



The history of nursing and caring science

Paradigm concepts. What is a theory? Knowledge domains

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The history of nursing science

- Florence Nightingale stated in 1859 that the nature of nursing and the need for knowledge was distinct from medicine.
- According to Florence Nightingale **the care of the sick is based on knowledge of persons and their surroundings**, i.e. a clear different knowledge base that in medicine
- Her notions are regarded as the earliest formations of nursing as a discipline
- About 100 years later the discussion of the need to develop nursing knowledge apart from medical knowledge to guide nursing practice.
- Nursing as a science was proposed in U.S. the 1950s



The history of nursing science

- The first era was the **curriculum era**, from 1930s
- Nursing theories of 1950s operated from a **biomedical model** with a focus on nurses' functional role, what they are doing
- Nursing theories of 1960s focused on theoretical thinking and shifted the focus from the functional role to **the relationship between the nurse and the patient**
- Examples of the first generation theorists: Hildegard Peplau (1909-1999), Virginia Henderson (1897-1996), Hall and Faye G Abdellah (1919-), Joyce Travelbee (1926-1973)
- The **research emphasis era**, in the 1970s a clear need for conceptual connections and theoretical frameworks in research

The history of nursing science

- The research era and the graduate education era developed in tandem in U.S., many master's degree programs emerged.
- A transition of nursing from a vocation to a profession clearly in 1970's, when also nursing doctoral programs started. A doctorate in nursing should be in nursing, not in other disciplines.
- The **theory era** was a result of the research and graduate education era.
- Nursing theories of the 1980s were Orem, Rogers, King, Benner, Parse, Leininger, Eriksson
- Nursing theories of the 1990s-2000s, nursing theories were tested and this period was characterized by a proliferation of middle range theories to guide nursing practice; Kolcaba's theory of comfort is one example
- The circle of theory-research-practice constituted the base for evidence-based nursing practice.



The meaning of a discipline versus a profession

DISCIPLINE

'A discipline is specific to academia and refers to a branch of education, a department of learning, or a domain of knowledge'. (Alligood 2018, p. 6)

PROFESSION

'A profession refers to a specialized field of practice, founded on the theoretical structure of the science or knowledge of that discipline and accompanying practice abilities'. (Alligood 2018, p. 6)

Describing nursing knowledge

- Fawcett and DeSanto-Madeya (2013) identified five components that can be used to describe nursing knowledge:

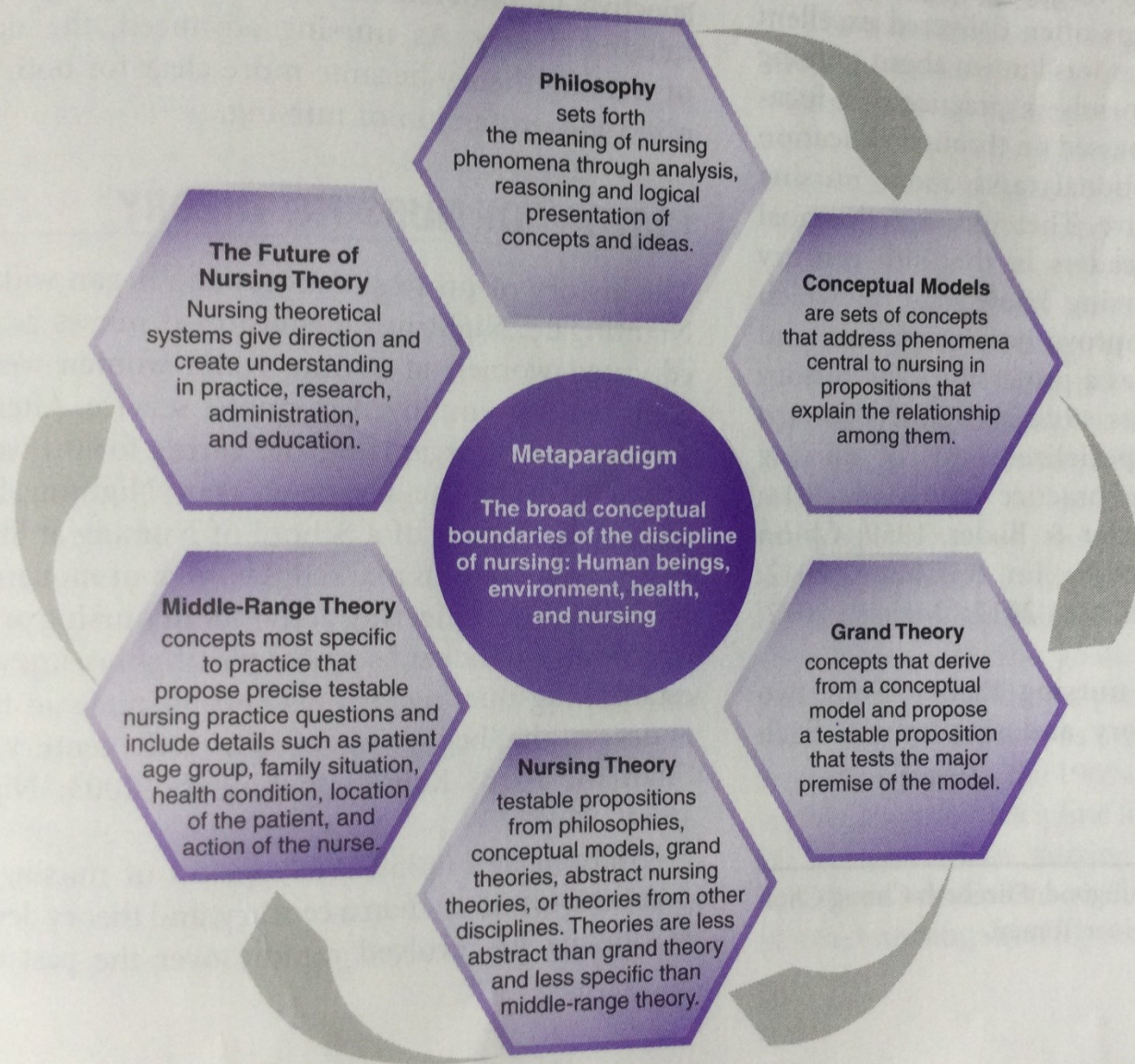
- Metaparadigm
- Philosophies
- Conceptual models
- Theories
- Empirical indicators

