

Discussing neumanns system model and its application



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One of the most important contributions in the field of nursing is the publication of the Neuman's System Model. Betty Neuman, a nursing theorist believes on a comprehensive wholistic and systematic perspective on learning. She aims to develop a system that will help introductory nursing students to learn the course and develop their over-all being. She assumes the existence of certain stressors where in certain preventions must also be formulated. This paper will present a brief background on the life and published works of Neuman. This will also include a detailed discussion on her systems model and the factors to consider when applying the model to certain situations. Lastly, given this model, how would a nursing student apply this to her current practice.

1. Introduction/Background

a. Life/ school

Betty Neuman, born in Ohio US has obtained her diploma as Registered Nurse in People Hospital School of Nursing (Ohio) in the year 1947. She worked in California as a head nurse and hospital staff, industrial nurse and school nurse. She has also engaged in clinical teaching in the following areas: communicable disease, medical- surgical and critical care.

b. work/academic achievement/experiences

She finished her baccalaureate degree with distinction in nursing in the year 1957. And in the year 1966, she received her master's degree in Mental Health, Public Health Consultation, from UCLA. In the year 1985, he received her doctoral degree in Clinical Psychology from Pacific Western University. With this she started to incorporate and become pioneer in incorporating nursing involvement in mental health.

She developed a model from in response to the needs of graduate nursing students who wished to have a course or a program that will expose them to an in-depth breadth of nursing problems. With this, she created a conceptual framework or model for nursing that has been initially published in the year 1972 entitled: " Model for Teaching Total Person Approach to Patient Problems" in Nursing Research. Along with this model, she refined and reviewed some aspects in for her published book entitled: The Neuman Systems Model: Application to Nursing Education and Practice.

Neuman's model has been reviewed as holistic, comprehensive, flexible and system based perspective for nursing. Its primary attention has been focused on client response system towards the potential and actual environmental stressors. And she used all steps from primary to tertiary nursing prevention, <https://assignbuster.com/discussing-neumans-system-model-and-its-application/>

intervention for retention, maintenance and attainment for a holistic wellness of clients.

c. List of few works that is published.

The Neuman Systems Model

This work was published in the Nursing Research in 1872.

She developed this model as a way to teach introductory nursing course to beginning nursing students. This aims to provide wholistic overview to the four aspects of a person. These four aspects are psychological, physiological, developmental and sociocultural.

DESCRIPTION OF THE MODEL

The Neuman Systems Model presents a systems-based framework for viewing individuals, families or communities. It is based on general systems theory with the client viewed as an open system, which reacts and adapts to both internal and external stressors. NSM is based on numerous concepts and sub concepts, some of which are: stress, adaptation, homeostasis, levels of prevention, intra, inter and extra personal factors, optimal wellness and basic structure.

The following description of the model is a brief summary of the description found in the original publication (Neuman & Young 1972) with examples added by the authors. In this explanation of the model the client will be considered to be an individual. The client system is represented by a series of solid and broken circles. The central circle is the basic structure or energy

source, which includes basic survival factors common to the species. Some examples are genetic response patterns, strengths or weaknesses of body organs and normal temperature range. The basic structure also consists of characteristics which are unique to a given individual or client such as innate musical talent.

The outer most solid circle is referred to as the normal line of defense and represents the individual's normal state of wellness or the usual state of adaptation, which the person has maintained over time. The broken line outside the normal line of defense is the flexible line of defense. It acts as a buffer or protection to the normal line of defense. Ideally it will prevent stressors from invading the client system by blocking or defusing stressors before they are able to attack the normal line of defense. The flexible line of defense is accordion like in its function. When it is expanded greater protection is provided. When it is narrowed and therefore closer to the normal line of defense, its ability to protect is diminished.

The NSM also includes the concept of prevention at the primary, secondary and tertiary levels. This concept is of particular importance to those who work in the helping professions. Interventions can occur at a primary level to strengthen the flexible line of defense, at a secondary level to help restore the client system to equilibrium by treating symptoms that occur after penetration of the line of defense by a stressor or a at the tertiary level to prevent farther damage and maintain stability after reconstitution has occurred.

INTERDISCIPLINARY FIT

Although use of interdisciplinary teams is not new to health care industries, it has gained increasing favor in the environment of health care reform as evidenced by governmental recommendations and guidelines (U S Bureau of Health Professions, 1995) and position statements from professional organizations (American Association of Colleges of Nursing, 1995). The trend in nursing is to collaborate with other health care disciplines as well as with clients. Use of interdisciplinary health care (IHC) teams can facilitate the emergence of holistic client care goals from teams of diverse health care specialists.

Upheaval in the health care industry is affecting all health professions. In the movement for health care reform, emphasis is being placed on such things as the need for health promotion, coordinated care, and reduction in cost. Some of the watchwords are “ prevention”, “ wellness” and “ healthy lifestyles”. Concepts in the NSM are parallels to those watch words.

Therefore, it is not surprising that use of the N. S. M. as a framework for interdisciplinary health care practice is increasing, not only in the United States but also around the world. In Neuman (1995), Lowry, Walker and Mirenda state the following: “ The Neuman Systems Model is clearly poised and ready for the challenges of the future. Sometimes characterized in the past as too broad, complex and comprehensive, the model is coming in to its own with the challenges of the 21st century.

