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Integration of Nursing Theories in Practice

Smriti Arora*
College of Nursing, Jamia Hamdard, New Delhi, India

Abstract

Nursing theory is a well thought-out and systematic expression of a set of recommendations related to questions in the discipline of nursing. A nursing theory is a set of ideas, definitions, relationships, and expectations or suggestions derived from nursing models or from other disciplines and project a purposive, methodical outlook of phenomena by designing specific inter-relationships among notions for the purposes of describing, explaining, forecasting, and /or recommending. The purpose of the study is to help nurses to describe, explain and predict daily experiences and also serve to guide valuation, involvement and assessment of nursing care. Provide a justification for assembling trustworthy and valid data about the health prominence of clients, which are necessary for effective decision making and execution. Enrich self-sufficiency of nursing by defining its own independent functions.

Keywords: *Nursing theories, practices, necessity of nursing practices, criticism*

****Author for Correspondence:*** *Email ID: smritiamit@msn.com*

INTRODUCTION

Nursing has made phenomenal attainment in the past era that has lead to the credit of nursing as an educational discipline and a profession. A move towards theory-based practice has made modern nursing more expressive and noteworthy by shifting nursing's emphasis from vocation to an organised profession. The necessity for knowledge-base to guide proficient nursing practice had been recognized in the first half of the twentieth century and many hypothetical works have been subsidised by nurses constantly from the time when, first with the goal of making nursing a recognised profession and later with the objective of providing care to patients as experts[1].

Theories are an established of interconnected thoughts that give a methodical outlook of a phenomenon (an observable fact or event) that is illustrative and prognostic in nature. Theories are collected of conceptions, definitions, models, suggestions and are based on expectations. They are derived through two principal methods; reasonable thinking and inductive reasoning[1].

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SIGNIFICANCE OF NURSING THEORIES

- Nursing theory goals to describe forecast and explain the phenomenon of nursing.
- It should provide the fundamentals of nursing practice, help to create further knowledge and designate in which way

nursing should develop in the future. Theory is noteworthy because it helps us to decide what we know and what we need to know.

- It helps to discriminate what should form the basis of practice by explicitly describing nursing. The paybacks of having a defined body of theory in nursing include better patient care, enriched professional status for nurses, enhanced communication between nurses and supervision for research and education.
- The main promoter of nursing *i.e.* caring cannot be measured, it is important to have the theory to examine and explain what nurses do.
- As medicine tries to make a change towards adopting an additional multidisciplinary method to health care, nursing continues to strive to establish a special body of knowledge.
- This can be seen as an effort by the nursing career to sustain its professional boundaries[1,3].

FEATURES OF THEORIES

Theories are

- Interconnecting ideas in such a way as to create a diverse way of looking at a particular phenomenon.
- Rational in nature.
- Generalizable.
- Bases for theories that can be tested.
- Cumulative the general body of information within the discipline through the research applied to authenticate them.
- Used by the physicians to guide and enhance their practice.
- Consistent with other authenticated theories, laws, and principles but will leave open unreciprocated questions that necessity to be examined.

COLLECTIVE IDEAS IN NURSING THEORIES

Four conceptions are mutual in nursing theory that effect and regulate nursing practice are Person (patient), Environment, Health and Nursing (goals, roles, functions). Each of these perceptions is frequently defined and designated by a nursing theorist, again and again exceptionally; even though these concepts are common to all nursing theories. Of the four concepts, the most vital is that of the person. The emphasis of nursing, irrespective of definition or theory, is the person[4].

HISTORICAL OUTLOOKS AND KEY PERCEPTIONS

- Nightingale (1860) : To facilitate the body's reparative processes by manipulating client's environment.
- Peplau 1952 : Nursing is therapeutic interpersonal process.
- Henderson 1955 : The needs often called Henderson's 14 basic needs.
- Abdellah 1960 : It emphasizes delivering nursing care for the whole person to meet the physical, emotional, intellectual, social, and spiritual needs of the client and family.
- Orlando 1962 : To Ida Orlando, the client is an individual; with a need; that, when met, diminishes distress, increases adequacy, or enhances well-being.
- Johnson's Theory 1968 : Dorothy Johnson's theory of nursing focuses on how the client adapts to illness and how actual or potential stress can affect the ability to adapt. The goal

of nursing is to reduce stress so that; the client can move more easily through recovery.

