Nursing Models and Theories in Community Health Nursing

Setho Hadisuyatmanana, S.Kep.Ns
# Nursing Theories History

<table>
<thead>
<tr>
<th>Era</th>
<th>Event</th>
<th>Basic Curriculum</th>
<th>Impact on Nursing</th>
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<tr>
<td>Crimean War</td>
<td>Nightingale found a body of educated women</td>
<td>Study to learn how to nurse</td>
<td>In Mid-1930’s standardized curriculum published</td>
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<td>Changes from hospital based to university based curriculum</td>
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<td>Mid 1970’s</td>
<td>Lacked conceptual connections and theoretical frameworks revealed</td>
<td>Standardization curricula and Doctoral Degree in Nursing was first inisiated</td>
<td>Changes from vocational to profesional</td>
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<td></td>
<td>(Batey, 1977)</td>
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<tr>
<td>1980’s</td>
<td>Development of Nursing theories</td>
<td>Theoretical and Body of Knowledge evolved</td>
<td>Significant changes in intelectual skill and nursing approach</td>
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# Theoretical Works

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<tr>
<th>Philosophies</th>
<th>Conceptual Models and Grand Theories</th>
<th>Theories</th>
<th>Mid Range Nursing Theories</th>
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<td>Nightingale</td>
<td>Levine</td>
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<td>Watson</td>
<td>Rogers</td>
<td>Pender</td>
<td>Mishel</td>
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<td>Ray</td>
<td>Orem</td>
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<td>Martinsen</td>
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<td>Eriksson</td>
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<td>Erickson, Tomlin and Swain</td>
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<td>Johnson</td>
<td>Husted and Husted</td>
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<td>Boykin and Schoenhofer</td>
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<td>Swanson</td>
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<td>Swanson and Moore</td>
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<td>Ruland and Moore</td>
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</tbody>
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Dorothea E. Orem

SELF CARE DEFICIT NURSING THEORY

Airlangga University Faculty of Nursing
Main Features

Orem defined her theory consist of three related theories:
• Self care → why and how people maintain themselves.
• Self care deficit → why people need nurses’ helps.
• Nursing systems → explains about maintaining nursing systems to be brought.
Self Care vs Self Care Requisites

• Self Care → on behalf of their own interest to maintain functions

• Self Care Requisites → Factors that need to be controlled, and Nature of purposed on self care.
Madeleine Leininger’s

CULTURE CARE THEORY OF DIVERSITY AND UNIVERSALITY
Brief Review

• 1960’s became the introduction year to the terms: ”transcultural nursing, ethnonursing, and cross-cultural nursing”
• Firstly introduced as field experience.
• However, Leininger assumed that different culture means of its perception, language, norms, life, value, but still have commonalities to care among members.
Distinct features

• Focused explicitly on discovering holistic and comprehensive culture care

• Major Concepts:
  – Human care and caring (enabling)
  – Culture (material and non-material)
  – Culture Care (Synthesizes Culture)
  – Culture care diversity
continued

• Culture care universality (commonalities on several aspects)
• Worldview (how people perceived world based to their cultural view)
• Cultural and Social structure dimensions
• Environmental context
• Ethnohistory
Cont.

• Emic (how comm. React to phenomenon)
• Etic (how outsider react to phenomenon)
• Health (local definition)
• Transcultural Nursing
Approaching Method

- Culture care Preservation or Maintenance
  - Assistive up to enabling to comm. CDM.

- Culture care Accommodation or Negotiation
  - To adapt new value needed in terms of health

- Culture care Repatterning or Restructuring
  - Modify, reorder new life pattern

- Culturally Competent nursing care
  - To fit general lifeways
Leininger’s Sunrise Theory: all cultures are unique, but they also have similarities.
HEALTH PROMOTION MODEL
According to Pender

• Health promotion and disease prevention should be in the first line of health care, however if that fail, caring the illness becomes the next priority. (Pender, 2006).

• The two concept:
  • Health Promotion: increase well being, while
  • Health Protection: motivated to avoid disease (Kozier, 2004)
Theoretical Framework

Revised Health Promotion Model
CHN Practice and Application

- Assessment and Intervention
  - PRB: Prior related behavior
  - PF: Bio=Physical, Psychosocial, & Cultural
  - PBA: Expected outcome
  - PBAR: Expected barriers toward the attainment
  - ARA: Controlled Feeling
  - SI, II, CPA, ICDP
CHN Diagnoses

• Refer to NANDA 2012-2014
Implementation

- Health Education
- Independent Action = Community Empowerment
- Collaboration Action = Partnership
- Monitoring and Evaluation
Merle H. Mishel

UNCERTAINTY IN ILLNESS THEORY
Distinction

- Uncertainty exist in illness situations that are ambiguous, complex, unpredictable and when information is unavailable or inconsistent.
- Uncertainty is defined as the inability to determine the meaning of illness related situation.
- Merely it talks about cognitive state when someone cannot categorize an illness event because of insufficient cues.
continued

• It is about how patient cognitively interprets the uncertainty of outcome and treatment

• The Three major themes:
  – Antecedents of uncertainty
  – Appraisal of uncertainty
  – Coping with uncertainty
Antecedents

• Stimuli Frame: Perception towards the stimuli which is then structured into cognitive schema (Mishel, 1988).
• Cognitive Scheme: Subjective interpretation of illness and therapies
• Cognitive capacity: Capacity to process information
• Structure Providers: Assistive resource to interpret the Stimuli Frame
Appraisal

• Inference: Evaluation of uncertainty by recalling memories
• Illusion: Belief constructed
Coping

• Adaptation: Biophysical behavior that appear in range of usual behavior

“The UIT aims to reach the stable previous state, whereas the Reconceptualisation UIT (RUIT) is a valuable system to reach the new value”
Intervention Method

• It is demonstrated effectively in teaching to manage uncertainty by building capacity in cognitive reframing, enhance communication between client-provider, and possible effect of changes.

• It requires and focuses in a highly assistive capacity
CHN Assessment

• Stimuli Frame:
  – Sign and Symptom
  – Previous event
  – Congruency past events and experiences

• Cognitive Capacities:
  – Cognitive background

• Structure Providers:
  – Local authority capacity to support community
  – Social support and appraisal and participation
  – Education resource availability
CHN Assessment

• Illusion:
  – Local wisdom related to value and belief

• Inference:
  – Gaining alternative efforts through recalling memories.
Possible assessment method

• Primary and secondary assessment focusing on the main problem of community, that are followed such as:
  – FGD
  – Windshield Survey
  – Sampling
  – Resource study
  – Etc.
Intervention

• However, the intervention that are mentioned are alternatives respectively regarding to the CHN methods, such as:
  • Community as Client (McFarlane)
  • Community as Partner (McFarlane)
  • SCDNT (Orem)
  • Sunrise Model (Leininger)
  • HPM (Pender)
Thank You!
Bibliography