

# Nursing theory essay sample

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### *ABSTRACT*

In the health care profession, theories and models help us identify and understand phenomena and scenarios that might be encountered and experienced. Various Nursing Theories and Models are currently being utilized and adhered to in the profession. Several Nursing theories were reviewed.

It is notable that most of the theories deal with a Nurse-Patient perspective. There are very few macro theories dealing with the community or target communities. One study conducted as research for Rural Nursing Theory assessment. The study identified key concepts and issues that greatly affects Health Care programs and in the providing of service.

There are still many concepts, ideas and issues that need to be addressed regarding the Health care profession. Most of which are factors that are pertaining to the community and its population.

### *REVIEW OF LITERATURE*

The body of knowledge that is used to support nursing practice is called the *nursing theory*. The focus of the nursing education was to teach nurses the knowledge and skills that would assist or help them to practice in hospital setting (Kozier, Erb, Berman, & Synder, 2004). The knowledge may be obtained from different learning experiences, such as nursing research or from other non-nursing sources. In the practice discipline such as nursing, theories work like lenses through which we are invited to interpret things like industrial efficiency, market forces, the human mind, pain, and suffering.

Their usefulness comes from helping us interpret phenomena from unique perspective and building or providing us new possibilities for understanding the discipline's focus.

There is a direct link among theory, research, education and clinical practice. Nursing research is more often informed by midlevel theories that focus on the exploration of concepts such as pain, self esteem, learning and hardiness (Chinn & Kramer, 2004). Nurse scholars have repeatedly insisted that nursing research identifies the theoretical framework from which it proceeds. New theoretical perspectives provide an essential service by identifying gaps in the way we approach specific fields of study such as symptom management or quality of life (Chinn & Kramer, 2004). In nursing, the critical theory helps explain how these structures such as race, sexual orientation, gender, and economic class affect patient experiences and health outcomes.

When nursing theory has been employed in a clinical setting, its primary contribution has been the facilitation of reflection, questioning and thinking about what nurses do. Because nurses and nursing practice are often subordinated to powerful institutional forces and traditions, the introduction of any framework that encourages nurses to reflect on, think about and question what they do provides an invaluable service. Family theorist and critical theorist have encouraged the profession to move the focus from individuals to social structures and families (Reed, Shearer, & Nicoll, 2003). Debates about role of theory in nursing practice provide evidence that nursing is maturing both in academic discipline and as a clinical profession (Reed, Shearer, & Nicoll, 2003).

Nursing models are theoretical representation, making up of theories and idea (Kozier, Erb, Berman, & Synder, 2004). All nursing models contain methods of evaluating a patient's particular needs and applying appropriate patient care. The important part of each nursing model is assessable purpose in order that the procedure can be assessed so that it would offer better care for the patient in the future (Kozier, Erb, Berman, & Synder, 2004). They also help nurses attain consistency and seamless concern. Not all nursing models fit to different branches of nursing so they usually states the model they prefer or that would fit to that certain branch of nursing profession. In psychiatric nursing, they prefer to use the Roy's model of nursing and the tidal model. *Roy's model of nursing* sees an individual as a set of organized structure, organic, psychosomatic, and communal (Roy, Andrews, Roy, & Andrews, 1998). The person strives to preserve an equilibrium between each of the systems and the outside world (Roy, Andrews, Roy, & Andrews, 1998). However, there is no complete level of equilibrium. According to Roy we all tries to stay inside a group where we can survive sufficiently. This group will be distinctive to a person. The adaptation stage is the range of flexibility inside which they can deal efficiently with new knowledge (Roy, Andrews, Roy, & Andrews, 1998). Roy preserve that there are four main adaptation systems which she calls form of acclimatization. She calls these the physiological structure, the personality perception system, the character mastery structure and the interdependency structure (Roy, Andrews, Roy, & Andrews, 1998). The *Tidal model* is a model for the promotion of mental health. In array for the nurses to begin the procedure of engagement using the Tidal Model, the following must be established: (1) that there is potential

for improvement; (2) that modification is predictable; (3) that eventually, people recognize what is paramount for them; (4) that the individual have all the means they should have to start the healing expedition; (5) that the individual is the educator and the assistants are the trainee; (6) that the assistant must be imaginatively inquisitive, to know what they have to do to help the person (Barker, 2005). It concentrates on the constant procedure of change innate in all people (Barker, 2005).

