

## A Feminist Approach to Theory Evaluation

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Nurses have been choosing and using a theory to guide their practice, research, and teaching. They choose a theory because of scholarly influences of their mentors, their feeling comfortable with the theory, their preferences for theorists themselves, the availability of extensive writings about the theory, the congruency between the theory implementation process and the sociopolitical environments as well as the economic climate, the ease by which theory is understood and applied, and/or appropriateness to their phenomenon of interest (Meleis, 1997). The reason for choosing a theory and/or criteria for evaluating a theory can be diverse depending on individual preferences.

The objectivity in the selection of a theory is as important as is the subjectivity in the selection. To objectively evaluate a theory and/or choose a theory, nursing scholars have made continuous efforts under the influences of sociology and psychology. Since some of the criteria suggested by sociology and psychology are inappropriate for the discipline of nursing (because they did not reflect the nature of nursing and the goals of nursing discipline), they tended to discount nursing theories (Meleis, 1997). Consequently, nursing scholars have tried to develop the criteria for theory evaluation which consider ways by which its theories re-

flect and represent the nature and goals of nursing from 1970s to 1990s (Duffey & Muhlenkamp, 1974; Fawcett, 1993; 1995; Hardy, 1974; Johnson, 1974; Meleis, 1997).

From the mid 80s, nursing began to develop a new type of theories which is called 'middle-range theories', and qualitative paradigms were introduced and widely accepted in nursing discipline (Peterson & Bredow, 2004; Smith & Liehr, 2003). With the changes, new thoughts such as feminism, post-modernism, post-structuralism, social critical theory, and post-empiricism were introduced to nursing. Despite the new wave of diverse thoughts in nursing, the criteria for theory evaluation rarely incorporate the new thoughts in its realm. Especially, feminist thoughts, which have contributed to the development of nursing knowledge through incorporating diversities and complexities of nursing phenomenon and reflecting social, cultural, and historical contexts surrounding nursing encounters (Huntington & Gilmour, 2001; Pateman, 2000; Racine, 2002; Wright & Owen, 2000), have rarely been incorporated into the evaluation criteria.

In this paper, a feminist approach to theory evaluation is proposed based on a critical analysis of the evaluation criteria that are currently being

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used. First, a historical review of feminist thoughts will be provided, and feminist principles across diverse groups of thinking within feminism will be discussed. Then, theory evaluation criteria will be historically analyzed and critiqued while considering the feminist principles. Finally, a feminist approach to theory evaluation is proposed based on the critical analysis.

## Feminism

Individuals unfamiliar with feminism frequently assume that feminist theory provides a singular and unified framework for analysis. Yet, viewing the world through the lens of gender results in diverse images, some of which are labeled: liberal; essentialist; radical; Marxist; socialist; and postmodern feminism. However, among contemporary feminists, these distinctions among definitions are blurred. In this paper, they will be presented separately for ease of discussion.

### Diverse Feminist Thoughts

Feminist critiques and feminist analyses can be found in women's writing since the early 1600s. These writings and those of many early nursing leaders and scholars such as Nightingale, Wald and Sanger, are now recognized by feminist scholars as reflecting remarkable feminist insights (Chinn & Wheeler, 1985). A Victorian era feminism emerged during a period of notable economic and political change in 1800s (Campbell & Wasco, 2000; Rosser, 1994). Britain, France, and the United States were adopting political systems of representative democracy. Prior to this time, women were guaranteed a certain status both in production, such as growing food, or rearing children, and in government, although their social status was lower

than that of men. Although industrialization opened up new opportunities for economic independence by the turn of this century, women's cash contributions to their household were actually reduced resulting in less value given to their work at home and increased economic dependence on their husbands (Bunting & Campbell, 1990).

At the same time, liberalism emerged with the growth of capitalism and proposed equal rights and opportunities for women relative to men's rights and opportunities in 1800s. Liberal political theory assumes that humans are essentially rational beings and that all individuals have an equal potentiality for reason (Bunting & Campbell, 1990; Campbell & Wasco, 2000). From liberal political theory, liberal feminist views emerged. During the early 20th century women fought for such basic liberties as the right to vote and own property. Liberal feminists fought within the context of such values as individualism, privacy, equality, autonomy, and self fulfillment (Campbell & Wasco, 2000). They opposed laws that do not grant the same equal social and economic opportunities to women as are granted to men.

