Conceptual-Theoretical-Empirical Structure (CTE) Evaluation related to Nursing

[Author]

[Institution]

Author Note

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# CTE and Middle-Range Theories

Theory, according to its core concepts, is a symbolic representation of various aspects of reality that need to be discovered, predicted, and even explained. This is done to make sense of a new idea, or a natural phenomenon that is not as easy to understand and needs extensive research in order to be grasped. The theory is constructed to make sense of the ideas or view the nature of a naturally occurring phenomenon being discussed. It is the primary method used to construct and develop a set of knowledge that is exclusive to nursing (McEwen & Wills, 2017). The theory is essentially defined as a form of concrete and specific conceptualizations that derive from a conceptual model and its propositions. The basis of these conceptualizations lies in concrete affirmations that discuss the relation between two or more concepts.

The term theory has a number of definitions. However, all these definitions serve as a reference to analyze nursing practice. They explain the modes of practice that express the development of world views and relevant actions through concepts. They have the sole objective of recognizing nursing as a discipline of science, along with a form of art in the health field (Domingos et al., 2017).

The levels of theoretical abstraction vary from its scope. The metatheory has the highest abstraction, followed by grand theories, middle-range theories and, finally, nursing practice theories or specific-situation theories, considered the least abstract (Banner, 2018). Since they are more concrete than grand theories, they consequently having more applicable elements and receive more attention in research (Fawcett & Desanto-Madeya, 2012).

Middle-range theories are those that are limited in their application, fulfilling an intermediary theoretical role among the specific work hypothesis and all speculation involving a larger conceptual scheme (Davidoff, Dixon-Woods, Leviton, & Michie, 2015). Thus, they have been considered to have high applicability to research and clinical practice. However, there are numerous and complex strategies and methodological bases for their development, demanding the availability of more content on the theme. In a way, the interest in middle-range theories serves as a counterweight to the discomfort disseminated in the academia-service dialog of considering grand nursing theories too far-reaching or abstract to directly orient nursing interventions (Alligood, 2013).

C-T-E or the Conceptual-Theoretical-Empirical structure is a useful tool that enables reflection between two different types of research. While one focuses on creating theories, the primary purpose of the other one relies on testing middle-range theories (Fawcett & Desanto-Madeya, 2012). The procedures for creating theories tend to consider research results (particular facts) to produce generalizing conclusions that would become the theories themselves (Tappen, 2016). From this perspective, induction is applied in order to create theories that are minimally linked or not linked or derived from preexisting models, basically employing data to theorize (example: Grounded Theory); or adopt conceptual models (component C) only to guide a descriptive theory that creates a theory, generating a C-E-T type orientation (Fawcett & Desanto-Madeya, 2012). Alternatively, they may only utilize concepts or constructs that are more general to create middle-range or specific situation theories. This, for instance, can be defined as the adoption of the concept of “transition” (Meleis, 2010).

On the other hand, procedures for testing middle-range theories demand that middle-range theory concepts and propositions be initially linked to a conceptual model so that a test of the theory can be conducted. This ﬂow follows the C-T-E acronym in their original order, with the research (component E) being descriptive, correlational or experimental (Fawcett & Desanto-Madeya, 2012). The deduction method tends to be the most predominant. Theories produced by deduction from a conceptual model or grand theory or by employing both deduction and induction, while following the C-T-E logic.

# Evaluation of the conceptual-theoretical-empirical linkages

An inextricable linkage exists between the conceptual, theoretical and empirical models that enable one to study and apply them in nursing practices, relevant research and education of new nurses. According to Fawcett & Desanto-Madeya (2012), carrying out nursing research, or practicing nursing is futile without taking guidance from a conceptual model. The development of any theory cannot take place without extensive guidance of a conceptual model. Thus, the CTE structure is employed for theory-generating research, which proceeds in an inductive manner using the conceptual model to figure out the empirical indicators to generate theory. Furthermore, the deductive steps that employ the use of CTE structure are frequently used for nursing practice and even includes theory-testing research flow, primarily for nursing practices. This flow operates from the conceptual model to the theory, to the empirical indicators involved (Fawcett & Desanto-Madeya, 2012).

This is how CTE structure can be for a variety of different applications, which includes and is not limited to conceptualizing the means through which individuals interact with their environment. This also includes the adaptive measures employed by them to draw progressive conclusions.

# Evaluation of the selected theory

Kristen M. Swanson, in 1999, introduced the Caring Theory. This theory can be used as a solution which is capable of bridging gaps between the nursing practice and its theory (Swanson, 1999). The theory describes the link between the patient and its well-being, as well as the caring process involved (Tonges & Ray, 2011). In her theory, Swanson focused on nurses and the role they can play to put a patient at ease by showing that they care about them. By showing that their wellbeing is just as important to them as finding a solution to the patient’s medical problem, a nurse will not only perform her role in an effective manner but also assure the patients in her charge that they are in right hands (McKelvey, 2018). This theory is defined by five processes of care i.e. knowing the right way to treat the patient, being around the patient, doing things for the patient that aids with the healing process, enabling them to look after themselves and finally maintaining their belief that they are going to get better. A patient tends to lose hope about ever becoming a fully functioning part of the society when they suffer through such ailments. Thus, nurses could play a key role in not only helping them get better but also to continuously remind them that they are going to get better and be out of the hospital in no time.

# Evaluation of research findings

Kristen Swanson’s Theory of Care was applied in a Swedish hospital to analyze how effective it can be in preventing miscarriages in pregnant women (Jansson & Adolfsson, 2011). According to the data obtained, around 20 percent of pregnant women in Sweden suffered miscarriages. These women suffer through a deep and inconsolable sense of loss and which leads to feelings of guilt and emptiness. These women, and their partners dealt with grief and loss in their own way. Swanson’s middle range caring theory is often cited as an effective remedy for women that go through miscarriages (Meaney, Corcoran, Spillane, & O’Donoghue, 2017). Thus, for the purpose of this experiment, two different women were interviewed in order to accumulate data. The first interview was conducted with a woman who has personally suffered through a miscarriage, while the second interview was carried out with a midwife who had supported various women and their partners through the period of grief following a miscarriage. These interviews were then subjected to intense analysis using Swanson’s caring theory (Lillykutty & Samson, 2018). The results were analyzed on the basis of all five processes of care, and favorable results were obtained.

# Evaluation of the utility and soundness of the practice theory

According to the empirical indicators associated with the theory, and its application on the situation at hand, it was shown that the theory and most of its associated processes have the potential to provide effective care for patients. It enabled them to improve themselves in time of need and allowed them to not only heal themselves physically but emotionally as well. Thus, Swanson’s caring theory, if applied in the right manner, has great potential for improving the well-being and quality of life for patients.

In conclusion, the Caring Theory by Swanson falls perfectly on the C-T-E model and is effective in providing patient centered care through evidence-based practices and tried and tested methods.

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