It searches to expose the significance of individuals experiences, stressing the significance of their own voice and the authority of symbol when moving out assessment (Barker, 2005). Its goal is to empower individuals to retrieve domination of their lives using the three area of self, world and others (Barker, 2005). The Tidal model uses the metaphor of water. The goals of this model in psychiatric cases; the subject associated with a mental health problem, or its more permanent consequences, can be different as well as growing. It affirms that by recognizing this metaphor, nurses or other assistants will acquire a better perception of the person's present situation and the predictability of change (Barker, 2005). With this, the assistants may, in time, be directed to *care with* the person starting their journey from the condition of having problem. In 2000, the Tidal Model has been implemented in Newcastle Upon Tyne, UK in the adult psychiatric programmed sheltering nine acute admission wards (Barker, 2005). From then onwards, more than 70 different Tidal Model projects have been recognized in the UK, Ireland, New Zealand, Canada, Japan and Australia (Barker, 2005). This type of nursing model is being exercise in different

clinical settings like in the severe psychiatric care area, rehabilitation and forensic care area (Barker, 2005).

In children's nursing they usually use the *Casey's model of nursing*. In 1988, Anne Casey developed the Casey's model of nursing while working on the Paediatric Oncology Unit at London. The method concentrated on working in association with children and their families, and was one of the earliest endeavor to build up a model of practice specifically for child health nursing (P., 1998). The paradigm has been developed in other areas of England to concentrate upon limited feature of practice (P., 1998). The Casey model perceives a kid as a client. The five concepts of child, family, health, environment and the nurse encompass the Casey model. The ideas at the back the model is that the greatest individual to care for the child is the family with help from different skilled staff (P., 1998). In that case, there should be collaboration between parent and carers. The Nottingham Model' which emphasizes the family as client is one of the pediatric nursing model developed in children's nursing (P., 1998).

In perinatal nursing, they prefer to use the model refine by Ramona T. Mercer which is the *achievement of motherly character*. She is the person behind the mid-range nursing theory: " A hypothetical structure for investigating the aspect that influence the maternal role" (Mercer, 1985). For the past 30 years, Mercer has contributions to the refinement of this hypothesis and is considered as a nurse-theorist. Here are the stages of maternal role attainment refined by Mercer: (1) Anticipatory stage was the pregnancy begins. Here they learn the expectations of motherhood role; (2)

Formal stage – which the behavior is guided by other people and it is implicit at birth.; (3) Informal stage – were the individuals gain knowledge in maternal role; and (4) Personal stage – The stage were the individual realizes the harmony, competence and certainty in mothering role (Mercer, 1985).

In adult nursing they prefer or usually use the three models namely: (a) Nightingale's model of nursing; (b) Nursing model of Roper, Logan and Tierney; and (c) Orem's model of nursing. *Nightingale's environmental theory* is proposed by Florence Nightingale. She defines nursing as the act of utilizing the environment of the patient to assist him in his recovery (Kozier, Erb, Berman, & Synder, 2004). She linked health with the five environmental factors such as: (a) fresh or pure air; (b) efficient drainage; (c) pure water; (d) light, especially direct sunlight; and (e) cleanliness. Deficiencies in these five factors produced lack of health or illness (Kozier, Erb, Berman, & Synder, 2004). She also stresses the importance of keeping the client warm, maintaining a noise free environment and attending to the client's diet in terms of assessing intake timeliness of food and its effect on the person (Kozier, Erb, Berman, & Synder, 2004). The *Roper, Logan and Tierney model of nursing*, which is name after the authors, is widely used in medical and surgical settings. This is a model of nursing care based upon activities of daily living. It is enormously widespread in the United Kingdom, mainly in the in the public domain (Roper, Logan, & Tierney, 2000).

The model also integrates a life span scale, where the person passes from completely reliant at birth, to completely self-governing in the midlife, and returns to completely dependent in their old age or after death (Roper,

Logan, & Tierney, 2000). They also cited the activities of daily living namely: (1) Maintaining a safe environment; (2) Communication; (3) Breathing; (4) Eating and drinking; (5) Elimination; (6) Washing and dressing; (7) Thermoregulation; (8) Mobilization; (9) Work and play; (10) Expressing sexuality; (11) Sleeping; and (12) Death and dying (Roper, Logan, & Tierney, 2000). The third model use in the adult nursing is the *Orem's General Theory of nursing*. It is also known as the ' Self Care' Model of Nursing. This model is also used in rehabilitation and community nursing where the patient is encouraged to be as independent as possible (Faucett, Ellis, Underwood, Naqvi, & Wilson, 1990). Self care requisites, also called self care needs are actions made to provide self care.

