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GENERAL ARTICLE

Integration of grand and middle range nursing theories into clinical practice

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ABSTRACT

Theory-based nursing is the application of various theories, principles, and models from nursing science and the biologic, behavioral, medical, and social disciplines to clinical nursing practice. Regardless of the appreciation of the importance of theory in nursing, there is an apparent gap between theory and practice. Theories may be developed by and for nurses that are grand (broad scope), middle range (narrow in scope), or situation-specific (limited in scope) nursing theories. Nurses should promote and hold theory-based practice as the core of nursing to enhance the knowledge base that supports practice and bridges the theory–practice gap. We often observe nurses providing only technical care and ignoring holistic client care that is biopsychosocial care. The purpose of this paper is to bridge the gap between theories by applying several grand and middle range nursing theories into clinical practice so as to provide holistic nursing approach.

Keywords: Theory practice gap**;** Nursing theories; Nursing practices; Holistic care approach.

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INTRODUCTION

The foundation of any profession is the innovation of a specialized body of knowledge. In the early days of nursing practices, the theories were borrowed from other disciplines like medicine, psychology and human sciences and utilized in nursing practice with a little modification.[1] The need for nursing theory was felt by the nurses very early on, because they thought nurses have their own particular knowledge so they started work on nursing theory to perk up their practice and to do nursing research.[1] This knowledge can be described through conceptual framework, models, and theories. Nursing theories are models that provides clear picture of nursing practice, it shows the purpose and function of nursing; these are alsocharacterized as thorough and imaginative organizing of thoughts for providing an orderly perspective of an event.[2] The types of nursing theories incorporate grand nursing theories, mid-range nursing theories and micro-range or practice theories. Grand nursing theories may be derived from conceptual models.[2] They were proposed through sympathetic and intuitive evaluation of present ideas complete with empirical research and may offer foundation for scholars to create ground-breaking mid and micro range theories.[3] Mid-range nursing theories have a tendency to be limited in scope than the grand theories and also offer a viable connection between the nursing practice and grand theories.[3] Micro-range or practice theories are narrower, provide framework for implementation basis, possible outcomes and the influences of nursing practice.[4] These theories are proposed for the provision a holistic nursing care to the client. Holistic nursing care means the aim of nursing practice is to heal a client as a whole.[4] A holistic nurse is a licensed nurse who takes a “mind-body-spirit-emotion-environment” methodology toward practice of traditional nursing.[5] A holistic nurse identifies and integrates the standards and modalities about holistic healing under everyday life and clinical practice. Holistic nursing urges nurses to incorporate self-care, self-responsibility, spirituality, and reflection in their lives.[5] This paper may help nurses to apply nursing theories in their clinical settings and provide holistic care to their clients.

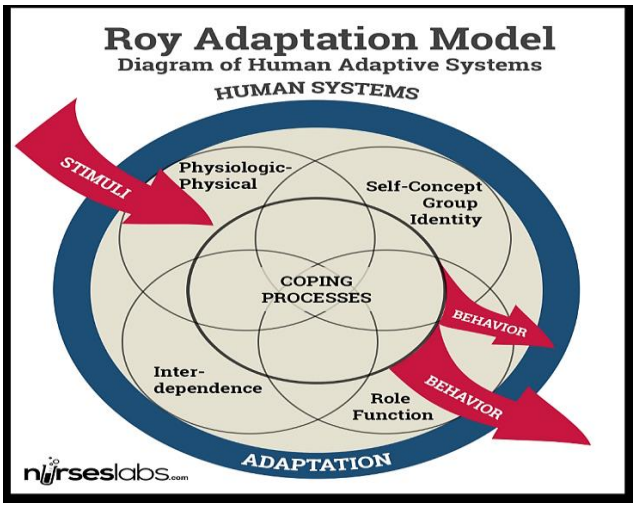
Sister Callista Roy's Adaptation Theory

Background of the Theorist

Born in Los Angeles, California on October 14, 1939, she was designated as a 2007 living legend by the American Academy of Nursing**.** She did her Master's degree in Pediatric Nursing from University of California in 1966 and second Master and PhD in Sociology in 1973-1977.[6] Dr. Roy also had the opportunity to be a Clinical Nurse Scholar in a two-year Post-Doctoral program in Neuroscience at University of California. She selected this field to develop her understanding of the holistic person, especially as an adaptive system. In part, her familiarity with this clinical area stems because of her own neurological illnesses.[6]

About the Theory

According to Callista Roy's theory "The goal of nursing is to promote adaptation for individuals and groups in each of the four adaptive modes i.e. physiological needs, self-concepts, role function, and interdependent relations thus contributing to health, quality of life, and dying with dignity".[7] Roy focused on interrelatedness of four adaptive modes in her theory and the stimuli that are the cause for alteration in a person's health.[7]



