THEORETICAL FOUNDATIONS OF NURSING

NCM-N 100 | **1st Semester | Ms. Chinggay R. Agor**

W1 - Introduction to Nursing Theories

Nursing Theory: History and Evolution

- The beginning of nursing theory can be traced to **Florence Nightingale** (The Mother of Modern Nursing)
- She established a school of nursing at St. Thomas' Hospital in London marked the birth of modern nursing
- She envisioned nurses as a body of educated women
- Her passion started while taking care of the wounded during the Crimean War
- Nursing began with a strong emphasis on **practice**
- Later on, it was realized that theory development is significant to develop a body of substantive knowledge to guide nursing practice to establish nursing as a profession and an academic discipline
    - "Theory without practice is empty and practice without theory is blind. Nursing theory is the backbone of clinical care."
- Nursing as an **ART**
    - The art of nursing is the intentional creative use of oneself, based upon skill and expertise, to transmit emotion and meaning to another. It is a process that is subjective and requires interpretation, sensitivity, imagination, and active participation (Rodgers, 2010)

A1 Eras of Nursing Knowledge

- **Curriculum Era (1900-1940)**
    - This era emphasizes on courses included in nursing programs; the goal is to develop specialized knowledge and higher education
- **Research Era (1050s-1970s)**
    - Emphasizes the role of nurses and what to research
- **Graduate Education Era (1950s-1970s)**
    - Emphasizes caving out an advanced role and basis for nursing practice; goal is to focus on graduate education on knowledge development
- **Theory Era (1980s-1990s)**
    - There are many ways to think about nursing; theories guide nursing research and practice
- **Theory Utilization Era (21st Century)**
    - Nursing theories guide research, practice, education, and administration; nursing frameworks produce knowledge

B1 Defining Terminologies

Concepts	Building blocks of theory; describes a phenomenon or a group of phenomena
Definitions	Convey the general meaning of the concepts in a manner that fits the theory
Theory	Is an organized, coherent, and systematic articulation of a set of statements related to significant questions in a discipline that are communicated a meaningful whole... discovered or invented for describing, predicting, or prescribing events or relationships
Assumptions	Accepted as truth and represent the values and beliefs of the theory or conceptual framework
Phenomenon	Aspect of reality that can be consciously sensed or experience
Proposition	A statement about a concept or a statement of the relation between two or more concepts
Nursing Theory	A conceptualization of some aspect of reality, invented or discovered that pertains to nursing. The conceptualization is articulated for the purpose

	of describing, explaining, predicting, or prescribing nursing care
Metaparadigm	The global concepts that identify the phenomenon of central interest to a discipline, the global propositions that describe the concepts and the global propositions that state the relations between or among the concepts
Metatheories	Subject matters are some other theories; theories about theories
Grand Theories	Bold in scope and complex
Middle-Range Theories	More limited scope, less abstraction, address specific phenomena
Descriptive Theories	Describe phenomena, speculate on why phenomena occur and describe consequences of phenomena
Prescriptive Theories	Address and predict consequence of specific nursing interventions

C1 Nursing Metaparadigm

- Consists of four elements: Human Being/Person, Health, Environment, Nursing
- Ex. 1
  - Human - Family
  - Health - Diseases, malnutrition, skin diseases, amoeba, dengue
  - Environment - Live under the bridge, contaminated water
  - Nursing - Should be alarmed and do something about the situation
- Ex. 2
  - Human - Patient
  - Health - Skin disease and dengue
  - Environment - Unsanitary, dirty water
  - Nursing - Assigned nurse assists, administers prescribed meds

D1 Classification of Nursing Theories

Classification	Description	Examples
Philosophies	Specifies the definitions of the metaparadigm concepts in each on the conceptual models of nursing	• Nightingale's Environment Theory • Watson's Theory of Transpersonal Caring • Benner's Stages of Nursing Expertise • Eriksson's Caritative Caring Theory
Conceptual Models and Grand Theories	Proposes something that is true and testable	• Orem's Self-care Deficit Model • Levine's Conservation Model • Rogers' Science of Unitary Human Beings • Johnson's Behavioral System Model • Roy's Adaptation Model • Neuman's System Model • King's General Systems Framework

Middle-Range Nursing Theories	Has a narrower focus than theory and specifies such things as the situation or health condition, the patient population or age group, the location or area of practice and the action of the nurse of the intervention	

D1.1 Analysis Criteria of a Theory

- **Clarity** - "How ***clear*** is this theory?"
- **Simplicity** - "How ***simple*** is this theory?"
- **Generality** - "How ***general*** is this theory?"
- **Empirical Precision** - "How ***accessible*** is this theory?"
- **Derivable Consequences** - "How ***important*** is this theory?"

E1 Importance of Nursing Theory

- **Nursing Education**
  - Theory was used primarily to establish the profession's place in the university
  - It provided conceptual framework to organize the nursing curriculum
  - Guides curricular decision-making
- **Nursing Research**
  - Offers framework for generating knowledge and new ideas
  - All thinking, writing, and speaking is based on previous assumptions about people and the world
  - It provides essential service by identifying gaps in the way we approach specific fields of study such as symptom management or quality of life
  - It helps explain how structures such as race, gender, sexual orientation, and economic class affect patient experiences and health outcomes
- **Nursing Practice**
  - Assists nurses to describe, explain, and predict everyday experiences
  - Serve to guide assessment, intervention, and evaluation of nursing care
  - Facilitate reflection, questioning and thinking about what nurses do
  - Provide a rationale for collecting reliable and valid data about the health status of clients
  - Help establish criteria to measure the quality of nursing care
  - Help build common nursing terminology to be used in communication
  - Enhance autonomy

W2 - Nursing Philosophies

How are Theory and Philosophy related?

