

Myra levine theory critique

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Introduction Myra Levine proposed a grand theory of energy conservation. Using the Chinn and Kramer Model for critique, this paper will describe the theory reviewing purpose, concepts, definitions, relationships, structure, assumptions, and rationale for selection. Then, the theory will be critically examined for clarity, simplicity, generalizability, accessibility, and importance. Energy conservation provides a unique framework foreducationand current practice. Well-defined concepts ofenvironment, health, nurse, and patient can guide research.

However, the theory has limited application to some areas such as health promotion and disease prevention. Further refinement of this theory would beneficially develop the knowledge base ofnursing, guide practice, and contribute to favorable outcomes. Description of Theory Purpose Myra Levine was an experienced nurse andteacherwho sought to educate medical-surgical students about major concepts in nursing. Levine wanted the focus of nursing to be patient-centered instead of task-oriented (Sitzman & Eichelberger, 2011).

Also, like other early nursing scholars, Levine wanted to distance nursing practice from medicine (Meleis, 2012). Trophicognosis is a term Levine invented to replace medical diagnosis. Trophicognosis referred to nursing judgement arrived at by the scientific method; according to Meleis (2012) trophicognosis was a “ useful beginning for the use of the nursing process” (p. 291). Concepts Levine based her theoretical concepts on her personalphilosophy. Levine viewed man as “ an ever-changing organism in constant interaction with an ver-changing environment” (Levine, 1969, p. 93). Levine believed individuals respond to their environment in a systematic

way based on their perceptual systems. Therefore, Levine conceptualized nursing based on the idea that “ an appreciation of these responses will conserve the patient’s resources, alter his environment to fit his resources, and be an extension of his perceptual systems when his own are impaired” (Levine, 1969, p. 93). Conservation is unique to Levine’s theory and is the primary concept (Sitzman & Eichelberger, 2011).

Levine identified four conservation principles as a framework for nursing interventions and established the goal of conservation as adaptation (Meleis, 2012). Other important concepts included wholeness, organismic responses, adaptation, integrity, and perceptual systems. Definitions The conservation model clearly defines major concepts related to patients, environment, adaptation and energy conservation. Levine did not think it was an accident that the word “ health” was derived from the Anglo-saxon word for “ whole” (Levine, 1969).

Levine saw patients as complete persons made up of dynamic systems that continuously seek a state of balance. Levine viewed health and disease as patterns of adaptive change along a continuum of dynamic processes within a person’s unique pathophysiology and environment (Levine, 1966). Both internal and external environments were described; the external environment was categorized as perceptual, operational, or conceptual. Conservation of energy was defined as the goal, or outcome, of nursing; the concept of conservation included maintaining a person’s social, personal, and structural integrity (Meleis, 2012).

Relationships According to Levine, the patient’s health is dependent on the nurse-supported process of adaptation (Sitzman & Eichelberger, 2011).

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Nurses function as an extension of the patient's perceptual systems, but work to end the dependence as quickly as possible (Levine, 1966). Structure The conservation model follows a linear progression from desynchronization to energy conservation to adaptation. As a patient-focused and goal oriented theory, success is measured by outcome-based criteria. Assumptions Levine presented many implicit and explicit assumptions throughout her theory development.

Levine's assumptions centered on the essence of the human experience, adaptation, and nursing. The most influential assumption was the wholeness and complexity of patients (Meleis, 2012). Rationale for Selection There are many reasons to study Levine's Conservation Model. The concept of energy conservation is unique to this model. Levine believed in holistic care and supported patient's rights to personally define their health (Meleis, 2012). The concept of wholeness is consistent with most modern philosophies of nursing. The World Health Organization definition of health is also consistent with Levine's concepts.

Many multidisciplinary concepts relate to adaptation, including physics, physiology, and neuroscience (Meleis, 2012). These concepts may facilitate future theory development and research. Finally, in the current socio-political environment, outcome-based theory will likely become increasingly relevant as reimbursement depends on patient outcomes. Critical Reflection Clarity Chinn and Kramer defined clarity based on ease of understanding and consistency of concepts (Meleis, 2012). Myra Levine precisely and accurately labeled her theory Energy Conservation.

It is apparent that her pedagogical practices influenced definitions of main concepts. I think she was consistent in her operational definitions of the patient, the nurse, the environment, and adaptation. However, I agree with Meleis (2012) that the derived concepts of integrity, wholeness, and humanism do not have clear boundaries. Simplicity Some of the definitions are complex, but Levine maintained simple components consistent with the theoretical assumptions & propositions (Meleis, 2012). Although human responses are a complex phenomenon, Levine limited much of her paradigm to physiologic responses.

I believe this limitation benefits the use of her theory for empirical approaches to research. Generalizability The theory of energy conservation seeks to provide a broad framework for nursing care. However, the pathophysiology-based foundation biases application to acute care settings. Likewise, the specificity of the conservation principles limits implications for practice. The theory emphasizes short term goals and treatment; it does not generate propositions for modern issues of nutrition, diversity, health promotion, long-term care, family care, or community health (Meleis, 2012).

Accessibility Levine's theory has been widely used to direct education, administration, research, and practice (Meleis, 2012). The theory provides a useful framework when energy conservation is important for patient recovery. Therefore, this framework readily applies to vulnerable patient populations. However, a lack of clear definitions, boundaries between concepts, and development of propositions reduces the theory's testability (Meleis, 2012). Importance Practically applied, Levine's theory most readily relates to acute care settings.

However, within the grand theory of energy conservation, Levine asserted concepts that are still important today. Levine emphasized science, recognized wholeness, and acknowledged patients as partners in care (Fawcett & Swoyer, 2008). Empirical knowledge remains imperative to scientific development in nursing. Also, contemporary nurses widely accept the paradigm of holistic care. Person-environment interactions and life processes are additional ideas Levine presented which current nursing practice accepts (Meleis, 2012). Conclusion

Levine's Conservation Model has proven useful as a theoretical framework to develop educational curricula, guide practice, and improve patient outcomes. The theory application is limited to acute care settings and lacks well-developed propositions for research. However, the theory possesses many salient ideas which could encourage future research on environment, energy, and adaptation. Levine accepted the evolution of theories, acknowledging their potential for change and development (Meleis, 2012). I think Levine would be pleased that her ideas continue to be explored.