

Contextual Action Theory in Nursing

Valach, Ladislav^{1,*}

¹Lindenstrasse 26, 3047 Bremgarten, Switzerland

Abstract

After pointing out the wide scope of issues in nursing and summarizing some of the attempts in nursing to deal with this problem of wide scope we propose a conceptual consideration to address this issue anew. We suggest that the contextual action theory is well equipped to provide an economical and concise way of integrating various approaches and disciplines as well as different tasks a nursing conceptualization has to address, particularly in dealing with the issue of practice. We describe what action is, how it could be seen as a system and how it could be useful in nursing practice. Specifically, we detail the application of the contextual action theory in devising nursing procedures, in providing theories and research methods in nursing research and in evaluation processes in nursing. In addressing some limitations of the suggested approach, we stress that it is not a theory of everything and that it does not deliver ready-made instruments for obtaining quantitative data.

Corresponding author: Valach Ladislav, Lindenstrasse 26, 3047 Bremgarten, Switzerland

Keywords: Nursing, action theory

Received: Mar 27, 2019

Accepted: May 8, 2019

Published: May 10, 2019

Editor: Neslihan Lok, Selcuk University faculty of Health Sciences, Turkey.

Introduction

Broad Scope of Nursing

Nursing is a professional field with a very broad scope of areas of responsibility. Nurses are confronted during their professional life with many tasks and situations often also addressed by other disciplines, such as medicine, psychology, social work, management and many other [1]. In addition, practice, research and theorizing are equally a part of the package. Consequently, the theorizing in nursing, whether it is understood as a reflective system of a professional discipline or a practice-leading set of rules for the members of the profession, it is required to encompass a very large area of knowledge. Can we expect nursing to cover a great part of medicine, of psychology, of social work, of management among others [2]? Can we expect an individual nurse to be competent, possessing knowledge and exercising skills, in all these areas [3]? No, these expectations are not realistic, even if, while stressing the complexity of the profession, they are maintained. It is frequently suggested that a way out of over-stretching the discipline lies in stressing the practice focus of nursing [4,5]. Indeed, nurses, unlike philosophers, for instance, are required to provide help on a daily basis through their practical engagement with other people.

Dealing with a Broad Scope in Professional Nursing

While the development of nursing practices is a well-established system of procedures providing and achieving a continuous adaptation to new problems, resources, technologies and tasks, the nursing theorizing is often, and has historically been seen, as a source of substantial scrutinizing and controversial discussions [6]. The stance that nursing does not require the same amount of theorizing as other professional disciplines [7] is an attitude from the past and the belief that nursing should improve theory competencies has often been expressed [8]. There is a broad range of aims connected with theory building. Some propose the necessity of a meta-theory [9], others stress the need for a theory as a profession-legitimizing canon of knowledge [10], yet others expect a theory as a normative prescription for nursing practices [11]. The ongoing publication activity on nursing theories and theories in nursing [12-15] indicates a need and interest

in theorizing within the nursing profession. Allgood [16] suggested that the 21st century is an era of application of theory in nursing. She also stresses that the continued theory development is essential for the progress of nursing as a profession and as a discipline. Thus, theoretical considerations in nursing should cover certain issues such as their application in nursing practice.

A Conceptual Proposition for Nursing

It is beyond the possible scope of this text to address all theoretical contributions to nursing and do them justice but we would like to propose a conceptualization, a view which other theories in nursing do not provide to such an extent and which might prove helpful in nursing practice, particularly considering the current emphasis on evidence based practice and quality outcome [17]. In seeking an appropriate nursing theory many attempts were proposed: the psychological approach to person [18], the interactive or communicative approach [19], the humanistic [20], value or ethic driven approach, a number of medical approaches [21], systems theory approach [22], phenomenology [23,24] and many others.

We would like to turn the reader's attention to some postulates of nursing and specific features which might help in pointing out the requirements for an appropriate nursing theory – a theory, without being a meta theory [9] or a theory of everything, but a theory which would allow a nurse and the nursing profession to focus their view on the nursing topic and integrate all the necessary knowledge needed for dealing with specific questions posed by everyday nursing tasks.

