주요개념 : 이론개발(theory development), 간호관리
　　　　　를 위한 중재(management intervention)

간호행정학의 이론개발 변천과정

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I. Introduction

Theory development in nursing has progressed rapidly dursing the past decades. With nursing leaders' emphasis on and support for clinical practice, many conceptual frameworks for nursing were developed. Consequently, knowledge for clinical practice grew, but knowledge for nursing administration did not grow (Blair, 1978). Meleis and Jennings(1988) explained the lack of nursing theory development within nursing administration. They listed three constraints : (1) the use of nonnursing theories, (2) the education of nurse administrators, and (3) the influence of research in nursing administration. According to Smith (1993), the dearth of theory development in nursing administration can be attributable to the immaturity of the discipline. While efforts to define nursing as a discipline have been made for over three decades, the discipline of nursing has not yet built a unique body of knowledge.

Nursing's worldviews have been presented in many conceptual frameworks(Johnson, 1980 ; King, 1971 ; Newman, 1980 ; Orem, 1971 ; Rogers, 1970 ; Roy, 1970). These worldviews, despite their contribution to nursing's identity as a profession, have been criticized for their lack of applicability to nursing practice. Nursing administrators frequently criticized the usefulness of these grand theories for nursing practice.(Henry, 1989).

It was not until the 1980s that nursing administration became a independent subfield within nursing(McCloskey, Gardner, Johnson, & Maas, 1988).

The nursing administration theory is in an early phase of theory development and is evolving in a similar manner to other, now well established, theoretically based professions. The following describes evolution of theory development in nursing administration from the borrowed knowledge, through the conceptual frameworks, and to management interventions, a new trend for theory development.

II. Theories in nursing administration

1. Theories from other disciplines

Jacox (1974) notes that the theoretical base of nursing administration was derived largely from other disciplines, such as, managerial, sociological

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Table 1. Theories from Other disciplines

Discipline	Theory	Theorist
Management Social Psychology	Motivation/Job Satisfaction	Maslow, Herzberg, McGregor, McClelland, Oldham & Hackman
Management, Social Psychology	Leadership -Contingency -Path-Goal -Leader Effectiveness -Ohio State Leadership Strategic Management	Fiedler House & Mitchell Hersey & Blandhard Stogdill Ouchi, Peters, & Waterman
Sociology, Social Psychology	Organizational Behavior -Organizational Commitment Turnover/Absenteeism -Performance	Meyer & Allen Buchanam, Bobley et al., Price Mowdatay et al.
Sociology, Social Psychology	Organization Design -Structural Contingency -Sociotechnical Systems	Woodward Parsmore & Sherwoo
Sociology, Social Psychology	Organization Development -Small Group/Culture	Bell Labs, Lewin Likert, Argyris & Schon, Nadler, & Tushman
Sociology, Psychology	Social Exchange	Homans
Social Psychology, Political Science	Power	Homans
Political Science, Psychiatry, Sociology	Role Conflict	Closer, Lawrench & Lorsch, House, Rizzo, & Litzman
Political Science, Sociology	Radical Theory	Simon, Hickson et al.
Sociology, Management	Systems Theory -General Systems -Open Systems Contingency	Parsons, Michels Katz & Kahn Miller & Rice Lawrence & Lorsh Burn & Staker
Sociology, Management	Bureaucratic Theory -Bureaucracy -Functions of Management -Scientific Management	Weber Fayol, Mintzberg Taylor
Marketing	Marketing	Kotler, Leavitt
Economics	Public Choice	Tullock, Buchanan

and psychological theories. From the literature, nursing administrators use and apply organizational theory (Smith, 1972), role theory (Carter, 1980 ; Gambacorta, 1983 : Hardy & Conway, 1978), social exchange theory (Chapman, 1976), motivational theory (Cleland, 1967), general systems theory (Arndt & Huckabay, 1980 ; Gaynor & Berry, 1973), leadership theory (McDaniel & Wolf, 1992), sociotechnical systems theory(Happ, 1993), and power (Nelson, 1989). Theories from other disciplines which have influenced the field of nursing administration are summarized in table 1.

