



## NURSING THEORIES APPLIED ON CLIENTS

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**ABSTRACT** Nursing Theories are a set of interrelated stereotypes that give a systematized view of a that's interpretive and prophetic in nature . These are composed of stereotypes, vignettes, models propositions & are hung on assumptions. They're extrapolated through two high manners; derivable logic and inductive logic. Nursing interpreters use both of these manners. Proposition is " a creative and rigorous structuring of ideas that projects a conditional, purposeful and orderly view of miracles ". A proposition makes it possible to " organize the relationship among the generalities to describe, explain, foretell, and control practice."

**KEYWORDS** : Nursing Theories, Empirical Concepts, Explanatory, clients, Nurses Perception, Interpersonal Theory , Transcultural Nursing, Nursing Process

**INTRODUCTION -**

Theories are a set of interrelated generalities that give a orderly view of a Phenomenon (an an observable fact or event) that's explicative & prophetic in nature.

Theory is " a creative and rigorous structuring of ideas that projects a conditional, purposeful, and orderly view of phenomenas ".

**IMPORTANCE OF THEORIES-**

- To describe, predict and explain the phenomenon of nursing.
- Provides the foundations of nursing practice, help to generate further knowledge and indicate in which direction nursing should develop in the future .
- Helps us to decide what we know and what we need to know.
- Helps to distinguish what should form the basis of practice .

**CONCEPTS OF THEORIES-**

As abstract ideas which occurs in our mind, speech and thought. They works as fundamental building blocks of thoughts and believes.

**TYPES OF CONCEPTS-**

- Empirical Concepts
- Inferential Concepts
- Abstract Concepts

**METAPARADIGM CONCEPTS-**

- The person
- The environment
- Health
- Nursing (goals, roles & functions).

**TYPES OF THEORIES –****TYPES ACCORDING TO SCOPE**

1. Grand theory
2. Middle-range theory
3. Micro-range

**TYPES ACCORDING TO KNOWLEDGE BASE AND CHARACTERISTICS**

1. NURSING PHILOSOPHY
2. NURSING CONCEPTUAL MODELS
3. NURSING THEORIES AND MIDDLE-RANGE THEORIES

**TYPES ACCORDING TO FUNCTION**

1. Explanatory
2. Descriptive
3. Predictive
4. Prescriptive

**TYPES ACCORDING TO PHILOSOPHICAL BASE**

1. Needs theories
2. Interaction theories
3. Outcome theories
4. Humanistic Theories

**USE OF THEORIES IN NURSING PRACTICE –**

- Organize patient data
- Understand patient data
- Analyze patient data
- Make decisions about nursing interventions
- Plan patient care
- Predict outcomes of care
- Evaluate patient outcomes

**NURSING THEORIES APPLIED ON CLIENTS –**

1. Dorothea E. Orem: Self-Care Theory
2. Imogene King : Goal Attainment Theory
3. Virginia Henderson: "Need Theory"
4. Sister Callista Roy : Adaptation Model.
5. Betty Neuman: The System Model
6. Hildegard Peplau: Interpersonal Theory
7. Madeleine Leininger: Transcultural Theory
8. Watson's theory of Human Caring
9. Orlando's Theory of Delebrative Nursing process

**1.DOROTHEA E. OREM 1971– SELF CARE DEFICIT THEORY**

Orem's vision of health is a state characterized by wholeness of developed human structures and of bodily and mental functioning. It includes physical, psychological, interpersonal and social aspects. Her major assumptions included that people should be self-reliant and responsible for their own care and the care of others in their family. She said that a person's knowledge of potential health problems is necessary for promoting self-care behaviors. Orem defined nursing as an art, a helping service and a technology.

