

Commentary

Nursing Theories: Relic or Stepping Stone?

June F. Kikuchi

The title of Dr. Laurie Gottlieb's editorial in a recent issue of *CJNR* devoted exclusively to student research reports says it all — “The Quality of Student Papers Augurs Well for the Future of Nursing Research” (Gottlieb, 2002, p. 3). As Dr. Gottlieb remarks, the papers indicate that nursing students are using a diversity of research methods, participating in their supervisors' research programs, and being well mentored. Also, the unprecedented opportunities that are opening up for nurses interested in pursuing a career in nursing research identified in the same issue by Edwards, DiCenso, Degner, O'Brien-Pallas, and Lander (2002) are very encouraging.

On reading the student research issue of the Journal, I was impressed with the progress that has been made and is continuing to be made in developing research expertise in nursing. At the same time, since only one study in the issue appears to be based on a nursing theory, I found myself wondering what progress is being made in terms of meeting the clarion call of the 1970s and 1980s for research based on nursing theories (or what are referred to, at times, as conceptual models of nursing). Are we no longer heeding that call, thinking that it is not necessary to base our research on nursing theories — that nursing theories are a relic of our past? This just may be the case, given what has been happening in the nursing theories arena.

Recently, Dr. Peggy Chinn (2001) sounded an alarm about the fact that, increasingly, American nursing education programs are eliminating nursing theory courses and reverting to a medical orientation. In Canada, nursing theory is being incorporated into courses other than those concerned solely with nursing theory. In their survey of 87 nurses from 47 health-care agencies in Canada, Simpson and Taylor (2002) found that nurses from only one quarter of the agencies reported that a formal conceptual model of nursing was used at their facility. Events such as the recent health-care cutbacks, loss of nursing supervisory positions, and

nursing shortages were thought to be compromising the implementation and maintenance of any model:

With time and resources as issues, getting the job done left [nurses with] no time to reflect on whether the actions and interventions followed a given conceptual model. The focus could not be on applying some grand vision of what nursing is or ought to be; rather, respondents often had to work hard simply to focus on meeting basic expectations. (p. 26)

One respondent is reported as saying, "I am having trouble with the relevance of this topic [the use of conceptual models of nursing] at this time, when our profession is struggling with staff shortages and decreasing dollars" (p. 26).

Given the circumstances under which they are working, it is understandable why nurses in practice settings are not using nursing theories to the degree envisioned a few decades ago. It is less understandable in the case of nurses in academic settings, since they do not face the same mitigating factors. Are they not more free to use nursing theories in their educational and research programs? In fact, should they not be taking the lead in teaching and seeking innovative ways to implement and preserve nursing theories in nursing practice, education, research, and administration, within today's health-care climate? They seem, however, to be moving in the direction of thinking that it is no longer necessary to base nurses' activities on nursing theories. Are they correct? To answer that question, we need to understand why nursing theories were developed in the first place and the context in which they were developed and in which they exist today.

In the 1960s and 1970s, as nursing struggled to shed its handmaiden relationship to doctoring and to become a discipline and profession in its own right, nurse scholars recognized that, if that goal was to be realized, the question *What is nursing?* had to be answered. Various conceptions of nursing were then developed by nurses who came to be known as "nurse theorists." Each conception was a particular nurse theorist's view of nursing. If nurses were to base their activities in one or another nurse theorist's conception of nursing or nursing theory, it was thought that *nursing* practice, education, research, and administration could then be developed. Since an increasing number of nurses were beginning to engage in research, but in research that was *not* based on a nursing theory, nurse researchers were informed about the need to base their research on nursing theories, so that *nursing's* body of knowledge could be developed. Consequently, nurses began to study and use nursing theories in educational, practice, and research settings.

All, however, did not go smoothly. Questions arose about the theories. Were they really theories? Some thought they were more conceptual models or conceptual frameworks than theories. Others thought that some were theories while others were not. Still others wondered how the theories were different from philosophies and ideologies. Issues emerged regarding the validity, abstractness, and co-existence of the theories, since some were contrary to others. Thorne (2003) insightfully points out that as our knowledge in such matters as worldviews and paradigms has increased, so too have our questions about nursing theories.

