Группа: 301А

Специальность: Акушерское дело

Дата: 05.10.2020

Тема: Nursing theories (Orem, Neuman, Levine)

Цель: Развитие навыков поискового чтения, формирование понимания сестринского процесса в работе акушеров.

Задание лекции: ознакомиться с текстом (можно не переводить), выделить ключевые положения теорий.

Домашнее задание – описать работу медсестры, работающей с акушером.

Dorothea Orem: Self-Care Deficit Theory

Dorothea Orem is a nurse theorist who pioneered the Self-Care Deficit Nursing Theory. Get to know the biography and works of Orem, including a discussion about the major concepts, subconcepts, nursing metaparadigm, and application of Self-Care Deficit Theory. Her theory defined 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." It focuses on each individual's ability to perform selfcare, defined as "the practice of activities that individuals initiate and perform on their own behalf in maintaining life, health, and well-being."

Dorothea Orem's Self-Care Deficit Theory focuses on each "individual's ability to perform self-care, defined as 'the practice of activities that individuals initiate and perform on their own behalf in maintaining life, health, and well-being.'" The Self-Care or Self-Care Deficit Theory of Nursing is composed of three interrelated theories: (1) the theory of self-care, (2) the self-care deficit theory, and (3) the theory of nursing systems, which is further classified into wholly compensatory, partial compensatory and supportive-educative. It is discussed further below. Appointments of Dorothea Orem

Dorothea Orem occupied important nursing positions, like the directorship of both the nursing school and the department of nursing at Providence Hospital, Detroit from 1940 to 1949, where she also taught biological sciences and nursing from 1939 to 1941. At the Catholic University of America, Orem served as Assistant Professor from 1959 to 1964, Associate Professor from 1964 to 1970, and Dean of the School of Nursing from 1965 to 1966.

She also served as curriculum consultant to The Office of Education, United States Department of Health, Education and Welfare, Practical Nurse Section in 1958, 1959, and 1960, to the Division of Hospital and Institutional Services, The Indiana State Board of Health from 1949 to 1957, and to the Center for Experimentation and Development in Nursing, The Johns Hopkins Hospital, 1969-1971, and to the Director of Nursing, Wilmer Clinic, The Johns Hopkins Hospital, 1975-1976. She was a member of the group of nurse theorists who presented Patterns of Unitary Man (Humans), the initial framework for nursing diagnosis, to the North American Nursing Diagnosis Association in 1982. There are instances wherein patients are encouraged to bring out the best in them despite being ill for a period of time. This is very particular in rehabilitation settings, in which patients are entitled to be more independent after being cared for by physicians and nurses. Through these, the Self-Care Nursing Theory or the Orem Model of Nursing was developed by Dorothea Orem between 1959 and 2001. It is considered a grand nursing theory, which means the theory covers a broad scope with general concepts that can be applied to all instances of nursing.

Description

Dorothea Orem's Self-Care Deficit Theory defined 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." It focuses on each individual's ability to perform self-care, defined as "the practice of activities that individuals initiate and perform on their own behalf in maintaining life, health, and well-being."

"The condition that validates the existence of a requirement for nursing in an adult is the absence of the ability to maintain continuously that amount and quality of self-care which is therapeutic in sustaining life and health, in recovering from disease or injury, or in coping with their effects. With children, the condition is the inability of the parent (or guardian) to maintain continuously for the child the amount and quality of care that is therapeutic." (Orem, 1991)

Assumptions of the Self-Care Deficit Theory

The assumptions of Dorothea Orem's Self-Care Theory are: (1) In order to stay alive and remain functional, humans engage in constant communication and connect among themselves and their environment. (2) The power to act deliberately is exercised to identify needs and to make needed judgments. (3) Mature human beings experience privations in the form of action in care of self and others involving making life-sustaining and function-regulating actions. (4) Human agency is exercised in discovering, developing, and transmitting to others ways and means to identify needs for, and make inputs into, self and others. (5) Groups of human beings with structured relationships cluster tasks and allocate responsibilities for providing care to group members.

Major Concepts of the Self-Care Deficit Theory by Mira Levine

In this section are the definitions of the major concepts of Dorothea Orem's Self-Care Deficit Theory:

Nursing

Nursing is an art through which the practitioner of nursing gives specialized assistance to persons with disabilities which makes more than ordinary assistance necessary to meet needs for self-care. The nurse also intelligently participates in the medical care the individual receives from the physician. Humans

Humans are defined as "men, women, and children cared for either singly or as social units," and are the "material object" of nurses and others who provide direct care.

Environment

The environment has physical, chemical and biological features. It includes the family, culture, and community.

Health

Health is "being structurally and functionally whole or sound." Also, health is a state that encompasses both the health of individuals and of groups, and human health is the ability to reflect on one's self, to symbolize experience, and to communicate with others.

Self-Care

Self-care is the performance or practice of activities that individuals initiate and perform on their own behalf to maintain life, health, and well-being.

Self-Care Agency

Self-care agency is the human's ability or power to engage in self-care and is affected by basic conditioning factors.

Basic Conditioning Factors

Basic conditioning factors are age, gender, developmental state, health state, sociocultural orientation, health care system factors, family system factors, patterns of living, environmental factors, and resource adequacy and availability. Therapeutic Self-Care Demand

Therapeutic Self-care Demand is the totality of "self-care actions to be performed for some duration in order to meet known self-care requisites by using valid methods and related sets of actions and operations."

