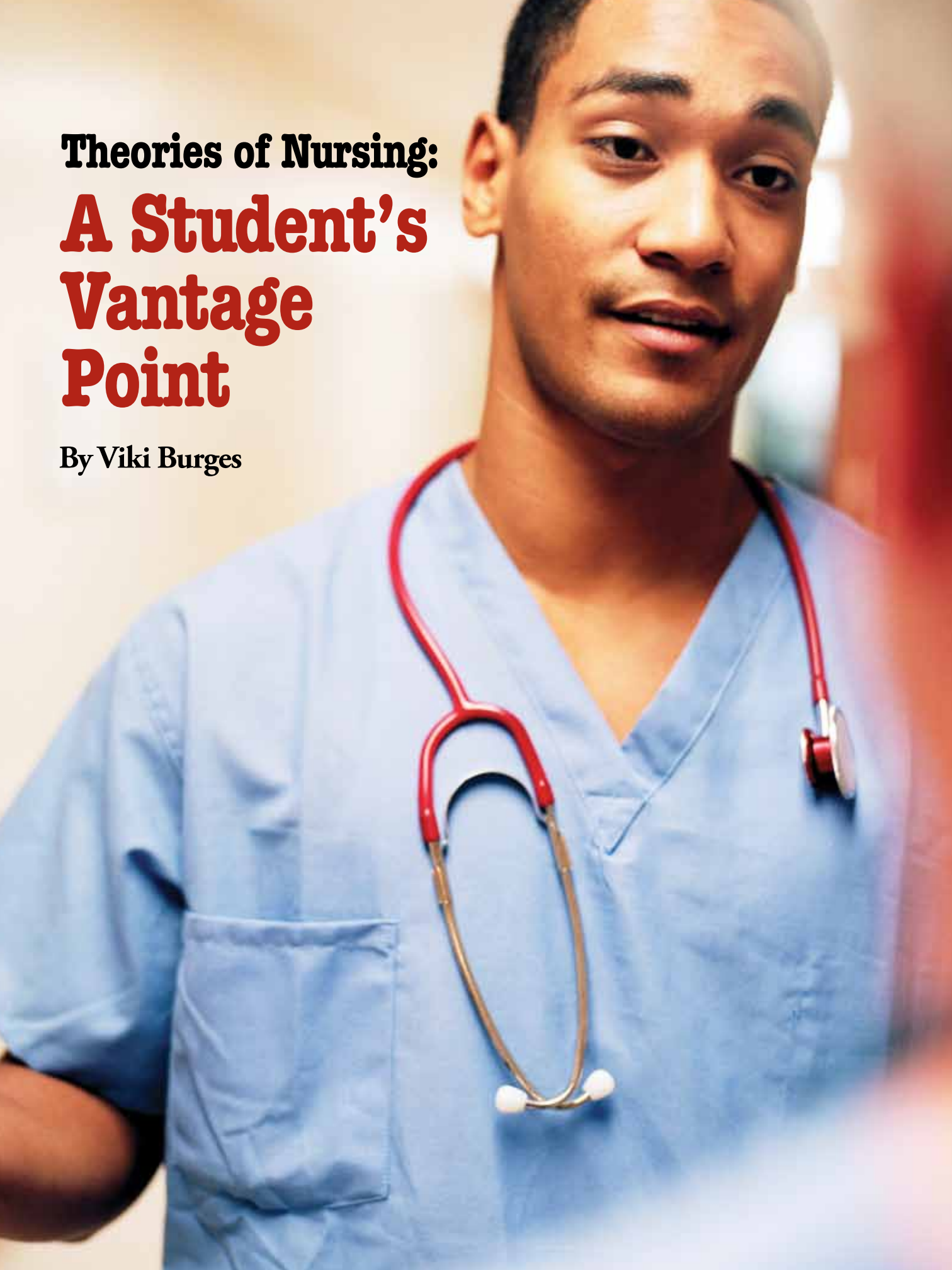


**Theories of Nursing:  
A Student's  
Vantage  
Point**

**By Viki Burges**



It would seem only yesterday that nurses were not recognized as knowledgeable contributors on the healthcare team, and that we were simply individuals who carry out physician orders, keep quiet, and do as we are told. Well, things have changed. Herein is my philosophy of nursing today, which emphasizes the progress of nurses as vital professional contributors on the healthcare team, and how I can play a part in establishing professionalism and improving the image of nursing.

