

# Development of Situation-specific Theories An Integrative Approach

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One type of “ready-to-wear” theories that can bring about better nursing care outcomes regardless of their philosophical bases is situation-specific theories proposed by Im and Meleis in 1999. In this paper, some propositions for an integrative approach to the development of situation-specific theories are made. First, situation-specific theories are described as practice theories while they are compared with middle-range theories. Then the integrative approach is detailed, which includes (a) checking assumptions for theory development; (b) exploring through multiple sources; (c) theorizing; and (d) reporting, sharing, and validating. Finally, the paper concludes with suggestions for further development of the integrative approach. **Key words:** *integrative approach, nursing theory, situation-specific theory, theory development*

**A**CROSS disciplines, scholars can now sympathize with the epistemic pluralism that is the practical philosophy of most working scientists in general.<sup>1</sup> Until recently, scholars believed in the unity of scientific knowledge, and they accepted its fragmentation only as a pragmatic necessity. However, these days, scholars are quite happy to go along with philosophical plurality across many disciplines.<sup>2</sup>

Nursing history also shows the same changes toward epistemic pluralism in theoretical and philosophical thinking. In the 1950s, under the tremendous influences of logical positivism, grand theories were developed and used to answer questions on the nature, mission, and goals of nursing,

and nursing scholars and theorists believed in the unity of nursing knowledge. In the 1960s-1980s, metatheoretical questions on the types and contents of theories were asked and argued, yet their philosophical basis was still empiricism.<sup>3-6</sup> From the middle of the 1980s onward, tremendous efforts in concept development were made with the introduction of qualitative philosophical thinking.<sup>7-11</sup> From the beginning of the 1990s, numerous middle-range theories were developed and published,<sup>14-17</sup> and philosophical pluralism in theoretical nursing became more prominent.<sup>12-14</sup> Through these historical changes, now, nursing scholars even envision and sympathize with epistemic pluralism, and seek ready-to-wear theories in nursing practice that may bring about better nursing care outcomes regardless of their philosophical bases.<sup>15</sup>

Nursing has struggled to develop “ready-to-wear” theories. “Ready to wear” refers to easy applicability to research and practice. One type of “ready-to-wear” theories is situation-specific theories, proposed by Im and Meleis in 1999.<sup>16</sup> *Situation-specific theories* are defined as theories that focus on specific nursing phenomena, that reflect clinical practice, and that are limited to specific populations or

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to particular fields of practice.<sup>16-17</sup> Situation-specific theories belong to a different level than grand theories and middle-range theories, which can incorporate diversities and complexities in nursing phenomenon, consider sociopolitical, cultural, and historical contexts of nursing encounters, and be easily applicable to nursing practice.<sup>17</sup> In this paper, *middle-range theories* mean theories that have more limited scope and less abstraction than grand theories, address specific phenomena or concepts, reflect practice, and aim to be easily testable<sup>18</sup>; *grand theories* are systematic constructions of the nature of nursing, the mission of nursing, and the goals of nursing care.<sup>17</sup> Situation-specific theories are also intended not to be universal theories that can be applicable to any time, any socially constraining structures, or any politically limiting situations. Rather, they are intended to be more clinically specific, reflect a particular context, and include blueprints for action.<sup>16,17</sup> Philosophically, this new type of theory has roots in postempiricism, critical social theory, feminism, and hermeneutics,<sup>16</sup> all of which agree with current epistemic pluralism in nursing.

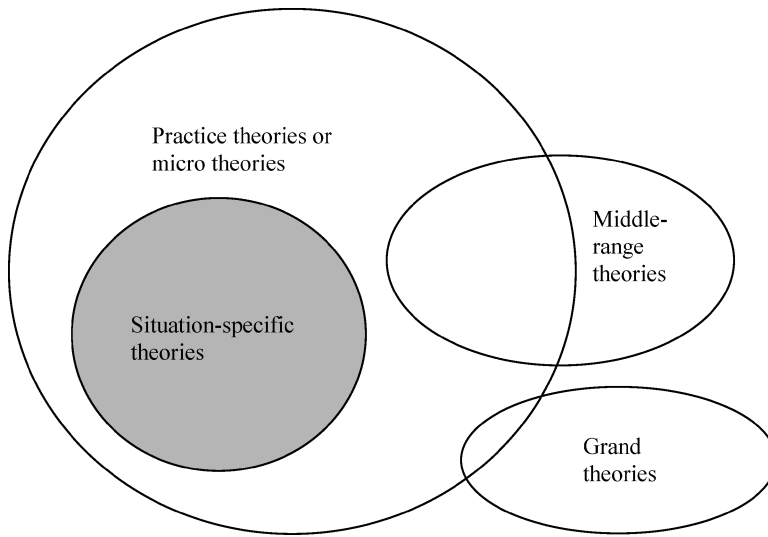
When situation-specific theories were proposed, an integrative approach was also proposed as a strategy for developing them. *The integrative approach* was originally proposed by Meleis<sup>17</sup> and has been extended through later work by Im and Meleis.<sup>16</sup> The integrative approach has some essential components, such as the clinical grounding that drives the basic or clinical questions as well as the questions themselves. Also essential are opportunities for clinical involvement and for conceptually thinking about the health/illness responses, the situations, and the environment.<sup>17</sup> However, the propositions of the integrative approach tended to be too abstract for novice theorists to utilize in actual theory development. Further development/refinement of the integrative approach is essential for the future development and practical use of situation-specific theories, which may ultimately result in a stronger link between theory and practice and sub-

sequently produce better nursing care outcomes than other types of theories. In this paper, some propositions for the integrative approach to the development of situation-specific theories are made. First, situation-specific theories are described as practice theories while they are compared with other types of theories. Then the integrative approach is detailed. Finally, the paper concludes with suggestions for further development of the integrative approach.

