    • Clinical situations as coexisting, complex interconnections of phenomena
    • Clinical situations embedded with human meanings & interpretations
    • Clinical situations as flowing with time as in all realities with their own histories and trajectories (Unique & Never stable)
The Nature of Nursing Practice
The Nature of Nursing Practice

• Definition of Nursing Practice
  – Nursing practice is a goal-directed, deliberative, action-oriented, and coordinated work for and with people for enhancing healthful living or peaceful dying, in which both patients and nurses embody the ontological realities of human features and life, and of human agency. Nursing practice is an intentionally coordinated process consisting of scientific, technological problem solving, human-to-human engagement, and services to people with specific needs. It occurs in social situations of healthcare in which nurses assume particular sorts of responsibilities. (Kim, 2010, pp. 48-49)
Essences of Nursing Practice Embedded in the Definition

- Goal-directed
- Deliberative
- Action oriented
- Coordinated work for and with clients
- Involving clients and nurses, both of which embody the ontological realities of human features and life
- Involving clients and nurses as human agents
- Encompassing an aspect of scientific, technological problem solving
- Human-to-human engagement
- Services to clients with specific needs
- Occurring in social situation of health care in which nurses assume particular sorts of responsibilities
A Model of Nursing Practice

• A Normative Model specifying how and what nursing practice *ought to be*.

• Structured about Five Components to reflect the Essences of nursing Practice
  – The Structure of Frame
  – The Structure of Knowledge
  – The Structure of Philosophy
  – The Structure of Dimension
  – The Structure of Process
A Model of Nursing Practice

Philosophy of Care

Deliberation

Scientific Dimension

Ethical Dimension

Aesthetic Dimension

Existential Dimension

Technical Dimension

Philosophy of Professional Work

PROCESSES:

Enactment

Nursing Perspective

Nursing Knowledge

Nursing Perspective

Nursing Knowledge

Nursing Perspective

Nursing Knowledge
Level 1: The Structure of Frame: Nursing Perspective

• Nursing perspective as a specific way of seeing the world

• Two Integrative Aspects of Nursing Perspective
  – Nursing Perspective of the Foreground
    • The perspective regarding the way of conceptualizing clients and clinical situations
  – Nursing Perspective of the Background
    • The perspective regarding how and what are to be accomplished in practice
Level 2. Structure of Knowledge

- Knowledge that informs and designs nursing practice that is knowledge-based, responsible, and goal-directed

- Nature of Knowledge for Nursing Practice
  - Knowledge both in terms of:
    - “nursing knowledge”
    - “knowledge at-large for nursing practice”
  - Knowledge types – By different cognitive needs in nursing practice
  - Knowledge content - Determined by all structures of nursing practice
  - Knowledge – Its development (Incompleteness)
Level 3. The Structure of Philosophy: Philosopies of Nursing Practice

- Philosophies
  - Philosophy of Care
  - Philosophy of Therapy
  - Philosophy of Professional Work
- Structured by:
  - Different mode of attending in practice
  - Specific orientation
  - Configured by Specific Principles
  - Specific Goals
Philosophies of Nursing Practice

• Philosophy of Care
  – **Person-orientation**: Goals of understanding, emancipation, human worthiness, and well-being
  – **Clients**: As the cared-for, With vulnerability, & Being thrown-in
  – **Orientations**:
    • Upholding clients' rights and voices in client-nurse relations
    • Helping clients to move toward higher levels of flourishing and wellbeing

• Philosophy of Therapy
  – **Problem-orientation** - Particularistic, problem-solving-oriented, and strategic
    (Address, intervene, and solve clients' health-related problems in the realm of nursing responsibilities)
  – **Clients**: Specific vulnerability
  – **Orientations**: Solving/addressing problems experienced in the context of clients’ lives & requiring nursing attention

• Philosophy of Professional Work
  – **Role-orientation** — Working in institutions of health care, as a professional nurse, & in the total system of health care
  – **Clients**: As groups of service recipients
  – **Orientations**: Responsibilities within institutions of practice, Responsibilities in terms of nurses’ own practice, & Responsibilities in relation to others involved in health care
# Philosophies of Nursing Practice

<table>
<thead>
<tr>
<th>Mode of Attending in Nursing Practice</th>
<th>Philosophy of Nursing Practice</th>
<th>Mode of Action</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending to clients as persons</td>
<td>Philosophy of Care</td>
<td>Relational</td>
<td>Understanding, Emancipation, Human worthiness, Well-being</td>
</tr>
<tr>
<td>Attending to clients in terms of clinical problems</td>
<td>Philosophy of Therapy</td>
<td>Instrumental</td>
<td>Beneficence, Optimization, Harmony, Selectivity</td>
</tr>
<tr>
<td>Attending to work</td>
<td>Philosophy of Professional Work</td>
<td>Role</td>
<td>Accountability, Excellence, Coordination</td>
</tr>
</tbody>
</table>
Level 4. Dimensions of Nursing Practice