Requirement of Theorizing Reflecting Practice

One of the most important specifications of nursing is its practical stance. Gone are the times when the practical orientation of nursing was used to formulate skepticism towards theoretical foundation of nursing. Today the necessity of theoretical anchoring of the nursing profession is well recognized [25]. But how should one deal with the postulate of practice in theorizing? Some see the solution in mid-range theories as opposed to grand theories [26], others suggest

phenomenology linked to common sense [27], yet others propose to bridge this gap by nursing education [28]. To have a theory accounting for the practice stance of nursing is not just 'nice to have' as it might impact the nursing ability of evidence-based practice [29].

Contextual Action Theory for Nursing

We would like to argue that practice relevant conceptualization is closely connected to action conceptualization, as practice is defined as an action or process of performing or doing something pursuing a goal. Thus, an action theory could be the focus nursing could consider as its topic of its professional activities. Individual or joint action is the unit of inquiry, the unit of practical consideration in nursing. Burks [30] suggested that intentional action is a relevant concept for nurses. Burks proposed that further inquiry should include exploration of the effect of self-efficacy, motivation, self-esteem, managed care and reduced health care resources on intention and subsequent action; as well as the efficacy of nursing interventions designed to influence health behaviour such as health promotion education and treatment counselling. Some action concepts, such as goals, are regularly studied in nursing and other health disciplines [31,32]. Participating in developing the conceptualization and in the research discussed by Burks [30] [33] the author would like to provide an update on this thinking.

What is an Action?

Action is a system of goal-directed behavior [34]. It is defined by social conventions, by subjective insight and by scientific-professional rules in its social meaning, cognitive-emotional processes and manifest behavior. Thus, it is difficult to imagine nursing activities that will not be covered by this definition. Be it an activity with a patient or client, awake or under anesthesia or unconscious, any communicative actions or dealing with technical equipment, working with Kardex®, participating in professional or other groups, studying for an exam or working on a scientific research project [34]. Actions are short term behavioral-cognitive-emotional and social units (usually lasting several minutes), which are a part of, mostly, several midterm projects (lasting several hours, days and weeks) and long-term pursuits (lasting several months and years)

which we often study as careers in their broad meaning beyond their occupational focus. Actions are not limited to rational, technical or instrumental processes (e.g., jointly singing Happy Birthday to a colleague is also a joint goal-directed action). Further, action is not restricted to individual pursuits but is also a conceptualization of joint or group activities.

The Systems of Action

An action is a system of processes in time with several hierarchically and sequentially organized levels. The highest level of action is defined by its goal that is socially and consciously accessible. It is the steering level of action. The lowest level of action processes, the action elements, is not conscious, and it is described in physical and quantitative terms. The regulation processes of action can be found here. The middle level of action, the action steps, is semi-conscious or able to become conscious and hosts and provides the action control processes [35].

Usefulness of Action Conceptualization in Nursing

With this conceptual framework we can study action processes for research or evaluation purposes, we can outline or plan professional and private action processes and we can also perform the target action processes. Thus, action theory can be used by nurses utilizing its research methods for research purposes. It can also be used for devising and evaluating nursing processes, and be used as a blueprint in everyday professional activities while performing nursing tasks. In addition, the action theoretical perspective provides an important view of the conceptualization of evidence-based nursing and of the quality management in nursing [36,37].

Action Theory in Nursing Research

Using action theory in nursing research implies several issues. However, applying action theory the researcher in nursing has to define the units of inquiry. Consider suicide. If we want to study social phenomena such as suicide rates [38] we will employ a different approach. The causal approach to changes in suicide rates is appropriate here. Considering a suicide as an action we can then utilize the action approach. This is first of all the case if we study ongoing processes in such a way that the results of these inquiries will help us

prevent a suicide action [39]. Deciding that we study action processes, the most obvious step is applying the research method devised within the contextual action theory. As indicated above, action theory assumes that the target phenomena consist of social meaning, subjective processes and manifest behavior. Thus, empirical research methods addressing these processes must be used. The social meaning, the common sense understanding of the ongoing processes, is best reflected in everyday naïve descriptions – less so in naïve explanation. The manifest processes are best addressed in the systematic observation following the professional rules of reliable inquiry. The subjective processes can be targeted by the self-confrontation interview – a video supported recall of ongoing action [40].

