

Orems general theory
of nursing is
composed of three
constructs



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Orem's theory: – Orem's general theory of nursing is composed of three constructs. Throughout her work, she interprets the concepts of human beings, health, nursing and society and has defined 3 steps of nursing process. It has a broad scope in clinical practice and to lesser extent in research, education and administration. Orem's theory describes how patient's self-care needs will be met by nurse, the patient or both. This theory includes

Self-care: – practice of activities that individual initiates and perform on their own behalf in maintaining life, health and well being; self care agency is a human ability which is “ the ability for engaging in self care” -conditioned by age developmental state, life experience socio-cultural orientation health and available resources,

Therapeutic self-care demand: – “ totality of self care actions to be performed for some duration in order to meet self care requisites by using valid methods and related sets of operations and actions”, and

Self-care requisites: – action directed towards provision of self-care.

2) Roy's theory: – His theory is evolved from mental imagery of what nursing is, who the nursing client is, and what the goal of nursing is. He systematically developed theoretical propositions to promote research projects. Propositions were based on neurological and biological sciences. The goal of nursing is to help person adapt the changes

3) Nightingale: – Florence Nightingale (1820-1910), considered

The founder of educated and scientific and widely

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known as “ The Lady with the Lamp” wrote the first

nursing notes that became the basis of nursing

practice and research. In environmental effects she stated in her nursing

notes that nursing “ is an act of utilizing the

environment of the patient to assist him in his

recovery” Nightingale 1860/1969 that it involves the

nurse’s initiative to configure environmental settings

appropriate for the gradual restoration of the patient’s

health, and that external factors associated with the

patient’s surroundings affect life or biologic and

physiologic processes, and his development.

B) CREATE A TIMELINE WHEN THESE THEORIES WERE DEVELOPED.

Ans b.

1) Orem’s Nursing: Concept of Practice was first published in 1971 and subsequently in 1980, 1985, 1991, 1995, and 2001. Continues to develop her theory after her retirement in 1984.

2) Roy’s theory was developed from 1976-1981.

3) Nightingale’s theory was developed between 1820-1910.

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Q2) UNDERSTANDING OF HEALTH CARE TEAM.

RESEARCH THE VARIOUS HEALTHCARE TEAM MEMBERS AND DISCUSS THEIR ROLE IN PATIENT MANAGEMENT

Doctors: they have in common is a high level of autonomy in practice and a commensurate level of responsibility.

Nurses and nursing staff: The people in this group provide direct, hands-on patient care, most often carrying out doctors' orders but also initiating care based on their own clinical judgment and observation at the patient's bedside. They provide near continuous monitoring of a patient's progress and response to treatment and have a strong tradition of patient advocacy.

Other Direct care providers: The people in this group provide direct patient care in particular settings or areas of medicine. Some function as physician extenders and practice in settings and areas of medicine as diverse as physicians do.

Therapists: The people in this group provide direct patient care in specialized areas, usually at the request of primary caregivers. Some concentrate on helping patients regain or retain their ability to function with respect to daily activities while others provide therapy to patients with problems in specific areas (Respiratory Therapists, Speech-Language Pathologists).

Care and Psychosocial Support Coordinators: The people in this group assist patients and caregivers with the coordination of the complex and variable range of services that may be required for patients and their families. Some deal primarily with logistical issues, continuity of care, post-discharge

support and resources, and financial issues. Others address spiritual needs and support or complex issues involving difficult ethical decisions.

Diagnostic Technologists: The people in this group provide technical services in support of diagnostic or therapeutic aspects of patient management.

Some are primarily involved in collecting and analyzing biological patient samples, while others are involved in gathering diagnostic data (images) and carrying out treatment protocols.

Administrators and information managers: The people in this group are not involved in hands-on patient care but provide critical resources to ensure the smooth operation of the health care team. Some have responsibility for the overall operation of a hospital or institution some provide or process the gamut of information necessary to ensure efficient and safe patient management, and others ensure the security of the physical facility (Hospital Security Officers) or work to minimize the liability of the institution.