- **Theories** (Nursing Theory), also called a nursing model, is a framework developed to guide nurses in how they care for their patients
  - These frameworks define the practice of nursing, identify the role of the nurse, and explain the nursing process as it related to the idea behind the nursing theory
- **Philosophies** (Nursing Philosophies) are theoretical works that address one or more metaparadigm concepts and are of philosophical in nature
  - It is broad and talk general ideas, which contribute to the nursing discipline by forming a foundation for theory development
  - Examples: Nightingale's Environment Theory, Watson's Theory of Transpersonal Caring, Benner's Stages of Nursing Expertise, Eriksson's Caritative Caring Theory
- Both nursing theories and philosophies are the same in that both provide a way for nurses to approach their daily practice

and their individual patients that provides the best care for them

A1 Florence Nightingale's Environment Theory

Major Concepts

- The manipulation of **environment is a major component of nursing care**
- Environment includes social and psychological environment
- When one or more aspects of environment are out of balance, the client must use increased energy to counter the environment stress
- STRESSES drain the client of energy needed for healing

Major Areas of physical, social, and psychological environment

Health of Houses	Presence of pure air, pure water, efficient drainage, cleanliness, and light
Ventilation and warming	Keep the air you breathe as pure as the external air, not too warm or too cold
Light	Direct sunlight Light has quite real and tangible effects upon the human body
Noise	Patients should never be waked intentionally or accidentally Noises may irritate patients
Variety	Need for changes in color and form Mind greatly affects the body
Bed and bedding	Keep bed and bedding clean, neat and dry Position the patient for maximum comfort
Cleanliness of rooms and walls	Use damp cloth rather than a feather duster Clean room is a healthy room
Personal cleanliness	Bathing and drying the skin provides great relief "Every nurse ought to wash her hands very frequently during the day"
Nutrition and Taking Food	Frequent small serving is more beneficial than large breakfast dinner
Chattering hopes and advices	False hope is depressing Patients should hear good news that would assist them in becoming healthier
Observation of the Sick	Teach nurses what to observe, how to observe, what symptoms indicate improvement, what is the reverse, which are of importance, which are of none, which are evidence of neglect and what kind of neglect
Petty Management	House and hospital needs to be well-managed–organized, clean, and with appropriate supplies

A1.1 Environmental Theory and the Nursing Process: ADPIE

- **Assessment**

  - Ask what is needed of wanted
  - Do not ask YES/NO questions
  - Use precise and specific observations concerning all aspects of physical health and environment
- **Diagnosis**
  - Client's response to the environment
- **Planning**
  - Identify nursing actions to keep client comfortable and in best state for nature to act upon
- **Implementation**
  - Taking actions to modify the environment
- **Evaluation**
  - Effects of the changes in the environment
  - Use OBSERVATION

B1 Jean Watson's Theory of Human (Transpersonal) Caring

History and Background

- Born in Welch, West Virginia
- Undergraduate and graduate degrees in nursing and psychiatric mental health nursing
- PhD in educational psychology and counseling
- The main focus in nursing is on CARATIVE FACTORS
- In order for nurses to develop humanistic philosophies and value system, a strong liberal arts background is necessary

Major Assumptions:

- Caring can be effectively demonstrated and practiced only interpersonally
- Caring consists of **carative factors** that result in the satisfaction of certain human needs
- Effective caring promotes health and individual or family growth
- Caring responses accept person not what he/she is now but what he/she may become
- A caring environment is one that offers the development of potential while allowing the person to choose the best action for himself or herself at a given point in time
- Caring is more "healthogenic" than is curing. A science of caring is complimentary to the science of curing
- The practice of **caring is central to nursing**

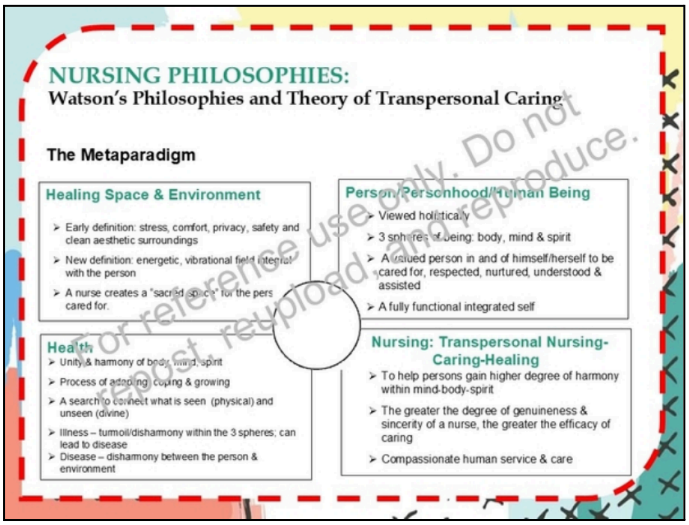
Notes

➔ According to Watson, the **Existential-phenomenological-Spiritual Forces** is the most difficult to understand

- **The transpersonal caring relationship:** protecting, enhancing, and preserving the person's dignity. Humanity, wholeness, and inner harmony
- Characterized by a special kind of human caring relationship that depends on:
  - The nurse's moral commitment in protecting and enhancing human dignity as well as the deeper/higher self
  - The nurse's caring consciousness communicated to preserve and honor the embodied spirit, therefore, not reducing the person to the moral status of an object
  - The nurse's caring consciousness and connection having the potential to heal since experience, perception, and intentional connection are taking place

B1.1 The Caring Occasion/Caring Moment

- Refers to the moment when the nurse and another person come together in such a way that an occasion for human caring is created
- A human-to-human transaction
- It may become transpersonal when *"It allows for the presence of the spirit of both–then the event of the moment expands the limits of openness and has the ability to expand human capabilities."*



C1 Patricia Benner's Stages of Nursing Expertise

History and Background

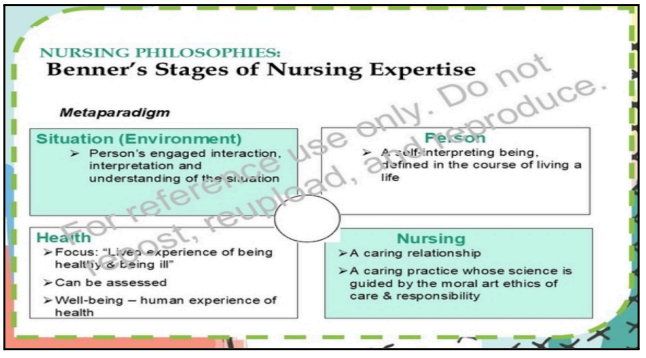
- Born in Hampton, Virginia
- BSN, Masters Degree in Medical-Surgical Nursing, PhD
- Book author, researcher, lecturer
- Staff nurse in the areas of medical-surgical, emergency room, coronary care, ICU, and home care

