SESSION 8

Peplau's Interpersonal Relations & Orlando's Deliberative Nursing Process

Hildegard Peplau — Theory of Interpersonal Relationship

> *"Nursing is the interpersonal therapeutic process of functioning cooperatively with other human processes that make health possible for individuals in communities."*

In simple terms, Peplau believed nursing occurs through the relationship between the nurse and the patient. As that relationship grows, both the patient and the nurse learn and "mature." She is called the "Mother of Psychiatric Mental Health Nursing."

Who She Is	Considered the "Mother of Psychiatric Mental Health Nursing" and "Nurse of the Century"; former President of the American Nurses Association (ANA); wrote the first nursing theory textbook since Nightingale.
Core Idea	Nursing is a human relationship between a sick person (or one needing health services) and a nurse trained to recognize and respond to that need.
4 Phases of Nurse–Patient Relationship	• Orientation — patient seeks help; nurse helps them understand the problem • Identification — patient responds with dependence, interdependence, or independence toward the nurse • Exploitation — patient makes full use of what the nurse offers; "power" shifts to the patient • Resolution — old needs are resolved; new, more mature goals form
6 Nursing Roles	• Stranger — greets the patient with an open, trust-building attitude • Resource — answers questions, gives information • Teacher — gives instructions and training • Counselor — helps patient understand and cope with life circumstances • Surrogate — stands in for another figure (e.g., parent), acts as advocate • Active Leader — helps patient take responsibility for treatment goals
Metaparadigm	• Person: an organism that tries to reduce tension caused by needs • Health: forward movement of personality toward creative, productive living • Environment: not directly addressed, but nurse should consider patient's culture • Nursing: a significant, therapeutic, interpersonal process
Simple Clinical Example	A newly admitted patient is anxious (Orientation). As the nurse builds rapport, the patient starts asking questions and following the care plan (Identification → Exploitation). By discharge, the patient has learned self-care skills and sets new health goals (Resolution).

Ida Jean Orlando — Theory of Deliberative Nursing Process

> *"Nursing is a profession that seeks to find out and meet the patient's immediate need for help."*

In simple terms: Orlando's theory is about reacting the right way, right away. The nurse observes the patient's behavior, checks her own reaction, and validates with the patient before acting — instead of just going on "automatic pilot."

Background	Developed her theory by analyzing 2,000 real nurse–patient interactions at Yale University School of Nursing.
Core Idea	Patients become distressed when they cannot meet their own needs. The longer the need goes unmet, the greater the distress — so immediacy matters.
3 Elements of the Nursing Process	• The behavior of the patient (what the nurse observes) • The reaction of the nurse (thoughts, feelings, perceptions) • The nursing action designed for the patient's benefit
Key Concepts	• Need — a requirement that, if met, relieves the patient's distress • Automatic nursing actions — done for reasons other than the patient's actual need (not ideal) • Deliberative nursing actions — done only after finding out the real need (the goal)
Metaparadigm	• Person: unique individual; nurse-patient relationship is dynamic • Health: replaced by "helplessness" as the reason nursing is needed • Environment: not addressed — theory focuses only on the individual patient • Nursing: unique and independent, focused on the patient's immediate need
Best Used In	Fast-paced, high-acuity areas like the ER, OR, and ICU, where quick, accurate identification of patient needs is critical. Especially helpful for new nurses.
Simple Clinical Example	A patient grimaces and repeatedly checks the clock (behavior). Instead of assuming it's pain, the nurse says, "I notice you keep looking at the clock — is something worrying you?" (validating before acting), rather than automatically giving a PRN pain medication.

SESSION 9

Travelbee's Human-to-Human Relationship & Wiedenbach's Helping Art

Joyce Travelbee — Human-to-Human Relationship Model

> *"Human-to-human relationship is the means through which the purpose of nursing is fulfilled."*

In simple terms: Nursing isn't just tasks — it's a real human connection. The nurse helps the patient find meaning in illness and suffering by going through stages that build toward genuine rapport.

