NURS1600   GETTING INTO NURSING

History of Nursing Thoughts

Dr. Joanna KO
Lecturer
Tel: +852 3917 6630/email: kojoanna@hku.hk

Learning Outcomes:

After this lecture, students will be able to:

- know about the definition of theory
- understand the different levels of theories in nursing
- identify the famous nurse leaders with their advocated nursing theories from the history
- determine how the nursing theories affect our nowadays nursing practices

What is Theory?

- An organized, coherent set of concepts and their relationship to each other that offers, descriptions, explanation, and predictions about the phenomena

(Parker, 2001)

- A set of established statements or rules that are able to be tested

What are Nursing Theories?

- Nursing theories are organized, knowledge-based concepts that essentially define the scope of nursing practice.

- This scope would include what constitutes nursing, what nurses are typically tasked with, and the reasons why these tasks are in place.

- It is a framework of concepts and purposes intended to guide the practice of nursing at a more concrete and specific level.
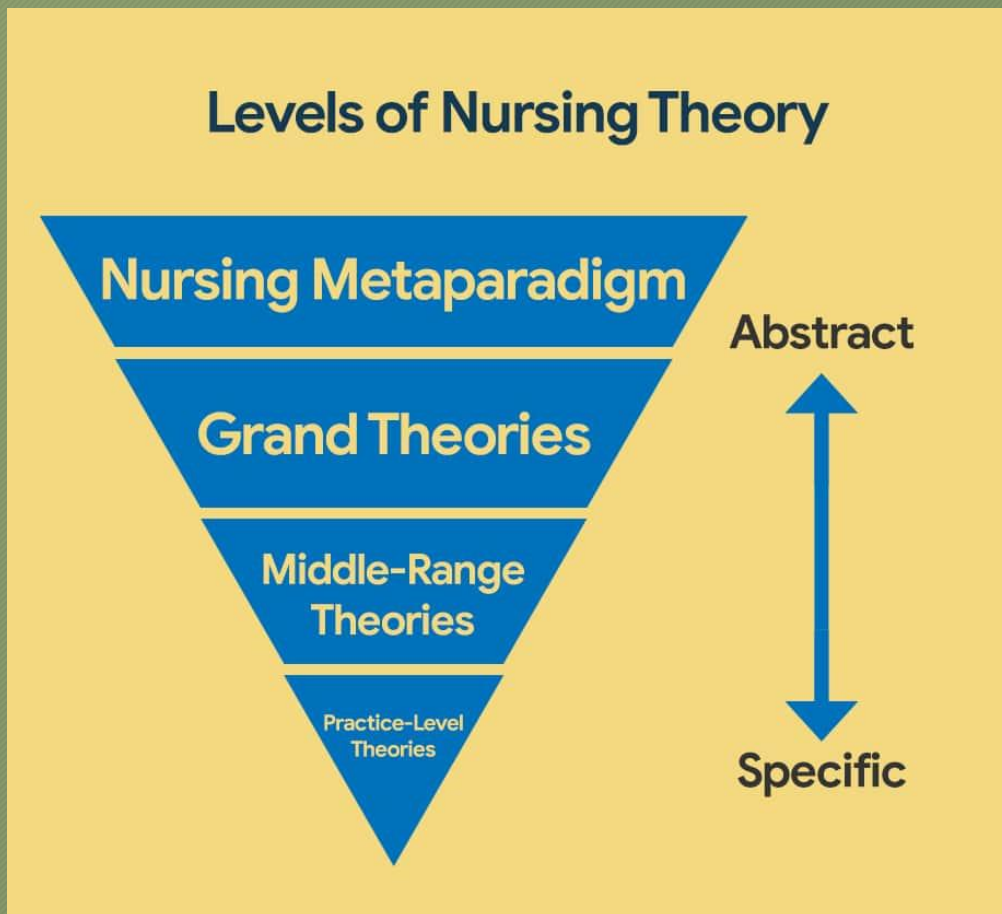
Why Nursing needs Theory?

- It provides a foundational knowledge of care concepts that enable those in the profession to explain what they do for patients and the reasons for their actions.

- It provides the principles that underpin practice and help to generate further nursing knowledge.

- It helps nurses articulate evidence that justifies the methodologies behind their practice.

- Nurses can use nursing knowledge more effectively according to various situations

Levels of Nursing Theory

Nursing Metaparadigm — Abstract

Grand Theories

Middle-Range Theories

Practice-Level Theories — Specific

Levels of Theories

Metaparadigm: The most general statement of discipline and functions as a framework on articulating relationships among four major concepts: person, environment, health, and nursing.

