

SESSION 8

HILDEGARD PEPLAU'S 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 through education that aims to promote forward movement of personality."
- **"Mother of Psychiatric Mental Health Nursing" and "Nurse of the Century".**
- **4 Phases of the Nurse-Patient Relationship (which Peplau identified):**
 - **Orientation** – the phase in the nurse-patient interaction where the client seeks help and the nurse assists the client to understand the problem and the extent of the help
 - **Identification** – characterized by the client who assumes a posture of dependence, interdependence, or independence in relation to the nurse; the nurse's focus is to assure the person that the nurse understands the interpersonal meaning of the client's situation
 - **Exploitation** – the client derives full value from what the nurse offers through the relationship; client uses available services based on self-interest and needs; power shifts from the nurse to the client
 - **Resolution** – old needs and goals are set aside and new ones are adopted; once older needs are resolved, newer and more mature one become evident.
- **6 Proposed Nursing Roles:**
 - **1. Stranger Role** – is exemplified by the nurse receiving the client in the same way one meets a stranger in other life situations. **The nurse provides an accepting climate that builds trust.**
 - **2. Resource Role** – **the nurse answers questions**, interprets clinical treatment data, and gives information.
 - **3. Teaching Role** – **the nurse gives instructions** and provides training. She also involves analysis and synthesis of the learner's experience.
 - **4. Counseling Role** – **the nurse helps clients understand** and integrate the meaning of current life circumstances and provides guidance and encouragement to make changes.
 - **5. Surrogate Role** – **the nurse helps clients clarify domains** of dependence, interdependence, and independence and acts on client's behalf as advocate.
 - **6. Active Leadership Role** – **the nurse helps the client assume maximum responsibility** for meeting treatment goals in a mutually satisfying way.

SESSION 9

JOYCE TRAVELBEE'S HUMAN-TO-HUMAN RELATIONSHIP MODEL OF NURSING

Major Concepts & Definitions:

• Rapport

→ is experienced when nurse and patient has progresses through the four interlocking phases preceding rapport (4 phases of experience):

1. **Original encounter** – first impressions
2. **Emerging identities** – perceiving each other's uniqueness
3. **Empathy** – ability to share in the person's experience; to emphasize is to gain an intellectual understanding of the mental world & psychological state of another
4. **Sympathy** – when the nurse wants to lessen the cause of patient's suffering; "When one

sympathizes, one is involved but not incapacitated by the involvement.”

- **Therapeutic use of self**

→ ability to use one’s personality consciously and in full awareness in an attempt to establish relatedness and to structure nursing intervention

- **Communication**

→ the vehicle through which nurse-patient relationships are established

- **Nurse-patient interaction**

→ refers to any contact between a nurse and an ill person

→ an experience or series of experiences between nurse and patient

→ means thru which the purpose of nursing is accomplished

- **Logical form**

→ an inductive theory that uses specific nursing situations to create general ideas

ERNESTINE WIEDENBACH’S HELPING ART OF CLINICAL NURSING THEORY

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

4 Elements in the Art of Nursing:

1. **Philosophy** – is what motivates the nurse to act in a certain way.

o includes major concepts of her philosophy:

- **patient – need for help**

- **nurse** – purpose, philosophy, practice (knowledge, judgment, skills), administration, validation, coordination (reporting, consulting, conferring), art (stimulus, preconception, interpretation, actions, rational, reactionary, deliberative)

o **3 essential components associated with nursing philosophy:**

- **Reverence for life**

- **Respect for the dignity, worth, autonomy and individuality of each human being.**

- **Resolution to act on personally and professionally held beliefs**

2. **Purpose** – is that which the nurse wants to accomplish through what she does.

o It is all of the activities directed towards the overall good of the patient.

3. **Practice** – are those observable nursing actions that are affected by beliefs and feelings about meeting the patient’s need for help.

