

THEORETICAL BASIS FOR NURSING DIAGNOSES
GENERATED BY GRADUATE NURSING STUDENTS

A THESIS
SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF MASTER OF SCIENCE
IN THE GRADUATE SCHOOL OF THE
TEXAS WOMAN'S UNIVERSITY

COLLEGE OF NURSING

BY
ROSANNE S. VON REYN, BSN, RN

DENTON, TEXAS
DECEMBER 1990

TEXAS WOMAN'S UNIVERSITY
DENTON, TEXAS

10/31/90
Date

To the Dean for Graduate Studies and Research:

I am submitting herewith a thesis written by _____

Rosanne S. von Reyn

entitled Theoretical Basis for Nursing Diagnoses

Generated by Graduate Nursing Students

I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Nursing.

Rose M. Niswider
Major Professor

We have read this thesis and
recommend its acceptance:

Susan Good

Shirley M. Ziegler

Accepted:

Leslie M. Thompson
Dean for Graduate Studies
and Research

Copyright, Rosanne S. von Reyn, 1991
All rights reserved

DEDICATION

Dedicated to the loving memory of Helen C. Smetana,
RN, my mother, who taught me how to pray to God. Through
Him all things are possible.

ACKNOWLEDGMENTS

I would like to express my appreciation to Sue Goad, Ed.D., and Shirley Ziegler, Ph.D., members of my committee, who gave of their time, assistance, and valuable contributions in support of this research project. To Rose Nieswiadomy, Ph.D., my thesis chairperson, who always had time to help, to give advice, to encourage, words could never adequately express my gratitude to you.

To my dear husband, Thomas, who continues to teach me about love and life and who helped to make my dream a reality, all my love. To my four daughters, Catherine, Laura, Christina, and Jamie Beth, who kept me in touch with the truly important things in life, may God keep you in His love. A special thank you to my father, Clement Smetana, and to all my family whose prayers and support were unfailing. To my sister, Laurette Keiser, for all her encouragement, phone calls, and "special help," may I some day return the favor. To my niece, Vanessa, thank you for helping me with the girls so that I had time to write.

To Marion Smalley, thank you for your dedication, patience, for always saying "we can fix it," and for your beautiful work.

For a dear friend and neighbor, Mary Garcia, who was always ready and willing to help and to offer encouragement, I am grateful. Lastly, to my friends, Pat Pachnick, Patty Cimaglia, and Georgianne Harpe, who offered support and were always willing to take care of my four girls, thank you.

THEORETICAL BASIS FOR NURSING DIAGNOSES
GENERATED BY GRADUATE NURSING STUDENTS

ABSTRACT

ROSANNE S. VON REYN, BSN, RN

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING
DECEMBER 1990

The purpose of this descriptive study was to explore the theoretical basis for nursing diagnoses generated by graduate nursing students. The sample consisted of 50 nursing diagnoses, with their corresponding theoretical basis, obtained from the graduate nursing comprehensive examinations (given over a 2-year time period). Ninety-nine diagnoses were evaluated before 50 acceptable nursing diagnoses were obtained. Twenty-two theories were used as the basis for the 50 diagnoses. A panel of three experts was used to determine if the diagnoses were theory-based.

The conclusion was made that the ability of graduate nursing students to write nursing diagnoses in an acceptable format remains limited. Additionally, it was concluded that graduate nursing students are not able, the majority of the time, to generate nursing diagnoses utilizing a theoretical basis for both the etiology and response components of the nursing diagnoses.

TABLE OF CONTENTS

	Page
DEDICATION	iv
ACKNOWLEDGMENTS	v
ABSTRACT	vi
LIST OF TABLES	x
 Chapter	
I. INTRODUCTION	1
Problem Statement	3
Justification of Study	3
Assumptions	7
Research Questions	8
Definition of Terms	8
Limitations	9
Summary	10
 II. REVIEW OF LITERATURE	12
Nursing Diagnosis	12
Research on Nursing Diagnosis	23
The Use of Theory in Nursing	31
The Theoretical Basis of Nursing Diagnoses	45
Summary	48
 III. PROCEDURE FOR COLLECTION AND TREATMENT OF DATA	49
Setting	49
Population and Sample	50
Protection of Human Subjects	50
Instruments	51
Data Collection Methods	54
Treatment of Data	57

	Page
IV. ANALYSIS OF DATA	58
Description of the Sample for the Study	58
Findings	60
Additional Findings	80
Summary of Findings	80
V. SUMMARY OF THE STUDY	83
Summary	83
Discussion of Findings	85
Conclusions and Implications	90
Recommendations for Further Study	92
REFERENCES	93
APPENDICES	
A. Criteria for Acceptable Nursing Diagnoses	102
B. Theory-Based Nursing Diagnosis Tool	104
C. Data Collection Sheet	106
D. Agency Permission Form	110
E. Graduate School Permission to Conduct Study	112
F. Research Review Committee Exemption Form	114
G. Explanation of Investigation to Panel of Experts for the Pilot Study	116
H. Data Sheet and Questionnaire	119
I. Diagnoses Used for Pilot Study	122
J. Explanation of Investigation to Panel of Experts	125
K. Diagnoses Used for Investigation	128

LIST OF TABLES

Table	Page
1. The Frequency and Percentage of Unmet Criteria for 49 Unacceptable Nursing Diagnoses	61
2. Frequency and Percentage of Theories Identified by Graduate Nursing Students in the Generation of Nursing Diagnoses according to Clinical Area	63
3. Theory-Based Nursing Diagnosis Tool-- Three Panel Members Familiar with Theory	70
4. Theory-Based Nursing Diagnosis Tool-- Two Panel Members Familiar with Theory	75
5. Theory-Based Nursing Diagnosis Tool-- One Panel Member Familiar with Theory	77
6. Frequency and Percentage of Nursing Diagnoses With Identifiable Theoretical Concepts Reflected in the Response, the Etiology, or Both Components of the Nursing Diagnoses	79

CHAPTER I

INTRODUCTION

Nursing diagnosis was initially mentioned in the literature in the 1950s. Fry (1953) stated, "A creative approach to nursing involves a nursing diagnosis and the design and means for carrying out a plan for the care of an individual person" (p. 301). Since that time much discussion has continued to surround the utilization of nursing diagnosis. The American Nurses' Association (ANA) (1980) indirectly addressed the concept of nursing diagnosis within the following definition, "Nursing is the diagnosis and treatment of human responses to actual or potential health problems" (p. 9). Further writings have mentioned the role of nursing diagnosis within the nursing process. That role has been described as "pivotal" by Ziegler, Vaughan-Wrobel, and Erlen (1986).

In 1976, Aspinall compared the nursing process to a chain, and, like a chain, the strength of the nursing process is dependent upon the strength of its component parts. In 1990, the nursing diagnosis may well remain as the weakest link in the "chain" of the nursing process (Grant, Kinney, & Guzzetta, 1990). Failure to address

nursing diagnosis satisfactorily has been cited as one reason for the continued "weakness" of nursing diagnosis within the nursing process (Grant et al., 1990).

It is vital to note that there exists an "interface" between nursing knowledge, nursing process, and nursing diagnosis (Ziegler et al., 1986). This interface can be summarized as follows, "Nursing theory guides assessment . . . theory guides diagnoses . . . theory then provides the explanation for the client's response" (Ziegler et al., 1986, p. 20).

Fawcett (1986) stated that developments by the nurse theorist group associated with the North American Nursing Diagnosis Association (NANDA) "appears to have proceeded in a contextual vacuum and has many indications of continuing to be guided by pragmatic, rather than theoretical interests" (p. 397). Fawcett (1986) further added that, "if nursing diagnosis is to become an integral and meaningful part of nursing science and nursing practice, then theoretical interests must guide future work" (p. 397). According to Gordon (1990) "nursing has a responsibility to society for the development of knowledge in the areas described by nursing diagnoses" (p. 5). Gordon (1990) further elaborated that many diagnostic concepts are suggestive of "primitive, pretheoretical ideas

with a minimal knowledge base" (p. 5). What is now needed is the development of a conceptual base for each diagnosis or diagnostic area (Gordon, 1990).

According to Woolley (1990) nursing diagnosis encompasses the cognitive processes involved in problem-solving, and nursing's theoretical knowledge base. Failure to address each of these distinct, yet related, domains, "can hinder and dramatically influence this diagnostic process, even to the detriment of the patient's welfare" (Woolley, 1990, p. 110). It is within this realm that the investigator examined nursing diagnosis statements generated by graduate nursing students and the theoretical basis for these diagnoses.

Problem Statement

The problem of this study was to explore the theoretical basis for nursing diagnoses generated by graduate nursing students.

Justification of Study

The American Nurses' Association (1980) Social Policy Statement identifies "four defining characteristics of nursing: phenomena, theory application, nursing action, and evaluation of effects of action in relation to phenomena" (p. 9). Within their explanation of the nature

and scope of nursing, the ANA (1980) included a section on theory:

Nurses use theory in the form of concepts, principles, processes, and the like, to sharpen their observations and to understand the phenomena within the domain of nursing practice. . . . The theoretical base for nursing is partially self-generated and partially drawn from other fields; the resulting insights are integrated into a foundation for nursing practice. (p. 11)

A four-step process which involves assessing, planning, implementing, and evaluating was proposed by faculty at Catholic University, and the four steps were labeled the "nursing process" (Yura & Walsh, 1973). The first mention of a five-step nursing process was made by Bloch (1974) and was further elaborated upon by Roy (1975) and Aspinall (1976). The second step within the nursing process has been designated as nursing diagnosis, thereby initiating the five-step process.

In their writings, Yura and Walsh (1983) have stressed the importance of a theoretical framework for the nursing process. "Many different theories from various disciplines are related to the nursing process. These include general systems theory, communication theory, and decision and problem-solving theories" (p. 71). Attempts to focus on the theoretical basis for nursing diagnoses have been made by Yura and Walsh (1983) and Griffith-Kenney and Christensen (1986), but such attempts lacked an actual

process. "If nursing science has the ultimate goal of theory formulation and if theories formulated are to explain, predict, and control the practice of nursing, there must be an intimate and sustaining theory-practice relationship" (Jacobs & Huether, 1978, p. 67).

The first national meeting of nurses interested in naming health problems was held nearly 2 decades ago by a group called the North American Nursing Diagnosis Association. This group has identified a long list of actual or potential health problems that have been labeled as nursing diagnoses. However, Fawcett (1986) stated that this group has progressed only to the point of identifying "a theory without an explicit conceptual base and a conceptual base that has little, if any, logical tie to the theory" (p. 397). If nurses are to successfully utilize the nursing diagnosis in their practice, then there must also be a theoretical component within the nursing diagnosis.

It is essential that theories and research findings are put to use to prove some value to the profession. If not, they remain as theoretical suspects and serve to widen the gap between theory and practice. Similarly, nursing diagnosis should not be allowed to become yet another instance of the gap between the theory and the practice of nursing. (Lash, 1981, p. 49)

Since 1973 NANDA has held nine conferences to identify and classify nursing diagnoses (NANDA, 1990). The "human

response patterns" framework had been adopted as the basis for the development of a taxonomy, replacing the prior alphabetically developed taxonomy (NANDA, 1990). Questions continue to exist regarding NANDA's taxonomic procedures and accepted taxonomic methodology (Porter, 1986). The development of a taxonomy of nursing phenomena should coincide with the development of nursing theory (Woolley, 1990). "Such a system is essential, not only to correct the semantic ambiguity which stifles the reasoning process and communication amongst health workers, but also as a basis for the development of higher level theories and the advancement of nursing science" (Woolley, 1990, p. 116).

The ANA (1980) Social Policy Statement mentioned that, "diagnosis of phenomena leads to application of theory to explain the condition and to determine actions to be taken--otherwise, diagnosis is mere labeling" (p. 19). Unless nursing can realize the importance of theory-based nursing diagnosis then the future outlook for nursing diagnosis will be as confusing as was Alice in the following, taken from Alice in Wonderland:

"Then you should say what you mean," the March Hare went on.

"I do," Alice hastily replied; "at least--at least I mean what I say--that's the same thing you know."

"Not the same thing a bit!" said the Hatter. "Why, you might just as well say, that 'I see what I eat' is

the same thing as 'I eat what I see'!" (cited in Mundinger, 1980, p. 31)

This study analyzed nursing diagnoses developed by graduate nursing students, specifically focusing on the theoretical basis of the diagnoses statements. Nursing diagnoses can enhance communication among nurses and communication with other health care professionals if, and only if, theory-based nursing diagnoses provide the common ground for communication.

Assumptions

The following assumptions were made for the study:

1. Nursing process provides the framework for the delivery of nursing care.
2. Theory is basic to the practice of nursing.
3. Graduate nursing students have received graduate level instruction on nursing process, nursing diagnosis, and theory utilization.
4. Nursing diagnoses that meet Ziegler et al.'s (1986) criteria are considered to be acceptable nursing diagnoses.

Research Questions

The following research questions were addressed:

1. To what extent are graduate nursing students able to write nursing diagnoses in an acceptable format?
2. What theories do graduate nursing students identify most frequently in the generation of nursing diagnoses, categorized according to clinical area?
3. To what extent are graduate nursing students able to write theory-based nursing diagnoses?

Definition of Terms

The following terms were defined for this study:

1. Nursing diagnosis--a nursing diagnosis has been defined by Gordon (1979) as, "actual or potential health problems which nurses, by virtue of their education and experience, are capable and licensed to treat" (p. 489).

In this study an acceptable nursing diagnosis had to meet five critical criteria (outlined in Appendix A) as identified by the researcher. The nursing diagnoses were obtained from existing data, in the form of comprehensive examinations taken by graduate nursing students.

2. Theory-based nursing diagnoses--a theory is defined as "a statement that purports to account for or characterize some phenomenon" (Stevens, 1979, p. 1). A theory-based nursing diagnosis has been described by

ziegler et al. (1986), when they stated that, "theory then provides the explanation for the client's response and serves as the base for the etiology component of the nursing diagnosis statement" (p. 20). In this study, theory-based nursing diagnoses were identified by a panel of experts, according to the criteria in Appendix B.

3. Graduate nursing students--students who have been enrolled in a master's program in nursing at one southwestern university and have successfully completed at least 30 of the 36 hours of graduate course content.

4. Clinical area--the graduate nursing students enrolled in one of five clinical tracts: medical-surgical, pediatric, psychiatric mental-health, community-health, and obstetrics, as identified on the graduate comprehensive examinations.

Limitations

The following limitations were identified in the study:

1. Data were gathered at one college of nursing that has stressed theory-based practice in the nursing program.

2. The nursing diagnoses were generated by students that may have had various amounts of experience developing nursing diagnoses in their graduate programs or in their work situations.

3. Individual nursing instructors may have influenced the students' perceptions of the importance of theory utilization within the nursing diagnosis.

Summary

"The first major task in our creative approach to nursing is to formulate a nursing diagnosis and design a plan which is individual and which evolves as a result of the synthesis of needs" (Fry, 1953, p. 302). Although these words were written over 3 decades ago, one wonders how close nursing is to the completion of this first major task. According to Griffith-Kenney and Christensen (1986), Jacobs and Huether (1978), Lash (1981), Yura and Walsh (1983), and Wooley (1990) this first task, the generation of a nursing diagnosis, needs to reflect a theoretical basis. Contrary to this belief, the theorists of the North American Nursing Diagnosis Association have tried to fit a list of nursing diagnoses to their conceptual model and "the fit seems forced at best and illogical at worst" (Fawcett, 1986, p. 397).

The importance of a theoretical basis in nursing diagnoses was evident in Hinshaw's keynote address at the 1988 NANDA Conference.

Ultimately, it will be important to have a body of knowledge surrounding and undergirding each nursing diagnosis in order to justify the use of the

information in practice. Without it, the reliability, validity, and accuracy of the information will remain questionable. (Hinshaw, cited in Gordon, 1990, p. 7)

If the generation of nursing diagnoses continues without a theoretical basis, then what "tasks" shall face nursing 3 decades from now? This study focused on the analysis of the theoretical basis of nursing diagnoses generated by graduate nursing students.

CHAPTER II

REVIEW OF LITERATURE

This chapter presents a review of the development of a theoretical basis for nursing diagnoses. This review of the literature will focus on the state of the art of nursing diagnoses, research on nursing diagnosis, the use of theory in nursing, and how theory has guided the development of nursing diagnoses. " . . . every major step forward by mankind entails some loss, the sacrifice of an older security and the creation and heightening of new tensions" (W. Barrett, 1958, p. 72).