A general definition of liberal feminism is the belief that women are oppressed in contemporary society because they suffer from unjust discrimination (Campbell & Wasco, 2000). Yet, nineteenth- and twentieth-century liberal feminists have ranged from libertarian to egalitarian, and numerous complexities exist among definitions of liberal feminists today (Rosser, 1994). Liberal feminists stress equality of opportunity for women (MacPherson, 1983). However, liberal feminists seek no special privileges for women and simply demand that everyone receive equal consideration without discrimination on the basis of sex. The roots of women's oppression are seen to lie in the

lack of equal civil rights and educational opportunities (MacPherson, 1983).

Two fundamental assumptions within the foundations of the traditional method for scientific discovery are shared by liberal feminism (Rosser, 1994). One is that human beings are highly individualistic and obtain knowledge in a rational manner that is separate from their social conditions. The other is that positivism is accepted as the theory of knowledge. Therefore, liberal feminists believe in the possibility of obtaining knowledge that is based on both objective and value-free concepts, i.g. the concepts that have formed the cornerstone of the scientific method.

Other themes of feminism that were important in the 19th century and have gained attention and followers in recent years could be grouped under the category of essentialist feminism. The main point of essentialist feminism is that women are different from men because of their biology, specifically their secondary sex characteristics and their reproductive systems (Rosser, 1994). The prominent difference between essentialist feminism and other types of feminism is that it is based on biological gender differences rather than the social construction of gender.

Nineteenth-century essentialist feminists accepted the ideas of male essentialist scientists such as Freud or Darwin (Rosser, 1994). These early feminists proposed that the biologically based gender differences meant that women were inferior to men in some physical and mental traits, but that they were superior in others. Therefore, essentialism was seen as a tool for conservatives who wished to keep women in the home and out of the workplace. However, more recently, feminists have reexamined essentialism from perspectives ranging from conservative to radical with recognition that

biologically based differences between the sexes might imply superiority and power for women in some arenas (Bunting & Campbell, 1990).

Both liberal feminists and essentialist feminists insisted gender justice and gender equality. Yet, radical feminists question the liberal feminist goal of equality to men, since men are not the standard (Campbell & Wasco, 2000). Radical feminists emerged out of the 1960s and the women's liberation movement. However, radical feminism is the least developed and systematic (MacPherson, 1983), and is perpetually in process and in self-analysis of this process. Their unique contribution to feminism is their belief that the oppression of women is fundamental, within all types of economic systems and all cultures, and it cannot be removed by other social changes such as the abolition of class (Bunting & Campbell, 1990; Campbell & Wasco, 2000; MacPherson, 1983). Radical feminists maintain that women's oppression is the first, most widespread, and deepest oppression (Bunting & Campbell, 1990).

Compared to liberal feminists, radical feminists emphasize the biological differences that account for male dominance. A main weakness in radical feminism is that biology is viewed as independent of its environmental context, hence the body is not seen as changing and is not dealt with in the psychosocial, political and/or physical contexts. Moreover, it is ahistorical, describing women's oppression as a universal experience (Tong, 1989). Radical feminists reject the possibility of gender-free research or a science developed from a neutral, objective perspective (Rosser, 1994). Since men dominate and control most institutions, politics, and knowledge, most studies reflect a male perspective and they are used to oppress women in a sense. Therefore, radical feminists reject most sci-

entific and medical theories, data, and experiments not only because they exclude women but also because they are not women-centered. Rather, radical feminists accept the reliability of intuition as a special source of knowledge and consciousness raising as the methodology. Moreover, since radical feminists emphasize women's experience, they reject other types of feminism rooted in the theories developed by men and based on men's experience and world view.

In contrast to other feminists, Marxist feminists think it impossible for anyone, especially women to obtain genuine equal opportunity in a class society where the wealth produced by the powerless many ends up in the hands of the powerful few (Tong, 1989). Marxist feminists locate the origins of women's oppression historically in the introduction of private property (MacPherson, 1983; Tong, 1989). Sexism is viewed as a derivative of a more fundamental form of class oppression. Marxist feminists posit class as the organizing principle around which the struggle for power exists.