4. **Art** – this includes:

o Understanding patient’s needs and concerns

o Developing goals and actions intended to enhance patients’ ability

o Directing activities related to the medical plan to improve patient’s condition

SESSION 10

NANCY ROPER-WINIFRED LOGAN-ALISON TIERNEY’S MODEL OF NURSING BASED ON ACTIVITIES OF LIVING

12 Activities of Living: together these elements are referred to as a “model of living”

1. Maintaining a safe environment

2. Breathing

3. Communication

4. Mobilizing

5. Eating and Drinking

6. Eliminating

7. Personal cleansing and dressing

8. Maintaining body temperature

9. Working and playing

10. Sleeping

11. Expressing sexuality

12. Dying

LYDIA HALL'S CARE, CURE, CORE THEORY OF NURSING

Research in the field of rehabilitation of chronically ill patient's brought her to develop the Care, Cure, Core Theory

The Care Circle

- Nurses are focused on performing the noble task of nurturing patients.
- This circle solely represents the role of nurses, & focused on performing the task of nurturing patients.
- Nurturing involves using the factors that make up the concept of mothering (care and comfort of the person) and provide for teaching-learning activities.
- The care circle defines the primary role of a professional nurse such as providing bodily care for the patient and helping the patient complete such basic daily biological functions as eating, bathing, elimination, and dressing. When providing this care, the nurse's goal is the comfort of the patient.

The Cure Circle

- The cure as explained in this theory is the aspect of nursing which involves the administration of medications and treatments. Hall explains in the model that the cure circle is shared by the nurse with other health professionals, such as physicians or physical therapists.
- **In short, these are the interventions or actions geared toward treating the patient for whatever illness or disease he or she is suffering from. During this aspect of nursing care, the nurse is an active advocate of the patient.**

The Core Circle

- The core is the patient receiving nursing care. The core has goals set by him or herself rather than by any other person and behaves according to his or her feelings and values. This involves the therapeutic use of self and is shared with other members of the health team.
- This area emphasizes the social, emotional, spiritual, and intellectual needs of the patient in relation to family, institution, community and the world. This is able to help the patient verbally express feelings regarding the disease process and its effects by the use of the reflective technique. Through such expression, the patient is able to gain self-identity and further develop maturity.

SESSION 11

FAYE GLENN ABDELLAH'S 21 NURSING PROBLEMS THEORY

✓ **She is a pioneer in nursing research who developed the Twenty-One Nursing Problems.**

Abdellah's Typology of 21 Nursing Problems: these fall into three categories: (1) physical, sociological, and emotional needs of patients; (2) types of interpersonal relationships between the patient and nurse; and (3) common elements of patient care.

- 1. To maintain good hygiene and physical comfort.**
- 2. To promote optimal activity: exercise, rest, sleep**
- 3. To promote safety by preventing accidents, injuries, or other trauma and preventing the spread of infection.**
- 4. To maintain good body mechanics and prevent and correct the deformity.**

5. To facilitate the maintenance of a supply of oxygen to all body cells.
6. To facilitate the maintenance of nutrition for all body cells.
7. To facilitate the maintenance of elimination.
8. To facilitate the maintenance of fluid and electrolyte balance.
9. To recognize the physiologic responses of the body to disease conditions—pathologic, physiologic, and compensatory.
10. To facilitate the maintenance of regulatory mechanisms and functions.
11. To facilitate the maintenance of sensory function.
12. To identify and accept positive and negative expressions, feelings, and reactions.
13. To identify and accept interrelatedness of emotions and organic illness.
14. To facilitate the maintenance of effective verbal and nonverbal communication.
15. To promote the development of productive interpersonal relationships.
16. To facilitate progress toward achievement and personal spiritual goals.
17. To create or maintain a therapeutic environment.
18. To facilitate awareness of self as an individual with varying physical, emotional, and developmental needs.
19. To accept the optimum possible goals in the light of limitations, physical and emotional.
20. To use community resources as an aid in resolving problems that arise from an illness.
21. To understand the role of social problems as influencing factors in the cause of illness.