Integration of Roy's Adaptation Model into clinical practice

Providing technical care to approach a patient as a whole (biopsychosocial being) is the theme of Roy's Model. To utilize Roy's Model, Registered Nurse (RN) can assess the perception and altered level of health and take actions to improve and promote health and quality of a person's life. According to this model RN should collect the data about each of the four modes respectively and should note alteration in any of them, e.g. oxygenation, nutrition and elimination, activity, rest and protection in physiologic mode; the patient's beliefs about self-esteem and self-image in self-concept mode; if a person is able to perform his primary, secondary and tertiary roles in the society in role function mode; and if close family relationships are enough for a person to cope with several situations in interdependence mode of the theory. So, RN will find out in what mode the person needs the nurse. By applying the six-step nursing process of Roy's model that is: 1) Assessment of behavior, that has four adaptive modes; 2) Assessment of stimuli that affects a person's behavior, includes focal contextual and residual stimuli; 3) Nursing goal, to promote adaptation for individuals and groups in each of the four adaptive modes; 4) Nursing diagnosis, to formulate the nursing diagnosis about the stimuli that affected the patient's behavior; 5) Intervention is the management of that stimuli accordingly; 6) Evaluation is the final step, to evaluate the person's adapting ability that may be subsequent to adaptive or ineffective behavior. If some of strategies fail, nurse should reassess the stimuli specific to that one symptom and repeat the whole nursing process according to RAM's six steps.

Florence Nightingale's Environmental theory

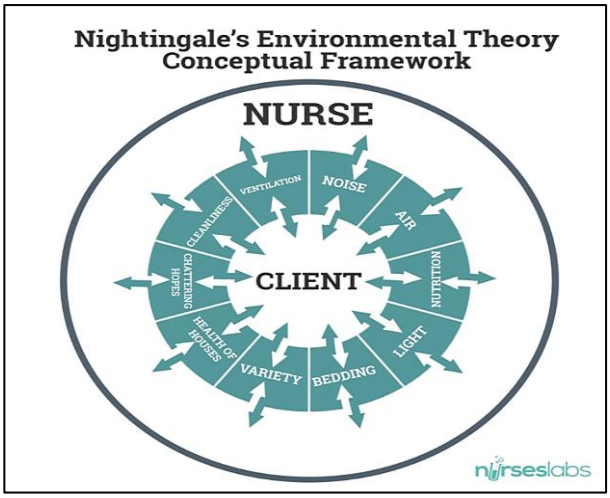
Background of the Theorist

Born in Florence Italy, (12th May, 1820-1910), Florence Nightingale started formal training in Kaiser Worth, Germany in1851. She earned the title, "The lady with the lamp". Florence Nightingale never formally developed a nursing theory, but some assessors recognize her as the first nursing theorist.(8) She was the first Feminist, Reformer, Linguist, Statistician, Artist, and Pioneer of modern nursing.[8] She wrote *"Notes on Nursing: What It Is and What It Is Not"* (1859 &1992).[9] She established the first School of Nursing & Midwifery for formal education at St. Thomas's Hospital London.(10) She got many honorable awards due to her unique contributions and works for nursing.[10]

About the Theory

Florence Nightingale very simply described the concept of environment and its role in disease and the health continuum. She clearly described the environment and its essential elements; fresh air, clean water, proper sanitation, cleanliness, light and hope.[11]

According to her, the patients' surroundings play a vital role in improving their health status. She reflects illness as an imbalance in these essential elements, and believes that managing the environment makes clients likely to act closer to nature.[11]



Integration of Nightingale's Environmental Theory into clinical practice

The nurse should keep the room warm by heater and should keep the windows open to make the client breathe fresh air and get the proper supply of sunlight to recover quickly. Nurse should not be over stimulated by visitors so that the client will feel relaxed and take rest in calm environment. Cleanliness of the area is healthier for the client's recovery as well. The need of well-constructed hospital also influences a person's health status because congested wards without proper ventilation system can worse the client's condition. It has been proven by studies that bed linen has a lot of germs on it, so wrinkle-free bedding and clean linen helps in recovery of the client and can prevent bed sores. Personal hygiene should be encouraged to improve appetite and to avoid multiple infections. Manipulation of surroundings (environment) e.g. cleanliness of the floors, walls and roofs, helps a lot in client's recovery. Nurse should encourage and reassure the client to adopt healthy behaviors because encouragement and reassurance can move the client toward hope of a healthy life.