Marxist feminists reject individualism and positivism as approaches to knowledge (Rosser, 1994). Marxist feminists view all knowledge as socially constructed and originating from practical human involvement in production that takes a definite historic form. Therefore, they believe that knowledge can not be objective and value-free because its basic categories are shaped by human purposes and values. Moreover, by emphasizing the social construction of knowledge, Marxist feminists imply that dichotomies such as nature/culture and subjective/objective might not be the only or even appropriate ways to categorize knowledge.

Marxist feminists have tended to focus on women's work-related concerns. What angered many Marxist feminists most about the description

of the nature and function of women's work under capitalism was its trivialization of women's work. They have been arguing for and/or against waged housework (Tong, 1989). To a greater or lesser degree, they have encouraged women to enter public industry, and pressed for the full socialization of housework and child care. Marxist feminists have made women's economic well-being and independence their primary concern and have focused on the intersection between women's experiences as workers and their position in the family.

Socialist feminism is the feminist perspective believing that human nature is created through biology, society, the physical environment and mediated by human labor (Campbell & Wasco, 2000; Rosser, 1994). Socialist feminists accept the historical materialist approach of Marx and Engels, but concurrently seek to enrich it by adding a class analysis of the cultural institutions that play a major role in oppressing women (MacPherson, 1983). Socialist feminism is based on the assertion that the special position of women within a class or race gives them a special standpoint that provides them with a particular world view. Thus, socialist feminists reject the assumption made by many earlier feminists that all women are oppressed in similar ways.

Women's world view is regarded as more reliable and less distorted than that of men from the same class or race. Socialist feminists assert that women suffer from oppression because of their gender in contemporary society, so women oppressed by both class and gender have a more comprehensive, inclusive standpoint than do working class men (Rosser, 1994). Socialist feminists also maintain that women scientists may produce a science and knowledge different from those produced by men of any race or class through a collective

process of political and scientific struggle (Campbell & Wasco, 2000). The research based on socialist feminism provides a more accurate picture of reality since it would be based on the experience of women, who hold a more comprehensive view because of their race, class, and gender.

Postmodern feminism is the newest of the feminist perspectives. A postmodernist reflection on feminist theory reveals disabling vestiges of essentialism while a feminist reflection on postmodernism reveals androcentrism and political naiveté (Fraser & Nicholson, 1990). Postmodern feminism is a product of an encounter between feminism and postmodernism. Postmodern feminists regard truth as a destructive illusion (Olesen, 1994). They negate essentialism. Postmodern-feminist theory would be nonuniversalist as well. In fact, postmodernism offers feminism some useful ideas about method, particularly wariness toward generalizations that transcend the boundaries of culture and region (Fraser & Nicholson, 1990). When its focus became cross-cultural or transepochal, its mode of attention would be comparativist rather than universalizing, attuned to changes and contrasts instead of to covering laws. Moreover, postmodern feminism would dispense with the idea of a subject of history (Nicholson, 1990). It would replace unitary notions of woman and feminine gender identity with plural and complexly constructed conceptions of social identity, treating gender as one relevant strand among others, attending also to class, race, ethnicity, age, and sexual orientation. As a postmodern feminist perspective, womanism recently emerged as an explicit race critique of feminism (liberal, radical, and socialist) (Campbell and Wasco, 2000). Marginalized within the women's movement, black feminists created womanism to examine the intersections of race, gender, and

class oppression (Campbell & Wasco, 2000).

Postmodern feminism has been critiqued as too relativistic and overlooking life's real problems, which get lost in the emphasis on textuality (Rosser, 1994). In fact, an overemphasis on difference may lead to intellectual and political disintegration (Tong, 1989). If feminism is to be without any standpoint whatsoever, it becomes difficult to ground claims about what is good for women.

### Feminist Principles

In the early phase of the women's movement in the United States, feminist researchers could be roughly categorized in terms of their political views as liberal, radical or Marxist (Rosser, 1994). Yet, the distinctions have become blurred with the attainment of the maturity of feminisms. Political orientations are no longer as clear and are characterized by internal divisions within feminist thought. Moreover, many feminist researchers have mixed qualitative methods or attempted to create new styles with borrowing freely from other fields including literary criticism, cultural studies, and history. Therefore, the distinctions and the internal divisions within feminist thought have become blurred, and the diverse feminisms are blended. Yet, feminist theory is not homogeneous, but highly differentiated and complex, with different potentials for influence on different disciplines.