### SITUATION-SPECIFIC THEORIES, PRACTICE THEORIES, AND MIDDLE-RANGE THEORIES

Figure 1 shows the relationships among practice theories, situation-specific theories, middle-range theories, and grand theories reported in the literature. In recent literature, situation-specific theories are sometimes labeled as *micro-theories* or *practice theories* (a term that is interchangeable with *micro-theories*), or even as middle-range theories.<sup>11,13,18</sup> In a sense, situation-specific theories can be categorized as practice theories because situation-specific theories certainly aim at functioning as practice theories. Jacox<sup>6</sup> proposed that *practice theories* be considered those theories that outline the actions that nurses must take to meet a nursing goal (producing some desired change or effect in the patient's condition). In these terms, situation-specific theories can be considered practice theories because one of the goals of situation-specific theories is to provide a blueprint for nursing practice.<sup>16</sup> Peterson<sup>18</sup> even categorized situation-specific theories and practice theories in the same category, noting that the literature included a confusing variety of terms to refer to the level of theory that is considered less abstract, more specific, and narrower in scope than middle-range theories.

Although practice theories have been welcome in nursing because nursing is inherently a practice-oriented discipline, they have often been criticized as well. The major criticism



**Figure 1.** Relationships among practice theories, middle-range theories, grand theories, and situation-specific theories.

is that they are procedural and not based on a well-developed body of nursing science.<sup>18</sup> For this reason, some theorists have worked to blend middle-range theories with practice theories, and their hybrid efforts have been highly evaluated because they elevate the resulting practice above simple dictates or imperatives.<sup>11</sup> Since situation-specific theories, in nature, are practice theories, those blending efforts are unnecessary for situation-specific theories. In addition, situation-specific theories can provide a basis for the development of the knowledge base for nursing practices through research and practice efforts in specific nursing situations because they are more than just guidelines or standardized procedures for nursing practice.<sup>16</sup>

Situation-specific theories, however, are different from middle-range theories because the former can be applicable only to specific nursing phenomenon or particular nursing clients while the latter can be applicable across nursing practice fields.<sup>16,18</sup> For example, the middle-range theory of transition proposed by Meleis and her colleagues<sup>19</sup> was developed based on several studies of ethnically diverse samples undergoing a wide range of transitions, including menopausal, maternal,

and caregiving transition; subsequently, they aimed to cover all types of transitions in nursing situations. However, the situation-specific theory of the menopausal transition of Korean immigrant women by Im and Meleis<sup>20</sup> aimed at only the specific population of menopausal low-income Korean immigrant women in the United States.

Situation-specific theories are also different from middle-range theories in terms of their testability. Middle-range theories contain a limited number of variables and testable relationships.<sup>21</sup> In other words, middle-range theories are based on logical positivistic and/or postpositivistic ideas that assume the testability of a theory.<sup>18</sup> Grand theories are criticized as too abstract to be tested empirically. The basic assumption here is that the testability of theories is based on a logical positivistic idea.

Situation-specific theories do not always assume their testability.<sup>16</sup> Some situation-specific theories will certainly aim at the operationalization of central concepts for hypotheses testing in real settings. However, other situation-specific theories are not supposed to be testable because they are developed on philosophical foundations (eg, hermeneutics, phenomenology, critical theory,

postmodernism) in which positivistic apparatuses such as hypotheses do not have a place.<sup>16</sup> Rather, the situation-specific theories aim at helping researchers understand central concepts through qualitative fieldwork and/or participant observation. If a situation-specific theory was developed based on postempiricism, it can aim at operationalization, measurements, and hypothesis testing. On the contrary, if a situation-specific theory originated with a phenomenological perspective, the theory may not be used to operationalize, measure, and/or test a hypothesis. Rather, the theory may aim at explaining and understanding the lived experience of human beings in the middle of the phenomenon.