The product-and profit-focused management theories were not suitable to the practice of nursing administration because of the nature of nursing practice. Nursing is traditionally service-oriented and human-focused. Many scholars criticized the borrowing of ideas from other disciplines by nursing administration researchers and/or administra-tors (Diamond & Slothower, 1978 ; McClure, 1979 ; Stevens, 1979). Meleis and Jennings(1988) commented nursing has a tradition of looking outside the discipline for frameworks to guide practice. The true synthesis models integrating two disciplines, nursing and management, were needed in order to build unique knowledge for nursing administration.

2. Theoretical formulations

Theoretical formulation or theoretical framework is defined as "a theoretical structure in which constructs/concepts are clearly defined but the relationships are not specified" (Phillips, Murdaugh, Schroeder, & MacLaclan, 1986, p.134). Recently many nurse scholars have formulated the theoretical frameworks of nursing administration to org-anize knowledge to guide practice.

One of the first published models is that of Clelland (1984). This model proposes an articulated curriculum for the educational preparation of nurse administrators providing both clinical and administrative nursing practice. This model is a matrix model consisting of six curricular components on the left margin : goals and education :

finance : human behavior : management : nursing : and research. Across the top of the matrix are found four academic levels : BSN ; MSN ; Specialist Certificate : and PhD. This model does not describe how nursing and management knowledge are synthesized.

Jennings and Meleis (1988) proposed an integrative theoretical framework by using shared domain concepts. The shared domain concepts are : person ; interaction ; transition ; environment : and health. The domain concepts provide a vehicle through which management and nursing persp-ectives are united. Communication and power are emphasized in the concept of interacton. These authors suggests that studying power from an in-tegrative framework will help to rapidly expand knowledge relevant to nursing.

The Iowa model is proposed both for a heuristic tool and for a framework for articulating knowlege for nursing administration research, practice, and education(Johnson, Gardner, Kelly, Maas, & McCloskey, 1992). The two domains of knowledge (systems and outcomes), each with three levels (patient aggregates, the organization, and the health care system) are explicated. Patient aggregates are th center of each domain, encompassed by the organization which is surrounded by the health care system. The organization level and health care level are partitioned to reflect broad areas of knowledge. Concepts reflecting knowledge used in nursing administration are identified for each level of the model. For example, system concepts at the patient level include patient acuity, standards of care, standardized care plans, and patient information systems. An open system approach is used between each level. This system approach fosters knowledge development between concepts used in the model. Nursing concepts focused on clinical knowledge are mostly used at the patient aggregate level. Organization and management concepts and concepts from multiple disciplines, such as, law, political science, management science, social science are focused at the heal-
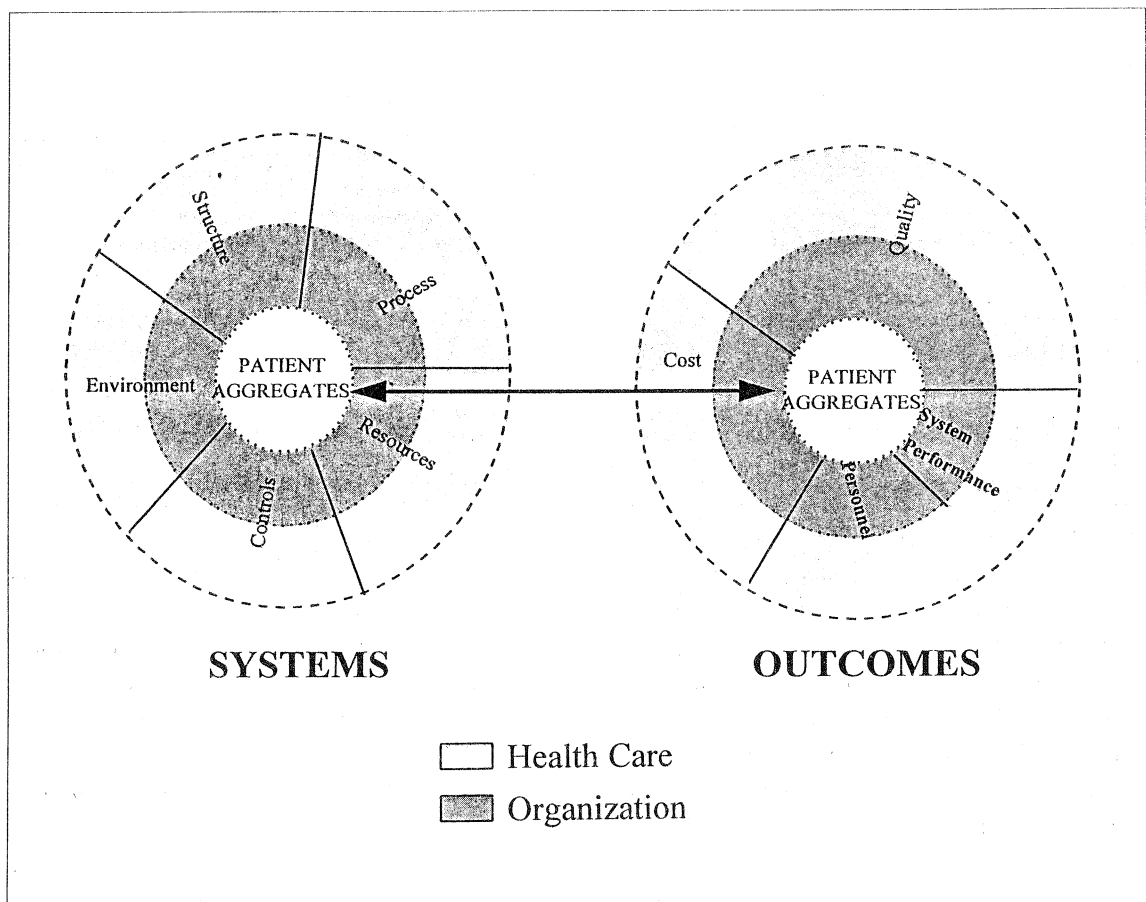
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Figure 1 The Iowa Model of Nursing Administration

