

Nursing Theories and Sub-Theories

Nursing Theories are theoretical visions stated by persons in the nursing field as philosophies expounding on the virtues of selected nursing models. More specifically, nursing theories comprise a body of knowledge that explains observable happenings and circumstances in a systematic method, and are derived through deductive reasoning and inductive reasoning, being applicable to the practice setting. To oversimplify, it's a point A to point B to point C set of ideas and concepts that hold true as a constant and can be used to treat patients, describe and explain illnesses and their subsequent cures, predict facets of cause, reaction and outcome, and prescribe a healing course of action. [Nursing theories can be viewed](#) as the field establishing its professional boundaries as the main component of caring is impossible to measure. The theories also seek to define what it is that nurses know and do as a separate autonomous discipline that is only recently being granted its autonomy.

There are four levels of theory: Grand Theory, Metatheory, Middle Range Theory, and Practice Theory. Many other theories fall into these categories.

[Grand Theory](#): A broad scope of nursing practice and knowledge, encompassing a wide sweep of ideas and concepts, unspecific in minute detail. This is an abstract set of behaviors, generalized that it may apply to all aspects of nursing and all models. It emphasizes a global viewpoint and is the framework for Middle Range Theory. However, this renders the theory difficult to measure as it lacks indicators, so as not to be conducive for rigorous and systematic research.

[Metatheory](#): Arguably the most abstract of the theories, this is the theory of theory. It's felt that a unifying metatheory will endow nurses at the pragmatic and intellectual levels with the ability to appreciate both the intricate and simple aspects of nursing, producing the confidence to candidly state what nurses do and why they do it.

[Middle Range \(or Mid-Range\) Theory](#): Very much as its name suggests this is a middle ground theory, less abstract with fewer variables, allowing it to be tested directly. It is most useful for practice and research and continues to enjoy growth as new models are stated and added. It is a group of related ideas that target a finite dimension of the reality of nursing. These theories are comprised of postulations, and suggested relationships among the principles that can be portrayed in a model. It focuses on emotional aspects of nurse and patient interaction, such as grief, hope, pain, and guilt.

[Practice Theory](#): The most specific of the theories, it concerns definitive populations or practice environments. These practice theories offer models that assist nurses in dealing with troublesome day-to-day work experiences. Practice theory regards four areas: identification and description of phenomena, determining and explaining possible reasons, prediction of instances, and domination or termination of the cause. Practice theory is most commonly seen and expected of nurses.

Sub-theories as belonging to one of the four mains above

[Comfort Theory](#): Concept in which the nurse extends comfort to strengthen patient and family in an effort to encourage healthy behaviors or health seeking behaviors in the patient. Comfort is strongly associated with nurses and rather expected. However, when a patient feels well cared-for, he or she reacts positively in response and attempts to either better his or her own health internally or externally, or seeks a peaceful death

[Adaptation Theory](#): Surrounds the viewpoint that each patient is an individual in a continual state of interaction with an ever-changing environment. A nurse acts like a guide here, directing the patient to adapt and cope with an altering environment when significant stressors or a dissolving ability to cope with changes negatively impact a patient's normal skills in dealing with diversity. This guidance leads the patient to a greater sense of well-being.

[Developmental Theory](#): Concerns the patient in his or her development from conception to end of life, and considers said development to be predictable, orderly, and unique to the individual. Health status is considered an important factor in the developmental growth of the subject, as are physical environment, heredity, temperament, and emotions.

[General Systems Theory](#): Considers the individual as a whole, or machine, where the nurse is the mechanic assessing to what degree the patient is receiving undesirable or unpredictable stimuli from within or without. A nurse's job here is so delve into the working order of all parts of the patient, unearth and fix all dangers to the patient's stability, real and potential. The nurse then decides how best to correct any problems by supporting, contracting, or stabilizing these forces. This theory is considered to work best when a patient's life is in immediate danger, but too invasive for day-to-day affairs.

[Humanistic Theory](#): Focuses on nurse and patient as two human beings existing in the world and their relationship. It looks at the interaction as a living dialogue, almost at a bird's eye angle which allows the nurse to remove him or herself from the situation and observe it as an outsider, to question and extrapolate on motivation and practice. It is caring as affected by or including the environment. Environment is based on the nurse, specifically his or her state of mind, personal nursing philosophy, intention, skill level and experience level, personal and professional values or views, and resources available in a general sense.

[Modeling and Role-Modeling theory](#): Considered a grand theory that includes a number of middle-range theories, and finds root in philosophical beliefs and generalized truths

about people, environments, health, and nursing. Modeling allows the nurse to gain an understanding of the patient's world from the patient's perspective. The theory assumes all humans have a desire to interact and play certain societal roles. By understanding the patient's world view, the nurse can better assess the needs or perceived needs of the patient and plan interventions accordingly to enable and support individual strength, affirm positive outlooks, and empower with a sense of control, thereby promoting health holistically.

It should be understood that nursing theories are often categorized by types, too. They are Humanistic, Needs, Outcome, and Interaction. There are many models a nurse can turn to; models act as a compendium of related ideas or concepts that offer guidance and direction for those practicing in the field of nursing, education and research. Models approach the process of nursing and possible situations in a methodical, intelligent manner that influences the information a nurse collects.