Key Points

- Theory evaluation is the process of systematically examining a theory; the intent of evaluation is to determine how well the theory guides practice, research, education, or administration.
- The process of theory evaluation typically includes examination of the theory's origins, meaning, logical adequacy, usefulness, generalizability, and testability. Additional criteria are also considered, depending on which process or technique is being used.
- Several different methods for theory analysis/theory evaluation have been proposed in the nursing literature.
- The Synthesized Method for Theory Evaluation was derived from other published methods and is intended to be used to evaluate middle range and practice theories.

To further help the reader understand the theory evaluation process, this chapter presents an exemplar of the synthesized method for theory evaluation.

THEORY EVALUATION EXEMPLAR: THEORY OF CHRONIC SORROW

Primary References for the Theory of Chronic Sorrow

Burke, M. L., Eakes, G. G., & Hainsworth, M. A. (1999). Milestones of chronic sorrow: Perspectives of chronically ill and bereaved persons and family caregivers. *Journal of Family Nursing, 5*(4), 374–387.

Eakes, G. G. (1993). Chronic sorrow: A response to living with cancer. *Oncology Nursing Forum, 20*(9), 1327–1334.

Eakes, G. G. (1995). Chronic sorrow: The lived experience of parents of chronically mentally ill individuals. *Archives of Psychiatric Nursing, 9*(2), 77–84.

Eakes, G. G. (2013). Chronic sorrow. In S. J. Peterson and T. S. Bredow (Eds.), *Middle range theories: Application to nursing research* (3rd ed., pp 96-107). Philadelphia: Lippincott Williams & Wilkins.

Eakes, G. G, Burke, M. L., & Hainsworth, M. A. (1998). Middle-range theory of chronic sorrow. *Image: Journal of Nursing Scholarship, 30*(2), 179–185.

References for Examples of Application of the Theory of Chronic Sorrow in Practice and Research

Bowes, S., Lowes, L., Warner, J., & Gregory, J. W. (2009). Chronic sorrow in parents of children with type 1 diabetes. *Journal of Advanced Nursing, 65*(5), 992–1000.

Gordon, J. (2009). An evidence-based approach for supporting parents experiencing chronic sorrow. *Pediatric Nursing, 35*(2), 115–123.

Hobdell, E. (2004). Chronic sorrow and depression in parents of children with neural tube defects. *Journal of Neuroscience Nursing, 36*(2), 82–84.

Hobdell, E. F., Grant, M. L., Valencia, I., Mare, J., Kothare, S. V., Legido, A., & Khurana, D. S. (2007). Chronic sorrow and coping in families of children with epilepsy. *Journal of Neuroscience Nursing, 39*(2), 76–83.

Isaksson, A. K., & Ahlstrom, G. (2008). Managing chronic sorrow: Experiences of patients with multiple sclerosis. *Journal of Neuroscience Nursing, 40*(3), 180–192.

Kendall, L. C. (2005). The experience of living with ongoing loss: Testing the Kendall chronic sorrow instrument (Doctoral dissertation, Virginia Commonwealth University).

Melvin, C. S., & Heater, B. S. (2004). Suffering and chronic sorrow: Characteristics and a paradigm for nursing interventions. *International Journal for Human Caring, 8*(2), 41–47.

Schreier, A. M., & Droes, N. S. (2010). Georgene Gaskill Eakes, Mary Lermann Burke, and Margaret A. Hainsworth: Theory of Chronic Sorrow. In M. R. Alligood & A. M. Tomey (Eds.), *Nursing theorists and their work* (7th ed., pp. 656-672). St. Louis: Mosby.

Smith, C. S. (2009). Substance abuse, chronic sorrow, and mothering loss: Relapse triggers among female victims of child abuse. *Journal of Pediatric Nursing, 24*(5), 401–410.

Theory Description

Scope of theory: Middle range

Purpose of theory: Explanatory theory—"to explain the experiences of people across the lifespan who encounter ongoing disparity because of significant loss" (Eakes, Burke, & Hainsworth, 1998, p. 179).

Origins of theory: "Chronic sorrow" appeared in the literature in 1962 to describe recurrent grief experienced by parents of children with disabilities. A number of research projects were conducted in the 1980s and 1990s describing chronic sorrow among various groups with loss situations. The resulting Theory of Chronic Sorrow, therefore, was inductively developed using concept analysis, extensive review of the literature, critical review of research, and validation in 10 qualitative studies of various loss situations (Eakes et al., 1998; Eakes, 2013).