According to Fawcett (1984), the central concepts and themes, i.e., human beings, health, nursing, environment, are identified and formalized as **the metaparadigm of nursing.**

'Paradigm is defined as those aspects of a discipline that are shared by its scientific community' (Kuhn 1977, p. 27)

or research.

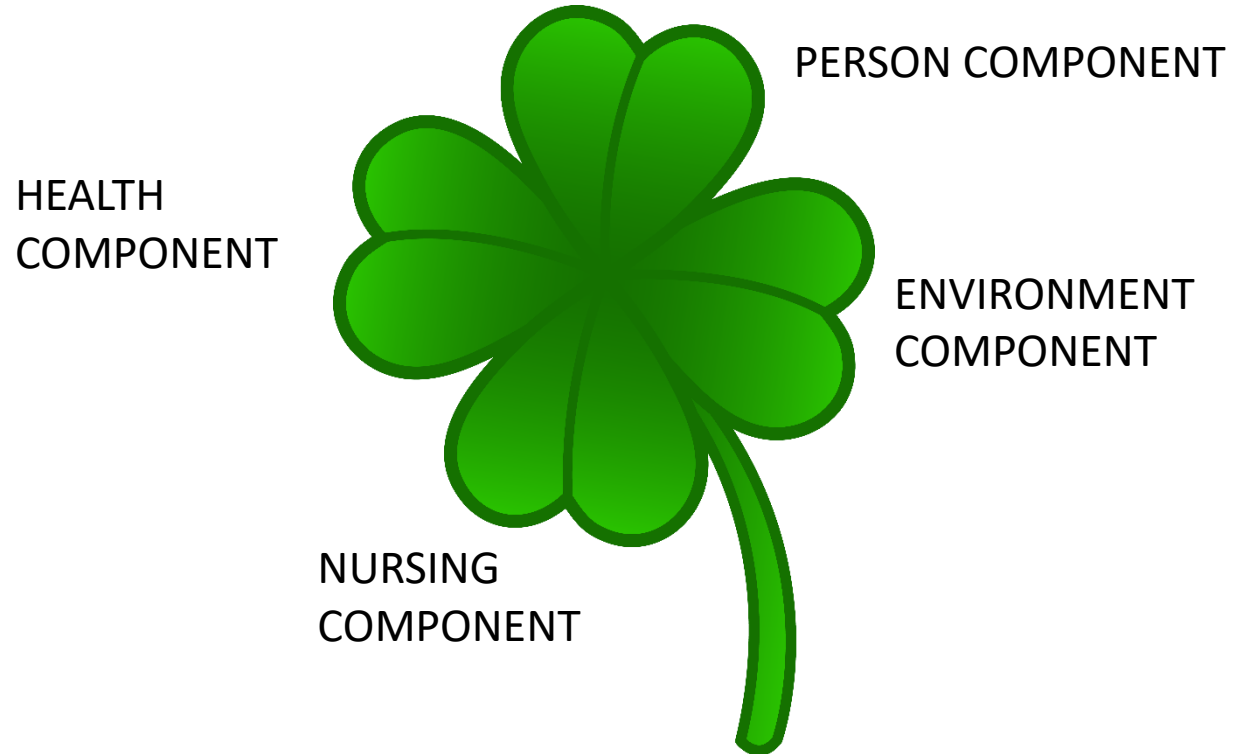
of identifying a decision-making framework for nursing practice



Evolution of
Nursing
Theories
Alligood
2018, p. 1

Metaparadigm of nursing as a four-leaf clover

A **metaparadigm** is “a set of concepts and propositions that sets forth the phenomena with which a discipline is concerned.”



Lee, R. C., & Fawcett, J. (2013). The influence of the metaparadigm of nursing on professional identity development among RN-BSN students. *Nursing Science Quarterly*, 26(1), 96-98.

