Book review

Nursing Theorists and Their Work, sixth edition


The publication of the sixth edition of this highly regarded textbook provides an excellent opportunity to assess the state-of-the-art in nursing theory; or, rather, it provides an opportunity to assess the state-of-the-art in writing about nursing theory. More specifically still, the assessment will focus on nursing theory from America and Canada because, now that Roper, Logan, and Tierney have been consigned to the brief chapter on ‘theorists of historical significance’ – and setting aside Nightingale, who is more or less obligatory – only one UK author is represented here (he is also the only male author, apart from a husband and wife team), along with a couple of Scandinavians. No writers from any other parts of the world are included. To a very considerable extent, then, this book is about North American Nursing Theorists and Their Work, and from a European and Australasian perspective, it looks deeply parochial.

In general, you know how this works. After four introductory chapters, and the one on theorists of historical significance, we have 31 contributions, each devoted to a well-known name (sometimes not so well known), and each organized by the same section heads, give or take the odd omission (Martha Rogers doesn’t get the subsection on ‘Clarity’, which is probably just as well). The theorists have read the material devoted to their work, and are thanked for ‘critiquing the original and subsequent chapters about themselves to keep the content current and accurate’ (p. xvi). So the whole thing has the seal of official approval, and is offered to baccalaureate students, who ‘may be most interested in concepts, definitions and theoretical assertions’, and to graduate students, who ‘will be interested in logical form, acceptance by the nursing community’, sources for ‘theory development, and the use of empirical data’ (p. xv). This is the kind of book, then, that serves as a model or paradigm; it represents the notion of ‘theory’ to students, and provides an induction into what, for the nursing literature, counts as theoretical discourse.

What, then, does this book teach us about theoretical discourse in nursing? Well, first, that there is no space marked ‘criticism’. In other disciplines, books of this type combine exegesis with a brief review of the arguments against each theorist’s position. The student is shown a world in which considered disagreement is crucial to the whole enterprise. I have before me a book on social theory which does precisely this. In every chapter, there is a brief sketch of the views of a contemporary social theorist – Foucault, Giddens, Habermas, Kristeva, Luhman, and so on – which is followed by a synopsis of the most significant criticisms and counter-arguments. An unavoidable subtext of the book is that this is how theoretical ideas germinate, develop, and position themselves – through debate and reciprocal critique. The student is invited into a discourse in which thought is intrinsically critical, and in which the adoption of one theory compels engagement with, and sceptical examination of, a number of others.

There is none of this in Nursing Theorists and Their Work, not even slightly. True, there is a section in each chapter labelled ‘Critique’, and this section incorporates several sub-headings: clarity, simplicity, generality, empirical precision, and derivable consequences. But if you turn to this section in the hope of finding objections, reservations, caveats, or even questions –
let alone criticism or dissent – you will be disappointed. There is not a discordant note anywhere. Apparently, the work of all the theorists is clear, simple, generalizable, and empirically precise, with derivable consequences. To give a flavour, here is Karen Shaefer on the clarity of Levine’s Conservation Model: ‘Levine’s model possess clarity. Fitzpatrick and Whall (1983) believe that Levine’s work is both internally and externally consistent. Fawcett (1995) states that “Levine’s Conservation Model provides nursing with a logically congruent, holistic view of the person”. The model has numerous terms; however, Levine adequately defines them for clarity’ (p. 235). The other subsections are just as mind-numbingly bland, and you can multiply that by 31. Well, nearly. I have found one or two passages where there is just a breath of critical appraisal in the air. Here are Ruth Neil and Ann Marriner Tomey on the clarity of Jean Watson: ‘Watson’s theory uses nontechnical, yet sophisticated, language. At times, lengthy phrases (e.g. “symbiotic relationship between humankind-technology-nature”) (Watson, 1999, p. xiv) and sentences need to be read more than once to gain meaning’ (p. 103). Trust me, that’s as savage as it gets.