There are three categories of self- requisites namely: (a) Universal requisites - common to all people. This includes maintaining intake and elimination of water, air, and food; preventing hazards to life and well being; balancing rest, social interaction and solitude; and promoting normal human functioning (Faucett, Ellis, Underwood, Naqvi, & Wilson, 1990).; (b) Developmental requisites - the result from maturation or association with conditions or events such as adjusting to a change in body image (Faucett, Ellis, Underwood, Naqvi, & Wilson, 1990).; (c) Health deviaton requisites - the result from injury, illness or disease or its treatment. It includes actions such as seeking health care assistance, learning to live with the effects of the illness or treatment and carrying out prescribe therapies (Faucett, Ellis, Underwood, Naqvi, & Wilson, 1990).



Self care deficit results when an individual is not adequate to meet the known self care demand. Orem's self care theory explains not only when nursing is needed but also how people can be assisted the methods of helping such as: (1) acting or doing for; (2) guiding; (3) teaching; (4) supporting; and (5) providing an environment that promotes the individual's abilities the current and future demands (Faucett, Ellis, Underwood, Naqvi, & Wilson, 1990). Orem identifies three types of nursing system which the nurses use to rate their patient's dependencies. The first is the *total or wholly compensatory system* which is required for individuals who are unable to control and monitor their environment and process information. The second is the partial or partly compensatory systems that are designed for individuals who are unable to perform some but not all self care activities. And the third one is the educative or supportive developmental system that is made for persons or individuals who need to learn to perform self care measures and assistance to do so (Faucett, Ellis, Underwood, Naqvi, & Wilson, 1990).

#### *ASSESSMENT THE NURSING THEORY*

Based on studies conducted there are new concepts or ideas that emerged that are significant and needed to be addressed. These are concepts that may influence or affect how services and care might be provided. It was evident in the study conducted for Testing Rural Nursing authored by Helen J. Lee, PhD, RN. These are significant findings since most countries consist in majority rural areas. And some of the concepts are also can also be applied or verified in urban and suburban scenarios.

Definition of Health or Health Perception of target patients or the community itself of health care would greatly affect the service provided. If various notions are ingrained in the population's mentality regarding how they define "healthy" then standardization of the criterias for definition should be imposed. And dissimination of this information should be prioritized and checked if it is embraced.

With technology and media readily available, health promotion campaigns can be strategized and implemented. Information campaigns can be strategized using different approach according to the profile of the community and subsequently evaluated of its effectiveness and the community's response.

Distance of facilities or Health Care Personnel affects the time it takes to provide health care is a major factor affecting the practice. How long, how far or how accessible facilites for health care is inhibits patients from obtaining specialist care, required medicine and prompt attention for emergency cases. Medicine and service should always be available and readily accessible. Issues that needed to be addressed are how fast health service should be available to patients whether in an emergency situation or not.

In most remote areas they tend to depend on emergency volunteer teams. This is a good concept that can be modified. It would be beneficial also if there were trained professionals in the community that could act not only in emergency cases. Health care personnels could be inserted in these emergency medical teams.

Symptom, Action, Time Line (SATL). This concept revolves basically on identification of a simple illness or major health problem and the action or care provided in treatment as well as how immediate should it be given. Patients without proper knowledge of their ailments or afflictions tend to do self care and medications. They tend to rely on medical help whenever their ailment would persist.

This concept is evident mostly in rural areas wherein people tend be self reliant and mostly do self medication or use alternative medicines. But without knowledge or updated information on treatment and prevention of common illness, people tend to rely less on Health care personnels and services. Health care providers need to insure that proper instruction about illness self-care; discuss the signs and symptoms that require the attention of medical experts and come up with strategies related to accessibility and distance to care facilities.

Other key concepts affecting Health Service providers are insider, lack of anonymity, and familiarity. These concepts affect in the providing of service since people do not readily trust health care personnel specially “ outsiders”. Thus most patient would want to go to someone they know and trust. Subsequently, most patients also do not want the knowledge be known to the community of their afflictions and ailments, especially if moral issues are concerned.

Identifying the profile of communities as targets for Health care programs and service is necessary. Profiling the community, its demographics, psychological and social behavior is beneficial to the Health care institution.

Identifying the community's strengths, weaknesses, opportunities and threats would be beneficial in providing a better health care program.

Insertion and immersion to a community should be prioritized and developed by Health care institutions and organizations.

### *CONCLUSION*

Nursing theory is continuously evolving. There are concepts and ideas that continually arise given the change of situation and environment. Most of the Nursing theories deal with clinical situations. They are very helpful in understanding the Nursing Profession but preventive and proactive theories should be considered also.

Community based theories and models, like Rural Nursing Theory, helps in understanding better the role of nursing profession as it affects the general populace. How the profession is perceived and received by the community. What are the necessary issues that need to be addressed? Formulate strategies that would provide a better health care program for the community.

Health care is very dynamic and there are still issues and concepts that need to be addressed. Continuous study and evaluation of the current school of thoughts should be promoted.

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