Paradigm versus philosophy

- ❑ A paradigm can be described as a worldview which serves as a philosophical underpinning for explaining any phenomena of interest to a discipline.
- ❑ **Philosophy.** The function of a philosophy is to communicate what the members of a discipline believe to be true, what they believe about the development of knowledge and what they value in their practice (Fawcett and DeSanto-Madeya 2013) .
- ❑ Through nursing philosophies, answers to the questions “What is nursing?” and “Why is nursing important?” are sought and ontological, epistemological and ethical claims are articulated.
- ❑ Nursing philosophies are also used to attempt to express and describe the meaning of nursing and nursing phenomena (Alligood 2010).
- ❑ Ontological claims linked to philosophies are used to state what is believed about the nature of man, health, nursing and/or the environment. Epistemological claims are used to describe “knowledge itself”, i.e., what knowledge is, what its properties are, and why it has these properties. Ethical claims are used to express central values for clinical practices and the characteristics of the those practicing nursing. (Fagerström 2021. The Caring Advanced Practice Nursing Theoretical Perspectives and Competence Domains. Springer)



Why is the paradigm/philosophy still important?

FOR STUDENTS ON ALL LEVELS

It's of crucial importance for students to develop a personal philosophy of nursing based in part on personal meanings related to the nursing metaparadigm concepts of human beings, environment, health, and nursing that incorporate exemplars taken from the students' clinical experiences.

The metaparadigm concepts guide students' examination of their own practice from a theoretical perspective, allowing them to reflect on the meaning of being members of the professional discipline of nursing.

Modified from Lee, R. C., & Fawcett, J. (2013); Fagerström (2021)

FOR THE DEVELOPMENT OF THE DISCIPLINE AND CLINICAL PRACTICE

'In summary, it is crucial to the continuous development of the professional discipline of nursing that members embrace not only their role as members of the professional discipline, but also embrace continuous changes in self, others, and the knowledge and practice of the discipline.'

It is important that in the rush toward innovation not to fail to build on the past.

The concepts and propositions of the metaparadigm of nursing can provide a sound foundation for research, development and innovations.

The caring tradition in nursing science

The theory of caritative caring – a philosophy for nursing

- The former professor of caring science at ÅAU was Katie Eriksson, and she developed together with the teachers of the department and doctoral students **the theory of caritative caring**
- Eriksson represents a Nordic tradition of “caring science,” that is, a knowledge tradition focusing on caring as the core of nursing.
- The Nordic tradition of caring science emphasizes **caring science as a human science, viewing caring as a natural phenomenon where the patient's world, vulnerability, health and suffering are primary** (Arman et al. 2015).
- The basic idea of human science is philosophical, not methodological, as it focuses on what it is to be human, rather than on anatomical nature (Fawcett, 2002).
- Internationally, Eriksson's theory of caritative caring shows many common features with, for example, Parse's Theory of Human Becoming (Bournes & Mitchell, 2014) and Watson's Theory of Human Caring (Jesse & Alligood, 2014).

The main ideas of Eriksson's theory of caritative caring

- Eriksson's first step towards outlining an ontological view of the nursing reality was made in her doctoral thesis, *The Patient Care Process – an Approach to Curriculum Construction within Nursing Education*, written in Swedish at the University of Helsinki in 1981.
- Two years later, in 1983, she published a book named ***The Nursing Care Process***. This book has been used in nursing studies at different levels, forming a solid base and structure for nursing care based on the patient's needs.
- According to Eriksson (1982), caring is inherently human. **Caring for another human being is an act of love and mercy, *caritas*.**
- *Caritas* is an active power, making nursing care effectful.

The main ideas of Eriksson's theory of caritative caring

- **'Caring is the core of nursing care'**.
- **'Health is more than the absence of disease'**, Health is a process of integration, to become a whole person (Eriksson 1984).
- **Ethos is a ethical way of relating** to the person, **dignity** is a central concept
- The importance of **understanding to patient's suffering**, what it means for the person

Professor Katie Eriksson 1943-2019.



Eriksson's most central publications that have contributed in designing the theory of caritative caring

Eriksson K (1981). The Nursing Process.

Eriksson K (1983). The Introduction to Science of Care.

Eriksson K (1984). The Idea of Health (In English)

Eriksson K (1985). The Didactics of nursing care.

Eriksson K (1987). The Idea of Caring.

Eriksson K (1987). The Break (pause).

Eriksson K & Barbosa da Silva (red). Theology for caring. Report 3/1991.

Eriksson K (1994). The suffering human being (In English)

Plus 67 PhD thesis
1990-2020 in caring
science at ÅAU



What is a nursing theory?

❑ Nursing theories are needed for the understanding of nursing phenomena, i.e. self-care, therapeutic communication, chronic sorrow, suffering, health promotion etc.