Other support staff: The people in this group provide a variety of services. Some are in direct contact with patients, often assisting them as they move through the processes involved in accessing and interacting with the healthcare system. Others provide services primarily to other members of the health care team.

B) CASE STUDY 1

Ans. Case study 1: I would suggest the best way to solve Rebecca's case would be to let the doctor's know about the situation, and the dieticians can be very much helpful in this case.

Q3 ENROLLED NURSE CAREER

Ans3.

A) ENROLLED NURSE WORK IN A VARIETY OF HEALTH CARE SETTINGS, RESEARCH AND DISCUSS SOME OF THE CAREER PATHWAYS OPEN TO ENROLLED NURSES.

ANS A) Rest haven acknowledges that the continued provision of quality service to residents and clients is underpinned by appropriately trained and skilled staff. Enrolled nurse can work as midwifery, in mental health dept., in aged care, NT public sector nursing and midwifery.

B) THERE ARE SEVERAL PROFESSIONAL BODIES THAT NURSES MAY JOIN AS WELL AS ORGANIZATIONS WE MUST BE A PART OF, DISCUSS THE ROLE AND FUNCTION OF THESE PROFESSIONAL BODIES.

ANS B) Enrolled Nurses can find work with a variety of organizations including hospital wards or operating theatres, GP surgeries, nursing homes, community health centers, aged care services, private homes, schools, ambulance service, the Red Cross, emergency aid or even a combination of these. Health industry / health focused business settings:

University, vocational, and school educational settings

Maternity / Birthing facilities. Acute care and Day Surgery hospitals (adults and Children)

As a casual flight nurse.

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C) THROUGHOUT OUR CAREER WE ALL ARE EXPOSED TO PERFORMANCE APPRAISAL. WHAT IS THIS PROCESS AND WHY IS IT IMPORTANT TO OUR CAREER DELIVERY?

ANS C) In the early 1980s performance appraisal was redirected from issues related to the development of psychometrically sound rating scaled to those involving the cognitive processes of raters (Landy and Farr 1980, Feldman 1981). Since that time several reviews have attempted to translate principles from social cognition and cognitive psychology to the specific conditions of formal appraisal systems in work-oriented organizations. The review is structured around a 3 stag process model of gathering, storing and retrieving information about social stimuli for the purpose of rating performance.

Factors affecting this process are clustered into four categories: appraisal settings, rates, raters and the nature of scales used for the appraisal. Once reviewed, the research is evaluated in terms of its contributions to improving the quality of appraisal systems as they are used in organizations (Janet L, Daniel R, David B 1980)

Q4 NURSING CARE

A) RESEARCH THE FOLLOWING METHODS OF NURSING CARE DELIVERY; WHAT ARE THE BENEFITS AND LIMITATIONS OF EACH TYPE OF CARE DELIVERY?

Ans A)

1) Functional nursing care: This model is also referred to as the Task Method, and for good reason. Functional nursing evolved during the Depression when

RNS went from being private practitioners to becoming employees for the <https://assignbuster.com/orems-general-theory-of-nursing-is-composed-of-three-constructs/>

purposes of job security. Once WWII broke out, however, nurse's left to care for the soldiers, which left the hospitals short-staffed. To accommodate this shortage, hospitals increased their use of ancillary personnel. For efficiency, nursing was essentially divided into tasks, a model that proved very beneficial when staffing was poor. The key idea was for nurses to be assigned to TASKS, not to patients. For example, one nurse would be responsible for all the treatments, another nurse for all the medications, and so on.

Advantages:

A very efficient way to delivery care. Could accomplish a lot of tasks in a small amount of time

Staff did what only they were capable to do: no extraneous work was added that could be done by assertive personnel.

Disadvantages:

Care of persons became fragmented

Patients did not have one identifiable nurse and the nurse had no accountability.

Very narrow scope of practice for RNS

Lead to patient and nurse dissatisfaction

2) Team Nursing: Advantages: 1. High quality comprehensive care can be

Provided despite a relatively high proportion of ancillary staff. 2. Each member of the team is able to participate in decision-making and problem solving. 3. Each team member is able to contribute his or her own special expertise or skills in caring for the patient. 4. Improved patient satisfaction. 5. Organizational decision making occurring at the lower level. 6. Cost-effective system because it works with expected ratio of unlicensed to licensed personnel. 7. Team nursing is an effective method of patient care delivery and has been used in most inpatient and outpatient health care settings.

