

# Myra levine nursing theory assignment



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How a nurse is defined can be very influential to their performance on a daily basis. The exact definition of the work a nurse does can shed a new light into a profession that many find noble and humbling. Myra Levine has a unique outlook on the world of nursing care that many would find confusing. The application of her theory has been attempted by nurses in several different types of work such as wound management described by Leach (1999). This paper will show the nursing theorist along with her work of the conservation model to depict healthcare.

Myra Levine completed her conservation model in 1973 in an attempt to teach associate degree students a new approach for daily nursing activities. The 1970's was an era in which the nursing profession was fighting many battles on the socio-economic front. The dominant race and gender of nursing was white females, which meant the salaries were far under in male profession. The American Nurses Association, ANA, was fighting for equal pay for the services nurses were providing as compared to other professions.

Nurses were also expanding roles such as advanced practice nurses, including certified registered nurse practitioners and clinical nurse specialist. These advanced roles provided the profession with more autonomy and expanded responsibilities (American Nurses Association, 1996). Another fight in the nursing world at this time was related to the shortage of registered nurses. The healthcare systems of the time were implementing "team nursing," which the registered nurse was overseeing licensed practical nurses and nursing assistants in the team.

This team cared for more patients than one registered nurse could take care of by their self. Myra Levine attempted to bring the registered nurse back to the bedside of patients. In her theory she was very clear that the patient needed nursing care because they were no longer able to adapt on their own. Levine saw health and well-being as the goal of nursing. These goals could only be obtained with the registered nurse performing their tasks at the bedside of the patient (Parker, 1990).

The theorist developed the view that the nurse was there to protect the patient from external challenges while teaching the patient the proper methods for facing these challenges in their outside world. The conservation model consists of three major concepts; conservation; adaptation; and wholeness. Simply stated, conservation is the keeping together of the life systems. Nurses at this point of time understood the fact that each individual was a sum of life systems, including examples such as the gastrointestinal, circulatory, and respiratory systems.

The individual patient was charged with keeping the internal life systems in an energy balance with the external challenges that they must face on a daily basis. Failure to adapt to external threats placed the energy of the internal systems at a disadvantage compared to the external energy fields of the environment, the results is the patient seeking nursing care to help adapt to the challenges (Marriner-Tomey & Alligood, 1998). The second major concept of the conservation model is adaptation, the ongoing process of change whereby individuals retain their integrity within the realities of their environment.

Adaptation is firmly grounded in three concepts of its own; history; specificity; and redundancy (Parker, 1990). Patients learn quickly in life to adapt to external challenges. These early challenges provide a framework for the patient's adaptation process which they continue to use when facing new challenges. If an individual has always used the fight or flight process of adaptation to face challenges in the past they will continue to use this adaptation process to face future challenges until it fails. Each patient has their own unique response to facing new challenges, this is termed specificity.

This unique response is in part due to the patient's genetics, social upbringing, cultural beliefs, and other unique influences from the individuals rearing. Levine developed the concept of redundancy to explain what happens when a patient fails to adapt to the external threats. Levine explains that redundancy is the fail-safe measure which ensures adaptation to the external threat thereby preserving the internal energy level (1999). When a patient's initial unique response to the external threat fails to keep energy levels inside competitive with external energy levels, the patient's internal life systems must provide the proper adaptation.

Levine attributes this response to the anatomical, physiological, and psychological systems within the individual. The final concept found in Levine's conservation model is wholeness. Wholeness of the patient exists when the patient interacts appropriately with the environment to insure proper levels of energy inside and outside their body. Wholeness permits the assurance of integrity, which in turn can be termed the goal of nursing

(Parker, 1990). Nurses pursue patient wholeness on a daily basis by educating the patient of specific methods to deal with external threats.

Levine taught her associate degree students to view each patient case as having four separate entities. The first part of each case was the center piece of the puzzle, the individual patient. Each patient must be viewed as an individual within their home group; this group could be a number of different societal or cultural groups. The individual's title or position held within these groups is a vital part of the individual, therefore the nurse must respect the patient's autonomy, ego, and self-determining decision making abilities.

The second entity to each case study involves the nurse. Nurses are to provide patients with the needed information, nurturing, and protection to pull the patient through the current struggle. Education was a major focus of the nurse's duty to the patient. Before exiting the healthcare setting, the patient must be equipped with the proper information to face new challenges from the external environment; otherwise they will continue to use adaptive process that will fail to meet the challenges. Courcsey (n. d. explained that positive energy from the nurse provides each patient the opportunity to absorb extra energy into their internal environment and thereby overcome the challenge quicker. Levine's model fails to mention the effects that this has on the nurse as an individual. The third entity in every case study is the goal of nursing, the health of the patient. Levine defines health as the unity and integrity of the individual. When applying this model of nursing theory to ostomy patients, Levine asks each patient the question " Do you continue to function in a reasonably normal fashion? " (Leach, 1999) A positive answer to <https://assignbuster.com/myra-levine-nursing-theory-assignment/>

this question affirms the patient as healthy in the eyes of the theorist. Levine adopted Bates' three levels of environment to her conservation model (Marriner-Tomey & Alligood, 1998). The first level of environment is the perceptual environment. This environment consists of external challenges that the patient faces which they are able to intercept through their senses. The second level of environment consists of challenges to which the patient cannot sense.