The fact that the issues concerning the nature of nursing theories remain unresolved to this day does not bode well for the future of nursing theories. Some proponents of nursing theories seem to think that if we were to overcome our lack of understanding (or our misunderstanding) of the nature and purpose of the theories, we would find that the issues which have emerged are non-issues — that the problem lies not with the theories but with us. Perhaps the problem lies partly with the theories and partly with us.

The nurse theorists started what will in hindsight, I think, be viewed as of historical importance. They reminded us of the importance of defining the nature of nursing. Their purpose in developing nursing theories — to define nursing in order to establish it as a discipline and profession in its own right — remains valid. The problem does not lie with their purpose. Rather, it has to do with the fact that nurse theorists, especially the earlier theorists, were working at a time when the pursuit of scientific theories was the fashion and “nursing [was] aligned with scientific inquiry” (Fry, 1992, p. 86). With the aim of preparing researchers who could develop scientific theories, graduate nursing programs focused almost exclusively, if not exclusively, on the scientific method. Under these conditions, nurses came to view all nursing questions as being scientific in nature and as requiring a scientific answer, including the question *What is nursing?*, which is philosophic in nature and thus ought to be answered philosophically.

As nurses came to realize the importance of philosophy in understanding the nature of nursing, some nursing theories came to be based on philosophic theories, or on both scientific and philosophic theories, and attempts were made to identify the philosophic underpinnings of earlier theories. What has not been clearly understood amidst all of these developments, however, is that the question *What is nursing?* is a philosophic one and must be answered philosophically, not scientifically, and that a proper philosophic response takes the form of a philosophic nursing theory (Kikuchi, 1997).

Let us now return to the question of whether it is still necessary to base nurses' activities on nursing theories. Those who think it is still necessary will have to continue dealing with entities whose nature confounds us and will likely continue to confound us, given the context within which they were developed. Those who think that it is no longer necessary to base nurses' activities on nursing theories will have to decide what comes after nursing theories. The papers published in the nursing student research issue of *CJNR* might be an indication that some have decided that nursing theories need not be replaced. This decision would likely be agreeable to those who have complained that nursing theories are constraining and fetter nurses' activities, and to those who are in favour of blurring or eliminating disciplinary boundaries. Is this really the path we ought to take?

Given the current changes taking place in the health-care system, which threaten to dismantle the nursing profession and turn it into other than what it essentially is, it is more urgent than ever that we continue to seek an answer to the question *What is nursing?*, but to seek it by philosophizing. In essence, I am recommending that we take the next step — move beyond the extant nursing theories to the development of a sound, undogmatic, and practical *philosophic nursing theory* of the nature, scope, and object of nursing. Doing so will give us the philosophic basis we need to support our endeavours in practice, education, research, and administration as legitimate and vital in the arena of health care.

References

- Chinn, P. L. (2001). Where is the nursing in nursing education? [Editorial]. *Advances in Nursing Science*, 23(3), v–vi.
- Edwards, N., DiCenso, A., Degner, L., O'Brien-Pallas, L., & Lander, J. (2002). Burgeoning opportunities in nursing research [Happenings]. *Canadian Journal of Nursing Research*, 34(4), 139–149.
- Fry, S. T. (1992). Neglect of philosophical inquiry in nursing: Cause and effect. In J. F. Kikuchi & H. Simmons (Eds.), *Philosophic inquiry in nursing* (pp. 85–96). Newbury Park, CA: Sage.
- Gottlieb, L. N. (2002). The quality of student papers augurs well for the future of nursing research [Editorial]. *Canadian Journal of Nursing Research*, 34(4), 3–6.
- Kikuchi, J. F. (1997). Clarifying the nature of conceptualizations about nursing. *Canadian Journal of Nursing Research*, 29(1), 97–110.
- Simpson, J., & Taylor, D. (2002). Do conceptual models of nursing work today? *Canadian Nurse*, 98(2), 24–26.
- Thorne, S. (2003). Theoretical issues in nursing. In J. Ross-Kerr & M. J. Wood (Eds.), *Canadian nursing: Issues and perspectives* (pp. 116–134). Toronto: Mosby.

Author's Note

Correspondence concerning this commentary may be directed to Dr. June F Kikuchi, 11338 – 126 Street, Edmonton, Alberta T5M 0R4 Canada. Telephone: 780-451-4096. E-mail: June.Kikuchi@ualberta.ca

June F Kikuchi, RN(Retired), PhD, is Professor Emeritus, Faculty of Nursing, University of Alberta, Edmonton, Canada.