The complexities of the global society, of crises in health care delivery, and of changing patterns and dangers from the environment provide stimulus for new applications of the Neuman Systems Model. The model is not only

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broad and comprehensive enough to provide structure for nursing interventions, but also for other disciplines interested in focusing on wellness and holistic care for patients and clients The ongoing use and scholarly development of the Neuman Systems Model in practice, education,

FACTORS TO CONSIDER WHEN INCORPORATING THE NSM

Understanding the Model

Understanding the model is the first step to incorporation of the NSM in any practice setting. There is much flexibility in how this can take place, such as providing classes with an expert lecturing on the model, sending staff to NSM symposiums, holding a series of classes in which lecture and discussion focus on various aspects of the N. S. M. or taking the approach used by the authors in which team members used the model to develop treatment protocols for actual cases. During the practice sessions, cases from team members lived experience quickly and effectively brought the NSM from the level of theory to that of application and allowed the team to experience the fit of the model to their institution and individual philosophies.

Learning the Language of the Model

Learning the language of the model is not a significant problem for most health care professionals. As stated earlier, the model promotes synthesis of knowledge from areas of study which form the matrix for nursing education. That matrix has elements common to the educational foundations of other health care professions. Each of the five variables, i. e. physiological, psychological, socio-cultural, developmental and spiritual, is associated with <https://assignbuster.com/discussing-neumans-system-model-and-its-application/>

a field of knowledge that forms the base for practice in some health care related profession. For example, medicine, psychology, physical therapy, social work, and marriage and family counseling, share portions of the educational matrix associated with nursing. Thus they are able, for the most part, to speak the language of the NSM, and make major contributions to an interdisciplinary health care team which uses the model. However, because of the breadth of the NSM, other theories, some of which are profession specific, can and must be related to the assessment and intervention processes.

All team members must be sensitive to the particular language of their discipline (Morrissey, 1989) and must clarify to other members where appropriate. A common language will assist in development of unity among team participants. It is helpful to establish as a group norm the expectation that each member is responsible to ask for and expect to receive clarification of all unfamiliar terminology used by any other team member.

It is not unusual for clergy to have an educational background dissimilar to that of the health care professions. The spiritual expert on our team, a professor of religion who is also a lay minister, was the team member least familiar with terminology used in the NSM. Conversely, other members of the team were at times unfamiliar with certain religious terminology. In those instances when team members have dissimilar backgrounds, extra time and effort may be required for the team to learn to speak a common language.

In summary, the primary reason the NSM adapts well to interdisciplinary use is because it was developed on the premise that the practice of holistic

health care must be built on a foundation of synthesized knowledge and interdisciplinary cooperation based in a common language and dynamic systems concepts (Neuman & Young 1972).

APPLICATION IN EDUCATION

The team member, who represented expertise in human development, has developed and taught an interdisciplinary undergraduate course in general systems theory using the NSM as the main example for application of general systems theory in the clinical setting. Using the NSM, a case study and the Interdisciplinary Assessment Form, students assess the client's needs and determine which member of an interdisciplinary health care team would be the most appropriate care coordinator for the client.

The team has developed a proposal for an honors course which would be open to any honors student interested in the health care professions or behavioral sciences. The course will be built on the NSM and emphasize use of an interdisciplinary team for assessing and intervening in client problems. A case study approach will be used. All members on the team will participate in teaching with each member presenting information related to his/her major area of expertise. At the administrative and faculty level, interest in this course is generated by a desire for increased interdisciplinary activity on the Brigham Young University campus.

INCORPORATING THE MODEL WITH MY DAILY PRACTICE

Given this Neuman Systems Model and as a sub-acute practice nurse, I can apply this by following these steps:

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1. Understand that my patients are unique and different from one another. One may respond to one stressor in a heavy manner and another may not.
2. Since I am a sub-acute nurse, and I am dealing with patients that are recovering from previous illnesses, I will assume that all stressors, light or heavy will contribute a big factor on the recovery of my patient. This conjecture will help me not to be complacent with handling my patient.
3. Improve my communication with my patient by asking him or her about the stressor he or she experiences. Identify and evaluate the situations or events that contributes to this stressor.
4. Make an effort in researching and working on the proper preventions for the stressors my patient is exposed to.
5. Bear in mind that every little thing I do affect the wellness or illness of my patient.

The theory emphasizes the wholistic care for better welfare and wellness to the patient as well to the health provider (doctors, nurse and sabacute nurse), just like other interventions it would brings enrichment to the patient and to its provider leading to areas that would increase the specialization. In this case as a sabacute nurse it is a better opportunity to enhance my daily work because it will support and develop my skills.

SUMMARY

This interdisciplinary health care team experience has enhanced the level of our professional expertise and has enriched both our professional and

personal lives. The experience of coming together for the good of the client has its own intrinsic value. We believe that, with a history of increasing health care specialization and compartmentalization, the work of interdisciplinary health care teams using a wholistic model of care is one of the few health care options leading toward increased levels of wellness for all people in all countries.