Major Concepts

- **The NOVICE TO EXPERT MODEL (Five Levels of Nursing Experience)**

1. **Novice**
    - Stage of skill acquisition
    - No background experience of the situation difficulty discerning between relevant and irrelevant aspects of a situation
    - Applies to student nurses
    - Nurses who are completely foreign to new nursing area
2. **Advance Beginner**
    - Able to demonstrate marginally acceptable performance
    - Has enough experience to grasp aspects of the situation
    - Guided by rules and oriented by task completion
    - Most newly graduated nurses
3. **Competent**
    - Learned from **actual practice situations** by following actions of others
    - Conscious and deliberate planning
    - Consistency, predictability, and time management
    - Sense of mastery acquired through planning and predictability
    - Increased level of efficiency but focus is on time management rather than timing in relation to patient's needs
    - Begins to recognize patterns and determine which situation needs attention and which can be ignored
    - Learns to decide what is relevant even without rules
4. **Proficient**
    - Perceives the situation as a whole
    - Performance guided by maxims
    - Recognizes the most salient aspects and has an intuitive grasp of the situation based on background understanding
    - Demonstrate a new ability to see changing relevance in a situation including recognition and implementation of skilled responses to the situation as it evolves
    - Much more involvement with the patient and family
    - Demonstrate increased confidence in knowledge and abilities
5. **Expert**
    - Demonstrates a clinical grasp and resource-based practice
    - Possess embodied know-how
    - Sees the big picture
    - Sees the unexpected

- How long does it take?
    - Competent - **2-3 years**
    - Proficient - **3-5 years**
    - Expert - **5-10 years**



D1 Katie Eriksson's Caritative Caring Theory

- Caritative caring means that we take caritas into use when caring for the human being in health and suffering
- Caritative caring is a manifestation of the love that just exists. Caring communion, true caring, occurs when the one caring in a spirit of caritas alleviates the suffering of the patient

History and Background

- Born Nov. 18, 1943 in Jakobstad, Finland
- Main areas of work: teaching & research
- Forerunner of basic research in caring science
- Developed leading educational program in caring science and nursing

Major Concepts and Definitions

Caritas	• Love and charity; unconditional love • Fundamental motive of caring science • An endeavor to mediate faith, hope, and love through tending, playing, and learning
Caring Communion	• A form of intimate connection that characterizes caring • Characterized by intensity & vitality, warmth, closeness, rest, respect, honesty, and tolerance • Creating possibilities for the other
The Act of Caring	• The art of making something very special out of something less special
Caritative Caring Ethics	• Caring ethics deals with the basic relation between the patient and the nurse • Basic ethical categories: human dignity, caring communion, invitation, responsibility, good and evil, virtue and obligation
Dignity	• **Absolute Dignity** - granted human being through creation • **Relative Dignity** - influenced and formed
Invitation	• The act that occurs when the career welcomes the patient to the caring communion
Suffering	• Human being's struggle between good & evil in a state of becoming • Unique, isolated total experience • Not synonymous with pain
Suffering r/t illness, to care & to life	• r/t illness - connected with illness & treatment • r/t care - suffering caused of care or absence of care; violation of patient's dignity • r/t life - not to be taken seriously, not to be welcome, being blamed, being subjected to the exercise of power
Suffering of human being	• The "patient" is a suffering human being and patiently endures
Reconciliation	• The drama of suffering • Implies a change through which a new wholeness is formed of the life the human being has lost in suffering • Prerequisite to caritas
Caring Culture	• "Environment" • Based on traditions, rituals, and basic values

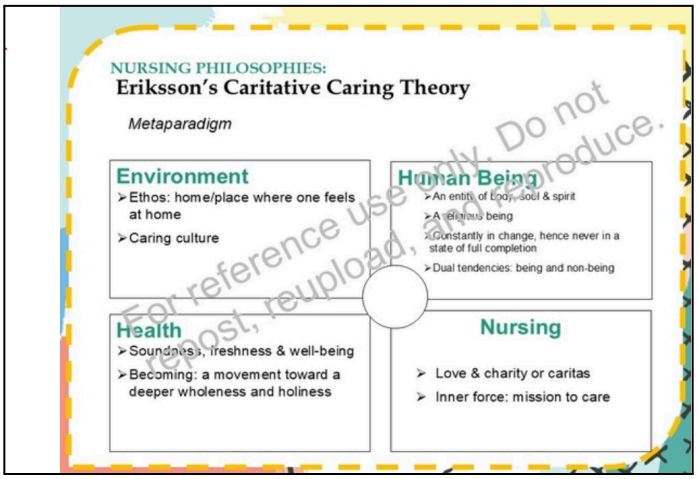
Major Assumptions

Axioms: fundamental truths

- The human being is a fundamental entity of body, soul, and spirit
- The human being is fundamentally a religious being
- The human being is fundamentally holy. Human dignity means accepting the human obligation of serving with love, of existing for the sake of others
- Communion is the basis for all humanity. Human beings are fundamentally interrelated to an abstract and/or concrete other in a communion
- Caring is something human by nature, a call to serve in love
- Suffering is an inseparable part of life
- Health is more than the absence of illness. Health implies wholeness and holiness
- The human being lives in a reality that is characterized by mystery, infinity, and eternity

Theses: fundamental statements concerning general nature of caring science

- Ethics confers ultimate meaning on the caring context
- The basic motive of caring is the caritas motive
- The basic category of caring is suffering
- Caring communion forms the context of meaning of caring and derives its origin from the ethos of love, responsibility, and sacrifice
- Health means a movement in becoming, being and doing while striving for wholeness and holiness which is compatible with endurable suffering
- Caring implies alleviation of suffering in charity, love, faith, and hope



W3 - Nursing Conceptual Models

A1 Martha Roger's Science of Unitary Human Beings

- Nursing is both a science and an art.
- The purpose of nurses is to promote health and well-being for all persons wherever they are. The art of nursing is the creative use of the science of nursing for human betterment