Grand Nursing Theories —They provide the general framework for nursing ideas pertaining to components such as people and health with broad and abstract concepts.
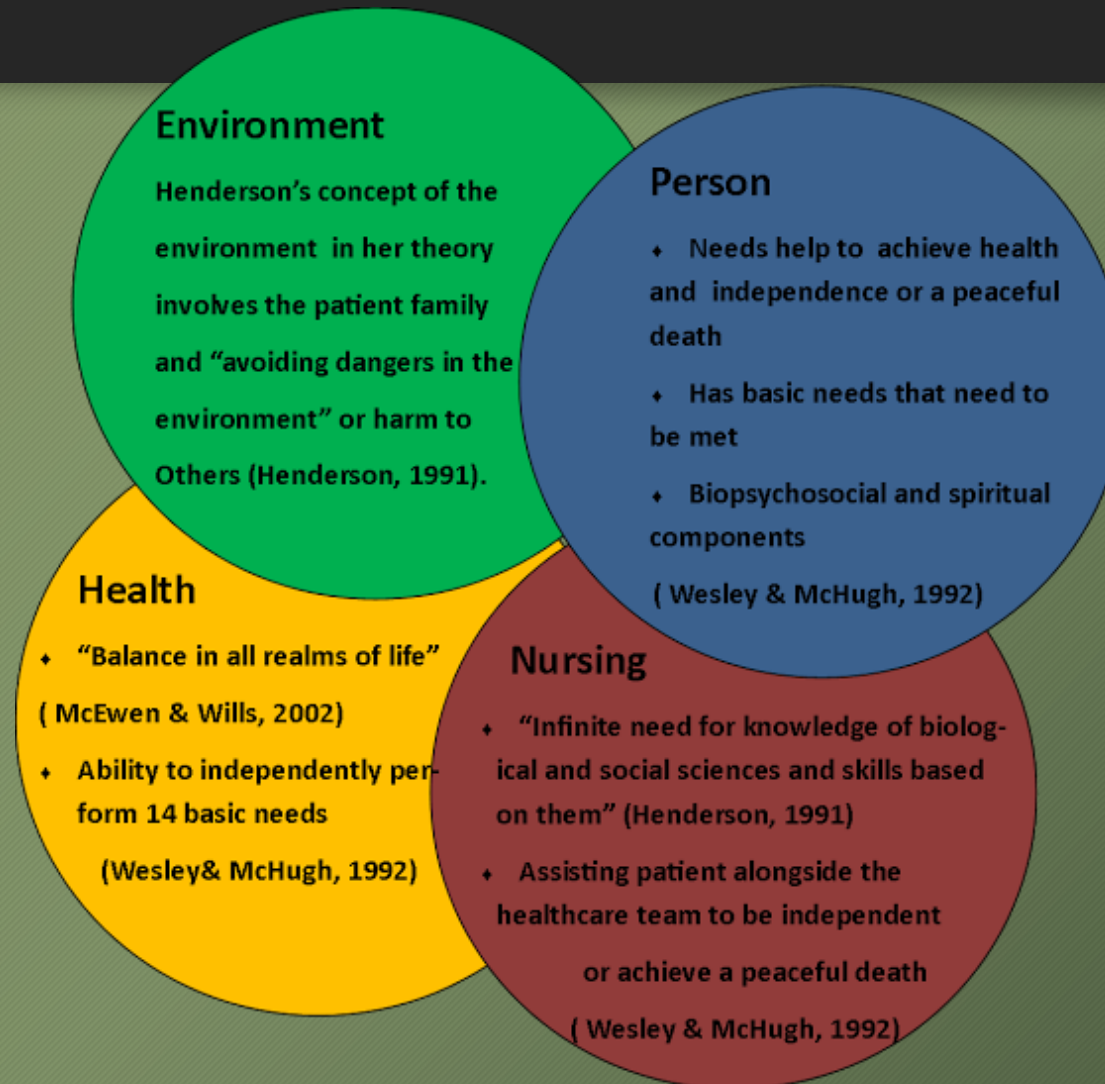
Middle-Range Nursing Theories — These theories drill down into specific areas of nursing, emerging from nursing practice, research, or from the theories of similar disciplines.

Practice-Level Nursing Theories — These theories narrow their focus on concepts concerning a defined patient population at a specified time.

Environment

Henderson's concept of the environment in her theory involves the patient family and "avoiding dangers in the environment" or harm to Others (Henderson, 1991).

Person

+ Needs help to achieve health and independence or a peaceful death

+ Has basic needs that need to be met

+ Biopsychosocial and spiritual components

(Wesley & McHugh, 1992)

Health

+ "Balance in all realms of life" (McEwen & Wills, 2002)

+ Ability to independently perform 14 basic needs

(Wesley& McHugh, 1992)

Nursing

+ "Infinite need for knowledge of biological and social sciences and skills based on them" (Henderson, 1991)

+ Assisting patient alongside the healthcare team to be independent or achieve a peaceful death

(Wesley & McHugh, 1992)

- **Paradigm**-a pattern of shared understanding and assumptions about reality and the world

- **Patient/client**-Recipient of nursing care (including individuals, families, groups and communities).