Nursing Diagnosis

The nursing literature contains numerous definitions of the term nursing diagnosis. One of the earliest attempts at a definition was "a determination of the nature and extent of nursing problems (presented) by individual patients or families receiving care" (Abdellah, 1957, p. 4) Nursing diagnosis served as the link between collecting information and planning client care. In 1982 Gordon stated that utilization of nursing diagnoses can no longer be left up to the discretion of the nurse for it is a recognized nursing responsibility.

More recent definitions of nursing diagnosis are that it is a process, an outcome/product, or a category (American Nurses' Association, 1980; Carnevali, 1984; Gordon 1982; Griffith-Kinney & Christensen, 1986). At the First National Conference on the Classification of Nursing Diagnosis, held in 1973, a process definition was proposed: "Nursing diagnosis is the judgement or conclusion which occurs as a result of nursing assessment" (Gebbie & Lavin, 1975, p. 114). Shoemaker's (1985) definition of nursing diagnosis is also process oriented:

A nursing diagnosis is a clinical judgement about an individual, family or community which is derived through a deliberate, systematic process of data collection and analysis. It provides the basis for prescriptions for definitive therapy for which the nurse is accountable. It is expressed concisely and it includes the etiology of the condition when known. (p. 387)

There is also disagreement in the literature regarding the focus of the diagnosis, whether it should be needs (Yura & Walsh, 1983), stress responses (Little & Carnevali, 1976), or patterns of human responses (NANDA, 1986). Gordon (1982) viewed nursing diagnosis as a description of "actual or potential health problems which nurses, by virtue of their education and experience, are capable and licensed to treat" (p. 1299).

The American Nurses' Association in its 1980 publication, Nursing A Social Policy Statement, addressed

the concept of diagnosis by defining nursing as, "the diagnosis and treatment of human responses to actual or potential health problems" (p. 9). Diagnosis was defined as, "a beginning effort to objectify a perceived difficulty or need by naming it, as a basis for understanding and taking action to resolve concern" (ANA, 1980, p. 11). There remains no agreed upon operational definition, nor conceptual focus of nursing diagnosis. What does exist in the nursing literature is mention of the significant degree of importance nursing diagnosis must play in the future of nursing.

The nursing diagnosis statement represents the product of diagnosing. The statement consists of two clauses joined by a "related-to" phrase (Gordon, 1982; Mundinger, 1980; Ziegler et al., 1986). The client's potential or actual unhealthful response comprises the first component, and the second component is the hypothesized cause for the response (Ziegler et al., 1986).

Aspinall (1976), referring to nursing diagnosis as a process, stated, "if it is arrived at accurately and intelligently, it will lead to identification of the possible causes of symptomatology" (p. 436). According to Ziegler et al. (1986), the intellectual process utilized in arriving at a diagnosis is nearly the same in all

professions. Differentiation of one profession's domain of diagnosis from another is due to the focus of the diagnosis (Ziegler et al., 1986). Nursing relies on a clustering of significant cues into patterns using nursing knowledge. A cue has been defined as, "the specific subjective and objective data identified in the data base that suggest a human response to an actual or potential health problem or the cause for that response" (Ziegler et al, 1986, p. 74). A pattern, then, is the designated label of a cluster of related cues (Ziegler et al., 1986).

Gordon (1982) stated that the nursing diagnosis is an essential component of the nursing process. Worth noting is the fact that the first recognized use of the term nursing diagnosis occurred 5 years before the first organized use of nursing process (Douglas & Murphy, 1981). However, nursing diagnosis was generally included within the assessment component of the nursing process.

Yura and Walsh (1983) defined nursing process as a series of steps taken in order to maintain or direct clients toward their optimal level of wellness. Henderson (1987) stated that the nursing process stressed the science of nursing, on which effective health care should be based. "The nurse used the nursing process to identify and synthesize clinical data and to order nursing interventions

to reduce, eliminate, or prevent (health promotion) health alterations which are in the legal and educational domain of nursing" (Carpenito, 1983, p. 16). Miakowski (1985) stated that the nursing process is no different than any other method of disciplined inquiry such as, the scientific method, the research process, or the problem-solving process. The Nursing Theories Conference Group affiliated with NANDA described nursing process as "determining the clients' problems, making plans to solve them, initiating the plan or assigning others to implement it, and evaluating the extent to which the plan succeeds" (Henderson, 1987, p. 12). According to Henderson (1987), this definition was thought to be more in line with the biomedical and science-based approach of the physician.

Ziegler et al. (1986) have identified five steps within the nursing process: assessing, diagnosing, planning, implementing, and evaluating. Some authors recognize four steps of the nursing process (Miakowski, 1985; Putzier & Padrick, 1984; Yura & Walsh 1983) and others have identified five or six components (Gordon, 1982; Mundinger, 1980; Roy, 1975). Nursing diagnosis has not only been described as a component of the nursing process, but the pivotal factor (Putzier & Padrick, 1984; Ziegler et al., 1986). The nursing diagnosis has also been

described as contributing to the nurse's desire for excellence "by expanding knowledge, increasing sensitivity to human needs, allowing greater depth in self-understanding, emphasizing accountability to the consumer, and providing an overall awareness of issues affecting nursing and health care" (Roy, 1975, p. 1025).

There have been both positive and negative consequences associated with the use of nursing diagnosis (Baer, 1984; Gebbie, 1984; Hagey & McDonough, 1984). Gebbie (1984) stated that the positive effects of nursing diagnoses are consistency, visibility, and development. Mention of nursing diagnoses as representing a common language utilized by nurses is evident in the literature (Gebbie, 1984; Kim, 1986; Maas, 1986). According to Gebbie (1984),

A profession needs a language if its members are to successfully communicate with one another. The language is shaped by the perception of experience and reality peculiar to the profession, and it shapes the way in which research is structured and neophytes are inducted into practice. (p. 1)

Ziegler et al. (1986) described how the nursing diagnosis contributes to nursing's goals of autonomy, quality nursing care, a systematic approach to the provision of care, accountability, a standardized communication system, and to a body of knowledge for nursing.

Gebbie (1984) described the corresponding potential negative consequences of nursing diagnostic categories as rigidity, liability, and fixation. Baer (1984) elaborated that the disadvantages of nursing diagnoses labels include: forced adherence to a pre-set list of labels, constraints affecting inferences and intuition, the exaggeration of impressions, the fostering of premature conclusions, and the standardization of a vocabulary. According to Hagey and McDonough (1984) the classification of nursing diagnoses compels nurses to "view patients as objects with problems and, like mechanics, they diagnose the problem and fix it" (p. 156).

However, the literature contains numerous proponents supporting the development of a taxonomic structure for nursing diagnoses (Gebbie & Lavin 1975; Gordon, 1982; Roy 1984; Whitley & Dillon, 1988). NANDA has held nine conferences that have resulted in the development of 100 nursing diagnoses each with their own defining characteristics (NANDA, 1990). The "human response pattern" framework has been adopted as the basis for the development of the taxonomy, replacing the prior attempt at an alphabetical taxonomy (NANDA, 1990). The "human response pattern" framework was created by a NANDA subcommittee of 14 nursing theorists. According to this

framework, health has been described as a pattern of energy exchange enabling the person to reach life's potential (Guzzetta et al., 1989). The framework is based upon nine human response patterns which reflect the whole person and are as follows; exchanging, communicating, relating, valuing, choosing, moving, perceiving, knowing, and feeling (Guzzetta et al., 1989).

According to Gebbie and Lavin (1975) "without such a [taxonomic] system, nurses will continue to experience difficulty in educating and communicating nursing care within the nursing profession or across the health system" (p. 1). Roy (1984) implied that a nursing diagnosis taxonomy could be utilized to give direction to nursing practice. Worth mentioning is the fact that in 1973 NANDA's attempt at classifying nursing diagnoses began with the utilization of empirical data from a group of nurses to identify categories for classification (Levine, 1987). At that time, NANDA was functioning under the guise of inductive thinking. Their attempt at this inductive approach was never realized. The methodology that has resulted involves ". . . choosing a diagnostic category and then ascribing to it some justifications under the rubrics of etiology and defining characteristics" (Levine, 1987, p. 50).

Although there has been mention in the literature regarding the significance of an etiology component within the nursing diagnosis statement (Gordon, 1982; Mundinger, 1980; Ziegler et al., 1986), the role etiology should play within the nursing diagnoses approved by NANDA remains questionable (Derdiarian, 1987; Fitzpatrick, 1987; G. Forsyth, 1984). NANDA (1990) has made a minimal attempt to address the issue of etiology by inclusion of related factors under each nursing diagnosis label. Fitzpatrick (1987) stated that the label "etiology" should be replaced with the label "influencing factors" based on the following: (a) the need to determine relative weights for various etiological factors, (b) the linearity of the etiological process, and (c) the need to address influencing factors. However, Derdiarian (1987) stated that although nursing authors disagree on the meaning and practical value of etiology, ". . . it is most propitious that nursing considers etiology as the knowledge most needed to achieve its mission of early detection and prevention of the disease conditions" (p. 68). Derdiarian (1987) further added that the utilization of an etiology component by nursing and particularly NANDA will provide a conceptual reference on which to base the classification of nursing diagnoses. G. Forsyth (1984) offered confirmation

by stating that as nurses continue to be involved in the national effort to identify and classify health problems that are of concern to nursing what is sorely lacking is, "the need for a comprehensive conceptualization of etiology" (p. 63).

Porter (1986) noted that an appropriate taxonomic system relies upon a purpose, principles of organization, and categories for classification of entities. According to Gordon (1982), a taxonomy is the classification system that results from a theoretical study of classification. The development of a taxonomy of nursing diagnoses has involved the following steps: (a) defining nursing, (b) identifying the extent of nursing assessment (data base), (c) describing nursing diagnoses, (d) defining terms, and (e) developing a system of classification (Jones, 1979). According to Gordon (1982),

When a diagnostic classification system is developed, nurses in practice will be able to consult a manual that contains the entire diagnostic nomenclature. This will enable them to label client conditions consistently. When a diagnostic label is used, it will have a standard definition. This uniformity decreases the probability of communication errors. (p. 307)

However, there exists differences between NANDA taxonomic procedures and accepted taxonomic methodology (Porter, 1986). When an entity can be classified successfully, it implies that the classification system

passes the empirical test of utility and that the data were gathered according to scientifically valid procedures (Porter, 1986). Proposing a new diagnosis tests neither the structural soundness of NANDA's Taxonomy I, nor does it determine whether the process of generating a diagnosis has been appropriate (Gebbie & Haas, 1984; Porter, 1986). According to Gebbie and Haas (1984), once the Taxonomy Committee decides how the diagnosis will be classified their rationale is not available for scrutiny, which is in marked contrast to the procedure used for scientific classification.

Given the conditions inherent in health care settings today, is the development of formal diagnostic categories that any nurse can quickly plug into a positive step? Should nursing be organized along the plans of the fast-food corporations well known for literally providing "foolproof" simplified steps to deliver their product? (Hagey & McDonough, 1984, p. 152)

Carpenito (1985) stated that if all nursing diagnosis outcomes are derived from a list, then what would result is the limiting of client problems to include only those within the nurse's classification system. Gebbie (1979) addressed this issue of contention in the following, "while nursing needs a consistent taxonomy, it would be unrealistic to expect one which stimulates no controversy" (p. 98).

Research on Nursing Diagnosis

Research studies that have dealt with nursing diagnosis focus on either the process or product of diagnosis. In a study by Aspinall (1976), conducted to determine the ability of hospital nurses to identify possible causes for alterations in a patient's behavior, the focus of the study was on the diagnostic process. The study involved 187 nurses who were given a case study of a client exhibiting a decrease in cognitive functioning following surgery. The nurses were instructed to list all nursing diagnoses related to the condition. Analysis of the results indicated that most nurses lacked theoretical knowledge necessary to identify diagnoses associated with the behavior.

Aspinall (1979) further addressed the issue of the utilization of theoretical knowledge in the diagnostic process. In this study, 30 triads of nurses were formed on the basis of education, length of experience, and performance in a prior study. The nurses in each triad were assigned to one of three groups. Each group was given the identical written case study. Group A was given only the written case study. Group B was given a list of 18 disease states that could cause the behavior in similar patients, in addition to the written case study. Group C

received the information given to groups A and B, and a decision tree for each of the possible diagnoses.

The differences in numbers of correct diagnoses among all groups were found to be significant ($p < .001$) in the predicted directions, i.e., group C gave more correct diagnoses than did group B, which in turn gave more correct diagnoses than group A. (Aspinall, 1979, p. 183)

Aspinall did find that some nurses did not profit from the decision tree as much as others, indicating that further research in this area was warranted.

An article by Matthews and Gaul (1979) focused on their studies concerning critical thinking in relation to nursing diagnosis. The subjects included nursing students enrolled in a baccalaureate nursing program and graduate nursing students. The subjects' ability to deal with abstract concepts was measured by the Concept Mastery Test and found to be considerably below the national average, with the graduate subjects' performance slightly better than the undergraduate subjects. The Watson-Glaser Critical Thinking Appraisal was utilized to measure the subjects' ability to think critically. There was found to be no difference between the two educational groups tested. Their scores were consistent with the mean score of a national sample. According to Matthews and Gaul (1979), "nursing diagnoses are a result of nurses' ability to make an appropriate application of theoretical knowledge to the

clinical setting, to interpret, to evaluate, to categorize and to make inferences based upon the utilization of cues" (p. 25). Therefore, the focus of nurse researchers and educators regarding nursing diagnoses should include the cognitive task employed in the development of the diagnosis (Matthews & Gaul, 1979).

DeBack (1981) conducted a study to determine whether a nursing school's curriculum model could be used to predict the ability of senior nursing students to formulate nursing diagnoses. A curriculum model was defined in the study as the total instructional organization and teaching strategies. The determination of each respondent school's curriculum model was made on the basis of a 24-item questionnaire completed by the dean at each school. Of the respondent schools in this first phase, "50% were categorized as systems model; 19% were categorized as developmental; and 6% were interaction model" (DeBack, 1981, p. 56). The second phase of the study determined the ability of senior nursing students to formulate nursing diagnoses and then relate that ability to the curriculum model. Analysis of the nursing care plans focused on the nursing diagnosis step of the nursing process. Specific criteria were used to determine the ability of senior nursing students to formulate nursing diagnoses. "Of the

200 nursing care plans analyzed only 28% met all criteria for formulating nursing diagnoses and 35% met none of the three criteria" (DeBack, 1981, p. 56). The ability to formulate a nursing diagnosis was not a demonstrated proficiency of senior nursing students, as reported by this study, irrespective of the curriculum model. This study did not demonstrate the extent to which the different models would facilitate or inhibit the development of nurses' abilities to diagnose.

A descriptive study was conducted to identify some possible causes for inconsistent use of nursing diagnoses in the clinical setting (Warren, 1984). The study sample consisted of seven second-year graduate students enrolled in the third or fourth clinical courses of the medical-surgical nursing program at a state university. The students kept a personal case record of their clients, including a list of applicable nursing diagnoses. The records were reviewed by a faculty member to evaluate the nursing diagnoses. The findings of this study can be summarized as follows: (a) students expressed a lack of experience in identifying nursing diagnoses, (b) nurses cited medical resistance to adding the nursing diagnoses to the client's problem list, and (c) staff nurses in all participating hospitals resisted the use of the nursing

diagnosis (Warren, 1984). Research studies have focused on the adequacy of the diagnosis product (DeBack, 1981) while other studies have been concerned with the process (Aspinall 1976, 1979; Matthews & Gaul, 1979; Warren, 1984).

Ziegler (1984) conducted a descriptive study to evaluate the nursing diagnosis product. The purpose of the study was to determine the extent to which nursing diagnosis statements generated by graduate nursing students met 12 pre-determined criteria. Analysis of 168 nursing diagnoses statements developed by 90 graduate nursing students resulted in the evaluation of only 55% of the diagnoses for which all 12 criteria could be coded. Only 6% of the nursing diagnoses statements (10) actually met all 12 criteria. Based on the results of this study the state of the art of nursing diagnosis was not well developed, at that time (Ziegler, 1984). According to Ziegler (1984), "The nursing diagnosis statements generated by this sample would not lead to the goals of accountability, autonomy, or individualized nursing care" (p. 207).