th care system level. To date, this model is the best one. The Iowa model is presented in Figure 1.

The System View Model proposed by Scalzi and Anderson (1989) depicts nursing administrative knowledge as both nursing and organizational knowledge and their interface. This model has a three dimensional structure consisting of nursing domain, organizational domain, and interface. The nursing and organizational domains jointly form a "system" of domains with a single goal of "system vitality". The strength of this model reflects a higher level of complexity than that suggested by either the domain perspective or interface perspective. An assumption underlying this system model is that quality of nursing care is delivered through viable organizations, and that the effectiveness of such organizations is in turn dependent, in part, on the quality of nursing.

Kim(1988) proposed a typology of knowledge for nursing administration which is parallel to her typology of nursing knowledge. The strength of this model is to guide development of nursing administration theory from the concepts drawn from one domain or across domains. The four domains of knowledge used are : the nursing requirement domain ; the nursing services practice domain ; the nursing organization domain ; and the environment domain. For example, concepts related to nursing requirement of patient aggre-

gates include patients classification system, levels of care, quality of care, or diagnostic related groups (DRGs). Theories of quality of nursing care and patient classification systems can be developed within a domain of nursing requirements.

The Synthesis Model proposed by Blair(1989) depicts nursing administration knowledge as an area of overlap in the nursing and administration knowledge. Conceptualization of this model is drawn from Hegel's theory, which allows the retention of essential elements of both nursing and administration in a new configuration as opposed to the use of content from either nursing or administration in a parell, integrated approach.

The Situation-Adaptation Model developed by Sowell and Alexander(1991) integrates 5 concepts and assumptions into an interrelated framework by using both nursing process and management functions. The five concepts and assumptions are drawn from adaptation theory, field theory, contingency, and general systems theory. This model proposes the value of key situational components and gearing the resulting situational decision and intervention on these key components and their relationship to overall organizational goals. It is not clearly depicted.

Although different levels of abstraction, approaches and objectives were used, all of the models depict a synthesis of nursing and management knowledge. These models show how nursing and management knowledge are synthesized and are very useful to guide further theory development and practice. The theoretical formulations are summarized in Table 2.

Table 2. Theoretical Formulations

Theorist	Name of Model	Domain/Component	Purpose
Blair(1989)	Synthesis	2 Fields : Nursing and Administration 6 Areas : -Societal forces -Political domain -Cultural domain -Legal domain -Public policy -Economic domain	Education Practice
Cleland (1984)	Articulated Model	6 curricular Components : -Goals and evaluation -Finance -Human resources -Management -Nursing -Research 4 Academic Levels : -BSN, MSN, Specialist Certificate, Ph. D.	Curriculum