Despite the diversities among the feminisms, all feminist theory posits gender as a significant characteristic that interacts with other factors such as race and class to structure relationships between individuals (Campbell & Wasco, 2000; Pateman, 2000). With the exception of liberal feminism, most feminist theories reject the neutral objective observer for a social construction of scientific research based on the standpoint of the observer,

which is influenced by gender, as well as other factors such as race and class. Additionally, in most feminist theories, dualism is rejected, women's experience is important, the distance between observer and object of study is shortened, and uni-causal, hierarchical approaches are rejected. These diverse feminists share that it is important to center and make problematic women's diverse situations and the institutions and frames that influence those situations. Then, they refer the examination of that problematic theoretical, policy, or action framework in the interest of realizing social justices for women (Eichler, 1986).

### **Historical Review of Theory Evaluation Criteria**

Historically, nursing scholars continuously have made efforts to develop theory evaluation criteria. In 1968, Ellis delineated seven criteria for significant theories. Ellis (1968) defined significant theories as theories that have a broad scope, are sufficiently complex to consider different propositions reflecting the wide scope, contain propositions that are testable and useful, and have explicit values in which implicit values are carefully delineated. These theories must have a well defined and meaningful terminology and they provide opportunities for further generation of information.

In 1974, Johnson suggested theory evaluation criteria that focused on a congruence of theory mission with goals relegated by society to nurses (social congruence, utility, and significance) (Johnson, 1974). Johnson also posited the necessity of explicit and consistent structure (assumption and values) and content (nursing's unique goal, ability to be generalized, restrictiveness, continuity, and specificity), and utility criteria such as research

utility and potential for theoretical propositions. In the same year, Hardy organized and published her criteria around the concept of "adequacy": meaning, logic, operationalization, empirical evidence, and pragmatism (Hardy, 1974). She strongly believed that theories should have the ability to be generalized, should contribute to understanding, and should be able to predict.

Duffey and Muhlenkamp (1974, p. 571) also offered the following modest set of questions by which theories can be evaluated: (a) does the theory generate testable hypotheses?; (b) does the theory guide practice?; (c) how complete is its subject matter?; (d) did the theorist make her biases explicit?; (e) does the theory have propositions and are the relationships explicit?; and (f) is it parsimonious?

In the middle of 1980s, Chinn and Jacobs (1987) offered a different approach to evaluating theories that was based more on criteria for evaluation of psychological theory. They recommended evaluating theories by considering five criteria: clarity, simplicity, generality, empirical applicability, and consequences. They also provided a list of questions to help the evaluator make an objective decision about the level of the criteria.

Fawcett (1993; 1995) pointed out the seemingly overlap between criteria for evaluating theories and those more appropriate for evaluating conceptual frameworks, and offered one analytical and evaluative frameworks for conceptual models as well as one for theories. The framework for conceptual models (Fawcett, 1995) separates questions for analysis from those intended for evaluation. Fawcett suggested considering the historical evolution of the model, and the unique focus and context of the model. For the evaluation, she proposed evaluation of the origins of the model, the degree

of comprehensiveness of content, the logical congruence of its internal structure, the ability of the model to generate and test theories, the degree to which it is credible as demonstrated in its social utility, social congruency, significance to society, and its contributions to the discipline of nursing. Additionally, she proposed another set of criteria for theory critique that she believed to be more congruent with her definition of theory, and divided the criteria into two categories: (a) one for analysis and (b) the other for evaluation.

In 1994, Barnum proposed evaluative criteria appropriate for internal criticism and external criticism (Barnum, 1994). Internal criticism is about internal construction of theory, and external criticism considers theory in its relationships to human beings, nursing, and health. The criteria for internal criticism include clarity, consistency, adequacy, logical development, and level of theory development. The criteria for external criticism are reality conversion, utility, significance, discrimination, scope of theory, and complexity.

