

Application of grand theory to nursing practice essay sample

[Health & Medicine](#), [Nursing](#)



In today's world there are many nursing theories and theorists that not only define the nursing profession, but also are used as the basis to guide a nurse in his or her current practice. Meleis defines nursing theory " as a conceptualization of some aspect of nursing reality communicated for the purpose of describing phenomena, explaining relationships between phenomena, predicting consequences or prescribing nursing care. Nursing theories are reservoirs in which are stored those findings that are related to nursing concepts such as comfort, healing, recovering, mobility, rest, caring, enabling, fatigue, and family care"(Meleis, 2012). Meleis describes that the term " nursing theory" gets used interchangeably with conceptual framework, conceptual model, paradigm, metaparadigm, theorem, and perspective leading to more confusion and has perhaps led to less use of nursing theory. Nursing theory is used to explain relationships, predict outcomes or responses, and define concepts that are related to phenomena in nursing(2012). These theories are then shared amongst professionals within the field and may also be found published in academic journals. Practical application of these theories really is what brings the concept to life. For we can read all the research available and but it is through theoretical application that we gain true understanding of the theory.

Furthermore, not only does Meleis define nursing theory, but she also continues to categorize and break down nursing theories further to better explain nursing theory and its use. Meleis states that there are three categories of nursing theories, which include grand theories, middle-range theories and situation-specific theories. According to Meleis, " grand theories are constructed from a synthesis of experiences, observations, insights, and

research findings.. examples are Roger's theory of energy fields"(2012). Middle-range theories are subjected to a more limited scope and are less abstract in that they address specific concepts and reflects nursing practice. An example of a middle range thory would be incontinence or quality of life. Situation-specific theories are exactly as it is stated, these theories relate directly to a specific phenomena, population, or field within the nursing practice. An example would be the menopausal experiences of Korean immigrant women(2012). Overall, all the theories used in nursing are developed in order to explain, predict, or connect nursing phenomena in order to define the discipline and guide nursing processes. Meleis further delves into Grand Theory which includes four schools of thought: needs, interaction, outcomes, and caring becoming(2012). The purpose of this paper is to compare and contrast nursing theorists from these four catergories.

A needs theorist focuses upon meeting the needs of patients both physically and mentally. Meleis states that " the focus of this school of thought...is on problems and needs of patients as seen by health care providers and on the role of nurses to assess these needs and to fulfill the need requisites"(2012). The needs school of thought follows Maslow's heirarchy of needs, first physiological and safety needs are to be met before psychological needs can be explored. In the second school of thought, interaction, the theorist focuses upon the nurse patient relationship during the patient's illness. It's central focus is not what do nurses do, but how do nurses do whatever it is that they do? According to Meleis, it " the ' hows' of making decisions about

nursing care”(2012). In the third school of thought, Outcome, the theorist focuses upon the goal of bringing stability, balance, and energy in order to create the ideal environment for the patient. The theorists of this school tried to develop a concept of the outcomes of nursing care in relation to the recipient of care. According to Meleis, “ the outcomes theories provide nursing with a well-articulated conception of a human being as a nursing client and of nursing as an external regulatory mechanism”(2012). In the fourth school of thought, Caring/Become, the theorist focuses upon what do nurses do and how do they do it.

Originally evolved from the interaction school of thought there are similarities, but caring/becoming puts more emphasis on the act of caring within the interactive situation. Rosemarie Parse, caring/becoming nurse theorist, described nursing in relation to this school of thought as “ the transformation of the nurse and the client during the act of providing and receiving care”(2012). All these nursing theories are similar in the way they all try to describe nursing phenomena and provide a philosophical understanding of the nursing profession. Each nursing theory also provides a framework to provide care to patients and enhance their well being.

Each theory also approaches nursing with a holistic view. For example, Meleis describes all nursing theories with the patient or recipient to be focus because “ the recipient is a member of a reference group set, and interventions are only meaningful if the whole unit is considered”(2012).

Another theme or similarity between all schools of thought is that people have needs whether it be a physical or mental needs, and the nursing

profession assists to help meet these needs. Overall, theories will continue to evolve from these schools of thought and will be shared with other nurses across the world to aid in the growth and acquirement of knowledge to the nursing profession. Below I have included a table comparing four different theorists and their school of thought. I choose these theorists because I found their theories most applicable to my practice and also because they were all educated in the twentieth century. These theorists include Dorthea Orem and Needs School of Thought, Imogene King from the Interaction School of Thought, Dorothy Johnson from the Outcomes School of thought, and Rosemarie Parse from the Caring/Becoming School of Thought. Information obtained for this table is listed on the reference page following the narrative.

