

THEORETICAL FOUNDATIONS OF NURSING

- I. Classroom/School Policies
- II. Introduction: Definition of Terms
- III. Nursing Theories
 - A. Needs/Problem-Oriented Theories
 - 1. Environmental needs (Florence Nightingale)
 - 2. 21 Nursing Problems (Faye Glenn Abdellah)
 - 3. Definition of Nursing (Virginia Henderson)
 - 4. Self-Care Deficit Theory (Dorothea Orem)
 - 5. Core, Care, & Cure Model (Lydia Hall)
 - 6. Philosophy and Science of Caring (Jean Watson)
 - B. System Oriented Theories
 - 1. Behavioural Systems Model (Dorothy Johnson)
 - 2. Adaptation Model (Sr. Callista Roy)
 - 3. Systems Model (Betty Neuman)
 - 4. Conservation Model (Myra Levine)
 - 5. Culture Care: Diversity Model and Universality Theory (Madeleine Leininger)
 - C. Interaction Oriented Theories
 - 1. Psychodynamic Nursing (Hildegard Peplau)
 - 2. Nursing Process Theory (Ida Jean Orlando)
 - 3. The Helping Art of Clinical Nursing (Ernestine Weidenbach)
 - 4. Goal Attainment Theory and Interacting Systems Theory (Imogene King)
 - 5. Humanistic Nursing Practice Theory (Josephine Paterson and Loretta Zderad)
 - 6. Modelling and Role Modelling Theory (Helen Erickson, Evelyn Tomlin, Mary Ann Swain)
 - 7. Nursing as Caring Theory (Ann Boykin and Savina Schoenhofer)
 - 8. Human to Human Relationship Model (Joyce Travelbee)
 - D. Energy Field Theories
 - 1. Unitary of Human Beings (Martha Rogers)
 - 2. Human Becoming Theory (Rosemarie Parse)
 - 3. Model of Health (Margaret Newman)
- IV. Non-Nursing Theories
 - A. Sigmund Freud's Psychosexual Development Theory
 - B. Erik Erikson's Psychosocial Development Theory
 - C. Jean Piaget's Cognitive Development Theory
 - D. Robert Havighurst's Developmental Tasks
 - E. Kohlberg's Moral Development
 - F. Harry Stack Sullivan's Interpersonal Theory

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References:

- Kozier, B., Erb, G., Berman, A., & Snyder, S. (2004). *Fundamentals of Nursing: Concepts, Process, and Practice*. 7th Edition. Pearson Education South Asia PTE LTD.
- Octaviano E.F. & Balita, C.E. (2008). *Theoretical Foundations of Nursing: The Philippine Perspective*. Ultimate Learning Series.
- Bautista, J. N. (2009). *Theoretical Foundation of Nursing: A Beginner's Journey into Professional Nursing*. 1st Edition. Educational Publishing House, Inc.
- Alligood M.R, Tomey. A.M. (2002). *Nursing theory utilization and application*. 2nd Ed. Mosby, Philadelphia.
- Smith, M. J., & Liehr, P. R. (2008). *Middle range theory for nursing*. New York: Springer Publishing.
- Nursing Theories. (2012). Retrieved from http://currentnursing.com/nursing_theory/.

I. CLASSROOM/SCHOOL POLICIES

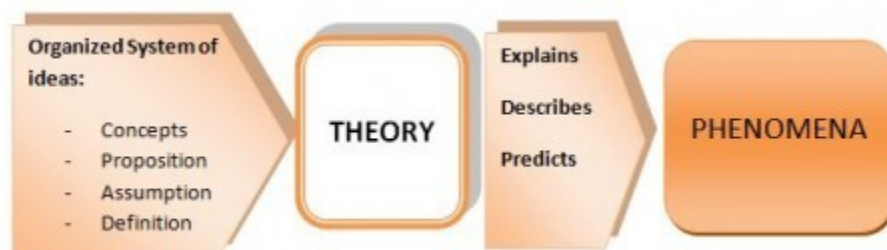
- 1. Attendance/Class hours – Class meets every Thursday 9-12pm (equivalent to 2 meetings); If the instructor is not in after 15 minutes and w/o prior notice of such tardiness, inform Dean before leaving the classroom; attendance shall be added as bonus points to be included in the Class Standing for each Grading period
- 2. Absences:
 - a. WARNING – 1 absence

- b. Call Parent – 2 absences
- c. Totally Dropped – 4 absences
3. Examinations (3 Major Exams, 2 minor Exams) – during major exams, type of exam is Multiple Choice, bring pencil without eraser; for the ladies please tie up your hair; enrolment forms signed by the accounting office will be checked during minor exams and permits will be checked during major exams if without permit/form, the student may take the exam but his/her grade shall not be encoded unless permit is presented.
4. Grading system:
 - a. First Grading – 60% Class Standing; 15% 1st Prelims; 25% 1st Grading
 - b. Second Grading – (60% Class Standing; 15% 1st Prelims; 25% 1st Grading)*2 + (1st Grading Grade)
3
 - c. Final Grading – (60 % Class Standing; 40% Final Exam)*2 + (Final 2nd Grading Grade)
3

** 1st Prelims will be on September 17 (9-10:30); Class will resume after everyone is done with the exams.

II. INTRODUCTION: DEFINITION OF TERMS

Nursing – nursing is the art and science of caring. The professionalization of nursing has been and is being brought about through the development and use of nursing theory.



