

Part V

Concepts and Theories

Introduction

The meta-theoretical literature in nursing is full of exhortations to develop and clarify concepts. Walker and Avant's guidance is typical:

The very basis of any theory depends on the identification and explication of the concepts to be considered in it. Yet many attempts to describe, explain, or predict phenomena start without a clear understanding of what is to be described, explained, or predicted. Thus sound concept development is a critical task in any effort to develop theory. (Walker & Avant, [1983] 2005, 37)

Nursing needs to develop a conceptual repertoire that will do justice to the phenomena within its domain. There are special challenges for nursing concept analysis and development,* especially if we take the domain of the discipline to be set by the standpoint of professional nursing. Patient experience is central to many nursing activities. Since patients conceptualize their health, developing concepts that resonate with the patient's point of view is important for nursing educational programs and interventions. At the same time, the phenomena of health go beyond our experience. Pain is something we feel, but nursing knowledge of pain cannot be limited to the patient's discomfort. As Chapter 13 argued, adequate nursing interventions also need to build upon what is known about pain in psychology, neuroscience, and pharmacology. Many concepts in important to nursing practice have this multifaceted character. Nursing seems entangled with a problem that has

* This chapter will adhere to the common distinction between concept *analysis* and concept *development* (Walker & Avant, [1983] 2005). Concept analysis is a process by which the content or meaning of a word (concept) is made clear and explicit. Concept development is a matter of changing existing concepts.

frustrated philosophers for centuries: how can we have a concept of pain (etc.) that bridges the gap between subjective experience and objective reality?

Like other aspects of nursing reflection on science, the literature on concepts is haunted by philosophical ghosts. For example, in a passage that approvingly cites Hempel, Nagel, and Popper, Fawcett wrote:

A conceptual model, whether implicit or explicit, is always the precursor to a grand theory or a middle-range theory. ... More specifically, every theory is shaped by an a priori frame of reference, that is, a conceptual model that guides theory generation and theory testing by directing the questions that are asked and how they are asked. (Fawcett, [1985] 1999, 5)

Fawcett has been an articulate defender of the idea that conceptual models occupy a level of theorizing above grand theories, but below the metaparadigm. Saying that theories require an “a priori” conceptual model expresses a particular philosophical view about how concepts and theories are related. Concepts would be prior to, and independent of, theories. This idea conflicts with another tendency within nursing thought. The content of a concept, it is often said, depends on the context. If concepts are contextual, then they are neither prior to nor independent from theories. One way to phrase the dilemma is whether concepts are “theory-formed” or “theory-forming” (Morse, 1995, 42). The problem is more than an issue about levels of theory; it has consequences for the way in which theories are developed in nursing. If concepts are theory-forming, then it makes sense to articulate concepts prior to (or as an initial phase of) developing theories, advice which is often given in textbooks on theory development in nursing. On the other hand, if concepts are contextual, concepts could only be developed as parts of theories, and the textbook advice to begin by inventing concepts would make no sense. Chapter 14 will work through this dilemma.

Once we have unpacked the relationship between concepts and theories, we will be able to address the issues around conceptual models. Chapter 9 argued that the commitment to grand theories was a holdover from the received view of theory. We noted, however, that some nurse scholars distinguish between grand theory and conceptual models (Riehl & Roy, 1974; Fawcett, 1980a, 1989). An important function of conceptual models, they argue, is to provide conceptual coherence to middle-level theory. Chapter 15 will take seriously the idea that conceptual models are different from grand theories and investigate whether they can do the work assigned to them by nursing meta-theorists. At the end of the chapter, we will find that there is a kind of conceptual knowledge in nursing, though it lies in a long-forgotten place.