

Practical Theories for Nursing Practice

Practical Theories for Nursing Practice:

A Multi-disciplinary Perspective

By

Debra J. Gillespie and Brenda Petersen

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—Debra J. Gillespie PhD, RN, CNE

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—Brenda B. Petersen, PhD, MSN, RN, APN-c, CPNP-PC

PREFACE

DEBRA J. GILLESPIE PhD, RN, CNE

If you were like many students in nursing school, you probably asked yourself “Why do I need to know this stuff about theories?” I asked myself the same thing. I did not really see the relevance of theory linked to my clinical practice and did not fully appreciate theory until studying it again and in more detail in graduate school. I will never forget a nursing colleague I traveled to graduate school with sitting beside me in the classroom, listening to the instructor explain grand theories and her looking over at me and whispering, “you love this, don’t you?” Yes, I love it, albeit, abstract and hard to understand. However, the full appreciation for theory did not come to me until enrolled into my doctoral program. There I learned how to analyze and critique theory, the process and steps that could easily guide me through a better understanding and appreciation.

Years later, teaching evidence-based practice (EBP) to groups of hospital staff nurses, I came to revisit the theory in the form of Roger’s (1995) Diffusion of Innovation theory, a theory often adopted to support EBP changes. I bought the book and read it cover to cover highlighting as I read. Of course, when working on a dissertation in doctoral school, one is obligated to have a theory to support their research. Again, I found an appropriate theory for my topic, the Shannon Weaver Communication theory. A theory so simple to understand and practical to use.

Nursing theories are traditionally taught in undergraduate and graduate nursing programs. These theories may have relevant applications to practice or may be obsolete in today’s evidence-based practice environment. It is common for disciplines to borrow theories from one another for empirical studies and practice, yet only nursing theories continue to be taught to nursing students. Many non-nursing theories are used for nursing research and to make positive improvements in patient care.

This book includes a chapter on how to critically appraise a theory based upon the sentinel work of Walker and Avant (2018). It is important to critique a theory to determine its applicability to practice or fit for research before conducting a study. This chapter will provide the reader with an easy to understand and comprehensive overview of the steps in the critiquing process. The following chapters offer insight into ten commonly used theories that support practice and/or research. Each chapter will introduce the reader to an overview and description of the theory followed by a literature review on how the theory has been applied to empirical studies and practical applications, followed by conclusions and references. Each chapter includes a review of the literature section, however, depending upon the amount of research the authors identified, some sections may be longer than others. For this book the authors attempted to cite only recently published, peer-reviewed studies. However, there are times when works are considered sentinel and/or all the authors could find were older published studies and still provide the reader with a view of the past science on the theory or model.

While many theories can be abstract, difficult to empirically test, or apply to practice, it is the hope that this book will provide the reader with a better understanding of how nursing and non-nursing theories can be very useful for making clinical practice improvements, providing a guide for nursing education and support for future research.

INTRODUCTION

DEBRA J. GILLESPIE PhD, RN, CNE

For any profession to establish itself as a legitimate scientific discipline, it must have the ability to generate and test theories (McCrae 2012). The nursing profession is defined by its own unique body of knowledge and the way it intellectualizes the world (Mudd et al. 2020).

“...nursing theories provide conceptual, epistemological and descriptive bases of care for the construction of their own knowledge that delimit professional performance in the fields of teaching, research, assistance and management” (Lendart et al.2021, 2).

While many nursing theories have been developed, these theories have limitations, such as being content and context specific, thus limiting their usefulness. Although the quest for nursing knowledge never ends, theoretical models offer an important viewpoint for building a better understanding of the nursing phenomenon (Carper 1978).

