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## **Wiedenbach Midwifery University**

### **Nursing Theory Analysis Paper:**

#### I Credentials and background of Theorist

##### *A. Education*

Ernestine Wiedenbach was born in Hamburg, Germany to a wealthy family. She became interested in becoming a nurse after watching a private duty nurse take care of her grandmother. Wiedenbach graduated with a bachelor of liberal arts degree at Wellesley College in 1922 and then entered the John Hopkins School of nursing. Weidenbach was also able to finish a master's degree and certificate in public health nursing at Teachers College Columbia University in 1934.

She then became a professional nurse writer for the American journal of nursing. Wiedenbach enrolled in the school for midwives at the maternity center association of New York. After graduating with a degree in midwifery in 1946, Wiedenbach practiced as a nurse midwife and she also taught evening courses at Teachers College until 1951. Wiedenbach taught at Yale School of Nursing and helped start a master's degree program where she directed the maternal-newborn program. (Tomey & Alligood, 2002, p84)

##### *B. Employment*

Weidenbach worked in many different areas of nursing including hospital bedside, public health, and administrative nursing. She worked at Johns Hopkins and Bellevue Hospitals as a clinical nurse. The Nursing Information Bureau where she helped with preparing nurses who were entering World

War II. She worked as the director of the Maternity Center Association of New York, Professor at Yale University School of Nursing, and worked along side Ida Orlando, and Patricia James to develop nursing philosophy. (Tomey & Alligood, 2002, p85)

### *C. Achievements*

Wiedenbach wrote a textbook in 1958 about family- centered maternity nursing and another in 1964 entitled *Clinical Nursing: a helping art* . She is most well known for her work in theory development and maternal-child nursing. (Tomey & Alligood, 2002, p85)

## II Theoretical Sources

Wiedenbach's views patients in terms of what they are capable of functioning. Wiedenbach theory development came from her working as a Professor at Yale University with Ida Orlando, James Dickoff, and Patricia James. They inspired Wiedenbach's understanding of the use of self and the effect of a nurse's thoughts and feelings on the outcome of her actions. ( Tomey & Alligood, 2005, pg85)

Some factors that influenced the development of the nursing theory include:

- The need for help through patient perceptions
- Her observation of clinical practice and patients' needs for help
- Interaction process focusing on validating perceptions, thoughts, and feelings before a action is planned (Meleis, 2006, pg 375)

## III Theoretical assertion and assumptions

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A way of theoretical assertion is the identification of the patient's need-for-help which involves four steps. The first step is when the nurse uses observation to look and listen for actual consistencies and inconsistencies in the patient's behavior compared with the nurse's expectations. Second, the nurse explores the meaning of the patient's behavior with the patient. Third, the nurse determines the cause of the patient's discomfort or incapability. Finally, the nurse determines whether the patient can resolve his or her problem or if the patient has a need-for-help. (Tomey & Alligood, 2002, p90)

Theoretical assumptions include:

- Reverence for the gift of life
- Respect for the dignity, worth, autonomy, and individuality of each human being
- Resolution to act dynamically in relation to one's beliefs. (Foster, 1991 p 181)

Assumptions in relation to human nature include that each human being is capable to develop ways that allow them to maintain and sustain themselves. Assumption in relation to health is not discussed in Wiednbach's model. Assumptions in relation to the environment are that Wiedenbach does not deal with the concept of environment; however, she recognized the possible effects of the environment.

In a statement of purpose for clinical nursing, she said, " To facilitate the efforts of the individual to overcome the obstacles which currently interfere with his ability to respond capably to demands made of him by this condition, environment, situation, and time." It suggests that the

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environment may create complications resulting in the person experiencing a need-for-help. (Tomey & Alligood, 2005, p90)

IV Theorist Definition of major concepts and other related concepts.

Wiedenbach defined key terms commonly used in nursing practice.