- Rogers 1970 : The goal of nursing is to maintain and promote health, prevent illness, and care for and rehabilitate ill and disabled client through "humanistic science of nursing".
- Orem1971 : This is self-care deficit theory. Nursing care becomes necessary when client is unable to fulfill biological, psychological, developmental, or social needs.
- King 1971 : To use communication to help client reestablish positive adaptation to environment.
- Neuman 1972 : Stress reduction is goal of system model of nursing practice.
- Roy 1979 : This adaptation model is based on the physiological, psychological, sociological and dependence-independence adaptive modes.
- Watson's Theory 1979 : Watson's philosophy of caring attempts to define the outcome of nursing activity in regard to the; humanistic aspects of life[3–5].

CLASSIFICATION OF NURSING THEORIES

a) Depending on Function (Polit *et al* 2001)

- Descriptive: To identify the properties and workings of a discipline
- Explanatory: To examine how properties relate and thus affect the discipline
- Predictive: To calculate relationships between properties and how they occur
- Prescriptive: To identify under which conditions relationships occur

b) Depending on the Generalizability of their Principles

- Meta Theory: the theory of theory. Identifies specific phenomena through abstract concepts.
- Grand theory: provides a conceptual framework under which the key concepts and principles of the discipline can be identified.
- Middle range theory: is more precise and only analyses a particular situation with a limited number of variables.
- Practice theory: explores one particular situation found in nursing. It identifies explicit goals and details how these goals will be achieved.

c) Based on the philosophical underpinnings of the theories

1. "Needs" theories

- These theories are based around helping individuals to fulfill their physical and mental needs. The basis of these theories is well-illustrated in Roper, Logan and Tierney's Model of Nursing (1980). They have been criticized for relying too much on the medical model of health and placing the patient in an overtly dependent position.

2. "Interaction" theories

- As described by Peplau (1988), these theories revolve around the relationships nurses form with patients. Such theories have been criticized for largely ignoring the medical model of health and not attending to basic physical needs.

3. "Outcome" theories

- These portray the nurse as the changing force, who enables individuals to adapt to or cope with ill health (Roy 1980). Outcome theories have been criticized as too abstract and difficult to implement in practice (Aggleton and Chalmers 1988).

4. "Humanistic" Theories

- Humanistic theories developed in response to the psychoanalytic thought that a person's destiny was determined early in life. Humanistic theories emphasize a person's capacity for self-actualization. Humanists believe that the person contains within himself the potential for healthy & creative growth.
- Carl Rogers developed a person – centered model of psychotherapy that emphasizes the uniqueness of the individual. The major contribution that Rogers added to nursing practice is the understandings that each client is a unique individual, so, person-centered approach now practice in nursing.

PURPOSES OF THEORY IN PRACTICE

- Help nurses to describe, explain, and predict daily experiences.
- Serve to guide valuation, involvement, and assessment of nursing care.
- Provide a justification for assembling trustworthy and valid data about the health prominence of clients, which are necessary for effective decision making and execution.
- Assist to establish principles to measure the quality of nursing care
- Assist to build a common nursing terminology to use in communicating with other health professionals. Planning is developed and words defined.
- Enrich self-sufficiency of nursing by defining its own independent functions[4].

If theory is expected to benefit practice, it must be developed co- operatively with people who practice nursing. People who do research and develop theories think differently about theory when they perceive the reality of practice. Theories do not provide the same type of procedural guidelines for practice as do situation-specific principles and procedures or rules. Procedural rules or principles help to standardize nursing practice and can also be useful in achieving minimum goals of quality of care. Theory is ought to improve the nursing practice. One of the most common ways theory has been organized in practice is in the nursing process of analyzing assessment data[5].

DISPARAGEMENT OF NURSING THEORIES

To understand why nursing theory is generally ignored it is essential to take a closer look at the main criticisms of nursing theory and the role that nurses play in contributing to its lack of prevalence in practice.

- **Use of multifarious language**
  Scott states that the essential ingredients of nursing theory should be ease of access and clearness. Nevertheless, one of the main criticisms of nursing theory is its use of overtly complex language. It is important that the language used in the development of nursing theory be used simple and understandable.

- **Not part of daily practice**
  In spite of theory and practice being viewed as inseparable concepts, a theory-practice gap still exists in nursing (Upton 1999). Yet despite the availability of a huge amount of literature on the subject, nursing

theory still means very little to most practicing nurses because the majority of nursing theory is developed by and for nursing academicians. It has been recognized that staff nurses are used to 'speaking with their hands', therefore, many nurses have not had the training or experience to deal with the abstract concepts presented by nursing theory. This makes it difficult for the majority of nurses to understand and apply theory to practice[6].

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