Nurses bring to practice a personal history that influences the manner by which nursing care is performed. Nursing theory, standards of practice and legal/ethical obligations must be understood and utilized throughout nursing care. Collaboration with team members and families while remaining impartial is essential to optimal care. Nursing, then, is a combination of personal behaviors, skill, practice, knowledge and understanding applied with a holistic approach. This holistic approach, specific to nursing, allows the nurse to develop a method to provide optimal care. Nursing is a privilege and an ethical responsibility that should never be taken lightly.

## **Nursing Concepts**

### **Person**

“Patients have the moral and legal right to determine what will be done with their own person; to be given accurate, complete, and understandable information in a manner that facilitates an informed judgment; to be assisted with weighing the benefits, burdens and available options in their treatment, including the choice of no treatment” (ANA, 2001). With everything the nurse does for an individual, this precept in the Code of Ethics of the American Nurses’ Association must be at the forefront of all intentions and actions. The methodology and manner by which nurses perform the care of others is directed by: (1) applicable state’s nurse

practice act; (2) the Code of Ethics for Nurses; and (3) theory that supports the individual nurse’s beliefs.

### **Environment**

The environment is composed of physical, biological, and/or social circumstances that contribute to health-related conditions (Clark, 2003). Therefore, the environment may be considered as anything outside of the body. Environment can greatly impact the human body both positively and negatively. People’s environment affects their past health status, their health today and their health in the future. The nurse can typically control the current environment, but to what environment will that client go next? Therefore a competent understanding of an individual’s past and future environment is critical to sensitive nursing care.

### **Health**

In Sister Callista Roy’s Adaptation Model, health is defined as “a state and a process of being and becoming integrated and whole” (Parker, 2001). I particularly appreciate this simple definition as it encompasses the idea of health promotion and wellness, and may be applied to the challenges of end-of-life care. In support, Martha Rogers’s theory complements Roy’s with the idea that “health and illness are not dichotomous but continuous... are an expression of the life process” (Meleis, 1997). Meleis cites Madrid and Winstead-Fry (1986) in stating that “health and illness are not differentiated, nor are there any norms of health.” All these ideas bring truth to the idea of health. There is no one right definition, especially in the diverse field of nursing. Health is what each individual defines it to be, based on a given situation or circumstance. These powerful concepts are core to my belief of the meaning of health and drive my practice of care.

### **Professional Nursing**

A profession is described as an association with a special membership, an established code of ethics, legal components for licensure, and controlled educational requirements (Zerwekh & Claborn, 2006). Dukes (2003, cited in Zerwekh & Claborn, 2006, p. 180) states that “nurses are professionals who are science driven, technically skilled, and caring.” Roy’s Adaptation Model defines nursing as a scientific discipline that is practice oriented (Roy & Andrews, 1991). Professional nursing is grounded in science, theory and practice. “I am just a nurse” is no more to be heard. We are no longer servants or bed-maids, but are equals and must present and carry ourselves in a manner by which to be identified and appreciated as such. We are professionals in the healthcare field utilizing prior personal and work experience, maintaining and developing ethical standards/beliefs, basing practice on theory, albeit medical, psychological or nursing based.