Historically, nursing has been troubled with its subordinate role to medicine and struggled to develop its own unique identity. Nursing theories emerged in the early 1950's as the nursing profession tried to sever the traditional view of nurses as handmaidens to physicians. These early theoretical frameworks were developed to move the nursing profession from one focused solely on disease to a more holistic view of human needs (McCrae 2012). As theoretical development gained momentum, many nursing theories were established with each taking a different view based upon conventions of human nature and the socio-cultural environment (McCrae 2012). Thus, theories were developed that may not necessarily apply to all clinical situations or environments and have not been modified as patients' healthcare needs have changed with advances in science and technology, communication or artificial intelligence.

The words conceptual framework, theoretical framework and theory are terms used interchangeably thereby causing confusion. For the purposes of this book, a theory is defined as a relationship among two or more concepts that describe a certain phenomenon. While theories form the very foundation for a specific body of knowledge or profession, nursing theories have been criticized as being irrelevant to practice (Mudd et al. 2020). While many nursing theories were developed during the 1960's and 1970's, the past few decades have changed the focus from theory-based care to evidence-based care (Younas & Quennell 2019).

In a recently published integrative review, Younas and Quennell (2019) found nursing theories to be useful tools to guide interventions for practice improvements. Some nursing theories, such as grand theories may be too abstract, difficult to test empirically and not useful to practice. One of the concepts that separate specific disciplines is its own body of knowledge generated and empirically tested from theories. Nursing-specific knowledge incorporates the ontological, epistemological and methodological processes that provide the framework for nursing's worldview. Indeed, the generation of new knowledge from quality research is fundamental to the advancement of the profession.

Practice not supported by a theoretical framework is considered traditional practice (Younas 2019). Traditional practice is antagonistic with evidence-based practice, where clinical decisions are informed by rigorous empirical studies, clinical expertise and patient preferences. It is, in fact, theory that informs the direction of scientific inquiry that will advance nursing practice (Hickman 2019).

Most nurses today can easily articulate Florence Nightingale's theory on infection prevention but would have a hard time discussing any relative theories today nor be able to link them to practice (Huynh, et al. 2021). In a recent paper by Hickman (2019) the author calls for a renewed inspection of nursing theories to ascertain their relevance to today's practice. The author recommends a critique of existing nurse theories to either

“renovate or sunset existing theories and spur the conceptualization of contemporary nursing theories that expand domain-specific knowledge

while having a broad impact on the development of transdisciplinary science” (85).

In a recent review by Mudd et al. (2020), the authors agree and state that a nursing practice based on an outdated theory could in fact be detrimental to care.

In addition to some theories being abstract, difficult to test and understand and not practical for the clinical setting, the world of healthcare today is a very different work environment than when many nursing theories were developed. The healthcare environment is ever increasing in its complexity in part due to advances in technology, an increasingly diverse workforce with differing perspectives, and an ever-expanding body of knowledge (Yancy 2015). All these forces have faded disciplinary boundaries causing the nursing profession’s continued struggle with its identity. As noted by Milton (2005) without theories as a foundation to the profession “the discipline lacks definition as a legitimate basic science and may only be viewed . . . as an applied science whose contributions are limited in scope and practice” (114).

Knowledge needed for the delivery of quality, safe, evidence-based nursing care in the 21st century can no longer be based on tradition, linear thinking, and empirical findings alone. Nursing practice, once subsumed under medicine and consisting of ritualistic tasks prescribed by others, is now recognized as an academic professional discipline through explication of specialized knowledge and theory development. Carper (1978) identified four patterns of knowing (empirical, ethical, esthetic, and personal) as essential for the teaching and learning of nursing which demonstrated the complexity of nursing knowledge development. As noted by Chinn and Kramer (2011),

“the use of conceptual frameworks cultivated a tacit recognition of the significance of multiple patterns of nursing knowledge” (42).

The acknowledgement of complexity and multiple patterns of knowing commenced several decades of debates regarding nursing theory development and the theory-practice gap.