Bates termed the second level of environment as the operational environment; Levine strongly stated that these threats could damage the internal environment just as much as perceptual threats. The final level of environment is the conceptual environment. A patient's values and belief systems make up the conceptual environment. The theorist has defined health as unity and integrity of the individual. The integrity that she is referring to is the structural, personal, and social integrity of the patient.

Unity in this definition is the unity between the energy fields of the outside environment and then internal life systems that make up the individual (Marriner-Tomey & Alligood, 1998). Levine depicted external threats as challenges which drained an individual's stored internal energy. When a challenge arises the patient must adapt to the challenge to preserve this internal energy. Along with preserving internal energy, the patient must protect their integrities. The first integrity they must protect is the structural integrity of the internal life systems.

The defense systems of the internal environment must be intact to respond appropriately to the new challenge. Internal structural defense systems

include the life systems that support healing and repair of the individual's internal energy force. The immune system provides the patient with the needed repairs when facing new challenges and therefore is the prime example of structural integrity. Personal integrity is the term used to denote the patient's ego. Levine stated that persons strive for recognition, respect, self-awareness, holiness, independence, freedom, selfhood, and self-determination.

External challenges, such as disease processes or catastrophes, pose a threat to the patient's ego, or personal integrity. Adaptation processes must preserve the personal integrity of the individual to prevent low self-esteem. Therefore, nurses must be aware of the patient's egotistic behaviors and help build self-esteem by educating patients on proper adaptation behaviors that can be practiced by the individual. Social integrity is used to denote the individual's social status as it relates to the culture and society which they normally function on a daily basis.

Failure to adapt and preserve internal energy is detrimental to a patient's health from an anatomical and physiological stand point. This loss of energy ends in the patient becoming ill and needing nursing care. Society does not always view its members as capable of functioning through illness. Levine's conservation model lead to the development of three separate but integrated theories of practice, the theory of conservation, the theory of therapeutic intention, and the theory of redundancy (Parker, 1990).

The theory of conservation, as discussed earlier in this paper, is the balance of energy in the patient's internal and external environments. Nursing care

attempts to rebalance this energy after the individual fails to adapt to the external challenge. The theory of therapeutic intention discusses the nurse's role in the healing process. "Nurses do no harm to patients" (Potter & Perry, 2003). This statement is accepted worldwide and integrated into Levine's conservation model through the theory of therapeutic intention.

Nursing care provides the patient with positive influences to restore the individual to an optimal level of health. Nursing care should not be detrimental to the patient in any aspect (Courcey, n. d. ). The theory of redundancy is the patient's fail-safe mode in which their internal anatomical, physiological, and psychological systems take over after a failed adaptation process. Levine's conservation model can be applied in several fields of healthcare. When looking at the plan of care for almost any individual patient we can see the separate parts of Levine's theories in action. The first step of the nursing process is assessment. Nurses assess and identify the threats posed at the patient's internal energy source from the outside environment. Nursing care also identifies the damage done to the patient's structural, personal, and social integrities. After properly assessing and identifying the needs of the patient we can use nursing diagnoses to set the plan of care for each individual patient. The plan of care should contain measurable, realistic, and obtainable goals for the patient as it relates to their well-being and energy levels (Parker, 1990). Nursing interventions are then formulated to carry out the plan of care.

Levine's theory of therapeutic intention is carried out by these interventions as well as the nurse's duty to preserve the patient's integrities (Ours, Bositis, Hall, & Mock, 2005). Energy conservation is the goal of nursing interventions



and will conclude in the patient functioning at an optimal level within their society. Education is also a key point found in Levine's model (Marriner-Tomey & Alligood, 1998). Levine stresses the importance of educating the patient on appropriate adaptation processes to help reduce the number of repeat customers in the healthcare system.

Organismic response is Levine's term for the evaluation step of the nursing process. In every patient case the nurse must evaluate the interventions, goals, and outcomes to determine if proper adaptation skills have been taught, energy levels have been restored to functioning capabilities, and patient integrities are indeed preserved. The nursing process is repeated if the organismic response is inappropriate or has failed to restore the patient's unity and integrities. The researcher chose this theorist to broaden his knowledge base of nursing theorists.

Levine's conservation model has been applied in several differ healthcare fields and therefore posed as a great learning experience. The researcher has found very little similarities in Levine's model and his own nursing work. The model of conservation deals with energy fields, which no scientific research can find, but the theorist views as cause for illness. Research into the application of Levine's theory confirms that it is simply a spin-off of the nursing process. While its theories are interesting to the science fiction reader, its scientific basis is far from reality.

Levine poses several new vocabulary words to terms used in the everyday work of nursing care. These terms would seem to disinterest and discourage new nursing students from embracing the ideas of the theorist. Nurses

already in the field would likely also find the theorist's model on the outskirts of reality after enduring stern education regarding the human body's anatomy and physiology. The theory of social, structural, and personal integrities is a concept that the researcher could identify in his own personal practice and therefore could relate to in a practical setting.

Overall Levine's conservation model is tainted by the conservation of energy theory she poses as the overall key to a patient's health status. References:

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