Unlike the student of social theory, then, the student of nursing theory is drawn into a universe without critique, without questions. In this universe, theories do not struggle to define themselves in relation to other theories; nor do they have to deal with the knotty problems that other writers have posed. Instead, they co-exist peacefully in a world without analysis, without interrogation, a world in which the only intellectual challenge students will face is that they might need to read some sentences more than once.

What makes this co-existence possible? Well, partly the fact that, on the evidence of NTATW, nursing theorists don’t say much that is specific, so there is not a great deal to be critical about. The theories, it turns out, are not in competition, because most of them are equally vague. This is the second thing the student learns about nursing’s theoretical discourse: that a ‘theory’ does not need empirical content.

In other disciplines, a theory makes some kind of statement about how the world is, or proposes some kind of mechanism. In either case, the idea is that the theory accounts for empirical observations, often (but not necessarily) in the form of experimental findings. For example, one of the theories associated with Chomsky claims that there is an innate Universal Grammar, hardwired into the brain. The theory is said to explain this observation: that children learn the grammar of a specific language very rapidly, despite limited exposure to the language concerned (Chomsky, 1969). However, in the chapters of this book (or at least a high proportion of them) not only is it difficult to determine what observations can be explained by the theory concerned, it is sometimes impossible to tell what the theory actually is. It is extremely hard to pin down statements that make an unambiguous claim about how things are, even in the section labelled ‘Theoretical Assertions’. There are hardly any examples of a contributor saying: ‘according to theorist T, there is a structure S, or a mechanism M, which explains facts F₁, F₂, and F₃, and explains them better than rival theories can, for the following reasons’. In fact, now I think about it, there are no statements of that kind at all, partly because, in this world, theories do not compete against each other.

For example, after reading the chapter on Madeleine Leininger, I still have no idea what ‘culture care theory’ is. Admittedly, there are sentences which do appear to say something of interest; but on closer inspection, this turns out to be an illusion. Consider one of the ‘theoretical assertions’: ‘Generic emic (folk) and professional etic care in different environmental contexts can greatly influence health and illness outcomes’. Notice that ‘can’. If something can happen, then it might not. So it is natural to ask: how often does it happen, and in what circumstances? Are there any conditions which make it less or more likely? What kinds of influence are we talking about? What sorts of outcome do the various types of influence have, and what accounts for that? Leininger – or this chapter, at any rate – doesn’t even come close to answering those questions. Which renders this particular ‘theoretical assertion’, one of the ‘four major tenets…conceptualized and formulated with the Theory of Culture Care’ (p. 482), completely vacuous, because all it says is: sometimes yes, sometimes no. If you’re not convinced, try another one: ‘The worldview consists of multiple social structure factors, such
as religion, economics, cultural values, ethnohistory, environmental context, language, and generic and professional care, that are critical influencers of culture care patterns to predict health, well-being, illness, healing, and ways people face disabilities and death. That, people, is another of the four major tenets of the Theory, and one translation of it would be: almost everything affects almost everything else. Which might not be so bad if we were given any clue about how it works – if, somewhere in the concatenation of factors, there was any indication of how they interact, and what you can ‘predict’, specifically, on the basis of what. But you can whistle for it. (If you want to know what nearly-everything-affecting-nearly-everything-else looks like, check out the Sunrise Enabler – a picture of all those factors spread over a semicircle, with dozens of arrows going in every conceivable direction. Now try, as an exercise, to make some practical use of it.)

I think there are two main reasons for this general absence of content. First, the contributors all seem to adopt a sort of ‘indirect speech’ mode. They don’t tell us what the theory is, they tell us only that there is one. They don’t tell us how it has been tested, only that it has been. They don’t tell us how to apply it in practice, only that it can be. They don’t tell us what the ‘derivable consequences’ are, only that there are some. And so on. Everything is at one remove, in a book that’s all smoke and no fire. We get all the signs and symptoms of celebrity – biographical details, acceptance by the nursing community, doctoral dissertations supervised, training courses established, membership of editorial committees, honours and awards, speaking engagements – but hardly anything that counts as substance. It’s the froth without the beer, the garnish without the steak.

