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Nurses use theories in every day practice to help answer questions and to build a strong foundation from. In this paper, two theories will be compared and contrasted. The first article applied Virginia Henderson’s grand theory of Principles and Practice of Nursing, also known as the activities of living theory (Nicely & DeLario, 2011). She believed, “ the best health care is patient-focused; better still, family-focused” (Nicely & DeLario, 2011, p. 72). In this article, Henderson’s theory was applied specifically to the population of organ donation. Nicely and DeLario (2011) defined an organ donor as “ an individual who is brain dead and is a candidate for solid-organ donation for transplantation” (p. 72). As one can imagine, this situation places a significant amount of stress on not only the patient but also the patient’s family and support system.

By applying the fourteen activities categorized under Henderson’s theory, nurses are able to provide the brain dead patient with the proper care they deserve and to ease the process for the family going through this unfortunate situation. For example, the first activity involves normal breathing. In order for organs to be viable, a person who cannot breathe independently will require immediate intubation. According to Nicely and DeLario (2011), “ intubation and ventilation is necessary and is not negotiable in a brain-dead patient” (p. 73). A competent nurse will recognize the need for such an intervention and assist in achieving the desired outcome.

Henderson’s activities go beyond physiological interventions for the patient, they include personal care and family support as well. Such as, bathing the patient and presenting them in a way to the family that encompasses comfort and holistic nursing care. By performing all fourteen of Henderson’s activities, a nurse is able to “ contribute significantly to transferring the gift of life from one human being to one or more patients at the next phase of the donation process” (Nicely & DeLario, 2011, p. 77).

In the second article, Mefford and Alligood (2011) performed a study involving Levine’s Conservation Model of Nursing to test a middle range Theory of Health Promotion for Preterm Infants. The theory suggests that when a baby is delivered preterm, it generates a chaotic atmosphere for both the baby and family which requires immediate adaptation (Mefford & Alligood, 2011). Levine’s model consists of four conservation principles: conservation of energy, conservation of structural integrity, conservation of personal integrity and conservation of social integrity (as cited in Mefford & Alligood, 2011). The study concluded that “ consistency of nursing caregivers significantly reduced the age at which the infant and family were healthy enough for hospital discharge” (Mefford & Alligood, 2011, p. 47).

The two theories shared several similarities. Both theories placed a significant amount of importance on support for the family. Anyone who walks into a room and sees their loved one on a ventilator is at great risk for emotional discomfort. Henderson expressed the need to treat the patient holistically and to never forget that the patient is still a human, brain activity present or absent. Sometimes nurses need to assist physicians and other medical professionals in remembering this because it can easily get overlooked while trying to maintain organ viability. Furthermore, Levine’s theory explained that preterm birth is a “ family crisis that disrupts usual family functioning” (Mefford & Alligood, 2011, p. 44). It is important to remember that every situation is unique and each family will react differently. The nurse must provide consistency in care to assist in a healthy adaptation for both the patient and the family. The two theories agree that by placing a strong emphasis on the therapeutic nurse-patient-family relationship then the desired goal will be achieved.

Although the two theories shared similarities, they also shared differences. One of the main differences was the focus of each theory. Henderson’s theory focused primarily on the needs of the patient and returning independence such as “ ensuring that the decisions the patient made while independent are realized” (Nicely & DeLario, 2011, p. 73). The theory was applied to organ donation and end of life care. On the other hand, Levine’s theory focused primarily on the outcome and achieving that outcome through adaptation. Preterm infants were the population tested and the focus was on the beginning of life and achieving overall health. In conclusion, it is important to remember how theories provide a foundation for nursing practice and how they influence and improve patient care each day.

References   
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