Another important issue following on from applying the action theory informed view in nursing research is the action theoretical conceptualization of the target processes. Thus, the phenomena to study will be defined in terms of goal-directed processes of action, project and career, in individual and joint forms and with the above described systemic hierarchical organization of three different levels. Thus, any joint processes with the patient, client, colleagues, superiors or clients' relatives can be seen as goal-directed actions or projects. Equally, any auxiliary or technical equipment in these interactions will be included and described in these terms [41].

Consequently, the problems occurring in these processes and the optimal functioning of these processes could be defined in the terms of action processes. In so doing we can find easily the path from the problem to the improvement. E.g., a colleague seems to respond in a hurried and superfluous way to my inquiry. In recognizing my behavior or required actions, in terms of action conceptualization, such as addressing the emotional and identity goals actualized but not respected in this joint action, helps me revise and improve my action in these terms. Thus, before inquiring I have to make sure that the emotional state of the colleague is recognized and their identity goals addressed. Equally, problems in dealing with certain technical equipment seen in action terms will help in developing manageable actions and facilitative emotional energizing and monitoring [42]. In addition, seeing this encounter in terms of joint action and asking myself what we intended

to achieve as a dyad will disclose my action or action step as not appropriate or not functional to the dyad's goal – if there was any. This view provides the suggestion that I must try to establish a common goal toward which my contribution could fit.

As far as research is concerned this conceptualization will also help us in formulating appropriate research questions better equipped to address practical problems. One of the most important changes would be that we would see the ongoing phenomena as processes and not as dispositional structures causing these processes. Thus, as a result of our research we will be able to change these processes and not rely on the hope that they will be different when some structural changes are attempted. Additional gain in applying the action perspective results from seeing human activities as prospective ventures, thus understanding humans as agents, a view which often is undervalued in medical treatment. We suggested to study health processes as joint health promotion projects in several segments of life [43-45]. Equally, the destructive processes should be conceptualized as active prospective processes as this allows us to assess the clients and patient participation in these processes, such as suicide [46,39] or substance addiction [47] and help them change their destructive project into constructive and life enhancing processes [48].

Devising Nursing Procedures and Actions

Using the action theoretical conceptualization enables us also to describe nursing activities in these terms. This is not alien to nursing, as many descriptions of nursing procedures and activities are anchored in an everyday action theory [49]. The contextual action theory also integrates everyday action theories but in a reflected manner as it integrates naïve observation, which, however, does not replace systematic observation and does not undermine the reliability and validity of the action-project research method. The Standard Operation Procedures (SOPs) used in health services required by the Quality Assurance or Quality Management are based on similar assumptions and the action theoretical conceptualization can improve the SOPs tools. In clearly stipulating the hierarchy of tasks, the task goals defining the required actions, the hierarchy of action steps and the characteristics and features of the action elements

provided in structural and metric terms help in organizing and structuring the process and operation descriptions [50] with the appropriate consequences for teaching these skills [51]. However, as contextual action theory encompasses more than instrumental processes and conceptualizes not only subjective steering and control, but also processes of energizing, monitoring and regulation, often linked to emotional processes, it can provide a comprehensive description of human encounter and activities.

Evaluation in Nursing (Evidence Base; Quality Management)

The use of an action theory informed approach to nursing quality management goes far beyond understanding and developing SOPs in a psychologically relevant way. It also helps us in understanding other processes in quality management and in complementing the required standards of evidence-based procedures and of the outcome control. In understanding the nursing process in action terms, we realize that the ongoing action of nurses and nursing teams execute a number of functions and processes, among them monitoring and evaluation. However, these processes have to be focused on and optimized. It cannot be more efficient to eliminate these processes as too subjective and unreliable. The standard research procedure of double-blind placebo control studies, in which the evaluative processes of the participants are eliminated, cannot provide the only roots of knowledge generating procedure in nursing. Equally, the outcome studies cannot represent the only data for assessing the quality of nursing. Thus, the quality management must understand human individual and joint action and project processes and help in optimizing them. This also implies that we try to improve monitoring and evaluation processes in actions and their integration in feedback and feed-forward processes in nursing. This could be more effective than outsourcing the evaluative processes from the nursing actions and projects.