The second reason (but here, admittedly, I speculate) is an implicit understanding of what a theory is. You will search in vain for theories which approximate to the schema I outlined three paragraphs back. But what you will find no shortage of – what you will find in gay profusion – are concepts. Nurse theorists have concepts coming out of their ears. Each chapter has a ‘Major Concepts and Definitions’ box, usually running to two pages, and sometimes three or four. So I know, to take just one example, that Eriksson’s concepts include caritas, caring communion, dignity, invitation, reconciliation, caring culture, suffering, ethos, mystery, infinity and eternity, being and nonbeing, and ontological contexts (which is only a selection). But I don’t know what Eriksson wants me to do with these ideas, how she thinks they can be used to formulate clear statements about the world – statements I can test – or what practical value they have. It is as if, for the contributors to this book, theories are simply concept piles, stacks of words that can be strung together in something which, grammatically, is a sentence, but which doesn’t actually say anything; and, worse, doesn’t need to say anything, because that’s all a theory is: a pick ‘n’ mix assortment of concepts. Hence the contest to see who can build the biggest heap.

Symbolizing the ‘concept pile’, and probably its best illustration, is Fawcett’s ‘metaparadigm’, which is used as a framework for ‘Major Assumptions’. Here are four words – person, environment, health, and nursing – which just sit there, inert, like four garden gnomes. They say nothing, they do nothing. They make no claims, express no thoughts, represent no beliefs or assumptions. They just are. However, I suspect the metaparadigm functions as a kind of benchmark. If that’s what a metaparadigm is – four concepts, not even connected to each other, let alone anything else – then perhaps the same is true for paradigms, conceptual models, theories. Each is just an aggregate of concepts, an arcane vocabulary which the student must learn, and then spray like paint over clinical experience. This subterranean current of thought would explain a lot about how this book is written.

So on to the third lesson about nursing’s brand of theoretical discourse, which is that it consists largely of accumulations of words – detached verbal clusters which are at no point anchored in the world that can be observed, described, or measured. With only a few exceptions, nursing theory is represented as a vocabulary which can be acquired and manipulated without reference to reality. Theoretical terms are arranged in chains which the student must be able to recognize and reproduce; but the question of how these terms can be mapped on to identifiable items of experience, the fixtures and fittings of everyday life, remains
unanswered (because unasked). It is a discourse in which the concept of operationalization – the idea that theoretical terms must be linked, somehow, to what can be collected, counted, typified, tabulated – is alien.

I think that there are two main consequences of this ‘semantic cloud’ conception of theory. On the one hand, when nursing borrows ideas from other disciplines – and, despite the rhetoric of ‘home grown’, these borrowings have been a constant feature of academic nursing, from the systems theory of the 60s, through the existentialist philosophy of the 80s, to the so-called postmodern sciences of complexity and chaos in the 00s – it appropriates the words, but ignores the theoretical matrix to which they belong, the dense background of argument, experiment, empirical findings, proposal and counter-proposal which give the words their meaning. Or, rather, nursing theorists believe that the words are the matrix, that their meanings are transparent and colloquial, and that they can just be lifted away from their complex (and enormously long) empirical roots . . . to be parachuted into nursing. So that, for example, when Sherrilyn Coffman tells us how Marilyn Ray adopts David Bohm’s distinction between the ‘explicate’ and ‘implicate’ orders in physics, and applies ‘explicate’ to the bureaucratic structures of health care and ‘implicate’ to spiritual-ethical caring, it becomes sadly obvious that neither she nor Ray has any idea what the explicate and implicate orders are – what problems in quantum physics Bohm’s theories are intended to solve, how those solutions are supposed to work, and why most physicists think they don’t – especially when she casually associates Bohm’s theories with complexity and chaos, concepts drawn from a different part of science. My point, however, is not that Coffman and Ray get the physics wrong, though they do; it is that, once again, nursing students will inevitably end up assuming that this is what theories are: sequences of words, easily transferable from one context to another, and used to decorate whatever truisms or trite distinctions take your fancy. Many chapters of the book tell the same story.

