

Myra Estrin Levine's **Conservation Model** is a holistic nursing framework that prioritizes the maintenance of a patient's **wholeness** and **integrity** through specific nursing interventions 1-3. The theory posits that individuals are complex, dynamic "systems of systems" constantly interacting with an ever-changing environment 3, 4. The primary goal of nursing in this model is to promote **adaptation**, which is the process of preserving one's integrity amidst these environmental challenges 4-6.

Core Concepts of the Theory

The model is underpinned by three major pillars:

- **Wholeness:** This concept emphasizes that a person is more than their physical body; they are an integrated "symphony" of biological, psychological, and social systems 7. Wholeness is equated with **integrity**, which acts as the harmonizing force for internal and external stimuli 3, 7.
- **Adaptation:** This is the "dynamic ballet" an individual performs to maintain integrity 5. It is shaped by past experiences and unique genetic blueprints 5. Levine identifies four "organismic responses" to environmental flux: **fight-or-flight**, **inflammation**, **stress adaptation**, and **perceptual awareness** 5.
- **Conservation:** Derived from the Latin *conservatio*, this refers to the capacity of complex systems to maintain functional integrity despite external challenges 8.

The Four Principles of Conservation

Levine's framework centers on four fundamental principles designed to guide nursing care and enhance well-being:

1. **Conservation of Energy:** This involves managing the critical balance between energy supply and demand, particularly during periods of vulnerability like illness or recovery 9. Nurses address this by balancing activity and rest, optimizing nutrition, and managing fatigue 10.
2. **Conservation of Structural Integrity:** This principle focuses on the holistic preservation of internal structures and physiological functions 9. Key interventions include maintaining physical function, preventing tissue damage, and supporting rehabilitation 10.
3. **Conservation of Personal Integrity:** Moving beyond the physical, this principle acknowledges the importance of protecting a patient's sense of **self-worth** and **identity** 11. Nurses support this by respecting dignity, protecting privacy, and supporting patient autonomy 10.
4. **Conservation of Social Integrity:** This recognizes that humans find meaning through networks of family and community 11. Nursing interventions include preserving family connections, honoring cultural values, and supporting the patient's social roles 10.

Major Theoretical Assumptions (The Metaparadigm)

- **Man:** Individuals are holistic beings for whom life is synonymous with constant change 3.
- **Environment:** The environment is a dynamic context—not a passive backdrop—in which individuals actively engage through internal and external factors 4.

- **Health:** Health is defined as the ability to function in a "reasonably normal manner" and the "restoration to one's true self" 12. It is heavily influenced by social determinants and the freedom to pursue interests within available resources 12.
- **Nursing:** Nursing is fundamentally a **human interaction** 6. The essence of nursing lies in interventions that favorably influence a patient's adaptation toward renewed well-being 6.

Key Methodological Point: Trophicognosis

Levine introduced the term **Trophicognosis** as a scientific method for nursing 13. It is intended as an alternative to medical diagnosis, prioritizing **care judgments** to guide nursing interventions based on the unique needs of the patient 13.

Application and Legacy

The Conservation Model has been applied across various clinical settings, including cardiology, obstetrics, pediatrics, and even the care of homeless communities 14. It has also served as the basis for further theory development, such as Mefford's theory of health promotion for preterm infants 15. Levine's seminal work, *"Introduction to Clinical Nursing"* (1973), remains a foundational text that integrates these principles into medical-surgical nursing education 16, 17.