NCMA110

Coverage:

1. Introduction to nursing (Profession)
2. Terminologies
3. Evolution of nursing
4. Metaparadigm

NURSING

As an Art

- As a professional nurse you will earn to deliver care artfully with compassion, caring, and respect for each patient's dignity and personhood.

As an Science

- Nursing practice is based on a body of knowledge that is continually changing with new discoveries and innovations.
- Evidenced based practices nursing concept, theories, science subjects

Profession

- An occupation that requires extensive education or a calling that requires special knowledge, skill, and preparation.
- A profession is generally distinguished from other kinds of occupations by:
  - **a)** Its requirement of prolonged, specialized training to acquire a body of knowledge pertinent to the role to be performed.
  - **b)** An orientation of the individual toward service, either to a community or to an organization
  - **c)** Ongoing research
  - **d)** A code of ethics
  - **e)** autonomy
  - **f)** Professional organization.

Terminologies:

- **Professionalism**
- Refers to professional character, spirit, or methods. It is a set of attributes, a way of life that implies responsibility and commitment.
- **Professionalization**
- Is the process of becoming professional, that is, of acquiring characteristics considered to be professional.

Level of Proficiency Nurses (By Patricia Benner)

1. **Novice**
- Nursing student
- Entering new field
2. **Advanced beginner**
- Have few experience
3. **Competent**
- 2-3 years' experience
4. **Proficient**
- 3-5 years' experience
- Can assist novice nurses
- Can readily transfer knowledge gain from multiple previous experiences.
5. **Expert**
- A lot of experience
- Supervisor, head nurse

Scope and Standards of Nursing Practices

- Provide a specified service according to standards of practice and to follow a code of ethics (ANA, 2015)
- Professional practice includes knowledge from social and behavioral sciences, biological and physiological sciences, and nursing theories.
- Nursing practice incorporates ethical and social values, professional autonomy, and a sense of commitment and community (ANA,2010b)

a) Promote health and wellness
b) Preventing illness
c) Restoring health
d) Caring for dying

Professional Responsibilities and Roles:

1. Autonomy and accountability
- This is an essential element of professional nursing that involves the initiation of independent nursing intervention without medical orders.
2. Caregiver
- Maintain/ regain health of the patient.
3. Manager
4. Advocate
- You protect your patient legal rights and provide assistant in certain rights
5. Communicator
- Good communicator
6. Educator
- Explain concept, procedures and facts about the health to patient

Nursing education:

1. Licensed practical/ vocational nursing program
- Assistant nurses
2. Registered nursing programs
- Baccalaureate degree programs
3. Graduate nursing programs
- Master's Degree Program
- Doctoral Programs (PhD)
4. Continuing education
- Updating skills/ experience

Expanded Career Plans:

1. Nurse practitioner
2. Nurse anesthetist
3. Nurse educator
4. Nurse midwife
5. Nurse researcher
6. Nurse administrator
7. Forensic nurse
8. Nurse entrepreneur
9. Military nurse
10. Flight nurse

"Theory without practice is Empty; Practice without theory is blind."

Common terminologies:

1. **Philosophy**
- Belieafs and values that define a way of thinking and are generally known and understood by a group or discipline.
2. **Nursing philosophy**
- Declaration of a nurse's beliefs, values and ethics regardunf their care and treatment of patients while they are in nursing profession.

Core values:

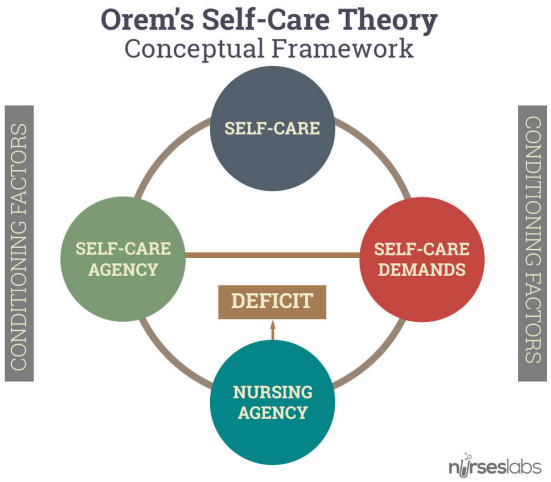
- Social justice
- Safe, compassionate and ethical care
- Health and well-being
- Respect
- Accountability

3. **Theory**
- A belief, policy or procedure proposed or followed as the basis of action
4. **Nursing theory**
- Body of knowledge that describes or explain and is used to support nursing practice.
    - Explains
    - Describes
    - Predicts
    - Prescribes

5. **Concepts**
- Building blocks of theories
- They are primarily the vehicles of thought that involve images

6. **Models**
- Representations of the interactions among and between the concepts showing patterns.

7. **Conceptual framework**
- A group of related ideas, statements or concepts
- Set of interrelated concepts that symbolically represents and conveys mental image of a phenomenon



8. **Process**
- Series of organized steps, changes or functions intended to bring about the desired result.

<u>The Nursing Process:</u>
- Diagnosis – what is the problem
- Planning – make a plan to solve the problem
- Implementation – putting the plan into action
- Evaluation – did the plan work?
- Assessment – data

9. **Paradigm**
- To a pattern of shared understanding and assumptions about reality and the world; worldview or widely accepted value system.
- concepts

10. **Metaparadigm**
- The most general statement of discipline and functions as a framework in which the more restricted structures of conceptual models develop.
- Specific concepts
  - Person
  - Health
  - Nursing
  - Environment

What can actually Nursing theory do for a nurse?

1. **Improves** nursing practice
2. **Strengthens** the nursing focus of a care
3. **Provides** consistency to nursing communication and activities
4. **Improves** the health and quality of life for;
   a) Persons
   b) Families
   c) Communities

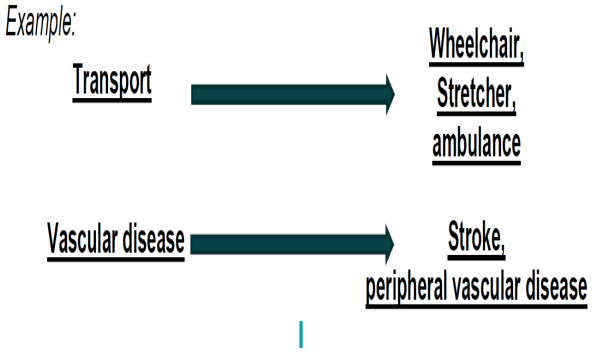
Components of nursing theory:

1. <u>Phenomenon</u> – issues, events, previous experience
2. <u>Concepts</u> -
3. <u>Definition</u> – giving definition/ explanation in concepts
4. <u>Relational statements</u> – cause and effect, relationships
5. <u>Assumptions</u> – testing

Concepts:

Abstract concept
- General – grand theory

Concrete concepts
- Specific – middle range theory



Abstract concepts Concrete Concepts

Source of concepts:
- **Naturalistic concept**
  - Seen in nature or in nursing practice.
- **Research-based concept**
  - The result of conceptual development that is grounded in research processes through qualitative, phenomenological or grounded theory approaches
  - Previous topic of research

Category of nursing theory:
(*Accdg. to Martha Raile Alligood 2017)*
1. Nursing philosophy
   - Works of Nightingale, Watson, Ray, and Benner are categorized under this group.
2. Nursing conceptual models
   - Conceptual models of Levine, Rogers, Roy, King, and Orem are under this group.
3. Grand nursing theories
   - Are works derived from nursing philosophies, conceptual models, and other grand theories that are generally not as specific as middle-range theories.
4. Middle-range theories
   - theories are that of Mercer, Reed, Mishel.

Historical Sketch:
1. Curriculum era
- Focuses on what must be studied and learned to become a nurse from hospital-based diploma program into college and nursing.
2. Research era
- Nurses started to be introduced and integrated in the nursing curriculum.
3. Graduate education era
- From BSN to master Program (nursing models and nursing theory course)
4. Theory era
- Contemporary phase where the emphasis is on theory-based nursing practice and theory development.

EVOLUTION OF NURSING

- Shiphrah and Puah
  - They rescue baby moses
  - They hid him in order to save his life
  - Ditto nagsimula ang nursing.

Ancient Civilization
- Nursing was noted to be as old as time.
- Started from: instinct, human nature nurturing, caring behavior
- The term **Nurse** – originated from the Latin word "Nutire" or Nurture in English – meaning it's to suckle or to feed the baby.
- **Wet nurses** – the women who breastfeed somebody else baby.
- Man was Doctors; Women was Caregiver

- **Illness** – considered to be a cursed from evil spirit; they use physical harm to take away the evil spirit.

Egyptians Rites

- Health and healing beliefs of ancient civilization
- Superstition and magic\injuries from wars and other tragic event.
- Injuries from wars and other tragic events.
- Repairing and suturing wound
- Planning to decrease public health problems.
- They started out a calendar method and the writing.

Palestinian Time

- Under the leadership of Moses, hydrous develop mosaic code which represented the one of the first organized method of disease control prevention.
- It contain public loss that did not allowed to eat a slaughtered animals longer than 3 days.
- Communicable disease – they are being isolated in the public and only when the priest considered them healed is the only time that they can back home.
- Home visit only

Greek (Greece)

- 15 ~ 100 BC
- Greek mythology
- God Asclepius – god of medicine; pinatayuan sya ng temple na nagsisilbing hospital.
    - Athena
    - Zeus
    - Poseidon
- **Hippocrates**
    - Known as a Greek physician.
    - Invented Hippocratic Oath – you need to see the evidence that happening to patient before you conclude the condition of patient.
    - Considered as the most outstanding figures of history of medicine.
    - He encourage health care providers to look not just on the physical part of the patient that has an ill. But also **the environment where the patient is.**
- Basket Healers – assistant of the priest.

Indian Period (Hindu)

- 2000 ~ 1200 BC
- **Vedas** – books that contains spices and herbs, magic and charms use for healing.
- Prenatal and childhood illness.
- Started performing cesarean deliveries.
- Women at this time were primarily responsible for caring for the home and the family.

Chinese Period

- They practice stitching confuses.
- The most important of tradition in china is the belief about health and illness being on the balance using the yin and yang technology/philosophy.
- **Yin and yang** – the imbalance of this will result as an illness. They should be interconnected and interdepended in the natural world.

Roman Empires

- During the military dictatorship wherein they try to slave physicians, they ask them to cure the ill people.
  - **Doctor Galen**
    - Greek physician
    - Expand his knowledge about anatomy and physiology, pathology, and medical therapeutics.
    - Discover the importance of anatomy and physiology.

Middles Ages

- Women used herbs; men used linta
- Most of the changes of health care were based on Christian concepts and charity.
- Wife's emperor were the nurse and noble women in society.
- Women who are not trained as midwife – they are forbidden to witness childbirth.

Renaissance period

- AD 1350 ~ AD 1650
- Revirth of the sience of medicine (European country)
- Dark ages of nursing
- first anatomy book published

- Michelangelo and Leonardo da Vinci
  - Draws the human body.
  - Development of the printing press allows knowledge to be spread to others.
- Michael Servetus
  - Describes the circulatory system in the lungs.
- Roger Bacon
  - Promotes chemical remedies to treat disease
  - Average lifespan was 30-40 years.

Sisters of Charity

- Established by St. Vincent de Paul in France.
- Congregation for radical innovation during the 17th century.
- At first they dedicated their nursing skills to the poor in their homes.
- Hey eve recruited your women for training in nursing and develop educational programs and cared for the abandoned children.

- **Order of the Deaconesses**
  - Founded in Kaiserwerth, Germany.
  - Kaiserwerth – founded by Pastor Theodor Fliedner and his wife Friederike Munster 1836.
  - Recognized the role of women in taking care for the sick
  - Initiated the establishment of training school for nurses.

FLORENCE NIGHTINGALE

- 1820 – 1910 (from Florence)
- Mother of the modern nursing
- An English lady from a wealthy family during the Victorian era.
- Crimean war
- "Lady with the Lamp"
- **1845** – she want to train to be nurse
- **1851** – her parents finally permitted her to pursue nursing training
- **1860** – started her training in Kaiserweth (3 months – long)

Prior to Florence Nightingale is the Dark Age for nursing because…

Nursing considered as…

- A very low job in terms of social hierarchy
- A job for the uneducated and poor
- A desperate occupation

Florence Nightingale changed the image of Nursing…

- 1860 – Nightingale laid the foundation of professional nursing when the first school of nursing was established.
- St. Thomas hospital
- This marked the birth of modern nursing
- 1854 – She started training the nurses.
- During the Crimean war, she requested to help in the military hospital.

Transformation of nursing into a profession

Nightingale describe Nursing as…

- Science – nursing is a body of scientific knowledge using empirics.
- Art – nursing has its own proper of doing things and applying knowledge.

Nursing as an Art

- It is the art of caring sick and well individual.
- It refers to the dynamic skills and methods in assisting sick and well individual in their recovery.

Nursing as a Science

- It is the body of abstract knowledge arrived through scientific research and logical analysis.

Nursing as a Profession

- A calling in which its members profess to have acquired special knowledge by training or experience or both so that they may guide, advise or save others in the special field.
- According to American Association, Professional Nurses and compasses upon a passion for increasing well-being for patients, a desire to provide specialized skills and grow as a nurse.

Significance of Nursing Theory:

- Discipline
- is refers to a branch of education, a department of learning, or a domain of knowledge.
- Profession
- Refers to a specialized field of practice founded on the theoretical structure of the science or knowledge of that discipline and accompanying practice abilities.
- We need to follow the code of ethics

History and Philosophy of Science

Rationalism

- Emphasizes the importance of a priori reasoning as the appropriate method of advancing knowledge.
- **Priori Reasoning** – use deductive logic by reason from the cause to effect or from a generalization to a particular instance.

Paul Reynolds

- 1971
- Labeled this approach theory then research

Albert Einstein

- Rationalist view very evident in his work
- Theoretical approach – that attempts to understand the root cause of something and construct a predictive model that explicitly say when the event will happen again.

Francis Bacon

- Believed that scientific truth was discovered through generalizing observed facts in the natural world.
- Inductive reasoning – it aims to develop a theory based on evidences that you got

Empiricism

- Based on the central idea that scientific knowledge can be derived only from sensory experience.
- Specific to general

Burrhus Frederic Skinner (B.F. Skinner)

- Asserted that advances in the science of phycology could be expected if scientist would focus on the collection of empirical data.
- Operant conditioning – ideas that behavior determined by consequences.
- Reward and punishment.

Early 20th century views of science and theory

- **First half of 20th century**
  - Philosophers focused on the analysis of theory structure.
  - Scientist – focused on empirical research
  - Positivism – term used by **Auguste Comte** emerged as the dominant view of modern science.
  - Believed that empirical research and logical analysis (deductive and inductive) were two approaches that would produce scientific knowledge. (deductive reasoning – proving)

Late 20th century:
Michael Foucault

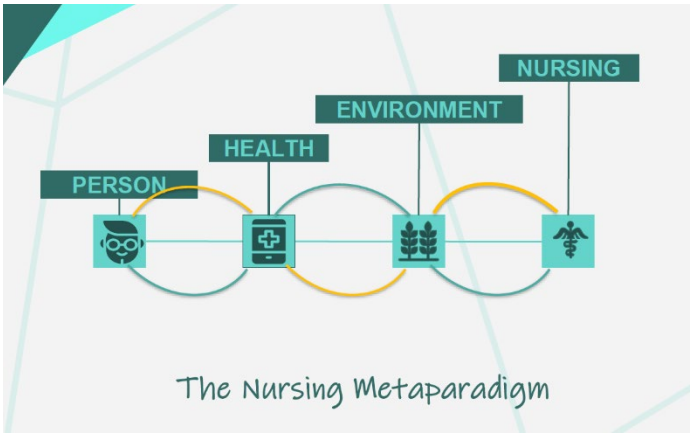
- Epistemology (knowledge) and Psychological tormented.
- He stated that empirical knowledge was arranged in different patterns at a given time and in a given culture and that humans were emerging as object of study.
- His book "The Order of Things: an Archaeology of the Human Sciences"

Harold Brown

- Set forth a new epistemology challenging the empiricist view proposing that theories play a significant role in determining what the scientist observes and how it is interpreted.
- Each individual has its own interpretation of a certain issue/experience, based on their exposure education and knowledge.

NURSING METAPARADIGM

- The board conceptual boundaries of the discipline of nursing, human beings, environment and health.



Person

- Also referred to as client or human beings
- The recipient of nursing care and may include:
  - Patients
  - Groups
  - Families
  - Communities
- Each person is treated and regarded as unique and autonomous.

- The care structure considered the person is spiritual, social and health care needs.
- The person is empowered to manage his/her health and well-being with dignity and self-preservation with positive personal connection.

Health

- Is defined as the degree of wellness or well-being that the client experiences.
- Characterized as one with multiple dimension in a constant state of motion.
- Not mainly focus at physical aspect but the totality as a person.

Environment

- Is defined as the internal and externals surrounds that affect the client.
- How a person continuously interacts with his/her surroundings is a very on health and wellness.
- Physical and Social Factors:
    - Economic conditions
    - Geographic location
    - Culture
    - Social connection
    - Technology

Nursing

- The attributes, characteristics and actions of the nurse providing care on behalf of or in conjunction with the client.
- Main goal: to improve patient care
- Skills: medical knowledge, technical skills and nursing care.

Nursing metaparadigm of Different Nurse Theorist:

Florence Nightingale

a) Person
   - A multidimensional being, that includes biological, psychological, social and spiritual components (Selanders, 2010)

b) Health
   - Viewed as the combined result of environmental, psychological and physical factors, not just the absence of disease (Parker, M. E., 2005).

c) Environment
   - "What nursing has to do is to put the patient in best condition for nature to act upon him."

d) Nursing
   - Nightingale's writings reflect a community health model in which all that surrounds human beings is considered in relation to their state of health.

Orem

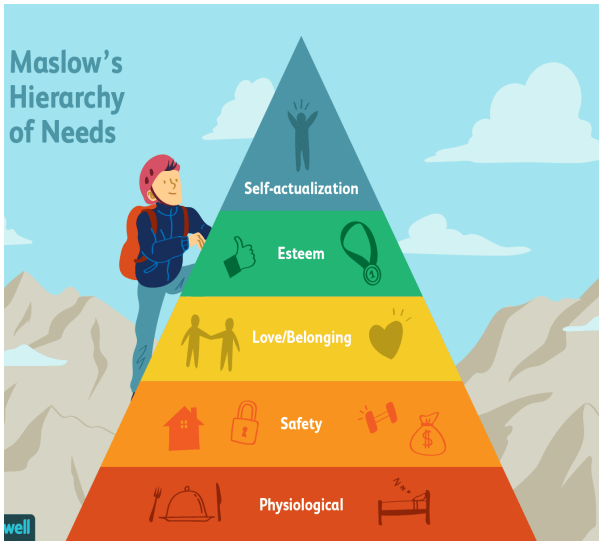
a) Person
   - Humans are defined as "men, women, and children cared for either singly or as social units." And are the "material object" of nurses and others who provide direct care.

b) Health
   - "Being structurally and functionally whole or sound."

c) Environment
   - The environment has physical, chemical, and biological features. It includes the family, culture, and community.

d) Nursing
- Nursing is an art through which the practitioner of nursing gives specialized assistance to persons with disabilities which makes more than the ordinary assistance necessary to meet needs for self-care.

Maslow's Hierarchy of Needs



Psychological needs
- Necessary for survival
- Highest priority and must be met first
- Includes: food, water, breathing, homeostasis, nutrition, air, temperature regulation, shelter clothing, sleep/rest, sex

Safety
- Contributes largely to the behavior at this level.
- Includes: financial security, freedom from harm, psychological safety and physical safety.

