Nursing questions essay

Design

Question 1The self-care model of Orem has a central philosophy from which other concepts of the theory arise. These are self-care requisites, self-care deficits, and support modalities. The self-care requisites are classified as universal self-care requisites, development self-care deficits and health deviation self-care deficits. Nursing theory provides information on various aspects of nursing which include the definition of nursing proactive, the principles on which the practice is based on and the goals and roles of nursing. The structure of Orem's self-care theory is such that the philosophy flows into the requisites and deficits which form a basis for the support modality that will be determined.

The Health Promotion model of Dr. Pender is composed basically of assumptions and theoretical illustrations. This serve to increase its simplicity as the theory then appears more like a guideline for nursing practice.

Theory is made simple depending on the central questions addressed by a theorist. Both theories are based on conceptual models and are therefore simple in sense that they are no competing concepts. Orem's self-care model is simple because the concepts are defined in dimensions and properties rather than consequences.

For instance self-care is defined as the capacity to initiate and perform one's own health activities. This definition has no consequences explaining it, neither does it use consequences to explain itself, hence some clarity is already present. Further, the theory is made simple by the fact that there is coherence of logic from the definition of self care, to self-care requisites, then self-care deficits and finally to support modalities. The nurse

practitioner and/or student can logically trace the beginning to the end without getting lost.

The HPM model also has this characteristic, by starting with a set of assumptions then proceeding to make certain theoretical propositions the logical flow can be seen clearly and coherence is established. The concise nature of Orem's definitions makes the self-care model simple in contrast with the HPM model which lacks concise definition. The HPM model is different in that it relies more on explanation of consequences and cause-effect relationships. The theory explains about seven assumptions and up to fourteen theoretical propositions. In both the assumptions and propositions there is some repetition of the ideas in the propositions. Both models lack diagrams which serve to enhance clarity and simplicity. The assumptions and propositions are despite this clear as they have both content and construct validity. Simplicity in the HPM model has also been created by the consistency within the Health promotion model where disease prevention and promotion in relation to patient's behavior are consistent with the concept of health promotion.

Self-care is also consistently fitted into Orem's model from the definitions of central philosophy to the point of determination of support modalities. The Orem theory is simpler than the Health prevention model as it is more a means by which ideas and interventions can be generated. In Orem's model of nursing the universal self-care requisites are about eight all of which can be observed and the required support modality applied. HPM propositions on the other hand include objective as well as subjective interventions. These subjective interventions such as modifying cognitions, affect and

interpersonal environment make the model one of a higher complexity level since a greater number of elements have to be accessed. In addition the HPM explains more relationships than the self-care theory making it more complex. Question 2Knowledge development involves a process of gathering information that will lead to a certain action or that will form to guidelines or basis for beliefs and action. With this in mind analyzing concepts is significant to the development of knowledge since it allows for information to synthesized and evaluated to ensure its eventual application.

A concept is the foundation on which a theory is built. Its meaning may vary depending on the context, culture or discipline of the concept is found in. Analyzing a concept is necessary for the refinement of ambiguous concepts and also in providing a means of differentiating which attributes are relevant and which ones are irrelevant. An ambiguous concept can be defined by finding all the possible ways of defining the concept considering all the different meanings in various fields. These meanings are then solved out to differentiate similar ones from the dissimilar ones.

Concept analysis results in clearly defined parameters delineated internal characteristics and an operationalized concept without other competing concepts. Once a concept has this characteristics research around the concept becomes easier since consequences, outcome measures and cause effect relationships can be easily evaluated and the concept can be measured. Operationalizing a concept is critical step of the research process that makes a concept observable and measurable. Concept analysis also contributes to research by making it possible to develop instruments that will measure the concept.

Once the attributes of a concept have been identified and concepts which are similar are differentiated, what is being measured becomes clear. With this clarity research instruments to investigate the concept can be developed based on the observable characteristics of the concept. These variables that will be investigated in relation to the concept are devised from attributes of the concept. Clinical practice is based on information gathered from research. Concept analysis therefore contributes enormously to clinical practice because by making the process of research more measurable the groundwork for evidence-based clinical practice is laid.

