Letters to the editor

Letters received from readers in response to articles and ideas published in ANS are regularly featured, providing an opportunity for constructive critique, discussion, disagreements, and comment intended to stimulate the development of nursing science. Unless otherwise stated, we assume that letters addressed to the editor are intended for publication with your name and affiliation. When space is limited and we cannot publish all letters received, we select letters reflecting the range of opinions and ideas received. If a letter merits a response from an ANS author, we will obtain a reply and publish both letters.

DEFINING THEORY TESTING RESEARCH

To the editor:

In reply to your recent editorial question, I wish to point out what theory testing research means to me.

Theory testing research means research for the purpose of testing theory. If it is nursing research it is for the purpose of testing nursing theory, although nursing research could also test other theories.

Testing of nursing theory is not the testing of a conceptual model for nursing. Nor is it the testing of a theory, developed in another discipline, using a conceptual model for nursing as a theoretical framework for the research.

Testing of nursing theory is just that—testing of nursing *theory*.

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CONTRACEPTIVE BEHAVIOR

To the editor:

The article in *ANS* 7:3 (April 1985) entitled "Contraceptive Behavior in College-age Males related to Fishbein model," by Ewald and Roberts, does not draw correct conclusions about the Fishbein-Ajzen theory of reasoned action. Even though the investigators correctly recommend that the use of the model suggests that in order to change behavior we must modify a person's beliefs, the model was not correctly utilized and the conclusions therefore were based on false premises. By not measuring the subjective norm, one whole set of data is missing: One cannot predict either behavioral intention or subsequent behavior on the basis of attitude alone.

According to the theory, behavior is preceded by a behavioral intention (BI), which in turn is preceded by two components: (1) attitude (A) toward the behavior, and (2) subjective norm (SN), or the person's perception of the expectations of significant others regarding his or her enactment of the behavior. In turn, attitude is determined by the individual's beliefs about the behavior in question, and the subjective norm is determined by beliefs that are correlated to the subjective norm, ie, those held by a society, religion, or peer group, etc. The effect of an additional component, motivation-to-comply, with attitude or subjective norm is reported to be still in the developmental stage.

Since completion of my dissertation research, I have been or am currently involved in testing the applicability of the Fishbein-Ajzen model to nursing. We are careful to state when we are measuring only one part of the model, not wanting persons unfamiliar with the model to jump to any conclusions about the applicability of the entire model to a specific situation.

Several nursing studies using Fishbein's

model have been reported. When the full model is measured, beta weights (obtained through the use of multiple regression of the A and SN on the BI) can be seen to differ between A and SN, with the attitude usually being the largest and therefore the best predictor of that behavioral intention. For instance, when A and SN toward the behavioral intention to "share anecdotal notes with students" were examined, the attitude w_1 was .69, while the subjective norm w_2 was .38. Likewise, the SN component was nearly twice as influential as the A when faculty reported their intentions to "prepare students for difficult situations."

The investigators could have greatly strengthened their study through the measurement of the subjective norm in a population well known to be influenced by peer pressure. Not having this information seriously impedes their ability to state whether the Fishbein model is indeed applicable to the problem studied.

Additionally, the reference title and date of publication under Fig 1 on page 65 are incorrect. That particular diagram of the components of the theory is no longer correct; it does not reflect the most recent developments in the theory, which can be found in the latest publication by Ajzen and Fishbein (1980, p8).

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Authors' response:

First, we are gratified that our article has generated scholarly interest and we invite any reader who has further comments or questions about the article to write to us at any time.

Second, we agree with Dr Pugh that our

study concluded correctly that a person's beliefs have a good deal to do with his or her behavior. Since we did not intend to mislead, we were careful to point out that we were measuring only one part of Fishbein's current model. We refer the reader to the original article, p 65, which states, "The current study . . . does not include the subjective norms component of the Fishbein model. . ."

Finally, we will clarify the citation for Fig 1, p 65, of our article. In 1984, Random House purchased the copyright to Fishbein's 1975 Addison-Wesley publication. Hence, the permission to print a copy of Fishbein's earlier model was obtained from Random House. We would also point out that on pp 68 and 69 of the article, we cited both of Fishbein's books, to which Dr Pugh referred in her letter.

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CLARIFICATION

To the editor:

I would like to clarify one small but important point regarding my article, "Research Testing Nursing Theory: State of the Art" (*ANS* 9:1, October 1986). In my original manuscript, I wrote that the hand searches covered the period 1952-1985. The article was printed saying the searches covered the years 1952 *to* 1985. The hyphen usage was different from my past experience and from what I had intended. The search covered the inclusive

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