

MIDDLE RANGE THEORY EVALUATION: BRIDGING THE THEORY-PRACTICE GAP

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ABSTRACT

Nurse education is being challenged to maintain quality in light of shortage of practice professionals, societal demands and rapid changes in health care delivery. The importance underlying the practice of nursing education must continue to be explored through theories to bring about refinement of educational strategies for nursing discipline. The involvement of students learning using this process will help create learning values that serve to retain inquisitive and reflective nursing students in academic settings, while expanding evidence-based education in nursing. This article describes selected middle range theory evaluation as a tool for bridging theory-practice gap and suggests approaches to generate active growth in nursing education to inform and promote optimal client health outcomes through use of concept linkages in theories.

KEYWORDS: Middle Range Theory, Theory, Evaluation, Bridging Theory-Practice Gap.

INTRODUCTION

Nursing is a human practice discipline whose professionals must update their knowledge constantly to meet the complex and challenging healthcare demands of contemporary healthcare service consumers. Fawcett & Lee (2013) assert that development of knowledge in nursing should be based on its values and beliefs using frameworks to guide practice. Nursing practice is usually based on competency development where outcomes approach involves a mental shift that influence both education and practice, employing strategies that validate competency to promote effective patient care in a competitive healthcare environment. The process of knowledge development, Karnik (2014) states, should provides nurses opportunities that can challenge and change the way they 'think and are thought about' by engaging in innovative ways of acquiring competency. Cirocco (2007) opined that professional competence is very essential especially in the current upsurge of health knowledge with improved technology; limited healthcare resources and staffing shortages in most countries. In this paper, a brief description of a practice problem was presented. Two middle range theories were summarized and evaluated using criteria for evaluation to support the paper while the practice problem was addressed with a suitable theory and reasons for selection of the theory given using the proposition of the theory to refine the practice problem.

Practice Problem: Do nursing students engage in reflective practice to improve academic performance and professional development?

Education and professional development are fundamental to nursing profession that encourages

practitioners to engage in innovative ways of acquiring knowledge for effective and efficient care delivery. One such ways of knowledge acquisition is using reflective practice. Reflective practice is reported to be a mechanism that encourages students to scrutinize themselves, their academic knowledge and the world around them to help them make informed decisions (Joyce-McCoah, Parrish, Anderson & Wall, 2013) using high quality contextualized judgment based on their own experiential learning (Corrin, 2009). Cirocco (2007) view reflective practice as a conscious process of thinking, analyzing and learning from work situations through meeting with colleagues or journal writing to scrutinize work situations and experiences.

Reflective practice provides a system of self-identity achieved through self transformation learning in-action and on-action that result in professional effectiveness and efficiency (Dube & Ducharme, 2014, Gustafsson, Asp & Fagerberg, 2007, Collington & Hunt, 2006). Evidence abound in literature that reflective practice involves practitioners looking to their experiences, connecting with their feelings, and attending to selected theories in use thereby building new understandings to inform actions in the situation that is unfolding (Smith, Gray, Raymond, Catling-Paull, & Homer, 2012, Dube & Ducharme, 2014, Joyce-McCoah et al, 2013, Cirocco, 2007). Although reflective practice is very beneficial to nursing practice, it is one of the processes that must be developed with constant practice in order to develop and maintain professional competence. Reflective practice therefore provide a source of learning for nursing students and practitioners based on their experiences that can be expressed verbally, with peers or a coach or in writing. Reflective practice is known to involve individual prerequisites such

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as self-awareness, critical analysis, synthesis, evaluation, commitment and description for active learning to occur (Dube & Ducharme, 2014, Joyce-McCoah, et al, 2013, Mann, Gordon & MacLeod, 2009).

This organized method of learning can improve nursing students' empirical knowledge since it is backed with theories and rules. It is imperative to understand that nursing students' ability to engage in reflective practice will add the following five cardinal attributes to the students. (1) It will improve their professional discipline competencies since reflection improves practical discipline knowledge in a changing environment to the required professional standard. (2) The ability to communicate with a range of people will be enhanced using different media. (3) The student's sense of inquiry and commitment to lifelong learning will improve professional skills, support intellectual curiosity, commitment to continuous learning and development of innovations. (4) As reflective practitioners they will excel in their undertaking as leaders or team members since they contemplate over actions to be taken in their work environment. (5) They will become ethical and socially responsible decision makers that improve work outcomes.

Summary of selected Theories

Benner's Model from Novice to Expert was selected as a theory that could provide a theoretical framework for the practice problem above (McEwen & Wills, 2007). This model was propounded by Patricia Benner in 1984 employing The Dreyfus Model of Skill Acquisition to Nursing. The theorist asserts that nurses move through five levels of proficiency: novice, advance beginner, competent, development proficient, and expert. She purports that formal education is fundamental to the foundation of skill development thus forming the basis for clinical knowledge acquisition while incorporating experience into acts of discretionary judgment in care situations (Benner, 1984). It is also said that experts rely on many sources of information to establish judgment in difficult situations. The key concepts of Benner's model are those of competence, skill acquisition, experiences, clinical knowledge and practical knowledge (McEwen & Wills, 2007).