❑ Theory components are:

❖ Assumptions

❖ Propositions

❖ Concepts and definitions

❖ Relational statements

❖ Linkages and ordering

(Alligood 2018)

'Nursing theory is defined as a conceptualization of some aspect of nursing reality communicated for the purpose of describing phenomena, explaining relationships between phenomena, predicting consequences, or prescribing nursing care'. (Meleis 2007, p.37)

Definitions of theories by level of abstraction (Meleis 2007)

GRAND THEORIES

ARE SYSTEMATIC
CONSTRUCTIONS OF
THE NATURE, THE
MISSION AND THE
GOALS OF NURSING

- provide relationships
between a large
number of abstract
concepts
 - Highest in
abstraction
- Ex. Roger's theory of
energy field

MIDDLE RANGE THEORIES

HAVE MORE LIMITED
SCOPE, LESS
ABSTRACTION,
ADDRESS SPECIFIC
PHENOMENA OR
CONCEPTS AND
REFLECT PRACTICE
(ADMINISTRATIVE,
CLINICAL, TEACHING)

- suitable to empirical
testing due to specific
concepts
- Ex. quality of life

SITUATION-SPECIFIC THEORIES

FOCUS ON SPECIFIC
NURSING PHENOMENA
FROM CLINICAL PRACTICE

- Limited to a specific
population
- Historically and socially
contexted
- Ex. preventive model for
HIV among adolescents



ASSUMPTIONS (Meleis 2007; Fawcett 2017)

- ❑ Assumptions are statements that form the bases for defining concepts and framing propositions.
- ❑ Assumptions provide the context for a theory
- ❑ Accepted as truths
- ❑ Represent values and beliefs
- ❑ Taken-for-granted statements of the theory
- ❑ Assumptions emanate from philosophy
- ❑ The values in a theory and/or about the profession and discipline of nursing are reflected in the theory's explicit or implicit assumptions.
- ❑ When assumptions are challenged, they become propositions.
- ❑ Propositions are statements about concepts.

**Example from Eriksson's theory: 'The human being is fundamentally an entity of body, soul and spirit'.
(Lindström et al. P. 145, In Alligood ed. 2018)**



CONCEPTS AND DEFINITIONS (Meleis 2007)

- ❑ Concept is a term used to describe a phenomenon or a group of phenomena.
- ❑ A concept provides a concise summary of thoughts related to a phenomenon, concise labeling.
- ❑ A concept denotes some degree of classification or categorization.

**Example from Eriksson's theory: Dignity constitutes one of the basic concepts of caritative caring ethics. Absolute dignity is granted the human being through creation, whereas relative dignity is influence and formed thorough culture and external context. A human being's absolute dignity involves the right to be confirmed as a unique human being.
(Lindström et al. P. 143, In Alligood ed. 2018)**



Relational statements

- ❑ Statements in a theory may state definitions or relations among concepts
- ❑ Relational statements propose relationships between and among two or more concepts
- ❑ Concepts must be connected with one another in a series of theoretical statements to devise/create a nursing theory
- ❑ Ex. connections between variables. First variable may be an antecedent or determinate (independent) variable and the second as the consequent or resultant (dependent) variable

Example from Eriksson's theory: The antecedent of a caring communion would be the invitation to the caritative caring moment and the consequent could be alleviation of the patient's suffering. (Fagerström 2021)

Knowledge domains

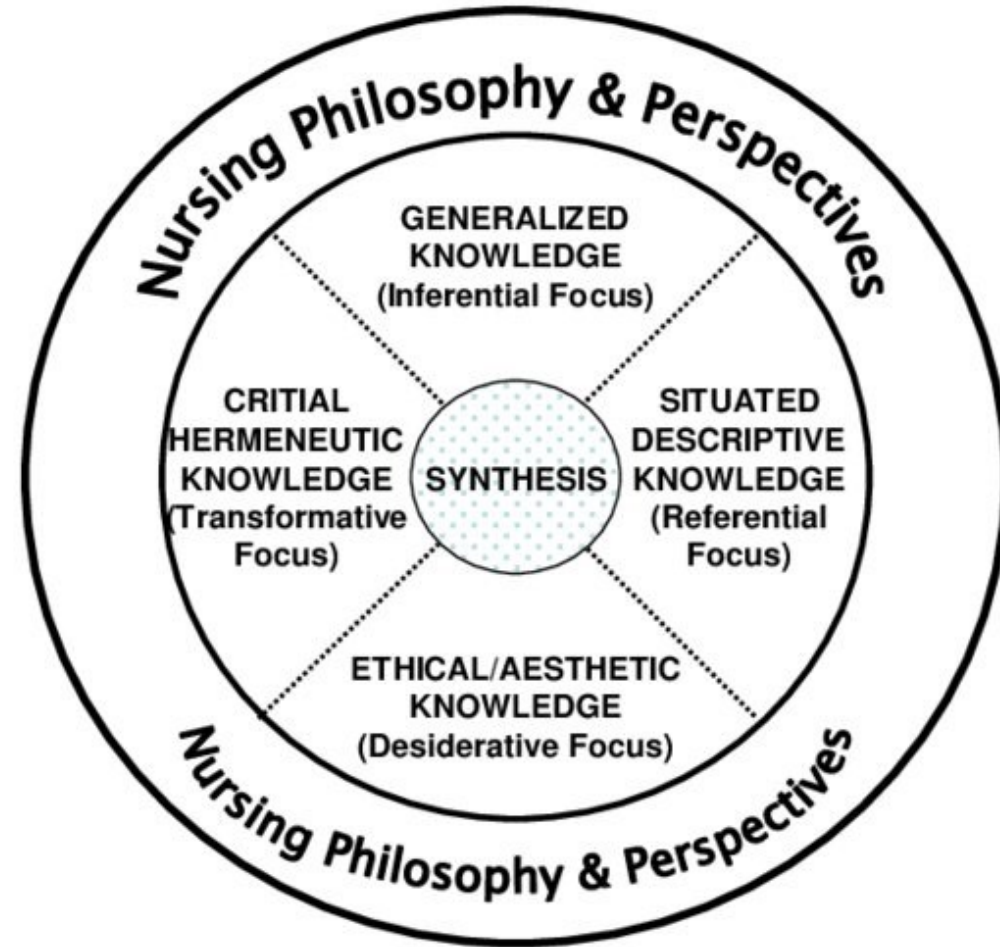
- ❑ Through knowledge domains, nursing science phenomena and clinical practice concepts are bound together into meaningful entities in the discipline and clinical practice.
- ❑ Knowledge domains are needed to identify the foundational and important aspects of clinical reality and to define future visions for nursing as a part of overall health services (Fagerström 2021).
- ❑ **Carper (1978) identified** four patterns of knowing in nursing: empirics, ethics, esthetics and personal knowing. Sociopolitical knowing is the fifth pattern (With 1995).
- ❑ **Kim (2000)** is another nursing theorist who grouped nursing knowledge into four domains (See figure).