Walker and Avant (1995; 2004) also suggested several procedures for theory analysis, which are basically theory evaluation criteria. The procedures include (a) identify the origins of the theory; (b) examine the meaning of the study; (c) analyze the logical adequacy of the theory; (d) determine the usefulness of the theory; (e) define the degree of generalizability and the parsimony of the theory; and (f) determine the testability of the theory.

Most recently, Meleis (1997) proposed a meta-theoretical model that considers current trends in theory evaluation criteria, draws on many of the previously delineated criteria, and further acknowledges that even when systematic criteria are advanced to ensure objective analysis and critique, objectivity is not guaranteed or required in critiqu-

ing theories for one's use in research or practice. The model defines evaluation as encompassing description, analyses, critique, testing, and support, and is philosophically based on a historical view of science than on an empirical view. The model proposes to analyze the central questions that are solved by the theory, the role of the background of the theorist in the development of the theory, and the sociocultural context of the theory, the theorist, and the discipline.

## **A Feminist Critique of the Evaluation Criteria**

When the currently available theory evaluation criteria are analyzed with the feminist principles discussed above, the analysis indicates the followings: (a) currently available theory evaluation criteria emphasize the objective stance of theorists; (b) they tend to ignore gender differences; (c) they rarely consider cultural differences; and (d) they rarely consider the influences of contexts on theory development. These findings of the analysis are discussed as follows.

### **An Emphasis on Objective Stance**

Most of the criteria for theory evaluation are based on evaluators' objective stance. In other words, the criteria are more likely to be rooted from our biomedical heritage emphasizing objectivity, validity, and reliability. For example, when testing nursing concept using the evaluation criteria of 'testability,' the concept is usually a measurable concept by identifying corresponding variables, and the objective of testing nursing concept is to develop a valid and reliable means by which the concept is tested. Validity means that the

instrument, the tool, or the means by which the concept is measured indeed measures that concept, and the extent to which it is used to provide data compatible with other relevant evidence (Burns & Grove, 1997). Reliability means that these instruments consistently measure the same concept (Burns & Grove, 1997). The development of valid and reliable instruments, tools, or means by which concepts could be measured has been one of the priorities in the development and testing of nursing theories.

When considering our long tradition of empiricism, it is understandable why most of evaluation criteria that we are using to evaluate theories are based on objective stance. Yet, even concepts are changing depending on time and place (Rodgers & Knafelz, 2000). Considering that our society is tremendously changing and our stance as nurses is subsequently changing, the evaluation criteria based on objective stance are somewhat problematic, especially when viewed from a feminist perspective.

#### Ignoring Gender Differences

Most of the evaluation criteria that are currently being used do not incorporate gender differences in nursing phenomenon. Rather, the evaluation criteria emphasize gender-neutral position. With an emphasis on an objective stance of researchers and theorists, a gender neutral position of researchers and/or theorists has been also emphasized. The evaluation criteria currently being used include theorists' attention and consideration of major concepts in nursing. Thus, the evaluation criteria emphasize to explore if the assumptions upon which this model is based on are made explicit and if the assumptions about the person, environment and health/illness are clearly stated. Yet, the evaluation criteria do not include if the assump-

tions are gender neutral, gender-biased, or gender sensitive. Rather, the evaluation criteria focus on if the descriptions and assumptions of all major concepts of nursing's metaparadigms (person, environment, health, and nursing) are explicit, clear, and concise. For example, the evaluation criteria rarely give an attention to if the term of person incorporate women and diverse groups of people. Yet, the most recent evaluation criteria by Meleis (1997) included gender sensitivity and emphasized to give attention to diversity and complexity of nursing phenomenon.

#### Lack of Consideration on Contexts

As discussed above, most of the evaluation criteria are being used while reducing nursing phenomenon into major concepts such as human-beings (persons), environments, nursing and health/illness. The reductionism brings about lack of consideration on contexts when using the evaluation criteria. When evaluating a theory, the evaluation criteria tend to analyze the concepts included in the theories while focusing on the specific concepts. Thus, larger contexts circumscribing and/or influencing the specific concepts are frequently ignored. Furthermore, sociopolitical environments influencing the development and usage of theories and social utility of theories are frequently missing in most of the evaluation criteria.