Research focusing on the inclusion of nursing diagnosis in the curricula of schools of nursing was initiated by McLane (1982). Of the National League for Nursing accredited baccalaureate and master's programs

reporting in the study, 81% recorded that nursing diagnosis skills were integrated into the majority of their clinical courses (McLane, 1982). Gaines and McFarland (1984) evaluated the nursing diagnosis system employed by responding undergraduate nursing schools. "The diagnostic categories most often taught are those developed by the National Conference Group (81.5%)" (Gaines & McFarland, 1984, p. 44). The findings of these studies indicate that nursing diagnosis is included within the curricula of nursing programs, but the effectiveness of that inclusion has yet to be determined.

Shoemaker (1985) focused on an identification of the essential characteristics of a nursing diagnosis. This study used a Delphi method for the collection of data, involving a panel of 107 nurse experts throughout the United States and Canada who had experience working with nursing diagnoses. The definition of nursing diagnosis agreed upon by the panel focused on the aspect of the nurse's clinical judgement arrived at in a systematic fashion and included the rationale for interventions and the etiology of the client's condition when known (Shoemaker, 1985).

A study by Lee and Strong (1985) addressed the process of nursing diagnosis by comparing the perceptions of

students with the expectations of their nursing faculty. Lee and Strong (1985) developed a questionnaire composed of 51 nursing diagnoses approved by NANDA. Utilizing a Likert-type scale, the faculty members indicated the degree of competence expected from graduates, and the students indicated their degree of perceived personal competence, for each of the 51 nursing diagnoses. Findings indicated that the perceptions of competence were similar between professional and technical graduates and between the graduates and their faculty (Lee & Strong, 1985).

An article by Anderson and Briggs (1988) addressed their studies which focused on the quality of the diagnostic statement, dependent upon whether nurses utilized a medical or nursing data base. The diagnostic statements were generated by 26 graduate-level nursing students who had completed the nursing theory and second clinical course. The results revealed no statistical difference in the number or quality of nursing diagnoses generated from the data bases (Anderson & Briggs, 1988). These findings were supportive of the study by Aspinall (1976) which concluded that nursing diagnosis is a weak component of the nursing process.

Wright (1988) conducted a study to determine if differences existed in the degree of utilization of nursing diagnoses between Bachelor of Science (BSN) and Associate Degree (ADN) prepared nurses. Twenty-two subjects in each group (BSN and ADN) initiated a total of 133 nursing diagnoses; 62 diagnoses were initiated by the BSN nurses and 71 diagnoses were initiated by the ADN nurses. The data were collected from four nursing units which utilized a computerized patient care plan based on NANDA recommendations for nursing diagnoses. The only diagnoses recorded were NANDA approved nursing diagnoses. The results of the study revealed no significant difference in utilization of nursing diagnoses by BSN and ADN prepared nurses.

An attempt at improving the knowledge and skills of nurses in the use of the nursing process and nursing diagnoses was made by Hanson, Kennedy, Dougherty, and Baumann (1990). A nursing process-nursing diagnosis (NPND) educational program was employed to update the cognitive skills of professional nurses in the development and use of nursing diagnosis. The program model involved a needs assessment survey returned by 72 of the participants, to determine specific learning needs of the nurses, and to provide a comparison of pre-program data to posteducational

outcomes. The educational program was attended by 127 nurses and consisted of a 4-hour session. Summative evaluation conducted 1 year after the NPND program involved readministration of the needs assessment survey and an audit of documentation of the nurse participants. "One year after the educational program, desirable levels in participants' documentation were noted. The greatest improvement, 98%, was in substantiating the nursing diagnosis" (Hanson et al., 1990, p. 83).

Research studies that deal with the process or product of nursing diagnosis are essential in nursing's future. This work although far from finished must be thought of in terms of what Winston Churchill once said: "Now this is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning" (cited in Westfall, 1984, p. 87).

The Use of Theory in Nursing

In the reconstructed logic, . . . theory will appear as the device for interpreting, criticizing, and unifying established laws, modifying them to fit data unanticipated in their formulation, and guiding the enterprise of discovering new and more powerful generalizations. To engage in theorizing means not just to learn by experience but to take thought about what there is to be learned. (Kaplan, 1964, p. 294)

The definitions of theory that exist in the literature are as varied as are the theories themselves. Webster's

(1968) definitions of theory range from "an original mental viewing or contemplation" to "that part of an art or science which consists of the knowledge of its principles and methods" (p. 1511). A theory is a statement or set of statements that attempts to account for some phenomena in a systematic way (Rudner, 1966; Stevens, 1984). "Theories are not just means to other ends, and certainly not just to ends outside the scientific enterprise, but they may also serve as ends in themselves to provide understanding, which may be prized for its own sake" (Kaplan, 1964, p. 4).

A theory can also be described as an abstraction of reality (Chinn & Jacobs, 1983; Griffith-Kenney & Christensen, 1986; Polit & Hungler, 1987). "Theory is neither a useless fairy tale nor a picture of the real. More properly, theory is an invention of concepts in interrelation" (Dickoff, James, & Wiedenbach, 1986, p. 430). Bircher (1986) in the Classification of Nursing Diagnoses Proceedings of the Sixth Conference defined a theory as "a statement of a set of hierarchically interrelated, internally consistent, definitions and propositions which present a systematic view of a part of the world" (p. 80).

The elements of a theory contribute to the goals of scientific knowledge by means of organizing, predicting,

explaining, understanding, and attempting to control (Fawcett & Downs, 1986; Reynolds, 1971; Roy & Roberts, 1981). Abdellah (1986) explained that a "good theory can serve as the basis for the exploration of phenomena and testing of hypotheses" (p. 197).

The purposes of theory development according to Peplau (1986) as related to the professions are: to distinguish fact from pseudo-fact, to structure facts from different fields, to give direction to practice, and to provide a framework for the use of generated knowledge. Peplau stated that theoretical concepts provide a common language desperately needed by professionals. However, "the ultimate aim of scientific theory is its utility in adding to our knowledge, understanding and control of the world in which we live" (King, 1978, p. 11). The origin of theory itself could be traced to man's initial attempt to explain the many truths of life (Rogers, 1970). From the time of the ancient Greeks who believed that man and his world were governed by natural laws, to the 20th century where there is a new awareness of the interrelatedness of knowledge, many theories and concepts of man have become woven into the fabric of the sciences (Rogers, 1970). Since theories are abstractions and generalizations representing exaggerations of the actual world, theories will be

continuously revised, refined, changed, or replaced (Bircher, 1986).

The generation of theory is the result of abstract thought and the ability to perceive phenomena differently, and to provide explanations for these perceptions (Rogers, 1970). Argyris and Schon (1978) defined some theory-building as "a linear increase of building-blocks of experience" while other theory-building "tends to be convulsive, . . . discontinuous eruptions that are initiated by dilemmas" (p. 30). According to Gordon (1982), the first step in the development of theory involves isolating and categorizing phenomena of concern. The steps of theory development include: (a) concept analysis, (b) formulation and testing of relational statements, (c) theory construction, and (d) practical application of theory (Chinn & Jacobs, 1983). Dickoff and James (1986) have described a series of theory levels as follows: (a) factor-isolating theory (classification), (b) factor-relating theories (situation depicting), (c) situation-relating theories (predictive), and (d) situation-producing theories (prescriptive). Each level builds on the preceding level, representing an increasing degree of complexity, usefulness, and predictability (Henderson, 1979). The labeling of phenomena in nursing

diagnosis is representative of factor-isolating theory. Theories have also been classified according to their level of development (Walker & Avant, 1983). The four levels of theory development are dependent upon the focus and purpose of the theory, as well as the extent of the development, and are as follows: (a) meta theory--the philosophical and methodological approaches used to develop theory, (b) grand theory--the global conceptual models, (c) middle-range theory--less abstract and testable theories, and (d) practice theory--specifies interventions (Walker & Avant, 1983).

An all-encompassing theoretical structure has been referred to as a paradigm, which implies a larger structure that organizes related theory (Chinn & Jacobs, 1983). The most dramatic type of conceptualization has been referred to as a "Kuhn's Paradigm," named after T. S. Kuhn who discussed the idea in 1962 (Reynolds, 1971). A Kuhn's Paradigm has been described as a new research strategy or methodological procedure, and utilization of the new paradigm attempts to explain phenomena that previous paradigms were unable to explain (Reynolds, 1971). According to Hardy (1986) the existence of a paradigm promotes scientific developments through which research is purposeful and orderly. Kuhn (cited in Bircher, 1986)

stated that the development of a science will depend upon how quickly theories are developed, tested, and revised. According to Bircher (1986), a science will face a variety of conflicting theories until a paradigm model has emerged.

Watson (1985) stated that nursing has not promoted nursing science due to failure to utilize its own theories. Different and often conflicting paradigms exist and operate within the body of nursing (Watson, 1985). "When one looks back over the history of nursing science, it has not had one sure sense of direction but several quite unsure directions and various research traditions" (Watson, 1985, (p. 9).

The literature abounds with references to nursing as a learned profession, an applied science, and a practice discipline (E. Barrett, 1990; Henderson, 1979; Newman, 1986; Rogers, 1970; Roy & Roberts, 1981). According to Newman (1986), each of the references has the same meaning implying scientific inquiry and a commitment to service. Roy and Roberts (1981) have stated that when the discipline of nursing defines its body of knowledge the result will be the science of nursing. According to Henderson (1979), the body of knowledge resulting from nursing practice is nursing science. The aim of the nursing science is to provide a body of knowledge that has developed from

scientific research and is capable of being utilized by nursing practice (Rogers, 1970).

A scientific body of knowledge consists of those concepts considered useful, meaningful, and subject to empirical testing (Reynolds, 1971). "Defining nursing as a body of unique knowledge is a declaration of nursing independence" (E. Barrett, 1990, p. 40). According to Jacobs and Heuther (1978), if nursing continues without a science of nursing then the image of nurses that will remain is one of being directed in our functioning. "The building of the body of knowledge is the responsibility of the scientific discipline" (Roy & Roberts, 1981, p. 21). In order for a discipline to develop a body of knowledge, Brown, Tanner and Padrick (1984) identified four essential characteristics which are as follows: (a) research needs to be conducted by members of the discipline, (b) research needs to address clinical issues, (c) scientific research must be well established in a theoretical framework, and (d) methods employed by the researcher must be sound.

"The science of nursing does not arise out of a vacuum nor are the knowledges encompassed by nursing science necessarily of meaning only to nurses" (Rogers, 1970, p. 87). Nursing science is a body of cumulative scientific knowledge, from the physical, biological, and behavioral

sciences (Abdellah, 1986; ANA, 1980; Carnevali, 1984; Watson, 1985). According to the ANA's Social Policy Statement, the range of theories nurses use include intrapersonal, interpersonal, and systems theory. Kritek (1979) elaborated that nursing has its roots in a wide range of basic sciences such as anatomy, psychology, physiology, sociology, chemistry, anthropology, and physics.

According to Kaplan (1964), disciplines should use concepts, laws, data, or theories from other disciplines. "The autonomy of inquiry is in no way incompatible with the mature dependency of the several sciences on one another" (Kaplan, 1964, p. 4). Newman (1986) stated that empirical validation of theories from other disciplines is required if those theories are to be utilized by nursing. Application of theories from various disciplines relating specifically to the nursing process was discussed by Yura and Walsh (1983).

According to Johnson (1986):

It appears there is an essential unity in knowledge, corresponding to a unity in nature, which defies established boundaries, and continuously presses for the larger, more cohesive view. More over, knowledge does not innately "belong" to any field of science. (p. 117).

Stevens (1979) stressed the importance of adapting "borrowed" theories to the nursing environment. Stevens

referred to these borrowed theories as shared knowledge. However, Donaldson and Crowley (1986) warned that a discipline should not simply borrow knowledge from others for there remains a need for basic research within each discipline.

The need for theoretical knowledge in nursing was first recognized by Florence Nightingale (Jennings & Meleis, 1988; Newman, 1986). However, a movement towards the promotion of nursing theory did not take place until the mid-1950s (Jennings & Meleis, 1988). In the 1960s, as the utilization of the nursing process began to evolve, nurses began to question the purpose of nursing (Jennings & Meleis, 1988). According to Chinn and Jacobs (1983) three major trends emerged during the 1960s and 1970s that provided the stimulus for the development of nursing theory and are as follows: (a) the development of conceptual models and philosophies of practice, (b) the borrowing of theories from other disciplines, and (c) the generation of theory within nursing. The process of theory development within nursing "will help provide for the profession, the autonomy, coherence and communication processes that will further facilitate the evolution of useful theory" (Chinn & Jacobs, 1983, p. 6). According to Stevens (1979), nursing

theory is an attempt to describe the profession called nursing.

Within the Social Policy Statement by the ANA (1980) the definition of nursing contains four characteristics, one of which is theory application. Over 20 years ago Wiedenbach (1970) recognized the important role theory must play within nursing:

Each nurse identifies for herself the theory that underlies her practice, enunciates it, respects it and uses it consciously and critically, not just to guide her in her practice, but to serve her as a means to improve nursing practice as well. (p. 56)

In order to advance nursing as a profession, scientific knowledge is essential. Theory can be viewed as the means of giving science direction (Jennings, 1987). "Theory development is at the crux of nursing's evolution into a scientific discipline" (Jennings, 1987, p. 63).

In 1978, Menke (cited in Fawcett, 1986) reported that there was a scarcity of theory development within nursing. In 1986, Fawcett asserted that the scarcity in nursing theory development remained. The need for nursing theory as a foundation for nursing science has been repeatedly acknowledged within the literature (DeGroot, 1988; Fawcett, 1986; Henderson, 1979; Peplau, 1986; Stevens, 1979).

Rogers (cited in E. Barrett, 1990) explained that "nursing's contribution to the future of humankind will be

no greater than the scholarly research through which the theoretical basis of nursing practice becomes explicit" (p. 167). The utilization of theoretical knowledge as a source of professional autonomy has been well documented in the literature. What is important to remember is that theory development in nursing has come to represent a source of financial accountability (DeGroot, 1988). Economic pressures have caused health care administrators to demand research in order to verify nursing's contribution. In order to validate nursing's contribution through research, theory development is essential (DeGroot, 1988),

Another benefit of accruing theoretical knowledge comes from the ability of members of the profession to secure additional resources, such as money and manpower, to support further theoretical developments (Chinn & Jacobs, 1983). Professional nursing practice must be based on the knowledge of various theories in order to effectively plan nursing care related to the client's complex health situation (Chinn & Jacobs, 1983). Continued theoretical developments in nursing will facilitate identification of the nature of nursing's contribution to humankind (Watson, 1985).

Worth mentioning, with regard to developments in nursing theory, have been the attempts at forced construction of nursing theory (Stevens, 1979). According to Stevens (1979) "such a programmed approach to theory construction, unfortunately, is antithetical to the 'insight' that often initiates theory" (p. 248). This approach has been adopted by NANDA as they have identified a group of nursing theorists to develop a conceptual framework to guide their classification of nursing diagnoses (Gordon & Sweeney, 1979). Stevens (1979) further elaborated that:

Failures of previous groups to construct theory indicate the futility of such an abbreviated approach to theory construction. Groups should not be expected to construct theory in a few short days. . . . The error is not in planning group exchange but in setting the unrealistic expectation that a briefly convened group actually constructs theory. (p. 250)

Another issue addressed in the literature with relevance to nursing theory is the source of the nursing theory (E. Barrett, 1990; Johnson, 1986; Peplau, 1986; Stevens, 1979). According to Notter (1983), research alone will not produce theory, for theory must emanate from professional practice. Peplau (1986) referred to nursing as an applied science in that knowledge is established for beneficial purposes. A science-theory-based practice had been described by Barrett and Huch in which the practice of

nursing is directed by theory (cited in E. Barrett, 1990). If practice is equated with the practical and theory with the impractical, "then this interpretation of theory is anti-intellectual and forecloses on the development of nursing except as the passing on of folk wisdom from practitioner to practitioner" (Stevens, 1979, p. 79).