The other main consequence of the ‘word cluster’ view is that, in nursing, doing theory is no more than an exercise in word juggling, and the trick (for the student) is to learn, first, how to combine the words in the right order – that is, an order sanctioned by the writings of the theorist concerned – and, second, how to redescribe the familiar, clinical world in this spray-paint language, sticking theoretical labels (I am now officially varying the metaphor) on to plain vanilla events and circumstances. The first of these tasks is made much simpler by the fact that many of the theorists, especially those who deal in caring, use overlapping vocabularies, to the extent that it is often difficult to determine which of them wrote what. For example, try to decide which of the caring theorists (and, in this book alone, you have at least eight to choose from), is responsible for this:

Caring as an ontological process is a true expression of Heidegger’s Being-in-the-world, striving to create an existential state of authentic virtue. In this ontological sense, the caring ethos is both the origin of caring acts, the foundation for human-to-human or human-to-God relationships in all their wholeness, and the place at which the caring conatus of human becoming ultimately arrives, so that an awareness of eternal recurrence can be achieved. In developing this ontological theory, [. . . . . .] draws not only on Heidegger’s analysis of Dasein, but also on Aristotle’s account of teleological causation and Hegel’s concept of the Absolute. This phenomenological concept, the caring absolute, is the epistemological and metaphysical ground of nursing’s uniquely spiritual concerns.

As it happens, this is not Travelbee, Ray, Watson, Martinson, Eriksson, Swanson, Benner, or Boykin and Schoenhofer. It is, in fact, Paley, and I can reliably report (as the author) that it’s cobblers. My point is twofold: first, you could slip it into the middle of almost any of the caring chapters, replete with interchangeable taradiddle as they are, and not notice the difference; and, second, that this is the skill the student must acquire: the ability to grind out grammatical sentences which might mean something, but probably mean nothing . . . and, crucially, it doesn’t matter which, as long as you use the correct permutation of terms. This is to teach syntax, rather than anything that is clinically relevant.

The second task mentioned above, the redescriptive task, can be illustrated by some of the case studies, which end each chapter. Some of these are rather
good, even thought-provoking; but there is frequently a marked discrepancy between the prosaic situations described and the inflated language we are invited to varnish them with. In the chapter on Rosemarie Rizzo Parse, for instance, the case study introduces a woman with breast cancer who has not told her daughter about the diagnosis. The account that follows, which outlines what the nurse guided by Parse’s theories would do, is pure Rogers (Carl, not Martha): person-centred, non-directive, non-judgemental, no advice, unconditional regard. But here’s how we’re encouraged to talk about it: ‘illuminating meaning through explicating synchronizing rhythms through dwelling with, and mobilizing transcendence through moving beyond’ (p. 544). I rest my case. This is an extreme example because Parse notoriously takes ostentatious prolixity to unprecedented heights; but the difference between this and other chapters is only a matter of degree.

Let me elaborate on this point by returning to the idea that the theories in this book are not presented as rivals, at least partly because they are lacking in empirical content. There are, however, occasions when some of them appear to conflict. A simple example is the difference between two of the models derived from systems theory, Callista Roy’s and Dorothy Johnson’s. For Roy, the person as a whole is made up of six subsystems: the regulator, cognator, and four adaptive modes (physiological needs, self-concept, role function, and interdependence) (p. 364). On the face of it, this is at variance with Johnson’s view of the person as a behavioural system consisting of seven subsystems: attachment-affiliative, dependency, ingestive, eliminative, sexual, achievement, aggressive-protective (pp. 388–389). (The other systems theories, such as those associated with Neuman and King, are different again.) In other disciplines, one would expect a small industry to have sprung up around the design of studies to test which of these models is most accurate, which of them best accounts for the clinical facts. But, of course, this kind of thing does not happen in nursing; and the main reason why it doesn’t is that the respective theories and models are not sufficiently operationalized. It is impossible to test Roy’s ideas against Johnson’s because neither of them provides empirical criteria for differentiating between subsystems, or for determining when, how, or whether any of them has kicked in. So neither set of ideas can be falsified. They are both consistent with anything and everything. The conclusion is the same as before: what these theories are offering is a vocabulary for describing familiar things, a vocabulary which can be attached to whatever happens to pop up, and which can never be disconfirmed. They do not make substantive claims about the world, and the choice between them is arbitrary. They are little more than pretty verbal pictures, the academic bunting with which the clinical world can, indiscriminately, be decked out.