Pamela Reed's Theory of Self-Transcendence (1995) is a social concept derived from, Rogers' theory of Unitary Beings that describes the living processes of humans. The theory's core philosophical belief is anchored in the enduring human potential for well-being of a person in the context of health experiences. It also asserts that individuals who face human life-threatening illness undergo health-related changes that increase their awareness of vulnerability and a need to transcend the self boundary to integrate changes in order to achieve a sense of well-being (Parker & Smith, 2010). Two main assumptions (potential for well-being: a nursing process and the self-boundary and pandimensionality) underlie the theory which also reflects ideas about humans as dynamic, open living systems (Parker & Smith, 2010,). The first assumption is based on the premise that humans possess an inner potential for healing, growth and well-being. This assumption is that people possess a self-organizing potential interpreted as a nursing process. The second assumption involves expanding the self-boundary with the principle that humans impose a conceptual boundary

on their openness to define their reality and provide a sense of identity and security. The theory of self-transcendence acknowledges the human tendency to construct a self-boundary and the capacity to transcend limiting views of self and the world in ways that reflect the nature of living systems. This theory thus shows inherent, gradual, non-linear developmental process, resulting in increased awareness of dimensions greater than the self and expansions of personal boundaries within intrapersonal, interpersonal and temporal domains.

Evaluation of the theories

Benner's (1984) From Novice to expert is a high middle range theory illustrating five key stages of skill acquisition: Novice, advance beginner, competent, proficient, and the expert (Benner, 1984). The theory has social significance since it delineates the importance of retaining and rewarding nurse clinicians for their clinical expertise in practice settings as the theory describes the evolution of excellent caring practices. The theory is also theoretically significant as the competency of nurse clinicians improves beginning with stage one novice who lacks experience and confidence to demonstrate safe practice (Reflection) thereby requiring verbal and physical cues that improve experiential learning and transfer of learning to practical setting (Smith, et al, 2012). Expertise in this context is shown when the nurse now test and refine propositions, hypotheses and problem-based expectations in a practical setting (McEwen & Wills, 2007). Theoretical significance is expressed as the model seeks to describe clinical expertise (Reflective competency) using six areas of clinical knowledge. The semantic clarity of the model is: Novice to expert, the constitutive definition of the model is: acquisition of skill development, understanding of patient care over time through a sound educational base and use of multitude of experiences based on Benner's (1984) Novice to Expert Continuum while the operational definition should be measured by Dreyfus model of skill acquisition to give (McEwen Smith, 2007). The requirement for semantic consistency was met as the same constitutive definition for each concept was used throughout the model (Fawcett, 2013).

Inductive reasoning:

Reasoning from observed examples from novice to expert help learners make conclusions about competency development (Burns & Grove, 2007). The parsimony of the model is clearly revealed in concepts of competence, skill acquisition, experience, clinical knowledge and practical knowledge (Walker & Avant, 2005). Testability of the model is seen in its extensive usage as a rationale for career development, continuing education in nursing and clinical specialization, precept of nursing students and novice nurses (Benner, 2001).

The second theory evaluated is Pamela Reed's theory of Self-transcendence, a high middle range theory. Its social significance lies in the process self-transcendence for nursing practice to enhance well-being. The theoretical significance revealed in the statement: "When people face life-threatening illness or undergo health-related changes that intensify one's awareness of vulnerability, there may be a need to transcend (expand) the self-boundary to bring about

changes to achieve a sense of wellness" (Palmer et al, 2010). Semantic clarity is: Self-transcendence; constitutive definition is revealed as: Self-transcendence shows that humans possess an inner potential for healing, growth and well-being throughout the life span.

Operational definition: The theory measured well-being using Rogers' 1970 and 1980 conceptual systems of living processes of humans (Parker & Smith, 2010). Personal and contextual factors are said to influence (positively or negatively) the relationship between Self-transcendence and well-being. Martha Rogers' 1970 and 1980 conceptual systems of living processes of humans (Parker & Smith, 2010) were adopted. Semantic consistency was met since the same constitutive definitions were maintained. Inductive reasoning indicates that humans are dynamic, open living systems that can expand the self-boundary in

health related changes. The deductive reasoning is embedded in the assumptions that self-transcendence is more in persons facing end-of-life issues. Parsimonious status of this model is drawn from three key concepts of self-transcendence, vulnerability and well-being. Self-Transcendence informs the individual to repeat or look beyond the 'now', beyond barriers and boundaries, looking beyond self and find perspective and meaning that might otherwise be overlooked (Ellerman and Reed, 2001; Palmer et al, 2010). The person takes advantage of the ability to see beyond the boundaries of the self and the environment during vulnerable moments and beyond the present limitations (Runquistn & Reed, 2007). This theory can be used by practitioners, educators and researchers to contribute new knowledge about facilitating human well-being across a range of health settings.

