Conceptual Framework or Theory

Introduction:

Conceptual frameworks or theories are used to guide scholarship and research. These terms are often used interchangeably, however, there are some differences. Here we present an overview of conceptual frameworks and theories and how they are applied to guide scholarship and research.

Concepts or Construct

Concepts are the building blocks of conceptual frameworks and theories. Concepts are abstract and are defined by the application of the concept to the framework or theory. Consider the following:

The concept is “chair”. What does that mean? Chair could be defined as an apparatus to sit on, wooden or leather, or even by location against the wall or middle of room. We generally associate the concept “chair” to any item that supports sitting within a physical space.

What about the concept “patient”? Each of you would define this differently based on your experiences and emphasis in practice. The definition would be very broad, as someone seeking care. Notice, the specific location of care is left open. This is because the patient definition could be attached to where care is provided. For example, a pediatric patient wouldn’t seek care in a long-term care setting.

Concept and construct are often used together. True nurse theorists will disagree that they are different. Others disagree and use them interchangeably.

Conceptual Framework

Connecting concepts is the beginning of a framework. In a very simple example, connect “patient” with “provider” is a start. Each of you would also define “provider” differently, by the way. Now, we have two concepts. Now we need a relationship and context. If a direct relationship, that is an arrow pointing one way or bidirectional between the two concepts. And the context could be something like “blood pressure management”, “weight management”, or whatever would connect these two concepts. Perhaps the final concept for this example could be “outcome” as this is what comes from the patient and provider relationship. This is a very basic (too much so to be useful) framework.

To add usefulness to the framework, several additions and clarifications could be made. For example, more concepts could be added, and the context could be made more complex.

The framework could also be developed based on existing theories.
Theory

Theories have been tested and have empirical evidence for their explanation of phenomenon. Theories explain and predict and help us to increase our understanding of phenomenon. In nursing, we have three levels of theory. Highest level is the meta-theory, grand theory, middle range, and micro-range theory.

Table 1. Range of level of theory

<table>
<thead>
<tr>
<th>Theory Levels</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meta Theory</td>
<td>Most abstract, used for theory of inquiry, based on analytic reasoning and logic</td>
</tr>
<tr>
<td>Grand Theory</td>
<td>Little to no predictive strength, lack elements for testing</td>
</tr>
<tr>
<td>Middle Range Theory</td>
<td>Explains empirical phenomenon in nursing, measurable, guides research</td>
</tr>
<tr>
<td>Micro Range Theory</td>
<td>Set of hypotheses, used to categorize, least formal of theories</td>
</tr>
</tbody>
</table>


Grand theories are often taught in nursing theory courses in undergraduate nursing programs for example, Watson Caring Theory, Orem Self Deficit Nursing Theory, Rogers Science of Unitary Human Beings and more. A middle range theory can be constructed from a grand theory or from elevation of a micro theory.

How do frameworks and theories differ or are they the same thing? Table 2 provides a comparison of frameworks and theories.

Table 2. Framework vs. Theory

<table>
<thead>
<tr>
<th>Framework</th>
<th>Theory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consists of theories</td>
<td>Set of related constructs or concepts of phenomena</td>
</tr>
<tr>
<td>Summarizes concepts based on research</td>
<td>Three key elements: 1) set of defined and related constructs; 2) constructs are interrelated; 3) Explains a phenomenon</td>
</tr>
<tr>
<td>Represents current thinking of phenomenon</td>
<td>Predictive</td>
</tr>
</tbody>
</table>

Conceptual Frameworks and Theories for Quality Improvement

Nearly any theory or framework could be applied to a project. Here is a process used to determine selection of framework or theory:

1. The key is to first determine the constructs, relationships or how they relate for the project.
2. Determine the nature of the project, change in practice, education, improve process
3. Once you have these, then search through the internet or books to find the best fit
4. Play with the selected framework or theory, remember, this framework or theory will be bigger than your project. These will guide your scholarship well beyond your project.
5. Draw it out and label and define everything and work with faculty to improve the framework or theory
6. Be sure to cite the sources-each theory involved in the framework and they must be primary sources (as usual for all citations).

To be clear, the conceptual framework or theory is not the PDSA (Plan, Do, Study, Act) model for quality improvement. This is different. The PDSA guides on rapid cycle process for change in practice. Some will use the PDSA to implement the project while guided by a conceptual framework or theory.

Here is a partial list of common theories and frameworks used for QI. This is not a complete list.

1. Stetler Model of Research Utilization and Evidence Based Practice (Stetler, 2001)


2. The IOWA model guides the translation of evidence-based project showing the organization at every level from the top to the bottom should support the project (Titler, 2001).


3. Rosswurm and Larabee Model

4. Advancing Research And Clinical practice through close collaboration (ARCC)


5. Lewin’s Theory of Planned Change


6. Roger’s Diffusion of Innovations Theory


7. Ottawa Model of Research


8. Promoting Action on Research Implementation in Health Services (PARIHS)


9. The Knowledge to Action Framework


10. Health Belief Model (HBM)

Champion, V. L., & Skinner, C. S. The Health Belief Model. [link](https://d1wqtxs1xzle7.cloudfront.net/49289960/Health_Behavior_and_Health_Education_book_4th_Ed.pdf?1475413105=&response-content-disposition=inline%3B+filename%3DHealth_Behavior_and_Health_Education_book_boo.pdf&Expires=1593623104&Signature=We0D7FxG8BMdGc6w0iiAi~blLdhK1hNS1P8oWgWbUdUzsCoulHln9Q30piYteGi6j2MA5zF6Zp2FaBOBpMSaK-M6iBvSinVd UgixKxFYoNRiYe1cFaz6j70f6~q6EfFyQMMZmsB1tTa-RtWl6iV4Z07sqa3Zjm3F~ocmnrSue71n57eY12qg5FTJfcClmeEglH0sV0VQDQRmmJPX6Kep5q1XXOyeFS~vLBBfoeM WkWRLKkr76m3usMzrEk1Td5z9TliLWLSkrPZaulD97pdLZ0TdZt1DK1JVy3fTM4KZ0~OV4iBsuRPu21NBaoBvzZ2wQplkY62ulvXR5AGatVw~&Key-Pair-Id=APKAJLOHF5GGSLRBV4ZA#page=83)
11. Translating Research into Practice Model (TRIP)


https://www.ahrq.gov/topics/translating-research-practice-trip.html

12. Synergy Model of Patient Care (AACN)

https://nursology.net/nurse-theorists-and-their-work/the-synergy-model/

13. AHRQ's Framework for the "Transfer of Patient Safety Research into Practice

https://www.ncbi.nlm.nih.gov/books/NBK20521/

14. John's Hopkins Nursing Evidence Based Practice Model (JHNEBP)


15. Health Promotion Model

http://currentnursing.com/nursing_theory/health_promotion_model.html

16. Theory of Human Caring-Jean Watson

17. Conceptual Model for Community Needs Assessment

Type in google and you will find several related to children, African Americans, Palliative Care, Mental Health

18. Tannehill Model of Health Promotion