Theorist

School of Thought

Educational Background

Philosophy of Nursing

Definition of Nursing

Goal/Purpose of Theory

Dorthea Orem

The First School of Thought: Needs

Catholic University of America

Nursing is an art-form, helping service, and technology(Orem, 1991). “ Self-care agency to meet individual’s needs for self-care action in order to sustain life and health, recover from disease or injury, and cope with effects”(Meleis,

2012) “ Eliminate deficit between self-capabilities and demand”(Meleis, 2012)

“ There is a deficit between self-care capabilities and self-care demands of patients”(Meleis, 2012)

Imogene King

The Second School of Thought: Interaction

Columbia University Teacher’s College

St. Louis Univeristy

Idea that nurse and client communicate information, set goal mutually and then act to attain those goals, is what Imogene King believes the nursing process to be. Therefore Interactions must be made for goals to be reached(Wills, 2002). “ A process of action, reaction, and interaction whereby nurse and client share information about their perceptions of the nursing situation and agree on goals.”(Meleis, 2012) “ Help individuals maintain their health so they can function in their role”(Meleis, 2012)

“ Nurse-patient interactions that lead to goal attainment in a natural environment.”(Meleis, 2012) Dorothy Johnson

The Third School of Thought: Outcomes

Vanderbilt University

Idea is to bring back balance and stability to enhance harmony for the individual and environment. “ External regulatory force acting to preserve the organization and integration of patient’s behavior at an optimal level when behavior is a threat to social, physical health, or illness”(Meleis, 2012)

“behaviorial system balance, subsystems that function efficiently and effectively.”(Meleis, 2012) Rosemarie Parse

The Fourth School of Thought: Caring Becoming

Duquesne University

University of Pittsburgh

“Nursing is the transformation of the nurse of the nurse and client during the act of providing care”(Meleis, 2012) “Unitary with freedom to choose and decide. Nursing guides unitary human beings in finding meaning in situations”(Meleis, 2012) Cocreating and finding ways of meaning.(Meleis, 2012).

For me, I believe I relate most to Rosemarie Parse’s theory of human becoming, because this practice guides nurses to focus on quality of life as it is described and lived (Karen & Melnechenko, 1995). This means that the patient provides their definition of quality of life and the nurse uses the patients personal definition in order to obtain that goal. “The human becoming theory of nursing presents an alternative to both the conventional bio-medical approach and the bio-psycho-social-spiritual (but still normative) approach of most other theories of nursing” (1995). This school of thought is similar to the interaction school of thought, but instead of only addressing the patient nurse interaction, it goes above and beyond to also develop a process of care for the patient the nurse is interacting with. Parse believes that nursing can help humans achieve “becoming” through ways of working

together to cocreate their own definition of health and find meanings in situations.

Care theory has taught us that caring is central to the discipline of nursing and that understanding is a part of this caring act. I use this theory everyday in my work as a couple care nurse. Often I hear people say to me, “ Oh you deal with healthy people all day, you probably just sit around and hold babies.” For me, this could not be farther from the oppsite of what I actually do. I can not walk into a room of a new single mother who is seventeen and treat her the same way I would with a mother who has just had her third child and is in a stable relationship. I work with patient to find their goal and assess their needs, from there I work in a charismatic manner to show my patients that I do listen to them and hear their needs. I also relate to this theory because I find it critical to always validate the patient and never put down their needs.

The caring theory allows the care given to be authentic and real for the patient. This means that my care given is decided upon based on the specific needs of the patient and it is not on a broad scale, therefore the patient can take what they have learned and apply it to their daily life outside of the hospital. For example, I listen to the concerns of working mothers who wish to breastfeed when they return to work. From there I help them to develop a plan that is realistic to their daily life. I feel that beyond all the other theories Caring/Becoming truly grasps what it means to be a nurse in couplet care. There is much need for teaching, reassurance, and comforting care to be given. Overall, all theories presented provide a good theoretical framework

to which I am able to provide exceptional nursing care, but with the Human Becoming theory I believe I can attain the deliverance of exceptional nursing care and personal enlightenment.

References

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