One of the most recent evaluation criteria proposed by Fawcett (1993; 1995) and the futuristic evaluation criteria suggested by Meleis (1997), however, clearly incorporate the contextual factors as an evaluation criterion for theory. Fawcett (1993; 1995) proposed a consideration of the historical evolution of the model, and the unique focus and context of the model. She also proposed evaluation of the origins of the model, the degree to which



theory is credible as demonstrated in its social utility (use, implementation), social congruency, significance to society, and its contribution to the discipline of nursing. Meleis (1997) also proposed diversity, vulnerability, internationalization, culturally competent care, primary health care and consumer involvement as evaluation criteria for theories. However, except these two sets of evaluation criteria, all others rarely consider contextuality in the evaluation process.

#### Lack of Cross-cultural Evaluation

There are an increasing number of articles evaluating theories through cross-cultural studies. Orem's self-care theory is one of the most frequently used and evaluated theories through international studies (Roberson & Kelley, 1996; Villarruel & Denyes, 1997). Yet, most of theories that are currently being used have been rarely used and evaluated through international studies and/or cross-cultural studies. The theories were mainly evaluated through studies among Western white populations. Furthermore, except Meleis' evaluation criteria (1997), all the evaluation criteria that are currently being used rarely include cross-cultural consideration as a component.

When a rule has an exception, the rule cannot be a rule anymore. When theories are not being used and/or evaluated in international studies and/or cross-cultural studies, the theories may not be applicable to all nursing fields and/or particular populations. Im and Meleis (2000) posited that the futuristic nursing theories should be situation specific so that they can be directly applied in nursing practice. Walker and Avant (2005) also posited international and ethnicity-related nursing theories as one of the frontiers of nursing knowledge that recently emerged. However, in general, when we are

mentioning middle-range theories and/or grand theories, the theories should be applicable to all particular nursing fields and/or specific populations. Therefore, if we assume that we need middle-range theories that can be easily testable across several nursing fields or grand theories that can explain what is nursing, what is the mission of nursing, and who are nurses, then theory evaluation through international and/or cross-cultural studies is mandatory.

### **A Feminist Approach to Theory Evaluation**

From a feminist perspective, the followings are proposed as essential components in development and evaluation of theories: (a) respect for subjectivity, (b) historical and sociopolitical contextual considerations, (c) gender sensitivity, and (d) cultural competence. These components are summarized with the critical point of the existing theory evaluation criteria in Table 1.

#### Respect for Subjectivity

Based on empiricism, in nursing, we have believed that truth is determined by its correspondence with features of the definite world structure (Giuliano, 2003). Consequently, we have emphasized what is observable and what is objective. Empiricism has been a dominant perspective in nursing because many of the questions that nurses need to study have been consistent with this view (Giuliano, 2003; Poole & Jones, 1996). That is why theory evaluation criteria that nursing has historically developed tend to be based on the objective stance.

As the recent history of nursing shows, how-

ever, truth in nursing can be viewed from metaphysical idealism, epistemological idealism or phenomenological view (Packard & Polifroni, 1999). From a feminist perspective, theory evaluation needs to be based on epistemological idealism, which views that the truth is no more and no less than that which may be reached through empirical means. In other words, the truth can vary depending on the nursing encounter. Thus, in the theory evaluation process, subjectivity also needs to be respected especially when a theory is developed based on the qualitative heritage of nursing. In other words, a theory that was developed based on a specific philosophical perspective needs to be evaluated based on the evaluation criteria from the same perspective rather than the current evaluation criteria based on empiricism.

#### Historical and Sociopolitical Contextual Considerations

To understand human beings' responses to health and illness, contextual understanding has been emphasized in nursing. Context includes sensitivity to structural conditions that contribute to participants' responses and to the interpretations of situations informed by experiences, by validation of perception, and by a careful review of existing knowledge (Meleis, 1997). Without incorporating historical and sociopolitical contextual aspects to nursing theories, the theories cannot describe, explain, and/or predict nursing phenomenon fully.