- **Environment**-The internal and external surroundings that affect the client, such as physical environment, families and significant others.

- **Health**- The degree of wellness or well being that the client experiences

- **Nursing**- The attributes and actions provided nurses on behalf of client.

History of Main Nurse Theorists

Nurse Theorists	Theories
1. Florence Nightingale (1820-1910)	Environmental Theory
2. Virginia Henderson (1897-1996)	Henderson's Need Theory
3. Hildegard. E. Peplau (1909-1999)	Interpersonal Relations Theory
4. Dorothea E. Orem (1914-2007)	Orem's Self-Care Theory
5. Sister Callista Roy (1939-present)	Roy's Adaptation Model
6. Jean Watson (1940-present)	Theory of Transpersonal Caring

1. Florence Nightingale

- "The lady with the lamp"
- The first nursing theorist and the pioneer of modern nursing
- Focus: The nurse manipulate the environment to enhance patient recovery
- *Five main environmental factors*
- ➤**Fresh/pure air**
- ➤**Pure water**
- ➤**Efficient drainage**
- ➤**Cleanliness**
- ➤**Light**

https://www.history.com/topics/womens-history/florence-nightingale-1

- 13 concepts in Nightingale's Environmental Theory:

Concepts	Descriptions
1. Ventilation and Warmth	▪ Assess the client's body temp, room temp, and room for fresh air (or adequate ventilation) and foul odors. ▪ Develop a plan to keep the room airy and free of odor; and maintain client's body temp.
2. Health of House	▪ Assess the surrounding environment for pure air, pure water, drainage, cleanliness, and light.
3. Petty(瑣碎的) Management	▪ Ensures continuity of care. ▪ Documentation of the plan of care and all evaluation will ensure others give the same care to the client in your absence.
4. Noise	▪ Assess the noise level in the client's room and surrounding area. Attempt to keep noise level to a minimum, and refrain from whispering outside the door
5. Variety	▪ Attempt to stimulate variety in the room and with the client. (E.g. cards, flowers, pictures, books, or puzzles) ▪ Encourage friends and relatives to engage the client in some sort of stimulating conversation.
6. Food intake	▪ Assess the diet of the client. Take note of the amount of food and drink ingested by the client at every meal and snack.

- 13 concepts in Nightingale's Environmental Theory:

Concepts	Descriptions
7. Food	▪ Continue with the assessment of the diet to include type of food and drink the client likes or dislikes. ▪ Attempt to ensure that the client always has some food or drink available that he/she enjoys.
8. Bed and bedding	▪ Assess the bed and bedding for dampness, wrinkles, and soiling, and check the bed for height. ▪ Keep the bed dry, wrinkle-free, and at the lowest height to ensure the client's comfort.
9. Light	▪ Assess the room for adequate light. Sunlight works best. ▪ Develop and implement adequate light in the client's room without placing the client in direct light.
10. Cleanliness of rooms and walls	▪ Assess the room for dampness, darkness, and dust, mildew, and dampness. ▪ Keep the room free from dampness, darkness, and dust, mildew.
11. Personal cleanliness	▪ Attempt to keep the client dry and clean at all times. ▪ Frequent assessment of the client's skin is needed to maintain adequate skin moisture.

- 13 concepts in Nightingale's Environmental Theory:

Concepts	Descriptions
12. Chattering hopes and advices	▪ Avoid talking without reason or giving advice that is without fact. ▪ Continue to talk to the client as a person, and continue to stimulate the client's mind. ▪ Avoid personal talk.
13. Observation of the sick	▪ Observe and record everything about your client. ▪ Observations should be factual and not merely opinions. ▪ Continue to observe the client's surrounding environment, and make alterations in the plan of care when needed

- The goal of nursing
- To "***place the patient in the best possible condition*** for nursing to act" or to ***facilitate a healing process*** by placing the patient in the best possible environment for nature to influence health (Nightingale, 1860).
- Nightingale believed that many of the symptoms and sufferings of patients were not directly related to their disease, but rather consequences of poor environmental conditions.
- The duties of nursing include providing essentials such as fresh air, warmth, light, cleanliness, quiet and a proper diet.