Love/Belonging
- A need to form or maintain social connections.
- Includes: friendship, romantic attachment family, social groups and religious groups

Esteem
- People need to sense that they are valued and by others. And feel that they are making contribution to the world.
- Includes: self-esteem, personal worth, need for appreciation, respect

Self-actualization
- Involves the need to fulfill your total potential and to become the best that you can possibly be.

How to prioritize the patient and prioritize the problem:
- By using your Maslow's Hierarchy of needs and ABC
- **ABC** – A-Airway, B-Breathing and C-Circulation (gagamitin to pag parehas sila ng physiological needs at d mo alam kung sino uunahin mo)

Lahat yan galing sa ppt, at kumuha din ako sa notes ko at reviewer ni sarah sa evolution. Kaya yun iba medyo mahaba HAHAHA tsaka yun mga name ng tao dyan tama lang yun spelling nyan, sinearch ko pa yan isa isa kung tama bay un spelling nun name nila HAHA Kaya natin to guys!! Study well ☺
- Aki

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COVERAGE:

1. Eriksson, Watson and Benner
2. Rogers and Orem
3. Johnson, Roy and Neuman
4. Meleis, Leininger, Newman and Parse
5. Hall, Travelbee and Orlando
6. King, Barker and Reed
7. Peplau, Mercer and Beck
8. Mishel and Pender
9. Swanson, Boykin & Schoenhofer

Eriksson, Watson and Benner

THEORY OF CARITATIVE CARING (Katie Eriksson)

- means that we take "caritas" into use when caring for the human being in health and suffering.
- a manifestation of the love that 'just exist',
- **Caring communion or true caring**
  - occurs when the one caring in a spirit of caritas alleviates the suffering of the patient.
- **Caritas** – an art of giving a nursing care that is unconditional love
- **Main goal of the nurse in this theory:**
  - to alleviates the suffering and serve life and health.
  - once you got involved in an alleviating the suffering of the patient you are already rendering caritas
  - and once you start rendering caritas, you are involving your patient in the caring communion.

Katie Eriksson

- Finland-Swedish nurse
- born in Nov 18, 1943 in Jacobstad, Finland.
- 1965**,** graduate of the Heisinki Swedish School of Nursing.
- 1967, she completed her public health nursing specialty education at the same institution.
- She currently works as a professor of health science at Abo Akademi University in Vaasa, where she built a master's degree program in health science and four-year postgraduate studies program leading to a doctoral degree in health sciences.

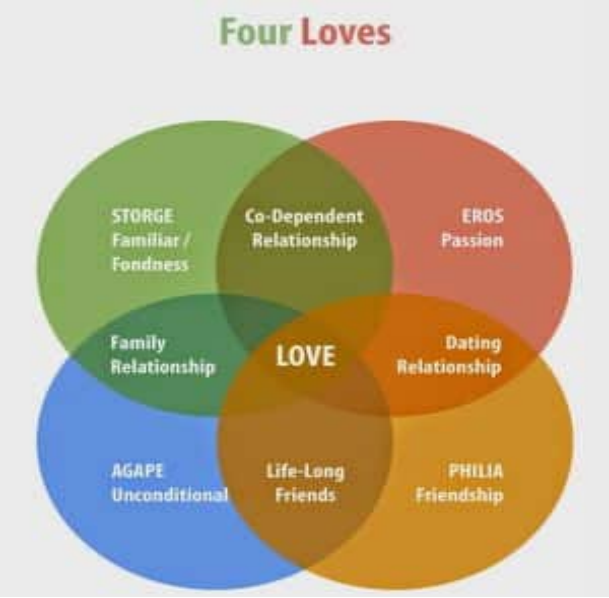
Major Concepts and Definitions

Caritas

- Means love and charity
- Eros and agape are united
- Eros – passion; agape – unconditional love
- By nature, unconditional love.

Caring Communion

- Constitutes the context of the meaning of caring and is the structure that determines caring reality.
- Characterized by intensity and vitality, and by warmth, closeness, rest, respect, honesty and tolerance.



- *How would you say that you are providing the caring communion* - if the type of environment you are providing is warm, love and closeness. And providing rest to the patient physically, mentally, emotionally. Respecting the patient despite any regardless condition of patient, and also honesty, tolerance.

Caring elements

- **The act of caring contains:** Faith, hope, love, tending, playing, and learning.
- Involves the categories of infinity and eternity and invites to deep communion.
- The art of caring is the art of making something very special out of something less special.

Caring ethics

- Comprises the ethics of caring, the core of which is determined by the caritas motive.
- deals with the basic relation between the patient and the nurse – the way in which the nurse meets the patient in an ethical sense.

Dignity

- constitutes one of the basic concepts of caritative caring ethics.
- Human dignity is partly absolute dignity, partly relative dignity.
- A human being's absolute dignity involves the right to be confirmed as a unique human being.
- Absolute dignity – it was provided to us upon in our creation, created by our parents, and you were born, you have your unique identity.
- Relative dignity - we could acquire this through our environment, the way people treat us, the way people give importance to us. They should recognize your existence.

Invitation

- Refers to the act that occurs when the career/nurse welcomes the patient to the caring communion.
- Allowed to rest a place that breathes genuine hospitality, and where the patients appeal for charity meets with a response.
- Once you embrace the patient, you introduce yourself, you start asking the patient about his condition and doing procedure for the patient using the caritas – that's already invitation.

Suffering

- An ontological concept described as a human being's struggle between good and evil in a state of becoming.
- Implies in some sense dying away from something, and through reconciliation, the wholeness of body, soul and spirit is re-created, when the human being's holiness and dignity appear.
- Reconciliation – nahold mo na un suffering mo, ikaw na nag cocontroll ng suffering mo. Nakapag recreate ka na ng bagong ikaw.

Forms of Suffering:

Suffering related to illness

- Experiences in connection with illness and treatment.

Suffering related to Care

- When the patient is exposed to suffering caused by care or absence of caring
- Which is always a violation of the patient's dignity.

Suffering related to Life

- In the situation of being a patient, the entire life of a human being may be experienced as suffering related to life.

Suffering human being

- The concept that Eriksson uses to describe the patient.
- The patient refers to the concept of "patiens" (Latin) – means "suffering"
- The patient is a suffering human being, or a human being who suffers and patiently endures.

Reconciliation

- Drama of suffering
- A human being who suffers wants to be confirmed in his/her suffering and be given time and space to suffer and reach reconciliation.
- Hindi mo pwedeng pilitin na madiliin un patient na mag adjust agad. Hanggat maaccept nya yun condition nya at magadjust/move on.
- "suffering is not holding you; You are holding suffering"

Caring culture

- the concept that Eriksson uses instead of environment.
- It characterizes the total caring reality and is based on cultural elements such as traditions, rituals and basic values.
- Respect for the human being, his or her dignity and holiness, forms the goal of communion and participation in a caring culture.

Eriksson's Metaparadigm in Nursing

Person/ The Human Being

- Based on the belief that the human being is an entity of body, soul and spirit, emphasizes that the human being is fundamentally a religious being.
- Fundamentally holy, and this belief is related to the idea of human dignity, which means accepting the human obligation of serving with love and existing for the sake of others.
- Seen as in constant becoming; he is constantly changing and therefore never in a state of full completion.
- Engaged in a continued struggle and living in a tension between being and non-being.
- The human being is fundamentally dependent on communion.

- Seeks a communion where he can give and receive love, experience faith and hope, and be aware that his existence here and now has meaning.

Environment

- Eriksson uses the concept of ethos
- The ethos of caring science as well as that of caring, consist of the idea of love and charity and respect and honor of the holiness and dignity of the human being.
- Ethos originally refers to **home**, or to the place where a human being feels at home
- Alleviating a human being's suffering implies being a co-actor in the drama and confirming his/her suffering.
- A human being who suffers wants to have the suffering confirmed and be given time and space to become reconciled to it.
- The ultimate purpose of caring is to alleviate suffering

Health

- As soundness, freshness, and well-being.
- It implies being whole in body, soul and spirit.
- As a pure concept wholeness and holiness
- To be able to consider whole (wholeness), balance between mind, body and spirit. (pwedeng sabihin na, okay ka sa physically pero mentally hindi, you are not considered as healthy); holiness – religion and faith.
- Both movement and integration.
- Movement – implies a change; a human being is being formed or destroyed, but never completely.
- Movement in time and space
- Movement – dependent on vital force and on vitality of body, soul, and spirit; the direction of this movement is determined by the human being's needs and desires; the will to find meaning, life, and love, strives toward a realization of one's potential
- Health is conceived as a becoming, a movement toward a deeper wholeness and holiness.
- As a human being's inner health potential is touched, a movement occurs that becomes visible in the different dimensions of health as doing, being, and becoming with a wholeness that is unique to human beings.

Nursing

- Caritas as the basic motive of caring
- The 2 basic forms of love – **eros and agape** are combined. The motive of caritas becomes visible in a special ethical attitude in caring, or what calls a caritative outlook.
- Caritas constitutes the inner force that is connected with the mission to care.

Caritative caring

- The innermost core of nursing
- She distinguishes between caring nursing and nursing care.
- **Nursing care** is based on the nursing care process, and it represents good care only when it is based on the innermost core of caring.
- **Caring nursing** represents a kind of caring without prejudice that emphasizes the patient and his/her suffering and desires.
- **love** – we will alleviate the pain of the patient; **charity** – we will provide the needs/desires of the patient.

In doing

- The persons thoughts concerning health are focused on healthy life habits and avoiding illness.

In being

- The person strives for balance and harmony.
- Balance of mind, body and spirit.

In becoming

- The human being becomes whole on a deeper level of integration.
- Deeper level of wholeness and holiness.

THEORY OF TRANSPERSONAL NUSRING (JEAN WATSON)

- Theory of human caring and nursing: human science and human care.
- Caring is the essence of nursing.
- TLC – Tender Loving Care

Jean Watson

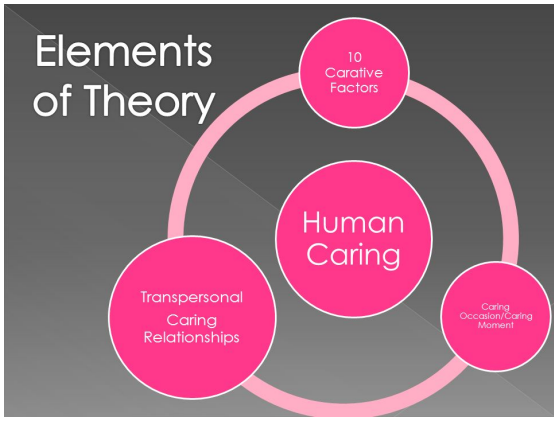
- Born on June 10, 1940 in West Virgina
- Received her BSN from the University of Colorado in 1964
- 2013 – she was awarded the American Academy of Nursing's 'Living Legend' award, its highest honor.

The Theory of Human caring and 10 Caritas Processes

- Which serve as a blueprint for professional nursing practice.
- You could be able to provide human caring to a patient if the type of caring you provide involves the 3 elements. - **10 carative factors**,

transpersonal caring relationship and **caring occasion/moment**

- Theory of caring focuses on the interpersonal and transpersonal relationship between nurse and other (self, patient, family, society, universe)
- "Human Caring is the moral idea of nursing"



The core of the Theory of Caring

- Humans cannot be treated as objects and that humans cannot be separated from self, other, nature, and the larger workforce.
- Watson views the carative factors as a guide fop the core of nursing
- **Carative** means caring with love

Transpersonal Caring Relationship

- Transpersonal – describes an intersubjective, human to human relationship that encompasses two individuals, both the nurse and the patient in a given moment.
- Describes how the nurse goes beyond the object assessment to show concern toward the person's subjective/deeper meaning of their health care situation.
- Involves mutuality between the two individuals involved.
- *Objective data* – ito un naoobservahan mo lng; *Subjective assessment* – communicating or by asking the patient about his/her condition
- Occurs during the **'caring event'**, central to Watson's view of nursing.
- Calls the nurse to go beyond the objective, physical assessment with concern for the person's deeper, subjective well-being.
- The nurse "seeks to connect with and embrace the spirits or soul of the other, through the process of caring and healing and being in authentic relation, in the moment." **(Park, 2001)**
- Goal is to protect, enhance and preserve the person's dignity, humanity, wholeness, inner harmony and overall wellbeing.
- Can be nurtured by movements, gestures, facial and bodily expressions, the sharing of information, touch, sound, etc.

TEN CARATIVE FACTORS

1. **The formation of a Humanistic-altruistic system of values**
   - Which begins at an early age with the values shared by parents.
   - The system of values is mediated by the nurse's life experiences, learning gained, and exposure to the humanities.

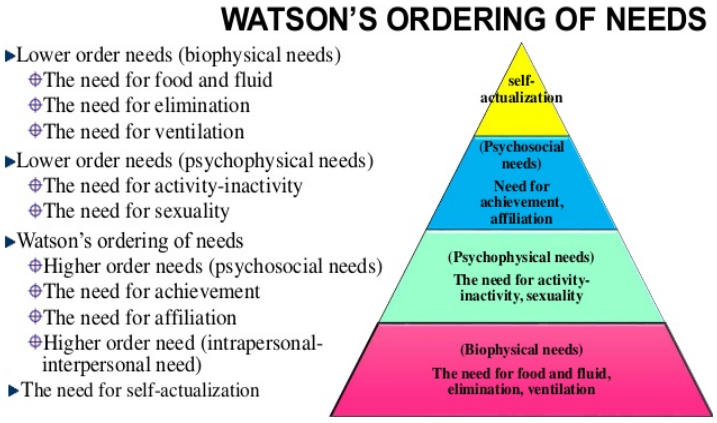
2. **The installation of Faith-hope**
   - Which is essential to the carative and curative processes.
   - When modern science has nothing else to offer a patient, a nurse can continue to use faith-hope to provide a sense of well-being through a belief system meaningful to the individual.

3. **The Cultivation of sensitivity to one's self and to others**
   - Which explores the need of nurses to feel an emotion as it presents itself.
   - The nurses promote health and higher-level functioning only when they form person-to-person relationships.

4. **The development of a helping-trust relationship**
   - Which includes congruence, empathy, and warmth.
   - The strongest tool a nurse has is his/her mode of communication, which establishes a rapport with the patient, as well as caring by the nurse.
   - Once na nagsabi na un pasyente about sa sensitive information nya, ibigsabihin pinagkakatiwalaan ka na nya.

5. **The promotion and acceptance of the expression of both positive and negative feelings**
   - Which need to be considered and allowed for in a caring relationship.
   - The awareness of the feelings helps the nurse and patient understand the behavior it causes.

6. **The systematic use of the scientific method for problem-solving and decision-making**
   - Which allows for control and prediction and permits self-correction.
   - Scientific method – it involves a process
7. **The promotion of interpersonal teaching-learning**
   - Since the nurse should focus on the learning process as much as the teaching process.
   - Understanding the person's perception of the situation assists the nurse to prepare a cognitive plan.
8. **The provision for a supportive, protective and/or corrective mental, physical, socio-cultural and spiritual environment**
   - Watsons divides into interdependent internal and external variables, manipulated by the nurse in order to provide support and protection for the patient's mental and physical health.
9. **Assistance with satisfying human needs**
   - based on a hierarchy of needs similar to Maslow's. Each need is equally important for quality nursing care and the promotion of the patient's health.
   - In addition, all needs deserve to be valued and attended to by the nurse and patient.



10. **The allowance for existential-phenomenological forces**
    - which helps the nurse to reconcile and mediate the incongruity of viewing the patient holistically while at the same time attending to the hierarchical ordering of needs.

Key components of Jean Watson's Theory

- focuses on the ten caritas processes, these are proceses Watson believes the nurse must consider and exemplify in order to be an effectively caring nurse (Alligood & Tomey, 2010)
- "**caritas**" comes from the Greek word meaning to cherish, to appreciate, to give special attention; it connotes something very fine, that indeed is precious. (Medscape Nurses, 2005)
- Watson's theory calls upon nurses to go beyond procedures and task, but instead focuses on the nurse-patient relationship resulting in therapeutic outcome and transpersonal caring process (Alligood et al., 2010)

Caring Occasion/ Caring Moment

- The moment (focal point in space and time) when the nurse and another person come together in such a way that an occasion for human caring is created.
- Both persons, with their unique phenomenal fields have the possibility to come together in a human-to-human transaction.

- Watson (1999) insists that the nurse, i.e., the caregiver, also needs to be aware of her own consciousness and authentic presence of being in a caring moment with her patient.
- Both the one care for and the one caring can be influenced by the caring moment through the choices and actions decided within the relationship, thereby, influencing and becoming part of their own life history.

Watson's Metaparadigm in Nursing

Person

- Watson defines the person as a being-in-the-world who holds three spheres of being—mind, body, and spirit—that are influenced by the concept of self and who is unique and free to make choices.

Environment/ Healing space

- can expand the person's "awareness and consciousness" and promote mind-body-spirit wholeness and healing
- importance of making the patient's room a soothing, healing and sacred place.

Health

- Person's health as a subjective experience. Health also corresponds to the person's harmony, or balance, within the mind body spirit, related to the degree of congruence between the self as perceived
- Health is a process of adapting, coping, and growing throughout life

Caring

- a transpersonal interactive process. The self and person as transpersonal "mind-body-spirit" oneness.

Nursing care

- a "way of being" rather than doing.

Summary

- Watson's present definition includes caring as a special way of being-in-relation with one's self, with others, and the broader environment.
- Such relationship requires both an intention and a commitment to care for the individual. – Caritas
- In other words, the nurse has to be conscious and engaged to care in order to connect and establish a relationship with the cared-for to promote health/healing.

THE PRIMACY CARING OF MODEL FROM NOVICE TO EXPERT NURSING MODEL (Patricia Benner)

Patricia Benner

- "The nurse-patient relationship is not a uniform, professionalized blueprint but rather kaleidoscope of intimacy and distance in some of the most dramatic, poignant and mundane moments of life."
- She was born on August 31, 1942 in Hampton, Virginia
- BSN from Pasadena College in 1964
- MSN in 1970 and PhD in 1982 at University of California
- Retired professor of University of California

From Novice to Expert

- One of the most useful frameworks for assessing nurses' needs at different stages of professional growth.
- Proposes that expert nurses develop skills and understanding of patient care over time through a proper educational background as well as a multitude of experiences.

The Dreyfus Model

- By Stuart Dreyfus and Hubert Dreyfus
- They develop this model to explain the skill acquisition but in line of sports (chess)

1. **Novice**
   - Needs recipes, monitoring and first success.
2. **Advanced Beginner**
   - Needs simple, controlled simulations.
3. **Competent**
   - Needs real world exposure.
4. **Proficient**
   - Needs unhindered practice and *"the big picture"*
5. **Expert**
   - Needs to expand knowledge and experience.