Who She Is	A psychiatric nurse, educator, and writer (1926–1973); influenced by Ida Jean Orlando (her instructor) and Viktor Frankl (logotherapy — finding meaning in suffering).
Core Idea	The nurse's own spiritual values and beliefs about suffering affect how well she can help a patient find meaning in illness.
4 Phases Leading to Rapport	• Original Encounter — first impressions between nurse and patient • Emerging Identities — nurse and patient start to see each other as unique individuals, not just roles

	• Empathy — the ability to intellectually understand the patient's experience • Sympathy — the nurse wants to lessen the patient's suffering (feeling + wanting to help, but not overwhelmed by it)
Other Key Concepts	• Rapport — the end goal of all nursing interactions • Therapeutic use of self — using one's own personality consciously to help the patient • Suffering — ranges from mild discomfort to deep anguish, or even apathetic "not caring" • Hope — desiring and expecting to reach a goal; Hopelessness — devoid of hope
Metaparadigm	• Person: a unique, irreplaceable individual, always changing/evolving • Health: subjective (self-perceived well-being) and objective (measured by exams/tests) • Environment: illness, suffering, pain, and hope as human life experiences • Nursing: helping individuals/families/communities cope with and find meaning in illness
Simple Clinical Example	A terminally ill patient feels no one understands. The nurse sits with them, listens, and shares their concern without pretending to "fix" everything — moving from a stranger (original encounter) to a trusted presence (rapport) who helps the patient find peace or meaning.

Ernestine Wiedenbach — Helping Art of Clinical Nursing

"Nursing is the art of nurturing or caring for someone in a motherly fashion."

In simple terms: Good nursing starts with the nurse's own beliefs (philosophy), which shape her goals (purpose) and actions (practice), all aimed at figuring out what the patient truly needs (the "art").

Background	Her theory grew out of her experience in maternity nursing; focuses on the nurse's helping role in giving direct patient care.
4 Elements of the Art of Nursing	• Philosophy — what motivates the nurse to act a certain way (her attitude/beliefs about life) • Purpose — what the nurse wants to accomplish for the patient's overall good • Practice — observable nursing actions guided by beliefs about meeting the patient's need for help • Art — understanding needs, setting goals, and directing care to improve the patient's condition
3 Components of Nursing Philosophy	• Reverence for life • Respect for the dignity, worth, autonomy, and individuality of each person • Resolution to act on personally and professionally held beliefs
Ways to Identify a Patient's Need for Help	• Observing behavior consistent or inconsistent with comfort • Exploring the meaning of the behavior

	• Determining the cause of discomfort or incapacity • Determining whether the patient can resolve the problem alone, or has a genuine "need-for-help"
Key Concepts	• The Patient — anyone in the healthcare system receiving help (need not be ill) • Need-for-help — any measure that can restore or extend the patient's ability to cope • Clinical judgment — the nurse's ability to make sound, fact-based decisions
Simple Clinical Example	A postpartum mother seems withdrawn. Instead of assuming she's just tired, the nurse observes her behavior, asks gentle questions to explore its meaning, and determines whether she needs teaching, emotional support, or simply rest — then acts accordingly.

SESSION 10

Roper–Logan–Tierney's Activities of Living & Hall's Care, Cure, Core

Nancy Roper, Winifred Logan & Alison Tierney — Model of Nursing Based on Activities of Living

"Nursing is the practice of assisting patients live through life."

In simple terms: Every person, sick or well, performs everyday "activities of living" (like eating, breathing, sleeping). Nursing care means helping the person move along the dependence–independence continuum for each activity, based on their age and life stage.

Core Idea	Combines a life-span approach with a dependence/independence continuum, applied across 12 everyday activities of living.
12 Activities of Living (ALs)	• 1. Maintaining a safe environment • 2. Communication • 3. Breathing • 4. Eating and drinking • 5. Eliminating • 6. Personal cleansing and dressing • 7. Maintaining body temperature • 8. Mobilizing • 9. Working and playing • 10. Expressing sexuality • 11. Sleeping • 12. Dying
5 Factors That Influence ALs	• Biological • Psychological • Sociocultural • Environmental • Politico-economic

Key Concepts	• Individuality of living — how a person performs their ALs based on age, the dependence-independence continuum, and the 5 influencing factors • Life span — continuous change from birth to death • Dependence–independence continuum — ranges from full incapacitation to full ability to perform an activity
Application	Because every patient's "individuality of living" is different, no two patients react the same way to the same illness — so nursing care must always be individualized, starting with a thorough assessment.
Simple Clinical Example	Two patients recovering from hip surgery: one is 25 and independent in mobilizing within days; the other is 80 with poor eyesight (biological + environmental factors) and needs more support to regain independence in mobilizing and personal cleansing.

Lydia Hall — Care, Cure, Core Theory ("The Three Cs")

> *"Nursing is a distinct body of knowledge that provides nursing care to patients... in support of medical interventions, in collaboration with other members of the health team, or exclusively and independently by the nurse herself."*

In simple terms: Nursing care has three overlapping circles — the Body (Care), the Disease (Cure), and the Person (Core). CARE belongs only to nurses; CURE and CORE are shared with the rest of the healthcare team.