一日凍死六人 港人社會敲響警鐘

- 寒流南下，本港昨日錄得十一度低溫，而寒流下一日內竟有六名長者不適死亡，情況令人震驚！

- 六名死者，年齡由六十二歲至八十九歲，均患有不同程度的慢性病，昨日在氣溫驟降之下，六人先後在家中不適昏倒，子女或家人發現後急忙送院，其中一名男子當場證實已死亡，另五人送院經搶救後不治。

- 一天十個小時之內，竟然會有六名長者分別因寒冷天氣喪生，不能不說是一個令人難以置信和接受的事實。本港已是富裕社會，政府亦有提供各種福利和保障措施，何以一個十多度的氣溫，竟然可以一日之間連奪六命，難道六人的性命就如此脆弱不堪？難道寒冷天氣就是如此的可怕和不可抵抗？答案顯然有其值得深思之處。

- 因此，在寒冷天氣下，與長者同住的家人，第一件事就是必須注意及提醒長者加衣以及提供熱飲暖食，助其保持體溫，避免誘發慢性病。昨日出事的六名老人，有妻子兒女或女傭同住，家境應不屬太差，但事發時都已陷入昏迷，家人未有及早察覺，是為憾事。

- 六名長者不幸喪生，嚴寒天氣下還有大批長者處於出事邊緣。據長者安居協會透露，截至昨日下午四時止，共錄得一千零十五次使用「平安鐘」求助的個案，其中五十四人需要送院，原因包括頭暈及氣促，明顯屬於低溫症下的慢性病發作症狀，如果不是有「平安鐘」救命，分分鐘可能已出事。這些老人需要按動「平安鐘」求助，很有可能是獨居老人或家中僅得兩老相依為命，沒有年輕人照顧。對這些獨居或半獨居長者來說，寒冷天氣更是「無形殺手」，分分鐘攞命。

2. Virginia Henderson

- Henderson's Need Theory emphasize the importance of patient independency so that the patient will continue to progress after being released from hospital.

- Henderson described the role of a nurse as one of the following:

I. substitutive: which is doing something for the patient.

II. supplementary: which is helping the patient to do something.

III. complementary: which is working with the patient to do something.

https://peoplepill.com/people/virginia-henderson/
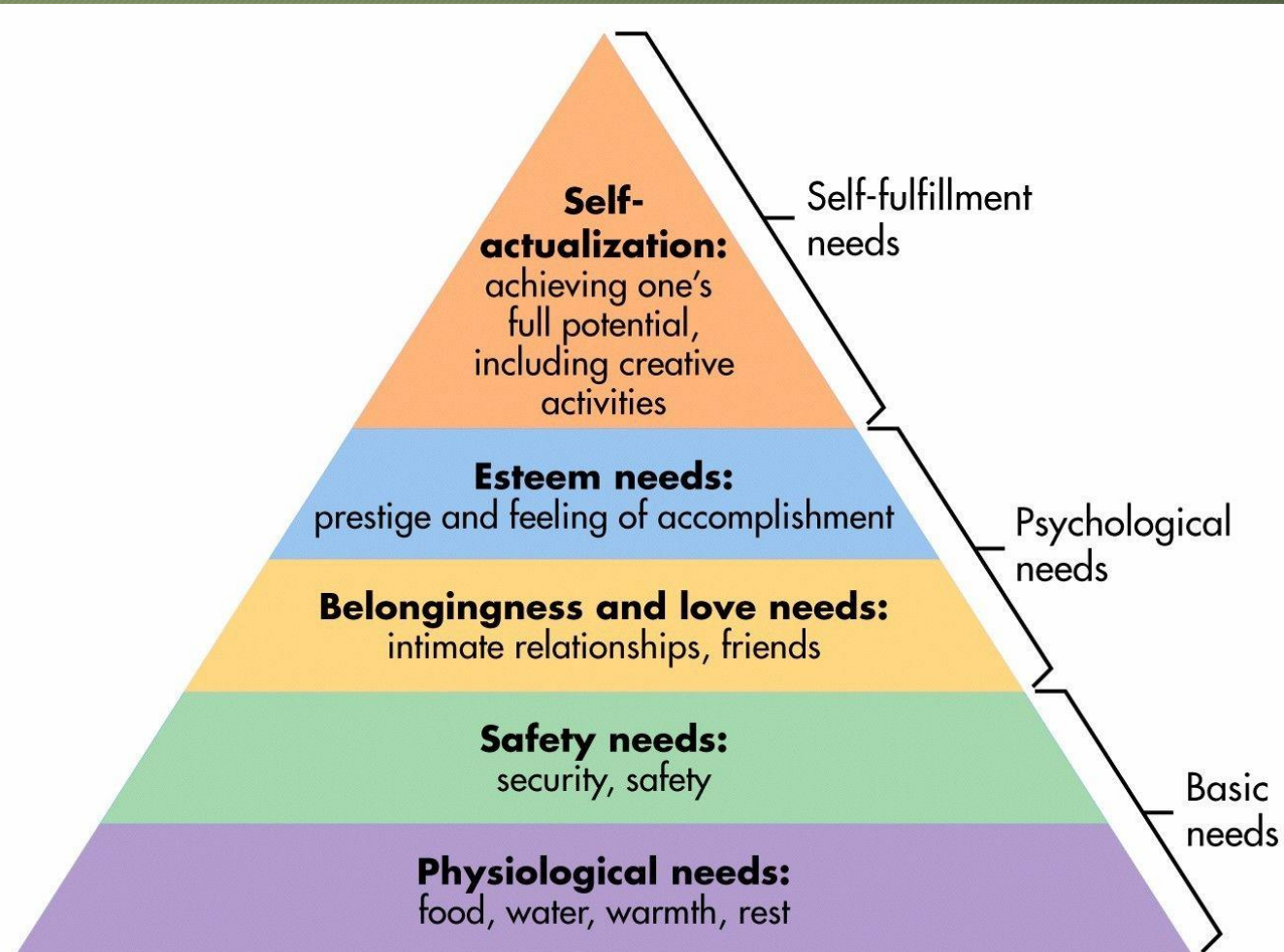
Henderson's 14 components based on human needs