Jennings & Melesis (1988)	Integrative	5 Domains : -Person -Interaction -Transition -Environment -Health	Theory Development
Johnson, Gardner, Kelly, Maas, & McCloskey (1992)	Iowa Model	2 Domains : -System -Outcome 3 Levels : -Patient aggregate -Organization -Health care	Curriculum Research Practice
Kim(1988)	Typology of Nursing Administration	4 Domains : -Nursing requirements -Nursing service practice -Nursing Organization -Environment	Theory Development, Practice
Scalzi & Anderson (1989)	System View Model	1. System 2. Domains : -Nursing -Organization	Practice
Scalzi & Anderson (1991)	Situation Adaptation Model	5 Theories : -Adaptation -Field -Roy's interaction -Contingency -General system	Practice

3. Nursing management interventions

Although the research-based clinical interventions have been published, there have been few studies of research-based management interventions. Research-based management interventions are needed to give nurse managers directives for accomplishing their management roles.

Management interventions are "new strategies, structures, or processes for the delivery and financing of quality care"(McCloskey, 1993, p.78). Nursing management interventions are implemented ate the unit, divisional, or nursing departments indirectly through their impact on staff and structure (McCloskey, 1993). On the other hand, clinical intervention is defined as "direct care treatments that a nurse performs on behalf of a client"(McCloskey & Bulechek, 1992, p. xviii).

Conceptual definitions define the properties of something, while operational definitions define something in terms of the actual operations used to measure it(Phillips, et al., 1986). Examples of nursing management interventions include : Recognition, Preceptor Programs and Clinical Ladders. The conceptual definition of "Recognition" is "head nurse behaviors that acknowledge, with a show of appreciation, staff nurse performance and achievement" (Goode & Blegen, 1993, p.62). The operational definition of "Recognition" is "private verbal feedback is given by head nurse"(Goode & Blegen, 1993, p.64). Examples of clinical nursing interventions are : Acid-Base Management, Cast Care : Wet, Newborn Care. The conceptual defini-

tion of "Acid-Base Management" is "promotion of acid-base balance and prevention of complications resulting from acid-base imbalance"(McCloskey & Bulechek, 1992, p.84). The operational definition of "Acid-Base Management" include a set of activity. For example, "maintain patient IV access", "monitor respiratory pattern".

III. Implications

The following describes how the conceptualization of nursing management intervention contributes to theory development.

The concepts for management interventions were generated, formed and clarified using inductive approach(e.g., observation random events, grouping of random observations, and derivation of construct labels). This process represents the factor-isolating phase of theory building defined by Dickoff and James(1969). Dickoff and James classified four kinds of nursing theory : factor-isolating, factor-relating(situational-depicting theory), situation-relating, and situation-producing theories (prescriptive theories). Factor-isolating is the first level of theory. The big problem of theory development in nursing is lack of factor-isolating theories. Dawns(1988), Krietek(1982), and Meleis(1987) have criticized nursing for jumping to the last level of theory development without the first level. Management interventions will contribute to theory development for nursing. In addition, management interventions can be described as a middle-range theory. "Middle-range theories consist of limited sets of assumptions from which specific hypotheses are logically derived and confirmed by empirical investigation"(Merton, 1968, p.68). For example, management intervention "recognition" has underlying assumption which recognition is a predictor of job satisfaction and performance of nurse. Therefore, by giving recognition by head nurse, nurse's job satisfaction and performance can be empirically investigated. According to Suppe (1993), nursing science will be defined by the devel-

opment of middle-range theories, not by grand theories. Therefore, the process of conceptualizaton of management interventions will contribute to building middle-range theory.

Theory development in nursing administration is still evolving from the borrowing knowledge to management interventions. With the contribution to theory development, management interventions will be further developed for nursing practice.

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-Abstract-

Evolution of Theory Development in Nursing Administration

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간호 행정학분야에 있어서 이론의 발전 단계는 아직도 초기 단계에 있으며 계속 개발되는 중이다. 간호행정의 이론개발은 크게 3 단계로 나눌 수 있는데, 첫째, 다른 학문으로부터 빌려온 이론들을 간호학에서 사용한 단계, 둘째, 간호와 경영 지식을 합성화시킨 이론적 모델을 사용한 단계, 셋째, 간호관리를 의한 중재(Management Intervention)개발의 단계이다.

간호행정이론 개발의 새로운 추세인 간호관리를 위한 중재가 어떻게 Middle-Range Theory를 구축하는데 공헌하는지가 서술되며, 그에 대한 예가 제시된다.

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