For instance the conceptualization of empathy following analysis of the concept of empathy has resulted in empathy being viewed as a human trait, a professional state, as a special relationship, as caring and as a process of communication. All these conceptualization show the different aspects of empathy in clinical practice and can be applied to the situation where empathy is required of a nurse. With each of these conceptual definitions there are patient outcomes and consequences which can are reflective of the quality of care given to the patient.

Thus concept analysis also contributes to the evaluation of clinical care given to the patient. Concept analysis contributes much to the process of theory construction. These theories form models after which nursing practice is fashioned. For instance the concept of self-care forms the basis of Orem’s self-care theory and nursing interventions in line with the self-care model are based on the premise that self-care has to do with all individuals desiring to take as much possible of themselves.

Development of nursing knowledge embraces empiricism use of quantitative methods in the research process. The scientific data derived from empirical methods is made available through conceptualized phenomena. Nursing knowledge has developed from development of theories to the utilization of these theories. This has been made possible by the constructed knowledge that comes from analyzing concepts and proceeding to research the analyzed concepts. Question 4 Dorothea Orem's self-care framework focuses on the individual's capacity to carry out self-care in a primary care and rehabilitation setting. Self-care is defined as those activities that an individual can start and carry out on their own behalf in the maintenance of life, well-being and health.

The major emphasis of the model is that an individual can assume responsibility for their own health and that of other (Orem McLaughlin and Taylor, 2003). Nola Pender's Health Promotion Model, is a device that places emphasis on an integrative look at variables that impact health behavior. The Health Promotion Model uses research findings from nursing, psychology and public health to form a model that explains health behavior. Dr. Pender has developed strategies and tools for health promotion that can form a basis for nursing protocol and interventions. The HPM is based on certain assumptions which are a reflection of nursing as well as behavioral science perspectives.

They include that people seek to create living conditions that can serve as a means of expressing their potential for human health, that people have the ability to reflect on and assess their competencies and that individuals actively try to find ways of regulating their behavior. Further, individuals

attempts to find a level of equilibrium between change and stability while placing great value on growth in a positive direction (Pender, 2002)
These assumptions have some similarities to Orem's self-care model which places responsibility for care on the individual. Both models portray the individual as significant and in charge of their own health to other assumptions the HPM model are related to the environment. They include the proposition that individuals through interaction with the environment are transformed by the environment and in turn transform the environment; Health professionals are part of this environment which is influential on the individual and for behavior change to occur there has to be a reconfiguration of patterns of interaction between the individual and environment (Pender, 2002) From these assumptions various theoretical propositions arise.

Among these are that inherited and acquired characteristics as well as previous behavior have an influence on wealth-promoting behavior. According to this model people will participate in behavior that they perceive will be of some value. In line with this is the proposition that where an individual perceive competence they are more likely to be involved in the performance of that behavior.

When there are perceived barriers, commitment to performance of behavior and or the person mediating that behavior is constrained. As a result, better results are achieved where the individual perceives few barriers to a health behavior. The HPM has a greater focus on diseases prevention and health promotion. This is evident from its theoretical propositions that focus on the situations and conditions likely to increase or decrease commitment to health behavior. Among the things likely to increase health behavior or

commitment to health behavior are positive emotions associated with such behavior, and affect that gives a perception of greater self efficacy, significant others who model the behavior, have expectations for occurrence of the behavior and provide support and assistance that enables the behavior. This proposition points to the importance of health care professionals, peers and family in increasing or decreasing commitment to health behavior. A significant contrast with Orem's self-care model is the focus of the HPM on the individual's perception of self-efficacy and commitment to health behavior.

The Orem model places responsibility on the individual as well but also places responsibility on the individual for the care of others. Its purpose is to provide guidelines for clinical practice in a situation where primary or rehabilitative care is require while the purpose of HPM focus is more proactive as it places emphasis on disease prevention. Orem's model caters for the patient already admitted and also has some elements of prevention though few. The model has self-care requisites that identify needs of various groups of people. The Health deviation requisites are focused on patients care while the universal and developmental self-care requisites do not necessarily focus on the sick individual rather they encompass the needs of all individuals (healthy and unhealthy).