I should emphasize, because there is plenty of scope here for misunderstanding, that I am reviewing a book on nursing theory, not evaluating nursing practice. I have absolutely no reason to suspect that the clinical work done by the vast majority of experienced nurses – irrespective of whether it is ‘guided’ by this theory, that theory, or no theory at all – is other than excellent. My objective has been to distil from these chapters the underlying image of theoretical discourse in nursing, the image which students are likely to take away with them. This is, in summary, theory as a collocation of words, a confection of concepts, a vocabulary to be learned and churned. It is an unanchored vocabulary, whose connections to the world – in the form of empirical criteria, indicators, bridging rules – are at best flimsy when they should be load-bearing, built with girders. Consequently, the theory becomes free-floating, contentless, capable of describing anything. For the same reason, it cannot be tested, cannot be compared with rival theories, and is more or less immune to criticism, because there is hardly any content to criticize. What students need to do, therefore, is acquire the words and reproduce them in the right order, illuminating the meaning through explicating synchronizing rhythms.

‘Yes, but you’re just an old-fashioned empiricist, aren’t you? In addition to which, you’re ignoring the distinction between philosophies, models, theories, and middle range theories, built into the structure of the book.’ Only because it doesn’t make much sense. Why is Benner included in ‘Philosophies’ when that chapter is largely devoted to the novice-to-expert work, a middle range theory if ever there was one,
rather than the Heideggerian stuff? Why is Parse in ‘Nursing Theories’ along with Pender, when one of them deals in existentialist phenomenology and the other designs interactive computer programs based on psychology’s health belief model? And that’s just a couple of examples. As for my being an empiricist: I am given to understand that there are more modern schools of thought which are happy with the idea of language as non-representational, and which reject the idea of any correspondence between language and reality. But this is because they see discourse, not as a window on the world, but as the structure which creates it. No constructivist, no post-structuralist, no postmodernist, as far as I’m aware, has ever suggested that language is completely disconnected from the world, and that the relation between discourse and reality is epiphenomenal, which is what the account I have just sketched implies. It is one thing to believe that language reflects reality, and another to believe that it constructs reality. It is a wildly different thing to believe that it is independent of reality altogether, rootless, and of no fixed abode.

Throughout this review, I have talked about ‘most’ or ‘many’ of the nursing theorists represented in the book, but I come finally to the roll-call of exceptions. Chief among these is Patricia Benner. Whatever her idiosyncrasies, and however much I might disagree with some of her ideas, Benner does at least say something, and it’s usually something interesting. When I read the theoretical assertions in her chapter, I start to argue, but I don’t find myself asking: ‘Oh yes, and just what is that supposed to mean?’ This is what makes Benner’s work worth reading, worth thinking about, worth disputing; and she has probably done more than any other nurse theorist to advance the cause of nursing as an academic discipline. The other chapters which can be mentioned in dispatches are those on: Nola Pender, Ramona Mercer, Merle Mishel, and Cheryl Tatano Beck; also, but more guardedly, Imogene King, Katherine Kolcaba, and the trio of Helen Erickson, Evelyn Tomlin, and Mary Ann Swain. All these writers show a certain sensitivity to the relation between theory and evidence – even if I don’t always find their work persuasive in other respects – in a way that is largely absent from the rest of the book.

The book is revealingly described, in the Preface, as ‘a tribute to nursing theorists’ (p. xv). That’s about right, because it is more celebratory than analytical. American nursing theorists, by and large, don’t do analytical (I’m not here referring to all the American nurses who make substantial contributions to the research literature but who are not, for some reason, classified as ‘theorists’). However, until analysis, questioning, testing, and scepticism become more habitual than they are now, and until the assumption that certain nurse theorists are canonical has been abandoned, I do not think that nursing theory will ever be taken seriously by other disciplines, or even (going on my own experience with postgraduate students) by the majority of nurse clinicians.

John Paley
University of Stirling

Reference