**Introduction**

The middle range theory provides a focus on research, an objective, and focuses for the application in nursing practical . It also provides speculative outlines and guidance to practiceon my profession, I am able to form foundational knowledge on patients whereabouts helping me incorporate their desires. Research is vital to direct evidence-based practice involvements for better patient results. This application also shows how sufficient experience and education with be effective in coping with workload and providing health care services which lead to reduced mortality rates, increased patients satisfaction and improves healing process.

Middle range theory can be defined as a set of related ideas that are focused on a limited dimension of the reality of nursing. Middle range theories are developed and grow at the intersection of practice and research to provide guidance for everyday practice and scholarly research rooted in the discipline of nursing. The concept originates in the 1950s in the sociological theory of Robert K. Merton, where it is conceived as a scale of abstraction in the process of linking low-level empirical data to high-order theories about culture.

According to Melies (2012) “Middle-range theories are at those levels of conceptualization that could inform nursing practice and research, and thus continue the cycle of advancing foundational knowledge and enhancing quality care”.

In middle range theory approach and intervention there are some aspects considered in order to come up with the desired understanding and choice of the theory namely;

* The phenomenon modelled.
* The elements of the model and their properties.
* The relationships it postulates.

There are three widely used middle range theories;

1. Orlando's theory of the deliberative nursing process.
2. Peplau's theory of interpersonal relations.
3. Watson's theory of human caring.

**Application of middle range nursing theory**

framework of systematic organization - in this case I am able to elucidate the patient’s integrated dimensions of individual functioning, family relationships and their spiritual concepts. This helps me to explore the spiritual beliefs of my patients and learn how to address the patient’s unique needs within the family or the environment. The intimate connections with my patients help them to belief more on what they hear from me and addresses their wellbeing as far as their health is concerned helping them grow. This helps me gain control between the patients and his/ her desires.

The theory of comfort outlines that when the goals of a patient a met, he/ she feels better when been handled with by either the nurse of the family. This helps me to gain more access to the patients desires that he/she is expectant thus corresponding to well diagnosis and examination of the patients’ infections. This enables me have clear results thus detailed information.

The theory of maternal role attainment indicates the procedures and tasks of how to handle a mother. This is brought about by the fact that becoming a mother is encompassed by dynamic transformation and the personal development and attributes of the woman. This helps me lead her correspondence to her abilities and characters.

In the case of a nurse as a wounded healer, the theory helps me in understanding the qualitative analysis of therapeutic and less therapeutic nurse-client relationships with the wounded healer archetype. This helps me understand how the patients feel and integrate the concepts in dealing with addicted patients.

The middle range nursing theory under the synergy theory also helps in testing my competencies. When nurse competencies stem from patient needs, and the characteristics of the nurse and patient match, synergy occurs. This synergy enables optimal outcomes. This also helps me to identify the needs of the patients so as to ease interactions and test my capabilities on how to handle the patients. It also tests my progress in patients handling and certification of my works. The Synergy Model emphasizes the importance of alignment between patient needs and my competencies in achieving optimal outcomes and my desired satisfaction and gaining detailed information.

In the behavior section, it advocates the fostering of efficient and effective behavioral functioning in the patient to prevent illness. The patient is defined as a behavioral system composed of seven behavioral subsystems: affiliative, dependency, infective, eliminative, sexual, aggressive, and achievement. This helps me know that when the behavioral system has balance and stability, the individual’s behaviors will be purposeful, organized, and predictable. Imbalance and instability in the behavioral system occur when tension and stressors affect the subsystems’ relationship or the internal and external environments of my patients. It also helps me maintain their behaviors by maintaining the optimum level of desires.

Theoretical model of quality, based on an organismic worldview, provides a framework for understanding health care quality. This reproductively developed model incorporates ethical and economic concepts: value, beneficence, prudence, and justice. It helps me in viewing patients and families as equal partners with providers in defining, evaluating, and achieving health care quality thus avoiding judgment on some undeveloped families in undeveloped countries.

It has assisted me by aiding the understanding of patient’s behavior, providing interventions, and possible strategies for its effectiveness (Peterson and Bredow, 2013).

The middle range nursing theory brings in the aspects of holistic care. Holistic care or practice is comprehensive in nature and covers the patient’s total well-being; it is also called comprehensive counseling. A holistic approach means that a counselor is informed about the patient’s whole life. This helps me identify the patient’s data to outline all the details that he/ she experienced hence enabling me have more understanding of what they are facing. This encourages me on better relationships and quick accurate decision making.

It helps me with a clear perspective to pursue difficult situations and predict a clear direction for intervention on a particular problem.

The middle range nursing theory helps me understand better the reasoning behind using care procedures, which outcomes those procedures might yield, and how to optimize practices for the future of care. This reduces mistakes and rational decisions that can harm my patients.

Orem’s self-care deficit theory it suggests that patients are better able to recover when they maintain some independence over their own self-care. This includes self-care demand and agency. In this case I as the nurse educates me on the importance of maintaining self-care for the patients for quick recovery.

Theory of unpleasant symptoms (TOUS) has been used in the methodological design and analysis of symptom. This helps me in the identification of the pediatric self-report am examining as per the experience attained on the same problem. This helps in analyzing the patient’s illness and doing a proper diagnosis to bring back the appropriate medication. I can use this model to clarify patients' perceptions of risk and why they behave in a way that is harmful; this enables nurses to apply strategies that influence patients to make healthy lifestyle changes. Patients' perceptions can be affected by age, sex, and personality.

The Health Belief Model is a theoretical model that I can use to guide health promotion and disease prevention programs. I can use to explain and predict individual changes in health behavior. It also helps notes that each person has unique personal characteristics and experiences that affect subsequent actions. The set of variables for behavioral specific knowledge and effect have important motivational significance. These variables can be modified through nursing actions and control patient’s traits and characters for optimal health care.

**CONCLUSION**

When we apply the middle range nursing theory in our profession they will be useful in addressing the problems of nursing, especially among vulnerable populations. Although middle-range theories address specific phenomena within nursing practice, the theories are broad enough to be applied to a variety of patient populations, and across many practice settings worldwide. They also offer connections between the patients and us nurses.

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