History and Background

- Born May 12, 1914 in Dallas, Texas
- BSN, MA in Public Health Nursing Supervision, Doctor of Science
- Practice in rural public health nursing
- A professor for 21 years
- Published 3 books and more than 200 articles
- Died March 13, 1994

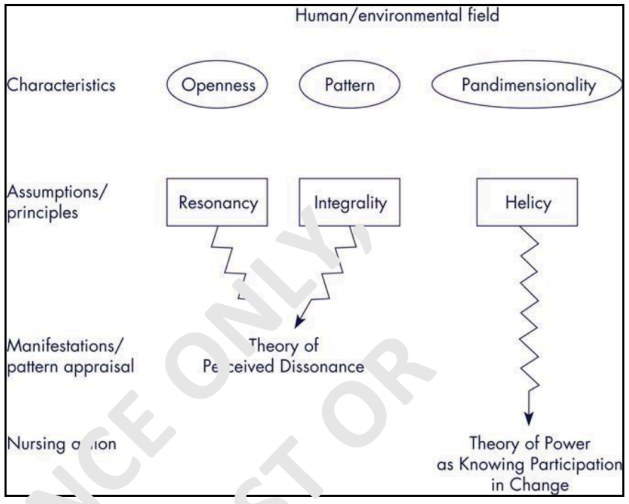
Major Concepts

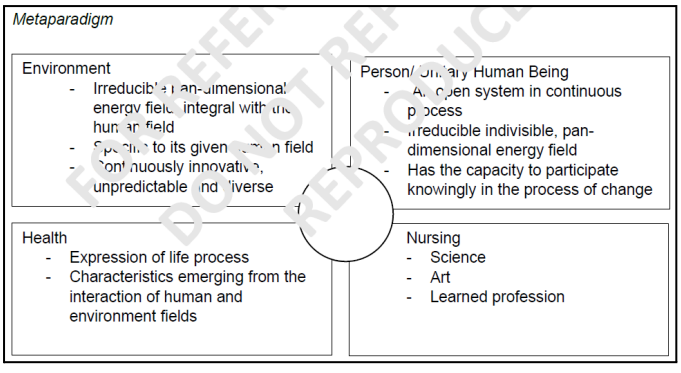
- Nursing is considered as an art and a science.
- The science of nursing is a body of abstract knowledge emerging from scientific research and logical analysis.
- The emergent knowledge is translated into nursing practice.
- Nursing is a science because the term nursing signifies a body of knowledge.
- Nursing science is an organized body of abstract scientific knowledge that develops from research and analysis. This science of nursing helps explain the human experience.

- Nursing is a learned profession and therefore must be based on solid scientific information.
- Emphasis on the essentials, potentials, and possibilities that exist within the wholeness of life. This provides the foundation for outlining practice. Theoretical structures that subsequently guide practice and research are formulated
- Formulated knowledge is to be used creatively for human betterment. Nursing is the creative use of nursing knowledge in caring for the unitary human being

Characteristics of Life Process in Humans

1. Energy Field
2. Openness
3. Pattern
4. Pandimensionality
5. Homeodynamic Principles
    a. Resonancy
    b. Helicy
    c. Intergrality





A1.1 Five Theoretical Assertions/Assumptions

1. Man is a unified whole possessing his own integrity and manifesting characteristics more than and different from the sum of his parts
2. Man and environment are continuously exchanging matter and energy with one another
3. The life process evolves irreversibly and unidirectionally along the space-time continuum
4. Pattern and organization identify man and reflect his innovate wholeness
5. Man is characterized by the capacity for abstraction and imagery, language and thought sensation and emotion

B1 Dorothea Elizabeth Orem's Self-Care Deficit Nursing Theory

- Nurse works in life situations with others to bring about conditions that are beneficial to persons nursed
- Nursing demands the exercise of both the speculative and practical intelligence of nurses

History and Background

- Born in Baltimore, Maryland in 1914
- Staff nurse, private duty nurse, nurse educator & administrator and nurse consultant
- Recognized the need to continue developing a conceptualization of nursing
- Died June 22, 2007 at age 92

Major Concepts

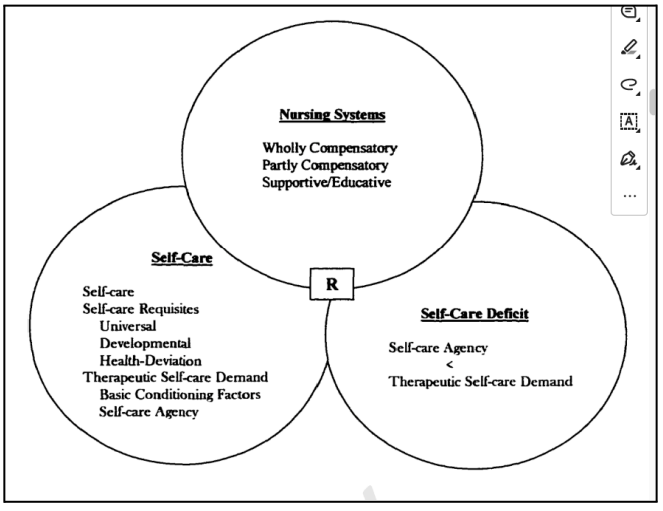
1. **Theory of Self-Care**: why and how people care for themselves?
    - **Self-care** – practice of activities that individuals initiate and perform independently on their behalf in maintaining life, health and well-being
    - **Self-care Agency** – ability for engaging in self-care activities
    - **Therapeutic Self-care Demand** - totality of self-care actions to be performed to meet self-care requisites

- Factors affecting therapeutic self-care demand:
  - Age
  - Gender
  - Developmental state
  - Health state
  - Pattern of living
  - Health care system factors
  - Family system factors
  - Sociocultural factors
  - Availability of resources
  - External environmental factors
- **Self-Care Requisites** – actions directed towards provision of care
- Category: Universal self-care requisites
  - Air
  - Food
  - Water
  - Elimination
  - Activity and rest
  - Solitude and social interaction
  - Prevention of hazards
  - Promotion of human functioning & development with social groups
- Category: Developmental self-care requisites
  - Provision of conditions that promote development
  - Engagement in self-development
  - Preventing situations that can affect development
- Category: Health Deviation self-care requisites
  - Seeking and securing appropriate medical assistance
  - Being aware of & attending to effects and results of pathologic conditions
  - Effectively carrying out medically prescribed measures
  - Modifying self-concept
  - Learning to live with effects of pathologic conditions