1. Breath normally.
2. Eat & drink adequately.
3. Eliminate body wastes.
4. Move and maintain desirable postures.
5. Sleep & rest
6. Select suitable clothes- dress & undress
7. Maintain body temperature within normal range by adjusting clothing & modifying environment.

8. Keep the body clean & well groomed & protect the integument.
9. Avoid dangers in the environment & avoid injuring others.
10. Communicate with others in expressing emotions, need, fears, or opinions.
11. Worship according to one's faith.
12. Work in such a way that there is a sense of accomplishment.
13. Play or participate in various form of recreation.
14. Learn, discover, or satisfy the curiosity that leads to normal development and health and use the available health facility.
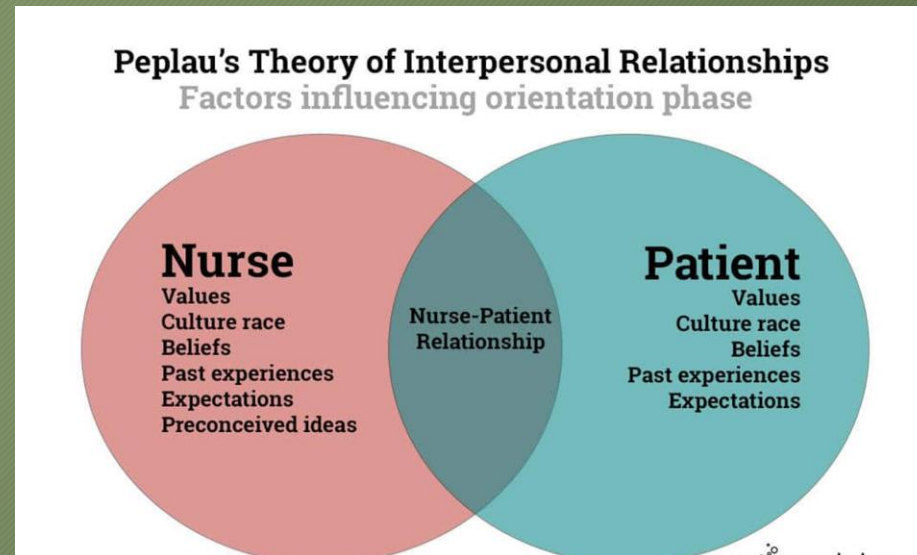
Henderson's View on Nursing

- A nurse's job is to take care patients
- Nurses also help patients be able to care for themselves
- Help the transition to self-care be smoother by helping & supervising patient along recovery
- A good theory used in rehabilitation unit

3. Hildegard E. Peplau

Interpersonal Relations Theory (1952):

- The nurse-client relationship is the foundation of nursing practice

- Give-and-take of nurse-client relationships

- Partnership between nurse and client

X client passively receiving treatment

X nurse passively acting out doctor's orders

Peplau's Theory of Interpersonal Relationships
Factors influencing orientation phase

Nurse
Values
Culture race
Beliefs
Past experiences
Expectations
Preconceived ideas

Nurse-Patient Relationship

Patient
Values
Culture race
Beliefs
Past experiences
Expectations

https://nurseslabs.com/hildegard-peplaus-interpersonal-relations-theory/

4 Phases of the therapeutic nurse-patient relationship

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1. Orientation Phase

- Problem defining phase
- Starts when the client meets nurse as a stranger
- Defining problem and deciding the type of service needed
- Nurse engages the client in treatment and provides explanations and information
- Client seeks assistance, asks questions and shares preconceptions
- Nurse helps identify problems and to use available resources and services

2. Identification Phase

- Client works interdependently with the nurse
- Client expresses feelings and begins to feel stronger
- Selection of appropriate professional assistance
- ⬆ Feeling of belonging and a capability of dealing with the problem
- ⬇ Feeling of helplessness and hopelessness

4 Phases of the therapeutic nurse-patient relationship (Cont'd)

3. Exploitation Phase

- Client makes full use of the services offered
- Use of professional assistance for problem-solving alternatives
- The individual feels like an integral part of the helping environment
- They may make minor requests or attention-getting techniques
- Interview techniques are important to explore, understand and deal with the underlying problems
- Nurse must be aware of the various phases of communication

4. Resolution Phase

- Client no longer needs professional services and gives up dependent behavior.