Conclusion

In recognizing the extreme broad scope of the nursing profession and the numerous attempts to deal with, bridge and cover this wide field by nursing conceptualization, particularly the issue of theory and practice, we proposed considering an action theory

informed approach, such as the contextual action we developed, researched and applied over more than the past three decades. After outlining some of the most basic principles of the action theory conceptualization and the appropriate research methods we detailed a few areas in which the contribution of the action theory approach might become visible. We considered of particular importance the action theory driven research in nursing, action theory informed formulating and describing nursing procedures and the issue of evaluation in nursing as addressed in the evidence-based intervention and outcome studies. We are convinced that such an integrative view as offered by the action theory informed approach would be very appropriate in nursing in a way that simultaneously adding disciplines such as medicine, psychology, social work and organization theory cannot provide.

Limits

The contextual action theory does not render other theories in nursing obsolete nor approaches applied in nursing, which are also established in other disciplines. Using the concepts of future oriented intentionality in action, projects and careers and working within the frame of systemic causality contextual action theory does not provide classical causal propositions on causes of human behavior of individuals or groups. It also is not compatible with the requirements of the classical measurement theory at all levels of action organization. Dealing with goals in terms of meaningful categories we have to label these processes in socially consensual terms and not in units of physical measurement. Thus, a substantial part of the empirical work would have to be communicated in meaningful narratives and not in statistical modeling. Further, as the contextual action theory assumes high contextual specificity it does not strive for developing universal measures that could be used by any uninformed research participants. The opposite is true. Any person engaged in applying contextual action theory and its methods should be instructed and informed about its specific understanding of human thinking, feeling and behaving. Thus, contextual action theory and its methods is not a shelved ready-made procedure to use.