Complexity is the degree to which an innovation is thought to be difficult to use and comprehend. A new concept is more likely to be adopted if it is well-defined and simple to understand. For example, alteration of a patient's drug regimen is relatively simple, and thus changes in drug therapy can occur rapidly. Patient counseling for smoking cessation, on the other hand, has not been adopted quickly, despite the potential health gain. A fundamental component of true knowledge translation begins with the creation of opportunities for interaction between both the evidence creators and evidence users to mitigate those challenges.

Theories are common in the social sciences, such as psychology and sociology, and in clinical medicine to develop an understanding of basic and clinical sciences. Descriptive theories may be useful under some circumstances; however, theories that explain how to change behavior are more likely to be useful in translational research. One use of theory for research translation is identification of processes important in current patterns of care, which could then be targeted for intervention strategies. Outcomes must be realistic and measurable for this method to be helpful. Identification of theoretical concepts and integration of those concepts to research synthesis findings will allow for the practical application of theory guided knowledge.

Reflection does not occur in isolation; it occurs within systems of care in which healthcare practitioners' interface with members of their own and other disciplines. We all live within our own psyche, know our own actions, observe others, reflect, ask our colleagues why certain choices were made, and speculate on all of this. Although not particularly rigorous, these approaches can explain professional behavior and inspire ideas for the design of interventions to change behavior.

According to a recent article by Roy (2018), the nursing profession is at a crossroads with conditions threatening theoretical, conceptual and empirical modes of thought, all of which are vital to the foundation of nursing. The author goes on to state there are signs that lead to the value or high priority of empirical knowing only (Roy 2018). This may have been an incidental consequence from the evidence-based practice paradigm, which invokes a heavy focus on research. Yet requirements of epistemological accuracy in

nursing require a theory to correctly represent the phenomenon, be philosophically sound and direct practice (Roy 2018).

To promote higher standards of care, provide patient safety and prevent harm, strategies to close the theory practice gap must be developed (Wyllie et al. 2020). For example, novice nurses working in a clinical environment have learned the theoretical knowledge of pathophysiology, but without the critical thinking to apply this to practice, patient safety may be jeopardized. It is not merely enough for nursing faculty to teach rote learning and memorization of content but must include critical thinking and problem-solving skills.

With the patient safety paradigm of recent years came the realization that different disciplines such as nursing, medicine, social work and physical therapy cannot safely deliver quality patient care while working in silos. Over the past 10 years, inter-professional collaboration has gained momentum (Kim and Lee 2021). The American Association of Colleges of Nursing (AACN) has recognized this with the addition of inter-professional communication to improve patient outcomes as a key element (AACN 2021) in undergraduate and graduate accreditation standards. While there may be some graying of disciplinary boundaries, interprofessional education (IPE) has the potential to improve collaboration and team building. IPE has been embraced as a model to learn how students from many different disciplines perform as collaborative members of a healthcare team and incorporate this into their work as healthcare professionals (Kim and Lee, 2021).

With this paradigm shift in practice and education comes the question as the relevance of nursing-specific theories. This leads to a discussion on theory borrowing. To identify variables of interest, hypothesize relationships among the variables and potential outcomes, and test a new theory takes a great amount of time. Thus, it is common for disciplines to borrow theories from other disciplines. Borrowing a theory from its original context and applying it to a new context to highlight new phenomena naturally needs to be empirically tested but offers possibilities. This is a common practice particularly in practice fields such as nursing (Berkovich 2020).

Nursing has often borrowed theories from other disciplines. For example, nursing faculty adopt many theories from education and apply these theories to their practice. Another example comes from the evidence-based practice paradigm where the Diffusion of Innovations theory is widely used to translate evidence to practice. Change theories may be very helpful for nurses or other practitioners in their efforts to make practice improvements. The goal for theory borrowing is to describe the relationships, causes and effects of a new phenomenon (Jiang et al. 2022). This process may require theory adaptation and thus empirical testing. All of this strengthens the body of knowledge that advances the nursing profession. According to Roy (2018)

“can nursing’s body of knowledge be identified, selected, verified, and agreed upon with all the desired positive outcomes for the discipline and for the individual and common good of society as we move forward in this century? I propose this can happen only with significant commitment, courage, planning, and implementation using efficient and effective strategies.” (91).