- Termination of professional relationship

- The patients needs have already been met by the collaborative effect of patient and nurse

- Sometimes may be difficult for both as psychological dependence persists

Example

Phase	1. Orientation Phase	2. Identification Phase	3. Exploitation Phase	4. Resolution Phase
Patient's reaction	Jenny, a 58-year-old woman, was newly diagnosed with pancreatic cancer. She was admitted for pancreas removal.	Jenny was panic about the surgery. She expressed her concerns and feelings to her case nurse.	After surgery, Jenny regained sense of control and was familiarized with the ward environment.	Jenny made friends with the patients and nurses in the ward. She even helped with nurses' job to talk to other patients.
Nursing action	- Explain the treatment and disease progress - Environment orientation	- Give reassurance - Clarify any misunderstanding	- Education on self-care (e.g. blood glucose monitoring, diet modifications, etc)	- Return demonstration of self-care techniques - Needs assessment

4. Dorothea E. Orem

Self-Care Theory:

- A grand nursing theory covering a broad scope with general concepts that can be applied to all instances of nursing

- Nursing as *"The act of assisting others in the provision and management of self-care to maintain or improve human functioning at home level of effectiveness*

- All patients want to care for themselves

- They are able to recover more quickly and holistically by performing their own self-care

3 Interrelated Theories

Theory of Self-Care

- Describes why and how people care for themselves
- The ability for engaging in self-care

Theory of Self-Care Deficit

- Describes and explains why people can be helped through nursing

Theory of Nursing Systems

- Describes and explains relationships that must exist and be maintained for nursing to occur

5. Sister Callista Roy

<u>Roy Adaptation Model of Nursing:</u>

- Adaptation occurs when people respond positively to environmental changes.

- It is the process and outcome of individuals and groups who use conscious awareness, self-reflection, and choice to create human and environmental integration
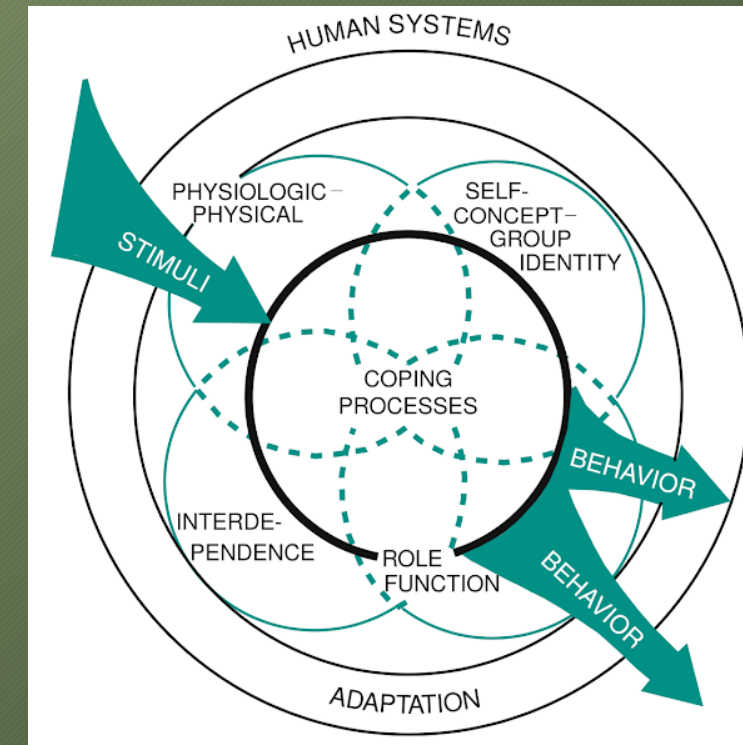
https://sites.google.com/site/culpepperram/

Explicit Assumptions of Roy Adaptation Model

- The person is a bio-psycho-social being
- The person is in constant interaction with a changing environment
- To cope with a changing world, person uses both innate and acquired mechanisms which are biological, psychological and social in origin
- Health and illness are inevitable dimensions of the person's life
- The person has 4 modes of adaptation

➢ *Physiologic needs*

➢ *Self- concept*

➢ *Role function*

➢ *Inter-dependence*

https://sites.google.com/site/culpepperram/

The Adaptation Model includes a six-step nursing process:

1. The first level of assessment, which addresses the patient's behavior
2. The second level of assessment, which addresses the patient's stimuli
3. Diagnosis of the patients
4. Setting goals for the patient's health
5. Intervention to take actions in order to meet those goals
6. Evaluation of the result to determine if goals were met