**Application of Orem's theory on client**

Orem presents self –care deficit theory of nursing which is composed of three inter related theories:

- Theory of self care
- Theory of Self care deficit
- Theory of Nursing Systems

Orem's professional- technological operations of nursing practice applied on client in three steps -

- Step 1: Nursing Diagnosis
- Step 2: Planning for delivery of care to the clients
- Step 3: Management of nursing systems

**FOR EXAMPLE:**

An Urban Lady ,45 yrs female, 5'2" tall 80 kg, Widowed since 6 months after 25 yrs of happy marriage.

**Self care:**

- Frequently eats fast food, high fat diet; drinks 2 litres of water, Largest meal of the day is late evening, No regular exercise,
- Developmental Self - care: Loss of husband, Loss of social activity, Works 12 hours a day, Well groomed.
- Health Deviations  
Family History : Father - heart attack, Lacks knowledge of risk

factors and cardio vascular functioning,  
Potential for cardiac disease related to obesity, smoking, elevated cholesterol, lack of exercise and family history.

- **Medical Problem and Plan:**  
Diagnoses of obesity with potential for cardiac disease and low motivation for weight loss.  
Monitor cholesterol level, Decrease cholesterol and fat intake.

Increase exercise, Re-evaluate and if needed prescribe medication to lower cholesterol.

#### **Self care deficits:**

Difference between healthy life style and Knowledge base and life style which increases her risk of heart attack or stroke.

#### **Nursing Diagnosis -**

Potential for impaired cardio vascular functioning related to lack of knowledge about relationship between current lifestyle and risk of heart-attack or stroke

#### **Outcome & Plan -**

Outcome: ↓cholesterol, Healthier life style with regular exercise, ↓balanced nutrition.

#### **Nursing Goals & Objectives-**

To decrease risk for cardiac impairment.

#### **Implementation-**

Cholesterol reduction, client will keep a 3-day food diary, client will learn about cholesterol & its effects on cardiovascular functioning, client will learn about low fat

#### **Evaluation -**

- Did client Select low cholesterol, low fat foods?
- Did client Self care deficit decrease.
- Is client's Cholesterol lower?
- Did client Lose weight?
- Was the supportive educative-system effective?

### **2. IMOGENE KING 1971 : GOALATTAINMENT THEORY**

Postulated the Goal Attainment Theory. She described nursing as a helping profession that assist individual and group in society to attain, maintain, and restore health. If this is not possible, nurse help individual to die with dignity.

In addition, King viewed nursing as an interaction process between client and nurse whereby during perceiving, setting goals, and acting on them, transactions occur and goal are achieved.

#### **For example:**

##### **Assessment**

##### **Nurses Perception :**

Mrs. X is well groomed pregnant female who appears to be comfortable in the examination room and makes a eye contact with the nurse. As they interact nurse finds that she is 25 years old, married, about six months pregnant, gained 4 kgs of weight so far during the pregnancy.

##### **X's perception:**

Views herself as healthy (self), recently moved to a new area Works as a teacher plans to continue work after baby is born. She keeps in contact with her family regularly. She asks question about labor process and how she might identify good pediatrician. She reports her nausea is subsided and feels that her pregnancy is progressing normally without any complications.

The nurse is meeting Mrs X for the first time in antenatal OPD.

##### **Nursing Diagnosis**

Knowledge deficit about health care resources, child birth related to recent move to a new locality.

##### **Mutual goal setting**

To be a healthy mother and to have a successful pregnancy and delivery of a healthy baby

##### **Interventions in terms of transactions**

Establishing and keeping a schedule of regular prenatal visits

Providing information about community resources and health care facilities

Conducting regular child birth education.

#### **Evaluation**

Verbalization of understanding the availability of resources.

Successful experience with pregnancy and birth of a healthy new born baby . Successful initial experience of breast feeding.

### **3. SISTER CALLISTAROY 1979: ADAPTATION MODEL**

She views each person as a unified Bio psychosocial system in constant interaction with a changing environment. She contended that the person as an adaptive system, functions as a whole through interdependence of its parts. The system consist input control process, output and feedback. In addition, she advocated that all people have certain needs which they endeavour to meet in order to maintain integrity.