Patient: She defines a patient as " any individual who is receive help of some kind, be it care, instruction or advice, from a member of the health professions or from a worker in the field of health." The patient does not to be sick. Someone would qualify as a patient if someone is receiving health related education. ([http://classes.kumc.edu/son/nrsg750/articles/Fall2001/major\\_concepts.htm](http://classes.kumc.edu/son/nrsg750/articles/Fall2001/major_concepts.htm))

Need-For-Help: A need is anything the individual may require " to maintain or sustain himself comfortably or capably in his situation." This is any action that allows the individual to conquer whatever gets in the way with the ability to deal with their situation. If the individual does not see that they need help, they may not take any action to resolve the situations that affect health and wellness. (Tomey & Alligood, 2005, p85)

Nurse: " The nurse is a functioning human being. As such she not only acts, but she thinks and feels as well. The thoughts she thinks and the feelings she feels as she goes about her nursing are important; they are intimately involved not only in what she does but also in how she does it. They underlie every action she takes, be it the form of a spoken word, a written communication, a gesture, or a deed of any kind. For the nurse whose action

is directed toward achievement of a specific purpose, thoughts and feelings have a disciplined role to play"

([http://classes.kumc.edu/son/nrsg750/articles/Fall2001/major\\_concepts.htm](http://classes.kumc.edu/son/nrsg750/articles/Fall2001/major_concepts.htm))

Purpose: " Purpose- that which the nurse wants to accomplish through what she does- is the overall goal toward which she is striving, and so is constant, it is her reason for being and for doing; it is the why of clinical nursing and transcends the immediate intent of her assignment or task by specifically directing her activities towards the " good" of her patient."

([http://classes.kumc.edu/son/nrsg750/articles/Fall2001/major\\_concepts.htm](http://classes.kumc.edu/son/nrsg750/articles/Fall2001/major_concepts.htm))

Philosophy: " Philosophy, an attitude toward life and reality that evolves from each nurse's beliefs and code of conduct, motivated the nurse to act, guides her thinking about what she is to do and influences her decision. It stems from both her culture and subculture, and is an integral part of her. It is personal in character, unique to each nurse, and expressed in her way of thinking. Philosophy underlines purpose, and her purpose reflects philosophy. "

([http://classes.kumc.edu/son/nrsg750/articles/Fall2001/major\\_concepts.htm](http://classes.kumc.edu/son/nrsg750/articles/Fall2001/major_concepts.htm))

Practice: An " Overt action, directed by disciplined thoughts and feelings toward meeting the patient's need-for-help, constitutes the practice of clinical nursing... [It] is goal-directed, deliberately carried out and patient-  
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centered." Three aspects that are necessary for effective practice are knowledge, judgment, and skills. Identification, ministrations, and validation are three components of practice directly related to the patient's care.

Coordination of resources is indirectly related to patient's care.

([http://classes.kumc.edu/son/nrsg750/articles/Fall2001/major\\_concepts.htm](http://classes.kumc.edu/son/nrsg750/articles/Fall2001/major_concepts.htm))

Knowledge: " Knowledge encompasses all that has been perceived and grasped by the human mind; its scope and range are infinite. Knowledge may be acquired by the nurse, apart from judgment and skills, in a so-called ivory-tower setting. When acquired in this way, it has potentiality for use in directing, teaching, coordinating and planning care of the patient, but is not sufficient to meet his need-for-help. To be effective in meeting his need, such knowledge must be supplemented by opportunity for the nurse to function in a nurse-patient relationship with responsibility to exercise judgment and to implement skills for the benefit of the patient. Knowledge may be factual, speculative, or practical"

([http://classes.kumc.edu/son/nrsg750/articles/Fall2001/major\\_concepts.htm](http://classes.kumc.edu/son/nrsg750/articles/Fall2001/major_concepts.htm))

Judgment: " Judgment represents the nurse's potentiality for making sound decisions. Judgment grows out of a cognitive process which involves weighing facts-both general and particular- against personal values derived from ideals, principles and convictions. It also involves differentiating facts from assumptions, and relating them to cause and effect. Judgment is personal in character; it will be exercised by the nurse according to how

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clearly she envisions the purpose to be served, how available relevant knowledge is to her at the time, and how she reacts to prevailing circumstances such as time, setting, and individuals.