6. Jean Watson

Watson's Theory of Transpersonal Caring (1999)

- *"Nursing is concerned with promoting health, preventing illness, caring for the sick, and restoring health."*
- Caring is central to nursing practice
- Caring can be demonstrated and practiced by nurses
- Caring can promote growth
- A caring environment accepts a person regardless of who he is and what he may become
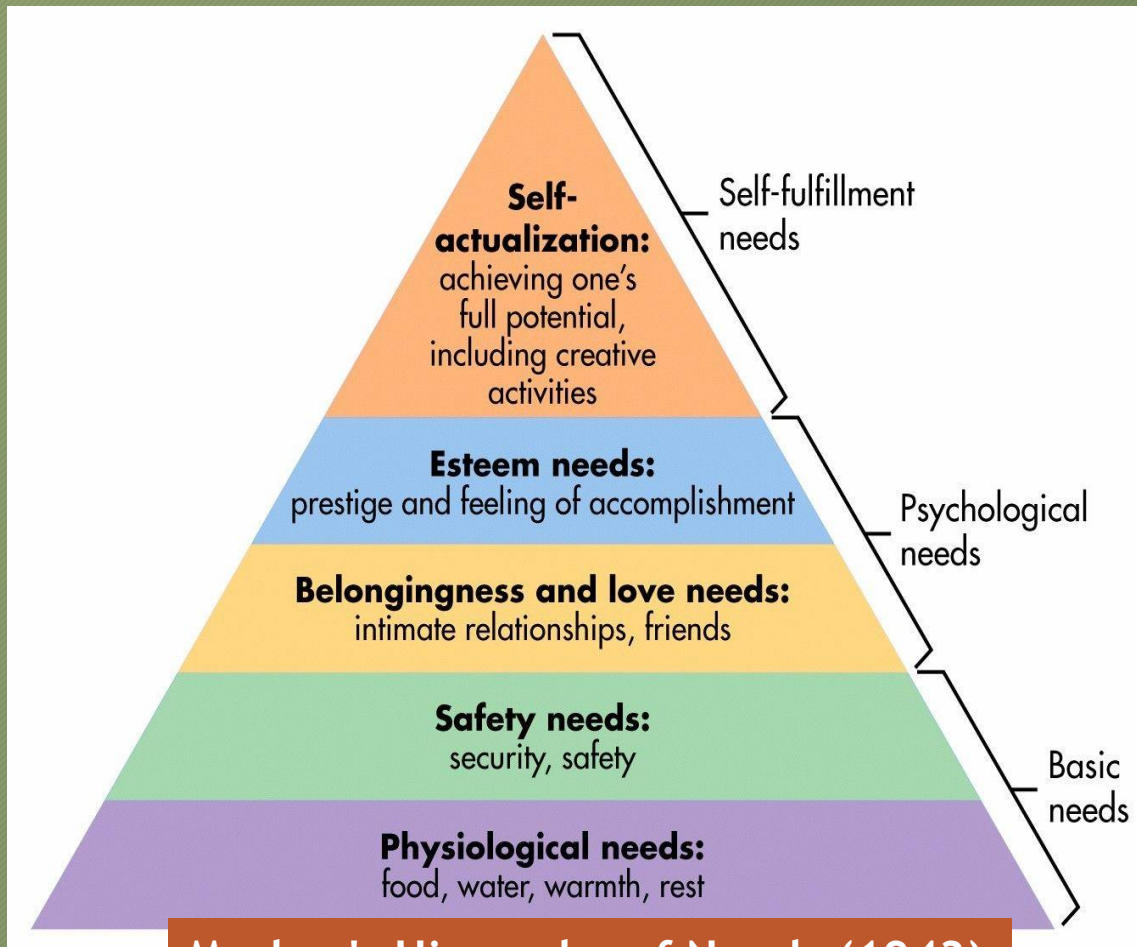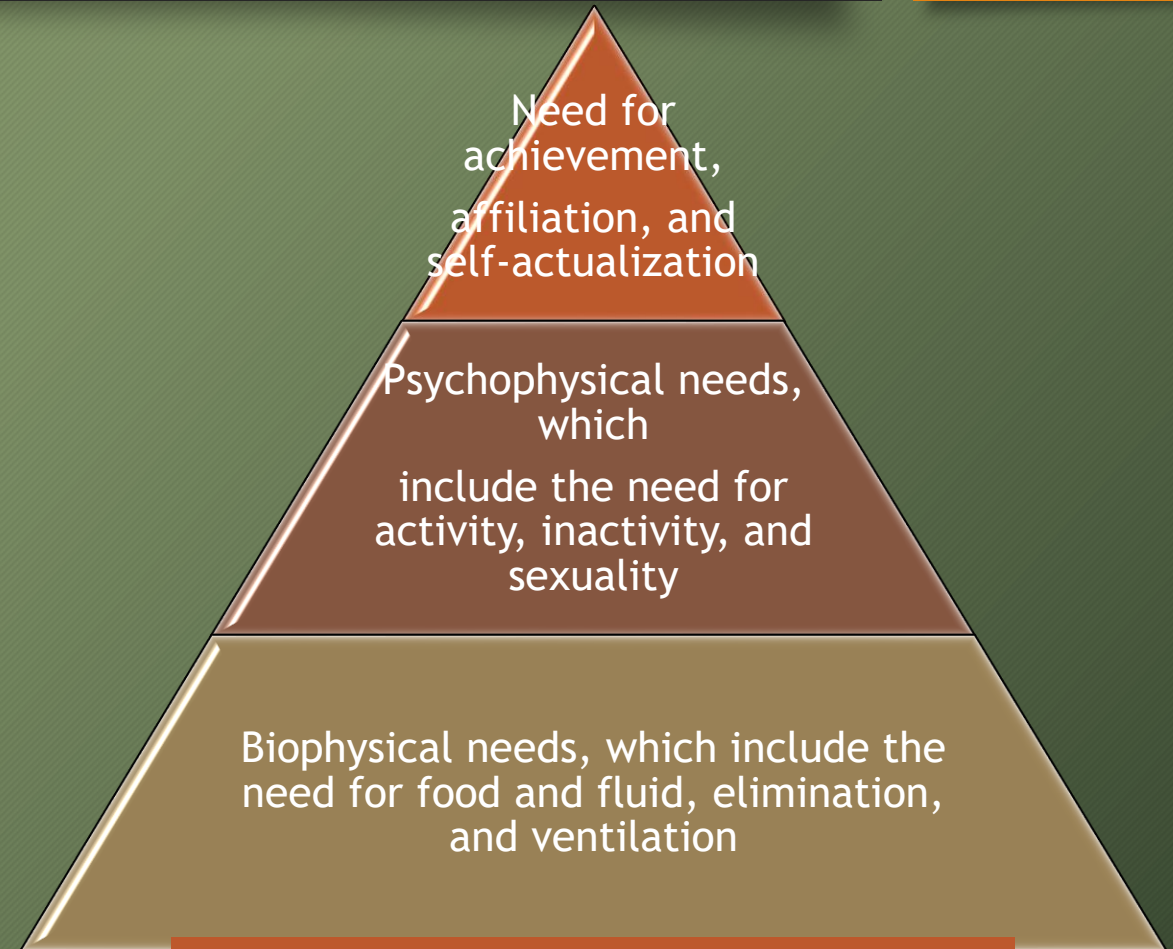
https://durangoherald.com/articles/212928

