Using Nursing Models for Nursing Practice

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IN a previous article in this *Journal* on 'Systematic Nursing', I discussed the meaning of Systematic Nursing and the phases involved in it. It was also mentioned that a Nursing model provides a framework for the phases of Nursing practice, and gives a direction to action. I am aware of the fact that Nursing models for Nursing practice is quite a new idea for nurses in India.

As I lectured on Systematic Nursing in my two research hospitals in India, between December, 1984 and March, 1985, I could sense the growing interest of nurse educators and nurse administrators in the increased nursing knowledge and the application of it in clinical practice. The sesson on Nursing models captured their attention and they actively participated in the practical sessions. My aim in prasenting this article is to introduce nursing models to nurses in India. I intend to do this in three parts: (1) introducing terminology; (2) presenting the 'holistic model'; (3) presenting three selected models, namely—The Roper, Logan and Tierney (1980) Model for Nursing which focuses on the activities of living, Orem (1980) Self Care model and the Saxton and Hyland (1979) Stress Adaptation Model.

The terminology used is discussed in this aricle as it is important for us to familiarise ourselves with it, inorder to understand the models better.

A Concept

Chambers' Dictionary gives the following meanings for a concept: a general notion, the formation of power or power of forming in the mind, a plan or thought. Rines and Montag (1976) describe a concept as 'a general notion or idea, an idea of something formed by mentally combined or initiated object of thought''. In simple words we can say that a concept is a general idea or a notion or an image formed by the mind. Concepts can be labels, objects or the characteristics of objects. Some examples are love, hate, will, peace, space and time.

A Model

A model is a pattern or framework of a mental image depicting the reality. Riehl and Roy (1980) state that ''a model is a conceptual representation of reality. It is not clearly the reality itself, but an abstracted and reconstructed form of reality''. Perhaps I could give an example here. If we take the individual's need—a need is something abstrct, we cannot see it but we can conceptualise and present it in the form of a model. Therefore we can say that a model is a symbolic representation of the various aspects of a complex event or situation, and their interrelationships.

A Conceptual Model

The terms conceptual model and conceptual framework are synonymously used. These terms refer to global ideas about individuals, groups, situations and events of interst to a discipline. Fawcett (1984) describes that conceptual models are made up of concepts which are words describing mental images of phenomena and propositions which are statements expressing the relations between concepts. According to Fox J. (1982) a conceptual framework is a general amalgam of all of the related concepts in the problem area.

A Nursing Model

A Nursing model is a conceptual framework for Nursing practice. Johnson (1975) explains that a nursing model for nursing practice is a systematically constructed and logically related set of concepts which identify the essential components of Nursing practice together with the theoretical basis for those concepts. Johnson further states that a nursing model is made up of general ideas and concepts. The parts are related to each other through a cohesive and systematic approach to the patient. So a Nursing model represents our concepts about man, his health and illness problems and the type of care he needs.

In recent years a number of nurse theorists have developed various conceptual models for practice. These models are based on the beliefs about man, values, goals of nursing and the knowledge on which practice is based. As such, a nursing model offers a global understanding of man and serves as a frmework for assessment of each phase of systematic nursing, thus giving direction and making it purposeful. Some examples of such models are: Johnson (1980): Behavioral System Model; King (1981): Open System Model; Orem (1980): Self Care Model; Roger (1970): Life Process Model; Roper, Logan and Tierney (1980): Model for Nursing which focuses on the activities of living—the elements of Nursing; Ray (1980): Adaptation Model; Saxton and Hyland (1979): Stress Adaptation Model.

Components of a Model

Three components of a model are commonly identified by the nurse theorists. These are: beliefs about man; the goals of nursing; the knowledge on which practice is based.

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Following is the diagram (fig. 1) of these components presented by the authors of the self-learning package, titled, A Systematic Approach to Nursing Care, An Introduction, published by the Open University of the U.K. in 1984.