Proper diet should be encouraged by the nurse to fulfill bodily requirements that energize the client so that the body will get immunity against infections and achieve an optimum level of health.

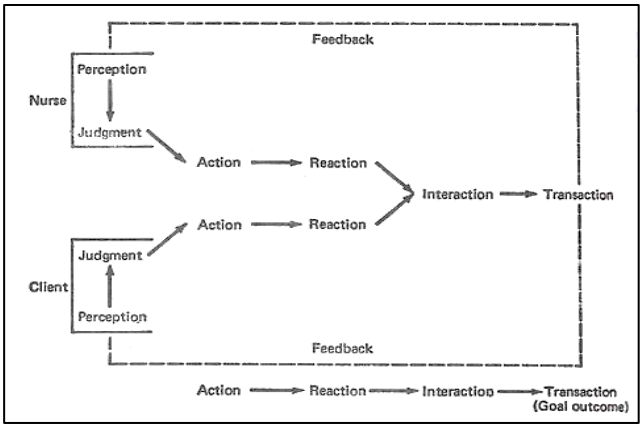
Imogene King's Goal Attainment Theory

Background of the Theorist

Born on January 30, 1923, she received Diploma in Nursing from St. John's Hospital School of Nursing in St. Louis Missouri in 1945. She got her BSN Degree in Nursing Education from St. Louis University in1948, Master of Science in Nursing also from St. Louis University in 1957, and PhD degree from Teacher's College, Columbia University in New York City in 1961. She was the founder of King International Nursing Group. Her theory of "goal attainment" got published in 1960.[6]

About the Theory

King's theory has been found expressive and operational for nurse practitioners, as this theory focuses on setting goals and meeting them with contributions of the patient; quality of care provided increases which in turn leads to more patient gratification. This theory helps nurses to be concerned with goal achievement.[12] According to King's theory, the human process of interactions shaped the basis for designing a model of transactions that represented theoretical knowledge used by nurses to assist individuals and groups to achieve goals.[12]



Integration of King's Goal Attainment Theory into Clinical Practice

According to the principles of King's theory, clients have the right to refuse care; nurse will give care only in those circumstances when client agrees to receive nursing care. Utilizing King's theory, nurse should make therapeutic interpersonal relationships because if perceptual interaction precision is present in nurse-client interpersonal relations, transaction will emerge. If the nurse and client make contract about client's recovery and health, and client is agreeing to contribute to personal health, mutual goal will be achieved by both of them. A nurse should communicate in a good manner with special knowledge and skills to deliver information to client, whereby mutual goal setting and goal achievement will emerge. If role expectations and role performance as assumed by nurse & client are corresponding, transaction will emerge. In nurse-client therapeutic interpersonal relationship, growth & development will be boosted.

Katharine Kolcaba's Comfort Theory

Background of the Theorist

Katharine Kolcaba is an American Nursing Theorist and Professor. She was born on December 28, 1944, got her Nursing Diploma from School of Nursing at St. Luke's Hospital in 1965. She earned her MSN and PhD from Case Western University in 1987 and 1997 respectively. She worked in Operation Theatres, Medical & Surgical units, Home Health and Long-Term Care. While working with Dementia patients in a unit, she got interested in Comfort as a theoretical Construct. She was awarded with "Distinguished Alumni Award" in 2007.[13]

About the Theory

Katharine Kolcaba's Comfort Theory (CT) is both for the nurse and client's comfort, but here we will apply this theory only on behalf of client's holistic care. Itis a broad-scope mid-range theory because it encompasses concepts and propositions, is flexible to a wide range of clinical practice and understandings, can be built from many foundations and it can be tested and measured.[13] It reflects nursing practice holistically, however the concepts of the theory can be used separately or in combination with other into nursing

practice.[13] By this theory, nurse can analyze that holistic comfort is the instant experience of being wired through having the needs for relief, ease, and transcendence met in four contexts of experience: physical, psycho-spiritual, social, and environmental.[15]

Integration of Katharine Kolcaba's Comfort Theory into Clinical Practice

Nurse should relieve the pain and discomfort of client and provide reassurance; relief from pain or discomfort, anxiety and loneliness, makes a client feel at ease and relaxed, healthy and peaceful, physically, and psycho-spiritually. Comfort through relief can cause transcendence, enable social informality, and expression of feelings openly; client will take part in personal cure and will cooperate with health care personnel and society.