Hesook Suzie Kim

Nursing epistemology: Types of nursing knowledge for practice

Kim S.H. *The nature of theoretical thinking in nursing.*
2nd ed. New York: Springer Publishing Company; 2000.



Conceptual model of theoretical framework

- According to Fawcett (2005), a conceptual model or theoretical framework provides a coherent, unified and orderly way of envisioning related events or processes relevant to a discipline.
- In nursing literature and research, the terms “conceptual model” and “theoretical framework” are often used interchangeably.
- Fawcett and DeSanto-Madeya (2013) find that the term “conceptual model” is synonymous with the terms “conceptual framework”, “conceptual system”, “paradigm” and “disciplinary matrix”.
- Conceptual models should not be considered theories that try to explain and predict with precision.
- Conceptual models can yield guidelines for middle-range theory development (Fawcett 1988).



A DIALECTIC SYNTHESIS OF CARING AND CURING IN NURSING

*'The advanced practice
of nursing builds on the
foundation and core
values of the nursing
discipline'
(Hamric 2009, p 75)*



**A NEW
CONCEPTUAL
MODEL FOR
CARITATIVE
CARING AS
AN
ADVANCED
PRACTICE
NURSING IS
NEEDED.**

Advanced Practice in Nursing

Under the Auspices of the *International Council of Nurses (ICN)*

Series Editor: Christophe Debout

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A Caring Advanced Practice Nursing Model

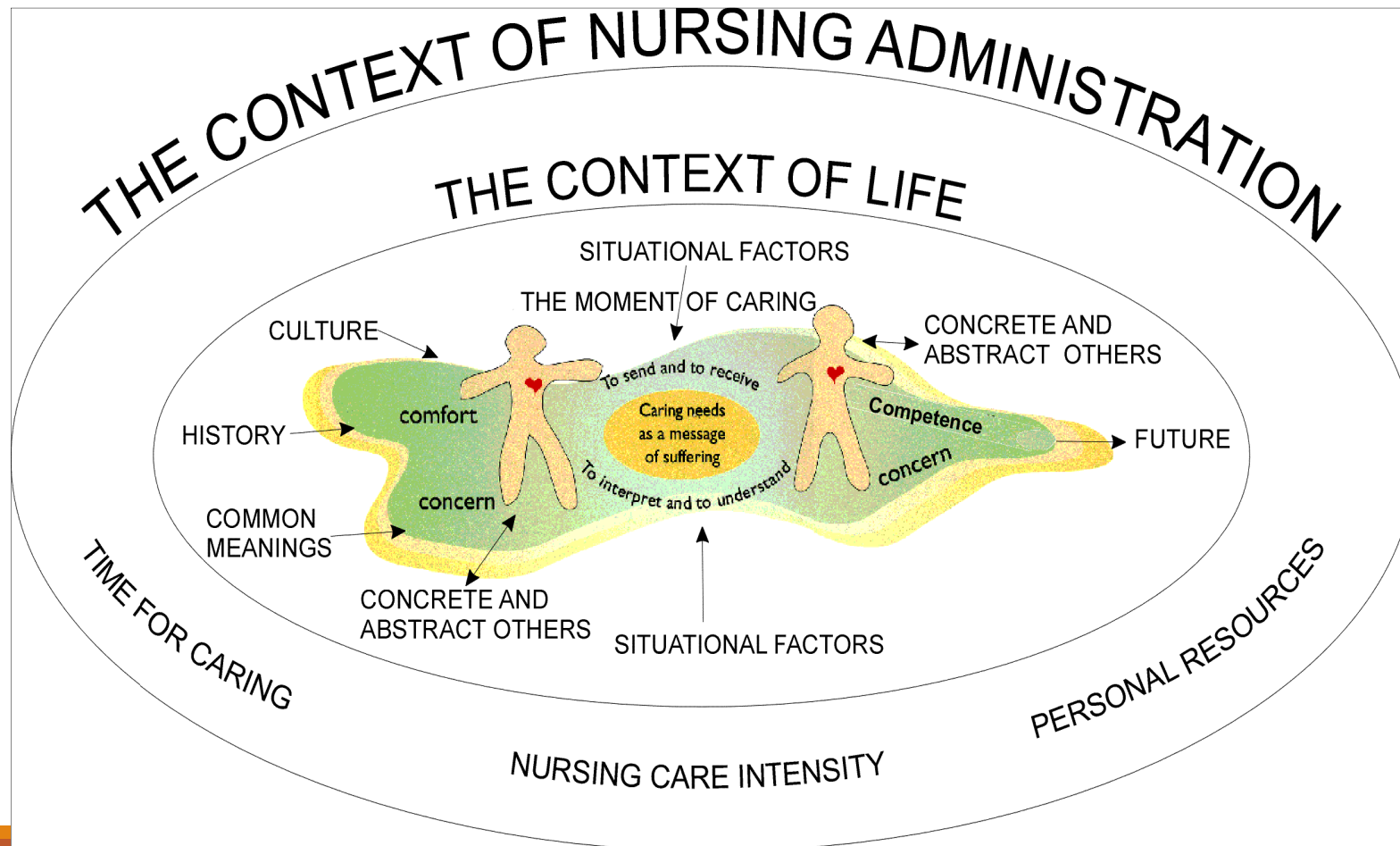
Theoretical Perspectives And
Competency Domains