Mudd et al. (2020) conducted a review to explore the relationship between nursing theories and fundamentals of clinical care with the knowledge that fundamental care is more than a discreet list of physical or clinical tasks but rather complicated and multidimensional. The authors conducted a narrative review of nursing theories specifically describing the context of fundamentals of care. Twenty-nine theories were reviewed and categorized to nurse-patient relationship, integration of care, context of care, or combined results. The authors noted that some theories had not been adapted over time. The authors list some of their findings to include a decline in the number of theories published over time, ease of use of the theory in practice has been ignored, and these theories lacked a specific focus on the practice of care. The authors concluded that many nursing theories do not describe or predict the physical, psycho-social or interpersonal aspects of nursing care (Mudd et al. 2020). These findings are of concern for nursing to move forward in advancing the profession. Without the adoption and/or modification of traditional theories or the development of new theories, the context of clinical care in today’s chaotic and complex work environment is without a foundation thus jeopardizing the distinct body of knowledge that is nursing.

The nursing profession has seen tremendous growth in the past several years. The evidence-based practice paradigm, shared governance, the American Nurses Credentialing Center's (ANCC)'s Magnet recognition program, more nurses working in advanced practice positions and more nurses being recognized at the national level speak to the strength of the profession. To continue to advance the profession, traditional theories need adaptation to the new complex work environment and new theories need to be developed and tested that encompass the inter-professional, chaotic and high-tech world nurses are now facing.

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CHAPTER ONE

THEORETICAL CRITIQUE

DEBRA J. GILLESPIE PhD, RN, CNE

Introduction

The purpose of science is to generate knowledge that may then be developed into a theory. Theories guide research and practice and are useful for informing nurses how things work, making predictions or recommending interventions or therapies. As nursing is a practice discipline and performed in diverse settings from acute care hospitals, home care, clinics and schools, the diversity of the patients and populations nurses serve is vast. For these reasons there is no one nursing theory that may fit all aspects of care. Theory development may begin with an observation of an experience which leads to exploration of the phenomenon. This leads to the development of theories specific to a population, disease or event or may lead to more grand, general theories of nursing practice.

As the nursing profession has advanced over the past several decades, more rigorous scientific nursing studies have been conducted and disseminated. Unfortunately, theoretical development has lagged with a sparsity of theories specific to nursing that may be useful to support the changing and challenging health care climate of today (Hickman 2019). Some have questioned the usefulness of theory since the evidence-based practice paradigms' focus on empirics (Younas & Quennell 2019). In Carper's (1978) sentinel report on the fundamental patterns of knowing in nursing, the author recognizes the importance of empirical knowledge, as useful for describing phenomena specific to nursing. Carper (1978) warns of a belief that only important knowledge is that from empirics with an overarching reluctance to extend the term *knowledge* to anything other than the empirics, or that which can be measured. While there is a deeply held philosophical

belief in all of Carper's (1978) fundamental patterns of knowing, the author will focus this chapter on empirical knowledge as it relates to theoretical development and critique.

As the nursing profession is dependent upon many other disciplines it is noted that the work of the nurse cannot be conducted in silos. Interdisciplinary approaches are needed to provide the best possible care for patients. So too, theories that guide practice may be rooted in other disciplines but needed and/or applied to nursing.

The literature has discussed advantages and disadvantages of borrowed theories. Some scholars believe that nursing needs to borrow theories from other disciplines to perform tasks and functions needed today and this is acceptable from other applied disciplines. Others believe that theories from other disciplines need to be tested and modified before being applied to nursing practice (Iduye 2023). One should not assume that the concepts and constructs of a theory outside the discipline of nursing may necessarily fully support the profession's current problems and needs. Scholars also point out that other disciplines may have unique definitions of concepts pertinent to that discipline only. It is imperative, therefore, that a thorough theoretical critique and evaluation be conducted before borrowed theories can be applied to nursing.