References

1. Chinn, P. L., & Kramer, M. K. (1995). Theory and

- nursing. 4th ed. St. Louis: Mosby.
2. Cohen, S. S. (2013). Interprofessional and interdisciplinary collaboration: Moving forward. *Policy, Politics, & Nursing Practice*, 14, 3-4, 115-116. <http://dx.doi.org/10.1177/1527154414533616>
 3. Brennan, G., Flood, C., & Bowers, L. (2006). Constraints and blocks to change and improvement on acute psychiatric wards--lessons from the City Nurses project. *Journal of Psychiatric and Mental Health Nursing*, 13, 5, 475-482. <http://dx.doi.org/10.1111/j.1365-2850.2006.00956.x>
 4. Bender, M., & Feldman, M. S. (2015). A practice theory approach to understanding the interdependency of nursing practice and the environment: Implications for nurse-led care delivery models. *Advances in Nursing Science*, 38, 2, 96-109. <http://dx.doi.org/10.1097/ANS.0000000000000068>
 5. Feldman, M. S., & Orlikowski, W. J. (2011). Theorizing practice and practicing theory. *Organ Sci.*, 22, 5, 1240-1253. doi: <http://dx.doi.org/10.1287/orsc.1100.0612>
 6. McKenna, H. (1997). *Nursing theories and models*. London: Routledge.
 7. Allmark, P. (1995). A classical view of the theory-practice gap in nursing. *Journal of Advanced Nursing*, 22, 1, 18-23.
 8. Murphy, F., Williams, A., & Pridmore, J. A. (2010). Nursing models and contemporary nursing. 1: their development, uses and limitations. *Nursing Times*, 106, 23, 18-20.
 9. Clarke, P. N. (2015). Meta-theory in nursing: necessary for practice? *Nurs Sci Q.*, 28, 2, 127-8. doi: 10.1177/0894318415571611.
 10. Freidson, E. (1988). *Profession of medicine: a study of the sociology of applied knowledge*. Chicago, IL: University of Chicago Press.
 11. Wiedenbach, E. (1964). *Clinical nursing: A helping art*. New York: Springer.
 12. Butts, J. B., & Rich, K. L. (Eds.), (2014). *Philosophies and theories for advanced nursing practice* (2nd ed.). Sudbury, MA: Jones & Bartlett.
 13. Fawcett, J., & DeSanto-Madeya, S. (2012). *Contemporary nursing knowledge: analysis and evaluation of nursing models and theories*. Ed.: 3rd, Philadelphia, PA: FA Davis.
 14. McEwen, M., & Wills, E. M. (2014). *Theoretical basis for nursing*. Philadelphia: Wolters Kluwer.
 15. Smith, M., & Parker, M. E. (2015). *Nursing theories and nursing practice*. Philadelphia: F. A. Davis Company.
 16. Alligood, M. R. (2014). *Nursing theory: utilization & application*, 5th ed. St. Luis, MI: Elsevier, Mosby.
 17. Mazurek Melnyk, B., & Fineout-Overholt, E. (Eds.), (2011). *Evidence-based practice in nursing & healthcare: a guide to best practice*. Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins.
 18. DeLeon, P. H., Kjervik, D. K., Kraut, A. G., & VandenBos, G. R. (1985). Psychology and nursing: A natural alliance. *American Psychologist*, 40, 11, 1153-1164. <http://dx.doi.org/10.1037/0003-066X.40.11.1153>
 19. Boykins, A., & Carter, C. (2012). Interpersonal and cross cultural communication for advance practice registered nurse leaders. *The Internet Journal of Advanced Nursing Practice*, 11, 2. <https://ispub.com/IJANP/11/2/14307>
 20. Paterson, J. G., & Zderad, L. T. (1976). *Humanistic nursing research*. New York: Wiley.
 21. Reed, J., & Watson, D. (1994). The impact of the medical model on nursing practice and assessment. *Int J Nurs Stud.* 31, 1, 57-66.
 22. Clancy, T. R., & Effken, J. A. (2008). Applications of complex systems theory in nursing education, research, and practice. *Nursing Outlook*, 56, 5, 248-256.
 23. Koch, T. (1995). Interpretive approaches in nursing research: the influence of Husserl and Heidegger. *Journal of Advanced Nursing*. 21, 5, 827-836.
 24. Omery, A. (1983). Phenomenology: a method for nursing research. *Advances in Nursing Science*, 5, 2, 49-64
 25. Risjord, M. (2011). *Nursing knowledge: Science, practice, and philosophy*. Chichester: Wiley-Blackwell.
 26. Smith, M. J., & Liehr, P. R. (Eds.), (2014). *Middle*