SESSION 12

VIRGINIA HENDERSON'S NURSING NEED THEORY

✓ She is known to be as follows:

- o "The Nightingale of Modern Nursing"
- o "Modern-Day Mother of Nursing"
- o "The 20th Century Florence Nightingale"
- o The First Lady of Nursing"

14 Components of the Nursing Needs Theory:

Physiological Components

1. Breathe normally
 2. Eat and drink adequately
 3. Eliminate body wastes
 4. Move and maintain desirable postures
 5. Sleep and rest
 6. Select suitable clothes – dress and undress
 7. Maintain body temperature within normal range by adjusting clothing and modifying environment
 8. Keep the body clean and well-groomed and protect the integument
 9. Avoid dangers in the environment and avoid injuring others
- Psychological Aspects of Communicating and Learning**
10. Communicate with others in expressing emotions, needs, fears, or opinions.
 11. Learn, discover, or satisfy the curiosity that leads to normal development and health and use the available health facilities.
- Spirituals and Moral**
12. Worship according to one's faith
- Sociologically Oriented to Occupation and Recreation**

13. Work in such a way that there is sense of accomplishment
14. Play or participate in various forms of recreation

SESSION 13

NOLA J. PENDER'S HEALTH PROMOTION MODEL Personal Factors

These factors are predictive of a given behavior and shaped by the target behavior's nature being considered

3 Categories:

- **Personal biological factors** – include variables such as age, gender, body mass index, pubertal status, aerobic capacity, strength, agility, or balance.
- **Personal psychological factors** – include variables such as self-esteem, self-motivation, personal competence, perceived health status, and definition of health.
- **Personal socio-cultural factors** – include variables such as race, ethnicity, acculturation, education, and socioeconomic status.

Perceived Benefits of Action Anticipated positive outcomes that will occur from health behavior.

Perceived Barriers to Action Anticipated, imagined, or real blocks and personal costs of understanding a given behavior.

Perceived Self-Efficacy

The judgment of personal capability to organize and execute a health-promoting behavior. This influences perceived barriers to action, so higher efficacy results in lowered perceptions of barriers to the behavior's performance.

Subjective positive or negative feeling occurs before, during, and following behavior based on the stimulus properties of the behavior itself. This influences perceived self-efficacy, which means the more positive the subjective feeling, the greater its efficacy.

In turn, increased feelings of efficacy can generate a further positive affect.

Interpersonal Influences

Cognition concerning behaviors, beliefs, or attitudes of others. Interpersonal influences include norms (expectations of significant others), social support (instrumental and emotional encouragement), and modeling (vicarious learning through observing others engaged in a particular behavior). Primary sources of interpersonal influences are families, peers, and healthcare providers.

Situational Influences

Personal perceptions and cognitions of any given situation or context can facilitate or impede behavior. Include perceptions of options available, demand characteristics, and aesthetic features of the environment in which given health-promoting is proposed to

take place. These may have direct or indirect influences on health behavior.

Commitment to Plan of Action

The concept of intention and identification of a planned strategy leads to the implementation of health behavior.

Competing Demands These are alternative behaviors over which individuals have low control because of environmental contingencies such as work or family care responsibilities.

Competing Preferences These are alternative behaviors over which individuals exert relatively high control, such as choice of ice cream or apple for a snack.

Health-Promoting Behavior This is an endpoint or action-outcome directed toward attaining positive health outcomes such as optimal wellbeing, personal fulfillment, and productive living.

SESSION 14

MADELEINE LEININGER'S CULTURE CARE THEORY IN NURSING

✓ She is considered as the founder of the theory of transcultural nursing.

✓ Transcultural nursing is a comparative study of cultures to understand similarities (culture universal) and difference (culture-specific) across human groups (Leininger, 1991).

Religion Is a set of belief in a divine or super human power (or powers) to be obeyed and worshipped as the creator and ruler of the universe.

Ethnic Refers to a group of people who share a common and distinctive culture and who are members of a specific group.

Ethnicity A consciousness of belonging to a group.

Cultural Identity The sense of being part of an ethnic group or culture

Culture-Universals Commonalities of values, norms of behavior, and life patterns that are similar among different cultures.

Culture-Specifics Values, beliefs, and patterns of behavior that tend to be unique to a designated culture.

Material Culture Refers to objects (dress, art, religious artifacts)

Non-Material Culture Refers to beliefs customs, languages, social institutions.

Subculture Composed of people who have a distinct identity but are related to a larger cultural group.