 Springer

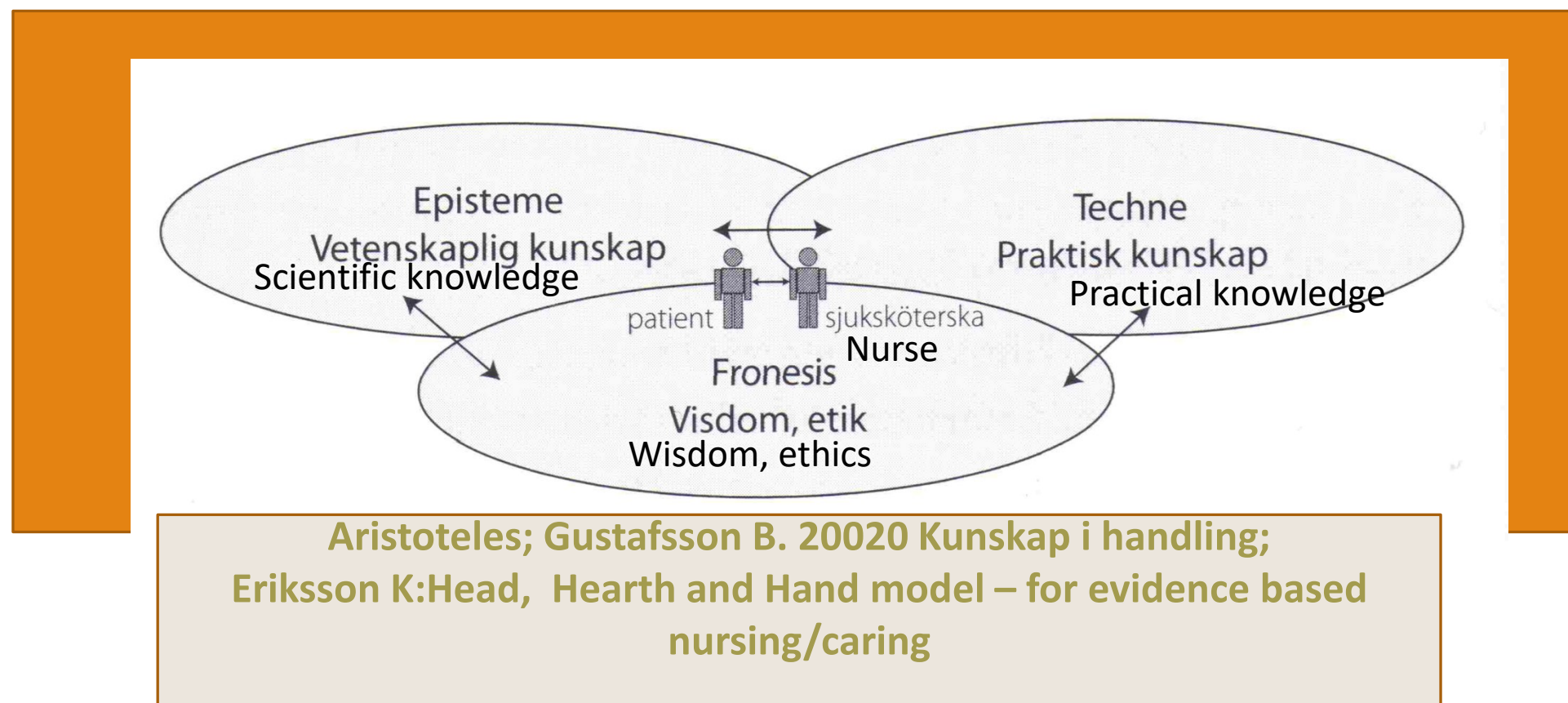


' THE MODEL OF THE FOUNDATION FOR CARITATIVE CARING' (L Fagerström 1999. Patient's caring needs To understand and measure the unmeasurable. PhD thesis. Åbo Akademi, Finland; modified Fagerström 2021)