2. **Theory of Dependent Care**
   - **Dependent Care** – care provided to person who is unable to perform self-care
   - **Dependent care agency** – acquired ability of a person to know and meet the therapeutic self-care demand
   - **Dependent-care deficit** – relationship that exists when the dependent-care provider's agency is not adequate to meet the therapeutic self-care demand of the person receiving dependent-care

3. **Theory of Self-Care Deficit**
   - **Self-care deficit** – inadequate/inability to meet self-care; NURSING is needed
   - Helping Methods of a Nurse
     - Acting for and doing for others
     - Guiding others
     - Supporting Another
     - Providing an environment to promote patient's ability
     - Teaching another

4. **Theory of Nursing Systems**
   - **WHOLLY COMPENSATORY** – totally dependent
   - **PARTIALLY COMPENSATORY** – cannot meet some demands
   - **SUPPORTIVE –EDUCATIVE SYSTEMS** – needs assistance to learn self-care



B1.1 Four Structured Cognitive Operations: Nursing Process

Cognitive Operations	Nurse's Action
Diagnostic Operations	• Establish therapeutic relationship (**ASSESSMENT**) • Diagnose self-care deficits, existing or projected (**DIAGNOSIS**)
Prescriptive Operations (**PLANNING**)	• Calculate ideal therapeutic self-care demand • Design self-care demands • Prioritize therapeutic self-care demands • Prescribe client role and nurse role
Regulatory Operations (**IMPLEMENTATION**)	• Design regulatory nursing systems for prescribe therapeutic self-care demands • Plan for regulatory operations • Production of regulatory care
Control Operations (**EVALUATION**)	• Observe and appraise regulatory operations

C1 Imogene King's Conceptual System and Middle-Range Theory of Goal Attainment

- Knowledge used by nurses has been derived from natural and behavioral sciences
- More recently, nurses have been discussing nursing science and studying ways in which an organized body of knowledge essential to nursing practice can be identified

History and Background

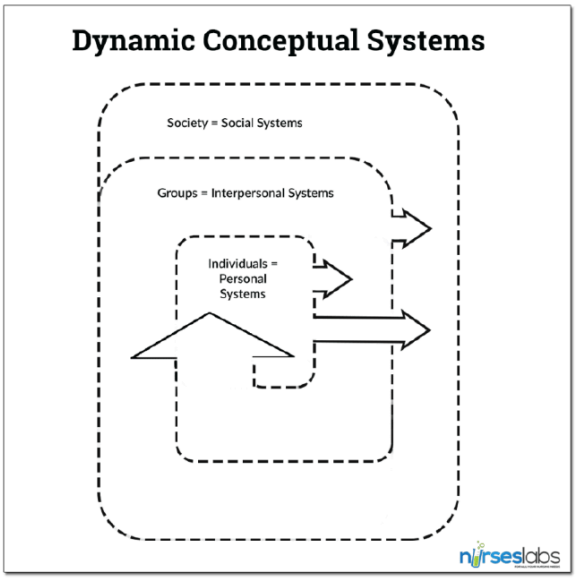
- Born January 30, 1923 in West Point, Iowa
- BSN, MSN, Doctor of Education
- Contributions in nursing practice, education and research
- Died December 24, 2007 at age 84

Major Concepts

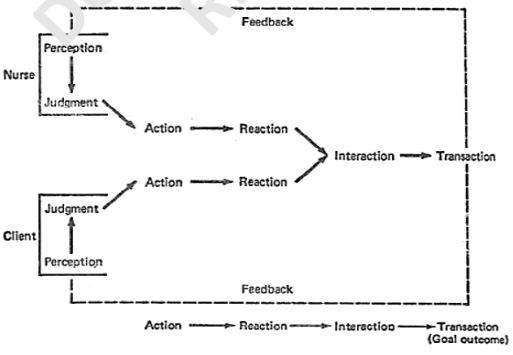
- **Health** – dynamic life experiences requiring continuous adjustments
- **Nursing** – process of action, reaction and interaction
- **Self** – composite of thoughts and feelings

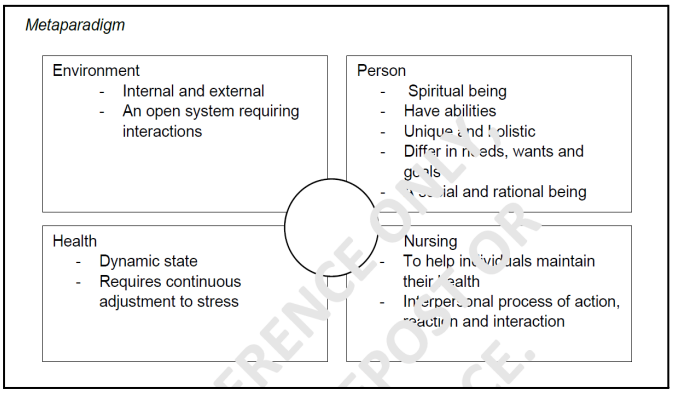
C1.1 Conceptual Frameworks

A. Systems, Concepts and Process



B. Model o Transaction





C1.2 Predictive Propositions

1. If perceptual interaction accuracy is present in nurse-client interactions, transaction will occur.
2. If nurse and client make transaction, goal will be attained.
3. If goals are attained, satisfaction will occur in nurses and patients.
4. If transactions are made in nurse-client interactions, growth and development will be enhanced.