Before discussing further aspects of this topic, specific definitions are warranted to avoid confusion. A description of a theory includes a process of determining the theory's structural and functional factors. A theoretical analysis includes a concept analysis and theoretical analysis by identifying all elements against a set criterion.

In the development of a theory, particularly in applied professions such as nursing, empirical validation is needed to determine the theory's usefulness to practice. Theory evaluation is often referred to as internal validation and includes a breaking down of the theory to perform a thorough analysis (Gomes Borel et al., 2021). In a recent article by Gomes Borel et al. (2021) the authors acknowledge a lack of theoretical evaluation in the literature and suggest the Delphi method be an appropriate tool for theoretical critique. The authors acknowledge the lack of experts who have the skill set for this

task and have developed a quantitative scoring system to determine the level of expertise of theory evaluators or judges. A step-by-step process for the Delphi method is then described. The Delphi method is not currently widely used as a strategy for theoretical critique and evaluation but with further study may demonstrate great potential for its use.

The theoretical evaluation method put forth by Walker and Avant (2018) (See Table 1-1) is perhaps more widely known and implemented. Walker and Avant (2018) describe theory analysis to include the examination of both the strengths and limitations of a theory which may then lead to the need for additional development, testing or modification of the theory. Theoretical analysis should be conducted if the theory has the potential to be used in either education, research or the practice setting. Once a thorough theoretical critique is completed, decisions can be made as to the applicability of the theory to practice and/or the theory's contribution to science.

Table 1-1 Steps in the Theoretical Critiquing Process (Walker and Avant 2018).

Identify the origins of the theory
Examine meaning of the theory
Identify the logical adequacy of the theory
Determine the usefulness of the theory
Determine the generalizability of the theory
Identify the parsimony of the theory
Research the testability of the theory

According to Walker and Avant (2018) there are six steps in the process of theoretical analysis. These include 1. identify the origins of the theory, 2. examine the meaning of the theory, 3. analyze the logical adequacy of the theory, 4. determine the usefulness of the theory, 5. define the degree of generalizability and parsimony of the theory and 6. determine the testability of the theory (194-195). As this method is more widely used this is the method this book will ascribe to as well.

Identify the Origins of the Theory

When examining a theory, one should first look at the origins of the theory. How and why was the theory developed? It is important to understand the purpose of the theory before determining its relevance to clinical practice. If the theory was developed using a deductive approach it was developed from another theory, a law or from a hypothesis. If it was developed using an inductive approach it was constructed from observations of relationships, qualitative or quantitative data, scientific literature or clinical experience (Walker & Avant 2018).

Examining Meaning of the Theory

According to Walker and Avant (2018) this step in the theory critiquing process is the lengthiest and most valuable. First, examine the language used in describing the theory. What are the concepts and statements? Each concept should be well defined and described. The theory's authors should provide a detailed description of the relationships amongst all concepts. Walker and Avant (2018) describe concepts as being primitive (being derived from common experiences), concrete (directly measurable and restricted to time and space) or abstract (not limited to time and space and may be unmeasurable).

Identify the Logical Adequacy

The logical adequacy of a theory describes the theory's structure and ability to predict outcomes. If the theory was developed using a deductive method, looking into the literature for empirical evidence that supports the theory is a valuable exercise. Theory developed using an inductive approach may be

more difficult. One needs to examine the literature for supporting evidence. Was the theory tested using rigorous scientific methods and do the conclusions make sense? These questions will be helpful in determining the logical adequacy of the theory.

