

## A guide to understanding theoretical and conceptual frameworks

Mentioning 'theoretical framework' or 'conceptual framework' to midwives is likely to be met with either silence, a shrug of the shoulders or an arched eyebrow that says 'I know what you are talking about, but please don't ask me too much about it'. These reactions are understandable, but I hope that this brief editorial will help novice researchers, educationalists and clinical midwives to grasp the essence of theoretical frameworks and their potential contribution to midwifery practice.

A theoretical framework can be thought of as a map or travel plan. When planning a journey in unfamiliar country, people seek as much knowledge as possible about the best way to travel, using previous experience and the accounts of others who have been on similar trips. 'Survival advice' and 'top tips' enable them to ascertain the abilities, expectations and equipment that may help them to have a successful journey with good outcomes, to achieve their objectives and return to base safely.

At the start of any research study, it is important to consider relevant theory underpinning the knowledge base of the phenomenon to be researched. By addressing simple questions, the researcher can begin to develop a loosely-structured theoretical framework to guide them. The following questions have been adapted from Slevin and Basford (1999: 298):

- What do I know about the phenomenon that I want to study?
- What types of knowledge are available to me (empirical, non-empirical, tacit, intuitive, moral or ethical)?
- What theory will best guide my midwifery practice?
- Is this theory proven through theory-linked research?
- What other theories are relevant to this practice?
- How can I apply these theories and findings in practice?

In considering these questions and critically appraising the literature, the quantity of information that emerges can be cumbersome, and it is often unclear whether it can be brought together to build something meaningful, aesthetically pleasing and scientifically sound. To address this, researchers consider many constructs or permutations – amalgamations, definitive properties, relationship differentials, knowledge derivatives and practice outcomes and effects. This search for theoretical understanding and its translation into meaningful practice is what is done when developing a theoretical or conceptual research framework. This framework must have a clear practice outcome, if it is to be of clinical relevance.

Having considered knowledge outcomes from the literature carefully, permutations or links between these can be projected and predictions made on how relationships might impact on outcomes. These concepts move from being completely abstract and unconnected to becoming a tentative or loose framework to explore and test theory. Alternatively, relationships between different concepts can be observed using grounded theory research, and used alongside theoretical constructs to test emerging theories by deliberately manipulating the variables.

Research is a journey toward an endpoint – to develop new knowledge that will contribute to practice – and a theoretical map provides a guide. In the case of a field trip, it can be theorised that factors such as body mass index and fitness levels may determine whether individuals will achieve their objectives

or not. These assumptions are based on knowledge and understanding of environmental stressors, personality traits, for example. Similar processes of enquiry and synthesis of data are required in developing a theoretical research framework.

Initial preparatory work leads to the identification of certain factors that are likely to have an impact on the outcome – this can be likened to a crystallisation process in which emerging or tentative factors that are relevant to the research study begin to make themselves visible. The next stage of the process involves mapping out or visualising these theoretical threads to form some diagrammatic representation of inter-relatedness. Imagination is important to avoid producing linear or circular diagrams. Successful theoretical constructs such as Maslow's pyramidal hierarchy of needs or Bruner's spiral theory of learning can provide inspiring mental images of frameworks that have anchored previous knowledge and theory development.

Researchers often get excited by the 'aha' moment, when they begin to 'see' the relevance of theories about adaptation, motivation and decision-making, for example and how they can help formulate research questions, select an appropriate research design and report findings within a structured framework. This is only the beginning of the theoretical journey – once the relevant theories or constructs have been identified, their place in the caring context clearly articulated and tentative relationships between them posed, the research study can progress rapidly. However, it is important to review the framework and synthesise data outcomes at each stage of the research process to further develop, test or confirm relationships between the variables. The theoretical framework evolves and develops until it becomes refined and burnished, to emerge as a robust outcome of the research.

The process of designing a theoretical framework is developmental and experiential. I would argue that the personal journey is a life-changing event for many researchers, and one that should not be feared. The journey toward theoretical 'know how' and 'know what' is worthy of careful planning and preparation. It starts with reading the literature, asking basic questions, describing and defining relationships and proposing potential links between emerging factors. The end result of sound theoretically-based research is filtration and absorption of knowledge that trickles and merges into the thought processes and senses of clinicians. If midwifery research is to be efficacious and effective, its contribution must be made visible – better research, underpinned by sound theory and leading to demonstrable effects on practice.

### References

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