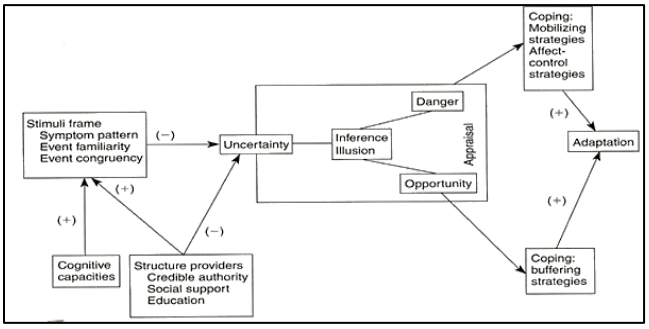
Merle. H. Mishel's Theory of Uncertainty

Background of the Theorist

Merle. H. Mishel commenced the study of the concept of uncertainty in illness in the early 1980s when she looked for the explanation of stress as a result of hospitalization.[14] She developed the Mishel's Uncertainty in Illness Scale to examine the concept, and subsequently, her model and scale have been used in numerous nursing studies. In the late 1980s, her theory was formally developed and revised in the early 1990s.[14]

About the Theory

The mid-range Theory of Uncertainty in Illness is presented by Mishel from both a theoretical and empirical viewpoint.[15] It proposes that uncertainty occurs in illness situations that are multifaceted, uncertain, volatile and when information is unobtainable or unpredictable. Discussion of the theory is organized around three major themes: The antecedents of Uncertainty, the Process of Uncertainty Appraisal and Coping with Uncertainty.[15]



Integration of Merle. H. Mishel's Theory of Uncertainty into Clinical Practice

According to the principles of this theory, on the day of admission patient feels uncertain about his illness, fear of hospitalization, and attitude of health care personnel; he thinks what will happen to him next. The Uncertainty in Illness of an individual helps the nurse to measure the level of vagueness of an individual which he is facing during illness or an acute injury. So, she provides enough information about admission, nurses station, smoking policy, doctors visiting times, hospital stay, severity of illness and plans of treatment so that the provided information leads the patient to search for opportunities to get relevant answers and re-evaluation of uncertainty and expectation to get cure from disease. As a result, he starts coping with the uncertain situation because uncertainty is the driving force and accepted as reality.

Theory Application into Clinical Practice Is Challenging

While working in a major public hospital of Peshawar, Khyber Pakhtunkhwa, Pakistan, I found it very challenging to apply nursing theories into nursing practice.

Roy's theory is very challenging to be applied because of large number of patients with one nurse per shift; this theory aims to find out the specific stimulus that is responsible for patient's condition, and all the patients have some anxiety-related feelings and the only nurse cannot give them time to resolve their anxiety. The theory is time consuming so that it cannot be applied in emergency situations. Nightingale's theory is also challenging to be applied because the hospital staff and patient relatives do not follow the cleanliness in government set up and the hospital building is not built to be well ventilated. King's theory is again challenging to apply, especially because patient's collaboration is must for goal attainment theory and mostly patients are very uncooperative due to illiteracy and misperception about nursing care behaviors. In Kolcaba's theory patients' and families should be engaged in health-seeking behaviors to have better outcomes, but again due to the illiteracy and uncooperative behavior of people, nurse cannot achieve the desired outcomes of her care. Mishel's theory may also be challenging due to the large number of admissions every day in concerned ward, nurse cannot relieve one from uncertainty on the day of admission because she is engaged in doing admissions, preparing OT lists and other routine nursing services.

Theory Application is Challenging for Registered Nurses

All these theories when applied, can bridge the gap between theory and practice. A person can achieve an ideal level of health when he receives holistic nursing care.

These theories are difficult to understand when the concept of them are not taught to bedside nurses. All nurses are not advanced practice nurses, and in Diploma level nursing theories are not introduced, even in Post RN degree they are not taught on the level of their application, but they are introduced to them besides. Let us imagine if an RN knows about nursing theories, but again she cannot utilize them in her routine practice due to staff shortage that is another big problem. Advanced Practice Nurses (APNs) are not enough in number who are aware of these theories and their application, to provide care in government set up specially, where nurse to patient ratio is 1:20; also APNs are not working at bedside.

RECOMMENDATIONS

Theory application into practice should be encouraged in bedside nursing because theories give nurses a sense of accountability, autonomy and independence, and they get developed professionally.

Workload can be reduced by hiring more staff, by proper staff scheduling, and by giving attractive salaries to nursing staff.

Nursing diploma should be changed to baccalaureate degree; it will be a good step if taken by the government for future nurses to be well-educated and well-trained to provide good nursing care that will meet the needs of patients.

Advance Practice Nurses should be prepared biannually to bring advancement in nursing education. Nursing education should be provided by APNs and PhD nurses.

Nursing research should be encouraged and funded by the government, because these theories provide the basis for research.

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