In 1984, Englebright conducted a research study to describe theory utilization in the diagnosing and planning phases of the nursing process. The sample consisted of 40 Data Format Sheets that contained nursing care plan information obtained from master's level comprehensive examinations. Two panels of experts (consisting of three graduate faculty members per panel) each evaluated 22 Data Format Sheets. Seventy-five percent of the Data Format Sheets evaluated by the panel members contained evidence of theory utilization in the diagnosing, planning, or diagnosing and planning phases of the nursing process. In the 30 Data Format Sheets containing evidence of theory utilization, there were 28 instances of use reported in the diagnosing phase and 26 instances of theory use in the planning phase. Worth noting is the fact that the panel members reported 11 different theories as being utilized on the Data Format Sheets as compared to 18 different theories reported by the graduate nursing students.

A research study was conducted to analyze the focus of nursing practice research dealing with the theoretical bases, designs, methodology, and research findings during the period from 1977 to 1986 (Moody et al., 1988). A secondary purpose of the study was to determine how well NANDA's Taxonomy I could be applied to nursing practice research topics. A sample of 720 articles that met the criteria of nursing practice research was utilized. The findings indicated that 95% of the research in nursing during 1977-1986 was conducted by nurse researchers. A theoretical perspective was identified in 51% of the articles; however, in only 13% of these could a relationship between the theory and research be found. Classification of studies, according to the NANDA classification system, most frequently fell into the categories of knowledge deficit, anxiety, coping, health maintenance, parenting, and noncompliance. Almost one-third of the sample was classified under a category identified as "other" (Moody et al., 1988).

Another study carried out by Brown, Tanner, and Padrick (1984) described the characteristics of nursing research from 1952 through 1980. Their analysis of nursing research dealt with the focus of the research, the theoretical basis, and the methodology. A sample of 137

studies from four nursing research journals was obtained. The analysis of the data revealed that between 1952 and 1980 the amount of nursing research increased, the focus of the research had become more clinically oriented, and nursing research had become more theoretically based. Between 1952 and 1953 only 7% of the research articles had an explicit conceptual perspective; whereas in 1980, 51% of articles had a documented theoretical basis (Brown et al., 1984). Perhaps, the increase in nursing research and nursing theories "are now beginning to posit a new nursing research tradition that is giving rise to what Kuhn refers to as a revolution" (Watson, 1985, p. 18)

The Theoretical Basis of Nursing Diagnoses

The effort to control our domain, while inherently difficult, appeals to us intuitively as the right thing to do, the task of the times. But we'd like a bit more: some reason, rationale, purpose; some context for the task. The theoretical underpinnings or base of nursing diagnoses efforts provide such a foundation. (Kritek, 1979, p. 393)

The importance of the relationship between theory and nursing diagnosis has been well documented throughout the literature (ANA, 1980; Chinn & Jacobs, 1983; M. Forsyth, 1985; Hagey & McDonough, 1984; Henderson, 1979; Johnson, 1986; Jones, 1979; Kim, 1986; Kritek, 1979; Matthews & Gaul, 1979; Woolley, 1990; Ziegler et al., 1986). Kritek

(1979) described the generation of nursing diagnoses as theory development activity. "The concept of nursing diagnosis impinges directly on both the theoretical and empirical bases of nursing science" (Kritek, 1979, p. 74). Lunney (1990) stated that nursing theories relating diagnostic process to the outcome are essential if nursing is to develop knowledge related to nursing diagnosis.

According to Griffith-Kenney (1986), a theoretical basis should guide the entire nursing process, including the nursing diagnosis, in order to facilitate nursing accountability. Theories and research findings are utilized by nurses in the generation of nursing diagnoses (Ziegler et al., 1986). The client's behavior is compared to norms or standards provided by theories and empirical generalizations. An interfacing of nursing knowledge, nursing process and nursing diagnosis has been described by Ziegler et al. (1986) and facilitates: (a) defining nursing's body of knowledge, (b) nursing accountability, (c) individualized client care, and (d) standardized communication. However, efforts to develop nursing knowledge in relation to nursing diagnosis, remain limited (Tanner & Hughes, 1984).

NANDA's effort to identify and classify nursing diagnoses has been described as theory development.

Identifying diagnoses is factor-isolating theory building and classifying diagnoses and defining relationships is factor-relating theory building (Warren, 1984). In the development of Taxonomy I by NANDA, Gordon (1982) stressed the need for a scientific approach to the process. In 1990 Gordon stated that diagnostic categories are most useful when based on a solid conceptual foundation.

If backed up by sound theories, taxonomies serve as intellectual road maps to the territories of life experiences and professional practice. Theories make the difference between groping in the dark and enlightened, planned, purposive action. (Bircher, 1986, p. 94)

However, Porter (1986) stated that although NANDA's Taxonomy Committee referred to their nine patterns as principles of classification in 1982, the same patterns were described as a conceptual or theoretical framework in 1986. Porter (1986) elaborated that NANDA appears to be confused regarding the differences that exist between a theoretical framework and a taxonomic principle of order. "Developing a taxonomic structure according to a theoretical framework negates the purpose of the classification exercise: to identify the integral relationships of entities" (Porter, 1986, p. 137).

As expressed in the ANA Social Policy Statement (1980), without the application of theory to nursing diagnoses, the resulting diagnoses are mere labels. In

NANDA's quest to classify nursing diagnoses have they not forgotten the importance of the theoretical basis in the generation of those diagnoses? Has nursing's logic been reduced to that of the drunkard in the following by Kaplan (1964): "There is a story of a drunkard searching under a street lamp for his house key, which he had dropped some distance away. Asked why he didn't look where he had dropped it, he replied, 'It's lighter here!'" (p. 11).

Summary

The nursing literature abounds with information related to nursing diagnoses and the utilization of theory in nursing. Nursing research related to these areas has begun to become more plentiful. However, where the deficiency lies is in the literature that deals with the theoretical basis of nursing diagnoses. Although many nursing researchers advocate a theoretical basis for the generation of nursing diagnoses, research within this area has been severely limited. Without a theoretically valid nursing diagnosis, the rest of the nursing process--the planning, intervention, evaluation, and ultimately the quality of the nursing care--will be jeopardized.

CHAPTER III

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

The research design for this study was a nonexperimental, descriptive design. Polit and Hungler (1987) explained that the purpose of descriptive studies "is to observe, describe, and document aspects of a situation" (p. 142). The primary focus of this study was to examine the theoretical basis of nursing diagnoses, as generated by graduate nursing students on the graduate comprehensive exam.

Setting

This study was conducted at a state-supported university in the southwestern United States. The campus that was utilized for the study is located within a large metropolitan area. The university offers programs in graduate and undergraduate nursing and the allied health professions. The graduate nursing program emphasizes theory-based nursing practice. The data were collected from the coded graduate comprehensive examinations by the researcher's faculty advisor. The faculty advisor dictated the nursing diagnoses and the associated theoretical basis

for the diagnoses, while the student researcher recorded the data on the data collection sheet.

Population and Sample

The accessible population of nursing diagnoses were those developed by graduate nursing students in fulfillment of program requirements. In the comprehensive examinations, students are presented with case data from which the nursing diagnosis statement is to be derived. The sample of nursing diagnoses for this study was selected by means of nonprobability convenience sampling. A sample size of 50 nursing diagnoses that met the specific criteria (Appendix A) were selected from the accessible population, beginning with the most recent and working backwards in time until 50 were obtained and recorded on the data collection sheet (Appendix C).

Protection of Human Subjects

Subjects' rights were protected in this study in the following manner:

1. An administrator in the participating agency (Appendix D) gave written permission for this study to be conducted.
2. Permission was also obtained from the Graduate School of Texas Woman's University (Appendix E) prior to

conducting the research which was classified as Category 1 and exempt from Human Research Review (Appendix F).

3. The nursing graduate comprehensive examinations utilized for this study contained code numbers, as their only means of identification.

4. The data were collected from the coded graduate comprehensive examinations by the researcher's faculty advisor. The faculty advisor dictated the information, while the student researcher recorded the data on the data collection sheet.

Instruments

The instruments used in this study included the Criteria for Acceptable Nursing Diagnoses (Appendix A), the data collection sheet (Appendix C), and the Theory-Based Nursing Diagnosis Tool (Appendix B). The data were recorded on the data collection sheet by the student researcher as it was dictated by the faculty advisor.

The five criteria chosen for determining an acceptable nursing diagnosis for this study, were obtained from the 12 Characteristics of an Acceptable Nursing Diagnosis as developed by Ziegler et al. (1986). Because the focus of this study was on the theoretical basis of nursing diagnosis the characteristics of an acceptable nursing

diagnosis were limited to the five most essential characteristics.

Each nursing diagnosis statement was evaluated according to the first criterion for an acceptable nursing diagnosis (Appendix A), which required that both response and etiology component be present. If the first criterion was not met, no further evaluation of the nursing diagnosis statement took place. On the other hand, if the nursing diagnosis statement met the first criterion, then the statement was further evaluated until it either failed to meet one of the criteria or met all five criteria. Ten nursing diagnosis statements that met all of the criteria for an acceptable nursing diagnosis, were recorded on the Theory-Based Nursing Diagnosis Tool, in order to facilitate data analysis by the panel of experts, for the pilot study.

The panel of experts was comprised of two faculty members teaching graduate level nursing courses. Each member of the panel of experts received a copy of the Explanation of Investigation to Panel of Experts for the Pilot Study (Appendix G), a Data Sheet and Questionnaire (Appendix H) and the Data for the pilot study, which was comprised of 10 nursing diagnoses with their corresponding theoretical basis (Appendix I).

The two faculty members included on the panel of experts for the pilot study had been contacted individually by the student researcher. The faculty members were requested to review the explanation of investigation for the pilot study (Appendix G) to determine their ability to participate in the study and to ask any questions of the student researcher. Once the faculty member verbally agreed to participate in the study they were given the data sheet for the pilot study (Appendix I) which included the 10 nursing diagnoses and their corresponding theoretical basis, with an area for comments and suggestions to evaluate the tool and procedure, and a Scantron Answer Sheet to record their answers. The two members on the panel of experts were asked to return the data for the pilot study (Appendix I), and their scored Scantron Answer Sheet in a pre-addressed, stamped envelope within a 2-week time period. Each member on the panel of experts would receive a copy of the results per their request and they were also given a telephone number to contact the student researcher should further questions arise.

The purpose of the pilot study was to facilitate evaluation of the Theory-Based Nursing Diagnosis Tool (Appendix B). The panel of experts involved in the pilot study returned the requested information within the 2-week

time period. They stated that the Theory-Based Nursing Diagnosis Tool required a completion time of 10 minutes. The panel of experts did not recommend any changes in the instrument or in the procedure utilized by the student researcher.

Data Collection Methods

Data collection was initiated once permission was granted from the participating agency and the Graduate School of Texas Woman's University. The student researcher, aided by the researcher's faculty advisor, recorded the nursing diagnoses and their corresponding theoretical basis developed by graduate nursing students, from data on the graduate comprehensive exam. Data were gathered from the most recently developed nursing diagnoses, continuing backwards in time until 50 nursing diagnoses that met the critical criteria for acceptable nursing diagnoses (Appendix A) were obtained (from Fall 1988 to Fall 1986). These 50 nursing diagnoses and their corresponding theoretical basis provided the data which were evaluated by three members on the panel of experts. These experts were different from the two used for the pilot study. The first 10 nursing diagnoses of the total 50 nursing diagnoses obtained by the student researcher had been utilized for the pilot study. The answers given by

the panel of experts for the pilot study have been disregarded because the purpose of the pilot study was to determine the adequacy of the Theory-Based Nursing Diagnosis Tool and procedure utilized by the student researcher.

Each faculty member considered for participation in the actual study was contacted individually by the student researcher. The faculty member was given an explanation of the investigation to review (Appendix J) to determine their ability to participate in the investigation and to ask any questions of the student researcher. Once the faculty member verbally agreed to participate, she received the data for the investigation (Appendix K) which included 50 nursing diagnoses and their corresponding theoretical basis, and a Scantron Answer Sheet to score their answers. The three faculty members who ultimately comprised the panel of experts were each asked to return the data along with the Scantron Answer Sheet in a pre-addressed, stamped envelope to the student researcher within a 4-week time period. Results would be forwarded to any member of the panel of experts per request. The members on the panel of experts received a phone number of the student researcher, should they have any further questions.

Each panel member participating in this study was asked to select an item which best applied to each of the 50 nursing diagnoses and their corresponding theoretical basis. Upon reading each of the 50 items on the data sheet (Appendix K) which contained a nursing diagnosis and its corresponding theory, the panel member was asked to fill in the Scantron Answer Sheet according to their familiarity with the theory. If the panel member was unfamiliar with the theory listed in any of the items, they were to fill in A on the Scantron Answer Sheet. If familiar with the mentioned theory, then the panel member was asked to fill in the letter on the Scantron Answer Sheet that was next to the item that best applied: (B) only the response component of the statement reflects one of the concepts from the theory; (C) only the etiology component of the statement reflects one of the concepts from the theory; (D) both the response and the etiology component of the diagnosis statement reflect concepts from the theory; (E) it is unclear how the theory is related to the diagnosis statement. The data from each member on the panel of experts were returned to the student researcher within 4 weeks.

Treatment of Data

The frequency and percentage of the nursing diagnosis statements which did not meet each criterion for an acceptable nursing diagnosis were determined. Descriptive statistics were also utilized to record theories most frequently utilized, according to clinical area. The Theory-Based Nursing Diagnosis Tool was utilized to determine the number of panel members familiar with each theory in relationship to the nursing diagnosis statement. Finally, the frequency and percentage of panel members' reports that the response component, or the etiology component, or both components of the nursing diagnosis statements reflected theoretical concepts were established.

CHAPTER IV

ANALYSIS OF DATA

A nonexperimental, descriptive study was designed to describe the utilization of a theoretical basis in the generation of nursing diagnoses by one group of graduate nursing students. This chapter presents an analysis of the data obtained from a panel of experts utilized for the research study. Results of the data collection are presented, organized, and interpreted.

Description of the Sample for the Study

Nursing diagnoses with their corresponding theoretical basis were obtained from the graduate nursing comprehensive examinations from Fall 1988 to Fall 1986, working backward in time. Data were gathered until 50 acceptable diagnoses had been obtained. In order to obtain 50 acceptable nursing diagnoses to include on the Theory-Based Nursing Diagnosis Tool, 99 nursing diagnoses were evaluated, using the five criteria for an acceptable nursing diagnosis (Appendix A). Of the 99 nursing diagnosis statements collected, all five criteria were met as determined by the investigator for 50 (51%) of the statements; thus 49 (49%) of the nursing diagnosis statements failed to meet the

established criteria. The unacceptable diagnoses, according to each criterion, will be discussed.

If the first criterion, that both the etiology and response components for the statement needed to be present, was not met, no further evaluation took place. Thirty-two (65%) of the 49 unacceptable nursing diagnosis statements were lost because they failed to meet the first criterion. Subsequently, 17 (34%) of the 49 unacceptable nursing diagnosis statements were evaluated beyond the first criterion.

If the second criterion was not met, because the response component had not been written first and the etiology component written second, then the nursing diagnosis statement was evaluated no further. Four (8%) of the 49 unacceptable statements failed to meet this criterion. Thus, 13 of the unacceptable nursing diagnosis statements were evaluated against the three remaining criteria.

All 13 of the unacceptable nursing diagnosis statements met the third criterion, in that only one response was recorded in each nursing diagnosis. Five (10%) of the 49 unacceptable nursing diagnosis statements did not meet the fourth criterion because more than one etiology was identified for each nursing diagnosis. The

remaining 8 (16%) of the 49 unacceptable nursing diagnosis statements failed to meet the fifth criterion, in that the activity requiring modification was outside the boundaries of nursing's independent functions.

Therefore, the nonprobability, convenience sample of nursing diagnosis statements to be evaluated by a panel of experts, consisted of 50 nursing diagnoses with their corresponding theoretical basis. Nursing diagnoses from each of the following clinical areas were available for analysis: 15 from the medical-surgical area, 12 from pediatrics, 9 from community-health, 9 from psychiatric-mental health, and 5 from the obstetrics area.

Findings

The discussion of findings will center on the research questions that were formulated. Each question will be discussed separately.