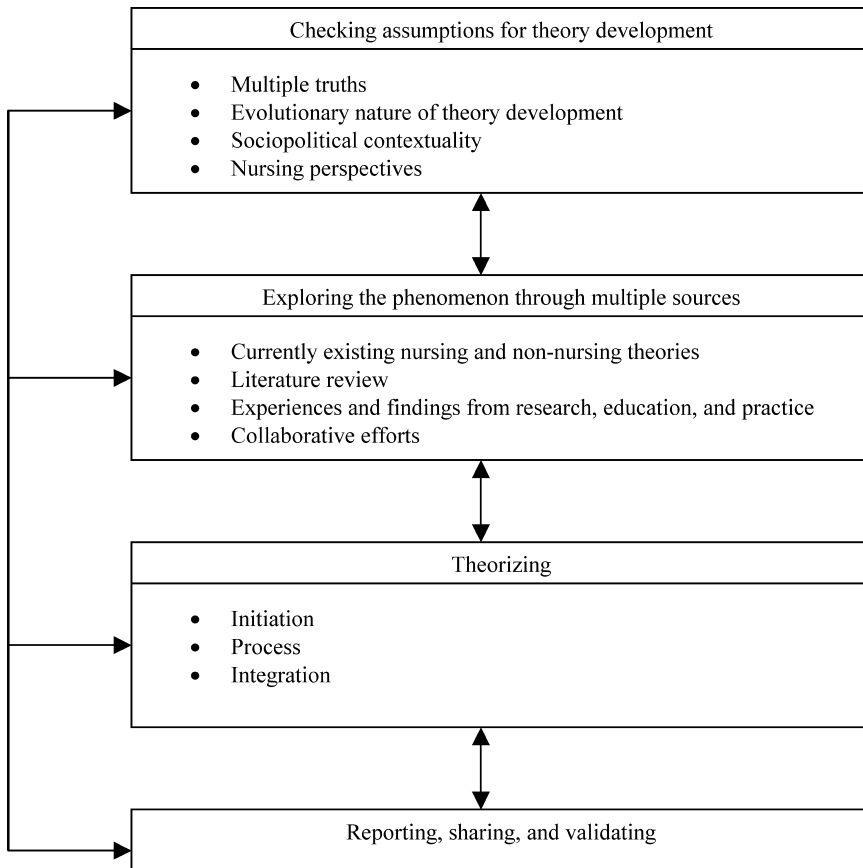
In the discipline of nursing, many strategies for concept development and theory development have been proposed. The concept development strategies proposed and used in nursing include the Wilsonian method,<sup>21,22</sup> the Walker and Avant approach,<sup>10,11</sup> Rogers' evolutionary concept analysis method,<sup>23</sup> the Hybrid method,<sup>9</sup> and the simultaneous analysis method.<sup>7,8</sup> Many strategies for developing a theory have been also proposed, and used as well.<sup>10,11,17,23,24</sup> Rodgers and Knafl<sup>23</sup> asserted that these currently existing concept and theory development strategies for grand theories and middle-range theories do not adequately consider that the theory development process, specifically the concept development process, is evolutionary, and that there is no step-by-step recipe for developing a theory.

The view of Rodgers and Knafl assumes that concepts are formed by the identification of characteristics common to a class of objects or phenomena and the abstraction and clustering of these characteristics, which is influenced heavily by socialization and public interaction.<sup>23,25</sup> This view assumes that, because these contextual factors vary, there will be variations in concepts over time or across situations. Currently, most nursing theorists and scholars agree that the theory development process is a continuous, dynamic, and evolutionary process influenced by con-

texts surrounding the theory development process.<sup>11,23</sup> This is somewhat problematic in practical applications to nursing practice and research, however. It is easy to understand in an abstract way, but in reality, the assumption that theory development is evolutionary, not algorithmic and linear, poses a potential contradiction because a theory might evolve away from the specific time, place, and population for which it was originally conceived. Since situation-specific theories are limited to a specific population and a particular nursing phenomenon/situation, which, in turn, limits the contexts (eg, time, place, situation) for theory applications, the theory development process becomes more feasible and easily applicable to nursing practice and research even in light of the evolutionary nature of theory development.<sup>16</sup> Consequently, with the specificity and easy applicability of situation-specific theories, nurses may produce better nursing care outcomes than with other types of theories that do not limit the time, nursing situations, or nursing clients.

## THE INTEGRATIVE APPROACH

In the integrative approach, the conceptualization and theorizing processes can happen all at once, or they might take years and never quite evolve into a useful integrated view of reality.<sup>17</sup> Yet, to provide a convenient guideline, in this section, the process of the integrative approach to the development of situation-specific theories is proposed step by step. This process may not happen subsequently or in a continuous way. Rather, some steps of the process would be skipped, while others could happen repetitively. The steps suggested in this paper are actually what nursing researchers and practitioners have frequently used in their research projects and practice without recognition. Based on an in-depth review of the literature published within the past 5 years, the steps used in the development of situation-specific theories in the literature are summarized and proposed as



**Figure 2.** An integrative approach to situation-specific theories.

follows. The process of the integrative approach is also summarized in Figure 2.

### Checking assumptions for theory development

A theorist who wants to develop a situation-specific theory needs to check her or his assumptions for theory development first. The assumptions for the development of situation-specific theories include (a) multiple truths; (b) evolutionary nature of theory development; (c) sociopolitical contextuality; and (d) nursing perspectives. These assumptions are the basis for the whole theory development process of situation-specific theories. If a theorist does not agree with these assumptions, she or he may need to reconsider if she or he really wants to develop

a situation-specific theory. For example, if her or his assumption for theory development is based on the universality of health/illness experience, she or he might not aim at the development of a situation-specific theory because a situation-specific theory assumes multiple truths, which negates the universality of health/illness experience. Rather, she or he needs to aim at developing a grand theory or a middle-range theory.