Benner's Stages of Clinical Competence

Novice

- The person has no professional background experience of the situation he/she is involved
- There is difficulty discerning between relevant and irrelevant aspects of the situation.
- Beginner to profession or nurse changing area of practice (Frisch, 2009)
- Generally, this level applies to nursing students
- Must function with a clinical instructor

Advanced Beginner

- Can note recurrent meaningful situational components, but not prioritize between them
- Develops when the person can demonstrate marginally acceptable performance having coped with enough real situations to have pointed out by a mentor
- You need help of your nurse supervisor to help you explain/define situations, to set priorities, and to integrate practical knowledge
- Nurses functioning at this level are guided by rules and oriented by task completion.
- Read books in order to explain situations

Competent

- Begins to understand actions in terms of long-range goals
- After **2-3 years** in the same area of nursing the nurse moves into the Competent stage
- Is the most pivotal in clinical learning because the learner must begin to recognize patterns and determine which elements of the situation warrant attention and which can be ignored
- Devises new rules and reasoning procedures for a plan while applying learned rules for action

Proficient

- Perceives situations as wholes (total pictures), rather than in terms of aspects
- *"The nurse possesses deep understanding of situations as they occur, less conscious planning is necessary, critical thinking and decision-making skills have developed"* (Frisch, 2009)
- After **3-5 years** the nurse moves into the Proficient Stage
- Is a qualitative leap beyond the competent
- Demonstrate a new ability to see changing relevance in a situation including the recognition

and the implementation of skilled responses to the situation as it evolves

Expert

- Has intuitive grasp of the situation and zeros in on the accurate region of the problem
- This stage occurs after **5 years or greater** in the same area of nursing
- The expert performer no longer relies on an analytic principle (rule, guideline, maxim) to connect her or his understanding of the situation to an appropriate action
- Operates from a deep understanding of the total situation

Benner's Metaparadigm in Nursing

Client/Person

- *"The person is a self-interpreting being, that is the person does not come into the world predefined but gets defined in the course of living a life."* -Dr. Benner

Health

- Dr. Benner focuses on the lived experience of being healthy and being ill
- Health is defined as what can be assessed whereas well-being is the human experience of health or wholeness
- Well-being and being ill are understood as distinct ways of being the world.

Environment/Situation

- Benner uses situation rather than environment because situation conveys a social environment with social definition
- *"To be situated implies that one has a past, present, and future and that all of these aspects… influence the current situation."* -Dr. Benner

Nursing

- Described as caring relationship
- *"Caring is primary because caring sets up the possibility of giving and receiving help."*
- Nursing is viewed as a caring practice whose science is guided by the moral art and ethics of care and responsibility
- Dr. Benner understands that nursing practice as the care and study of the lived experience of health, illness, and disease and the relationships among the three elements
- Dependent on the first 3 paradigms

Domains of Nursing Practice

1. **The helping role**
   - Creating climate for and establishing a commitment to healing
   - Providing comfort measures and preserving personhood in the face of pain and extreme breakdown
   - Presence (being w/ the patient)
   - Maximizing the patient's participation and control in his or her own recovery
   - Interpreting kinds of pain and selecting appropriate strategies for pain management and control
   - Providing comfort and communication through touch
   - Providing emotional and informational support to patient's families
   - Guiding a patient through emotional and developmental change
2. **The teaching - coaching function**
   - Capturing the patient's readiness to learn (timing)
   - Assisting patients to integrate the implications of illness and recovery into their lifestyles
   - Eliciting and understanding the patient's interpretation of his/her illness
   - Providing an interpretation of the patient's condition and giving a rationale for procedures
   - Making culturally avoided aspects of an illness approachable and understandable
3. **The diagnostic and patient-monitoring function**
   - Detecting and documenting significant changes in patient's condition
   - Anticipating breakdown and deterioration prior to explicit confirming diagnostic signs
   - Anticipating problems
   - Understanding particular demands and experiences of an illness
   - Assessing the patient's potential for wellness and for responding for various treatment strategies
4. **Effective management of rapidly changing situations**
   - Skilled performing in extreme life-threatening emergencies
   - Rapid matching of demands and resources in emergency situations
   - Identifying and managing a patient crisis until a physician assistance is available
5. **Administering and monitoring therapeutic interventions and regimens**
   - Starting and maintaining intravenous therapy with minimal risks and complications
   - Administering medications accurately and safety, including monitoring untoward effects, reactions, therapeutic responses, toxicity, and incompatibilities
   - Combating hazards of immobility, including preventing and intervening with skin breakdown,

ambulating, exercising patients to maximize mobility and rehabilitation, and preventing respiratory complications
- Creating a wound management strategy that fosters healing, comfort, and appropriate drainage

6. **Monitoring and ensuring the quality of health care practices**
   - Providing a back-up system to ensure safe medical and nursing care
   - Assessing what can safely be omitted from or added to medical orders
   - Getting appropriate and timely responses from physicians
7. **Organizational work-role**
   - Coordinating, ordering, and meeting multiple patients' needs and request - in other words, setting priorities
   - Building and maintaining a therapeutic team to provide optimal therapy
   - Coping w/ staff shortage

Key aspects of expert nurse's practice are as follows:

1. Demonstrating a clinical grasp and resource-based practice
2. Possessing the embodied know-how
3. Seeing the big picture
4. Seeing the unexpected

Shaping our Future Nurse Leaders

- New graduate nurses are the future employee pool
- Job satisfaction & retention are greatly influenced by the quality of orientation and support received by the new graduate nurse
- A positive experience will encourage the now proficient nurse to mentor novice nurses
- *"The mediocre teacher tells. The good teacher explains. The superior teacher demonstrates. The great teacher inspires."* -William Arthur

"The utility of the concept of skill acquisition lies in helping the teacher understand how to assist the learner in advancing to the next level" (McClure, 2005)

Summary

- Each step builds on the previous one as abstract principle are refined and expanded by experience and the learner gains clinical expertise.
- This theory changed the profession's understanding of what it means to be an expert, placing this designation not on the nurse with the most highly paid or most prestigious position, but on the nurse, who provided the most exquisite nursing care.

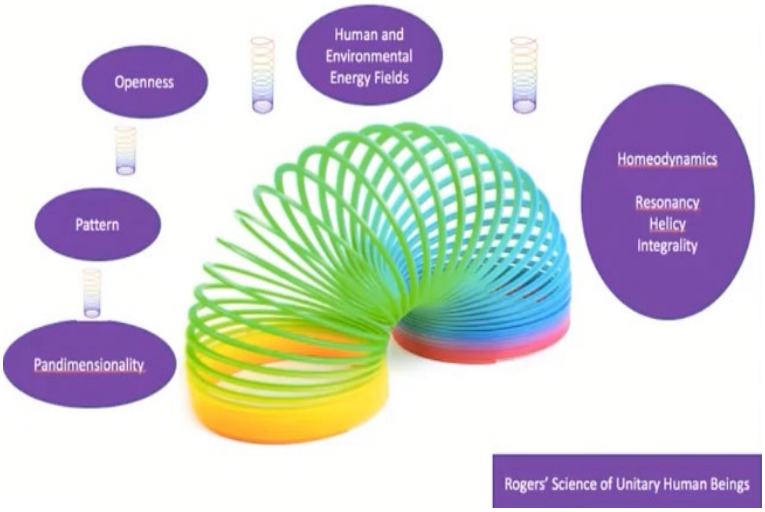
Rogers and Orem

UNITARY HUMAN BEINGS THOERY (Martha Rogers)

- she describes this in 1961 which became controversial and a topic of numerous debates.
- During that time, it was rare that anyone in a medical profession viewed human beings as anything other than the receiver of care from as nurses and doctors.
- During that time, health care providers focus on a rendering treatment.
- Rogers insisted that a person is a unitary energy system in continuous mutual interaction with the universal energy system.
- Her theory, dramatically influence nursing by encouraging nursing to consider each person as a whole being when planning and delivering care.

Martha E. Rogers

- May 12, 1914 – March 13, 1994 (80 years old)
- American Nurse, Researcher, Theorist
- Her landmark book, "Introduction to the Theoretical Basis of Nursing"
- She began her college education to studying science at the University of Tennessee
- Receiving her nursing diploma from Knoxville General Hospital School of Nursing in 1936.
- She obtain her Bachelor's degree from George Peabody College in Nashville, Tennessee, then she pursued her various Master's and Doctoral degrees.
- She was appointed professor and Head of the division of Nursing at New York University, right after graduating from John Hopkins School of Public Health were, she serves 21 years until the time that she retired in 1975.
- Following her retirement, she continued to teach at New York University and was a frequent presenter at scientific conferences throughout the world.
- She was also actively involved in professional nursing organizations and associations concerned with an educations and scholarship.
- 1979, she became professor Emerita and continued to have active role in the development of a nursing and the science of Unitary Human beings.



- In 1970, Rogers conceptual model of nursing rested on 5 basic assumptions that describes the life process in human beings.
- In her 1993 paradigm, Rogers postulated 4 building blocks for her model: Energy Fields, Universe of Openness, Pattern and Pandimensionality.
- Rogers consistently updated this conceptual model through revision of the homeodynamics principle. It was that time, also that she decided to change the wordings.
- Originally her theory called "Science of Unitary Man", she removed the word Man and change it to Human Beings because she wanted to remove the concept of gender.
- She was the first to promote gender equality.
- She emphasizes that our care for clients should be Humanistic and Humanitarian in nature. Nursing should be directed towards the unitary human and its concerned with the nature and direction of the human development.

Assumptions:

- beliefs and values that use to describe the foundation of nursing theory.

- Human being is considered as <u>whole which cannot be viewed as subparts</u>.
- The life process of human is <u>irreparable and one way</u> i.e. from birth to death.
- <u>Health and illness</u> are the continuous expression of the life process.
- The <u>energy flows freely</u> between the individual and environment.
- <u>Human being</u> possesses the ability to think, imagine, sense, feel, and can use language for expression.
- Human beings have the <u>ability to adapt</u> according to the new changes in the environment.

Concepts:

- abstract ideas that occur in the mind, in speech or thoughts; fundamental of building blocks of thoughts and beliefs; it contains 2 dimensions

- All the human being is viewed as an <u>integral part of universe</u>. *(integral part - there is continuous mutual or simultaneous interaction between human and the environmental fields)*
- Human beings and the environment have <u>energy field, nursing action</u> is directed towards <u>patterning and maintaining</u> these energy fields.

Energy fields

- It is the inevitable part of life. Human and environment <u>both have energy field</u> which is open i.e. energy can <u>freely flow</u> between human and environment.
- It's the fundamental unit of both the living and non-living things.
- It provides a way to view people and environment as irreducible wholes.
- Continuously vary in intensity, density and extent.

Openness

- There is <u>no boundary or barrier</u> that can inhibit the flow of energy between human and environment which leads to the continuous movement or matter of energy.
- It refers to the fact that human and environmental fields are constantly exchanging their energies.
- In nursing, anything and everything can affect our clients' condition.

Pattern

- The <u>distinguishing character</u> of the energy fields.
- Single wave, it is an abstraction and gives identity to field.
- The nature of the pattern changes continuously and innovatively, and these changes give identity to energy field. Each human field pattern is unique.
- There have pragmatic and imaginative patients. Pragmatic – realistic patients; Imaginative – they think out of the box

Pandimensional

- Undeviating field which is not constricted by space or time, it is and infinite domain without boundary.
- Spaceless and timeless reality.
- Parameters that human used in language to describe events are arbitrary and the present are relatives. There is no temporal ordering of lives.

Principle of Homeodynamics

- The balance between the dynamic life process and environment.
- These principles help to view human as unitary human being
- The three separate principles are integrality, resonancy and heliecy.

Principles of Integrality

- Energy fields are dynamic and constantly interact with the human and environment, which affects our environment and vice versa.
- Which meditation and humor works to produce a positive environment.
- In this model, the role of the nurse is to serve people.
- Rogers also proposes noninvasive modalities for nursing. Such as Therapeutic touch. Being a nurse doesn't mean that we just need to carry out doctors' order, we have our own treatment modalities and those are noninvasive.

Principle of Resonancy

- an ordered arrangement of rhythm characterizing both human field and environmental field.
- Constant change in the way or pattern of the energy field from a lower to higher frequency.
- This movement of energy can be made by human touch, guided imagery activities, drawing, storytelling and other active use of imagination.

Principle of Heliecy

- Any minute change in the environment which leads to ripple effect i.e. results in a larger change in other field.
- This change is constant, unpredictable and there are many factors which mutually interact and cause the change.
- The human environment field is dynamic, its an open system in which change continuous due to the constant interchange between the human and environment.

Rogers' Metaparadigm in Nursing

Person

- A unitary human being is open system which continuously interact with environment
- A person cannot be viewed as parts, it should be considered as a whole.

Environment

- It includes the entire energy field other than a person.
- These energy fields are irreducible, not limited by space and time, identified by it pattern and organization.
- It is interconnected with everything that happens to us.

Health

- It is determined by the interaction between energy fields i.e. human and environment.
- Bad interaction or misplacing of the energy leads to illness.
- As an expression of life process, it is the characteristics and behaviors coming from the mutual simultaneous interaction of the human and environment.

Nursing

- Both science and art.
- It constantly maintains the energy fields which is conducive for patient.
- Nursing actions directs the interaction of person and environment to maximize health potential.

Clinical Practice:

- Nursing action is always focused on unitary human being and change the energy field between human and environment.
- Nursing interventions include all the noninvasive actions such as guided imaginary, humor, therapeutic touch, music etc. which are used to increase the potential of human being.

Nursing Education:

- Emphasis should be given on the understanding of the patient and self, energy field and environment.
- Training should lay more focus on teaching non-invasive modalities such as therapeutic touch, meditation, humor, regular in-service education programmer etc.

Nursing process to according to SUBH:

1. **Pattern appraisal**
   - It is an inclusive assessment of human and environment energy fields, its organization of energy field, and identification of areas of dissonance.
   - Nurses validate the entire appraisal along with the client.
2. **Mutual patterning**
   - It is the proper patterning of the energy fields between the human and environment.
   - It is the mutual interaction between the client and nurse.
   - Patterning can be done by suggesting the various alternatives, educating, empowering, encouraging etc. depending on the client's condition and needs.
3. **Evaluation**
   - Done by repeating the pattern appraisal after the mutual patterning to determine the extents of dissonance and harmony.

Generality:

- the uses on non-invasive modalities are very useful and important to nursing even today.
- SUBH is the foundation of many theories and it can be applied in a variety of setting and all sphere of life.

Summary:

- In this model, the role of the nurse is to serve people.
- Rogers also proposes noninvasive modalities for nursing, such as therapeutic touch, humor, music, meditation and guided imagery, and even the use of color.
- The interventions of nurses are meant to coordinate the rhythm between the human and environmental fields, help the patient in the process of change, and to help patients move toward better health.
- The practice of nursing, according to Rogers, should be focused on pain management, and supportive psychotherapy for rehabilitation.

SELF-CARE DEFICIT THEORY (Dorothea Orem)

- Orem theory define nursing as the act of assisting others in the provision and management of self-care to maintain or improve human functioning at home level of effectiveness.

Dorothea Elizabeth Orem

- July 15, 1914 – June 22, 2007 (92 years old)
- From Baltimore, Maryland.
- She was considered as one of the American foremost nursing theorists who developed of the self-care deficit nursing theory.
- She began her nursing career at Providence Hospital School of Nursing in Washington, D.C. where she receives her diploma of nursing in the early 1930s.
- She receives her BS in Nursing Education from the Catholic University of America in 1939. And her Masters of science in nursing from the same university in 1946.
- She earned several Honorary Doctorate degrees. She was given Honorary Doctorates of Science from both Georgetown University in 1976 and Incarnate Word College in 1980. She was given an Honorary Doctorate of Humane Letters from Illinois Wesleyan University in 1988, and a Doctorate Honoris Causae from the University of Missouri in Columbia in 1998.

Assumptions:

- People should be self-reliant, and responsible for their care, as well as others in their family who need care.
- People are distinct individuals.
- Nursing is a form of action. It is an interaction between two or more people.
- Successfully meeting universal and development self-care requisites is an important component of primary care prevention and ill health.
- A person's knowledge of potential health problems is needed for promoting self-care behaviors.
- Self-care and dependent care are behaviors learned within a socio-cultural context.

Central Theme: nursing and self-care activities

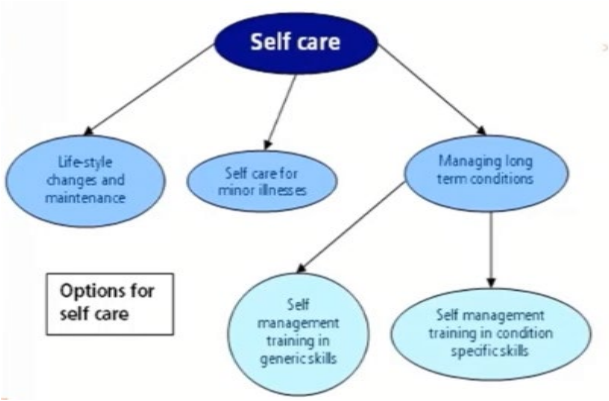
Orem's Metaparadigm in Nursing

Person

- Humans with physical, psychological, interpersonal and social components, meeting self-care needs through learned behavior.

Man as an integrated Whole

- She further describes man as a logical organism with rational powers.
- As a biological organism, man exists and responds both as organism and object in an environment with physical and biological components.



Environment

- The modern society's values and expectations.
- Encompasses elements external to man.
- She considered man and environment as an integrated system. Environment conditions conductive to development include:
    1. Opportunities to be helped by being with other persons or groups where care is offered.
    2. Available opportunities for solitude and companionship.
    3. Provision of help for personal and group concerns without limiting individual decisions and personal pursuits.
    4. Shared respect, belief, and trust.
    5. Recognition and fostering of developmental potential.

Health

- Wellness is the integrity of the individual, illness results in the person's inability to maintain self-care.
- A state of wholeness or integrity of the individual human being, his parts and his modes of functioning.
- The responsibility of a total society and all its members.

Nursing

- a service, an art and a technology.
- The giving of direct assistance to persons who are unable to meet their own self-care needs, developed through nursing education and experiences.
- As a community service: nursing is a service of deliberately selected and performed actions to assists individuals or groups to maintain self-care, including structural integrity, functioning and development.
- As an interpersonal process: since it requires the social interaction of a nurse with a patient and involves transaction between them.

Theory of Nursing system:

- **Nursing system**
    - the approaches nurses use to assist patient with deficits in self-care due to a condition of health.
- **Wholly compensatory system**
    - The patient has no active role in the performance of his care. The nurse acts for the patient.
- **Partly compensatory system**
    - Both nurse and patient perform care measures requiring manipulative tasks or ambulation.
- **Supportive- educative system**
    - The patient is able to perform, or can learn to perform, required measures of therapeutic self-care but cannot do so without assistance.

Moving towards…

- Quality
- Safe
- Nursing
- Care

Johnson, Roy and Neuman

BEHAVIORAL SYSTEM MODEL (Dorothy Johnson)

Dorothy E. Johnson

- was one of the greatest nursing theorists who developed the "Behavioral System Model."
- Johnson has noted that her theory evolved from philosophical ideas, theory and research, her clinical background, and many years of thought, discussions, and writing.
- Johnson's Behavioral System Model (JBSM) was heavily influenced by Florence Nightingale's book, "Notes on Nursing"

Education:

- 1942, graduated BSN from Vanderbilt University School of Nursing, Nashville, Tennessee
  - Top student in her class
  - Received the Prestigious Vanderbilt Founder's Medal
- 1948, graduated master's degree in public health from Harvard University in Boston

Career and Appointments:

- 1943-1944
  - Staff nurse at the Chatham- Savannah Health Council
  - Instructor and an assistant professor in pediatric nursing at Vanderbilt University School of Nursing.
- 1949- 1978
  - Assistant professor of pediatric nursing, an associate professor of nursing, and a professor of nursing at the University of California, Los Angeles.

Behavioral System Model

- a model of nursing care that advocates the fostering of efficient and effective behavioral functioning in the patient to prevent illness.
- The patient is identified as a behavioral system composed of seven behavioral subsystems: affiliative, dependency, ingestive, eliminative, sexual, aggressive, and achievement.