Decisions resulting from the exercise of judgment will be sound or unsound according to whether or not the Nurse has disciplined the functioning of her emotions and of her mind. Uncontrollable emotions can blot out knowledge as well as purpose. Unfounded assumptions can distort facts. Although whatever decision the nurse may make represents her best judgment at the moment of making it, the broader her knowledge and the more available it is to her, and the greater her clarity of purpose, the firmer will be the foundation on which her decisions rest" ([http://classes.kumc.edu/son/nrsg750/articles/Fall2001/major\\_concepts.htm](http://classes.kumc.edu/son/nrsg750/articles/Fall2001/major_concepts.htm))

Skills: " Skills represent the nurse's potentiality for achieving desired results. Skills comprise numerous and varied acts, characterized by harmony of movement, expression and intent, by precision, and by adroit use of self. These acts are always carried out with deliberation to achieve a specific purpose and are not goals in themselves.

Deliberation and purpose, therefore, differentiate skills from nurses' actions, which, although they may be carried out with proficiency, are performed with the execution of the act as the end to be attained rather than the means by which it is reached" ([http://classes.kumc.edu/son/nrsg750/articles/Fall2001/major\\_concepts.htm](http://classes.kumc.edu/son/nrsg750/articles/Fall2001/major_concepts.htm)) Skills may be classified as procedural skills or communication skills.



Art: Art is " the application of knowledge and skill to bring about desired results... Art is individualized action. Nursing art, then, is carried out by the nurse in a one-to-one relationship with the patient, and constitutes the nurse's conscious response to specifics in the patient's immediate situation"(Tomey & Alligood, 2005, p88) " The art of clinical nursing is directed toward achievement of four main goals (1) understating of the patient and his condition, situation, and need;

(2) enhancement of the patient's capability; (3) improvement of his condition or situation within the framework of the medical plan for his care; and (4) prevention of the recurrence of his problem or development of a new one which may cause anxiety, disability or distress" Nursing art involves three initial operations: stimulus, preconception, and interpretation. The nurse reacts on the basis of those operations. " Her action may be rational, reactionary, or deliberative"

([http://classes.kumc.edu/son/nrsg750/articles/Fall2001/major\\_concepts.htm](http://classes.kumc.edu/son/nrsg750/articles/Fall2001/major_concepts.htm))

Framework of Nursing: The broad framework that clinical nursing functions include limits, supports, and research. Limits give guidelines to follow while practicing a profession. For example, the profession's code sets professional limits. Legal limits are those found in state laws and licensing requirements. Local limits are set by the hospital, agency, or individual the nurse work. The nurse sets personal limits.

Nursing administration, nursing education, and nursing organizations are supportive facilities for the nurse. They are important because these

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supportive facilities maintain in standards of quality of nursing care for the profession. Wiedenbach acknowledged that nursing research had not received much importance from the profession in the past. She recognized that this kind of activity was necessary for the growth of nursing and it might "prove to be crucial to the conservation of life and the promotion of health"(Tomey & Alligood, 2005, p89)

#### V Critical analysis

*A.* Wiedenbach model meets the criterion of clarity because the concepts and definitions are clear, consistent, and intelligible. (Tomey & Alligood, 2005, p95) The major concepts in this theory tend to be concrete and non changing, for instance, comfort, validation, and need for help. Since whether a patient is comfortable or not depends on the patient's perception. The descriptive power of the theory is held back by lack of clarity. The principles of help are open to propositions. For example, when nurses observe inconsistencies in patient's actions, they use their perseverance in identifying the need for help and offering help. (Meleis, 2006, p377)

*B.* There are too many relational statements for the theory to be classified as a simple theory. The concepts include need-for-help, nursing practice, and nursing art. All of these concepts are interrelated, equal in importance, and have no meaning aside from their interaction. Relationships among the major components can be linked, but it is difficult to diagram some of the concepts in the model. (Meleis, 2006, p377)