### Multiple truths

Under the influences of positivism and scientism, nursing phenomena have been considered to be universal phenomena which can occur to any racial, cultural, and gender groups in the same way.<sup>29,30</sup> Thus, most nursing theories have also assumed that nursing

phenomena are universal and homogeneous, and traditional approaches to knowledge development depend on the assumptions of universality, homogeneity, and normality.<sup>29</sup> Yet nursing phenomena are becoming more complex and are complicated by multiple factors, including the increasing diversity of nursing clients.<sup>30</sup> A consensus has developed among nurse scholars recently in which theoretical development must take into consideration the diversity and complexity of nursing phenomena.<sup>30,31</sup> Without doing so, the theoretical foundation of the nursing discipline cannot achieve the connections for which nursing has been striving.

As posited in the paper by Im and Meleis,<sup>16</sup> the development of situation-specific theories assumes philosophical, theoretical, and methodological plurality, which is more congruent with the nature and goals of nursing and which can incorporate the diversity and complexity of nursing phenomenon. The philosophical bases of the substance and syntax of nursing knowledge have been debated by many nursing scholars.<sup>26-28</sup> Meleis<sup>17</sup> divided the philosophical positions of nursing scholars into three: (a) the purist position; (b) the radical separationist position; and (c) the nonpurist position. The bona fide purist position claims that a philosophical viewpoint should guide and direct theory development, research strategy, and clinical practice.<sup>17</sup> The radical separationist position asserts that a discipline's theory and research are distinct entities and do not necessarily have to be congruent philosophically and methodologically.<sup>17</sup> The nonpurist position takes a philosophical, theoretical, and methodological pluralistic position.<sup>17</sup> The project to develop situation-specific theories assumes this nonpurist philosophical position as well as the existence of multiple truths, not one universal scientific truth.

### ***Evolutionary nature of theory development***

Another assumption for the development of situation-specific theories is that the the-

ory development process is cyclic and evolutionary. As discussed above, a concept which is currently regarded as a norm or a standard may not be a norm or a standard in the future.<sup>23</sup> In other words, the integrity or stability of that norm through time cannot be predicted or ensured. Concepts are formed by the identification of characteristics common to a class of objects or phenomena and the abstraction and clustering of these characteristics.<sup>25</sup> Therefore, as characteristics of nursing phenomena change, concepts also change. A concept which is not considered as important now can evolve into an important concept in future nursing. Consequently, a situation-specific theory which is developed for a particular population in a specific situation will not be appropriate for the same population in a different time or a different sociopolitical context. Thus, the situation-specific theory for the same population in the same situation also needs to be changed with changes in time and sociopolitical contexts.

### ***Sociopolitical contextuality***

A third assumption for the development of situation-specific theories is the sociopolitical contextuality of nursing phenomena. The current theory development process involved in the development of grand theories and middle-range theories rarely considers the sociopolitical, cultural, and/or historic contexts inherent to each client-nurse encounter.<sup>32</sup> Rather than accounting for the contextuality of nursing phenomenon, they usually try to reduce the phenomenon into several central concepts; operationalize and measure the concepts; explore/test the concepts and constructs through quantitative and qualitative data collections; and refine the theories.<sup>11,18</sup> Consequently, they frequently aim at theories that can be applicable to all nursing fields and explain central concepts across the fields. Since situation-specific theories are limited to a specific population and/or a particular area of interest, the theories can easily incorporate the contextuality of the phenomenon.<sup>16</sup> Indeed, the development of situation-specific

theories assumes that nursing phenomena or client-nurse encounters happen in sociopolitical contexts, that sociopolitical contexts need to be incorporated in the theory development process, and that the theories cannot be always applicable to any historical moment, any social structure, or any political situation.

### ***Nursing perspectives***

An essential assumption for the development of situation-specific theories is that they are based on nursing perspectives. Nursing perspectives give a unique view on a phenomenon. When we view a same phenomenon with two different perspectives, the phenomenon described by each of the two different perspectives may be different from each other. For example, when we view Asian American cancer patients' lack of pain reporting using a biological perspective, we may focus on the physiological characteristics of Asian Americans without considering their whole beings in the contexts of their daily lives. Consequently, we may assume that Asian Americans' lack of pain reporting is a simple biological difference from other ethnic groups, which may lead us to look for basic biological difference between the ethnic groups. When we view the same phenomenon (lack of pain reporting) from a nursing perspective, we may view the patients' bio-psycho-socio-cultural beings within the contexts of their daily lives. Rather than focusing on inter-ethnic biological differences, we may focus on how their psycho-socio-cultural contexts circumscribe their pain experience and how we could provide adequate pain management while considering their unique pain experience.