The subsystem of Behavior

- parts of the behavioral system.
- It carries out specialized task/function needed to maintain the integrity of the whole system
- It has a set of behavioral responses that are developed through motivation, experience and learning

7 Subsystems of the Behavior System Model:

1. Attachment or affiliative subsystem
2. Dependency subsystem
3. Ingestive subsystem
4. Eliminative subsystem
5. Sexual subsystem
6. Aggressive- protective subsystem
7. Achievement subsystem

Johnson's Metaparadigm in Nursing

Person

- Defined as behavioral system that strives to make continual adjustments to achieve, maintain, or regain balance to the steady state that is adaptation.

Environment

- is not directly defined, but it is implied to include all elements of the surroundings of the human system and includes interior stressors.

Health

- is seen as the opposite of illness, and Johnson defines it as "some degree of regularity and constancy in behavior, the behavioral system reflects adjustments and adaptations that are successful in some way and to some degree… adaptation is functionally efficient and effective.

Nursing

- is seen as "an external regulatory force which acts to preserve the organization and integration of the patient's behavior at an optimal level under those conditions in which the behavior constitutes a threat to physical or social health, or in which illness is found."

Three functional requirements of Human:

1. To be protected from noxious influences with which the person cannot cope
2. To be nurtured though the input of supplies from the environment
3. To be stimulated to enhance growth and prevent stagnation.

Concepts in Behavioral System Theory:

1. **Behavioral system**
   - Man is a system that indicates the state of the system through behaviors
2. **Boundaries**
   - The point that differentiates the interior of the system from the exterior.
3. **Function**
   - Consequences or purposes of actions

4. **Functional requirements**
   - Input that the system must receive to survive and develop
5. **Homeostasis**
   - Process of maintaining stability
6. **Instability**
   - State in which the system output of energy depletes the energy needed to maintain stability.
7. **Stability**
   - Balance or steady state in maintaining balance within an acceptable range.
8. **Stressor**
   - A stimulus from the internal or external world that results in stress or instability
9. **Structure**
   - The parts of the system that make up the whole
10. **System**
    - That which functions as a whole by virtue of organized independent interaction of its parts
11. **Subsystem**
    - A minisystem maintained in relationship to the entire system when it or the environment is not disturbed.
12. **Tension**
    - The system's adjustment to demands, change or growth, or to actual disruptions
13. **Variables**
    - Factors outside the system that influence the system's behavior, but which the system lacks power to change

ADAPTIVE MODEL OF NURSING (Sr. Callista Roy)

Sister Callista L. Roy

- Born October 14, 1939
- She is known for her groundbreaking work in creating the Adaptation Model of Nursing.
- belongs to the Sisters of St. Joseph of Carondelet.

Education:

- 1963, Graduated Bachelor of Arts Major in Nursing from Mount Saint Mary's College in Los Angeles
- 1966, graduated Master's degree in nursing from the University of California
- 1973, Earned her master's degree in sociology, University of California
- 1977, Received her doctorate degree in sociology, University of California

Career:

- Worked as a Pediatric nurse
- Associate professor and chairperson of the Department of Nursing at Mount Saint Mary's College until 1982
- Professor, Mount Saint Mary's College and the University of Portland in 1983
- Clinical Nurse Scholar in Neuroscience, she was a Robert Wood Johnson postdoctoral fellow at the University of California, San Francisco from 1983 to 1985
- Resident Nurse Theorist, at Boston College School of Nursing 1987- present

Adaptation Model of Nursing

- The RAM focuses on the inter relatedness of four adaptive systems
- It focuses on persons coping(adaptative)abilities in response to constantly to changing environment (Lopes, Pagliuca, Araujo,2006)
- Nursing can promote effective coping by asking" How can I modify this patient's environment to facilitate his adaptation (Chitty & Black, 2011)

4 Adaptive Modes:

1. **Psychological Mechanism**
   - Physical and chemical process involved in the function and activities of living organism.
   - The **basic need** of this mode is composed of the needs associated with oxygenation, nutrition, elimination, activity and rest, and protection.
   - The **complex processes** of this mode are associated with the senses, fluid and electrolytes, neurologic function, and endocrine function.
2. **Self-concept**
   - The goal of coping is to have a sense of unity, meaning the purposefulness in the universe, as well as a sense of identity integrity
   - This includes body image and self-ides.
3. **Role-function mode**
   - Focuses on the primary, secondary and tertiary roles that a person occupies in society, and knowing where he or she stands as a member of society.
4. **Interdependence mode**
   - Focuses on attaining relational integrity through the giving the receiving of love, respect and value.
   - This is achieved with effective communication and relations

Subsystem (internal process)

Regulator

- a basic type of adaptive process that responds automatically through neural, chemical, and endocrine coping channels.

Cognator

- a major coping process involving four cognitive motive channels: perceptual and information processing, learning, judgment, and emotion.

Types of Stimuli

1. **Focal Stimulus**
   - The degree of change or stimulus more immediately confronting the person and the one to which the person must make adaptive response.
2. **Contextual Stimuli**
   - Present to contribute to the behavior caused or precipitated by the focal stimuli.
3. **Residual Stimuli**
   - Factors that may be affecting behavior but whose efforts are not validated.

Roy's metaparadigm in nursing

Person

- Human systems have thinking and feeling capacities, rooted in consciousness and meaning, by which they adjust effectively to changes in the environment and, in turn, affect the environment.

Environment

- The conditions, circumstances and influences surrounding and affecting the development and behavior of persons or groups, with particular consideration of mutuality of person and health resources that includes focal, contextual and residual stimuli.

Health

- Health is not freedom from the inevitability of death, disease, unhappiness and stress but the ability to cope with them in a competent way.

Nursing

- The goal of nursing is the promotion of adaptation for individuals and groups in each of the four adaptive modes, thus contributing to health, quality of life, and dying with dignity.

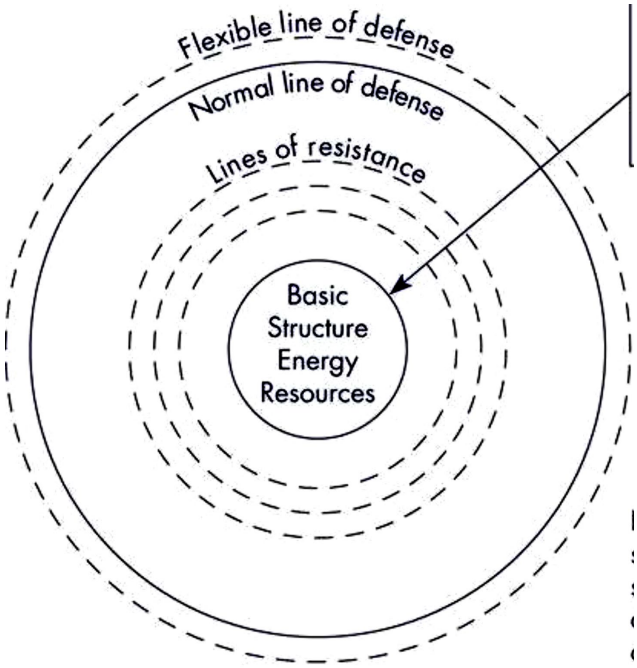
NEUMAN SYSTEMS MODEL (Betty Neuman)

Betty Neuman

- 1924 – present
- 1947, she received her RN Diploma from Peoples Hospital school of Nursing, Akron Ohio.
- Hospital nurse and head nurse at Los Angeles County General Hospital, school nurse, industrial nurse, and clinical instructor at the University of Southern California Medical Center, Los Angeles.
- 1957, she received a baccalaureate degree in public health and psychology with honors. Amidst her hectic life as a nurse, she also managed to work as a fashion model and learned to fly a plane.
- 1966, earned master's degree in mental health, public health consultation in 1966 from the University of California, Los Angeles (UCLA)

Neuman's systems model

- Views the client as an open system that responds to stressors in the environment.
- The client variables are physiological, sociocultural, developmental, and spiritual. The client system consists of a basic or core structure that is protected by lines of resistance.
- The usual level of health is identified as the normal line of defense that is protected by a flexible line of defense.



Neuman's Metaparadigm in Nursing

Person

- Human being is viewed as an open system that interacts with both internal and external environment forces or stressors.
- The human is in constant change, moving toward a dynamic state of system stability or toward illness of varying degrees.

Environment

- a vital arena that is germane to the system and its function.
- The environment may be viewed as all factors that affect and are affected by the system.
- In Neuman Systems Model identifies three relevant environments: (1) internal, (2) external, and (3) created.
  a) The internal environment exists within the client system. All forces and interactive influences that are solely within boundaries of the client system make up this environment.
  b) The external environment exists outside the client system.
  c) The created environment is unconsciously developed and is used by the client to support protective coping.

Health

- defined as the condition or degree of system stability and is viewed as a continuum from wellness to illness.
- When system needs are met, optimal wellness exists. When needs are not satisfied, illness exists. When the energy needed to support life is not available, death occurs.

Nursing

- define the appropriate action in situations that are stress-related or in relation to possible reactions of the client or client system to stressors.
- Nursing interventions are aimed at helping the system adapt or adjust and to retain, restore, or maintain some degree of stability between and among the client system variables and environmental stressors with a focus on conserving energy.

Open system

- A system in which there is a continuous flow of input and process, output and feedback. It is a system of organized complexity, where all elements are in interaction.

Basic structure and Energy Resources

- The basic structure, or central core, is made up of those basic survival factors common to the species.
- These factors include the system variables, genetic features, and strengths and weaknesses of the system parts.

Client Variables:

- **Physiological variable**
  - refers to the structure and functions of the body.
- **Psychological variable**
  - refers to mental processes and relationships.
- **Sociocultural variable**
  - refers to system functions that relate to social and cultural expectations and activities.
- **Developmental variable**
  - refers to those processes related to development over the lifespan.
- **Spiritual variable**
  - refers to the influence of spiritual beliefs.

Core

- The heart of the client system
- Is the survival factor, source of energy
- Survival factors

1. Flexible Line of Defense

- A protective accordion-like mechanism that surrounds and protects the normal line of defense from invasion by stressors.

2. Normal Line of Defense

- An adaptational level of health developed over time and considered normal for a particular individual client or system
- it becomes a standard for wellness-deviance determination.

3. Lines of Defense

- Protection factors activated when stressors have penetrated the normal line of defense, causing a reaction symptomatology.

Stressor

- any phenomenon that might penetrate both the flexible and normal lines of defense, resulting in either a positive or negative outcome.

a) **Intrapersonal stressors** are those that occur within the client system boundary and correlate with the internal environment.
b) **Interpersonal stressors** occur outside the client system boundary, are proximal to the system, and have an impact on the system.

c) **Extrapersonal stressors** also occur outside the client system boundaries but are at a greater distance from the system that are interpersonal stressors. An example is social policy.

Concepts of levels of prevention

1. **Primary prevention**
   - It includes health promotion and maintenance of wellness.
2. **Secondary prevention**
   - Focuses on strengthening the internal lines of resistance and, thus, protects the basic structure through appropriate treatment of symptoms.
3. **Tertiary prevention**
   - To maintain wellness or protect the client system reconstitution through supporting existing strengths and continuing to preserve energy.

Nursing Process

1. Assess the stressor and patient's response to the stressor.
2. Identify nursing diagnosis
3. Plan patient centered care
4. Implement interventions
5. Evaluate the patient's response
6. Determine if the stressor is resolved.

4 goals of Nursing

To assist the patient:

- Whose behavior is proportional to social demands.
- Who is able to modify his behavior in ways that it supports biological imperatives.
- Who is able to benefit to the fullest extent during illness from the physician's knowledge and skill.
- Whose behavior does not give evidence of unnecessary trauma as a consequence of illness

Meleis, Leininger, Newman and Parse

TRANSITION THEORY (Afaf Ibrahim Meleis)

Afaf Ibrahim Meleis

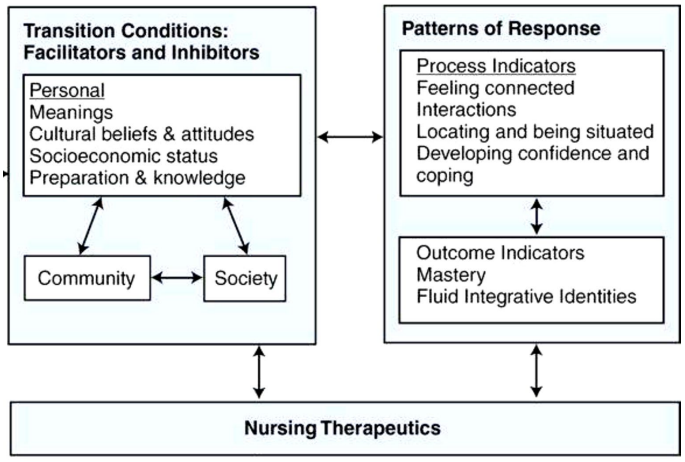
- born in Alexandria, Egypt.
- University of Alexandria in Egypt – BSN
- University of California – MS in Nursing, PhD
- a prominent nurse sociologist, a sought-after theorist, researcher and speaker.
- her research focused on people who do not make healthy transitions and the discovery of interventions to facilitate healthy transitions.
- Her theory was the result of her masters and PhD research on the topics phenomena of planning pregnancy and mastering parenting roles.
- She focused on spousal communication and interaction in effective or ineffective number of children in families.
- Focused on people who do not make healthy transitions and the discovery of interventions to facilitate healthy transitions.

Transition Theory

- "to help people go through healthy transitions, including mastery of behaviors, sentiments, cues, and symbols associated with new roles and identities and non-problematic processes, to enhance healthy outcomes"
- leads to development of nursing therapeutics that are congruent with the unique experience of clients and their families in transition, thus promoting healthy responses in transition.

Nature of Transition

Types	Patterns	Properties
Developmental	Single	Awareness
Situational	Multiple	Engagement
Health/ illness	Sequential	Change and difference
Organizational	Simultaneous	Transition time span
	Related	Critical points and events
	Unrelated	



Meleis' Metaparadigm in Nursing

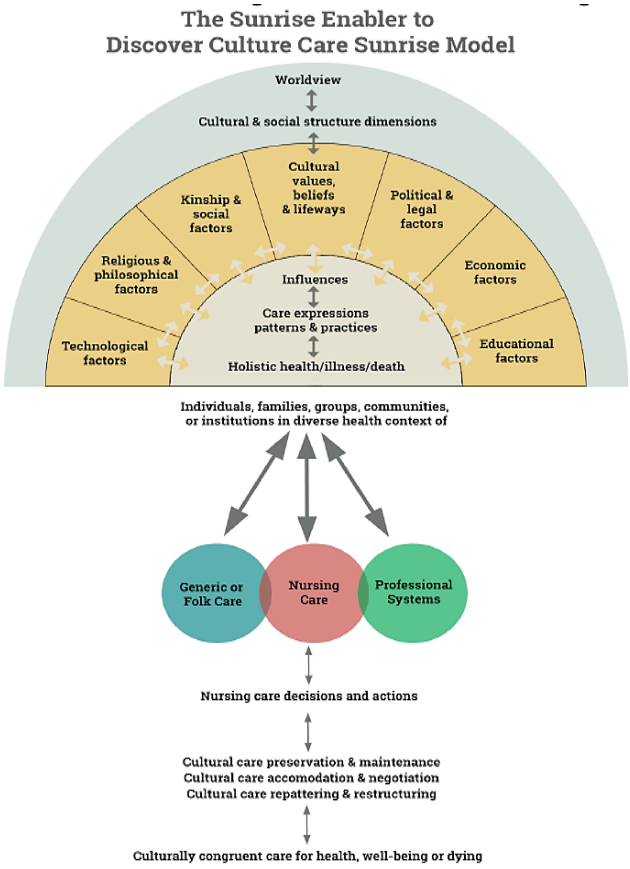
Nursing

- Nurses are primary caregivers of clients and their families who are undergoing transitions.
- Transition both result in change and are the result of change.

Person
- Transition involve a process of movement and changes in fundamental life patterns.
- Transition cause changes in identities, roles, relationships, abilities and patterns of behavior.

Health
- Transitions are complex and multidimensional. Patterns of multiplicity and complexity.
- All transitions are characterized by flow and movement over time.
- mastery, ability to assume new roles.

Environment
- Vulnerability is related to transition experiences, interactions, and environmental conditions that expose individuals to potential damage, problematic or extended recovery or delayed or unhealthy coping.



TRANSCULTURAL NURSING THEORY (Madeleine M. Leininger)

Madeleine M. Leininger
- founder of transcultural nursing and leader in transcultural nursing and human care theory.
- the first professional nurse with graduate preparation in nursing to hold a doctorate in cultural and social anthropology.
- St. Anthony School of Nursing – bachelor's degree
- Catholic University in America – master's degree in psychiatric nursing
- University of Washington – doctoral study on cultural, social, and psychological anthropology.

Transcultural Nursing theory (Culture Care Theory)
- Through her observations while working as a nurse, Madeleine Leininger identified a lack of cultural and care knowledge as the missing component to a nurse's understanding of the many variations required in patient care to support compliance, healing, and wellness.

Main Focus: for the nursing care to fit with or have beneficial meaning and health outcomes for people of different or similar cultural backgrounds

The Sunrise Enabler: comprehensively guide and to make culturally congruent care, decisions and actions.

Major Assumptions:

Universality of care
- reflects the common nature of human beings and humanity

Diversity of care
- reflects the discovered variability and unique features of human beings.

Care
- essence and the central dominant, distinct and unifying focus of nursing. No curing without caring.

Transcultural nursing
- is a discipline with a body of knowledge and practices to attain and maintain the goal of culturally congruent care for health and well-being.

Summary:
- The goal of nursing care is to provide care congruent with cultural values, beliefs, and practices.
- Nurses can actually observe on how a patient's cultural background is related to his or her health, and use that knowledge to create a nursing plan that will help the patient get healthy quickly while still being sensitive to his or her cultural background.

HEALTH AS EXPANDING CONSCIOUSNESS (Margaret A. Newman)

Margaret A. Newman

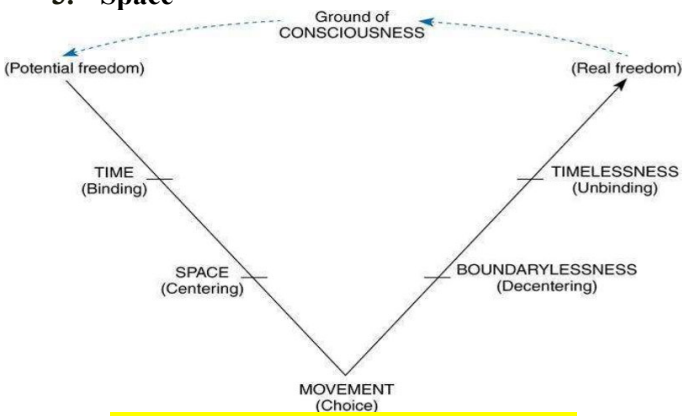
- born October 10, 1933 in Memphis, Tennessee.
- She presented her theory of health in 1978 – researching the relationship of movement, time and consciousness and development of her theory of health as expanding consciousness.
- illness reflected the life patterns of the person and that what was needed was the recognition of that pattern and acceptance of it for what it meant to that person.
- Theory of Development in Nursing, Health as Expanding Consciousness"
- "Transforming Presence: The Difference that Makes Nursing Science Quarterly"

Consciousness

- is both the informational capacity of the system & the ability of the systems & the ability of the system to interact with its environment.

Three patterns and manifestation of a whole:

1. **Time**
2. **Movement**
3. **Space**



Newman's Metaparadigm in Nursing

Nursing

- The focus of nursing is the primacy of relationship both nurse-client relationship & relationships within client's lives.

Person

- client, individual, patient, human-being
- Clients are viewed as participants in the process.
- Individuals are identified by their individual patterns of consciousness.