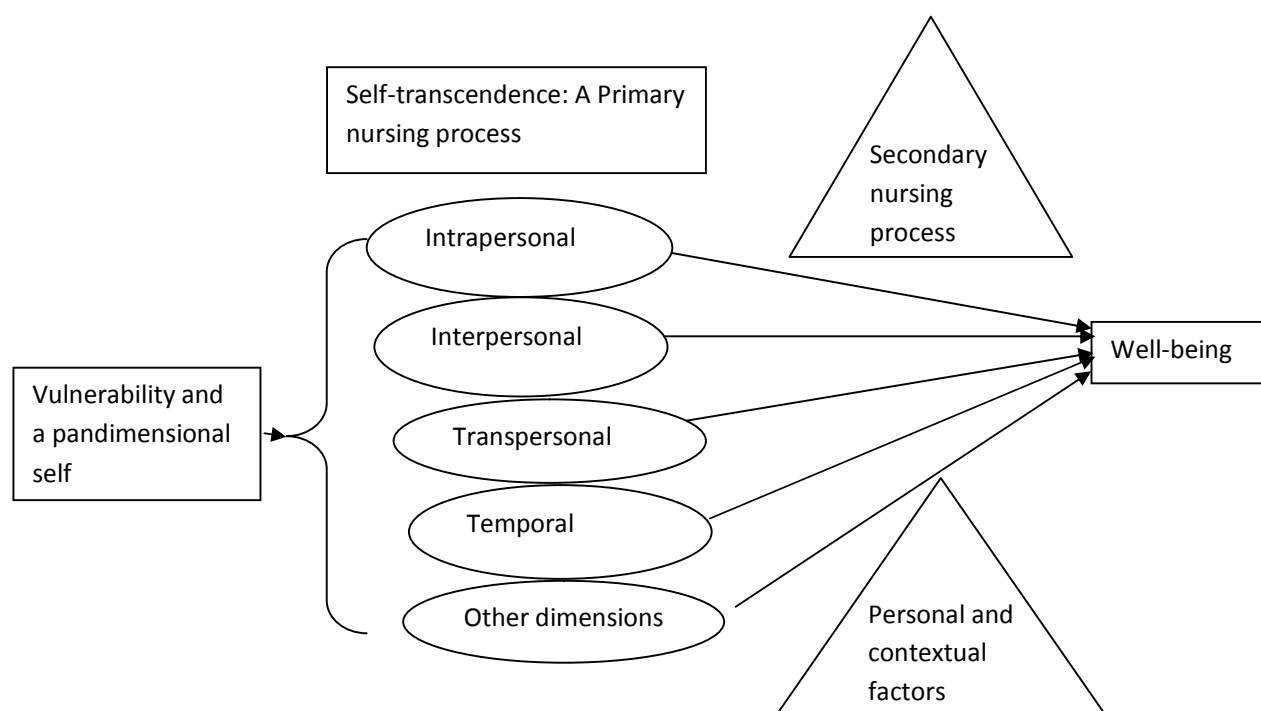


Figure 1: Model of the theory of self-transcendence (Adopted from Parker & Smith, (2010).

Determination of the most appropriate theory to address the practice problem

The model chosen as most appropriate for this application is the Benner's (1984) from novice to expert: Excellence and power in clinical nursing. This theory postulates that expert nurses develop skills and understanding of patient care over time through a sound educational base that include a multitude of experiences (Collington & Hunt, 2006, Coward, 2011, Hargreaves, 2004, Lindahl, Dagborn & Nilsson, 2008). Although one can gain knowledge and skills ('knowing how') without ever learning the theory ('knowing that'), it is pertinent to express that the development of knowledge in a practice discipline like nursing is embedded with of the

requirement of practical knowledge (know how) using various learning approaches such as research, reflective thinking and practice, critical thinking and the description and understanding of the 'know how' of clinical experience (Hargreaves, 2004, Smith; Gray, Raymond, Catling-Paul & Homer, 2012). Reflection is implicated as an element of learning and thinking. Reflective learning' stresses the purpose to learn from current or prior experience (Mann, Gordon & MacLeod, 2007). Reflection in education can be viewed as a process that allows the student to establish connections between new and existing knowledge and experiences (Aronowitz & Fawcett, 2015), to understand their own position within that relationship and to deepen the level

at which they work with them at the academic, personal and professional levels. Educational processes require some structure processes for effective understanding and evaluation of the knowledge needed. The model also provides formats for evaluation of students' performances, that guides learners attitudes towards learning and encourage development of professional competency. It is essential to note that many nursing training institutions adopt this with premise that theory nursing education should enable students acquire knowledge and proficiencies necessary to practice

culturally competent and congruent nursing care that meet the changing needs of society. The five stages of development of competency in this theory (Novice, advanced beginner, competent, proficient and experts are easy to understand and follow in any given practice setting (Smith; Gray, Raymond, Catling-Paul & Homer, 2012, Reeves & Hean, 2013). Using the proposition of the theory the former question is now reframe as: *Does reflective practice improve academic performance among nursing students?*