In the development of situation-specific theories, a nursing perspective is mandatory.<sup>16</sup> The theories developed without a nursing perspective might distort the descriptions of nursing phenomenon and mislead nursing research and/or practice. Yet more than one nursing perspective exists.<sup>17</sup> A nursing perspective may be based on biomedical models; it may also be based on

feminist perspectives emphasizing sociopolitical environments and reflecting oppressed groups' interests (mostly women's). In either case, it should also reflect nurses' concerns, views, values, and attitudes.

### **Exploring through multiple sources**

After checking assumptions for her or his theory development, a theorist needs to explore her or his phenomenon of interest through multiple sources. The multiple sources may include: (a) currently existing nursing and non-nursing theories related to the phenomenon of interest; (b) literature reviews, (c) findings and experiences from research, education, and practice, and (d) collaborative efforts. Theorists usually use more than one of these sources for theory development at the same time. Each source is discussed in detail as follows.

### ***Currently existing nursing and nonnursing theories***

Nursing and non-nursing conceptual models, grand theories, and middle-range theories can serve as the foundation for the development of situation-specific theories. From the early days of nursing theory development, theory derivation has been prevalent in nursing.<sup>11</sup> Usually, theory derivation in nursing has been done by using analogy to obtain explanations or predictions about a phenomenon in nursing from the explanations or predictions in another field including medicine, psychology, sociology, and public health.<sup>13</sup> Recently, theories from nursing have been combined with those from other disciplines to create middle-range theories.<sup>11,18</sup> In the development of situation-specific theories, both nursing and/or non-nursing theories may provide the basis for analogy for explanations, understandings, or predictions of a particular situation of a specific population of interest as well.

An example is the above mentioned theory of menopausal transition of Korean immigrant women,<sup>20</sup> which was developed based on a middle-range theory of

transition.<sup>33</sup> In the development of the situation-specific theory, major research questions were set based on the middle-range theory of transition. Then, each concept was explored through both quantitative and qualitative findings from a study on menopausal transition of Korean immigrant women. Based on the findings related to the concepts, the theory of transition was modified, and further developed as a situation-specific theory for menopausal transition of Korean immigrant women. Compared with the middle-range theory of transition, the situation-specific theory of menopausal transition of Korean immigrant women has increased specificity of the conceptualization and is easily applicable to the situation through the modifications based on actual study findings.

### ***Literature reviews***

An extensive review of literature can provide a systematic analysis of currently existing knowledge about a nursing phenomenon and frequently provide an excellent source for theory development.<sup>10,11</sup> In this paper, the literature review means a review of previous research findings, theoretical work, and statistical governmental reports. Indeed, the literature review has been an essential basis for concept development and theory development. Walker and Avant<sup>11</sup> included literature synthesis as a method of concept synthesis and suggested that theory synthesis incorporate published research literature, direct statistical information, and qualitative research as the second step of three phases of theory development.

Many examples of theory development through literature review can be easily found in the nursing literature. An example would be the transition theory by Schumacher and Meleis<sup>33</sup> who conducted an extensive literature review on all types of transitions in nursing and proposed a theoretical framework of transitions. Based on the analysis of the literature, they proposed a set of major concepts related to transitions, which include types of transitions, properties of transitions, transi-

tion conditions, and nursing therapeutics. Although this example of the transition theory aims to be a middle-range theory, the review of the literature as a source of theory development can be easily incorporated into the integrative approach. In addition, a literature review frequently provides a starting point for theory development by giving us a picture of the state of the science in the area and initiating our theoretical thinking on the major and/or central concept(s) in the nursing phenomenon in question.<sup>11</sup> Hulme<sup>34</sup> provided an excellent example of an integrative literature review on currently existing grand, middle-range, and situation-specific theories related to health problems of adults who experienced childhood sexual abuse.

### ***Findings and experiences from research, education, and practice***

Findings and experiences from research projects, educational programs, and/or clinical practice in hospital and/or community settings can provide a source for theoretical development. Most nursing theories tend to be initiated by the theorists' experiences from their long clinical, academic, or research experience in nursing.<sup>17</sup> Theorists can easily raise theoretical questions from their own experience. Kirkevold<sup>35</sup> posited that integrative nursing research experience has great potential for clarifying the theoretical perspective and substance of the nursing discipline, as well as making research-based knowledge more accessible to clinical nurses. Lyons<sup>36</sup> argued that nursing can generate a knowledge base through reflecting on nurses' own experience. Reed<sup>37</sup> mentioned that her theory of self-transcendence was developed using clinical experience and empirical investigations.

### ***Collaborative efforts***

International and interdisciplinary collaborative efforts may provide sources for the development of situation-specific theories as well. To be specific to a situation and/or a population, such a theory sometimes needs to incorporate a more detailed and exact source



for theory development. Collaborative efforts allow comparisons of ideas, scholarly dialogues, and an integration of different and/or disperse opinions and findings.<sup>38</sup> Experts in different areas of nursing who are working on the same nursing phenomenon will give different and new views/visions on nursing phenomena which cannot be easily obtained by independent work by one person. For example, when a collaborative team is working together on midlife women's menopausal experience, a nurse whose expertise is physiology can provide a different view on menopausal experience from a nurse anthropologist or a nurse feminist. In terms of theoretical development, the theory will be a nursing theory, but it will be based on diverse views on menopause.