- Characteristics of nursing practice
- Nursing practice as a whole having five dimensional characteristics
- Each dimension organized about by specific rationality, knowledge, & modus operandi
- Each rationality governed by a specific set of values as principles
- Dimensions
  - Scientific Dimension (Validation-based)
    - Scientific rationality
  - Technical Dimension (Application-based)
    - Technical rationality
  - Ethical Dimension (Obligation-based)
    - Moral rationality
  - Aesthetic Dimension (Expression-based)
    - Aesthetic rationality
  - Existential Dimension (Experience-based)
    - Practical rationality
Level 5. Processes of Practice

- Processes
  - Deliberation
  - Enactment
- Processes
  - Integrative & Seamless
  - Non-linear
  - Situationally oriented
  - On-going
A Model of Nursing Practice

**Proceses:**
- Deliberation
- Enactment

**Dimensions:**
- Scientific Dimension
- Technical Dimension
- Ethical Dimension
- Existential Dimension
- Aesthetic Dimension
- Ontological Dimension

**Nursing Knowledge:**

**Nursing Perspective:**
- Philosophy of Care
- Philosophy of Professional Work
Nursing Knowledge as the Base for Nursing Practice

• Knowledge Type – Nursing Epistemology
  – Knowledge of different disciplines is oriented to different types of cognitive needs.
    • According to what the discipline hopes to do with knowledge
  – Nursing Knowledge
    • Focus is on nursing practice (Humans, Health, Human Practice, Relational Practice, & Service)
    • Nursing Epistemology with Specific cognitive needs for nursing practice
      – Five Types of Cognitive Needs for Nursing Practice ➔ Different types of knowledge

• Knowledge Content – Substantive Structure
  – Knowledge development ➔ Focus on phenomena
  – Different disciplines ➔ Focus on different sorts of phenomena
  – Phenomena for Nursing Knowledge
    • Four Domains as a boundary specifying structure for nursing knowledge
Nursing Epistemology – Knowledge for Nursing Practice

- **Inferential Need**
  - Generalized Knowledge

- **Referential Need**
  - Situated Hermeneutic knowledge

- **Normative Need**
  - Ethical Knowledge

- **Transformative Need**
  - Critical Hermeneutic Knowledge

- **Desiderative Need**
  - Aesthetic Knowledge

Knowledge Synthesis For Practice
Different Types of Theories

• Generalized Knowledge
  – Inferential theories (Descriptive, explanatory, prescriptive theories)

• Situated Hermeneutic Knowledge
  – Referential theories (Theories of heuristic)

• Critical Hermeneutic Knowledge
  – Transformative theories (Theories of interpretation, critique, transformation, & change)

• Ethical Knowledge
  – Normative theories (Ethical theories, Theories of ethical practice)

• Aesthetic Knowledge
  – Normative theories (Theories of aesthetic practice)
A Metaparadigm Typology of Four Domains for Nursing

Nursing Theories of:
- Client Domain
- Client-Nurse Domain
- Practice Domain
- Environment Domain
- Across-Domains
Knowledge Types & The Substantive Domains

The Substantive Domains

- The Client Domain
- The Client-Nurse Domain
- The Practice Domain
- The Environment Domain

Knowledge Type by Cognitive Needs

- Generalized Knowledge (Inferential Need)
- Critical Hermeneutic Knowledge (Transformative Need)
- Ethical Knowledge (Normative Need)
- Aesthetic Knowledge (Desiderative Need)
- Situated Hermeneutic Knowledge (Referential Need)
Theories for Nursing Practice

• Knowledge needs for Nursing Practice
  – Nursing knowledge
  – Knowledge of other disciplines

• Nursing Theories
  – Multiple theories by type, domain focus, & scope

• Theories from Other Disciplines
  – Meta-disciplinary theories
  – Discipline-specific theories
  – Domain-specific theories
  – Phenomena-specific theories
Examples of Theories Considered Relevant for Nursing Practice*