Research Question 1

Research Question 1 stated: To what extent are graduate nursing students able to write nursing diagnoses in an acceptable format? It was necessary to evaluate a total of 99 graduate nursing comprehensive examinations in order to obtain 50 acceptable nursing diagnoses, based on the five criteria (Appendix A). Table 1 lists the criteria

Table 1

The Frequency and Percentage of Unmet Criteria for 49 Unacceptable Nursing Diagnoses

Criteria	Frequency of nursing diagnoses which did not meet criteria	Percent of nursing diagnoses which did not meet criteria
1. Both the response and etiology are present	32	65
2. The response component is written first and the etiology component is written second.	4	8
3. Only one response is identified for each diagnosis statement.	0	0
4. Only one etiology is identified for each diagnosis statement.	5	10
5. The activity requiring modification is within the boundaries of nursing's independent functions; nurse is capable and is legally and ethically expected to treat.	8	16

used in the evaluation of the nursing diagnoses, and the number of diagnoses that failed to meet each of the criteria. A total of 32 of the 49 unacceptable diagnoses, or 65%, failed to meet the first criterion, which indicated the need for both a response and an etiology component in the nursing diagnosis statement.

Research Question 2

Research Question 2 stated: What theories do graduate nursing students identify most frequently in the generation of nursing diagnoses, categorized according to clinical area? The graduate nursing students identified 22 different theories as the theoretical basis in the generation of nursing diagnoses. Table 2 contains a list of the theories identified, the frequency of identification, and designation of use according to clinical area. The clinical areas represented are as follows: medical-surgical, pediatric, psychiatric mental-health, community-health, and obstetrics.

Aguilera and Messick's Crisis Theory was identified as the theoretical basis of 14% ($\underline{n} = 7$) of the generated nursing diagnosis. The answers for three different clinical areas contained Aguilera and Messick's Crisis Theory. These clinical areas were as follows: pediatrics,

Table 2

Frequency and Percentage of Theories Identified by Graduate Nursing Students in the Generation
of Nursing Diagnoses according to Clinical Area

Theories identified by graduate nursing students	Clinical Area										Total	
	Medical-Surgical		Pediatic		Psychiatric Mental Health		Community Health		Obstetrics			
	F	% of use	F	% of use	F	% of use	F	% of use	F	% of use	F	% of use
Aguilera and Messick's Crisis Theory	0		3	6	1	2	0		3	6	7	14%
Bandura's Social Learning Theory	0		4	8	0		0		0		4	8%
Becker's Health Belief Model	1	2	0		0		3	6	0		4	8%
Miller's Powerlessness Model	4	8	0		0		0		0		4	8%
Ryden's Energy Theory	4	8	0		0		0		0		4	8%
Rosenstock's Health Belief Model	0		0		0		4	8	0		4	8%

(table continues)

Theories identified by graduate nursing students	Clinical Area										Total	
	Medical-Surgical		Pediatric		Psychiatric Mental Health		Community Health		Obstetrics			
	F	% of use	F	% of use	F	% of use	F	% of use	F	% of use		
Caplan's Crisis Theory	0		2	4	0		0		0		2	4%
Erikson's Theory of Development	0		2	4	0		0		0		2	4%
Fink's Crisis Theory	1	2	0		1	2	0		0		2	4%
Festinger's Cognitive Dissonance Theory	1	2	0		1	2	0		0		2	4%
Knowles' Adult Learning Theory	1	2	0		0		1	2	0		2	4%
Maslow's Hierarchy of Needs Theory	0		1	2	1	2	0		0		2	4%
Peplau's Anxiety Theory	0		0		1	2	0		1	2	2	4%
Cognitive Theory of Depression - Beck, Rush, Shaw, and Emery	0		0		1	2	0		0		1	2%

(table continues)

Theories identified by graduate nursing students	Clinical Area								Total			
	Medical-Surgical		Pediatric		Psychiatric Mental Health		Community Health				Obstetrics	
	F	% of use	F	% of use	F	% of use	F	% of use	F	% of use		
Ellis' Rational Emotive Theory of Rational Emotive Therapy	0		0		1	2	0		0		1	2%
Johnson's Theory for the Treatment of Chemically Dependent Patients	0		0		1	2	0		0		1	2%
Lazarus and Folkman's Coping Theory	0		0		0		0		1	2	1	2%
Melvin and Seeman's Theory of Powerlessness	1	2	0		0		0		0		1	2%
Rogers' Learning Theory	0		0		0		1	2	0		1	2%
Spielberger's Anxiety Theory	1	2	0		0		0		0		1	2%
Sullivan's Interpersonal Theory	0		0		1	2	0		0		1	2%
Selye's Stress Theory	1	2	0		0		0		0		1	2%

psychiatric mental-health, and obstetrics, with the greatest use of three times (6%) each for pediatrics and obstetrics.

Five other theories were each identified four times (8%) as the theoretical basis for the generated nursing diagnoses. These five theories are as follows: Bandura's Social Learning Theory, Becker's Health Belief Model, Miller's Powerlessness Model, Ryden's Energy Theory, and Rosenstock's Health Belief Model. These theories were identified in three different clinical areas. These areas were medical-surgical, pediatric, and community-health. Becker's Health Belief Model was found in the response of both medical-surgical and community-health students. Bandura's Social Learning Theory was identified by pediatric students. Miller's Powerlessness Model and Ryden's Energy Theory were identified only by medical-surgical students.

Seven other theories were each identified as the theoretical basis for two (4%) of the generated nursing diagnoses. Psychiatric mental-health students identified four of these seven theories which included: Fink's Crisis Theory, Festinger's Cognitive Dissonance Theory, Maslow's Hierarchy of Needs Theory, and Peplau's Anxiety Theory. Medical-surgical students identified three of the seven

theories as follows: Fink's Crisis Theory, Festinger's Cognitive Dissonance Theory, and Knowles' Adult Learning Theory. Pediatric students also identified three of the seven theories accordingly: Caplan's Crisis Theory, Erikson's Theory of Development, and Maslow's Hierarchy of Needs Theory. Community-health students and obstetric students each identified one of the seven theories, Knowles' Adult Learning Theory, and Peplau's Anxiety Theory, respectively.

The remaining nine theories were identified only one time. Psychiatric mental-health students identified four of the nine theories as follows: Cognitive Theory of Depression (Beck, Rush, Shaw, & Emery), Ellis' Rational Emotive Theory of Rational Emotive Therapy, Johnson's Theory for the Treatment of Chemically Dependent Patients, and Sullivan's Interpersonal Theory. Medical-surgical students identified three of the nine theories: Melvin and Seeman's Theory of Powerlessness, Spielberger's Anxiety Theory, and Selye's Stress Theory. Community-health students and obstetrics students identified one of the nine theories, Rogers' Learning Theory and Lazarus and Folkman's Coping Theory, respectively. Pediatric students did not identify any of these nine theories. The medical-surgical and psychiatric mental-health area answers produced the

greatest variety of theories--nine different theories. The medical-surgical responses contained nine different theories as the theoretical basis for 15 nursing diagnoses; whereas, the psychiatric mental-health area students identified the nine different theories as the basis for nine nursing diagnoses.

Research Question 3

Research Question 3 stated: To what extent are graduate nursing students able to write theory-based nursing diagnoses? Of the 50 generated nursing diagnoses, all three members of the panel of experts were familiar with the theoretical basis in 26 of the nursing diagnoses. In 13 of the remaining 24 nursing diagnoses, familiarity with the theoretical basis was expressed by two members of the panel of experts. Only one member of the panel of experts was familiar with the theoretical basis identified in the remaining 11 generated nursing diagnoses.

All three members of the panel of experts were familiar with the theory used in 26 of the 50 nursing diagnoses with corresponding theoretical basis. The three panel members recorded that the theory was reflected in both the response component and etiology component of the nursing diagnosis statement in 7 (27%) of the 26 nursing diagnoses. All three members of the panel of experts

reported that the theoretical basis was reflected in the response component, or the etiology component, or in both components of the nursing diagnosis in 15 (58%) of the 26 nursing diagnoses evaluated. Table 3 represents the Theory-Based Nursing Diagnosis Tool, when three panel members were familiar with the theory. There was one nursing diagnosis statement for which none of the members of the panel of experts were able to determine a reflection of the theory in the components of the nursing diagnosis. That nursing diagnosis statement and corresponding theoretical basis is as follows: "Ineffective coping related to disruption of family routine," Erikson's Theory of Development. In two more nursing diagnoses two of the judges were not able to determine the reflection of the theoretical basis within the components of the diagnostic statements. Those two nursing diagnoses and corresponding theoretical basis are as follows: (a) "Increasing frequency of Jane's headaches related to role confusion," Aguilera and Messick's Crisis Theory, and (b) "Power resource deficit related to inadequate changes in lifestyle," Miller's Powerlessness Model.

Of the 15 nursing diagnosis statements that the three panel members reported as having the theoretical basis reflected in the response or etiology or both components of

Table 3

Theory-Based Nursing Diagnosis Tool—Three Panel Members Familiar with Theory

Coded nursing diagnosis number	Only response component of nursing diagnosis reflected theoretical concepts	Only etiology component of nursing diagnosis reflected theoretical concepts	Both response and etiology component of nursing diagnosis reflected theoretical concepts	It is unclear how theory related to the nursing diagnosis	Theoretical basis of nursing diagnosis
2			2	1	Aguilera and Messick's Crisis Theory
3			2	1	Miller's Powerlessness Model
4	1	1	1		Aguilera and Messick's Crisis Theory
6		1	2		Bandura's Social Learning Theory
8			3		Aguilera and Messick's Crisis Theory
13			3		Bandura's Social Learning Theory
14		1	2		Aguilera and Messick's Crisis Theory
15		1	2		Aguilera and Messick's Crisis Theory

(table continues)

Coded nursing diagnosis number	Only response component of nursing diagnosis reflected theoretical concepts	Only etiology component of nursing diagnosis reflected theoretical concepts	Both response and etiology component of nursing diagnosis reflected theoretical concepts	It is unclear how theory related to the nursing diagnosis	Theoretical basis of nursing diagnosis
16		1	2		Aguilera and Messick's Crisis Theory
18		1	2		Maslow's Hierarchy of Needs Theory
19			3		Ellis' Rational Emotive Theory of Rational Emotive Therapy
21	1		1	1	Maslow's Hierarchy of Needs Theory
22			3		Bandura's Social Learning Theory
24	2			1	Spielberger's Anxiety Theory
26	1		1	1	Peplau's Anxiety Theory
29				3	Erikson's Theory of Development
32	1		2		Miller's Powerlessness Model

(table continues)

Coded nursing diagnosis number	<u>Only</u> response component of nursing diagnosis reflected theoretical concepts	<u>Only</u> etiology component of nursing diagnosis reflected theoretical concepts	<u>Both</u> response and etiology component of nursing diagnosis reflected theoretical concepts	It is unclear how theory related to the nursing diagnosis	Theoretical basis of nursing diagnosis
35		1	2		Caplan's Crisis Theory
36			2	1	Caplan's Crisis Theory
39			3		Bandura's Social Learning Theory
40			2	1	Knowles' Adult Learning Theory
41			3		Selye's Stress Theory
42			3		Johnson's Theory for the Treatment of Chemically Dependent Patients
44			2	1	Peplau's Anxiety Theory
48		1		2	Aguilera and Messick's Crisis Theory
50			1	2	Miller's Powerlessness Model

the nursing diagnosis statement, Aguilera and Messick's Crisis Theory was identified most often as the theoretical basis, as it was found in 5 (33%) of the 15 nursing diagnosis statements. Bandura's Social Learning Theory was identified as the theoretical basis in 4 (26%) of the 15 nursing diagnosis statements. Six other theories were identified, once each, as the theoretical basis in the remaining six nursing diagnosis statements.

Two members of the panel of experts were familiar with the theoretical component which was identified as the basis of 13 of the remaining 24 nursing diagnoses. The two panel members recorded that the theory was reflected in both the response and the etiology components of the nursing diagnosis statement in 4 (31%) of the 13 nursing diagnoses. The theoretical basis was reported by the two panel members as being reflected in the response component, or the etiology component, or both components of the nursing diagnoses, in 9 (69%) of the 13 nursing diagnoses evaluated. Of the 9 (69%) nursing diagnosis statements that the two panel members reported as having the theoretical basis reflected in the response, or the etiology, or both components of the nursing diagnosis, Becker's Health Belief Model and Rosenstock's Health Belief Model were each identified for 3 (33%) of the 9 nursing

diagnosis statements. Table 4 represents the Theory-Based Nursing Diagnosis Tool when two panel members were familiar with the theory.

Of the 11 remaining nursing diagnoses with corresponding theoretical basis in which only one panel member was familiar with the theory, the theoretical concepts were identified in both response and etiology components in 9 (82%) of the 11 nursing diagnoses. The theoretical concepts were identified in the response component, or the etiology component, or in both components of the nursing diagnosis in all 11 (100%) of the nursing diagnosis statements. Table 5 represents the Theory-Based Nursing Diagnosis Tool when one panel member was familiar with the theory.

The theories of which only one panel member was familiar included: Cognitive Theory of Depression of Beck, Rush, Shaw and Emery; Sullivan's Interpersonal Theory; Ryden's Energy Theory; Festinger's Cognitive Dissonance Theory; Melvin and Seeman's Theory of Powerlessness; Roger's Learning Theory; and Lazarus and Folkman's Coping Theory. Identification of the theoretical concepts in the response component, or the etiology component, or in both components of the nursing diagnoses by the panel of experts is outlined in Table 6.

Table 4

Theory-Based Nursing Diagnosis Tool—Two Panel Members Familiar with Theory

Coded nursing diagnosis number	<u>Only</u> response component of nursing diagnosis reflected theoretical concepts	<u>Only</u> etiology component of nursing diagnosis reflected theoretical concepts	<u>Both</u> response and etiology component of nursing diagnosis reflected theoretical concepts	It is unclear how theory related to the nursing diagnosis	Theoretical basis of nursing diagnosis
1			2		Fink's Crisis Theory
7			1	1	Becker's Health Belief Model
9			2		Becker's Health Belief Model
11				2	Knowles' Adult Learning Theory
12			2		Fink's Crisis Theory
17			1	1	Rosenstock's Health Belief Model
20	1		1		Rosenstock's Health Belief Model
23	1		1		Rosenstock's Health Belief Model

(table continues)

Coded nursing diagnosis number	<u>Only</u> response component of nursing diagnosis reflected theoretical concepts	<u>Only</u> etiology component of nursing diagnosis reflected theoretical concepts	<u>Both</u> response and etiology component of nursing diagnosis reflected theoretical concepts	It is unclear how theory related to the nursing diagnosis	Theoretical basis of nursing diagnosis
25	1		1		Rosenstock's Health Belief Model
27	1		1		Miller's Powerlessness Model
31			2		Becker's Health Belief Model
37	1		1		Becker's Health Belief Model
38	1			1	Erikson's Theory of Development

Table 5

Theory-Based Nursing Diagnosis Tool—One Panel Member Familiar with Theory

Coded nursing diagnosis number	<u>Only</u> response component of nursing diagnosis reflected theoretical concepts	<u>Only</u> etiology component of nursing diagnosis reflected theoretical concepts	<u>Both</u> response and etiology component of nursing diagnosis reflected theoretical concepts	It is unclear how theory related to the nursing diagnosis	Theoretical basis of nursing diagnosis
5			1		Cognitive Theory of Depression-- Beck, Rush, Shaw, and Emery
10			1		Sullivan's Interpersonal Theory
28			1		Ryden's Energy Theory
30			1		Ryden's Energy Theory
33			1		Ryden's Energy Theory
34		1			Ryden's Energy Theory
43			1		Festinger's Cognitive Dissonance Theory
45	1				Festinger's Cognitive Dissonance Theory

(table continues)

Coded nursing diagnosis number	<u>Only</u> response component of nursing diagnosis reflected theoretical concepts	<u>Only</u> etiology component of nursing diagnosis reflected theoretical concepts	<u>Both</u> response and etiology component of nursing diagnosis reflected theoretical concepts	It is unclear how theory related to the nursing diagnosis	Theoretical basis of nursing diagnosis
46			1		Melvin and Seeman's Theory of Powerlessness
47			1		Rogers' Learning Theory
49			1		Lazarus and Folkman's Coping Theory

Table 6

Frequency and Percentage of Nursing Diagnoses With Identifiable Theoretical ConceptsReflected in the Response, the Etiology, or Both Components of the Nursing Diagnoses

Familiar with the theory	Total number of nursing diagnoses	Frequency and percent of nursing diagnosis with theoretical concepts reflected in <u>both</u> components of the nursing diagnosis		Frequency and percent of nursing diagnosis with theoretical concepts reflected in the response, the etiology <u>or</u> both components of the nursing diagnosis	
		<u>Frequency</u>	<u>Percentage</u>	<u>Frequency</u>	<u>Percentage</u>
Three panel members	26	7	27	15	58
Two Panel Members	13	4	31	9	69
One Panel Member	11	9	82	11	100

Additional Findings

Of the 22 theories identified by the graduate nursing students, only 3 of the theories represent nursing theories. Those three theories were Aguilera and Messick's Crisis Theory, Peplau's Anxiety Theory, and Miller's Powerlessness Model. The remaining 19 theories are representative of other disciplines.