Determine the Usefulness

If the theory helps to make predictions, provides new insights into a specific phenomenon or allows scientists to explain the phenomenon or describe new phenomena then the theory is useful (Walker & Avant, 2018). Usefulness is about how helpful the theory is in practice to better understand a phenomenon or problem. To examine this part of the theoretical critique, conduct a literature review to determine how much empirical evidence is published that supports the theory, how much evidence has the theory produced, and what clinical issues are relevant to practice today. Examine whether or not the theory has practical applications to nursing practice, education or research in today's environment.

Determine the Generalizability

The generalizability of a theory is determined by how wide-reaching the theory is. If the theory can be applied in a broad arena it is more generalizable. To determine a theory's generalizability, look into the empirical evidence with a critical eye to decide if the research that supports the theory has a large enough sample size, a rigorous design and methods, tested with diverse populations, and reproducible.

Identify the Parsimony

The parsimony of a theory refers to the theory's simplicity. Walker and Avant (2018) use Einstein's theory of relativity, $E = MC^2$, as a great example of a theory that is broad reaching yet simple in its explanation. A parsimonious theory will describe the theory that may be rather complex, in easy to understand and simple terms. However, unlike mathematical theories, social and behavioral theories may be more difficult to describe. The authors should be clear and brief in their descriptions. Often a model or

figure of the theory will be helpful to visualize and better understand a theory.

Research the Testability

The final step in the theoretical critique process using the methods described by Walker and Avant (2018) is to determine the theory's testability. For a theory to be considered valid it must be tested. Any hypotheses the theory claims to predict should be examined through rigorous empirical studies. Theories may often be tested and depending upon the study's results a theory may be modified and retested. A strong body of evidence supporting a theory makes for a strong theory. If a theory does not have a strong body of evidence to support it, the theory does not add to the body of science and is useless to scientists.

Conclusions

To critique a theory, one must have the knowledge and skill set to retrieve and critically appraise the scientific literature. The advantages of critiquing a theory are to determine its relevance to practice, education and/or research. According to Walker and Avant (2018) theoretical critique is an important process where one may determine the concepts within a theory and their relationships and predictions the theory provides. Going through the process one can determine where the weaknesses and strengths of the theory lie. The steps of a theoretical critique will allow the clinician to determine if the theory is useful in practice to make predictions, explain phenomena and be a legitimate framework for patient care improvement initiatives, support education and be used in future research.

There are many different methods for theoretical critique. The method described in this book is by Walker and Avant (2018). For a more detailed description of the theoretical critiquing process the reader is referred to their book, *Strategies for Theory Construction in Nursing*.

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CHAPTER TWO

POSITIVE DEVIANCE

DEBRA J. GILLESPIE PhD, RN, CNE

Introduction

The term “deviant” can be used to describe both something positive and something negative. Deviance may be an individual behavior that differs from what one thinks to be the norm held by society and can also refer to an individual or a group that is an outlier (Dixon-Woods et al. 2022). Those who demonstrate exceptional high-quality performances are referred to as “positive deviants” or “positive deviance.” The concept of positive deviance was first introduced in the 1960’s within the public health specialty. Swift and Wilkins (1967) changed the landscape for the positive deviance framework by drawing a bell curve and describing one end of the curve as sinful and the other end of the curve as saintly with the middle where one finds conforming behavior. The description paved the way for other sociologists and psychologists to adopt and further study the framework.