*C.* The scope of the concepts of patient, nursing, and need-for-help are very broad and therefore possess generality. However, the concept of need-for

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help is based on the patient's recognition of their need for help. Also, the assumption that all nurses do not share a similar philosophy of nursing lessens the generality of the model. (Tomey & Alligood, 2005, p95)

*D.* Validation of a theory is done through research; therefore the usefulness of the theory is determined. In Widenbach's model, the criterion is only partially met. The concepts of nursing practice and need-for-help are operationally defined and measurable. However, the notion of need-for-help is not always appropriate. Also, there is little effort to operationally define nursing art. As a result, it would be hard to test this theory. However, there is still much research to be done with this model. (Tomey & Alligood, 2005, p95)

*E.* Derivable consequences refer to the overall effect of the theory and its importance to nursing research, practice, and education. This model fulfills the purpose for which it was developed to describe professional practice. The theory focuses on nurse-patient interactions and regards the patient from a holistic point of view. (Tomey & Alligood, 2005, p95)

*F.* The theory presented agrees with my personal philosophy because the theory focus on many important aspects that focuses on patient care. For example, reverence for the gift of life, respect for the dignity, worth, autonomy, and individuality of each human being, and resolution to act dynamically in relation to one's beliefs are all ideal ways that it agrees with my own philosophy. I always have much respect for the gift of life. It is important to know that there is always something worth living for.

Respect for dignity, worth, autonomy, and individuality are of importance as well because respecting the patient will help build trust for the nurse.

Individuality of each human being lets you focus on the individual care plan that a nurse must formulate in order to care for each individual patient. The reason why nurses exist is because there is a patient out there who needs help.

G. Today, nurses are applying Wiedenbach's concepts to their clinical practice. Wiedenbach's theory was accepted with open arms to the nursing community. For instance, mothers wanted childbirth to be as natural as possible. Drawing from her many years of experience as a nurse-midwife, Wiedenbach published " Childbirth as Mothers Say They Like it, " In addition, mothers wanted instruction on childbirth, father participation, full participation in the labor and delivery process, and rooming-in with their infant during the postpartum period. (Tomey & Alligood, 2005, p93)

Wiedenbach theory was also accepted when it came to terms with education by serving the nursing practice in four major ways

- Its is responsible for the preparation of future Practioners of nursing
- It arranges for nursing student to gain experience in clinical areas of the hospital or in the homes of patients.
- Its representatives may function in the clinical area and work closely with the staff
- It offers educational opportunities to the nurse for special or advance study. (Tomey & Alligood, 2005, p93)

The application of Wiedenbach model to clinical practice requires the nurse to have knowledge of the understanding of human psychology, competence in clinical skills, and the ability to maintain communication with the patient and family. In addition, the nurse must make clinical judgment and use that in making decision about patient care and be able to understand patient's behavior. (Tomey & Alligood, 2005, p93)

However, in Wiedenbach's model, the focus of nursing research is related to the patient's response to the healthcare experience. Her model promotes family relationships, control factors that disable conditions, and use healthcare practices. For instance, Wiedenbach's concept of need-for-help was used as a focus for doctoral research that was completed in 1988.

The vocal and bodily behaviors of woman in the first stage of labor were videotaped to determine when a need-for-help occurred. Findings indicated that care-eliciting behaviors were influenced by a cognitively experience need-for-help and that these behaviors were observable measure of nonverbalized need-for-help and decreased coping. (Tomey & Alligood, 2005, p94)

As you can see from the information above, Ernestine Wiedenbach life is very inspirational. She opened so many doors with her theory and was able to implement her theory with today's modern nursing world. She contributed so much to nursing not only by developing a nursing theory but as being an advocate for students everywhere. Her legacy is one that should be studied and greatly appreciated. This theory, as well as many of her other contribution in nursing will last a lifetime.

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