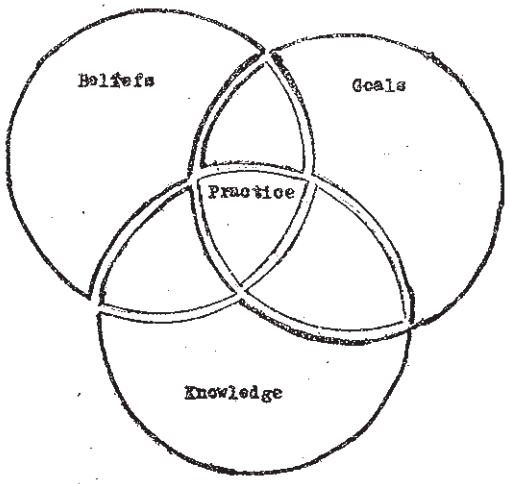

Fig. 1. Components of a model for practice.

(*The Open University: A Systematic Approach to Nursing Care;* p. 15.)

Giving simple examples here may help our readers to understand the components of a model. If we believe that an individual is a biological being, our goal is to cater for his physical needs and nursing practice is mainly procedure centered, making use of the knowledge mainly from biological sciences such as Anatomy and Physiology. On the other hand if we believe that an individual is a biosocial being, our goal is to care for the 'total person' and we make use of the knowledge from both biological and social sciences. This results in comprehensive care or total care of the patient who is a person and an individual. This concept leads us to the 'holistic model'.

The Holistic Model

One can construct a model by incorporating different elements from different models. Our beliefs, values and ideas determine and guide our nursing practice. The author of this article developed a 'holistic model' for nursing practice in September, 1984. The 'holistic model' makes use of elements from different models, e.g., Roger (1970) view of unitary man, Bower (1977) holistic theory, Maslow (1954) hierarchy of needs, Orem (1980) concept of self-care, Henderson (1966) 14 points of activities of daily living and Roper, Logan and Tierney (1983) the activities of living model. Description of the holistic model is given in Fig. 2.

The individual is a unified whole constantly interacting with his environment. The individual has physiological, psychological, social and spiritual aspects to his make up. In the process of life the individual constantly strives to fulfil his needs arising from physio, psycho-social and spiritual aspects. These needs are interrelated.

During the life process the individual is constantly engaged in performing a number of activities in order to meet his needs. These activities are essential for daily living. These may be called Activities of Daily Living or Activities of Living or Daily Living Activities. Henderson (1966) identified 14 activities of daily living: Breathe normally; Eat and drink adequately; Eliminate body wastes; Move and maintain desirable posture; Sleep and rest; Select suitable clothes—dress and undress; Maintain body temperature within normal range by adjusting clothing and modifying the environment; Keep the body clean and well groomed and protect the integument; Avoid danger in environment and avoid injuring others; Communicate with others in expressing emotions, needs, fears or opinions; Worship according to the faith; Work in such a way that there is a sense of accomplishment; Play or participate in various forms of recreation; Learn, discover, or satisfy the curiosity that leads to normal development and health and use the available health facilities.

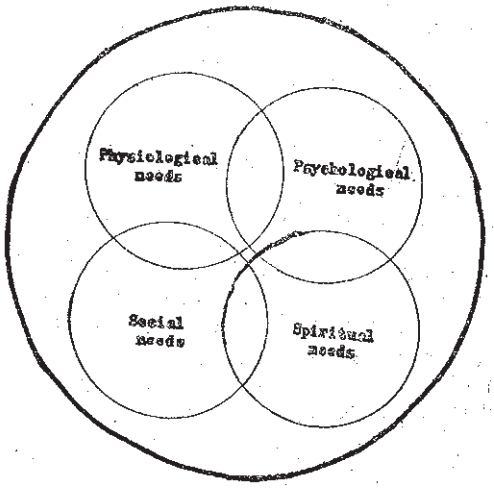

Fig. 2. Individual a unified whole.

