Hybrid Model of Concept Analysis by Anita Catlin, DNSc, FNP, FAAN, Research and Ethics Consultant

Concept analysis in nursing refers to a multifaceted analysis of a term. Examples for holistic nurses might be deeper looks into the concepts of therapeutic touch, caring or alternative medicine. The concepts chosen for analysis by nurses are often those felt deeply about and used in research and practice.

Concept analysis is initiated by thinking:
- "What is it that I am interested in?"
- "How would this term be defined in the Webster’s or Oxford dictionary?"
- "What similar terms can describe this concept?"

This would be followed by a literature search. The intent is to find a term or terms similar to the one being looked at. Decisions are made on time frames. Data may come from long ago, when Florence Nightingale, for example, defined "hygiene," or from more recent times, such as "what is a rapid response?" Articles are sorted into which articles actually contributed to the meaning of the term, and which articles were not useful in the analysis. It is common to start with more than 100 abstracts and hone down to 25 articles. The literature is then closely scrutinized to develop a definition of the concept for nursing. Defining the concept begins with several components:
- Attributes of the concept ("What is contained in it?")
- Antecedents to the concept ("What has to occur for the concept to take place?")
- Consequences of the concept ("When the concept occurs, what happens?")

Cases are then developed; a perfect example of the concept in narrative form, borderline cases, and opposite cases. At the end, a discussion occurs as to how the concept can be theoretically applied to nursing and implications for clinical practice.

After some years of conducting concept analyses, Schwartz-Barcott and Kim (1993) took the analysis further calling the process hybrid analysis and included fieldwork. It was suggested that after the literature review, definitions, attributes, antecedents and consequences were studied, the researcher must go into the clinical area and test the concept.
- "Did the concept appear in reality as it did in theory?"
- "Were the definitions correct?"
- "Do the people affected by this concept agree?"
- "What are their opinions of how the concept is used?"
- "How do nurses apply the concept?"
- "Will it work in clinical practice?"

Various methods of testing the concept can be done such as focus groups, surveys, and interviews. The researcher attempts to gather real time information from those who use or will use the concept. Clinical reality may influence, change and/or verify that the concept is correctly defined and useable.
An example of concept analysis in holistic nursing is Makaroff (2012) who provided an interesting analysis on the "unsayable." Going back to 1959, she reviewed 1557 articles and texts that might contribute to when there were topics in patient care that simply could not be talked about, were taboo, or were not consciously expressed through language.

In another example, Catlin and colleagues (2008) were concerned about patients at the end of life receiving technological life extending therapies, which seemed to be causing suffering. The concern was that the nursing care being delivered was not of benefit to the dying patient and was perhaps causing harm. Conscientious objection to care orders that cause suffering at the end of life was considered. A concept analysis of the literature was conducted with much of it from the military rather than from nursing. After defining the concept, attributes, antecedents, and consequences of conscientious objection, these researchers surveyed 66 nurses concerning their feelings about conscientious objection to futile care in neonatal and pediatric patients. Recommendations for practice came from both the theoretical work and clinical reports of the surveyed nurses.

Concept analyses provide clarity when a nurse wishes to implement a new program or begin an intervention study. Holistic nurses will find that using concept analysis will benefit patients through increased knowledge of the evidence backing the care provided.

**References**