Disadvantages: 1. Establishing a team concept takes time, effort and constancy of personnel. Merely assigning people to a group does not make them a 'group' or 'team'. 2. Unstable staffing pattern make team nursing difficult. 3. All personnel must be client centered. 4. There is less individual responsibility and independence regarding nursing functions. 5. Continuity of care may suffer if the daily team assignments vary and the patient is confronted with many different caregivers. 6. The team leader may not have the leadership skills required to effectively direct the team and create a "team spirit". 7. Insufficient time for care planning and communication may lead to unclear goals. Therefore responsibilities and care may become fragmented (Marquis and Huston, 2003).

3) Client Assignment: Client assignment or total patient care method is the oldest way of providing care to a patient. In this one nurse provides total care for one patient during the entire work period. This method was used during Florence Nightingale era. Care includes fulfilling the needs of whole family as well as cooking and cleaning (Nelson, 2000).

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Advantages:- The patient receives consistent care from one nurse and this helps in developing mutual trust between patient, nurse and family. This method of caring is comprehensive, continuous and holistic.

Disadvantages: In today's healthcare economy it proves to be very expensive. It requires highly qualified and skilled nurses but during the times of nursing shortages there are not enough resources or nurses to use this model. This care delivery requires total patient care, such as assessment and teaching the patient and family, as well as the less functional aspects of care.

4) Primary Nursing: Primary nursing was developed in the 1980's by Marie Manthey and the hallmark of this model is that one nurse cares for one group of patients with 24 hour accountability for planning their care. In other words, a Primary Nurse (PN) cares for her primary patients every time she works and for as long as the patient remains on her unit. An Associate Nurse cares for the patient in the PN's absence and follows the Primary nursing individualized plan of care. This is a decentralized delivery model: more responsibility and authority is placed with each staff nurse. It has been debated whether PN is a cost-effective model. Some say it is because the RN has all the skills necessary to move the patient through the health care system quickly. Others say it is not cost effective because RNS spend time doing things that other, less expensive employees can do.

Advantages:

Increased satisfaction for patients and nurses

More professional system: RN plans and communicates with all disciplines.

RNs are seen as more knowledgeable and responsible.

RNs more satisfied because they continue to learn as a function of the in-depth care they are required to deliver.

Disadvantages:

Intimidating for new graduates who are less skilled and knowledgeable

Where do we get all these RNS during times of shortage?

B) WHEN DELEVERING AGE CARE, GENDER, RELIGION AND CULTURE OF OUR CLIENT NEEDS TO BE CONSIDERED. GIVE AN EXAMPLE OF HOW A NURSING ACTIVITY MAY NEED TO BE ADJUSTED TO MEET DIFFERENT NEEDS IN RELATION TO THIS.

AnsB.

Nurses need a pragmatic approach to the culture of clients that is flexible enough to take multiple scenarios into account. The very first step is to understand the concept of diversity. In this discussion, diversity is an inclusive concept that embraces not only ethnic groups and people of color, but also other marginal or vulnerable people in society. These groups are included because they experience discrimination based on their lifestyle choices, e. g., sexual preference, or their socioeconomic status, e. g., the poor, the handicapped. Several theoretical models for cultural assessment are available. Leininger (1991), Giger and Davidhizer (1995) and Campinha-Bacote (1994) developed three of the most widely used models. The

Leininger model is an expansive systems approach to achieving cultural

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understanding. She identifies the cultural content categories as educational, economic, political, legal, kinship, religious, philosophical, and technological. Giger and Davidhizer propose that nursing consider the following phenomena for their cultural importance: communication; space; time; environmental control; biologic variations; and social organization. The Campinha-Bacote model views cultural awareness, cultural knowledge, cultural skill, and cultural encounters as components of cultural competence in nursing care delivery. Nursing literature also offers many data collection tools that were devised to create a profile of clients from other cultures and to specify how associated behavior influence the biological, psychological and sociological dimensions of health. However, integrating these theoretical models and assessment tools into the actual practice of nursing continues to be an evolving process. The most basic assumption is that there is a point of convergence where people enjoy sameness before differences cause divergence. This sameness or common core is largely an outgrowth of the universal need of all people to be treated with respect.