• **Nursing theories**
  - **Grand nursing theories**
    • Rogers, Roy, Orem, Neuman, & Parse
  - **Other general nursing theories with a focus on practice**
    • Newman, King, Peplau, Nightingale, Benner, Watson, Eriksson, Martinsen, Leininger
    • Patient-centered Care; Whole-person care
  - **Middle-range theories of nursing**
    • Chronic sorrow, Uncertainty in illness, Comfort, Unpleasant symptoms, Hope, Resilience
    • Caring, Nursing art, Cultural negotiation, Culture care, Moderated guiding
  - **Derived Middle-range theories**
    • Self-efficacy, Planned behavior, Social learning theory, Transtheoretical model, Cognitive behavioral theory
    • Stress, Coping, Salutogenesis,
    • Social justice theory, Communicative action, symbolic interactionism
    • Empowerment

• **Theories from other disciplines**
  - **General Theories or Philosophies**
    • Client-focus: Humanism, Holism, Existentialism, Systems, biobehaviorism
    • Practice-focus: Phenomenology, Hermeneutic philosophy, Critical theory, Postmodernism, Poststructuralism, Feminism & Post-colonial feminism, Pragmatism, Ethics, Symbolic interactionism, Action science
  - **Most cited philosophers & theorists**
    • Aristotle
    • Bourdieu
    • Buber
    • Dewey, James, & Peirce
    • Foucault
    • Freire
    • Gadamer
    • Giddens
    • Habermas
    • Heidegger, Husserl, & Merleau-Ponty
    • Levinas
    • Lyotard
    • Løgstrup

*Results of a casual review of the literature by the author*
Knowledge-based Nursing Practice: Key Assumptions

- Knowledge for Practice – multidimensional, complex in its configurations, & from multiple sources
- Knowledge-use involving two inter-linked foci:
  - Focus on client status as an experiential one
  - Focus on client status as requiring nursing approaches & interventions involving the philosophies of care, therapy, & professional work
- Knowledge-use as context-specific, situated & individualistic in practice situations with unique characteristics
  - Knowledge-use to express three philosophies of practice
  - Knowledge-use to characterize five dimensions of practice
  - Knowledge-use within the processes of practice
- The practitioner as the user of knowledge applying cognitive, strategic, & action processes
Knowledge-based Nursing Practice: Key Assumptions (Continued)

- The five cognitive needs determining knowledge necessary for informed, responsible practice
  - The five types of knowledge to be coalesced and synthesized to meet the contingencies of specific clinical situations
  - Knowledge-use requiring synthesis of public knowledge with private knowledge to be used in clinical situations
Knowledge Synthesis & Use in Practice

- Theory Development
- Research
- Consensus Development
- Standards Formulation
- Maxims & Models

Personal Clinical Experiences

Knowledge Use in Practice

Knowledge Synthesis & Use in Practice
Knowledge-based Practice in Relation to the Nature of Nursing Practice & Nursing Knowledge

- Nature of Nursing Practice
- Knowledge Need For Practice
- Knowledge Development
- Knowledge Synthesis
- Knowledge Use in Practice

Discipline Level

Practitioner Level
The Role of Theory in Clinical Nursing Practice

• A General un-specified role
  – To shape & undergird how nursing is to be practiced in general regardless of clinical situation
  – As the base level for a foundation-building
  – Providing the basic orientations, attitudes, and commitments regarding one’s practice

• A particularistic, situation-specific role
  – To respond to requirements of specific clinical situations for nursing practice
  – As the second level for action-formulation
  – Providing specific ways of nursing practice to fit to unique requirements of specific clinical situations
The Role of Theory in Clinical Nursing Practice: A Historical Consideration

• The role of theory in line with the development of nursing theories
  – Grand theory development from the 1960s to 1980s
    • Institutionalization of grand theories into the system of nursing process
  – Middle-range theory development since the middle of 1980s
    • Situation-specific applications
  – Development of intervention theories in the 1990s to the present
    • Problem-specific applications

• The role of theory in relation to the scientification of nursing practice
  – Movement away from medicine – Nursing as a scientific discipline
  – Movement in practice guidelines and evidence-based practice
### The Role of Theory in relation to the Model of Nursing Practice

<table>
<thead>
<tr>
<th>The Base Level: The General, Un-specified Role</th>
<th>The Second Level: The Particularistic, Situation-specific Role</th>
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<tbody>
<tr>
<td><strong>Role for establishing orientations, attitudes, and commitments for general nursing practice</strong></td>
<td><strong>Role for providing theoretical rationale for specific nursing actions</strong></td>
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<tr>
<td>Theories for the structure of frame (Establishing nursing perspectives regarding humans &amp; practice)</td>
<td>Theories for the Structure of Dimensions (Providing the theoretical rationale for the characteristics in scientific, technical, ethical, aesthetic, &amp; existential dimensions of practice)</td>
</tr>
<tr>
<td>Theories for the structure of philosophy (Establishing specific features of the philosophies of care, therapy, &amp; professional work)</td>
<td>Theories for the Structure of Process (Providing theoretical rationale in the processes of deliberation and enactment in clinical practice)</td>
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Theories for the General, un-specified Role