Environment

- A larger whole which contains the consciousness of the individual.
- Client & environment are viewed as a unitary evolving pattern.

Health

- The pattern of the whole.

Summary:

- The theory asserts that every person in every situation, no matter how disordered and hopeless it may seem, is part of the universal process of expanding consciousness – a process of becoming more of oneself, of finding greater meaning in life, and of reaching new dimensions of connectedness with other people and the world.

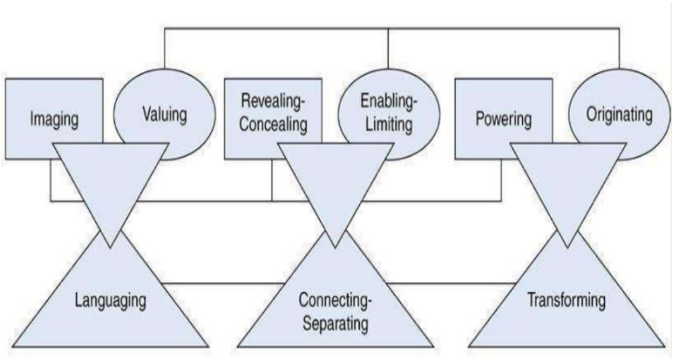
THEORY OF HUMANBECOMING (Rosemarie Rizzo Parse)

Rosemarie Rizzo Parse

- a founder & editor of Nursing Science Quarterly & the President of Discovery International.
- The assumptions & principles of human becoming are:
  - Incarnate a deep concern for the delicate sentiments of being human.
  - Shows a profound recognition of human freedom.
  - Shows a profound recognition of human dignity.

Awards:

- The Martha E. Rogers Golden Slinky Award
- New York Times Nurse Educator of the Year Award
- 2012 Medal of Honor at the University of Lisbon in Portugal



Principle 1: Structing meaning is the imaging and valuing of language.
Principle 2: configuring rhythmical patterns is the revealing-concealing and enabling limiting of connecting separating.
Principle 3: cotranscending with possible is the powering and originating of transforming.
Squares: powering emerges with the revealing-concealing of imaging.

Ovals: originating emerges with the enabling-limiting of valuing.
Triangles: transforming emerges with the languaging of connecting-separating.

Humanbecoming Theory

Three principles/ major assumptions

- Structuring meaning is the imaging and valuing of languaging
- Meaning is borne in the messages that person give & take with others in Speaking, Moving, Silence, & Stillness.
- Configuring rhythmical patterns is the revealing-concealing and enabling-limiting of connecting-separating
- Cotranscending with possible is the powering and originating of transforming

Transcendence is:

- About change and positivity
- To believe one thing or another
- To go in one direction or another

Parse's Metaparadigm in Nursing

Nursing

- Nursing as a discipline will enjoy the recognition of having a unique knowledge base & the profession will be distinct from Medicine.
- People / client will actually seek nurses for nursing care, not medical diagnosis.

Environment, Person, Health

- viewed as Humanuniverse, Humanbecoming and Living Quality

Summary:

- Parse's Theory of Humanbecoming is a vital way to develop an effective relationship with your patient especially given the short period of time you are with them. The humanbecoming theory develops trust and mutual understanding of care; relieves stress and facilities healing all of which are the foundation holistic care and nursing.

Grand theories of Hall, Travelbee and Orlando

CORE, CARE AND CURE MODEL (Lydia Eloise Hall)

- participation in care, core and cure aspects of patient care, where CARE is the sole function of nurses, whereas the CORE and CURE are shared with other members of the health team.

Lydia Eloise Hall

- September 21, 1906 – February 27, 1969
- graduated from York Hospital School of Nursing in 1927 with a diploma in nursing.
- earned a Bachelor of Science degree in public health nursing in 1937.
- received a master's degree in the teaching of natural life sciences from Columbia University in 1942.
- worked as the first director of the Loeb Center for Nursing. Her nursing experience was in clinical nursing, nursing education, research, and in a supervisory role.
- she is an advocate for chronically ill patient.
- Writer and in 1960 – 21 publications

Assumptions:

- The motivation and energy necessary for healing exist within the patient, rather than in the healthcare team.
- The three aspects of nursing should not be viewed as functioning independently but interrelated
- The three aspects interact, and the circles representing them change size, depending on the patient's total course of progress.

Halls' Metaparadigm in Nursing

Person / Individual

- A unique irreplaceable individual who is in continuous process of becoming, evolving and changing

Environment

- The concept of society or environment is dealt with in relation to the individual

Health

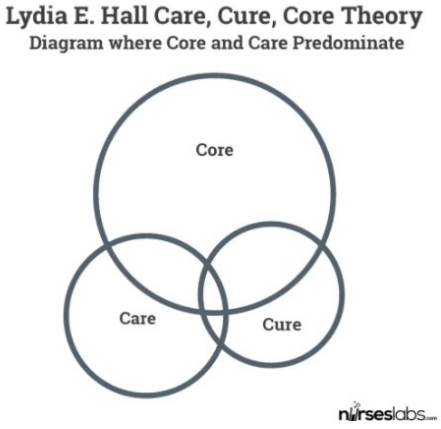
- Can be inferred to be a state of self-awareness with a conscious selection of behaviors that are optimal for that individual.

Nursing

- Is identified as consisting of participation in the care, core and cure aspects of patient care.

Sub-concepts

1. **Care Circle**
   - This circle solely represents the role of nurses, and is focused on performing the task of nurturing patients.
   - Mothering role
   - The theory puts the emphasis on the important of total patient care rather than looking at one part or aspects.
2. **Core Circle**
   - The patient to whom nursing care is directed.
   - The core has goals set by him or herself rather than by any other person
     - Reflective technique
       - the professional nurse in a way the he or she acts as a mirror to the patient to help the latter explore his or her own feelings regarding his or her current health status and related potential changes in lifestyle.
     - Motivational technique
       - discovered through the process of bringing into awareness the feelings being experienced.
       - With this awareness, the patient is now able to make conscious decisions based on understood and accepted feelings and motivation.
3. **Cure Circles**
   - It is the attention given to the patient by the nurse and other medical professionals.
   - Medical health providers
   - During this aspect of nursing care, the nurse is an active advocate of the patient.



Summary:
The three interlocking circles may change in size and overlap in relation to the patient's phase in the disease process. A nurse functions in all three circles but to different degrees.

HUMAN TO HUMAN RELATIOSHIP (Joyce Travelbee)

Joyce Travelbee

- born in 1926
- In 1956, Travelbee earned her Bachelor of Science in Nursing degree from Louisiana State University.
- She was given a Master of Science in Nursing degree in 1959 from Yale University.
- Her career dealt predominantly with psychiatric nursing and education.
- She worked as a psychiatric nursing instructor at the DePaul Hospital Affiliate School in New Orleans, Louisiana, and worked later in the Charity Hospital School of Nursing in Louisiana State University, New York University, and the University of Mississippi
- Travelbee died in 1973 at the age of 47.

Some of Joyce Travelbee's works include:

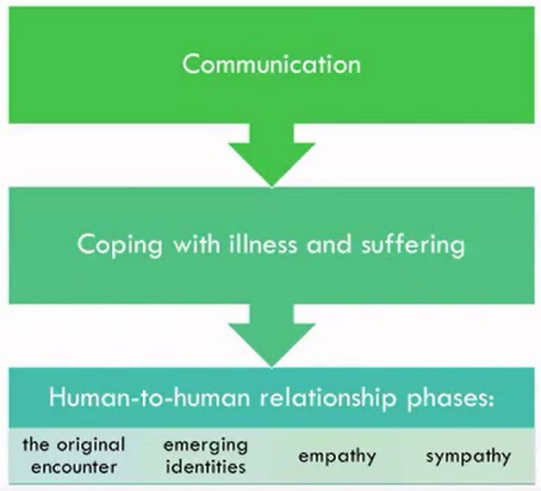
- Travelbee's Intervention in Psychiatric Nursing: A one-to-one relationship
- Interpersonal aspects in nursing
- Intervention in psychiatric nursing: process in the one-to-one relationship

7 basic concepts

1. **Suffering**
   - an experience that varies in intensity, duration and depth, a feeling of unease, ranging from mild, transient mental, physical or mental discomfort to extreme pain.
2. **Meaning**
   - The reason attributed to a person
3. **Nursing**
   - helps a person find meaning in the experience of illness and suffering
   - has a responsibility to help people and their families find meaning
   - the nurse's spiritual and ethical choices, and perceptions of illness and suffering, which are crucial to help patients find meaning.
4. **Hope**
   - which is a faith that can and will be a change that would bring something better with it.
   - Six important characteristics of hope are: dependence on other people, future orientation, escape routes, the desire to complete a task or have an experience, confidence that others will be there when needed, and the acknowledgment of fears and moving forward towards its goal.

5. **Communication**
   - a strict necessity for good nursing care
   - convey and receive messages whether verbal or nonverbal.
6. **Self-therapy**
   - the ability to use one's own personality consciously and in full awareness in an attempt to establish relatedness and to structure nursing interventions.
   - This refers to the nurse's presence physically and psychologically.
7. **Targeted intellectual approach**
   - by the nurse toward the patient's situation.

Major Concepts



Human-to-Human Relationship

- This diagram is interactional face of human to human relationship.

1. **Original encounter**
   - This is the first impression by the nurse with the ill person.
2. **Emerging identities**
   - The nurse and the patient perceive each other as unique person.
   - They try to interact each other.
3. **Empathy**
   - The ability to share in the person experience, putting yourself in the shoes of your patient, it makes your actions more caring and compassionate.
4. **Sympathy**
   - The nurse has the desire to alleviate the cause of patient illness or suffering.
5. **Rapport**
   - Nursing actions are done to relieved the patient's distress.
   - When there is trusting relationship develop between Nurse and patient, there is harmony and fluidity of actions, treatment and interventions, there is less resistance of the part of the client.

Travelbee's Metaparadigm in Nursing

Person
- Defined as human being.
- A human being is a unique, irreplaceable individual who is in continuous process of becoming, evolving and changing.

Environment
- Not clearly defined; she defined human conditions and life experiences encountered by all men

Health
- The criteria of subjective and objective
- A person's subjective health is individually defined state of well-being.
- Objective health is an absence of discernible, disease, disability or defect.

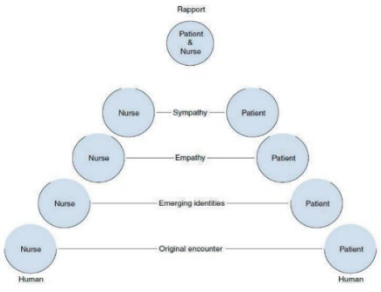
Nursing
- An interpersonal process whereby the professional nurse4 practitioner assists an individual, family or community to prevent or cope with experience or illness and suffering, and if necessary, to find meaning in these experiences.

Practical Application

Clinical Setting
- Helps the nurse how to build a relationship
- Helps setting goals for nurses
- Has been influential in hospicare with helping patients
- Find meaning in their imminent death

Academics
- Has influenced current nursing curriculum
- Emphasized communication as a therapeutic tool
- This theory focused on nursing education has changed from sign, symptoms and intervention to a more holistic care approach.

Research
- It is used in research to explore how patient gain meaning after a recent diagnosis of illness
- Applied in the theory in caring cancer for patients.



"it is believed that the spiritual values a person holds will determine, to a great extent, his perception of illness. The spiritual values of the nurse or her philosophical beliefs about illness and suffering will determine the degree to which he or she will be able to help ills persons find meaning, or no meaning, in these situations." (Travelbee, 1971)

DELIBERATIVE NURSING PRACTICE (Ida Jean Orlando-Pelletier)

- Stresses the reciprocal relationship between the nurse and the patient.
- What the nurse and patient say and do during the interaction affects both of them.
- The function of the professional nurse is to discover and meet the patient's immediate need for help.

Ida Jean Orlando

- a first-generation Irish American born on August 12, 1926.
- she received a diploma in nursing from the Flower Fifth Avenue Hospital School of Nursing in New York. In 1951,
- she received a Bachelor of Science degree in public health nursing from St. John's University in Brooklyn, New York. And in 1954,
- Orlando received her Master of Arts degree in mental health consultation from Teachers College, Columbia University. Also, a Psychiatric Nurse
- she was married to Robert Pelletier and lived in the Boston area.

Major assumptions:

1. When client is unable to cope with their needs on their own, they become distressed by feelings of helplessness
2. In its professional character, nursing adds to the distress of the patient.
3. Clients are unique and individual in their responses
4. Nursing deals with people, health and environment
5. Clients needs help in communicating needs.

3 basic aspects

1. **Patient behavior**
   - Verbal and non-verbal communication relating to the nurse what the patient actual immediate needs, patients have their own meanings and interpretations of situation and therefore, nurses must validate their inferences and analysis with patients before making conclusion.
2. **The nurse's reaction**
   - Active thought process by the nurse which he/she observed the behavior, interprets them and formulates the plan to meet the patients need.
3. **The nurse's activity**
   - Interactive process wherein the patient and the nurse perform action for and with the patient to meet the patients observed needs.

Orlando's Metaparadigm in Nursing

Person/ Human Being
- Focuses on individuality and the dynamic nature of the nurse-patient relationship.

Health
- replaced by a sense of helplessness as the initiator of a necessity for nursing.

Environment
- focusing on the immediate need of the patient

Nursing
- unique and independent in its concerns for an individual's need for help in an immediate situation.

Nursing process

1. **Assessment**
   - completes a holistic assessment of the patient's needs.
   - The nurse uses a nursing framework to collect both subjective and objective data about the patient.
2. **Nursing diagnosis**
   - clinical judgment about health problems.
3. **Planning**
   - addresses each of the problems identified in the diagnosis.
4. **Implementation**
   - the nurse begins using the nursing care plan.
5. **Evaluation**
   - the nurse looks at the progress of the patient toward the goals set in the nursing care plan.

Summary:

The goal of this model is for a nurse to act deliberately rather than automatically, this way, a nurse will have a meaning behind the action which means the patients gets care geared specifically toward his or her needs at that time. This nursing process is also one that can easily be adapted to different patients with different problems, and can be stopped at anytime, depending on the patient's progress or health. This makes Orlando's theory universal for the nursing field.

King, Barker and Reed

GOAL ATTAINMENT THEORY (Imogene King)

- Nursing is a process of action, reaction, and interaction whereby nurse and client share information about their perception in the nursing situation

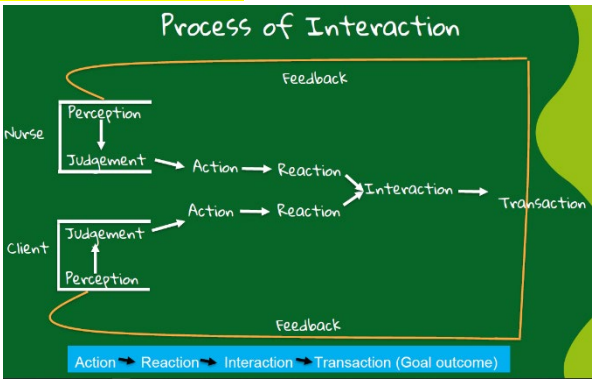
Imogene king

- Jan 30,1923 – Dec. 24, 2007
- 1945 – received her nursing diploma from St. John's Hospital School of Nursing in St. Louis, Missouri
- 1948 – Bachelor of Science in Nursing from St. Louis University
- 1957 – Masters' of Science in Nursing, also from St. Louis University
- 1957 – doctoral degree from Teachers College, Columbia University

3 interacting systems (core concepts)

1. **Personal system**
   - Consist of perception, self, growth and development, body image, space and time.
2. **Interpersonal system**
   - consist of interaction communication, transaction, role and stress
3. **Social system**
   - Organization, authority, power, status and decision making.

Process of Interaction



- the nurse and client communicate information, mutual set a goal and act to attain that goal which is central to his/her goal attainment theory.
- Transactions as life situations in which perceiver
- In nursing practice, when you include patient in formulating goals with face to face discussion and open listen, which will influence practice because you're putting the patient at the center of your care. Its important to focus on patient goals because it will form a foundation of excellence and through presence in patient centered care.
- If perceptual interaction accuracy is present in nurse client relations or interaction then transaction will occur.
- If nurse and client make transaction now, goal will be attained. If the goals will be attained, the satisfaction will occur.

According to King:

The **patient is a social being** who has:

3 fundamental needs:

1. The need for health information
2. The need for care that seeks to prevent illness
3. The need for care when the patient is unable to help him or herself.

King's Metaparadigm in Nursing

Person/ Individual

- Are spiritual beings and have the ability through their language and other symbols to record their history and preserve their culture. Individuals are unique and holistic, of intrinsic worth, and capable of rational thinking and decision making in most situations.
- Individuals differ in their needs, wants, and goals

Environment

- is "an understanding of the ways that human beings interact with their environment to maintain health was essential for nurses".
- Open systems imply that interactions occur constantly between the system and the system's environment., "adjustments to life and health are influenced by an individual's interaction with environment.
- Each human being perceives the world as a total person in making transactions with individuals and things in the environment"

Health

- dynamic state in the life cycle, while illness interferes with that process. Health "implies continuous adjustment to stress in the internal and external environment through the optimum use of one's resources to achieve the maximum potential for daily living.

Nursing

- an observable behavior found in the health care systems in society.
- Goal of Nursing: "is to help individuals maintain their health so they can function in their roles"

Summary:

Imogene King's theory of Goal Attainment focuses on the interacting system framework to guide and direct nurses in the nurse-patient relationship, going hand-in-hand with their patients to meet the goals towards good health.

TIDAL MODEL OF MENTAL HEALTH RECOVERY (Phil Baker)

- The Tidal model developed from a discrete focus on psychiatric nursing in acute settings to a more flexible mental health recovery and reclamation model. The main focus is on helping individuals' patients create their own voyage of discovery.

Phil Baker

- was born in Scotland by the sea.
- his early involvement in arts helped to explain his view of nursing as the craft of caring.
- during his tenure as professor of psychiatric nursing practice at the University of Newcastle he developed the tidal model.

Baker's Metaparadigm in Nursing

Person

- natural philosophers and meaning makers, devoting much of their lives to establishing the meaning and value of their experience and to constructing explanatory models of the world and their place in it.

Environment

- a personal task where success is in large part the result of self-awareness, self-discipline and inner resources by which each person regulates his own daily rhythm and action.

Health

- a personal task where success is in large part the result of self-awareness, self-discipline and inner resources by which each person regulates his own daily rhythm and action.

Nursing

- an enduring human interpersonal activity and involves a focus on the promotion of growth or development are put into place.

The person is represented in 3 Domains:

1. Self-domain
2. World domain
3. Others domain

Tidal model care continuum

Care	Immediate	Transitional	Developmental
Nature	Short term/ focused		Longer term intensive
Focus	Solutions	Smooth passage	Understanding
			Deeper exploration of problems

SELF-TRANSCENDENCE THEORY (Pamela Reed)

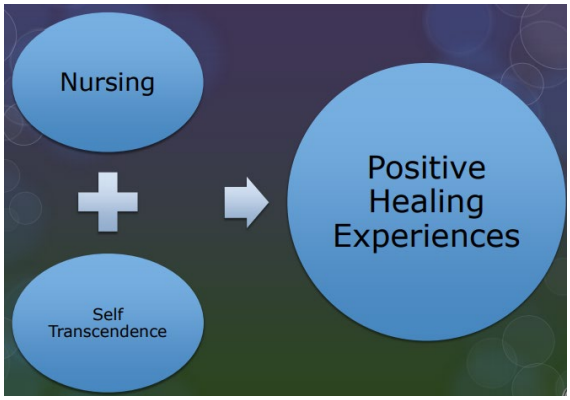
- the overcoming of the limits of the individual self and its desires in spiritual contemplation and realization.
- **self-transcendence** is a natural and desired developmental stage, which people must reach in order to be fulfilled and to have a sense of purpose.