Collaborations between academics and clinicians can also provide a source for theory development, which will provide a strong link between theory and practice. Gassner et al.<sup>39</sup> proposed a model devised by the project team, including four academics and six clinicians, and concluded that the model was effective in facilitating the collaborative relationships necessary for successful development and implementation of reality-based learning for nursing students. Collaboration with research participants can also provide an excellent source of theory development.<sup>40</sup> Taking the lead in identifying areas of practice for action research is a natural extension of nurses' role as advocates for nursing clients, and it may provide a new view of the research participants.<sup>40</sup>

International collaborative efforts also can provide an excellent source for theory development, especially for situation-specific theories, because such theories need to provide blueprints for nursing practice with a specific population that can be usually categorized along ethnic/cultural lines. Walker and Avant<sup>11</sup> even envision that international efforts of nursing theory development will strengthen nursing knowledge and theory development by incorporating different perspectives/views from different cultural backgrounds. International collaboration can give

a new view on everything from the philosophy of life, accepted behaviors, and human relations to the way in which people live.<sup>41-42</sup> Recent advances in computer and communication technologies may facilitate international collaboration through electronic networks more easily than in the past, and we will see more and more international collaborative works in theoretical nursing.<sup>43</sup>

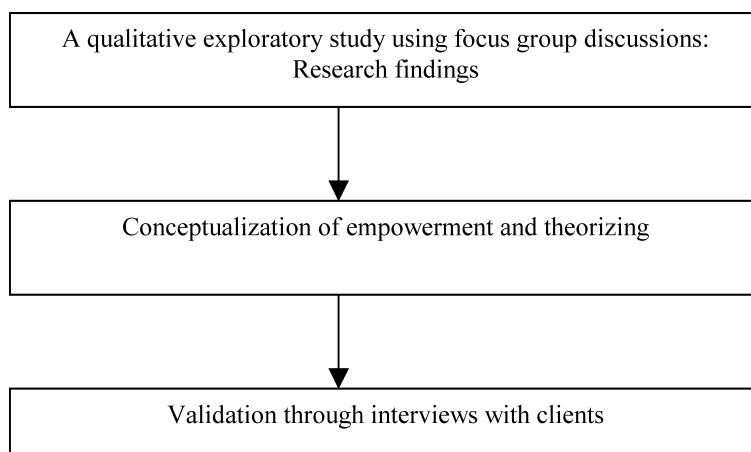
## Theorizing

### *Initiation*

While exploring the phenomenon of interest through multiple sources, a theorist may initiate her or his theory development with a simple literature review on a specific nursing phenomenon of her or his interests, from her or his own research, and/or from her or his practice experiences even before the review of the literature. Theory development can start from a mother theory and result in a modified form of the theory, which is more specific to the population of her or his interest or to the nursing situation. Theory development can be initiated by a single person or a group of colleagues who have been involved in the same area of interests. Recently, some theories have been even developed through international or interdisciplinary collaboration.<sup>11,41-42</sup> Theory development in the integrative approach may be initiated from one source or multiple sources at a time or at separate time points.

### *Process*

Developing a situation-specific theory can take place through a theorizing process in several different ways. Although few nursing theorists claim to have developed situation-specific theories, many theories in nursing meet the definition of situation-specific theories. The following examples show that the process involved in the development of situation-specific theories can be diverse. These examples were searched using the PUBMED database. For the PUBMED search, key words including *nursing*, *theory*, and *theory development* were used, and only the



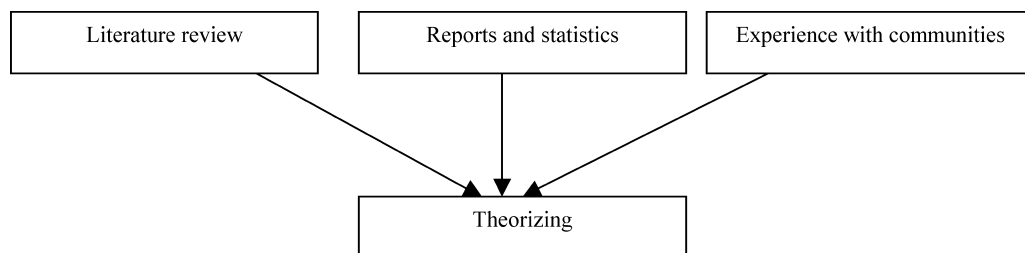
**Figure 3.** The process involved in the development of the theoretical work by Falk-Rafael.

articles published in English during the past 5 years were searched in order to capture the current trends in nursing theory development. From the 215 articles retrieved through the search, tutorials, editorials, and literature review articles were excluded. Then, all the articles were reviewed in order to identify the process used in theory development. Among them, only the articles presenting situation-specific theories were selected for this paper.