Summary of Findings

This chapter has presented the analysis and treatment of data derived from the theory-based nursing diagnosis tool. A panel of experts evaluated 50 nursing diagnoses with their corresponding theoretical basis, all of which had been obtained from the graduate nursing comprehensive examination. The following findings are summarized:

1. In order to obtain 50 acceptable nursing diagnosis statements for the study, 99 nursing diagnoses were evaluated according to five criteria (Appendix A). Thirty-two (65%) of the 49 unacceptable nursing diagnosis statements failed to meet the first criterion, that both response and etiology components needed to be present in the statement. Four (8%) of the 49 unacceptable nursing diagnoses failed to meet the second criterion, which specified that the response component needed to be written first and the etiology component written second. Five

(10%) of the 49 unacceptable nursing diagnosis statements did not meet the fourth criterion, which indicated that only one etiology was identified for each nursing diagnosis statement. The remaining 8 (16%) of the 49 unacceptable nursing diagnoses failed to meet the fifth criterion, in that the activity requiring modification was outside the boundaries of nursing's independent function.

2. The graduate nursing students identified a wide variety of theories ($n = 22$) as the theoretical basis in the generation of nursing diagnoses. The most frequently identified theory was Aguilera and Messick's Crisis Theory, followed by Bandura's Social Learning Theory, Becker's Health Belief Model, Miller's Powerlessness Model, Ryden's Energy Theory, and Rosenstock's Health Belief Model.

3. The 50 nursing diagnosis statements evaluated in this study were from the following clinical areas: 15 from the medical-surgical area, 12 from pediatrics, 9 from community-health, 9 from psychiatric mental-health, and 5 from the obstetrics area. The medical-surgical and psychiatric mental-health area answers produced the greatest variety of theories--nine different theories. The medical-surgical responses contained nine different theories as the theoretical basis for 15 nursing diagnoses; whereas, the psychiatric mental-health area students

identified the nine different theories as the basis for nine nursing diagnoses.

4. All three members of the panel of experts were familiar with the theoretical basis in 26 of the 50 nursing diagnoses. Three of the panel of experts reported that the theoretical basis was reflected in both components of the nursing diagnosis statement in 7 (27%) of the 26 nursing diagnosis evaluated.

5. Two out of the three members of the panel of experts indicated familiarity with the theory mentioned in 13 of the remaining 24 nursing diagnoses. The two panel members reported that the theoretical basis was reflected in both components of the nursing diagnosis statement in 4 (31%) of the 13 nursing diagnoses evaluated.

6. Of the 11 remaining nursing diagnoses only one panel member reported being familiar with the mentioned theory. The panel member reported that the theoretical concepts were reflected in both components of the nursing diagnosis in 9 (82%) of the nursing diagnoses.

CHAPTER V

SUMMARY OF THE STUDY

The final chapter of this study contains a summary of the study and a discussion of the findings. Also included within this chapter are the conclusions and implications as well as a list of recommendations for further study.

Summary

The purpose of this descriptive study was to explore the theoretical basis for nursing diagnoses generated by graduate nursing students. The major concepts in the study were nursing diagnosis and theory utilization in the generation of nursing diagnoses. Although the nursing literature contained a significant amount of information on nursing diagnosis and on the utilization of theory in nursing, information related to both concepts was limited.

A nonprobability convenience sample of 50 nursing diagnoses with their corresponding theoretical basis was used. The sample was obtained from the graduate nursing comprehensive examinations, given over a 2-year time period. In order to obtain 50 acceptable nursing diagnosis statements for the study, 99 nursing diagnoses were

evaluated according to five criteria (Appendix A). All five criteria were met as determined by the investigator for 50 (51%) of the statements, thus 49 (49%) of the nursing diagnosis statements were unacceptable.

The graduate nursing students utilized a wide variety of theories ($n = 22$) as the theoretical basis in the generation of nursing diagnoses. The most frequently identified theory was Aguilera and Messick's Crisis Theory. The medical-surgical and psychiatric mental-health area students utilized the greatest variety of theories--nine different theories.

A Theory-Based Nursing Diagnosis Tool was used by a panel of three experts. All three members of the panel of experts were familiar with the theoretical basis in 26 of the 50 nursing diagnoses evaluated. Three of the panel of experts reported that the theoretical basis was reflected in both components of the nursing diagnosis statement in 7 (27%) of the 26 nursing diagnoses.

Two out of the three members of the panel of experts reported familiarity with the theory mentioned in 13 of the remaining 24 nursing diagnoses. The two panel members reported that the theoretical basis was reflected in both components of the nursing diagnosis statement in 4 (31%) of the 13 nursing diagnoses evaluated.

Of the 11 remaining nursing diagnoses, only one panel member reported being familiar with the mentioned theory. The panel member reported that the theoretical concepts were reflected in both components of the nursing diagnosis in 9 (82%) of the nursing diagnoses.

Discussion of Findings

The discussion of findings will center on the research questions that were formulated. Each question will be discussed separately.

Research Question 1

Research Question 1 stated: To what extent are graduate nursing students able to write nursing diagnoses in an acceptable format?

Ninety-nine nursing diagnoses were evaluated before 50 acceptable nursing diagnoses were obtained, using the five criteria for an acceptable nursing diagnosis (Appendix A). Although there remains no agreed upon operational definition, nor conceptual focus for nursing diagnosis within the nursing literature, the importance of nursing diagnosis for the profession of nursing has been well documented (American Nurses' Association, 1980; Carnevali, 1983; Gordon, 1982; Griffith-Kenney & Christensen, 1986; Woolley, 1990; Ziegler et al., 1986). Although nursing

diagnoses were first mentioned in the nursing literature in the 1950s, the ability to generate acceptable nursing diagnoses remains problematic in the 1990s.

Difficulties encountered in the generation of nursing diagnoses support the work of DeBack (1981) and Ziegler (1984). Of 168 nursing diagnosis statements collected by Ziegler (1984), all 12 criteria for an acceptable nursing diagnosis could be coded for only 94 (55%) of the statements; thus 74 (45%) of the statements were not used. Sixty-one (36%) nursing diagnosis statements were lost because they failed to meet the first criterion that both response and etiology components of the statement needed to be present (Ziegler, 1984). According to Ziegler the state of the art of nursing diagnosis was not well developed at that time.

Research Question 2

Research Question 2 stated: What theories do graduate nursing students identify most frequently in the generation of nursing diagnoses, categorized according to clinical area?

Twenty-two different theories were identified as the theoretical basis of the 50 acceptable nursing diagnoses. When writing the comprehensive exam, students derive nursing diagnoses from the case data that are presented to

them. This factor may have influenced the numbers and types of theories identified by the students.

Aguilera and Messick's Crisis Theory was identified as the theoretical basis in 7 (14%) of the generated nursing diagnoses and was found in question responses for three different clinical areas (pediatrics, psychiatric mental-health, and obstetrics). Five other theories were each identified four times (8%) as the theoretical basis for the generated nursing diagnoses. These five theories are as follows: Bandura's Social Learning Theory, Becker's Health Belief Model, Miller's Powerlessness Model, Ryden's Energy Theory, and Rosenstock's Health Belief Model. Of the 22 theories identified, only 3, Aguilera and Messick's Crisis Theory, Peplau's Anxiety Theory, and Miller's Powerlessness Model were nursing theories. The remaining 19 theories are representative of various disciplines.

The variety of the theories identified in this study supports the belief that nursing science is a body of cumulative knowledge (Abdellah, 1986; ANA, 1980; Carnevali, 1984; Kritek, 1979; Watson, 1985). In 1964, Kaplan encouraged disciplines to borrow useful information from one another. However, what remains for nursing is to utilize basic nursing research to determine if theoretical generalizations from other disciplines can be applied to

nursing (Newman, 1986). The variety and frequency of the theories identified in this study may not be reflective of the entire population of nurses. Faculty in the institution where the data were gathered place a great deal of emphasis on theory-based nursing practice.

Research Question 3

Research Question 3 stated: To what extent are graduate nursing students able to write theory based nursing diagnoses?

All three members of the panel of experts reported being familiar with the theory that was identified in 26 of the 50 nursing diagnoses. The three panel members recorded that the theory was reflected in both the response component and etiology component of the nursing diagnosis statement in 7 (27%) of the 26 nursing diagnoses. All three members of the panel of experts reported that the theoretical basis was reflected in the response component, or the etiology component, or in both components of the nursing diagnosis in 15 (58%) of the 26 nursing diagnoses evaluated.

Two members of the panel of experts were familiar with the theoretical component which was identified as the basis of 13 of the remaining 24 nursing diagnoses. The two panel members recorded that the theory had been reflected in both

the response and the etiology components of the nursing diagnosis statement in 4 (31%) of the 13 nursing diagnoses. The theoretical basis was reported by the two panel members as having been reflected in the response component, or the etiology component or both components of the nursing diagnoses, in 9 (69%) of the 13 nursing diagnoses evaluated. Of the 11 remaining nursing diagnoses with corresponding theoretical basis in which only one panel member was familiar with the theory, the theoretical concepts were identified in both the response and etiology components in 9 (82%) of the 11 nursing diagnoses. The theoretical concepts were identified in the response component, or the etiology component, or in both components of the nursing diagnosis in all 11 (100%) of the nursing diagnosis statements, evaluated by one panel member.

The nursing literature abounds with information stressing the importance of the theoretical basis within nursing diagnoses (ANA, 1980; Chinn & Jacobs, 1983; M. Forsyth, 1985; Hagey & McDonough, 1984; Henderson, 1979; Johnson, 1986; Jones, 1979; Kim, 1986; Kritek, 1979; Matthews & Gaul, 1979; Ziegler et al., 1986). The ANA Social Policy Statement (1980) stated that nursing diagnoses without the application of theory are mere

labels. However, nursing research within this area remains severely limited.

Conclusions and Implications

Based on the findings of the study, the following conclusions and implications were obtained:

1. The ability of graduate nursing students to write nursing diagnoses in an acceptable format remains limited, based on the finding that 99 nursing diagnosis statements were evaluated before 50 (51%) acceptable nursing diagnoses were obtained. This finding supports the work of Ziegler (1984). The importance of nursing diagnosis to the profession of nursing was well documented in the literature. Therefore, it remains imperative to improve the ability of all nurses to generate acceptable nursing diagnoses. Utilization of criteria (Appendix A) as developed by Ziegler et al. (1986) would highlight areas of weakness, as was done in this study. Nursing programs could then be structured to facilitate the ability of nursing students to generate acceptable nursing diagnoses.

2. The use of 22 different theories as the theoretical basis in the generation of 50 nursing diagnoses is indicative of the variety of theories available to nurses. However, the exact nature of the role nursing theories played was questioned based on the finding that

only 3 of the 22 theories identified by the graduate nursing students were nursing theories. In the quest to develop nursing's own body of knowledge, whether or not to include theories from other disciplines remains a debatable issue. However, the quality of the theory should be the issue addressed by nursing.

3. Graduate nursing students who write acceptable nursing diagnoses according to Ziegler et al.'s (1986) criteria are not able, the majority of the time, to generate nursing diagnoses utilizing a theoretical basis. This conclusion is based on the belief that the theoretical basis of the nursing diagnosis should be reflected in both components of the nursing diagnosis statement. When three panel members were familiar with the theory, theoretical concepts were identified in both components of the nursing diagnosis statement in only 7 (27%) of 26 nursing diagnoses evaluated. When two members of the panel of experts were familiar with the theory, theoretical concepts were identified in both components of the nursing diagnosis in 4 (31%) of 13 nursing diagnoses evaluated. However, when only one panel member was familiar with the theory, it was reported that the theoretical concepts were reflected in both components of the nursing diagnosis statement in 9 (82%) of the nursing diagnoses evaluated. According to the

ANA (1980) Social Policy Statement, failure to apply theory to nursing diagnoses results in nursing diagnoses that are mere labels. If nursing diagnoses are to be more meaningful than labels, then nurses must be able to generate nursing diagnoses utilizing a theoretical basis. Failure to do so will only serve to undermine the importance of nursing diagnoses.

Recommendations for Further Study

Based on the conclusions and implications of the study, the following recommendations were made:

1. Replication should be done using other samples of nursing diagnoses from students in other graduate nursing programs, where the emphasis on theory-based nursing may be different.
2. A similar study should be conducted with a larger panel of experts in order to increase the incidence of panel members' familiarity with each theory.
3. A study is recommended to further evaluate the ability of nurses to write nursing diagnoses in an acceptable format, through utilization of criteria for evaluation as developed by Ziegler et al. (1986).
4. A study is recommended to explore what basis, besides that of theory, guides nurses in the generation of nursing diagnoses.

REFERENCES

- Abdellah, F. (1957). Methods of identifying covert aspects of nursing problems. Nursing Research, 6, 4-23.
- Abdellah, F. (1986). The nature of nursing science. In L. Nicoll (Ed.), Perspectives on nursing theory (pp. 194-198). Boston: Little, Brown.
- American Nurses' Association. (1980). Nursing: A social policy statement. Kansas City, MO: Author.
- Andersen, J., & Briggs, L. (1988). Nursing diagnosis: A study of quality and supportive evidence. Image, 20(3), 141-144.
- Argyris, C., & Schon, D. (1978). Theory in practice: Increasing professional effectiveness. San Francisco: Jossey-Bass.
- Aspinall, M. (1976). Nursing diagnoses: The weakest link. Nursing Outlook, 24, 433-437.
- Aspinall, M. (1979). Use of a decision tree to improve the accuracy of diagnoses. Nursing Research, 28, 182-185.
- Baer, C. (1984). Nursing diagnosis: A futuristic process for nursing practice. Topics in Clinical Nursing, 5(4), 89-96.
- Barrett, E. (Ed.). (1990). Visions of Rogers' science-based nursing. Kansas City, MO: National League for Nursing.
- Barrett, W. (1958). Irrational man: A study in existential philosophy. Garden City, NY: Doubleday.
- Bircher, A. (1986). Nursing diagnosis: Where does the conceptual framework fit? In M. Hurley (Ed.), Classification of nursing diagnoses proceedings of the 6th conference (pp. 66-97). St. Louis: C. V. Mosby.
- Bloch, D. (1974). Some crucial terms in nursing--what do they really mean? Nursing Outlook, 22, 689-694.

- Brown, J., Tanner, C., & Padrick, K. (1984). Nursing's search for scientific knowledge. Nursing Research, 33, 26-32.
- Carnevali, D. (1984). Nursing diagnosis: An evolutionary view. Topics in Clinical Nursing, 5(4), 10-21.
- Carpenito, L. (Ed.). (1983). Nursing diagnosis application to clinical practice. Philadelphia: J.B. Lippincott.
- Carpenito, L. (1985). Nursing diagnosis: Selected dilemmas in practice. Occupational Health Nursing, 33, 397-400.
- Chinn, P. (1983). Advances in nursing theory development. Rockville, MD: Aspen.
- Chinn, P., & Jacobs, M. (1983). Theory and nursing: A systematic approach. St. Louis: C. V. Mosby.
- DeBack, V. (1981). The relationship between senior nursing students' ability to formulate nursing diagnoses and the curriculum model. Advances in Nursing Science, 3(3), 51-66.
- DeGroot, H. A. (1988). Scientific inquiry in nursing: A model for a new age. Advances in Nursing Science, 10(3), 1-21.
- Derdiarian, A. (1987). Etiology: Practical relevance. In A. McLane (Ed.), Classification of nursing diagnoses proceedings of the seventh conference (pp. 65-77). St. Louis: C. V. Mosby.
- Dickoff, J., & James, P. (1986). A theory of theories: A position paper in perspectives. In L. Nicoll (Ed.), Nursing theory (pp. 101-112). Boston: Little, Brown.
- Dickoff, J., James, P., & Wiedenbach, E. (1986). Theory in a practice discipline, Part I: Practice oriented theory. In L. Nicoll (Ed.), Perspectives in nursing theory (pp. 424-454). Boston: Little, Brown.
- Donaldson, S., & Crowley, D. (1986). The discipline of nursing. In L. Nicoll (Ed.), Perspectives in nursing theory (pp. 241-251). Boston: Little, Brown.