Pamela Reed

- Born in Detroit, Michigan on June 13, 1952
- In 1974- BSN from Wayne State University
- In 1982- PhD with a concentration of nursing theory & research/ WSU
- she developed two widely used research instruments:
  - Spiritual Perspectives Scale
  - Self-Transcendence Scale

Theoretical Framework:

1. **Self-transcendence**
   - as "expansion of self-conceptual boundaries multidimensionally: inwardly, outwardly, and temporally
2. **Vulnerability**
   - the awareness of one's own mortality that develops with age, health issues, and crises.
3. **Well-being**
   - the sense of being healthy, whole, and generally fulfilled and satisfied with one's state.



Reed's Metaparadigm in Nursing

Person

- People are viewed as human beings who develop over the lifespan through interactions with other people and within an environment of changing complexity that could both positively and negatively contribute to health and well-being.

Environment
- composed of family, social networks, physical surroundings, and community resource, all of which make significant contributions to the health processes that nurses influence through their management of the therapeutic interactions among people, objects and nursing activities.

Health
- the context of well-being.
- Well-being is a sense of feeling whole and healthy, according to one's own criteria for wholeness and health.

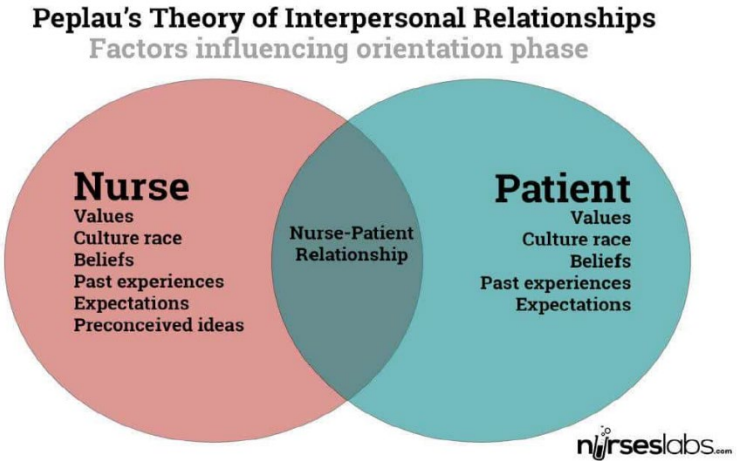
Nursing
- The role of nursing activity is to assist people through interpersonal and therapeutic management of their environment to promote health and well-being.

Major assumptions:
- humans impose conceptual boundaries upon themselves to define their reality and to provide a sense of wholeness and connectedness within themselves and their environment.
- self-transcendence is a developmental imperative.

Middle-ranged Theories of Peplau, Mercer and Beck

THEORY OF INTERPERSONAL RELATIONS (Hildegard E. Peplau)

Hildegard E. Peplau
- September 1, 1909 - March 17, 1999
- An American nurse and the first published nursing theorist since Florence Nightingale.
- A primary contributor to mental health law reform, she led the way towards humane treatment of patients with behavior and personality disorders.



Major Concepts:
- The theory explains the purpose of nursing to help others identify there difficulties
- Nurses should apply principles of human relations to their problem that arise at all level of experience
- Nursing itself is therapeutic, and that healing is an art, assisting an individual who is sick
- Nursing is an interpersonal process because it involves interaction between two or more individuals with a common goal.
- The attainment of goal is achieved through the use of a series of steps following a series of pattern.

Table of contents
- Hildegard Peplau's theory emphasized the nurse-client relationship as the foundation of nursing practice
- She forms an interpersonal model emphasizing the need for a partnership between nurse and client as passively receiving treatment and the nurse passively acting out doctor's orders.

Phases in Nurse Patient Interaction

1. **Orientation Phase**
   - directed by the nurse and involves engaging the client in treatment, providing explanations and information, and answering questions.
   - Starts when the client meets nurse as a stranger
2. **Identification subphase (Working phase)**
   - Selection of appropriate professional assistance
   - Patient begins to have a feeling of belonging and a capability of dealing with the problem which decreases the feeling of helplessness and hopelessness.
   - Nursing diagnosis
3. **Exploitation subphase (Working phase)**
   - Use of professional assistance for problem-solving alternatives
   - Rendering of our nursing management
4. **Termination phase (Resolution Phase)**
   - Termination of professional relationship

Peplau's Metaparadigm in Nursing

Person
- a developing organism that tries to reduce anxiety caused by needs.

Environment
- consists of existing forces outside of the person, and put in the context of culture

Health
- is a word symbol that implies forward movement of personality

Nursing
- is a significant therapeutic interpersonal process that functions cooperatively with other human process that make health possible for individuals in communities.

Role of Nurse

Stranger
- receives the client in the same way one meets a stranger in other life situations provides an accepting climate that builds trust.

Teacher
- who imparts knowledge in reference to a need or interest

Resource Person
- one who provides a specific needed information that aids in the understanding of a problem or new situation

Counselors
- helps to understand and integrate the meaning of current life circumstances, provides guidance and encouragement to make changes

Surrogate
- helps to clarify domains of dependence interdependence and independence and acts on client's behalf as an advocate.

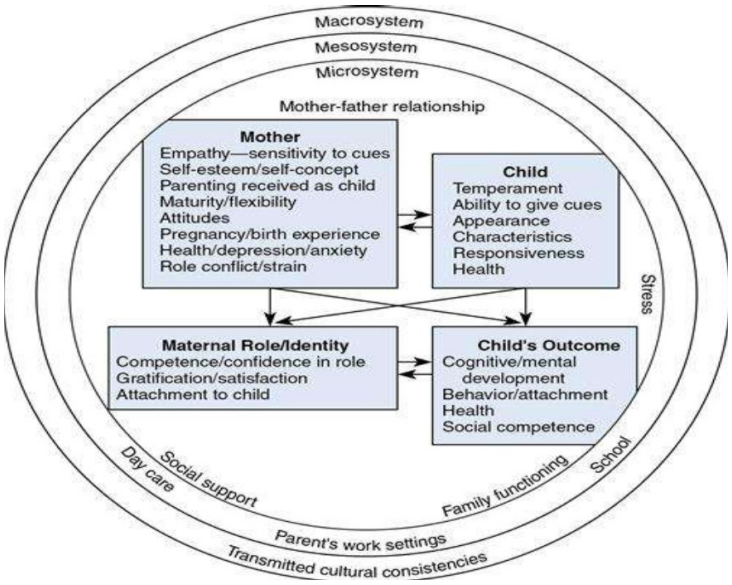
Leader
- helps client assume maximum responsibility for meeting treatment goals in a mutually satisfying way

Summary:
- Peplau's work is a middle-range descriptive classification theory that focuses on the phases of the interpersonal process that occur when an ill person and a nurse come together to resolve a health-related difficulty.
- This theory emphasizes the close relationship a nurse and patient must make to have effective nursing care happen.
- Learning about this theory can only positively affect how nursing students will enter into their clinical experience.
- With this theory in hand, students' nurses and licensed nurses can have the opportunity to provide the care and communication needed to create the best nurse-patient relationship.

MATERNAL ROLE ATTAINMENT THEORY (Ramona Mercer)

- an interaction and developmental process occurring over time in which the mother becomes attached to her infant, acquires competence in the caretaking task involved in the role and expresses pleasure and gratification in the role.
- The primary concept of this theory is the developmental and interactional process, which occurs over a period of time. In the process, the mother bonds with the infant, acquires competence in general caretaking tasks, and then comes to express joy and pleasure in her role as a mother.
- **The Maternal Role Attainment Theory** was developed to serve as a framework for nurses to provided appropriate health care interventions for mothers in order for them to develop a strong maternal identity.
- This middle-range theory can be used throughout pregnancy and postnatal care, but is also beneficial for adoptive or foster mothers, or others who find themselves in the maternal role unexpectedly.
- The process used in this nursing model helps the mother develop an attachment to the infant, which in turns helps the infant form a bond with the mother. This helps develop the mother-child relationship as the infant grows.

Ramona Mercer
- Born October 4, 1929
- Diploma in Nursing at St. Margaret's School of Nursing in Montgomery, Alabama.
- BSN - University of New Mexico
- Master's degree in maternal child nursing from Emory University
- Doctoral studies in maternity nursing at the University of Pittsburgh.
- She worked as head nurse in pediatrics and staff nurse in intrapartum, postpartum, and newborn nursery units. (10years)
- She was a faculty member at Emory University for 5 years
- Professor in the department of Family Health Care Nursing at the University of California, San Francisco
- She focused on the behaviors and needs of breastfeeding mothers, mothers with postpartum illness, mother of infants born with defects and teenaged mothers.
- "the process of becoming a mother requires extensive psychological, social and physical work, a woman experiences heightened vulnerability and faces tremendous challenges as she makes this transition, nurses have an extraordinary opportunity to help women learn, gain confidence and experience growth as they assume the mother identity."



Macrosystem
- Culture where the patient is living.
- Total environment

Mesosystem
- It includes extended family, school, work church and other entities within the mother's more immediate community.

Microsystem
- Ex. House
- Mother and father relationship
- Family functioning

Mercer's Metaparadigm in Nursing

Nursing
- responsible for promoting the health of families and children.

Person
- self or core self
- evolves from a cultural context and determines how situations are defined and shaped.

Health
- mothers and father's perception of their prior health, current health, health outlook, Resistance-susceptibility to illness, health worry or concern, sickness orientation and Rejection of the sick role.

Environment
- stresses and social support within the environment influence both maternal and Paternal role attainment and the developing child.

POSTPARTUM DEPRESSION THEORY (Cheryl Tatano Beck)

- Postpartum depression has been described as a dangerous thief that robs mothers of the love and happiness they expected to feel toward their newborn babies.

Cheryl Tatano Beck
- BSN – Western Connecticut University 1970
- Master's Degree in Maternal-Newborn Nursing at Yale University 1972
- Certified Nurse-Midwife at Yale University 1972
- Doctor of Nursing Science at Yale University 1982
- Professor at University of Connecticut
- she recognized during her first clinical rotation that obstetrical nursing was to be her lifelong specialty.
- Beck identified Robert Gable as a particularly important source of her work. Gable assisted Beck with theoretical operationalization of her theory for practical use.
- Developed the Postpartum Depression Screening Scale.

Postpartum depression
- a nonpsychotic major depressive disorder with distinguishing diagnostic criteria, postpartum depression often begins as early as 4 weeks after birth

Maternity blues
- is a relatively transient and self-limited period of melancholy and mood swings during the early postpartum period.

Postpartum psychosis
- a psychotic disorder characterized by hallucinations, delusions, agitation, inability to sleep, along with desire and irrational behavior.

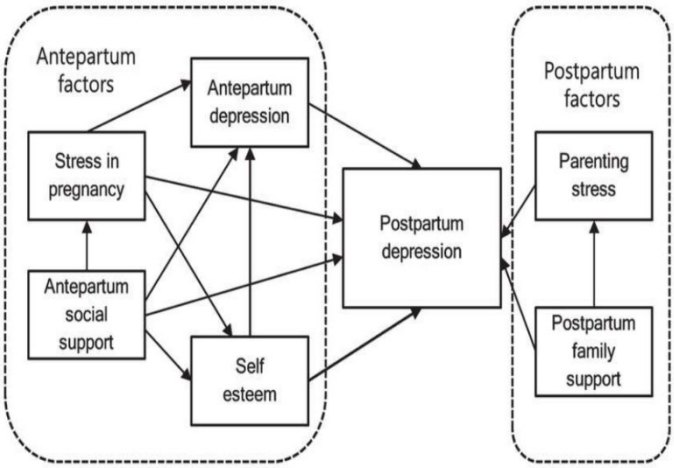
Beck's Metaparadigm in Nursing

Nursing
- describes as a caring profession with caring obligations to persons nurses care for.

Person
- described in terms of wholeness with biological, sociological and psychological components.

Health
- is the consequence of women's responses to the context of their lives and their environment.

Environment
- includes events, situations, culture, physicality, ecosystems and sociopolitical systems.



Antepartum factors

- buntis pa siya
- manganganak palang
  - Stress in pregnancy
  - Antepartum social support
  - Self esteem
  - Antepartum depression

Postpartum factors

- Nun nanganak na siya
  - Parenting stress
  - Postpartum family support

Loss of Control

- it was identified as the basic psychological problem in the 1993 substantive theory development phase of Beck's work.
- an aspect woman experience in all aspects in their lives.
- The process of loss of control left women "teetering on the edge" and consisted of the following stages:
  - **Stage 1**: Encountering Terror
  - **Stage 2:** Dying of Self
  - **Stage 3:** Struggling to Survive
  - **Stage 4:** Regaining Control

Summary:

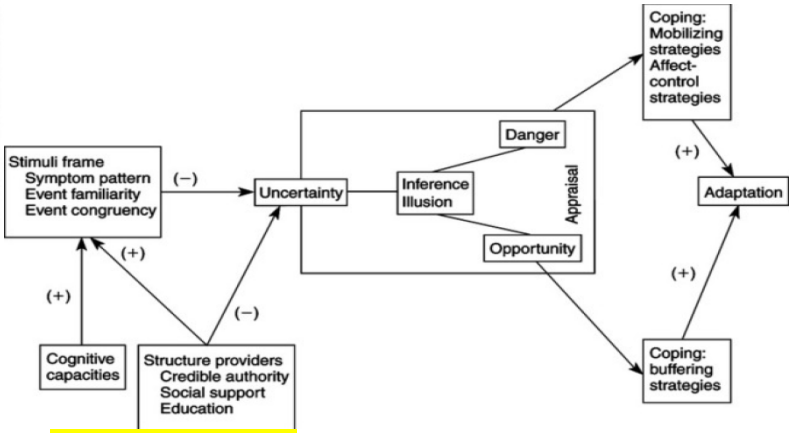
- Postpartum depression (PPD) is a potentially life-threatening condition with a substantial impact on quality of life. It has the ability to affect not only the mother, but the entire family
- Beck developed the Postpartum Depression Predictors Inventory (PDPI), which is a tool used by nurses and other health care professionals to identify women at risk for developing PPD.
- All nurses dealing with mothers in the postpartum period must be knowledgeable of these risk factors in order to properly identify the women most at risk.

Middle-ranged theories of Mishel and Pender

UNCERTAINT IN ILLNESS THEORY (Merle H. Mishel)

Merle H. Mishel

- she practiced as a psychiatric nurse in acute care and community settings.



Theory Framework

- comprehensive framework within which to view the experience of acute and chronic illness and to organize nursing interventions to promote optimal adjustment.

Uncertainty

- is the inability to determine the meaning of illness-related events.

Cognitive Schema

- a person's subjective interpretation of illness, treatment and hospitalization.

Stimuli Frame

- is the form, composition and structure of the stimuli that a person perceives.

Symptom Pattern

- the degree to which symptoms occur with sufficient consistency.

Cognitive Capacities

- are the information processing abilities of a person.

Major Assumptions

Person

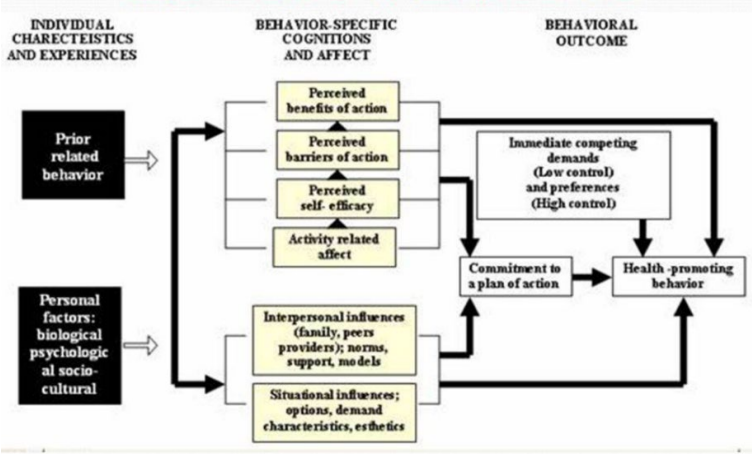
- this theory focused on person.
- Uncertainty
- adaptation –continuity of the persons usual biopsychosocial behavior to reduce uncertainty.
- uncertainty can result in a new level of organization and a new perspective on life, incorporating the growth and change that result from uncertain experiences.

HEALTH PROMOTION MODEL (Nola Pender)

- The Health Promotion Model was designed to be a "complementary counterpart to models of health protection."
- It develops to incorporate behaviors for improving health and applies across the life span.
- The purpose is to assist nurses in knowing and understanding the major determinants of health behaviors as a foundation for behavioral counseling to promote well-being and healthy lifestyles.

Nola Pender

- was born on August 16, 1941, in Lansing, Michigan to parents who advocated education for women.
- Her first encounter with the nursing profession was when she was 7 years old and witnessed the care given to her hospitalized aunt by nurses.
- This situation led her to the desire to care for other people and her goal was to help people care for themselves.



Concepts of Health Promotion Model

- Health promotion
- Health protection
- Individual characteristics and experiences
- Behavior-specific cognitions and affect
- Behavioral outcomes

Sub concept of the Health Promotion Model

- Personal Factors (biological, psychological, and socio-cultural)
- Perceived benefit of action
- Perceived barrier to action
- Perceived self-efficacy
- Activity related Affect
- Interpersonal Influence
- Situational Influences

Behavioral Outcome

- Commitment to plan of action
- Positive Competing demands
- A health promoting behavior

Pender's Metaparadigm in Nursing

Person

- seek to create conditions of living through which they express their unique human health potential.
- have the capacity for reflective self-awareness
- value growth in directions viewed as positive and attempt to achieve a personally acceptable balance between change and stability

Health

- health professionals constitute a part of the interpersonal environment, which exerts influence on persons throughout their life spans.

Environment

- individuals in all their biophysical complexity interact with the environment, progressively transforming the environment and being transformed over time.

Middle-ranged theories of Swanson, Boykin & Schoenhofer

THE THEORY OF NURSING AS CARING: A MODEL FOR TRANSFORMING PRACTICE (Anne Boykin and Savina O. Schoenhofer)

Anne Boykin

- Kaukauna, Wisconsin
- AlvernoCollege in Milwaukee, Wisconsin in 1966 (Nursing)
- Emory University in Atlanta, Georgia (Masters)
- Vanderbilt University in Nashville, Tennesee(Doctorate)
- currently the Director of Nursing at Florida Atlantic University.

Savina O. Schoenhofer

- Her initial nursing degree was completed at Wichita State University, where she also earned graduate degrees in nursing, psychology, and counseling.
- She completed a PhD in educational foundations and administration at Kansas State University in 1983.

Dance of a Caring Person

- a visual representation of the theoretical assertion that lived caring between the nurse and the nursed expresses underlying relationships.

Boykin & Schoenhofer Metaparadigm in Nursing

Person

- One: Persons Are Caring by Virtue of Their Humanness
  - sets forth the ontological and ethical bases on which the theory is grounded. Person –each person throughout his life grows in the capacity to express caring.
- Two: Person Are Whole and Complete in the Moment
  - being complete in the moment signifies that there is no insufficiency, no brokenness, and no absence of something.
- Three: Person Live Caring, Moment to Moment
  - caring is a lifetime process that is lived moment to moment and is constantly unfolding.

Health

- Four: Personhood is Living Life Grounded in Caring.
  - The fullness of being human is expressed in living-caring uniquely day to day.