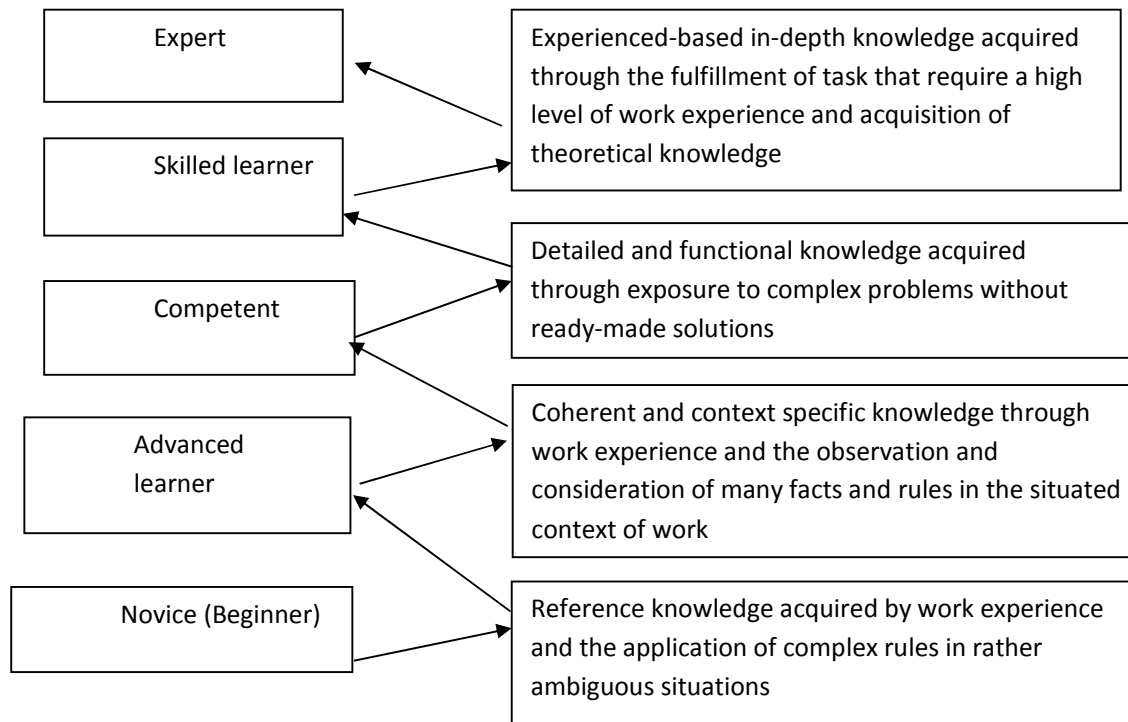


Figure 2: Benner's Stages of Clinical Competence. Retrieved from: <https://inquiryblog.files.wordpress.com/2014/09/noviceexpertinfographic-825w.jpg>

Summary of the theories: Benner, P. (1984). From novice to expert and Key to providing competent cost effective health care delivery depends on nurses' understanding of research and the ability to link concepts in a model to make sense of the research. This is essential because consumers of health care are demanding evidence-based quality healthcare services at affordable rate especially with a shift towards the model of health promotion. The aim of this paper therefore is to evaluate two middle range theories abilities to test the concept of reflective practice for the practice question: *Do nursing students engage in reflective practice to improve academic performance and professional development?*

The theories evaluated are identified to have characteristics that maintain the definitions of the key concepts throughout the explanation of the theories and have congruence of use of terms, interpretation, principles and methods. Internal criticisms show that the

topics are completely addressed as claimed. The clarity of the concepts is seen as the main components are clearly stated with logical development of the line of thought of previous work shown to be true and argument well supported. The theories are also consistent with the conceptualization of the middle range theories.

External criticism shows that the theories can be understood without lengthy description and explanations. The uses of these theories make hypothesis easily understood and have précised and clear boundaries and definitive parameters of the subject matters. The theories underlying assumptions are true and represent the real world and world of nursing in particular. Based on this premise, innovative ways of learning to develop the nurse (using methods like reflective practice, theory evaluation, and literature review for evidence) should be encouraged.

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