Despite the importance of contextual consideration, the theory evaluation criteria have rarely incorporated it as an important aspect of theory evaluation. The only exceptions are Fawcett's and Meleis' evaluation criteria. Most of currently available nursing theory evaluation criteria are based on the view of realism on theories. The view is based

on an assumption that scientific theories are either true or false independent of what we know: science at least aims at the truth, and the truth is how the world is (Hacking, 1999). From a feminist perspective based on anti-realism, however, theories are at best warranted, adequate, good to work on, acceptable but incredible, or what-not (Hacking, 1999). In other words, theories of these days cannot explain the truth in the future, which subsequently implies that theory evaluation process should consider historical and sociopolitical contextual background of the theories.

Feminists emphasize action for changes (Campbell & Wasco, 2000). Thus, as discussed above, one of the critical points of the existing theory evaluation criteria was how much the theory can contribute to changes in health care practices, health care systems, and sociopolitical environments for human. As Fawcett (1995) and Meleis (1997) emphasized, theories should be evaluated in terms of its contribution to nursing care and social changes within a larger context of nursing phenomenon. In other words, theories should be evaluated in terms of how clearly the theory can guide nursing research and practice within the current historical and sociopolitical contexts. If a theory aims to be just a theory and cannot make any contribution to nursing knowledge generation and practical care, the theory would be useless.

#### Gender Sensitivity

Sex-role stereotyping was pointed out as a barrier to the development or acceptance of nursing theory (Meleis, 1997, p. 54). When considering that about 95% of nurses are women, the sex-role identity of nurses cannot be ignored (Meleis, 1997). Nursing has always been an occupation with predominantly feminine characteristics, and it is still

stereotyped with nurturing roles such as those of wife and mother (Meleis, 1997). Some nursing scholars, indeed, posited that many of issues facing nursing emanated from the feminine image of nursing and the idea of nursing as a profession of women, particularly in societies in which women are relegated to secondary status (Huntington & Gilmour, 2001; Pateman, 2000).

The goal of theory evaluation from a feminist perspective is to establish gender-sensitive theories. To overcome and transcend the limitations imposed by the dominant biomedical theories in women's health, we need to develop theoretical bases which do not reduce women's health and illness experience into a disease/health problem, which incorporate gender sensitivity and gendered explanations of health and illness, and which empower women to effectively and adequately deal with their health/illness. A goal of theory evaluation from a feminist perspective is to establish gender-sensitive theories (Im & Meleis, 2001). The gender-sensitive theories are based on the acknowledgment and affirmation of gender equity, on the premise that women should be affirmed for their own contributions in a patriarchal society, and on the assumption that women should have options and control over their own bodies (Sampselle, 1990). The gender-sensitive theories are also based on connections between the theorist and the subject matter and the involvement of the theorist with the subjects of the theory in the development and interpretation of the theory (MacPherson, 1983; Sherwin, 1987). The goal of gender-sensitive theories is proposed to be understanding rather than just knowing (Meleis, 1997). The goal is based on uncovering and including personal experiences of the nurse and client and evolves from considering the totality of the experiences, responses, and events

described theoretically as well as from giving similar consideration to the experience and the context of the theorist (Hagell, 1989).

When theories are categorized in terms of their level of abstraction, they are usually categorized into grand, middle-range, and situation specific theories. Grand theories are systematic constructions of the nature of nursing, the mission of nursing, and the goals of nursing care (Meleis, 1997); middle-range theories are those that have more limited scope and less abstraction, address specific phenomena or concepts, and reflect practice (Meleis, 1997); and situation specific theories are defined as theories that focus on specific nursing phenomena that reflect clinical practice and that are limited to specific populations or to particular fields of practice (Im & Meleis, 1999; Meleis & Im, 2000). Gender sensitive theories are a different category of theories according to 'sensitivity to gender' (Im & Meleis, 2001). Consequently, some grand, middle-range, and situation-specific theories can be categorized into gender-sensitive or insensitive theories.

### Cultural Competence

As discussed above, evaluation criteria that are currently being used rarely incorporate diversities of realities. Most of the evaluation criteria do not reflect diverse nursing phenomenon. Rather than incorporating diversities and complexities of realities, the evaluation criteria tend to reflect standardized 'God's view' on realities and truth. Without incorporating diversities and complexities in nursing phenomenon, nursing theory may possibly distort the interpretation of nursing phenomenon and inadequately guide nursing practice (Meleis, 1996).