Environment

- Five: Personhood Is Enhanced Through Participating in Nurturing Relationships with Caring Others.
  - The nature of relationship is transformed through caring.

Nursing

- Six: Nursing is Both a Discipline and a Profession
  - Nursing is an exquisitely interwoven unity of aspects of the discipline and profession of nursing.

THEORY OF CARING
(Kristen M. Swanson)

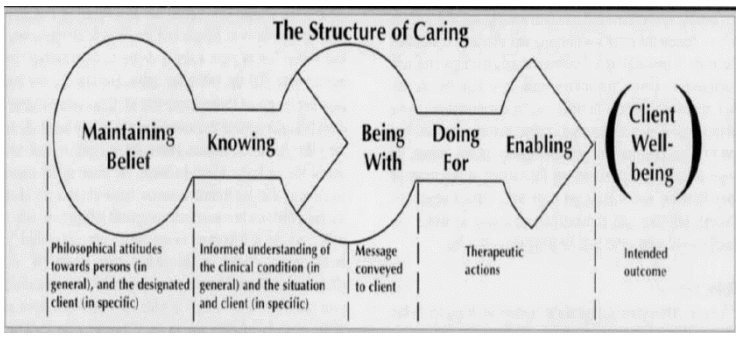
Kristen M. Swanson

- was born in Providence, Rhode Island.
- she studied psychosocial nursing with an emphasis on the concepts of loss, stress, coping, interpersonal relationships, person and personhood, environments and caring.

5 Dimensions

1. Knowing
2. Being with
3. Doing for
4. Enabling
5. Maintaining belief

- Caring is central to nursing
- Theory can be applied to clinical setting.



Swanson's Metaparadigm in Nursing

Person

- Unique dynamic beings with thoughts, feelings and behaviors

Environment

- Any context that influences or is influenced by the patient.
- Situationally

Health

- A complex process of establishing new meanings restoring integration and emerging into a sense of renewed wholeness.

Nursing

- Informed caring for the well-being of others.

According to Swanson (1991), caring is a "nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility". In this theory, the ultimate goal of nurse caring is to enable clients to achieve well-being.

31 PAGES HAHAHA tas yung iba dyan, merong naka enumerate lang, d ko na nilagyan ng meaning. Pero nilagay ko naman lahat nun nasa ppt nila sir/mam. kung may gusto kayo dagdagan or bawasan, edit nyo sa docx. Basta kayo bahala Hahahaha Goood luccckk!! - Aki

COVERAGE

1. The CASAGRA Transformative Leadership Theory
2. Theory of Composure Behaviors
3. Technological Competency as caring in Nursing
4. Prepare Me Theory
5. Retirement and Role Discontinuity Theory
6. Theory of Nursing Practice and Career
7. Synchronicity in HST: Theory of Nursing Engagement

THE CASAGRA TRANSFORMATIVE LEADERSHIP THEORY (Sister Carolina Agravante)

- "Focus on the type of leadership in nursing that can challenge the values of the changing world."
- Full title of theory: "The CASAGRA Transformative Leadership Model: Servant – Leader Formula & the Nursing Faculty's Transformative Leadership Behavior"
- Theory is focused primarily on the educational and psycho-spiritual aspect of nursing.
- It is coined after the name of the investigator: Sr. CArolina S. AGRAvante (CASAGRA)
- emphasized the need for nursing faculty specially trained to develop holistic nurses who will become leaders in health service.
- Make change happen in: Self, Others, Groups and Organizations
- Charisma a special leadership style commonly associated with transformational leadership, extremely powerful, extremely hard to teach.

Sister Carolina S. Agravante SPC RN PhD

- First Filipino theorist
- SPC – Sister of St. Paul of Chartres

Educational Background:

- 1964 – BSN Degree at St. Paul University as Magna Cum Laude.
- 1964 – passed the NLE as a board topnotcher
- 1967 – 1969 – master's degree in Nursing Education at Catholic University of America as a full-fledged scholar.
- 2002 – Doctoral Degree in Philosophy at University of the Philippines Manila
- 2002 – CASAGRA Transformative Leadership Theory was published.

Professional Experience:

- President of St. Paul University -Iloilo, where she taught research subjects among senior students.
- Former president of the Association of Deans of the Philippines Colleges of Nursing (ADPCN).
- Philippine Accreditation Association of Schools, Colleges and Universities (PAASCU) Accreditors.
- Representative in the International Nursing Congress that was held in Brunei in 1996.
- Part of a delegation that participated in the International Council of Nursing in Vancouver, Canada.
- President of St. Paul College -Ilocos Sur.
- Vice-President for Academics.
- Program chair of the school's Department of Nursing.

The Theory is classified as a Practice theory

Practice theory – lower than the middle-ranged theory

1. **Complexity / Abstractness/ Scope**
   - Focuses on a narrow view of reality, simple and straightforward;
2. **Specificity**
   - Linked to a special population or an identified field of practice
3. **Characteristic of Scope**
   - Single, concrete concept that is operationalized;
4. **Characteristic of Proposition**
   - Propositions defined;
5. **Testability**
   - Goals or outcomes defined and testable;
6. **Source of Development**
   - Derived from practice or deduced from middle range theory or grand theory.

Purpose

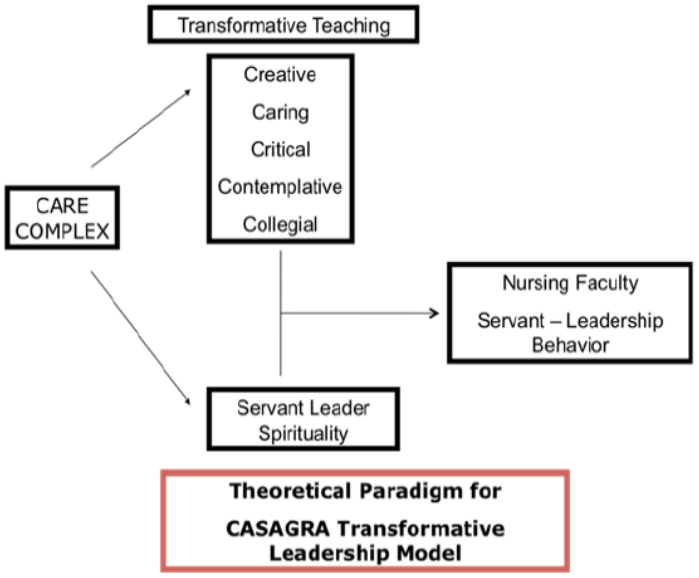
- The present day demands in the nursing profession challenge nursing educators to revisit their basic responsibility of educating professional nurses who are responsive to technological, educational and social changes happening in the Philippines society today.
- Nursing education is faced with a new concern that is globalization of nursing services for the international market. Therefore, a need to develop globalization of care with focus on developing caring nurses.
- The formation of new nursing leaders is urgently needed; leaders with new vision who will venture new traits and who have gone through new formation in order to serve the society as professional nurse.
- Nurses need competent leaders with a dream of what nursing can be, whose basic stand is caring and service who are competent in nursing, assertive of their own rights with the help profession.

Main Propositions

- these are the statements that expresses the nursing theorist opinion.
- CASAGRA transformative leadership
  - a psycho-spiritual model, was an effective means for faculty to become better teachers and servant-leaders.
- Care complex (Compassion, Authenticity, Respect, Excellence)
  - a structure in the personality of the caregiver that is significantly related to the leadership behavior.
- The CASAGRA servant-leadership formula
  - an effective modality in enhancing the nursing faculty's servant-leadership behavior.
- Vitality of Care Complex of the nursing faculty
  - directly related to leadership behavior

Three-Fold Transformation Leadership Concept

1. **Servant Leader Spirituality**
2. **Self-Mastery**
3. **Special Expertise**



The framework explains and predicts the continuous formation of nursing leadership behavior in nursing faculty that will eventually affect their teaching function.

- A person with dynamic care complex is the cornerstone of nursing leadership. According to care complex of Agravante, caring personality rests on the possession of a care complex with in a person as an energy source of caring.

Servant-leadership Behavior

- behavior refers to the perceived behavior of nursing faculty manifested through the ability to model the servant leadership qualities to students, ability to bring out the best in students, competence in nursing skills, commitment to the nursing profession, and sense of collegiality with the school, other health professionals, and local community.
- "the servant-leader is servant first. It begins with a natural feeling that one wants to serve as opposed to wanting power, influence, fame or wealth." – Robert K. Greenleaf

Self-Mastery

- expressed in vibrant care complex
- Care complex in the personality of the nursing faculty is highly correlated to their leadership behavior.
- The care complex is necessary given as a stimulant in the performance of the leadership activities.
- A person with dynamic care complex is the cornerstone of nursing leadership.
- Care complex: Compassion, Authenticity/ Honesty, Respect and Excellence

Special Expertise

- the level of competence in the particular nursing area that the professional nurse is engaged in.
- Expertise is the practice of caring and proactive in face of challenges for the profession go hand-in-hand. Education and practice bring this about.

Applicability

- The servant-leader formula can be a useful tool to charge nurses as this will enable them to become leaders and educators while following the footsteps of our Lord, Jesus Christ.
- In the academe, knowing one's strengths and weak points can help in becoming a better individual and professional resulting to an effective teaching on students and staff.
- The effect of the CASAGRA leadership model using the servant leader model on the leadership behavior in the nursing facility is an effective formula in organizing one direction in achieving organizational goals

THEORY OF COMPOSURE BEHAVIORS (Carmelita Divinagracia)

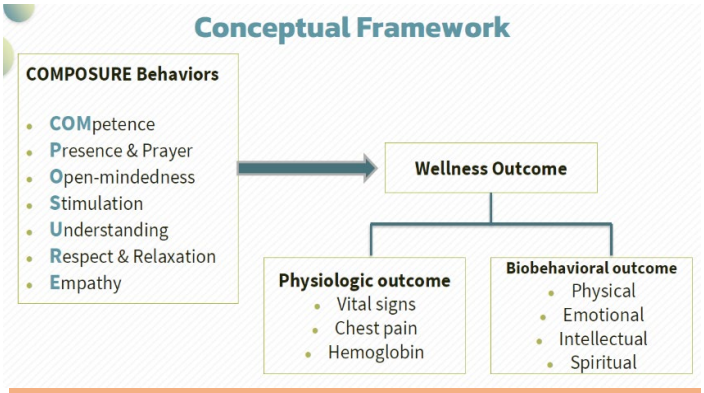
- A condition of being in a state of well-being, a coordinated and integrated living pattern that involves the dimension of wellness.
- COMPOSURE behaviors have been inspired to the principle of holistic care wherein a patient wellness outcome can be achieved through series of quality attributes of nurses, which caters to every aspect of patient wellness, may it be biobehavioral or physiologic wellness outcome.
- The nursing profession can actively deliver a quality care through biobehavioral caring interventions like this COMPOSURE behavior because regardless of social class, gender, age, nationality ---each one needs humane, caring, spirituality-oriented interventions that can facilitate wellness

Carmelita Divinagracia

- 1975 – Master in Nursing at UP
- 2001 – Doctoral Degree in Nursing at UP
- Dean- College of Nursing president U.E.R.M Memorial medical center/ ADPCN Aurora Blvd, Quezon City, Philippines.
- 2008 – Recipient of the Anastacia Giron Tupas Award given by the Philippine Nursing Association (PNA)
- Member of CHED 's Technical committee on Nursing Education
- Has been lauded for developing the art and competency of teaching nursing.
- Has been a clinic nurse, staff nurse, head nurse, instructor, assistant dean and dean
- Expert in Research and Education
- Has lectured and written about her work as a nurse and has use her hands-on experience to develop better ways to teach nursing.
- Her love for nursing and her dedication to carve out learning tools for nursing students has been a commendable and rare field of discipline.
- She conducted a study-to determine the effects of COMPOSURE behaviors of the advanced nurse practitioner on the recovery of selected patients at the Philippine Heart Center.

Advanced Nurse Practitioner

- BSN graduate
- Licensed and has a clinical experience of at least 2 years in the clinical area
- Has undergone special training in critical area.



Physiologic wellness outcome

- This refers to the perceived wellness in terms of vital signs, and complete blood count.

Biobehavioral Wellness Outcome

- This refers to the perceived wellness in terms of physical, intellectual, emotional, and spiritual.

Dimensions of Wellness

Physical Wellness

- a person's ability to function effectively in meeting the demands of the day's work and to use free time effectively.
- includes good physical fitness and the possession of useful motor skills.
- A person with physical health is free from illnesses that affect the physiological systems of the body such as the heart, the nervous system, and the like.
- A person with physical health possesses an adequate level of physical fitness and physical wellness

Intellectual Wellness

- a person's ability to learn and to use information to enhance the quality of daily living and optimal functioning.
- A person with intellectual wellness is generally characterized as informed, as opposed to ignorant.
- A person with intellectual health is free from illnesses that invade the brain and other systems that allow learning.
- A person with intellectual health also possesses intellectual wellness.

Emotional Wellness

- a person's ability to cope with daily circumstances and to deal with personal feelings in a positive, optimistic, and constructive manner.
- A person with emotional wellness is generally characterized as happy, as opposed to depressed.

Spiritual Wellness

- a person's ability to establish a values system and act on the system of beliefs, as well as to establish and carry out meaningful and constructive lifetime goals.
- It is often based on a belief in a force greater than the individual that helps one contribute to an improved quality of life for all people.

ComPOSURE Behaviors

1. **Competence**
   - An in-depth knowledge and clinical expertise demonstrated in caring for patients.
   - This also stands for consistency and congruency of words and deeds of the nurse.
2. **Presence & Prayer**
   - A form of nursing measure which means being with another person during times of need.
   - This includes therapeutic communication, active listening, and touch.
   - It is also a form of nursing measure which is demonstrated through reciting a prayer with the patient and concretized through the nurse's personal relationship and faith in God.
3. **Open- mindedness**
   - A form of nursing measure which means being receptive to new ideas or to reason.
   - It conveys a manner of considering patient's preferences and opinions related to his current health condition and practices and demonstrate the flexibility of the nurse to accommodate patient's views.
4. **Stimulation**
   - a form of nursing measure demonstrated by means of providing encouragement that conveys hope and strength, guidance in the form of giving explanation and supervision when doing certain procedures to patient, use of complimentary words or praise and smile whenever appropriate.
   - Appreciation of what patient can do is reinforced through positive encouraging remarks and this is done with kind and approving behavioral approach.
5. **Understanding**
   - According to her, it conveys interest and acceptance not only of patient's condition but also his entire being.
   - This is manifested through concerned and affable facial approach; this is a way of making the patient feel important and unique.
6. **Respect**
   - Use of preferred naming in addressing the patient, po and opo, is a sign of positive regard.
   - It is also shown through respectful nods and recognition of the patient as someone important.
7. **Relaxation**
   - Entails a form of exercise that involves alternate tension and relaxation of selected group of muscles.
8. **Empathy**
   - Senses accurately other person's inner experience.
   - The empathic nurse perceives the current positive thought and feelings and communicates by putting himself in the patient's place.

40 Statements conceptualized by Divinagracia as cited by Leocadio

1. **Physical Domain**
   - Involves: muscle strength, mobility, posture, gait exercise, activity tolerance and cardio-respiratory endurance.
2. **Intellectual Domain**
   - knowledge and perception of a healthy self and ability to recognize the presence of risk factors and preventive measures.
3. **Spiritual Domain**
   - defined as development of inner self or one's soul through a relationship with God and others.
4. **Emotional Domain**
   - Includes: awareness, orientation, understanding of own and other personal feelings, ability to control and cope with emotions.

Patient Wellness Outcome

- This refers to the perceived wellness after receiving nursing care in terms of physiologic and biobehavioral.
- Many illnesses are curable and may have only a temporary effect on health. Others, such as diabetes, are not curable but can be managed with proper eating, physical activity, and sound medical supervision.
- It should be noted that those possessing manageable conditions may be more at risk for other health problems, so proper management is essential. For example, unmanaged diabetes is associated with high risk for heart disease and other health problems.

Active Listening

- Most basic form of holistic communication
- a specific way of hearing what a person says and feels, and reflecting that information back to the speaker
- It is the skill of paying gentle, compassionate attention to what has been said or implied
- When you listen in this way to patients, you just try to reflect the other person's feelings and deeper meanings, which helps them feel heard and understood
- **Goal:** to listen to the whole person and provide her with empathic understanding

A Positive Total Outlook on Life

- is essential to wellness and each of the wellness dimensions.
- A "well" person is satisfied in his/her work, is spiritually fulfilled, enjoys leisure time, is physically fit, is socially involved, and has a positive emotional-mental outlook.

The Holistic Nurse

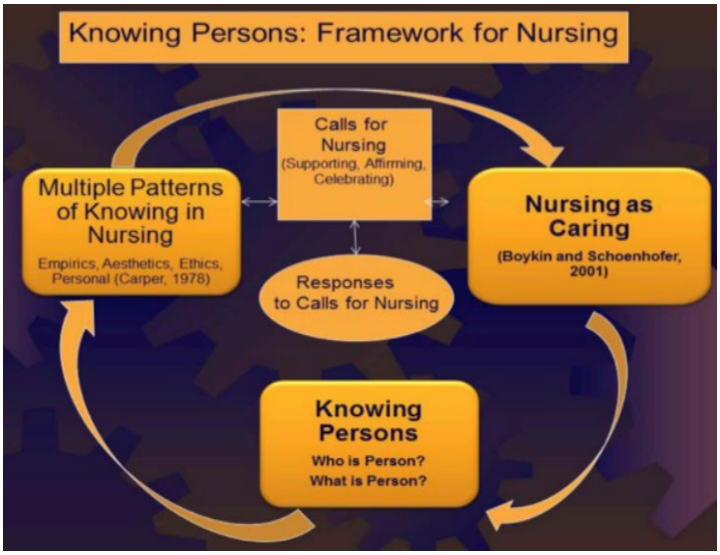
- is an embodiment of the care she renders. The nurse creates the calm environment in any setting that facilitates treatment, healing and recovery from any pain or discomfort.

TECHNOLOGICAL COMPETENCY AS CARING IN NURSING (Rozzano Locsin)

- clinical nursing practice
- technological competency as caring in nursing is the harmonious coexistence between technologies and caring in nursing.
- The harmonization of these concepts places the practice of nursing within the context of modern healthcare and acknowledges that these concepts can co-exist.
- Technology brings the patient closer to the nurse conversely, technology can also increase the gap between the nurse and nursed.
- When technology is used to know persons continuously in the moment, the process of nursing is lived.

Rozzano Locsin

- was born in 1954
- registered nurse
- a native of Dumaguate City.
- who resides and practices his nursing profession at Tokushima University, Tokushima, Japan as a Professor of Nursing.
- He is a Professor emeritus of Florida Atlantic University in Boca Raton, Florida, USA.
- Locsin earned his PhD in Nursing from the University of the Philippines in 1988, and
- his MA in Nursing and Bachelor of Science in Nursing from Silliman University in 1978 and 1976 respectively in the Philippines
- 1991 – professor of the Florida Atlantic University, Christine E. Lynn College of Nursing
- Locsin's research and scholarly works concerning technology and caring in nursing converge on the theme "life transitions in human health."