- Douglas, D., & Murphy, E. (1981). Nursing process, nursing diagnosis, and emerging taxonomies. In J. McCloskey & H. Grace (Eds.), Current issues in nursing (pp. 50-57). Scranton, PA: Blackwell Scientific.
- Ellis, R. (1986). The practitioner as theorist. In L. Nicoll (Ed.), Perspectives on nursing theory (pp. 467-472). Boston: Little, Brown.
- Englebright, J. (1984). Theory utilization in the diagnosing and planning phases of the nursing process. Unpublished master's thesis, Texas Woman's University, Denton.
- Fawcett, J. (1986). Guest editorial: Conceptual models of nursing, nursing diagnosis, and nursing theory development. Western Journal of Nursing Research, 8, 397-399.
- Fawcett, J., & Downs, F. (1986). The relationship of theory and research. Norwalk, CT: Appleton-Century-Crofts.
- Fitzpatrick, J. (1987). Etiology conceptual concerns. In A. McLane (Ed.), Classification of nursing diagnoses: Proceedings of the 7th conference (pp. 61-64). St. Louis: C. V. Mosby.
- Forsyth, G. (1984). Etiology: In what sense and of what value? In M. Kim, G. McFarland, & A. McLane (Eds.), Classification of nursing diagnoses: Proceedings of the 5th conference (pp. 62-72). St. Louis: C. V. Mosby.
- Forsyth, M. (1985). Nursing diagnosis in occupational health. Occupational Health Nursing, 33(8), 390-392.
- Fry, V. (1953). The creative approach to nursing. American Journal of Nursing, 53, 301-302.
- Gaines, B., & McFarland, M. (1984). Nursing diagnosis: Its relationship to and use in nursing education. Topics in clinical Nursing, 5(4), 39-49.
- Gebbie, K. (1979). Need for a nursing diagnostic taxonomy. Advances in Nursing Science, 2(1), 96-98.
- Gebbie, K. (1984). Nursing diagnosis: What it is and why does it exist. Topics in Clinical Nursing, 5(4), 1-9.

- Gebbie, K., & Haas, B. (1984). Development of association bylaws. In M. Kim, G. McFarland, & A. McLane (Eds.), Classification of nursing diagnoses: Proceedings of the 5th national conference (pp. 574-581). St. Louis: C. V. Mosby.
- Gebbie, K., & Lavin, M. (1975). Classification of nursing diagnoses: Proceedings of the first national conference. St. Louis: C. V. Mosby.
- Gordon, M. (1979). The concept of nursing diagnosis. Nursing Clinics of North America, 14(3), 487-495.
- Gordon, M. (1982). Nursing diagnosis process and application. New York: McGraw-Hill.
- Gordon, M. (1990). Toward theory-based diagnostic categories. Nursing Diagnosis, 1(1), 5-11.
- Gordon, M., & Sweeney, M. (1979). Methodological problems and issues in identifying and standardizing nursing diagnoses. Advances in Nursing Science, 2(1), 1-15.
- Grant, J., Kinney, M., & Guzzetta, C. (1990). A methodology for validating nursing diagnoses. Advances in Nursing Science, 12(3), 65-74.
- Griffith-Kenney, J. (1986). Relevance of theoretical approaches in nursing practice. In J. Griffith-Kenney & P. Christensen (Eds.), Nursing process: Application of theories, frameworks, and models (2nd ed.) (pp. 3-16). St. Louis: C. V. Mosby.
- Griffith-Kenney, J., & Christensen, P. (Eds.). (1986). Nursing process: Application of theories, frameworks, and models (2nd ed.). St. Louis: C. V. Mosby.
- Guzzetta, C., Bunton, S., Prinkey, L., Sherer, A., & Seifert, P. (1989). Clinical assessment tools for use with nursing diagnoses. St. Louis: C. V. Mosby.
- Hagey, R., & McDonough, P. (1984). The problem of professional labeling. Nursing Outlook, 32(3), 151-157.
- Hanson, M., Kennedy, F., Dougherty, L., & Baumann, L. (1990). Education in nursing diagnosis: Evaluating clinical outcomes. Journal of Continuing Education, 21(2), 79-85.

- Hardy, M. (1986). Perspectives on nursing theory. In L. Nicoll (Ed.), Perspectives on nursing theory (pp. 79-89). Boston: Little, Brown.
- Henderson, B. (1979). Nursing diagnosis: Theory and practice. Advances in Nursing Science, 2(1), 75-83.
- Henderson, B. (1987). Nursing process--a critique. Holistic Nurse Practitioner, 1(3), 7-18.
- Jacobs, M., & Huether, S. (1978). Nursing science: The theory-practice linkage. Advances in Nursing Science, 1(1), 63-83.
- Jennings, B. (1987). Nursing theory development: Successes and challenges. Journal of Advanced Nursing, 12(1), 63-69.
- Jennings, B., & Meleis, J. (1988). Nursing theory and administrative practice: Agenda for the 1990s. Advances in Nursing Science, 10(3), 56-69.
- Johnson, D. (1986). Theory in nursing: Borrowed and unique. In L. Nicoll (Ed.), Perspectives on nursing theory (pp. 117-121). Boston: Little, Brown.
- Jones, P. (1979). A terminology for nursing diagnoses. Advances in Nursing Science, 2(1), 65-72.
- Kaplan, A. (1964). The conduct of inquiry. San Francisco: Chandler Publishing.
- Kim, M. (1986). Nursing diagnosis: A Janus view. In M. Hurley (Ed.), Classification of nursing diagnoses: Proceedings of the sixth conference (pp. 1-14). St. Louis: C. V. Mosby.
- King, I. (1978). The why of theory development. In National League for Nursing (Ed.), Theory development: What, why, and how? (pp. 11-16). New York: NLN.
- Kritek, P. (1979). Commentary: The development of nursing diagnosis and theory. Advances in Nursing Science, 2(1), 73-79.

- Lash, A. (1981). Nursing diagnosis: Some comments on the gap between theory and practice. In J. C. McCloskey & H. K. Grace (Eds.), Current issues in nursing (pp. 44-49). Boston: Blackwell Scientific.
- Lee, H., & Strong, K. (1985). Using nursing diagnosis to describe the clinical competence of baccalaureate and associate degree graduating students: A comparative study. Image, 17(3), 83-85.
- Levine, M. (1987). Approaches to the development of a nursing diagnosis taxonomy. In A. McLane (Ed.), Classification of nursing diagnoses proceedings of the seventh conference (pp. 45-52). St. Louis: C. V. Mosby.
- Little, D., & Carnevali, D. (1976). The diagnostic statement: The problem defined. In J. Walter, G. Pardee, & D. Molbo (Eds.), Dynamics of problem-oriented approaches: Patient care and documentation (pp. 45-64). Philadelphia: J. B. Lippincott.
- Lunney, M. (1990). Accuracy of nursing diagnosis: Concept development. Nursing Diagnosis, 1(1), 12-17.
- Maas, M. (1986). Nursing diagnoses in a professional model of nursing: Keystone for effective nursing administration. Journal of Nursing Administration, 16(12), 39-42.
- McLane, A. (1982). Nursing diagnosis in the master's practicum. In M. Kim & D. Doritz (Eds.), Classification of nursing diagnosis: Proceedings of the 3rd and 4th national conferences (pp. 105-113). New York: McGraw-Hill.
- McLane, A. (1987). Classification of nursing diagnosis. In A. McLane (Ed.), Classification of nursing diagnoses proceedings of the seventh conference (pp.). St. Louis: C. V. Mosby.
- Matthews, C., & Gaul, A. (1979). Nursing diagnosis from the perspective of concept attainment and critical thinking. Advances in Nursing Science, 2(1), 17-26.
- Miakowski, C. (1985). Nursing diagnosis within the context of the nursing process. Occupational Health Nursing, 33, 401-404.

- Moody, L., Wilson, M., Smyth, K., Schwartz, R., Tittle, M., & Van Cott, M. (1988). Analysis of a decade of nursing practice research 1977-1986. Nursing Research, 37(6), 374-379.
- Mundinger, M. (1980). Autonomy in nursing. Germantown, MD: Aspen.
- North American Nursing Diagnosis Association (NANDA). (1986). 21 new diagnoses and a taxonomy. American Journal of Nursing, 86(12), 1414-1415.
- North American Nursing Diagnosis Association (NANDA). (1990). Taxonomy I revised 1990. St. Louis: Author.
- Newman, M. (1986). Nursing's theoretical evolution. In L. Nicoll (Ed.), Perspectives on nursing theory (pp. 72-78). Boston: Little, Brown.
- Nieswiadomy, R. M. (1987). Foundations of nursing research. Norwalk, CT: Appleton & Lange.
- Notter, L. (1983). Essentials of nursing research. New York: Springer.
- Peplau, H. (1986). Theory of the professional dimension. In L. Nicoll (Ed.), Perspectives on nursing theory (pp. 455-466). Boston: Little, Brown.
- Polit, D., & Hungler, B. (1987). Nursing research: Principles and methods (3rd ed.). Philadelphia: J. B. Lippincott.
- Porter, E. (1986). Critical analysis of NANDA nursing diagnosis taxonomy I. Image, 18(4), 136-139.
- Putzier, D., & Padrick, K. (1984). Nursing diagnosis: A component of nursing process and decision-making. Topics in Clinical Nursing, 5(4), 21-29.
- Reynolds, P. (1971). A primer in theory construction. Indianapolis, IN: Bobbs-Merrill.
- Rogers, M. (1970). An introduction to the theoretical basis of nursing. Philadelphia: F. A. Davis.

- Roy, C. (1975). The impact of nursing diagnosis. Association of Operating Room Nurses, 21(6), 1023-1030.
- Roy, C. (1984). Framework for classification systems development: Progress and issues. In M. Kim, G. McFarland, & A. McLane (Eds.), Classification of nursing diagnoses: Proceedings of the 5th national conference (pp. 26-41). St. Louis: C. V. Mosby.
- Roy, C., & Roberts, S. (1981). Theory construction in nursing: An adaptation model. Englewood Cliffs, NJ: Prentice-Hall.
- Rudner, R. (1966). Philosophy of social science. Englewood Cliffs, NJ: Prentice-Hall.
- Shoemaker, J. (1985). Characteristics of a nursing diagnosis. Occupational Health Nursing, 33, 387-389.
- Stevens, B. (1979). Nursing theory: Analysis, application, evaluation. Boston: Little, Brown.
- Stevens, B. (1984). Nursing theory: Analysis, application, evaluation (2nd ed.). Boston: Little, Brown.
- Tanner, C., & Hughes, A. (1984). Nursing diagnosis: Issues in clinical practice research. Topics in Clinical Nursing, 5(4), 30-38.
- Walker, L. (1986). Toward a clearer understanding of the concept of nursing theory. In L. Nicoll (Ed.), Perspectives on nursing theory (pp. 26-35). Boston: Little, Brown.
- Walker, L., & Avant, K. (1983). Strategies for theory construction in nursing. Norwalk, CT: Appleton-Century-Crofts.
- Warren, J. (1984). Problems in using nursing diagnoses: A descriptive study of graduate nursing students. In M. Kim, G. McFarland, & A. McLane (Eds.), Classification of nursing diagnoses: Proceedings of the 5th national conference (pp. 262-266). St. Louis: C. V. Mosby.
- Watson, J. (1985). Nursing: Human science and human care: A theory of nursing. Norwalk, CT: Appleton-Century-Crofts.

- Webster's new world dictionary of the American language.
(1968). New York: World Publishing.
- Westfall, U. (1984). Nursing diagnoses: Its use in quality assurance. Topics in Clinical Nursing, 5(4), 78-87.
- Whitley, G., & Dillon, A. (1988). Nursing curricula in the 80s: The impact of nursing diagnosis. Journal of Nursing Education, 27(5), 233-235.
- Wiedenbach, E. (1970). Nurses' wisdom in nursing theory. American Journal of Nursing, 70(5), 1057-1062.
- Woolley, N. (1990). Nursing diagnosis: Exploring the factors which may influence the reasoning process. Journal of Advanced Nursing, 15(1), 110-117.
- Wright, K. (1988). Nursing diagnoses utilization by bachelor of science prepared nurses and associate degree prepared nurses. Unpublished master's thesis, Texas Woman's University, Denton.
- Yura, H., & Walsh, M. (1973). The nursing process: Assessing, planning, implementing, evaluating (2nd ed.). New York: Appleton-Century-Crofts.
- Yura, H., & Walsh, M. (1983). The nursing process: Assessing, planning, implementing, evaluating (4th ed.). Norwalk, CT: Appleton-Century-Crofts.
- Ziegler, S. (1984). Nursing diagnosis: The state of the art as reflected in graduate students' work. In M. Kim, G. McFarland, & A. McLane (Eds.), Classification of nursing diagnoses: Proceedings of the 5th national conference (pp. 199-208). St. Louis: C. V. Mosby.
- Ziegler, S., Vaughan-Wrobel, B., & Erlen, J. (1986). Nursing process, nursing diagnosis, nursing knowledge: Avenues to autonomy. Norwalk, CT: Appleton-Century-Crofts.

APPENDIX A

Criteria for Acceptable Nursing Diagnoses

Criteria for Acceptable Nursing Diagnoses:

<u>Component</u>	<u>Characteristic</u>
Product:	
General	1. Both the response and etiology component are present. 2. The response component is written first and the etiology component is written second.
Response component	3. Only one response is identified for each diagnosis statement.
Etiology component	4. Only one etiology is identified for each diagnosis statement. 5. The activity requiring modification is within the boundaries of nursing's independent functions; nurse is capable, and is legally and ethically expected to treat.

Source: Ziegler, S., Vaughan-Wrobel, B., & Erlen, J. (1986). Nursing process, nursing diagnosis nursing knowledge: Avenues to autonomy, p. 90.

APPENDIX B

Theory-Based Nursing Diagnosis Tool

Read each of these 10 items which contain a nursing diagnosis and its corresponding theory. If you are unfamiliar with the theory listed in any of the items, please fill in A on the Scantron Answer Sheet for that particular item. If familiar with the mentioned theory, please fill-in the letter on the Scantron Answer Sheet that is next to the item that best applies.

- B Only the response component of the statement reflects one of the concepts from the theory.
- C Only the etiology component of the statement reflects one of the concepts from the theory.
- D Both the response and the etiology component of the diagnosis statement reflect concepts from the theory.
- E It is unclear how the theory is related to the diagnosis statement.

APPENDIX C

Data Collection Sheet

Data Collection Sheet

Nursing Diagnosis #1 _____

Theory: _____

Criteria:

1	---	Y	N
2	---	Y	N
3	---	Y	N
4	---	Y	N
5	---	Y	N

Nursing Diagnosis #2 _____

Theory: _____

Criteria:

1	---	Y	N
2	---	Y	N
3	---	Y	N
4	---	Y	N
5	---	Y	N

Nursing Diagnosis #3 _____

Theory: _____

Criteria:

1	---	Y	N
2	---	Y	N
3	---	Y	N
4	---	Y	N
5	---	Y	N

Nursing Diagnosis #4 _____

Theory: _____

Criteria:

1	---	Y	N
2	---	Y	N
3	---	Y	N
4	---	Y	N
5	---	Y	N

Nursing Diagnosis #5 _____

Theory: _____

Criteria:

1	---	Y	N
2	---	Y	N
3	---	Y	N
4	---	Y	N
5	---	Y	N

Nursing Diagnosis #6 _____

Theory: _____

Criteria:

1	---	Y	N
2	---	Y	N
3	---	Y	N
4	---	Y	N
5	---	Y	N

Nursing Diagnosis #7 _____

Theory: _____

Criteria:

1	---	Y	N
2	---	Y	N
3	---	Y	N
4	---	Y	N
5	---	Y	N

Nursing Diagnosis #8 _____

Theory: _____

Criteria:

1	---	Y	N
2	---	Y	N
3	---	Y	N
4	---	Y	N
5	---	Y	N

Nursing Diagnosis #9 _____

Theory: _____

Criteria:

1	---	Y	N
2	---	Y	N
3	---	Y	N
4	---	Y	N
5	---	Y	N

Nursing Diagnosis #10 _____

Theory: _____

Criteria:

1	---	Y	N
2	---	Y	N
3	---	Y	N
4	---	Y	N
5	---	Y	N

APPENDIX D

Agency Permission Form

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE _____

GRANTS TO Rosanne S. von Reyn
a student enrolled in a program of nursing leading to a
Master's Degree at Texas Woman's University, the privilege
of its facilities in order to study the following
problem.