Major concepts: Chronic sorrow, loss experience, disparity, trigger events (milestones), external management methods, internal management methods. All are defined and explained.

Major theoretical propositions are as follows:

1. Disparity between a desired relationship and an actual relationship or a disparity between current reality and desired reality is created by loss experiences.
2. Trigger events bring the negative disparity into focus or exacerbate the experience of disparity.
3. For individuals with chronic or life-threatening illnesses, chronic sorrow is most often triggered when the individual experiences disparity with accepted norms (social, developmental, or personal).
4. For family caregivers, disparity between the idealized and actual is associated with developmental milestones.
5. For bereaved individuals, disparity from the ideal is created by the absence of a person who was central in the life of the bereaved.

Major assumptions: Not stated

Context for use: "Experienced by individuals across the lifespan"; implied that it may be used in multiple settings and nursing situations.

Theory Analysis

Theoretical definitions for major concepts:

Chronic sorrow—the periodic recurrence of permanent, pervasive sadness or other grief-related feelings associated with ongoing disparity resulting from a loss experience

Loss experience—a significant loss, either actual or symbolic, that may be ongoing, with no predictable end, or a more circumscribed single-loss event

Disparity—a gap between the current reality and the desired as a result of a loss experience

Trigger events or milestones—a situation, circumstance, or condition that brings the negative disparity resulting from the loss into focus or exacerbates the disparity

External management methods—interventions provided by professionals to assist individuals to cope with chronic sorrow

Internal management methods—positive personal coping strategies used to deal with the periodic episodes of chronic sorrow

Operational definitions for major concepts: No operational definitions are provided in the original works.

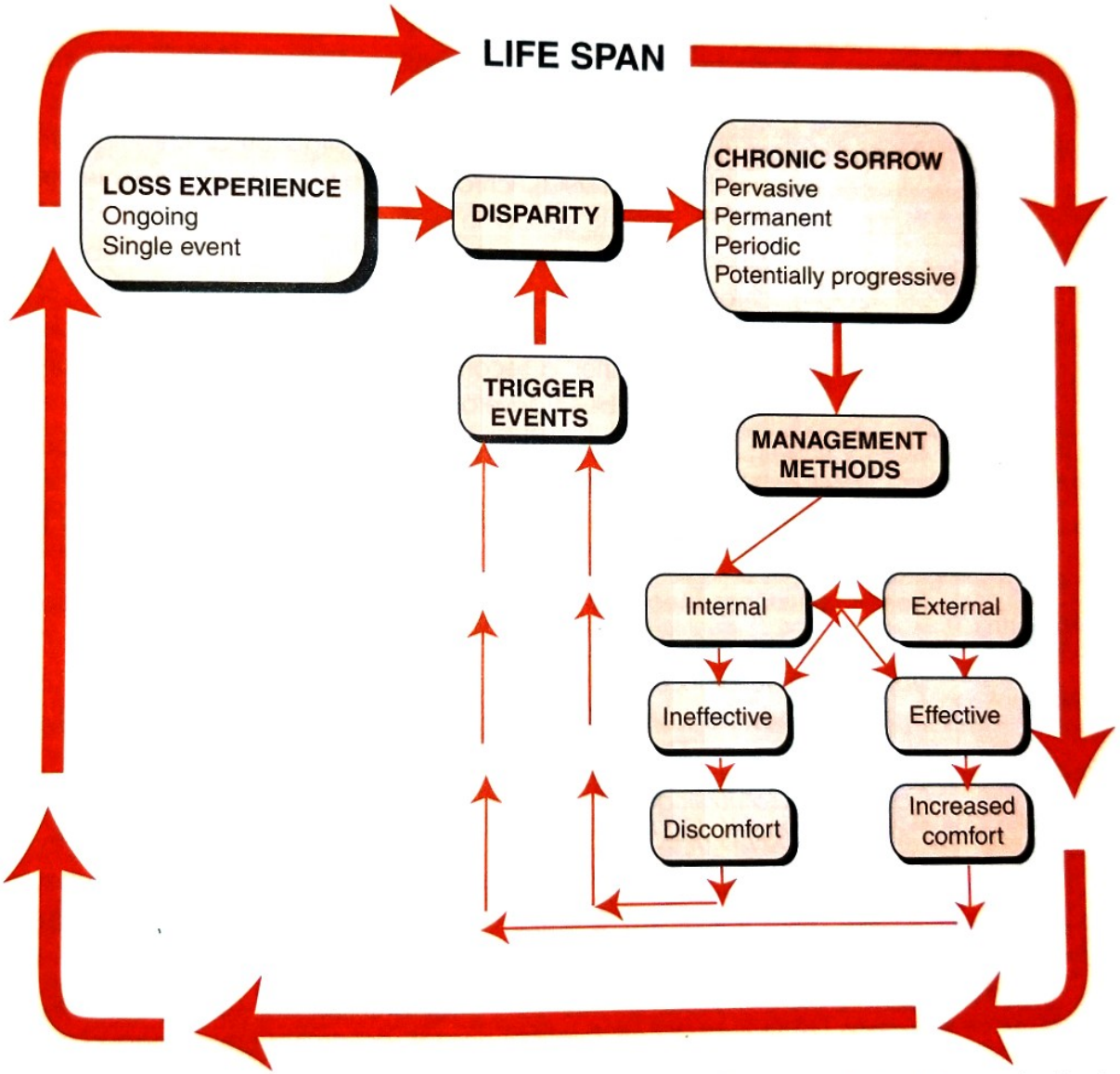
Statements theoretically defined: Theoretical propositions are implicitly stated in the body of the text.