The model of “the foundation for caritative caring” on the personal level, in relation to actual life context and on the organizational level

The three dimensional epistemological view for nursing/caring science on a basic, specialist and advanced level (Fagerström L 2011; 2019; 2021)



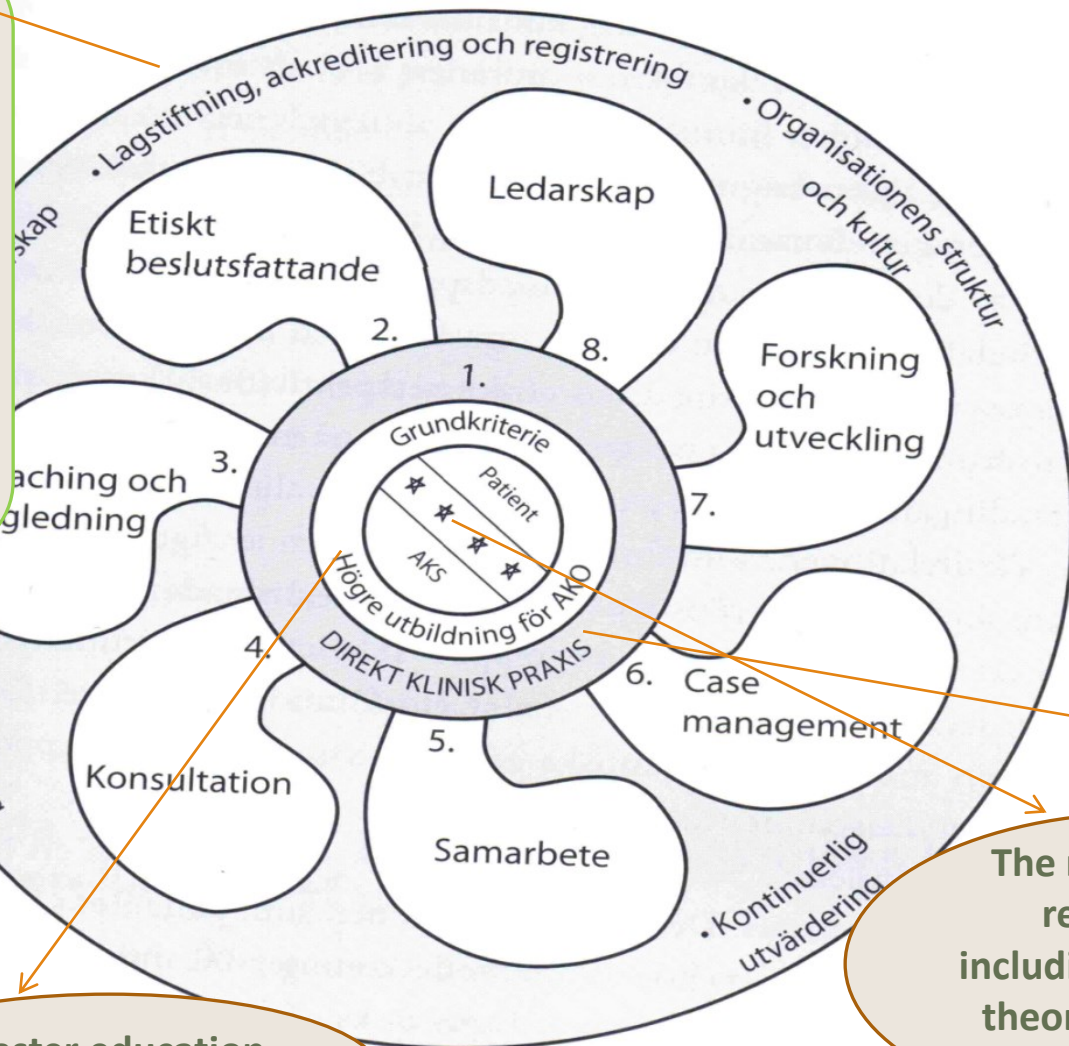


The Caring Advanced Practice Nursing model

(Fagerström 2011; 2019; 2021)



Critical factors for development: organizational structure and culture, legislation and regulation, evaluation, marketing



Central competency domains:

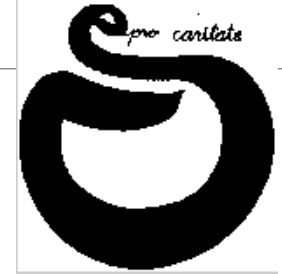
1. Direct clinical praxis
2. Ethical decision-making
3. Coaching and guidance
4. Consultation
5. Cooperation
6. Case management
7. Research and development
8. Leadership

Master education is recommended

The nurse-patient relationship including four central theoretical nursing perspectives

Including health assessment of undiagnosed health problems and clinical decision making

CENTRAL THEORETICAL PERSPECTIVES OF THE NORDIC APN MODEL



1. **HOLISM**
2. **CARING**
3. **HEALTH**
4. **ETHOS**

Fagerström L. 2019. Editorial. Caring, health, holism and person-centred ethos - common denominators for health sciences?
[Scand J Caring Sci.](#) 2019 Jun;33(2):253-254. doi:
10.1111/scs.12732.