The ability of the nurse to accept the need of all persons to be treated with respect is predicated on awareness of the interaction of three cultures. First, it begins with our personal selves as cultural entities. Every nurse brings two cultures into the relationship with clients. First, the qualities and characteristics of personal culture are key determinants of personal and professional behavior. Second, and equally important is recognizing that the health care delivery system, which the nurse represents and helps the client and family to access, is also a separate and unique culture. Both of these cultures-that of the nurse and of the health care system- must strike a

balance with a third-the culture of the client. Ignoring any of these entities creates barriers to the achievement of positive, productive, and caring nurse-client relationship.

Nurses care for the whole person. If nursing care is truly holistic, then culture must be an integral part of the nursing process. Culturally competent care is achieved when individualized care includes a complementary and harmonious blend of the patient's beliefs, attitudes and values, with Western health care practices (Murray & Atkinson, 2000). The nursing process is the primary tool for critical thinking. It facilitates decision-making and is a deliberative, systematic method of care planning for individuals, families, and communities.

C) CASE STUDY 2

Ans c. As a nurse we should maintain the confidentiality as well as duty of care towards our client. In this case if we report this we breach the clients confidentiality or privacy. Most of the organizations have internal reporting protocol, in this case the nurse should report to the appropriate person within the organization. This is called internal duty of care but there's also external duty of care as well. Having reported internally and if that person would report it externally then even it breaches the confidentiality of the client. If the client doesn't want to let the nurse report internally also even then it breaches his confidentiality. Duty of care is a balancing between your duty to that person and that person's rights. But at last keeping Jones uncomfortable during his son's visit all the time its better to do something for him rather than doing nothing. Because to be sued for negligence is worse than being sued for a breach of confidentiality. Thus in this case its <https://assignbuster.com/orems-general-theory-of-nursing-is-composed-of-three-constructs/>

better to report the concerned RN within organization but at same time it should not be reported externally by RN. This satisfies the duty of care as well as confidentiality. (Brian Herd, Carne Reidy Herd)

Q5) EVIDENCE BASED PRACTICE

ANS A) A great and increasing challenge facing all practitioners, regardless of their discipline or background, is how to keep abreast of new research findings. All clinicians would like to think that they are following best practice and that their practice is based on evidence. However, evidence-based practice means more than practicing with an awareness of research evidence. A widely accepted definition of evidence-based medicine is a “conscientious, explicit and judicious use of current best evidence in making decisions about individual patients” (Sackett et al, 1996). Ensuring that nurses can practice according to the philosophical underpinnings of their profession is recognized as an important factor in job satisfaction and hence is critical to retention and recruitment of the nursing workforce (Baumann et al. 2001). Employers share responsibility with nurses, professional associations and others for promoting environments that support quality professional practice (Canadian Nurses Association 2001).

The Aged Care Standards and Accreditation Agency Ltd (the Agency) was established in October 1997 and appointed as the accreditation body under the Aged Care Act 1997 (the Act) owned by Australian government. The Accreditation Grant Principles 1999 require the Agency to carry out regular supervision of accredited residential aged care homes to monitor their compliance with the Accreditation Standards and other responsibilities under the Act; and to assist residential aged care homes to undertake a process of <https://assignbuster.com/orems-general-theory-of-nursing-is-composed-of-three-constructs/>

continuous improvement. Improvements have occurred in the provision of care and services since the commencement of accreditation. There have been three major rounds of comprehensive accreditation assessment since September 1999. In an industry comprising more than 2, 800 residential aged care homes nationally, during the last round (July 2005 to December 2006), 91. 8% of residential aged care homes were assessed as being fully compliant with all 44 expected outcomes of the Accreditation Standards. That is an improvement from an already outstanding 87. 9% three years earlier, and a sharp improvement compared with 63. 5% in 2000.