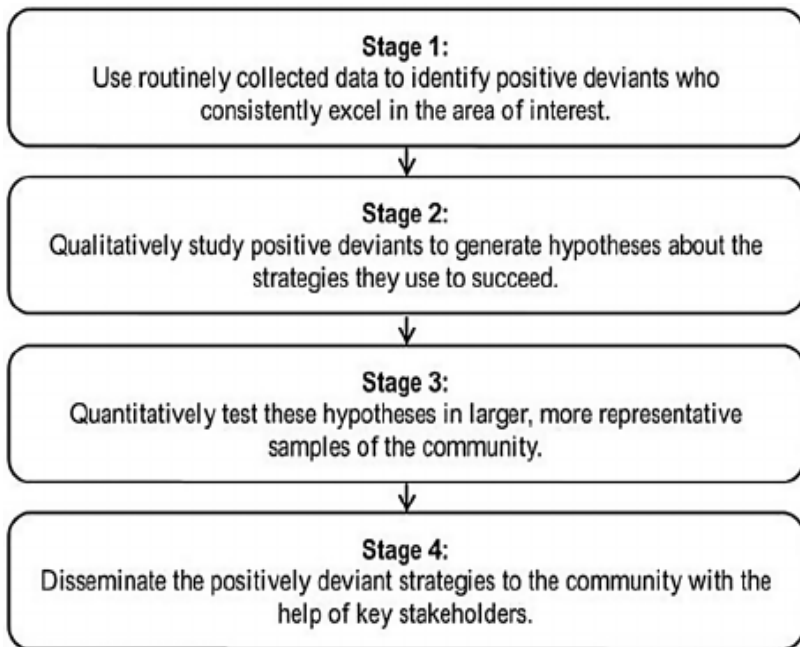
While quality and safety are basic rights of all patients, evidence supports a staggering number of patients experiencing an unintentional action leading to a permanent injury, disability, increased length of hospital stay or death while hospitalized (World Health Organization 2017). Despite many efforts over years of practice, to improve the quality and safety of patient care, medication and other errors leading to harm and even death, still occur. The most common approach to quality improvement is to examine what has gone wrong and to develop strategies for improvements (Baxter et al. 2019). As early as 1967 sociologists described individual behavior as that on a straight line or continuum with normal behavior in the center and positive or negative (deviant) behavior at either end (Swift & Wilkins 1967). The positive deviance approach is a method of healthcare improvement based

not on what went wrong but what went well. Positive deviance is a theoretical framework that describes behavior that deviates from the norm but has a positive effect or outcome (Mertens et al. 2016). The concept of deviance has long been studied in sociology on an individual basis but is now gaining traction on deviance in organizations. Herrington and van de Fliert (2018) note an increase of positive deviance publications in the literature declaring this may be an effective approach to solving complex problems. Early researchers were from sociology but now the study of deviance in organizations has spread to nutrition and education (Mertens et al. 2016). The literature has reported deviant behavior that has resulted in good or positive outcomes such as behaving in an unethical manner for a positive outcome, or employees engaging in proactive behavior despite supervisors or directors' disapproval. Violato (2022) believes that managers and other members of the healthcare team in positions of authority may need to be challenged to make improvements in patient safety and to uphold professional values. Conceptual simplicity is needed to further the science and application to practice.

To understand and further explore the concept of positive deviance and how it can be successfully used in clinical practice for process improvement, a clear definition of this concept is warranted. Herrington and van de Fliert (2018) and Mertens et al. (2016) both agree that empirical studies may be lacking to support positive deviance in part due to its varying definitions.

Positive deviance theory believes that what works well in an organization is a body of knowledge in establishments that demonstrate exceptional performance. The authors continue to explain that solutions to problems already exist within an organizational community. In a systematic review conducted by Baxter et al. (2016) positive deviants were defined as high performing employees who exhibit different behaviors. See Figure 2-1.

Figure 2-1 Steps in the Positive Deviance Application (positive deviance theory - Search Images (bing.com))



Positive deviance theory looks for champions for change, the few who succeed against all odds (Herrington & van de Fliert 2018). The essential and basic steps in the application of the positive deviance framework is to identify the problem or issue, decide on outcomes one wishes to achieve, find individuals or groups who have previously achieved these outcomes and design interventions that promote the desired goals.

As nurses are the largest group of healthcare professionals and spend much more time with patients than other members of the team, it stands to reason they are instrumental in providing patient safety. Some patient safety issues such as missed assessments leading to the development of pressure ulcers are nursing specific and considered as part of a larger group of benchmark data called Nurse Sensitive Indicators. There is limited scientific evidence to support nursing professionals for such missed nursing care leading to