Are we ready to agree on these four perspectives in the health sciences?

'Caring is the core of nursing care'.

Could it be a strategy for a better cooperation and a more person-centered healthcare?

ETHOS AS A WAY OF RELATING TO THE PATIENT AS A PERSON

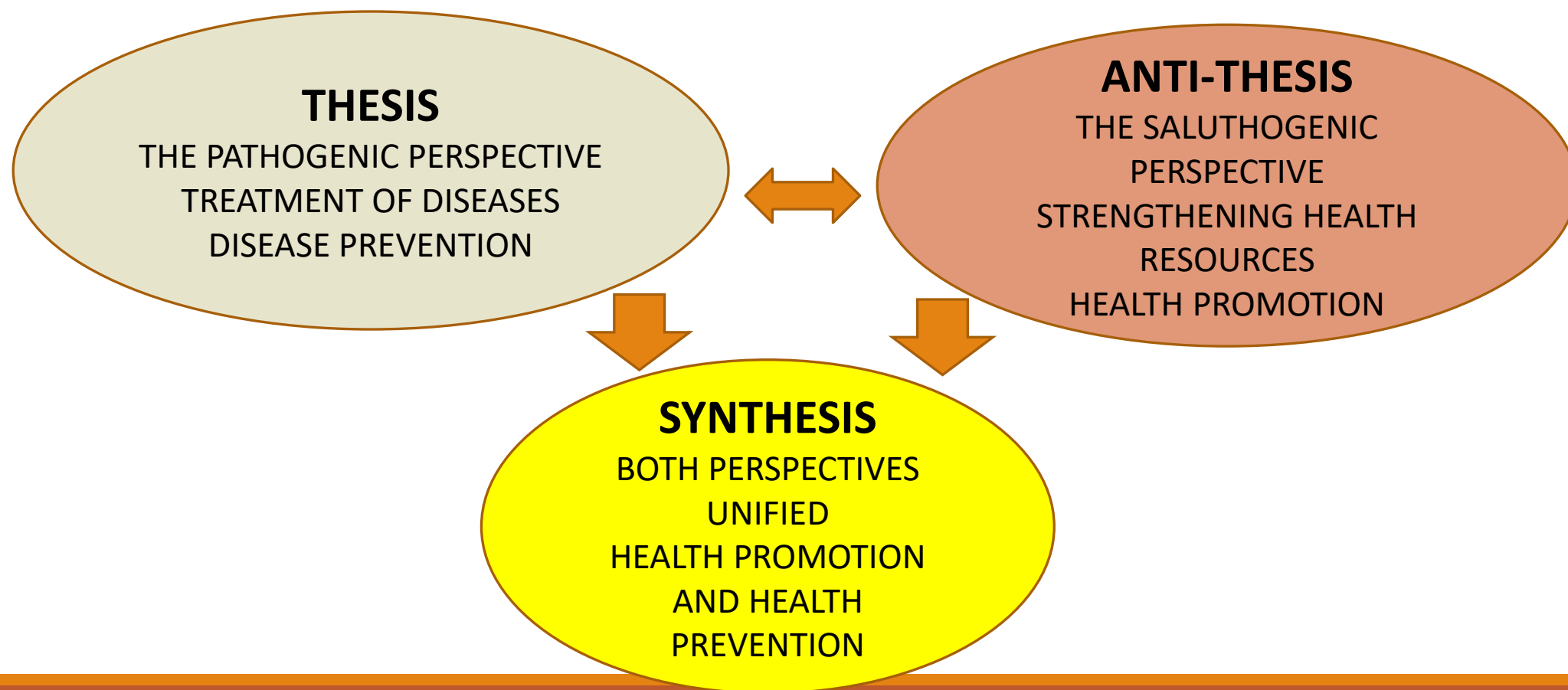
‘Ethos can be described as a person-centered ethical foundation that is deeply rooted and integrated into you as a person’

(Fagerström 2021. A Caring Advanced Practice Nursing Model, Springer, in press).

CARING

- ❑ The core of nursing practice is the act of caring
- ❑ The core of nursing on all levels - basic, specialist and advanced and is identified as a foundational value for nursing
- ❑ 'A moment of truth' when the nurse/carer has the opportunity to be 'caring' by showing compassionate love and mercy, by showing that 'I am here for you'
- ❑ Caring and nursing are intertwined phenomena - nursing would not be nursing without the act of caring.

The Dialectics of Health





Thank you for your attention!