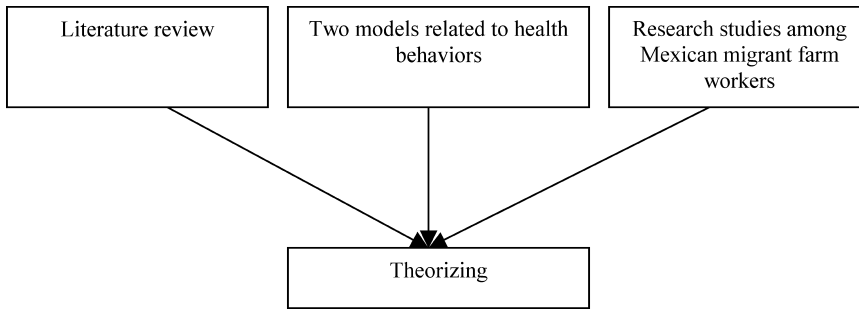
One of the examples is the theoretical work by Falk-Rafael<sup>44</sup> (see Fig 3). Her theoretical work shows a unique type of process for theory development. She initiated her theoretical work through a qualitative exploratory study. She began the study by using a nominal group technique in a series of focus groups with public health nurses to identify their conceptualization of empowerment, the strategies they identified as empowering, and the outcomes of empowering strategies they observed in their practice. Based on the quali-

tative study, she then initiated the theorizing process and developed a model that conceptualized empowerment as a process of evolving consciousness in which increasing awareness, knowledge, and skills interacted with the clients' active participation to move toward actualizing potential. Finally, the developed model was shared and validated through interviews with clients whom nurses identified as having been empowered through their practice.

Recent nursing literature notes a type of theory development that integrates theory, research and practice. For example, LaCoursiere's theory of online social support (see Fig 4) was developed with an integrated framework that incorporates knowledge from multiple sources including (a) a conceptual literature review of existing frameworks and research findings related to social support, online communications, and the effect of the Internet or the Web; (b) reports and statistics



**Figure 4.** The process involved in the development of the theoretical work by LaCoursiere.



**Figure 5.** The process involved in the development of the theoretical work by Poss.

from agencies and organizations focusing on the online health care experience; and (c) the author's experiences with online social support communities over a number of years. This type of theorizing can be easily found in nursing.

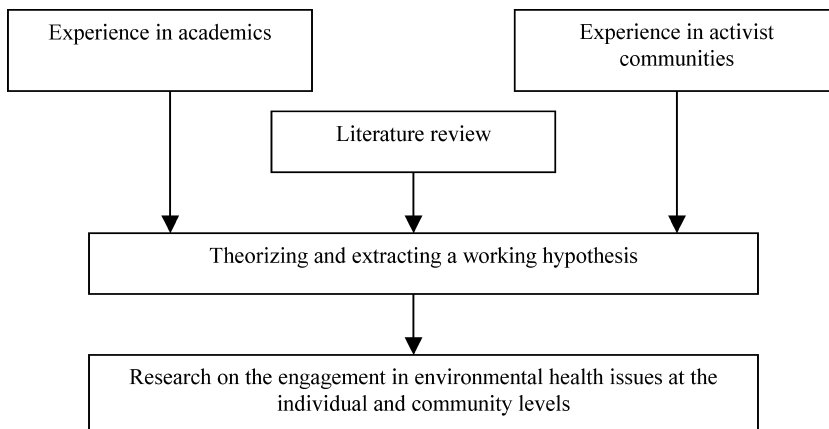
Another example of this type of theorizing is Poss's model for cross-cultural research among Mexican migrant workers in tuberculosis screening tests (see Fig 5).<sup>46</sup> In the theoretical work, the model was developed based on a literature review, two models that are often used to study health behaviors (the Health Belief Model and the Theory of Reasoned Action), and previous research studies among Mexican migrant farm workers participating in a tuberculosis screening program.

The theory development process of situation-specific theories can also be found in the development of the integrative model

for environmental health research by Dixon and Dixon (see Fig 6).<sup>47</sup> The theorists developed the theory based on their experiences in both academic and activist communities relative to environmental health and a review of the research literature. Then, a working hypothesis that may be useful in guiding investigations or suggesting needed policies was extracted and used in their research on the engagement in environmental health issues at the individual and community levels.

### Integration

While initiating and proceeding theorizing process based on explorations of nursing phenomenon through multiple sources, a theorist can integrate her or his analysis, discovery, formulation, and evaluation through conceptual schemes, reflexivity, and documentation.



**Figure 6.** The process involved in the development of the theoretical work by Dixon and Dixon.

The integration process that a theorist can adopt includes several different components. From existing nursing and non-nursing theories, a theorist may start with broad established facts, principles, laws, or theories that are known and generally accepted as true and use them to address narrower yet related phenomena, concepts/variables, and propositions. A theorist may start from her or his experience in research, education, practice, research findings, or literature review with smaller, narrower concepts/variables and formulates new propositions that may ultimately lead to the development of new facts, principles, laws, and theories. A theorist may also formulate potential propositions based on personal and nursing knowledge, skills, values, meanings, and experience and not on empirically-based evidence or facts. Although distinctively different, these ways of integration may combine. Furthermore, these integration processes can happen for a long period of time, and a theorist might go through several waves of integration through her or his research projects and practice in clinical settings.