These activities may be grouped into: 1. Activities that are related to physiological needs 2. Activities that are related to psychological needs 3. Activities that are related to social needs and 4. Activities that are related to spiritual needs. (See Fig 3)

Performing a single activity may result in meeting more than one type of a need or more than one activity may have to be performed inorder to meet one type of a need. In performing the activities of living the individual may be completely independent, partially dependent or totally dependent, depending on his age and state of health. However, during the lifespan there is some amount of dependence in every individual in performing one activity or the other at a given time. When an activity can not be performed by an individual because of his age, ill health or accident the need is left unmet. An unmet need becomes a problem, which requires an intervention. Degree of intervention varies depending on the state of individual. Concept of individual care, self-care and subtitute care should be taken into consideration.

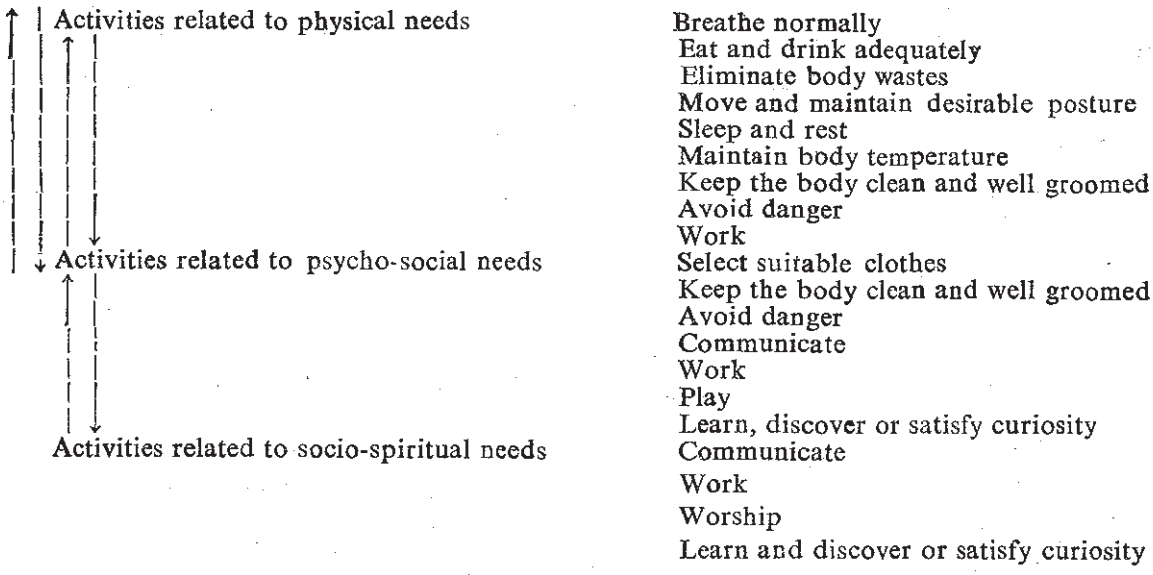

fig. 3. Showing the interrelatedness of the activities of daily living and the physio, psycho-social and spiritual needs.

Nursing deals with caring process. The nurse needs to understand biological and social sciences in order to plan care based on sound scientific principles. The biological sciences help the nurse to understand the structure and functions of the body. This knowledge enables the nurse to assist the patient/client with the activities of daily living, depending on the degree of dependence and independence. Social sciences help the nurses to have an understanding of patients psychological and social state, interpersonal relationships, family relationships and social interactions.

A good grounding in biological and social sciences helps the nurse to assess patients' problems, plan the type of care and decide on nursing intervention to meet the goals of nursing. In order to plan 'comprehensive nursing care, or 'total care' or 'holistic care' the totality or the wholeness of the individual must be taken into consideration. Where the wholeness of the individual is not taken into consideration, the care becomes fragmented. This model emphasises the principles of wholeness, uniqueness, individuality and interaction while planning the care.

The three components of a holistic model are described here. The beliefs about man: This model is based on the belief that an individual is a unified whole having physiological, psycho-social, and spiritual aspects which are interrelated. Problems may arise from these aspects at any point during the life cycle. (Fig. 3).