C1.3 Nursing Process vs Theory of Goal Attainment

Nursing Process	Goal Attainment Theory
A system of oriented actions	A system of oriented concepts
Assessment	• Perception, communication and interaction of nurse and client
Planning	• Decision making about the goals • Agree on the means to attain the goals
Implementation	• Transaction made
Evaluation	• Goal attained

D1 Betty Neuman's Systems Model (Health Care Systems Model)

- The philosophic base of the Neuman Systems Model encompass wholism, a wellness orientation, client perception and motivation, and a dynamic systems perspective of energy and variable interaction with the environment

History and Background

- Born in 1924 in Lowell, Ohio
- BSN, Masters Degree in Mental Health
- Involvement in Community Mental Health
- Doctorate in clinical Psychology
- Nursing model – used for Education, Research, Practice and Administration

Major Concepts

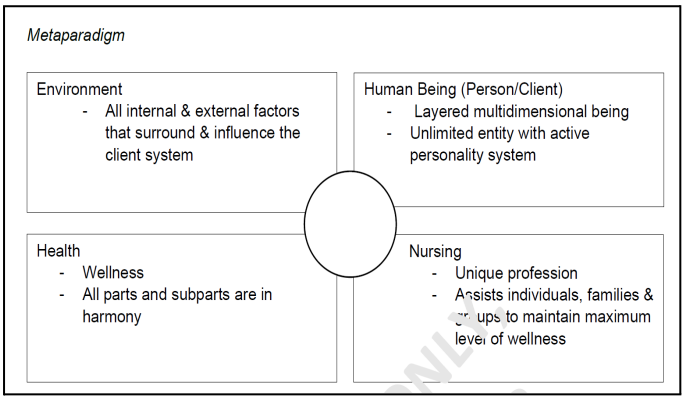
D1.1 Systems Model

- Aim: to set forth a structure that depicts the parts and subparts and their interrelationships for the whole of the client as a complete system.
- Two Major Components: **STRESS and REACTIONS TO STRESS**
- Client if an Open System: may be individual, group, family, community or an aggregate.

D1.2 Systems Model Client System

1. Personal Variables
    - Physiological Variables
        - Individual System
        - Community System
    - Psychological Variable
    - Developmental Variable
        - Empty Nest Syndrome
        - Sandwich Generation
    - Sociocultural Variable
    - Spiritual Variable
2. Central Core: survival factors
3. Flexible Line of Defense: outer barriers
4. Normal Line of Defense: system stability over time
5. Lines of Resistance
6. Reconstitution
7. Stressors
8. Prevention

- Primary Prevention: health promotion and maintenance
- Secondary Prevention: preventing damage
- Tertiary Prevention: occurs after treatment



E1 Sister Callista Roy's Adaptation Model

- The person has the ability to make new responses to these changing conditions
- The changing environment stimulates the person to make adaptive responses.

History and Background

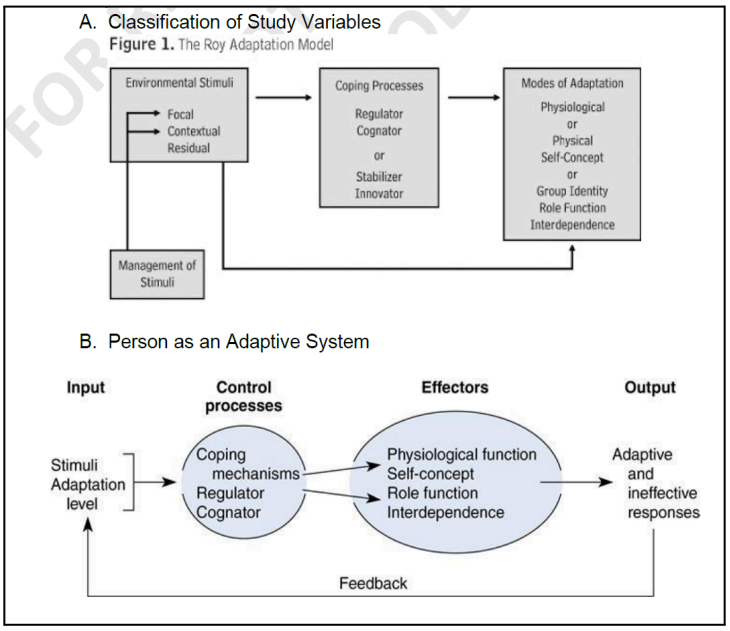
- Nurse theorist, writer, lecturer, researcher and teacher
- Born October 14, 1930 in Los Angeles, California
- Entered the Sisters of St. Joseph Carondelet
- BA in Nursing, Master's in Pediatric Nursing, PhD in Sociology

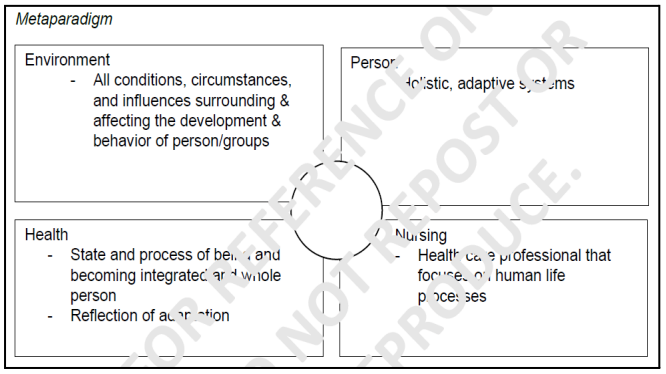
Major Concepts

1. Systems
2. Adaptation Level
3. Adaptation Problems
4. Focal Stimulus
5. Contextual Stimuli
6. Residual Stimuli
7. Coping Processes
8. Innate Coping Mechanism
9. Acquired Coping Mechanisms
10. Regulatory Subsystem
11. Cognator Subsystem
12. Adaptive Responses
13. Ineffective Responses
14. Integrated Life Process
15. Physiologic-Physical Mode
16. Self-concept-Group Identity Mode
17. Role Function Mode
18. Interdependence Mode
19. Perception

E1.1 Roy's Adaptation Model (RAM)

- Provides a useful framework for providing nursing care for persons in health and in acute, chronic, and terminal illness
- Views person as an adaptive system
- ENVIRONMENTAL STIMULI
  - Focal Stimulus: most challenging
  - Contextual Stimulus: existing
  - Residual Stimulus: arising
- COPING MECHANISM
  - Regulator Subsystem: automatic responses
  - Cognator Subsystem: cognitive-emotive processes
- CONTROL PROCESSES
  - Stabilizer subsystem: established
  - Innovator Subsystem: allows person to change
- FOUR ADAPTIVE MODES
  - Physiologic
  - Self-Concept
  - Role Function
  - Interdependence