Self-Care Deficit

Self-care Deficit delineates when nursing is needed. Nursing is required when an adult (or in the case of a dependent, the parent or guardian) is incapable of or limited in the provision of continuous effective self-care.

Theories

The Self-Care or Self-Care Deficit Theory of Nursing is composed of three interrelated theories: (1) the theory of self-care, (2) the self-care deficit theory, and (3) the theory of nursing systems, which is further classified into wholly compensatory, partial compensatory and supportive-educative.

Theory of Self-Care

This theory focuses on the performance or practice of activities that individuals initiate and perform on their own behalf to maintain life, health and well-being.

Self-Care Requisites

Self-care Requisites or requirements can be defined as actions directed toward the provision of self-care. It is presented in three categories:

Universal Self-Care Requisites

Universal self-care requisites are associated with life processes and the maintenance of the integrity of human structure and functioning.

The maintenance of a sufficient intake of air

The maintenance of a sufficient intake of water

The maintenance of a sufficient intake of food

The provision of care associated with elimination process and excrements

The maintenance of a balance between activity and rest

The maintenance of a balance between solitude and social interaction

The prevention of hazards to human life, human functioning, and human well-being

The promotion of human functioning and development within social groups in accord with human potential, known human limitations, and the human desire to be normal

Normalcy is used in the sense of that which is essentially human and that which is in accord with the genetic and constitutional characteristics and the talents of individuals.

In Neuman's System Model, she defined nursing as a "unique profession in that is concerned with all of the variables affecting an individual's response to stress." The focus is on the client as a system (which may be an individual, family, group, or community) and on the client's responses to stressors.

The client system includes five variables (physiological, psychological, sociocultural, developmental, and spiritual) and is conceptualized as an inner core (basic energy resources) surrounded by concentric circles that include lines of resistance, a normal line of defense, and a flexible line of defense.

Nursing Theory: The Conservation Model

Levine's conservation model believes nursing intervention is a conservation activity, with conservation of energy as a fundamental concern, four conservation principles of nursing. It guides nurses to concentrate on the importance and responses at the level of the person. Nurses fulfill the theory's purpose through the conservation of energy, structure, and personal and social integrity.

Every patient has a different array of adaptive responses, which vary based on personal factors including age, gender, and illness. The fundamental concept of Myra Estrin Levine's theory is conservation. When an individual is in a phase of conservation, it means that the person has been able to adapt to the health challenges, with the slightest amount of effort. The core of Levine's Conservation Model is to improve the physical and emotional wellbeing of a person, by considering the four domains of conservation she set out. By proposing to address the conservation of energy, structure, and personal and social integrity, this nursing theory helps guide nurses in the provision of care that will help maintain and promote the health of the patient.

What is the Conservation Model?

The core of the conservation model is to improve the physical and emotional wellbeing of a person by considering the four domains of conservation she set out. Nursing's role in conservation is to help the person with the process of "keeping together" the total person through the least amount of effort. Levine (1989) proposed the following four principles of conservation:

The conservation of energy of the individual.

The conservation of the structural integrity of the individual.

The conservation of the personal integrity of the individual.

The conservation of the social integrity of the individual.

"The conservation principles do not, of course, operate singly and in isolation from each other. They are joined within the individual as a cascade of life events, churning and changing as the environmental challenge is confronted and resolved in each individual's unique way. The nurse as a caregiver becomes part of that environment, bringing to every nursing opportunity his or her own cascading repertoire of skill, knowledge, and compassion. It is a shared enterprise and each participant is rewarded." (Levine, 1989)

Conservation of Energy

Conservation of energy refers to balancing energy input and output to avoid excessive fatigue. It includes adequate rest, nutrition and exercise. Examples: Availability of adequate rest; Sustenance of adequate nutrition

Conservation of Structural Integrity

Conservation of structural integrity refers to maintaining or restoring the structure of body preventing physical breakdown and promoting healing. Examples: Assist patient in ROM exercise; Preservation of patient's personal hygiene

Conservation of Personal Integrity

Conservation of personal integrity recognizes the individual as one who strives for recognition, respect, self-awareness, selfhood, and self-determination. Example: Acknowledge and preserve patient's space needs

Conservation of Social Integrity

Conservation of social integrity exists when a patient is recognized as someone who resides within a family, a community, a religious group, an ethnic group, a political system, and a nation.

Example: Help the individual to preserve his or her place in a family, community, and society.

Major Concepts of Levine's Conservation Model

In this section, we will define the nursing metaparadigm and the major concepts of the theory:

Environment

Environment includes both the internal and external environment. Three Aspects of Environment Drawn upon Bates' (1967) Classification:

The operational environment consists of the undetected natural forces and that impinge on the individual.

The perceptual environment consists of information that is recorded by the sensory organs.

The conceptual environment is influenced by language, culture, ideas, and cognition.

Person

Person is the unique individual in unity and integrity, feeling, believing, thinking, and whole.

Health

Health is the pattern of adaptive change of the whole being.

Nursing

Nursing is the human interaction relying on communication, rooted in the organic dependency of the individual human being in his relationships with other human beings.

Adaptation

Adaptation is the process of change and integration of the organism in which the individual retains integrity or wholeness. It is possible to have degrees of adaptation.

Conservation

Conservation includes joining together and is the product of adaptation including nursing intervention and patient participation to maintain a safe balance.

Personal Integrity

Personal integrity is a person's sense of identity and self-definition. Nursing intervention is based on the conservation of the individual's personal integrity.