Bicultural A person who crosses two cultures, lifestyles, and sets of values.

Diversity Refers to the fact or state of being different. Diversity can occur between cultures and within a cultural group.

Acculturation People of a minority group tend to assume the attitudes, values, beliefs, and practices of the dominant society resulting in a blended cultural pattern.

Cultural Shock

The state of being disoriented or unable to respond to a different cultural environment

because of its sudden strangeness, unfamiliarity, and incompatibility to the stranger's perceptions and expectations is differentiated from others by symbolic markers (cultures, biology, territory, religion).

Ethnic Groups Share a common social and cultural heritage that is passed on to successive generations.

Ethnic Identity Refers to a subjective perspective of the person's heritage and to a sense of belonging to a group that is distinguishable from other groups.

Race The classification of people according to shared biologic characteristics, genetic markers, or features. Not all people of the same race have the same culture.

Cultural Awareness It is an in-depth self-examination of one's own background, recognizing biases and prejudices and assumptions about other people.

Culturally Congruent Care

Care that fits the people's valued life patterns and set of meanings -which is generated from the people themselves, rather than based on predetermined criteria.

Culturally Competent Care

Is the ability of the practitioner to bridge cultural gaps in caring, work with cultural differences and enable clients and families to achieve meaningful and supportive caring.

SESSION 15

MARGARET A. NEWMAN'S THEORY OF HEALTH AS EXPANDING CONSCIOUSNESS

Use of Empirical Evidence:

- 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.
- Health and illness are simply manifestations of the rhythmic fluctuations of the life process is the foundation for viewing health and illness as a unitary process moving through variations in order-disorder. that is, health as absence of disease or health as a continuum from wellness to illness. Health and the evolving pattern of consciousness are the same.
- The pattern is evolving through various permutations of order and disorder, including what in everyday language is called health and disease. Pattern recognition emerges from a process of uncovering meaning in a person's life. Meaning is inherent in pattern, and vice versa.
- Consciousness is defined as the informational capacity of the system (the human being); that is, the ability of the system to interact with the environment.
 - o Consciousness includes not only the cognitive and affective awareness normally associated with consciousness, but also the interconnectedness of the entire living system, which includes physiochemical maintenance and growth processes as well as the immune system. This pattern of information, which is the consciousness of the system, is part of a larger, undivided pattern of an expanding universe.

o Three Correlates of Consciousness:

1. Movement

2. Time

3. Space

o The relevance of movement, time and space was part of the original explication and has re-emerged in the evolving patterning of unfolding consciousness.

o To see health as the pattern of the whole, one needs to see disease not as a separate entity but as a manifestation of the evolving pattern of person-environment interaction

SESSION 16

ROSEMARIE RIZZO PARSE'S THEORY OF HUMAN BECOMING

Three Abiding Themes:

Meaning

▪ Human Becoming is freely choosing personal meaning in situations in the intersubjective process of living value priorities.

▪ Man's reality is given meaning through lived experiences

▪ Man and environment co-create

Rhythmicity ▪ Human Becoming is co-creating rhythmic patterns of relating in mutual process with the universe.

▪ Man and environment co-create (imaging, valuing, languaging) in rhythmical patterns

Transcendence ▪ Human Becoming is co transcending multidimensional with emerging possible

▪ Refers to reaching out and beyond the limits that a person sets

▪ One constantly transforms

Symbol of Human Becoming Theory:

▪ Black and white = opposite paradox significant to ontology of human becoming and green is hope

▪ Center joined = co-created mutual human universe process at the ontological level & nurse-person process

▪ Green and black swirls intertwining = human-universe co creation as an ongoing process of becoming

Relationships of the Different Shapes in the Model:

▪ Powering = a way of revealing and concealing imaging

▪ Originating = a manifestation of enabling and limiting valuing

▪ Transforming = results from languaging of connecting and separating

Summary of the Theory:

✓ Human Becoming Theory includes Totality Paradigm

o Man is a combination of biological, psychological, sociological and spiritual factors

✓ Simultaneity Paradigm

o Man is a unitary being in continuous, mutual interaction with environment

✓ Originally Man-Living-Health Theory