F1 Dorothy Johnson's Behavioral System Model

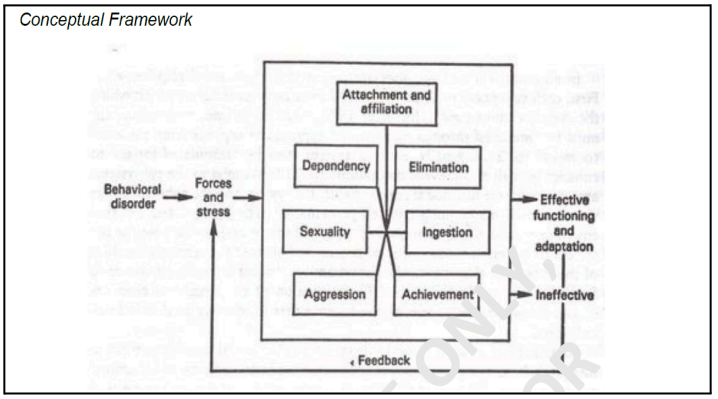
- The goal of nursing is to restore, maintain or attain behavioral integrity, system stability, adjustment and adaptation, efficient and effective functioning of the system
- Nursing is an external regulatory force that acts to preserve the organization and integration of the patient's behavior at an optimal level under those conditions in which the behavior constitutes a threat to a physical or social health or in which illness is found

History and Background

- Born August 21, 1919 in Savannah, Georgia
- BSN, MPH
- Emphasized research-based knowledge

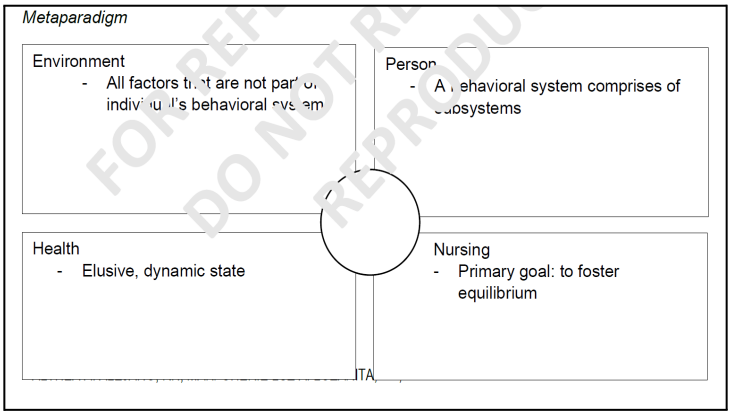
Major Concepts

- Behavior
- System
- Behavioral System
- SUBSYSTEMS (the 7 subsystems of behavior)
  - Attachment-affiliative: social bond
  - Dependency: recognition
  - Ingestive: food
  - Eliminative: excretion
  - Sexual: procreation & gratification
  - Aggressive-Protective: self-preservation
  - Achievement: knowledge and skills
  - Restorative (additional): rest, sleep & comfort
- FUNCTIONAL REQUIREMENTS OF EACH SUBSYSTEM
  - Must be protected
  - Must be nurtured
  - Must be stimulated
- Equilibrium
- Regulation/Control
- Tension
- Stressor
- Each SUBSYSTEM is composed of:
  - Goal/Universal Drive
  - Set
  - Choice
  - Action/Behavior



Major Assumptions

- There is organization, interaction, interdependency and integration of the parts and elements of behaviors that make up the system
- A system tends to achieve balance
- A behavioral system is essential to man
- System balance reflects adjustments and adaptations that are successful



Nursing Goals: To ASSIST the PATIENT

- Whose behavior is commensurate with social demands
- Who is able to modify his behavior in ways that 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

G1 Myra Estrin Levine's Conservation Model

- Nursing is a profession as well as an academic discipline, always practiced and studied in concert with all of the disciplines that together from the health sciences
- Scientific knowledge from many contributing disciplines is, in fact, connected to nursing, as an adjunct to the knowledge that nursing claims for its own

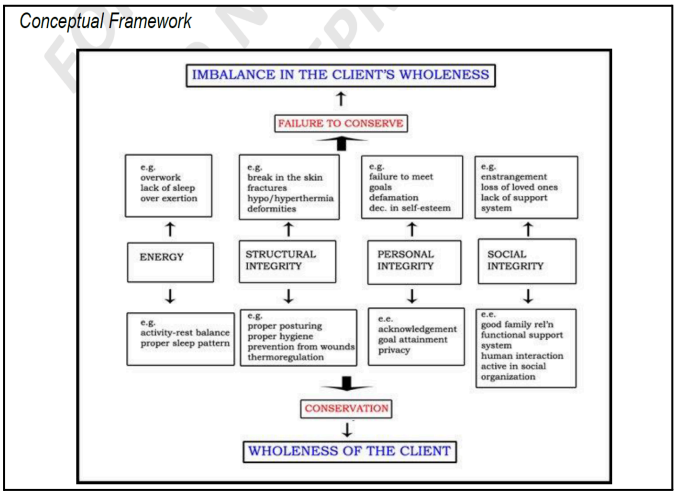
History and Background

- Born in 1920 in Chicago, Illinois
- Private duty nurse (PDN); civilian nurse for US Army; surgical nurse supervisor; nurse administrator
- MS in Nursing
- Authored 77 published articles

Major Concepts

- Three (3) Major concepts & assumptions:
  - **Conservation** - to keep together; achieve balance
    - Conservation of energy
    - Conservation of structural integrity
    - Conservation of personal integrity
    - Conservation of social integrity
  - **Adaptation**
  - **Wholeness**

Conceptual Framework



Metaparadigm

Environment - Internal - External ○ Perceptual ○ Operational ○ Conceptual	Person - Holistic being - Sentient, thinking, future-oriented, and past-aware
Health & Disease - Patterns of adaptive change - Health – wholeness & successful adaptation - Disease – unregulated & undisciplined changes	Nursing - Engaging in human interactions - Promote adaptation & maintain wholeness

Major Assumptions

- The person can be understood only in the context of the environment
- Every self-sustaining system monitors its own behavior by conserving the use of the resources required to define its unique identity
- Human beings respond in a singular, yet integrated fashion

G1 The ESSENCE OF NURSING in Levine's Models:

1. The goal of nursing is to promote adaptation and maintain wholeness.
2. The nurse participates actively in every patient's environment and much of what she does supports his adjustments as he struggles in the predicament of illness.
3. When nursing intervention influences adaptation favorably, or toward renewed social well-being, then the nurse is acting in a therapeutic sense, when the response is unfavorable, the nurse provides supportive care.
4. Nursing principles are all conservation principles.