Nursing interventions are based on these requisites and when applied practically Orem's model encourages the nurse to provide asupport modality for each of the self-care requisites (Orem McLaughlin and Taylor, 2003). The self-care deficits of Orem's model describe those self-care requisites that the individual cannot meet. The role of the Registered Nurse is to identify these

defeats and provide a support modality. The self-care model does not provide probable hypotheses to explain why the individual may be unable to meet their own requisites but the HPM does. Question 5The modeling and role modeling theory holds the view that people have similarities in certain aspects but have differences in others. Individuals perceive themselves to have autonomy and at the sometime have a need to rely on other people. MRM theory focuses on understanding the client's unique view of the world. This understanding is than applied in planning individualized care that supports holistic health.

By doing this the nurse is role modeling. Aspects of self-care described in the MRM self-care model include self-care knowledge this means that every person up to a certain level is aware of what will promote growth and health. Life satisfaction and perceived control are some of the essential components of self-care knowledge. The MRM theory explains that self-care knowledge and self-care resource are interdependent. Self-care resources are both external and internal. Internal self-care resources include age, genetic makeup, attitudes, and psychosocial residuals through developmental stages in life.

External resources are social supports, access to materials that meet basic needs, socioeconomic status, living arrangements. Following analysis of the concept of autonomy the term PEA was coined. It is critical for holistic self-actualizing health and shows the potential for self-care behavior. Research in the Hertz and Anschutz article has been guided by the concepts of MRM theory which has formed the theoretical framework for the Hertz and Anschutz article. Attributes of Perceived Enacted Autonomy include

voluntariness, individuality and self-direction. Voluntariness refers to the ability to make a choice freely concerning what action to take and as well as accessibility of information and resources. Individuality focuses on the goals and needs of the persons while self-direction has to do with a sense of control over one's fate.

Individualization is a feature of MRM theory recognized by PEA. The article focuses on PEA and now it relates to self-care knowledge, self-care resources and holistic health. It has borrowed from MRM theory in the formation of its theoretical framework and conceptual analysis of PEA. The MRM model has within it the PEA conceptualization of autonomy which has formed a variable in the Hertz and Anschutz study. The study is concerned with autonomy among elderly patients and the relationship between autonomy and holistic healthcare. The MRM theory has also guided this research by providing the basis on which the client's (elderly person) model of the world can be assessed.

This has been assessed through subjective means such as assessment of morale and objective means such as assessment of participation in activities of healthcare and functional ability assessment. The MRM model describes self-care knowledge and self-care resources as part of its description for self-care. The study has used self-care knowledge represented by perceived control and life satisfaction; self-care resources in the study are represented by demographics, mobility, transportation and living arrangements. These formed the variables of the study. The instruments of the study were constructed based on the concepts analyzed in the MRM framework; the attributes of PEA were the basis on which PEA subscales were designed, with

voluntariness having 9 items, self-direction 9 items and individuality 13 items.

The second study used instruments based on self-care knowledge and self-care resource. The life satisfaction index-form was used to gather information related to self-care knowledge while the demographic data form was used to measure information related to self-care resources. MRM theory of nursing explains that the goal of holistic nursing is to help the client in moving towards self-actualizing health. The MRM theory thus provided guidance for the article in stating the problem statement of the studies since both studies look at the effect of compromised autonomy in achieving holistic healthcare for the elderly.

Further, it provided the grounds on which the implications of the research results can be explained. ReferencesMeleis AI, 2006 Theoretical Nursing: Development and Progress, Lippincot Williams &Wilkins, ISBN 0781736730Pender NJ, Murdaugh CL and Parsons MA, 2002 Health Promotion in Nursing Practice, Upper Saddle River NJ Prentice HallOrem DE, McLaughlin R, Taylor SG, 2003 Self care theory nursing: selected papers of Dorothea Orem, Springer Publishing. ISBN 0826117252