Who She Is	Founder and first director of the Loeb Center for Nursing and Rehabilitation (Bronx, NY); focused on rehabilitation of chronically ill patients.
The Three Cs	• CARE (the Body) — exclusive to nursing; "motherly"/nurturing care such as bathing, feeding, comfort, and teaching. Goal: comfort and closeness with the patient. • CURE (the Disease) — medical interventions shared with physicians/therapists (e.g., medications, treatments); nurse acts as patient advocate here. • CORE (the Person) — the patient themself, including their feelings, values, and goals; uses "reflective technique" where the nurse acts like a mirror to help the patient explore their own feelings.
Theory Assumptions	• Healing energy comes from within the patient, not the healthcare team • The three Cs are interrelated, not separate • The size of each circle changes depending on the patient's progress
Metaparadigm	• Person: 16 years old or older, past the acute stage of illness; capable of growth • Health: self-awareness with conscious, optimal behavior choices • Environment: hospital environment can be distressing — Loeb Center was designed to support self-development instead • Nursing: participation in care, core, and cure
Limitation to Note	Applies mainly to patients 16 years old and above who are past the acute crisis stage — less applicable to pediatric or acutely-ill patients.
Simple Clinical Example	A stroke patient in rehab: the nurse gives bodily care like bathing and feeding (Care), coordinates physical therapy and medications ordered by the doctor

	(Cure), and holds regular conversations helping the patient process feelings about their new limitations and set personal recovery goals (Core).

SESSION 11

Abdellah's 21 Nursing Problems Theory

Faye Glenn Abdellah — 21 Nursing Problems Theory

> *"Nursing is based on an art and science that molds the attitudes, intellectual competencies, and technical skills of the individual nurse into the desire and ability to help people, sick or well, cope with their health needs."*

In simple terms: Abdellah organized nursing care around a checklist of 21 common patient problems (physical, emotional, and social), solved through a structured, research-based problem-solving process.

Who She Is	First nurse officer to become a two-star rear admiral; first nurse and first woman to serve as Deputy Surgeon General; built her typology using Henderson's 14 basic human needs.
Core Idea	A patient's health needs can be seen as "problems" — either overt (obvious) or covert (hidden, often emotional/social) — that the nurse identifies and solves through the problem-solving process.
4 Categories Behind the 21 Problems	• Basic Needs — hygiene, comfort, activity, rest, sleep, safety, body mechanics • Sustenal Care Needs — oxygen, nutrition, elimination, fluid/electrolytes, regulatory & sensory function • Remedial Care Needs — emotions, communication, interpersonal relationships, therapeutic environment • Restorative Care Needs — accepting limitations, using community resources, understanding social factors in illness
Simplified View of the 21 Problems	• Physical comfort & safety (hygiene, rest, safety, body mechanics) • Body functions (oxygen, nutrition, elimination, fluids, regulatory & sensory function) • Emotional/social needs (expressing feelings, communication, relationships, spiritual goals, therapeutic environment, self-awareness) • Coping & recovery (accepting limitations, using community resources, understanding social influences on illness)
Problem-Solving Process (10 Steps, simplified)	Know the patient → gather and sort data → look for patterns → make a plan → test and validate the plan with the patient → observe over time → involve the family → check how nurses feel about the case → finalize the care plan.
Strengths	• Simple, generalizable problem-solving approach • Builds nurses' critical thinking skills
Weaknesses	• Strongly nurse-centered rather than fully patient-centered • Fractionalizes care into many separate "problems" instead of viewing the patient holistically
Simple Clinical Example	A diabetic patient newly diagnosed: the nurse addresses overt problems (teaching wound care, diet) and looks for covert problems (fear of needles, denial about the

	diagnosis) — solving the hidden emotional problem often helps resolve the visible one too.

Quick Comparison Across All Seven Theories

A side-by-side look at what each theorist emphasized most:

Theorist	Central Focus	One-Word Emphasis	Best Applied In
Peplau	Nurse-patient relationship phases and roles	Relationship	Psychiatric/mental health
Orlando	Immediate reaction to patient behavior	Immediacy	ER, OR, ICU
Travelbee	Finding meaning in suffering via rapport	Empathy	Hospice, chronic illness
Wiedenbach	The nurse's philosophy driving her care	Philosophy	Maternity/general care
Roper-Logan-Tierney	Everyday activities of living	Individuality	General/community health
Hall	Care, Cure, Core balance	Rehabilitation	Rehab/long-term care
Abdellah	21 categorized nursing problems	Problem-solving	General/education