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**Discussion Forum:
Nursing Theories Categorization Based on Paradigms**

Asst. Prof. Bettina D. Evio

The term *discipline* refers to a branch of knowledge with a distinct set of rules of conduct for developing that knowledge and methods of practice for expanding the knowledge (Fitzpatrick, 2015). While ongoing discussions and research as to whether the field of nursing falls into this branch of knowledge continue, we can look at current developments resulting from these efforts to help us understand the issue and arrive at our own conclusions.

In describing nursing as a discipline, Donaldson and Crawley (1978) stated that theoretical guidance for the professional practice of nursing is required for the development of nursing knowledge. Over the years, nursing literature has shown how nursing knowledge has developed from the abstract to the specific, from the broad theoretical statements to the specific research-based testable hypotheses. These gives us the main levels of nursing science introduced in our undergraduate program: the grand theories (or conceptual models), the middle-range theories, and situation-specific theories or nursing practice theories.

Further developments in nursing science in the recent years suggest a shift to value-based constructions of nursing knowledge (Risjord, 2009 in McEwen & Wills, 2018) that are socially attuned and that fit contemporary understanding of human interactions (McEwen & Wills, 2018). These constructions or reconstructions of nursing knowledge leads to the need to renew, revise or develop new theories that incorporate developments in healthcare, society and the environment including contemporary theories from other fields of science.

A way of understanding these changes and developments is to look at how nursing theories are grouped or categorized, which in essence presents a way of viewing nursing's knowledge-base. One such method is the categorization of nursing theories based on paradigms.

A paradigm is a worldview or an overall way of looking at a discipline and its science. It is seen as a universal view of life rather than just a model or principle of a theory (Mackinnon & Powell, 2008). In nursing, a paradigm provides a set of parameters accepted by many as defining how the world is viewed or 'sized up' from the lens of nursing. According to Kuhn (1996 as cited in Wall & Carraro, 2009) paradigm shifts occur when empirical reality no longer fits the existing theories of science. For example, recent scientific innovations and reforms in health disciplines have changed the way of viewing human beings and their health. The impact of these new ideas and research on health care delivery is, in effect, a paradigm shift (Wall & Carraro, 2009).

There can be several reasons for a shift in the way nurses view nursing. Nursing scientists are finding that the theories that have guided practice in the past may no longer be sufficient to explain, predict, or guide current practice given the varying global

and local contexts and circumstances. In addition, some older theories may not be fully helpful in the development of nursing knowledge because scholars working in nursing's new paradigm are finding evidence that distinguishes nursing science from the sciences that nurses have traditionally consulted to explain the discipline (McEwen & Wills, 2018). While we give value to the 'old', we have to be open to the 'new.'

Newman's Categorization

In Chapter 6 of their book on nursing theories, McEwen and Wills (2018) provide a valuable discussion on the categorization of nursing grand theories on the basis of various methods described in nursing literature. One such categorization focuses on paradigms. For our purposes, we will look closely on the categorization of Newman (1992). It is worth reading the entire chapter mentioned above, in the meantime, we can look at the excerpt on Newman's categorization.

Chapter 6, page 133, (McEwen & Wills, 2018)

Newman's Categorization

Similarly, Newman (1992) classified nursing theories according to existing philosophical schools but found that nursing paradigms did not neatly fit; therefore, she created three categorizations of theories loosely based on the extant philosophies (i.e., positivism, postpositivism, and humanism). She named the nursing paradigms (1) the particulate–deterministic school, (2) the interactive–integrative school, and (3) the unitary–transformative school. In this classification scheme, the first word in the pair indicates the view of the substance of the theory, and the second word indicates the way in which change occurs.

To Newman (1992), the *particulate–deterministic* paradigm is characterized by the positivist view of the theory of science and stresses research methods that demanded control in the search for knowledge. Entities (e.g., humans) are viewed as reducible, and change is viewed as linear and causal. Nightingale, Orem, Orlando, and Peplau are representative of theorists in this realm of theoretical thinking.

The *interactive–integrative* paradigm (Newman, 1992) has similarities with the postpositivist school of thought. In this paradigm, objectivity and control are still important, but reality is seen as multidimensional and contextual, and both objectivity and subjectivity are viewed as desirable. Newman (1992) lists works of theorists Patterson and Zderad; Roy, Watson, and Erickson; Tomlin; and Swain in this paradigm.

Into the *unitary–transformative* category, Newman (1992) places her works and those of Rogers and Parse. Each of these theorists views humans as unitary beings, which are self-evolving and self-regulating. Humans are embedded in, and constantly and simultaneously interacting with, a universal, self-evolving energy system. These theorists agree that human beings cannot be known by the sum of their parts; rather, they are known by their patterns of energy and ways of being apart and distinct from others.

Some nursing theories do not qualify under Newman's categorization, but their significance to nursing science remains equally valuable. Kuhn's theory provides an explanation to this (Wall & Carraro, 2009):

A paradigm has several functions and one of them is to identify the nursing domain so that the used concepts and propositions offer their own perspective to the discipline's research and practice, making a distinction from the domains of remaining disciplines. A paradigm needs to precisely involve the phenomena relevant to a discipline - this requirement is only valid when the concepts and propositions are global and there is no redundancy in their information. ... The nursing paradigm is like a framework, so that nurses focus on human beings' integral health, aware that

they progressively interact with the environment, whereas the medical paradigm guides physicians in diagnosing and treating diseases.

*Paradigms are found in all periods of scientific activity in which the community does research and investigations. A paradigm previously accepted and that once guided research can present failures or anomalies, triggering crises. Crises might be close to a revolutionary period, the point at which a science passes from one paradigm to another. These periods are called **pre-paradigmatic**, because the community does not yet possess new theories to guide scientific activities that can establish a proposal of systematic work.*

Nursing scholars asserted that practice ‘must continue to contribute to thinking and theorizing in nursing just as theory must be used to advance practice’. Both are guided by inherent values and beliefs. But one theory will never be able to explain the entire phenomenon of nursing. Theory can never ‘see’ the whole, but it illuminates for us the meaning in different phenomena (McKenna, Pajnkihar, & Murphy, 2014) .

Several nursing theorists and their works have been categorized as pre-paradigmatic: Nightingale, Henderson, Levine and Hall. For the following discussion, answer the following questions:

- (1) What makes the works of Nightingale, Henderson, Levine and Hall categorized as Pre-paradigmatic?
- (2) Do we really need theory in the practice of nursing?

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