In these integration efforts, conceptual schemes with beginning hunches can be instrumental.<sup>16</sup> Conceptual schemes can be initiated, developed, and refined throughout the theory development process. The most important part of the conceptual schemes is internal and external dialogues.<sup>16,17</sup> Through conceptual thinking, memo-writing, and journal-writing, a theorist can initiate and maintain her or his internal dialogues so that her or his theorizing process can be further organized, refined, and integrated.<sup>17</sup> In addition, a theorist may initiate and maintain an external dialogue through discussions with colleagues, research members, students, and research participants and through participation in seminars, conferences, and/or panel discussions. In both ways, the theorist can develop and refine her or his conceptual schemes that are related to the nursing phenomenon of her or his interests and can integrate various theorizing processes.

Reflectivity is also instrumental in the process of integration. Situation-specific theo-

ries consider social, cultural, and historical contexts, but their scope and the questions are limited to specific situations and/or specific populations.<sup>17,30</sup> Therefore, in the development of situation-specific theories, considerations of social, cultural, and historical contexts should be incorporated from the beginning stage of the theory development process, which requires reflectivity of the theorists. Sufficient reflectivity to uncover what may be deep-seated but poorly recognized views on the specific situations and/or the specific populations central to the theory development and a full account of the theorists' views, thinking, and conduct can help the theorist's integration of her or his theorizing processes.<sup>17</sup>

The theorists also need to be reflective about their own values and meanings related to specific situations and/or specific populations. Values are enduring beliefs, attributes, or ideals that establish moral and ethical boundaries of what is right and wrong in thought, judgment, character, attitude, and behavior.<sup>48</sup> Thus, values form a foundation for correct thinking and decision making throughout the theorist's life; values develop over time and reflect individual, family, social, cultural, and religious influences as well as personal choice.<sup>48</sup> Thus, during the integration process, a theorist needs to be reflective on their own meanings attached to the specific situations and/or the specific populations.

Documentation of all stages involved in the theory development process can be instrumental in integration efforts. As situation-specific theories emphasize contextuality and reflectivity in the process of theory development, the theoretical and analytic decision trails created by the theorists during the development process need to be ascertained as well.<sup>16</sup> Theorists may continually question their conceptualization and theorizing, critiquing each step of the development process and the impact of the theories within their social and political environment. This process needs to be well documented through theoretical diaries and/or memos, so that the documentation supports the

integration of the theory development process.<sup>17</sup> Systematically documenting the rationale, outcome, and evaluation of all actions related to theory development is an important component of the development of the situation-specific theories.<sup>17</sup> This documentation will result in well-grounded, cogent, justifiable, relevant, and meaningful theory development processes and outcomes.

### Reporting, sharing, and validating

When the documenting of theorizing and integration takes the form of a manuscript, a model, or a research report, these need to be reported and shared with nursing communities. Nurse theorists have emphasized reporting and sharing of their work.<sup>29</sup> The criteria for theory evaluation that have been proposed and used in nursing usually include social utility and/or contagiousness as an important criterion.<sup>17,50</sup> Through reporting and sharing, theory development may be constructively critiqued by peers, and theoretical products can be further developed.

The validation of theories by nursing clients can also enhance the efforts to develop a theory. The relevance of an approach needs to be reflected from the very beginning of the process. Here, relevance means that a nursing theory can serve nursing clients' own issues and interests in improving their lives.<sup>32</sup> To ensure relevance, situation-specific theories may be checked with nursing clients in the specific situation and/or with the particular population through a member validation process, and theorists always need to be reflective about nursing clients' own views, needs, and interests throughout the theory development process. When nursing clients perceive a theory to be representative of their real experience, the theorized model is more easily applicable to the nursing phenomenon

that the clients are experiencing, which subsequently improves understanding and nursing care outcomes.

### CONCLUSIONS

In this article, an integrative approach to the development of situation-specific theories is proposed. This proposition is an extension of a suggested outline of the integrative approach previously drawn by Im and Meleis.<sup>16</sup> The proposed integrative approach describes the development process of situation-specific theories that aim to produce ready-to wear-theories and that ultimately aim to link better nursing care outcomes through their specificity and diversity. None of the steps/stages in the proposed approach is entirely new to nurses, whether they are clinicians, theorists, or researchers.<sup>17</sup> Nurses may be involved in the theory development process in many ways, and we can see the growing acceptance of theory development as a significant aspect of knowledge development in nursing.

Theory development cannot grow in isolation.<sup>17</sup> The integrative approach proposed in this paper needs more discussion, constructive criticism, and feedback from researchers, practitioners, and theorists alike. The integrative approach should not be limited only to the proposed process. As knowledge and technology in nursing advance, we may see different types and processes of theory development in nursing in the near future.<sup>11</sup> As we keep in mind that theory development process is dynamic, cyclic, and changing over time, we need to continue to welcome the changes and remain open to the potential growth of theoretical nursing for better nursing care outcomes.

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