1. **Concept**-building block of theory; complex mental formulations of one's perceptions of the world.
2. **Proposition**-a statement that proposes a relationship between concepts.
3. **Assumption**-basic principles that are accepted as being true on the basis of logic or reason without proof or verification
4. **Definition**-meaning of a word.
5. **Theory**-organized system of ideas, concepts, propositions, assumptions, definitions that explains, describes, or predicts a phenomena
6. **Phenomena**-an observable fact that can be perceived through the senses and explained.
7. **Nursing theory**- is a conceptualization of some aspect of nursing communicated for the purpose of describing, explaining, predicting and/or prescribing nursing care. (Maleis 1997).
8. **Nursing Paradigm**- is a pattern or model used to show a clear relationship among the existing theoretical works in nursing. Theories in nursing focus on the relationship among the 4 major concepts:
 - a. Health – the degree of wellness or well-being that the patient experiences. State of complete physical, mental, emotional, social, spiritual wellbeing and not necessarily the absence of disease or infirmity.
 - b. Environment – internal and external surroundings that affect the patient. This includes people in the physical environment, such as families, friends and significant others.
 - c. Person – the recipient of nursing care (includes individuals, families, groups and communities)
 - d. Nursing – the attributes, characteristics and actions of the nurse providing care on behalf of, or in conjunction with the patient.
9. Characteristics of a Theory:
 - a.
 - b.
 - c.
 - d.
 - e.
 - f.
 - g.
10. Classification of Nursing Theories:
 - a. Nursing Metatheory
 - Highest level of theory
 - Also known as
 - It presents the most global perspective of the nursing profession by identifying and evaluating vital phenomena in unique ways.
 - The disadvantage of metatheories is that they are
 - Examples:
 - b. Grand Nursing Theory

- Third level of nursing theory
 - Also known as
 - Theories at this level may both reflect and provide insights useful for practice but are not designed for empirical testing.
 - This limits the use of grand theories for directing, explaining, and predicting nursing in particular situations.
 - Theories at this level are intended to be pertinent to all instances of nursing.
 - Examples:
- c. Middle-range Nursing Theory
- Second level of nursing theories
 - These theories are moderately abstract, comprehensive, organized within a limited scope and have a limited number of variables, which are testable in a direct manner.
 - Have stronger relationship with research and practice.
 - Focus on concepts of interest to nurses, and include: pain, empathy, grief, self-esteem, hope comfort, dignity, and quality of life.
 - Examples:
- d. Nursing Practice Theory
- First level nursing theory
 - Nursing practice theory has the most limited scope and level of abstraction and is developed for use within a specific range of nursing situations.
 - Theories developed at this level have a more direct impact on nursing practice than do theories that are more abstract.
 - Nursing practice theories provide frameworks for nursing interventions, and predict outcomes and the impact of nursing practice. At the same time, nursing questions, actions, and procedures may be described or developed as nursing practice theories.
 - Examples:

III. NURSING THEORIES

A. Needs/Problem-Oriented Theories

1. Environmental needs (Florence Nightingale)

Florence Nightingale – first nursing theorist; Lady with a Lamp

Health was linked with 5 Environmental Factors:

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2. Patient-centered approaches to nursing model: 21 Nursing Problems (Faye Glenn Abdellah)

Abdellah – she defined nursing as service to individuals and families. Furthermore, she conceptualized nursing as an art and science that molds the attitudes, intellectual competencies and technical skills of the individual nurse into the desire and ability to help people, sick or well and cope with their health needs.

Twenty-one Nursing Problems (Abdellah, 1960)

1. To maintain good hygiene and physical comfort.
2. To promote optimal activity: exercise, rest, and sleep.
3. To promote safety
4. To maintain good body mechanics and prevent and correct deformities.
5. To facilitate the maintenance of a supply of oxygen to all body cells.
6. To facilitate the maintenance of nutrition of all body cells.
7. To facilitate the maintenance of elimination.
8. To facilitate the maintenance of fluid and electrolyte balance.
9. To recognize the physiological responses of the body to disease conditions – pathological, physiological, and compensatory.
10. To facilitate the maintenance of regulatory mechanisms and functions.
11. To facilitate the maintenance of sensory functions.
12. To identify and accept positive and negative expressions, feelings, and reactions.
13. To identify and accept the interrelatedness of emotions and organic illness.
14. To facilitate the maintenance of effective verbal and nonverbal communication.
15. To promote the development of productive interpersonal relationships.
16. To facilitate progress toward achievement of personal spiritual goals.
17. To create and/or maintain a therapeutic environment.
18. To facilitate awareness of self as an individual with varying physical, emotional, and developmental needs.
19. To accept the optimum possible goals in the light of limitations, physical and emotional.

20. To use community resources as an aid in resolving problems arising from illness.
21. To understand the role of social problems as influencing factors in the case of illness.

3. Definition of Nursing (Virginia Henderson)

Henderson postulated that the unique function of the nurse is to assist the clients, sick or well, in the performance of those activities contributing to health or its recovery, will or knowledge.

Henderson identified 3 levels of nurse-patient relationships in which the nurse acts as any of the following:

- a. A substitute for the patient – doing for the patient(substitutive)
- b. A helper of the patient – helping the patient(supplementary)
- c. A partner with the patient – working with the patient(complementary)

She also identified 14 Basic Needs:

Physiological

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 environment
8. Keep the body clean and well groomed and protect the integument
9. Avoid dangers in the environment and avoid injuring others

Psychological Aspects of Communicating and Learning

10. Communicate with others in expressing emotions, needs, fears, or opinions
14. Learn, discover, or satisfy the curiosity that leads to normal development and health and use the available health facilities

Spiritual and Moral

11. Worship according to one's faith

Sociologically Oriented to Occupation and Recreation

12. Work in such a way that there is sense of accomplishment
13. Play or participate in various forms of recreation