Theoretical Basis for Nursing Diagnoses
Generated By Graduate Nursing Students

The conditions mutually agreed upon are as follows:

1. The agency (may) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (may not) be identified in the final report.
3. The agency (wants) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (unwilling) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

25 April 1989
Date

Rosanne S. von Reyn
Signature of Student

Signature of Agency Personnel

Rae M. Nieswonger, Ph.D. RN
Signature of Faculty Advisor

*Fill out & sign 3 copies to be distributed: Original-student; 1st copy-Agency; 2nd copy-TWU School of Nursing

APPENDIX E

Graduate School Permission to Conduct Study

TEXAS WOMAN'S UNIVERSITY

DENTON DALLAS HOUSTON

THE GRADUATE SCHOOL

P.O. Box 22479, Denton, Texas 76204 817/898-3400, 800-338-5255



May 30, 1989

Ms. Rosanne von Reyn
1912 Robinson
Irving, TX 75060

Dear Ms. von Reyn:

I have received and approved the Prospectus for your research project. Best wishes to you in the research and writing of your project.

Sincerely yours,

Leslie M Thompson

Leslie M. Thompson
Dean for Graduate Studies
and Research

dl

cc Dr. Rose Nieswiadomy
Dr. Helen Bush

APPENDIX F

Research Review Committee Exemption Form

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

PROSPECTUS FOR THESIS/DISSERTATION/PROFESSIONAL PAPER

This prospectus proposed by: Rosanne S. von Reyn

_____ and entitled:

Theoretical Basis for Nursing Diagnoses Generated by
Graduate Nursing Students

Has been read and approved by the member of (his/hers)
Research Committee.

This research is (check one):

xx Is exempt from Human Subjects Review Committee
review because no human subjects will be used.

_____ Requires Human Subjects Review Committee review
because _____

Research Committee:

Chairperson, _____

Member, _____

Member, _____

Date: _____

Dallas Campus xx Denton Campus _____ Houston Campus _____

APPENDIX G

Explanation of Investigation to Panel
of Experts for the Pilot Study

Explanation of Investigation to Panel
of Experts for Pilot Study

Hello,

I am Rosanne von Reyn, a graduate nursing student at Texas Woman's University. I am working on my thesis entitled, "Theoretical Basis for Nursing Diagnoses Generated by Graduate Nursing Students." The purpose of this study is to analyze nursing diagnoses developed by graduate nursing students, specifically focusing on the theoretical basis of the diagnoses statements. Data analysis requires that a panel of experts be established, for the pilot study, composed of two faculty members presently teaching graduate level courses. The analysis for each panel member will involve 10 nursing diagnoses and their corresponding theoretical basis.

Each panel member will be asked to select the item which best applies to each of the 10 nursing diagnoses/theoretical basis:

Read each of these 10 items which contain a nursing diagnosis and its corresponding theory. If you are unfamiliar with the theory listed in any of the items, please fill in A on the Scantron Answer Sheet for that particular item. If familiar with the mentioned theory, please fill in the letter on the Scantron Answer Sheet that is next to the item that best applies.

- B Only the response component of the statement reflects one of the concepts from the theory.
- C Only the etiology component of the statement reflects one of the concepts from the theory.
- D Both the response and the etiology component of the diagnosis statement reflect concepts from the theory.
- E It is unclear how the theory is related to the diagnosis statement.

Your assistance regarding this investigation shall be greatly appreciated.

Please return the Theory-Based Nursing Diagnosis Tool data along with the questionnaire sheet in the enclosed pre-addressed, stamped envelope within the next 2 weeks. The results will be forwarded to you per your request. If you should have any questions, please contact me at 214/253-1578.

Rosanne S. von Reyn
TWU Graduate Nursing Student

APPENDIX H

Data Sheet and Questionnaire

Nursing Diagnosis #1 _____

Theory: _____

Nursing Diagnosis #2 _____

Theory: _____

Nursing Diagnosis #3 _____

Theory: _____

Nursing Diagnosis #4 _____

Theory: _____

Nursing Diagnosis #5 _____

Theory: _____

Nursing Diagnosis #6 _____

Theory: _____

Nursing Diagnosis #7 _____

Theory: _____

Nursing Diagnosis #8 _____

Theory: _____

Nursing Diagnosis #9 _____

Theory: _____

Nursing Diagnosis #10 _____

Theory: _____

Please answer the following questions, as your answers and comments will be instrumental in the development of an effective tool.

1. Approximately how long did it take you to complete the analysis of the 10 diagnoses? _____

2. Do you have any comments/suggestions regarding the format of the tool, instructions, etc.? _____

APPENDIX I

Diagnoses Used for Pilot Study

Nursing Diagnosis #1 4+ anxiety related to inability to move through the stages of a crisis.

Theory: Fink's Crisis Theory, 1956.

Nursing Diagnosis #2 Disruption of family related to distorted perception of event.

Theory: Aguilera and Messick's Crisis Theory, 1986.

Nursing Diagnosis #3 4+ anxiety related to feelings of powerlessness.

Theory: Miller's Powerlessness Model, 1983.

Nursing Diagnosis #4 3+ anxiety related to client's perception of impending life changes.

Theory: Aguilera and Messick's Crisis Theory, 1986.

Nursing Diagnosis #5 Depression with anxious feelings related to negative thoughts regarding the future.

Theory: Cognitive Theory of Depression - Beck, Rush, Shaw, and Emery, 1979.

Nursing Diagnosis #6 Moderate anxiety of mother related to lack of knowledge of parenting skills on feeding and growth and development norms.

Theory: Bandura's Social Learning Theory, 1977.

Nursing Diagnosis #7 High adolescent pregnancy rate related to lack of sex education.

Theory: Becker's Health Belief Model, 1974.

Nursing Diagnosis #8 Disruption of mother's equilibrium related to distorted perception of the event of caring for an infant.

Theory: Aguilera and Messick's Crisis Theory, 1986.

Nursing Diagnosis #9 Increased county adolescent pregnancy rate related to lack of knowledge regarding the proper usage of birth control.

Theory: Becker's Health Belief Model, 1974.

Nursing Diagnosis #10 Severe level of anxiety related to inadequate development of self system, "good me".

Theory: Sullivan's Interpersonal Theory, 1973.

APPENDIX J

Explanation of Investigation to
Panel of Experts

Explanation of Investigation to
Panel of Experts

Hello,

I am Rosanne von Reyn, a graduate nursing student at Texas Woman's University. I am working on my thesis entitled, "Theoretical Basis for Nursing Diagnoses Generated by Graduate Nursing Students." The purpose of this study is to analyze nursing diagnoses developed by graduate nursing students, specifically focusing on the theoretical basis of the diagnoses statements. Data analysis requires that a panel of experts be established, composed of three faculty members presently teaching graduate level courses. The analysis for each panel member will involve 50 nursing diagnoses and their corresponding theoretical basis.

Each panel member will be asked to select the item which best applies to each of the 50 nursing diagnoses/theoretical basis:

Read each of these 50 items which contain a nursing diagnosis and its corresponding theory. If you are unfamiliar with the theory listed in any of the items, please fill in A on the Scantron Answer Sheet for that particular item. If familiar with the mentioned theory, please fill in the letter on the Scantron Answer Sheet that is next to the item that best applies.

- B Only the response component of the statement reflects one of the concepts from the theory.
- C Only the etiology component of the statement reflects one of the concepts from the theory.
- D Both the response and the etiology component of the diagnosis statement reflect concepts from the theory.
- E It is unclear how the theory is related to the diagnosis statement.

Your assistance regarding this investigation shall be greatly appreciated.

Please return the Theory-Based Nursing Diagnosis data along with the questionnaire sheet in the enclosed pre-addressed, stamped envelope within the next 4 weeks. The results will be forwarded to you per your request.

If you should have any questions, please contact me at 214/253-1578.

Rosanne S. von Reyn
TWU Graduate Nursing Student

APPENDIX K

Diagnoses Used for Investigation

Nursing Diagnosis #1 4+ anxiety related to inability to move through the stages of a crisis.

Theory: Fink's Crisis Theory, 1956.

Nursing Diagnosis #2 Disruption of family related to distorted perception of event.

Theory: Aguilera and Messick's Crisis Theory, 1986.

Nursing Diagnosis #3 4+ anxiety related to feelings of powerlessness.

Theory: Miller's Powerlessness Model, 1983.

Nursing Diagnosis #4 3+ anxiety related to client's perception of impending life changes.

Theory: Aguilera and Messick's Crisis Theory, 1986.

Nursing Diagnosis #5 Depression with anxious feelings related to negative thoughts regarding the future.

Theory: Cognitive Theory of Depression - Beck, Rush, Shaw, and Emery, 1979.

Nursing Diagnosis #6 Moderate anxiety of mother related to lack of knowledge of parenting skills on feeding and growth and development norms.

Theory: Bandura's Social Learning Theory, 1977.

Nursing Diagnosis #7 High adolescent pregnancy rate related to lack of sex education.

Theory: Becker's Health Belief Model, 1974.

Nursing Diagnosis #8 Disruption of mother's equilibrium related to distorted perception of the event of caring for an infant.

Theory: Aguilera and Messick's Crisis Theory, 1986.

Nursing Diagnosis #9 Increased county adolescent pregnancy rate related to lack of knowledge regarding the proper usage of birth control.

Theory: Becker's Health Belief Model, 1974.

Nursing Diagnosis #10 Severe level of anxiety related to inadequate development of self system, "good me".

Theory: Sullivan's Interpersonal Theory, 1973.

Nursing Diagnosis #11 Increase in teenage pregnancy related to lack of knowledge of the prevention of pregnancy.

Theory: Knowle's Adult Learning Theory, 1978.

Nursing Diagnosis #12 4+ anxiety related to inadequate crisis adaptation.

Theory: Fink's Crisis Theory, 1956.

Nursing Diagnosis #13 Mother's excessive anxious state related to lack of knowledge of parenting skills.

Theory: Bandura's Social Learning Theory, 1977.

Nursing Diagnosis #14 Situational crisis related to lack of support systems.

Theory: Aguilera and Messick's Crisis Theory, 1986.

Nursing Diagnosis #15 Situational crisis related to an unrealistic perception of infant care.

Theory: Aguilera and Messick's Crisis Theory, 1986.

Nursing Diagnosis #16 Maturational crisis related to inadequate situational supports.

Theory: Aguilera and Messick's Crisis Theory, 1986.

Nursing Diagnosis #17 High instance of teenage pregnancy related to lack of adequate sex education.

Theory: Rosenstock's Health Belief Model, 1966.

Nursing Diagnosis #18 Altered level of anxiety related to unmet safety needs.

Theory: Maslow's Hierarchy of Needs Theory, 1970.

Nursing Diagnosis #19 Agitated psychomotor behavior related to irrational beliefs.

Theory: Ellis' Rational Emotive Theory of Rational Emotive Therapy, 1973.

Nursing Diagnosis #20 Increased incidence of teenage pregnancies related to lack of adequate sex education, among school age population.

Theory: Rosenstock's Health Belief Model, 1974.

Nursing Diagnosis #21 Unmet physiological needs of Kevin related to mother's lack of knowledge regarding normal baby care.

Theory: Maslow's Hierarchy of Needs Theory, 1954.

Nursing Diagnosis #22 3+ maternal anxiety regarding taking care of infant related to lack of knowledge of child care skills.

Theory: Bandura's Social Learning Theory, 1977.

Nursing Diagnosis #23 Increased teenage pregnancy rate related to lack of the proper use of birth control.

Theory: Rosenstock's Health Belief Model, 1974.

Nursing Diagnosis #24 4+ anxiety related to feelings of powerlessness.

Theory: Spielberger's Anxiety Theory, 1976.

Nursing Diagnosis #25 High rate of teenage pregnancies related to lack of knowledge of proper usage of contraceptive techniques.

Theory: Rosenstock's Health Belief Model, 1974.

Nursing Diagnosis #26 Unhealthy level of anxiety related to lack of knowledge of baby care skills.

Theory: Peplau's Anxiety Theory, 1952.

Nursing Diagnosis #27 Depression related to a deficit in the power resource of physical strength/physical reserve.

Theory: Miller's Powerlessness Model, 1983.

Nursing Diagnosis #28 Fatigue related to energy expenditure greater than energy reserve.

Theory: Ryden's Energy Theory, 1977.

Nursing Diagnosis #29 Ineffective coping related to disruption of family routine.

Theory: Erikson's Theory of Development, 1963.

Nursing Diagnosis #30 Activity intolerance related to decreased energy reserve.

Theory: Ryden's Energy Theory, 1977.

Nursing Diagnosis #31 Increased rate of teenage pregnancies related to ineffective use of birth control methods.

Theory: Becker's Health Belief Model, 1974.

Nursing Diagnosis #32 Powerlessness related to lack of knowledge of the post MI recovery period.

Theory: Miller's Powerlessness Model, 1983.

Nursing Diagnosis #33 Inability to complete prescribed exercise routine related to lack of energy from inadequate dietary intake.

Theory: Ryden's Energy Theory, 1977.

Nursing Diagnosis #34 Noncompliance with appropriate treatment regimen related to inappropriate expenditure of energy.

Theory: Ryden's Energy Theory, 1977.

Nursing Diagnosis #35 High anxiety level of family members related to lack of knowledge on how to handle crisis situations.

Theory: Caplan's Crisis Theory, 1981.

Nursing Diagnosis #36 Regressive behavior related to perceived separation from mother.

Theory: Caplan's Crisis Theory, 1981.

Nursing Diagnosis #37 Increased rate of adolescent pregnancies related to lack of an effective use of birth control measures by sexually active adolescents.

Theory: Becker's Health Belief Model, 1974.

Nursing Diagnosis #38 Regressive behavior related to inability to cope with the changes in her life.

Theory: Erikson's Theory of Development, 1966.

Nursing Diagnosis #39 Overweight mother related to lack of knowledge about appropriate diet for herself.

Theory: Bandura's Social Learning Theory, 1977.

Nursing Diagnosis #40 Noncompliance with exercise program related to lack of knowledge of cardiac rehabilitation.

Theory: Knowle's Adult Learning Theory, 1978.

Nursing Diagnosis #41 Mild chest pain related to inappropriate stress management.

Theory: Selye's Stress Theory, 1968 and 1976.

Nursing Diagnosis #42 Continued drug use related to lack of knowledge regarding the disease concept of chemical dependency.

Theory: Johnson's Theory for the Treatment of Chemically Dependent Patients, 1980.

Nursing Diagnosis #43 Psychological discomfort related to inability to tolerate dissonance.

Theory: Festinger's Cognitive Dissonance Theory, 1962.

Nursing Diagnosis #44 Severe anxiety related to inability to cope with recent employment stresses.

Theory: Peplau's Anxiety Theory, 1952.

Nursing Diagnosis #45 At risk for nonadherence to the medical dietary regimen related to unpolarized cognitive dissonance.

Theory: Festinger's Cognitive Dissonance Theory, 1962.

Nursing Diagnosis #46 Inability to alter activities of daily living related to a deficit in the power resources of knowledge and insight.

Theory: Melvin and Seeman's Theory of Powerlessness, 1959.

Nursing Diagnosis #47 Increase in teenage pregnancy rate related to lack of education of adequate birth control methods.

Theory: Rogers' Learning Theory, 1969.

Nursing Diagnosis #48 Increasing frequency of Jane's headaches related to role confusion.

Theory: Aguilera and Messick's Crisis Theory, 1981.

Nursing Diagnosis #49 4+ anxiety related to inability to cope with changing role.

Theory: Lazarus and Folkman's Coping Theory, 1984.

Nursing Diagnosis #50 Power resource deficit related to inadequate changes in lifestyle.

Theory: Miller's Powerlessness Model, 1983.