Assumptions:

Technological Competency as Caring in Nursing is a middle range theory grounded in Nursing as Caring (Boykin & Schoenhofer, 2001) – it is illustrated in the practice of nursing grounded in the harmonious coexistence between technology and caring in nursing

- Persons are caring by virtue of their humanness (Boykin & Schoenhofer, 2001)
- Persons are whole or complete in the moment (Boykin & Schoenhofer, 2001)
- Knowing persons is a process of nursing that allows for continuous appreciation of person moment to moment (Locsin, 2005)
- Technology is used to know wholeness of persons moment to moment (Locsin, 2004)
- Nursing is a discipline and a professional practice (Boykin & Schoenhofer, 2001)

Dimension of Technological Value in the Theory

- Technology as completing human beings to reformulate the ideal human being such as in replacement parts, both mechanical (prostheses) or organic (transplantation of organs)
- Technology as machine technologies. Examples: computers and gadgets enhancing nursing activities to provide quality patient care such as Penelope or Da Vinci in the Operating Theatres.
- Technologies that mimic human beings and human activities to meet the demands of nursing care practices. Example: cyborgs (cybernetic organisms) or anthropomorphic machines and robots such as nursebots (Locsin & Barnard, 2007)

Nursing metaparadigm

Person

- Recipient of care
- They are seen as participants in their care rather than the object of care.

Environment

- Internal and external factors

Health

- Defined by person which encompasses his physical, social and mental well-being.

Nursing

- Nursing action utilizing the nursing process which is dynamic scientific process.
- Nursing process: Knowing, designing, Appreciation and knowledge

PREPARE ME THEORY (Carmencita Abaquin)

- Supportive environment where patients with advanced progressive cancer and the terminally-ill patients can attain dignity of dying with peace while their families are given the necessary support they need to cope up with.
- thus, healthcare professionals and family members have to provide this kind of venue whether in the home of hospital setting. This will maintain a holistic support for this special type of clients.

Background

- During the past decade, the incidence of cancer has significantly increased not only in the Philippines but also worldwide.
- Cancer has been associated with multifaceted issues and concerns regardless of stages of development. For patients with advanced progressive cancer, these problems are compounded, thus the need to develop interventions that can address the needs especially those concerning the ability to be in control and maintaining their dignity.

Carmencita M. Abaquin

- Master's Degree in Nursing at UP
- An expert in Medical Surgical Nursing with subspecialty in Oncologic Nursing, which made her known both here and abroad.
- Faculty, University of the Philippines College of Nursing
- Chairman, Board of Nursing

Treatments Modalities

Chemotherapy

- Cytotoxic drugs, Immune Therapy and Targeted Therapy.

Radiation Therapy

- IMRT, IGRT, 3DCRT, Stereotactic radiosurgery and Brachytherapy

Surgery

- Open surgery and laparoscopic surgery

Palliative care

- Pain management, care of terminally ill patient, psychological spiritual support and end of life care.

Basic Assumptions & Concepts

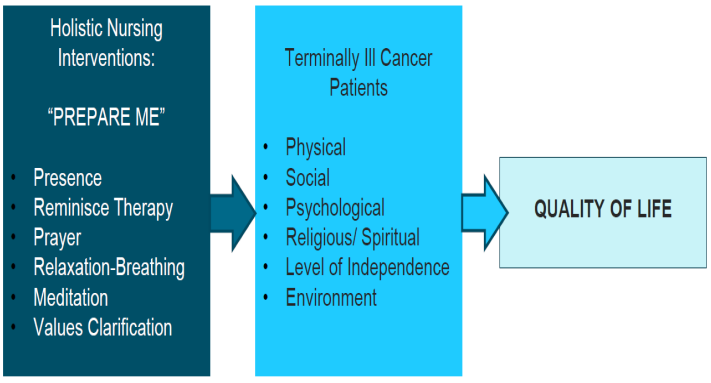
Prepare Me

- Also known as Holistic Nursing Interventions
- The nursing interventions provided to address the multi-dimensional problems of cancer patients that can be given in any setting where patients choose to be confined
- This program emphasizes a holistic approach to nursing care.

Components of PREPARE ME Theory

1. **Presence**
   - Being with another person during the times of need.
   - This includes therapeutic communication, active listening and touch.
2. **Reminisce therapy**
   - Recall of past experiences, feelings and thoughts to facilitate adaptation to present circumstances.
3. **Prayer**
4. **Relaxation – breathing**
   - Techniques to encourage and elicit relaxation for the purpose of decreasing undesirable signs and symptoms such as pain, muscle tension, and anxiety.
5. **Meditation**
   - Encourages an elicit form of relaxation for the purpose of altering patient's level of awareness by focusing on an image or thought to facilitate inner sight which helps establish connection and relationship with God.
   - It may be done through the use of music and other relaxation techniques.
6. **Values Clarification**
   - assisting another individual to clarify his own values about health and illness in order to facilitate effective decision-making skills.
   - Through this, the patient develops an open mind that will facilitate acceptance of disease state or may help deepen or enhance values.
   - The process of values clarification helps one become internally consistent by achieving closer between what we do and what we feel.

CONCEPTUAL FRAMEWORK:



Quality of Life

- a multifaceted construct that encompasses the individual's capacity and abilities with an aim of enriching life when it cannot longer be prolonged.
- This includes proper care of the body, mind, and spirit to maintain integrity of the whole person despite limitations brought by the present situation.
- This can be seen with the following dimensions brought by the present situation. This can be seen with the following dimensions of man -physical, psychological, social, religious, level of independence, environment, and spiritual.

Terminally-ill patients

- require holistic approach of nursing that encompasses the different aspects of man namely physical, psychological, social, religious, level of independence, environment, and spiritual.
- In this premise, patients with incurable illness, specially cancer patients, require a whole faceted care that will improve the quality of their life.

PREPARE ME Interventions

- are said to be effective in improving the quality of life of cancer patients.
- This can be further applied not only with terminally-ill patients but also promisingly introduced to those patients with acute and chronic diseases and those with prolonged hospital stays.

Nursing Metaparadigms

Person / Patient

- specific to patients in advanced stages of cancer.
- They are holistic being with physical, psychological, social, religious, level of independence, and environmental aspects.
- Patients who are terminally-ill or those with incurable diseases as with cancer must be approached in multifaceted care to improve their quality of life.

Environment

- Just like all the other paradigms, environment was not defined accurately.
- Nevertheless, we can assume that environment is an aspect or dimension integrated to the cancer patient.
- Her quality of life can also be assessed in this aspect thus it must be given consideration in the provision of care.

Health

- The concept of her theory revolves around illness, particularly cancer and the provision of holistic care to improve quality of life despite their terminal cases.

Nursing

- The goal of nursing care is the improvement of quality of life for advance stage cancer patients despite their current situation.

For patients, an honest view and feedback regarding their illness and management, and obtaining their perceptions can lead to improvement of services and communication between patients with advanced progressive cancer, their families and health team.

RETIREMENT AND ROLE DISCONTINUITY THEORY (Letty G. Kuan)

- About Graceful Aging
- Her interest in old people initiated her to formulate a theory for the purpose of knowing the reasons and variable on how to make people happy at retirement by conceptualizing a framework.

- Focuses on the adaptation to retiring and aging process.
- Nurses may provide quality care to our aging patient by being perceptive of the client's needs.
- Nurses may do this by promoting self-autonomy and confidence to something more complex like involving the families of patients in activities where in the patient would feel that he is still and important member of the family.
- Allowing the patient to open up to you for his concerns and for the nurse to have an open ear for these concerns are important.
- It is also very much important to allow the patient to seek relationships with other people his age, so that the patient can realize that this really happens to everyone.
- It is also important to keep in mind that, as nurses, we must not forget to administer maintenance medications of aging clients as well as to maintain physical safety as they are at a high rish for falls, altered skin integrity and contractures secondary to limited range of motion – these are all basic to caring for an elderly – and are very much necessary to make sure that there is a easy transition on their part as both physical and psycho-socio-emotional needs are important to take care of in terms of giving holistic care to be able to allow the patient to age with grace.

Letty G. Kuan EdD, MAN, MSN

- Born Nov 19, 1936 in Katipunan-Dipolog, Zamboanga del Norte
- Father is a native Chinese businessman and her mother was a home economics teacher.
- Educator, nurse, researcher, nun, counselor, author, mentor and "mother" to many UPCN alumni and nurses from other schools and hospitals whom she considers her big family of "adopted children"

Educational Timeline:

1960's
- southern islands hospital, school of nursing
- St. Paul College in Manila

1975
- Master of Arts in Nursing of University of the Philippines, college of Nursing (UPCN)

1979
- Master Science in Counsellor Education at the University of the Philippines.

1985
- Doctor of Education, Guidance and Counseling

Professional Experience:
1. Currently Professor Emerita of the UPCN
2. Consecrated Lay Woman, Member of the Notre Dame de Vie Secular Institute
3. Fellowships in Clinical Neuro-Psychology at Salpetriere Hospital, France and Neuro-Gerontology at Good Samaritan Hospital, New York.
4. Consultant in the development or revision of curricula or programs related to Gerontology, Neuro-Psychology, Counseling and Bioethics

Achievements:
1. 2019 K. V. Sotejo Medallion of Honor Recipient
2. Former member of the Board of Nursing
3. Recipient of Award for continuing Integrity and Excellence in Service
4. Recipient of Metrobank Foundation Outstanding Teacher Award
5. Care of Older Persons and Bioethics
6. Bioethics formal training – institute of religion, ethics and law, Baylor College of Medicine Texas

Main Proposition

1. Identified the factors that determine a "fruitful" aging process
2. Emphasized on the challenge of role transition that aging people face.
3. Proposed that when an individual is holistically prepared for the transition, it will become a positive experience for the aging individual.

Basic Assumptions and Concepts

Physiology Age
- The endurance of cells and tissues to withstand the wear- and – tear phenomenon of the human body.

Role
- Refers to the set of shared expectations focused upon a particular position.
- It is also the set of shared expectations from the retiree's socialization experiences and the values internalized while preparing for the position as well as the adaptation to the expectations socially defined for the position itself.

Coping approaches
- Refer to the interventions or measures applied to solve a problematic situation or state in order to restore or maintain equilibrium and normal functioning

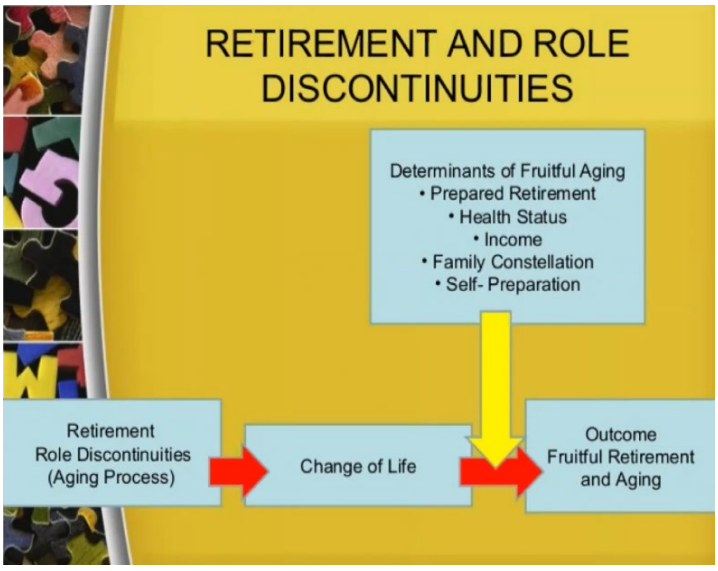
Change of Life
- The period between near retirement and post retirement years.
- In medico-physiologic terms, this equates with the climacteric period of adjustment and readjustment to another tempo of life.

Retiree
- An individual who has left the position occupied for the past years of productive life because he/she has reached the prescribed retirement age of has completed the required years of service.

Role Discontinuity
- The interruption in the line of status enjoyed or role performed.
- The interruption may be brought about by an accident, emergency and change of position or retirement.

Nursing Metaparadigm

Person - elderly
Health – defined as aging.
Nursing – Preparing the person to have fulfillment in their retirement years and assisting then in their elderly years in leaving a legacy.



Determinants of positive perceptions in retirement and positive reactions toward role discontinuities:

Health status
- Refer to physiological and mental state of the respondents, classified as either sickly or healthy.

Income (Economic level)
- Refer to the financial affluence of the respondent which can be classified as poor, moderate or rich.

Work status
- Status of an individual according to his/her work.

Family constellation
- Means the type of family composition described either close knit or extended family

Self-preparation
- Preparing of self to possible outcomes of life.

Findings and Recommendation

Health status
- Maintain and promote health at all ages because proper care of the mind and body is needed to maintain health in old age.

Family constellation
- It softens the impact and also offers gain substitutes, as in providing monetary support, absorbing mental strains.

Income
- One factor that secure outlook of individual.
- Retirement pensions should meet the need of the elderly.

Work status
- Goes hand in hand with economic security that generates decent compensation.
- Enhances self-esteem

Self-preparation
- Both therapeutic and recreational.
- It is not investing in monetary benefits but something that gives them dignity, enhance their feeling of self-worth.

- Must cultivate interest in recreational activities to channel feelings of depression or isolations
- To perceive retirement positively, it requires early socialization of the various roles they take.
- Government agencies to construct holistic pre-retirement preparation programs
- Retirement should be recognized as the fulfillment of every individual birthright and must be lived meaningfully.

THEORY OF NURSING PRACTICE AND CAREER (Cecilia Laurente)

- The theory was from her study, the categorization of Nursing Activities as Observed in Medical-Surgical Ward Units in Selected Government and Private Hospitals in Metro Manila
- This conducted from January to June 1987
- This study emphasizes on the importance of proper handling emotions by the nurse.
- Focuses on communication as the key when getting nurses to engage patients and families in their care.
- She has strategies that describes how patients and their families, working with nurses can be advisors to promote better communication at the bedside to improve quality of care.
- This theory emphasizes that the other entry point of helping the patient is through the family, when nurses can be of great assistance to prevent serious complications before it even started.

Cecilia Laurente

Educational Timeline:
- 1967 – Graduate BSN at University of the Philippines
- 1973 – Masters of Nursing

Professional Experience:
- 1968 ~1969 – staff nurse
- 1970 ~ 1972 – head nurse
- 1973 ~ 1976 – Nursing Supervisor a t Philippine General Hospital
- 1977 ~ 1979 – Metropolitan Hospital in Michigan USA
- 1979 – instructor of University of the Philippines College of Nursing
- 1966 ~ 2002 – Dean of College of Nursing in UP Manila

Anxiety

- Mental state of fear or nervousness about what might happen.

4 Categories:
1. Mild level of anxiety
   - If you have this, you are alert
   - Example: first time to speak at front of many people
2. Moderate level of anxiety
   - Experience more frequent and persistent symptoms
3. Severe level of anxiety
   - More intense
4. Panic level of anxiety
   - Need professional health
   - Intense fear that triggers severe physical reaction.

Nurse's Caring Behavior that Affects Patient Anxiety

Presence
- Person to person contact between the client and the nurses

Concern
- Development in the time through mutual trust nurse and the patient.

Stimulation
- Nurse stimulation through words tops the powerful resources of energy of person for healing.

Enhancing Factors

- these factors enhance the nurses caring behavior toward patients.

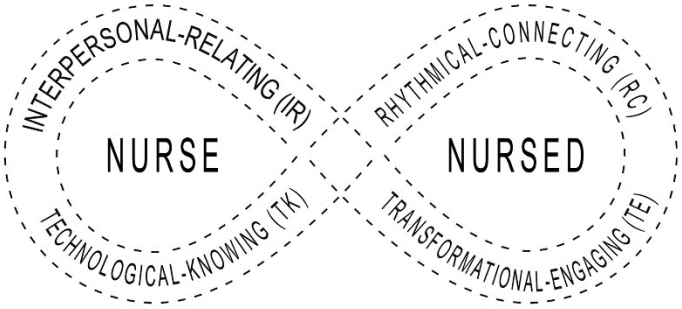
1. One's caring experience, belief and attitude
   - What the nurse experience as a she was growing up from her family, friends and the community where she belongs, will affect the behavior that she will be able to present to others and patients.
2. Feeling good about work
   - Your dream and passion
   - You are enjoying your work
3. Learning caring at school
   - Nurse educators, they are contributors to the kind of nurse that you will become in the future.
4. What patients tell about the nurse coping mechanism to problems encountered
   - We need to handle our problems
5. Communication
   - Trust
   - Manner of speaking, tone of voice, gestures and facial expression should congruent to what we say.

Predisposing Factors

- Age
- Sex
- Civil status
- Educational Background
- Length of work experience

SYNCHRONICITY IN HUMAN – SPACE – TIME: A THEORY OF NURSING ENGAGEMENT

- Focuses on the innovative process of nursing engagement expressed as interpersonal relating, technological knowing, rhythmical connecting and transformational engaging
- The philosophical and theoretical perspectives declare the evolutionary design in affirming the meaningful human caring experience within nursing practice.
- Theory based practice sustains the human science view of wholeness of persons while focusing on the inclusion of the coexistence between technology and caring in nursing
- The practice of nursing approaches human caring beyond the customary, fragmented, and routinary healthcare commitment.
- Focused on human caring, supports the praxis of nursing, informs health care policy, and serves as a theoretical base for practice through the processes of IR, TK, RC, and TE.
- The application of the nursing engagement processes is guided by theses life principles, nursing then unfolds in a unitarily developing pattern that upholds the wholeness of persons through nursing engagement processes in the HST consciousness.



The Proponents

Freslyn Lim-Saco, RN, MN
- Siliman University College of Nursing, Dumaguate City, Philippines

Cliford Masayon Kilat, RN, MA
- St. Paul University Dumaguete, Dumaguete City, Philippines

Rozzano Locsin, RN, PhD
- FAAN Florida Atlantic University, Boca Raton, Florida Tokushima Univarsity, Tokushima Japan

Basic Assumptions

1. HST is a metaphysical spere of caring experiences among persons with patterns of occurrence viewed as meaningful for both the nurse and the nursed.
2. Nursing unfolds in a unitarily pattern of wholeness integrated within the HST processes
3. The nurse – nursed HST consciousness is irreducibly evolving thus co-creating human transcendence.
4. SynHSTTNE is a pandimensionally transforming process of interconnectedness among humanity and beyond infinity.

Four Life Principles of the Theory

1. **Interconnectivity**
   - The connectedness of beings and systems
2. **Emancipation**
   - The liberation from oppressive situations or human health conditions.
3. **Equitability**
   - The system of fairness and justice within and across healthcare systems.
4. **Human transcendence**
   - The ability to go beyond the limits or the transformation of persons beyond their biologic nature, social norms, and universal perspectives.

Process of the Synchronicity in the HST Theory in Nursing Practice

Interpersonal Relating

- The nurturance of a relationship that appreciates the self and others as whole transcendental beings
- Synchronicity is enhanced through optimism, perseverance and keen intuition
- Acknowledging the self and the other as a caring person is revealing an appreciation of IR.
- The nurse establishes trust when recognizing the existence of the nursed while verifying the call for caring beyond what is seen or spoken by the latter within the HST.

Technological Knowing

- Adapted from Locsin (2015)
- Focused on providing authentic and humane caring.
- Guided by technology, TK is the process that leads the nurse in sensing relevant data and pattern information about the nursed in interaction as persons and not as objects of care. (Locsin & Purnell, 2017)

Rhythmical Connecting

- Means dancing to the cadence of treatments and nursing activities where each meaningful, caring experience is not merely an encounter, but a fit into a rhythmical pattern through which the interconnectivity of persons within the HST is nurtured.
- In this process, open communication enables the nurse, and the nursed to interconnect.

Transformational Engaging

- Refers to the process of intimately concurring with the recognized improvement of the caring moment and human health experiences, a continuous evaluation and infinite reflection of wholeness by both the nurse and the nursed.
- There is a constant process of transformation
- Transformational learning in this process is flourished by the engagement of caring attributes, knowledge and skills.

Last dayyy naaa! Pagtapos netoo pahinga na kayuuuu!
Good luccckkk guysss – Aki