Maslow's Hierarchy of Needs (1943)

Watson's Hierarchy of Needs (1999)

1. Caring can be effectively demonstrated and practiced only interpersonally
2. Caring consists of carative factors (關懷照護因素) that result in the satisfaction of certain human needs.
3. Effective caring promotes health and individual or family growth
4. Caring responses accept the patient as he or she is now, as well as what he or she may become
5. A caring environment offers the development of potential to allow the patient to choose the best action for herself
6. Caring is complementary to curing
7. The practice of caring is central to nursing

Watsons's 10 Carative Factors- Foundation of Caring

Carative factors	Descriptions
1. "The formation of a humanistic-altruistic system of values"	Nurses practice loving-kindness within the context of caring consciousness
2. "Faith-hope"	Nurses provide a sense of well-being through beliefs which are meaningful to the individual
3. "The cultivation of sensitivity to one's self and to others"	Nurses interact genuinely and sensitively with others
4. "Establishing a helping-trust relationship"	Nurses make use of communication to build congruence, empathy and warmth
5. "The promotion and acceptance of the expression of positive and negative feelings"	Nurses allow both positive and negative feelings in a caring relationship

Watsons's 10 Carative Factors- Foundation of Caring

Carative factors	Descriptions
6. The systematic use of the scientific problem-solving method for decision making	Nurses should solve problems in a scientific way as part of the caring process, so as to optimize care
7. Promotion of interpersonal teaching-learning	Nurse should engage in genuine teaching-learning experience
8. Provision for a supportive, protective and/or corrective mental, physical, socio-cultural and spiritual environment	Nurse must provide comfort, privacy and safety as a part of this carative fact
9. Assistance with the gratification of human needs	Nurses should assist with basic needs and administer human care essentials
10. Allowance for existential-phenomenological forces	Nurses should viw the person holistically while at the same time attend to the hierarchical ordering of needs

Conclusions

- Different nursing theories have their own characteristics with pros and cons

- Nursing theories guide nurse to understand patterns of nursing practices regarding human physiological and psychosocial needs

- Nurses can make use of different nursing theories under various circumstances

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