The goals of Nursing are developed from the link between the needs of the unified man and his ability to carry out these activities of daily living in order to meet his needs or help him to solve his problems. The goals of nursing reflect on the individual's problems and the patients/clients ability to carry out the activities of daily living taking individualised care, self-care, and substitute care into consideration.

Nursing is viewed as helping the patient/client to solve, alleviate or cope with the health and illness problems. It also includes preventive aspect of care. The knowledge base—This model makes use of the knowledge from biological and social science in order to understand the individual needs of a total person. Biological sciences help the nurse to understand the structure and functions of the body and the problems that may arise from the physiological aspects which in turn affect the individual to carry out the activities of living effectively. Social sciences help the nurse to understand the psycho-social problems of the patient. Spiritual problems are taken into consideration. The nurse also assesses the dependence and independence of the patient to carry out the activities of daily living and to provide the amount of assistance needed.

The model incorporates the four phases of Systematic Nursing, i.e., assess patients problems, formulate objectives, plan care, implement and evaluate the effectiveness of care given in the light of objectives set.

Application of the Holistic Model : Mr. Rao is a 65-year-old Hindu, brought to the hospital on a rickshaw and was admitted in a surgical ward. He had fallen while he was reaching for an object on a table and sustained fracture of neck and left femur. Mr. Rao is a retired police-man and he lives with his wife in his own house, which is quite adequate for them. They have three sons and two daughters, all are educated, employed and well settled. Mr. Rao spends a lot of time in reading newspapers and says that he is an atheist.

The following assessment was made on his activities of daily living (hereafter to be referred as ADL). Mr. Rao is well nourished, eats everything, and is not allergic to food or medicine. He needs assistance with feeding, elimination and hygiene as he is unable to move because of fracture. He has no problem with breathing and he sleeps well 6-8 hours in a day. There is no problem with his senses but he has severe pain in his left hip owing to the fracture. Mr. Rao is very much depressed because of his inability to move and help himself with the ADL. He also feels that he is a burden to his family as hospitalisation is expensive and at times he is reluctant to talk to his relatives. Mr. Rao blames God for allowing such a thing to happen which has made him dependent on the nurses and his relatives.

Following are the problems identified :

Severe pain in left hip	—	physiological problem
Immobility	—	physiological probiem
Unable to attend to his nutrition, elimination and hygiene	—	physiological problems
Depression and worry about hospital bills	—	psychological problems
Reluctance to speak to his relatives	—	social problem
Hostility towards God	—	spiritual problem

Normally, Mr. Rao would perform ADL by himself but now that he has sustained a fracture he is dependent on nurses and his relatives. He needs assistance with activities like feeding, elimination, hygiene and mobility.

The nurse takes a holistic approach in understanding Mr. Rao's problems and their interrelatedness. For example, depression—though it is a psychological problem, it is related to his immobility which is a physiological problem. Thus the nurse understands Mr. Rao as a 'total person' and as an 'individual'. She also understands his self-care ability and his level of dependence and independence in performing the ADL. The nnrse aims to help him solve his problems in order to make Mr. Rao, independent as rapidly as possible. She formulates objectives, plans care, implements and evaluates the outcome of care given.

Summary

A model is a pattern or framework of a mental image depicting the reality. A nursing model is a conceptual framework for nursing practice. It is a systematically constructed, scientifically based and logically related set of concepts which identify the essential components of nursing practice. A number of models have been developed by the nurse theorists in recent years. These models are base on the beliefs about man, goals of nursing and the knowledge on which nursing practice is based. The author of this article developed the 'Holistic Model'. She believes that the individual is a unified whole having physiological, psychological, social and spiritual aspects which are interrelated and problems may arise from these aspects at any point during life-cycle. The goals of nursing are to help the patient/client to solve, alleviate or cope with the health and illness problems. It also includes the preventive aspect. The 'holistic model' makes use of the knowledge from biological and social sciences. The nursing model influences the content of Systematic Nursing and gives direction to nursing practice making it purposeful.

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