- range theory for nursing. New York: Springer.
27. Annells, M. (1996). Hermeneutic phenomenology: philosophical perspectives and current use in nursing research. *Journal of Advanced Nursing*, 23, 4, 705–713.
28. Landers, M. G. (2000). The theory–practice gap in nursing: the role of the nurse teacher. *Journal of Advanced Nursing*, 32, 6, 1550–1556.
29. Upton, D. J. (1999). How can we achieve evidence-based practice if we have a theory–practice gap in nursing today? *Journal of Advanced Nursing*, 29, 3, 549–555.
30. Burks, K. J. (2001). Intentional action. *J Adv Nurs.*, 34, 5, 668-75.
31. Grace, P. J., & Perry, D. J. (2013). Philosophical inquiry and the goals of nursing: a critical approach for disciplinary knowledge development and action. *ANS Adv Nurs Sci.*, 36, 2, 64-79. doi: 10.1097/ANS.0b013e3182901921.
32. Turner-McGrievy, G. M., Wright, J. A., Migneault, J. P., Quintiliani, L., & Friedman, R. H. (2014). The interaction between dietary and life goals: using goal systems theory to explore healthy diet and life goals. *Health Psychology & Behavioural Medicine*, 2, 1, 759–769. <http://dx.doi.org/10.1080/21642850.2014.927737>
33. von Cranach, M., & Valach, L. (1983). The social dimension of goal directed action. In H. Tajfel (Ed.), *The social dimension of social psychology* (pp. 285-299). Cambridge: Cambridge University Press.
34. Valach, L., Young, R. A., & Lynam, M. J. (2002). Action theory. A primer for applied research in the social sciences. Westport, CT: Praeger.
35. Domene, J. F., Valach, L., & Young, R. A. (2015). Action in counseling: A contextual action perspective. In R. A. Young, J. F. Domene, & L. Valach, (Eds.), *Counseling and action. Toward life-enhancing work, relationship, and identity* (pp. 151-166). New York: Springer.
36. Batchelor, G. J., & Graham, R. G. (1989). Quality management in nursing. *J Soc Health Syst.*, 1, 1, 63-8.
37. Slatyer, S., Coventry, L. L., Twigg, D., & Davis, S. (2015). Professional practice models for nursing: a review of the literature and synthesis of key components. *J Nurs Manag.* May 14. doi: 10.1111/jonm.12309. [Epub ahead of print]
38. Durkheim, E. (2005). *Suicide: A Study in Sociology* (2nd ed.). Hoboken: Taylor and Francis. (Original work published 1897).
39. Valach, L., Young, R. A., & Michel, K. (2011). Understanding suicide as an action. In K. Michel and D. A. Jobes (Eds.), *Building a therapeutic alliance with the suicidal patient* (pp. 129-148). doi:10.1037/12303-008
40. Young, R. A., Valach, L., & Domene, J. (2005). Qualitative Action-Project Methodology. In B. E. Haverkamp, S. L. Morrow, & J. G. Ponterotto (Eds.), *Knowledge in Context: Qualitative Methods in Counseling Psychology Research*, *Journal of Counseling Psychology* a special issue, 52, 2, 215-223.
41. Valach, L., & Wald, J. (2002). Action theoretical perspective in rehabilitation. In L. Valach, R. A. Young, & M. J. Lynam. (2002). *Action theory. A primer for applied research in the social sciences* (pp. 173-197). Westport, CT: Praeger.
42. Young, R. A., Valach, L., & Domene, J. F. (2015). Counseling processes and procedures. In R. A. Young, J. F. Domene, & L. Valach (Eds.), *Counseling and action: Toward life-enhancing work, relationships, and identity* (pp. 317-336). doi:10.1007/978-1-4939-0773-1_19
43. Valach, L., Young, R. A., & Lynam, M. J. (1996). Family health-promotion projects: An action-theoretical perspective. *Journal of Health Psychology*, 1, 1, 49-64. doi:10.1177/135910539600100105
44. Young, R. A., Lynam, M. J., Valach, L., Novak, H., Brierton, I., et al. (2000). Parent–adolescent health conversations as action: Theoretical and methodological issues. *Psychology & Health*, 15, 6, 853-868. doi:10.1080/08870440008405587
45. Young, R. A., Lynam, M. J., Valach, L., Novak, H., Brierton, I., et al. (2001). Joint actions of parents and adolescents in health conversations. *Qualitative Health Research*, 11, 1, 40-57.

doi:10.1177/104973201129118920

46. Michel, K., & Valach, L. (2001). Suicide as goal-directed action. In Ed. K. van Heeringen (Ed.), *Understanding Suicidal Behaviour: The Suicidal Process Approach to Research and Treatment* (pp 230-254). Chichester: Wiley & Sons.
47. Graham, M. D., Young, R. A., Valach, L., & Wood, R. A. (2008). Addiction as a complex social process: An action theoretical perspective. *Addiction Research & Theory*, 16, 2, 121-133. doi:10.1080/16066350701794543
48. Valach, L., & Young, R. A. (2015). Suicide and counseling for suicidality. In R. A. Young, J. F. Domene, & L. Valach (Eds.), *Counseling and action: Toward life-enhancing work, relationships, and identity* (pp. 295-313). doi:10.1007/978-1-4939-0773-1_18
49. Heider, F. (1958). *The psychology of interpersonal relations*. New York: John Wiley & Sons.
50. Ittenbach, R. F., Baker, C. L., & Corsmo, J. J. (2014). A tiered quality assurance review process for clinical data management standard operating procedures in an academic health center. *Academic Medicine*, 89, 5, 745-748. <http://dx.doi.org/10.1097/ACM.0000000000000225>
51. Wu, P.-H., Hwang, G.-J., Su, L.-H., & Huang, Y.-M. (2012). A context-aware mobile learning system for supporting cognitive apprenticeships in nursing skills training. *Journal of Educational Technology & Society*, 15, 1, 223-236.