### **Theory**

The application of individual nursing practice is based on a combination of scientific, medical, philosophical, psychological, sociological, and nursing theories. There is no one theory that fits every situation, area of practice or practitioner. Two commonly used theories are Maslow’s hierarchy of needs and Erickson’s stages of development. Maslow’s hierarchy of needs is simple: basic needs of an individual must be met before any other need can be met. Put more simply, one must have the capacity and ability to breathe before being able to focus on safety or love. Erickson, on the other hand, has established progressing life stages that individuals move through from birth to death. If a stage is compromised, that individual’s progression beyond that stage and development through remaining stages may be compromised (Hockenberry, Wilson, Winkelstein & Kline, 2003).

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Several nursing theorists address care modalities that, in whole or in part, reflect and influence my beliefs and practice. Sister Callista Roy's adaptation model is influenced by philosophy, sciences and clinical practice wherein she experienced the resiliency of the human body and spirit (Roy, 1991). Roy presents the goal of nursing as promoting adaptation to contribute to a person's health, quality of life and dying with dignity (Roy, 1991). This theory is important as I firmly believe that the body and spirit are unique and until these elements are addressed as a whole, there is no hope of healing, wellness or acceptance.

Joyce Travelbee established her theory upon the interpersonal process between two individuals, one who requires assistance due to illness and another who is able to provide that assistance (Meleis, 1997). The goal of the process is to assist a client to cope with an illness, learn from, find meaning in and grow from that experience. The ability of the nurse to understand and deal with suffering and pain are paramount in this theory. A person's attitude toward suffering ultimately determines how effectively that person will cope with illness.

Similar to Travelbee, Ida Jean Orlando Pelletier focuses her theory on the nurse-patient interpersonal process (Meleis, 1997). Orlando theorizes that the nurse maintains disciplined actions and a professional response, which requires constant self-reflection while exploring the meaning of a client's behavior and perceptions. The nurse may then explore and validate the meanings of his/her perceptions with the client. With this process, misunderstanding and misinterpretation are minimized. Client satisfaction, comfort and behavior are improved, resulting in an improved sense of well-being. With proper nursing reflection, more accurate assessment and therapeutics can be applied (Meleis, 1997).

The common thread among the theories listed here and what draws me to these theories in particular are the core principles of caring, understanding and rapport that build a relationship between nurse and client. The ability of a nurse to understand these core principles, be spiritually well, healthy and open to others will determine success in that nurse's ability to provide holistic care. Every person is unique and handles health practices, stress, illness, and death differently. Nursing care must be individualized to the person and situation with the nurse therapeutically present to be effective.

Successful nurses use nursing theory and follow basic principles, whether consciously or unconsciously, every day when caring for others. There is something in the basics we are taught as children, which become the foundation of who and what we are. We grow, become more educated and sophisticated and sometimes lose sight of the simple things in life and what is really needed by others. Author Robert Fulghum articulates such simplicity in *All I really need to know I learned in kindergarten* (2004), the principles of which can be directly applied to the base of nursing care.

### **Vision**

My nursing practice evolves day by day, encounter by encounter, prompted by fate, destiny and the will of others. Where I will be with my nursing career five or ten years down the road, I cannot say. As to my area of discipline or geographical location, only time will tell. Open mindedness, continued education, reflection on self, study and maintaining knowledge on upcoming technologies and theories, provide direction for my future. Regardless of the direction my practice takes, I will enjoy my work as a nurse.

Collaboration is not only a requirement under the standards and scope of practice for all nurses, but a necessity for proper teamwork and quality nursing care (Willmann, 2006). Treating others with respect, questioning for better understanding and collaboration are part of daily nurse functioning. Work-life balance must be maintained for personal growth, health and happiness. I shall lead my team in these attributes by my example, always placing the patient first, leaving personal issues at home and patient issues at work.

I leave you with these personal thoughts and challenge you to determine what your philosophy is: I will grow and change from each life experience. I welcome everything new and different in my ongoing quest for self actualization and management of care for myself and others. A smile and positive attitude are infectious; may I have the strength to provide both for myself and those I encounter each and every day. I am a nurse; I am knowledgeable and proud of who I am and what I can contribute in the betterment of society. ∞



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