As many nursing scholars have recently emphasized in nursing research and practice (Shen,

2004; Leininger, 2002a; Purnell & Paulanka, 2003), cultural competence has been one of the central concepts in nursing. Some nursing theories have been developed to address cultural differences, cultural commonalities, cultural competence, and cultural care (Campinha-Barcote, 1994; 1995; Leininger, 1991; 2002b; Purnell & Paulanka, 1998). Despite its increasing importance, cultural competence has not been clearly defined and analyzed in theoretical nursing (St. Clair & McKenry, 1999), and it has rarely been considered in theory evalua-

tion process. When evaluating a theory, cultural competence needs to be considered. First, the theory needs to be evaluated if it has culture as a central concept and/or a sub-concept of the phenomena of interests. Second, the theory needs to be evaluated in terms of if it is developed based on a generalized awareness of the specific culture. Then, major concepts in the theory need to be evaluated if they are appropriate for the specific culture for which the theory will be used based on cultural knowledge.

**Table 1.** A summary of the proposed components for theory evaluation with the critical points of the existing theory evaluation criteria.

Critical Points of the Existing Theory Evaluation Criteria	Proposed components for theory evaluation
Most of the existing theory evaluation criteria are based on objectivity.	Respect for subjectivity.
Most of the existing theory evaluation criteria are ignoring gender differences.	Historical and sociopolitical contextual considerations.
Cultural differences tend not be seriously considered in most of the existing theory evaluation criteria.	Gender sensitivity.
Contexts surrounding nursing phenomenon are rarely considered in the existing theory evaluation criteria.	Cultural competence.

## Conclusions

Nursing theorists and scholars have continuously made efforts to elaborate the criteria for theory evaluation to keep up with knowledge changes in nursing. In this paper, currently existing theory evaluation criteria are historically reviewed and critiqued from a feminist perspective,

which has recently influenced current nursing knowledge in a great deal. The critical points found in the currently available theory evaluation criteria include: (a) the evaluation criteria are based on objectivity, (b) they are ignoring gender differences;

(c) cultural differences tend not to be seriously considered; and (d) contexts surrounding nursing phenomenon are rarely considered. Based on the critical points, four additional components for theory evaluation are proposed. The components are: (a) respect for subjectivity; (b) historical and sociopolitical contextual considerations; (c) gender sensitivity; and (d) cultural competence.

Rodgers and Knafl (2000) asserted that knowledge development in nursing is evolving, and keep changing. Since processes for knowledge generation and theoretical development in nursing keep changing with sociopolitical changes and changes

in health care systems, the criteria for theory evaluation need to incorporate the new advances and knowledge development in nursing discipline. Nursing discipline keeps changing, and it will continue to change with new engineering and genetic technologies in the future. I want to conclude this paper while suggesting that theory evaluation criteria be re-evaluated continuously, and new criteria for theory evaluation be added whenever necessary and whenever available.

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**Abstract**

## **A Feminist Approach to Theory Evaluation**

**Eun-Ok Im<sup>1)</sup>**

Despite the new wave of diverse philosophical thoughts in nursing, the criteria for theory evaluation rarely incorporate the new thoughts in its realm. Especially, feminist thoughts, which have contributed to the development of nursing knowledge through incorporating diversities and complexities of nursing phenomenon and reflecting social, cultural, and historical contexts surrounding nursing encounters, were rarely incorporated into the evaluation criteria. In this paper, a feminist approach to theory evaluation is proposed based on a critical analysis of the existing evaluation criteria. First, a historical review of feminist thoughts is provided, and feminist principles across diverse groups of thinking within feminism are discussed. Then, theory evaluation criteria are historically analyzed and critiqued while considering the feminist principles. The critical points found in the currently available theory evaluation criteria include: (a) the evaluation criteria are based on objectivity, (b) they are ignoring gender differences; (c) cultural differences tend not to be seriously considered; and (d) contexts surrounding nursing phenomenon are rarely considered. Based on the critical points, four additional components for theory evaluation are proposed. The components are: (a) respect for subjectivity; (b) historical and sociopolitical contextual considerations; (c) gender sensitivity; (d) cultural competence; and (e) blueprint for action.

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