#### **For example:**

Mr. Raj is received from surgery after a major abdominal operation. Before surgery his base line vital signs were: heart rate 80 beats per minute; BP 120/80mm of Hg and respiratory rate 16 per minute. After 45 minutes in post op recovery his vital signs are: HR 150 beats per minute; BP 90/60mm of Hg; Respiration rate 32 per minute. {Increased regulator output is signaled by sympathetic nervous system stimulation of the heart in response to decreased blood pressure} The nurse decides that Mr. Raj is showing an ineffective response.

#### **Assessment of Stimuli**

- Focal Stimuli: Decrease in arterial blood pressure (exact cause is unknown)
- Contextual Stimuli: Age 45 yrs, No food or drink for 12 hours, IV infusion of 5% dextrose with lactated ringer's solution at 100 cc per hour. 200cc of IV fluids infused during surgery, 20cc of urine excreted during the first 45 minutes in recovery, 1.5 hours of general anesthesia, estimated blood loss of 500ml during surgery no operative site bleeding
- Residual Stimuli: include history of renal infections.
- Nursing Diagnosis:
- Fluid Volume deficit related to blood loss, decreased intake.

#### **Goal:**

To maintain adequate circulatory volume as evidenced by BP within normal range  $\pm 20$  mm of Hg within 15 minutes, Urine output  $> 30$  ml/hour, mental alertness, rapid nail blanching, pulse and respiration within normal limits.

#### **Nursing Interventions:**

- I.V fluids 300cc per hour.
- Foot end elevation.
- Oxygen 40% by mask.
- Verbal and tactile stimulation.
- Administration of Vasopressin medication.
- Continuous BP and Vital signs monitoring.

#### **Evaluation:**

A constant evaluation of the effectiveness of nursing care is made and patients response is evaluated.

Virginia Henderson: "Need Theory"

### **4. HENDERSON 1955: IDENTIFIED 14 BASIC NEEDS.**

She postulated that the unique function of the nurse is to assist clients, sick or well in the performance of those activities contributing to health, its recovery, or peaceful death that clients would perform unaided if they had the necessary strength, will or knowledge.

#### **BASIC NEEDS**

1. Breathe normally.
2. Eat and drink adequately.
3. Eliminate body wastes.
4. Move and maintain desirable postures.
5. Sleep and rest.
6. Select suitable clothes--dress and undress.
7. Maintain body temperature within normal range by adjusting clothing and modifying the environment.
8. Keep the body clean and well groomed and protect the integument.

9. Avoid dangers in the environment and avoid injuring others.
10. Communicate with others in expressing emotions, needs, 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 forms of recreation.
14. Learn, discover, or satisfy the curiosity that leads to normal development and health and use the available health facilities.

### 5. BETTY NEUMAN: THE SYSTEM MODEL

The System Model, developed by Neuman, focuses on the response of the client system to actual or potential environmental stressors and the use of several levels of nursing prevention intervention for attaining, retaining and maintaining optimal client system wellness. Neuman defines the concern of nursing is preventing stress invasion. If stress is not prevented then the nurse should protect the client's basic structure and obtain or maintain a maximum level of wellness. Nurses provide care through primary, secondary and tertiary prevention modes

Betty Neuman proposed the Health Care System Model.

She asserted that nursing is a unique profession in that it is concerned with all the variables affecting an individual's response to stresses, which are intra- (within the individual), inter- (between one or more other people), and extra personal (outside the individual) in nature. The concern of nursing is to prevent stress invasion, to protect the client's basic structure and obtain or maintain a maximum level of wellness. The nurse helps the client through primary, secondary and tertiary prevention modes, to adjust to environmental stressors and maintain client system stability.

### 6. HILDEGARD PEPLAU: INTERPERSONAL THEORY

Four phases define Peplau's Interpersonal Theory of nursing. She defines the nurse/patient relationship evolving through orientation, identification, exploitation and resolution. She views nursing as a maturing force that is realized as the personality develops through educational, therapeutic, and interpersonal processes. Nurses enter into a personal relationship with an individual when a felt need is present. Peplau's model is still very popular with clinicians working with individuals who have psychological problems.