**The Base Level:**
The General, Un-specified Role

(Role for establishing orientations, attitudes, and commitments for general nursing practice)

In relation to:
The Structure of Frame (Nursing Perspective)

- **Perspectives regarding Humans:** Grand nursing theories (Rogers, Roy, Orem, Neuman, Parse, The activities of living model) & General philosophies (Holism, Biobehaviorism, Humanism, Systems, Existentialism, Phenomenology, Postmodernism)
- **Perspectives regarding Practice:** General nursing theories (Watson, King, Newman, Leininger, Patient-centered Care) & General philosophies (Habermas, Freire, Bourdieu, Postmodernism, Feminism, Action science)

In relation to:
The Structure of Philosophy (Philosophies of Care, Therapy, & Professional Work)

- **Theories for the Philosophy of Care:** Caring theories (Watson, Martinsen, Eriksson) & Philosophies (Buber, Levinas, & Løgstrup)
- **Theories for the Philosophy of Therapy:** Theories of instrumentalization
- **Theories for the Philosophy of Professional Work:** Theories of distributive justice, Expertise development, Role-modeling
## Theories for the Particularistic, Situation-specific Role – For the Structure of Dimension

| The Particularistic, Situation-specific Role (Role for providing theoretical rationale for specific nursing actions) | In relation to: The Structure of Dimension (Scientific, Technical, Ethical, Aesthetic, & Existential Dimensions) | • **Scientific Dimension** – scientific theories that provide answers to clinical questions of a specific situation (Inferential & transformative theories)
• **Technical Dimension** – theories providing guidelines for optimization, coordination, contextualization, & flexibility in the techniques of nursing practice
• **Ethical Dimension** – Normative ethical theories addressing client vulnerability and nursing’s service obligations
• **Aesthetic Dimension** – Normative aesthetical theories related to creativity, individualization, & harmony
• **Existential Dimension** – Theories of heuristic & Referential theories |
Theories for the Particularistic, Situation-specific Role – For the Structure of Process

| The Particularistic, Situation-specific Role | In relation to: The Structure of Process (Processes of Deliberation & Enactment) | • Background Theories – (1) Theories for the Process of Deliberation: Decision-making theories, Clinical reasoning, Theories regarding prioritization, Diagnosing, Theories of assessment & (2) Theories for the Process of Enactment: Action theories, Interaction theories, Theories of synthesis • Foreground Theories – Theories that determine the characteristics of the Five Dimensions of nursing practice |

(Role for providing theoretical rationale for specific nursing actions)
Ramifications of This Model of Role of Theory in Clinical Practice

• **Related to Individual Practitioner**
  – A possibility of specialization in nursing according to one’s commitment to a specific perspective & Its meaning at the base level
    • Rogerian Nurse, Oremian Nurse, Royian Nurse, Parsian Nurse, etc.?
    • Freirian Nurse, Phenomenological Nurse, Postmodern Nurse, Post-colonial Feminist Nurse, Watsonian Nurse, etc.?
  – Is theory selection at the second level circumscribed by the base level theory use? [A Question of Congruence & Coherence among theories used at different levels & in combinations]
    • Are there specific theories that are appropriate (or inappropriate) at the second level in relation to the base level theory choices?
  – **The requirement for a comprehensive knowledge-base in individual practitioners**
    • Multiple theories at different levels
    • Multiple theories for addressing clinical situations with different purposes
    • Need for synthesis in theory-use
    • Role of personal, experiential knowledge
    • Continuing up-dating of knowledge
Ramifications of This Model of Role of Theory in Clinical Practice

• Related to knowledge development
  – Knowledge development in nursing to be structured by the nature of nursing practice and the cognitive needs for practice
  – So far, unsystematic accumulation of knowledge
  – Need for Movement away from the limited view of knowledge for practice embedded in the concept of Evidence-Practice Practice

• Related to the preparation of practitioners
  – The nature of nursing practice as the foundation
  – Delineation of knowledge for nursing practice
    • Nursing knowledge
    • Non-nursing knowledge related to Humans, Health, Human features, Human Living, Human agency, Social life, Institutions, & Environment
  – Process of knowledge-use in Practice
    • Commitment to intentional, goal-directed use of knowledge in practice
    • The processes of knowledge-use
Thank You!