END

Sources:

Lesson 1: Introduction to Nursing Theories
Lesson 2: Nursing Philosophies
LESSON 3_CONCEPTUAL MODELS_watermark.pdf

Short Review/Quiz (From Jacob Castillo)

1. A nursing __ is a systematic set of concepts, definitions, and assumptions that explains, predicts, or describes nursing phenomena and guides nursing practice.

ANSWER: NURSING THEORY

2. __ are theories about theories and have other theories as their subject matter.

ANSWER: METATHEORIES

3. A __ is a statement about a concept or the relationship between two or more concepts.

ANSWER: PROPOSITION

4. A first-year nursing student learns that early nurses mainly carried out physician orders with limited professional independence. Later, nursing theories helped establish nursing as its own discipline.

This historical change occurred because nursing theories:

A. TRANSFERRED MEDICAL RESPONSIBILITIES TO ALL NURSES.
B. ELIMINATED COLLABORATION WITH OTHER HEALTHCARE WORKERS.
C. REPLACED HOSPITAL STANDARDS FOR PATIENT SAFETY.
D. ESTABLISHED NURSING AS A DISTINCT PROFESSIONAL DISCIPLINE.

ANSWER: D. ESTABLISHED NURSING AS A DISTINCT PROFESSIONAL DISCIPLINE

5. A nurse researcher develops a broad theoretical framework to explain the relationship between health, environment, person, and nursing. Because of its abstract nature, the framework cannot be tested directly but serves as a guide for future theory development.

This framework is best classified as a:

A. PRESCRIPTIVE THEORY
B. GRAND THEORY
C. MIDDLE-RANGE THEORY
D. DESCRIPTIVE THEORY

ANSWER: B. GRAND THEORY

6. __ are the building blocks of a theory that describe a phenomenon or a group of phenomena.

ANSWER: CONCEPTS

7. __ are broad in scope, highly abstract, and complex.

ANSWER: GRAND THEORIES

8. The four concepts that serve as the foundation of all nursing theories are the person, health, environment, and __.

ANSWER: NURSING

9. Nursing theories provide a framework for clinical decision-making and professional nursing practice.

ANSWER: TRUE

10. Florence Nightingale believed that environmental factors such as ventilation, cleanliness, and light have little influence on a patient's recovery.

ANSWER: FALSE

11. A nursing theory is developed only to explain diseases and medical treatments.

ANSWER: FALSE

12. During the evolution of nursing knowledge, the RESEARCH ERA focused on generating __ to validate nursing practice and improve patient outcomes.

ANSWER: EVIDENCE

13. A college of nursing is redesigning its curriculum to ensure that students learn patient care using a consistent framework from the first year until graduation. Faculty members decide to integrate nursing theories throughout all nursing courses.

The primary benefit of using nursing theories in this situation is that they:

A. INCREASE THE NUMBER OF CLINICAL DUTY REQUIREMENTS.
B. REDUCE THE AMOUNT OF CLASSROOM INSTRUCTION NEEDED.
C. REPLACE THE NEED FOR LABORATORY SKILLS TRAINING.
D. PROVIDE A FRAMEWORK FOR ORGANIZING THE NURSING CURRICULUM.

ANSWER: D. PROVIDE A FRAMEWORK FOR ORGANIZING THE NURSING CURRICULUM

14. Nursing theories help improve nursing education, research, leadership, and patient care.

ANSWER: TRUE

15. The Theory Era focused on developing and refining nursing theories to establish nursing as a distinct profession.

ANSWER: TRUE

16. A nursing program requires students to study nursing theories before beginning their first clinical rotation. Faculty believe this foundation will improve students' understanding of professional nursing.

The greatest value of nursing theories is that they:

A. REPLACE TEXTBOOKS DURING PROFESSIONAL NURSING COURSES.
B. ELIMINATE THE NEED FOR LIFELONG NURSING EDUCATION.
C. FOCUS PRIMARILY ON MEMORIZING NURSING PROCEDURES.
D. GUIDE NURSING EDUCATION, RESEARCH, AND CLINICAL PRACTICE.

ANSWER: D. GUIDE NURSING EDUCATION, RESEARCH, AND CLINICAL PRACTICE

17. Nursing philosophy is more specific than a nursing theory because it focuses on a single nursing concept.

ANSWER: FALSE

18. __ are accepted as true and represent the values and beliefs of a theory or conceptual framework.

ANSWER: ASSUMPTIONS

19. A staff nurse reviews current evidence before introducing a new patient education program for individuals with hypertension. The nurse wants to ensure that the intervention is supported by scientific knowledge.

This situation illustrates that nursing theories:

A. SUPPORT EVIDENCE-BASED NURSING PRACTICE DECISIONS.
B. FOCUS MAINLY ON PHYSICIAN-DIRECTED INTERVENTIONS.
C. REPLACE INSTITUTIONAL POLICIES AND PROCEDURES COMPLETELY.
D. ELIMINATE THE NEED FOR CONTINUING EDUCATION PROGRAMS.

ANSWER: A. SUPPORT EVIDENCE-BASED NURSING PRACTICE DECISIONS

20. A nursing __ is broader than a theory and provides general beliefs and values that guide nursing practice.

ANSWER: PHILOSOPHY

THEORISTS AND THEIR THEORIES

FLORENCE NIGHTINGALE	ENVIRONMENTAL THEORY
DOROTHEA OREM	SELF-CARE DEFICIT THEORY
MYRA ESTRIN LEVINE	CONSERVATION MODEL
PATRICIA BENNER	NOVICE TO EXPERT THEORY
JEAN WATSON	THEORY OF HUMAN CARING
KATIE ERIKSSON	CARITATIVE CARING THEORY
SISTER CALLISTA	ADAPTATION MODEL

ROY	
BETTY NEUMAN	SYSTEMS MODEL
DOROTHY JOHNSON	BEHAVIORAL SYSTEM MODEL
IMOGENE KING	THEORY OF GOAL ATTAINMENT