Hildegard Peplau introduced that Interpersonal defined nursing as interpersonal process of therapeutic interactions between an individual who is sick or need of health services and a nurse especially educated to recognize and respond to the need for help. She identified four phases of the nurse-client relationship namely:

1. Orientation: the nurse and the client initially do not know each other's goals and testing the role each will assume.
2. The client attempts to identify difficulties and the amount of nursing help that is needed; Identification: the client responds to the professionals or the significant others who can meet the identified needs. Both the client and the nurse plan together an appropriate program to foster health.
3. Exploitation: the client utilizes all available resources to move toward the goal of maximal health or functionality.
4. Resolution: refers to the termination phase of the nurse-client relationship. It occurs when the client's needs are met and he/she can move toward a new goal. Peplau further assumes that nurse-client relationship fosters growth in both the client and the nurse.

### 7. MADELEINE LEININGER: TRANSCULTURAL THEORY

One of the newer nursing theories, Transcultural Nursing first appeared in 1978. According to Leininger, the goal of nursing is to provide care congruent with cultural values, beliefs, and practices. Leininger states that *care* is the essence of nursing and the dominant, distinctive and unifying feature. She says there can be no cure without caring, but that there may be caring with curing. Health care personnel should work towards an understanding of care and the values, health beliefs, and life-styles of different cultures, which will form the basis for providing culture-specific care.

Developed the Transcultural Nursing Model. She advocates that nursing is a humanistic and scientific mode of helping a client through specific cultural caring process (cultural values, beliefs and practices) to improve or maintain a health condition.

### 8. WATSON'S THEORY OF HUMAN CARING

Conceptualized the theory of Human Caring Model. She emphasized that nursing is the application of the art and human science through transpersonal caring transactions to help persons achieve mind-body

soul harmony, which generates self-knowledge, self-control, self-care, and self-healing.

She included health promotion and treatment of illness in nursing.

### 9. ORLANDO'S 1962: THEORY OF DELIBERATIVE NURSING PROCESS

Orlando was one of the first nursing theorists to write about the nursing process based on her own research. Her Deliberative Nursing Process Theory focuses on the interaction between the nurse and patient, perception validation, and the use of the nursing process to produce positive outcomes or patient improvement.

Orlando also described her model as revolving around the following five major interrelated concepts: function of professional nursing, presenting behaviour, immediate reaction, nursing process discipline, and improvement. The function of professional nursing is the organizing principle. Presenting behaviour is the patient's problematic situation. The immediate reaction is the internal response. The nursing process discipline is the investigation into the patient's needs. And lastly, improvement is the resolution to the patient's situation.

The Deliberative Nursing Process has five stages: assessment, diagnosis, planning, implementation, and evaluation. Nurses use the standard nursing process in Orlando's Nursing Process Discipline Theory to produce positive outcomes or patient improvement. Orlando's key focus was the definition of the function of nursing. The model provides a framework for nursing, but the use of her theory does not exclude nurses from using other nursing theories while caring for patients.

### CONCLUSION –

In conclusion, Nursing Theory is beneficial to nursing practice because it provides a theoretical framework for practice, the concepts associated with the framework and the basic foundations of nursing practice to Organize patient data, Understand patient data, Analyze patient data, Make decisions about nursing interventions, Plan patient care, Predict outcomes of care, Evaluate patient outcomes.

### REFERENCES:

1. George B. Julia, Nursing Theories- The base for professional Nursing Practice, 3rd ed. Norwalk, Appleton & Lange.
2. Betty M. Johnson and Pamela B. Webber, Theory and Reasoning in Nursing., 2nd ed. New York, Williams & Wilkins
3. Mariner 5th edition
4. <http://nursingtheories.weebly.com/index.html>
5. <http://nursing-theory.org/articles/nursing-theory-definition.php.ories.html>