Statements operationally defined: Theoretical propositions are not operationally defined.

Linkages explicit: Linkages are described in the text and explicated in the model.

Logical organization: Theory is logically organized and described in detail.

Model/diagram: A model is provided and assists in explaining linkages of the concepts.



Theoretical model of chronic sorrow. (Source: Eakes, G. G., Burke, M. L., & Hainsworth, M. A. (1998). Middle range theory of chronic sorrow. Image: Journal of Nursing Scholarship, 30(2), 179–184. Used with permission of John Wiley & Sons LTD, Publisher.)

Consistent use of concepts, statements, and assumptions: Concepts and propositions are used consistently. Assumptions are not explicitly addressed.

Predicted or stated outcomes or consequences: Anticipated outcomes are stated in the model.

Theory Evaluation

Congruence with nursing standards: The theory appears congruent with nursing standards. A number of articles were identified in recent nursing literature describing how the construct of chronic sorrow has been identified among various aggregates (Eakes, 2013).

Congruence with current nursing interventions or therapeutics: Literature-based descriptions of application of components of the theory in nursing practice include caring for bereaved persons and family caregivers (Burke, Eakes, & Hainsworth, 1999), a discussion of caring for children with type 1 diabetes (Bowes, Lowes, Warner, & Gregory, 2009), interventions for community nurses to help assist families resolving chronic sorrow (Gordon, 2009), and interventions for suffering related to chronic sorrow (Melvin & Heater, 2004).

Evidence of empirical testing/research support/validity: The theory was derived from multiple research studies and a review of the literature.

The Burke/CCRCS Chronic Sorrow Questionnaire is an interview guide comprising 10 open-ended questions that explore the theory's concepts.

Research using the questionnaire includes investigation of chronic sorrow among cancer patients (Eakes, 1993), chronic sorrow in chronically mentally ill individuals (Eakes, 1995), chronic sorrow in women who were victims of child abuse (Smith, 2009), chronic sorrow in parents of children with neural tube defects (Hobdell, 2004), chronic sorrow and coping in families of children with epilepsy (Hobdell et al., 2007), and chronic sorrow among patients with multiple sclerosis (Isaksson & Ahlstrom, 2008). Further, a second instrument designed to measure chronic sorrow (Kendall, 2005) has been developed.

Use by nursing educators, nursing researchers, or nursing administrators: The references listed previously indicate that the theory has been used in practice and research. Other studies have cited the work of Eakes and colleagues related to chronic sorrow (Eakes, 2013).

Social relevance: Theory is relevant to individuals, families, and groups, irrespective of age or socioeconomic status.

Transcultural relevance: Theory is potentially relevant across cultures; theorist notes that "relevance for various cultural groups should be explored" (Eakes et al., 1998, p. 184).

Contribution to nursing: Authors note that the theory is applicable to different groups, but more study is needed to test the theory and to identify strategies to reduce disparity created by loss (prescriptive interventions). Despite the relative newness of the theory, there is a growing body of nursing literature reporting on use both related to interventions and research (Eakes, 2013).

Conclusions and implications: The theory is useful and appropriate for nurses practicing in a variety of settings. Implications for research were described and implications for education can be inferred. Further development of the theory is warranted to better explicate relationships and operationalize the concepts and propositions to allow testing.