

TRADITIONAL NURSING THEORIES

CONCEPTS:	HUMANS	ENVIRONMENT	HEALTH	NURSING
<p>VIRGINIA HENDERSON (Basic Needs Model) M.A. In nursing education died 1996 aged 98 Theory first published in 1966</p>	<p>14 basic human needs - Physiological - Psychological - Spiritual - Sociological Humans need to function independently</p>	<p>The individual in relation to their family Nurses support patients within the environment to meet their 14 needs so they can return to function independently</p>	<p>Defined by person's ability to function independently Affected by age, culture, emotional balance, physical and intellectual capacities</p>	<p>The nurse does for others what they would do for themselves if they had the strength, the will, and the knowledge - returning to independence asap</p>
<p>SISTER CALLISTA ROY (Adaptation Model) M.S. In nursing PhD Sociology UCLA Sisters of Saint Joseph of Carondelet named a Living Legend by the American Academy of Nursing Theory developed in 1960s, published in 1970s and still revising</p>	<p>Includes people as individuals or in groups (families, nations, communities, and society as a whole). An adaptive system with cognator and regulator subsystems acting to maintain adaptation in the 4 adaptive modes: physiologic-physical, self-concept-group identity, role function, and interdependence</p>	<p>All conditions, circumstances, and influences surrounding and affecting the development and behavior of persons and groups with mutuality of person and earth resources Three kinds of stimuli: focal, contextual, and residual</p>	<p>A state and process of being and becoming integrated and whole that reflects person and environmental mutuality. Adaptation - use conscious awareness and choice to create human and environmental integration</p>	<p>Nursing is the science and practice that expands adaptive abilities and enhances person and environment transformation · Nursing goals are to promote adaptation for individuals and groups in the four adaptive modes, thus contributing to health, quality of life, and dying with dignity</p>

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<p>DORETHEA OREM (Self-Care Model)</p> <p>MSN – 1946 Honorary Doctorate x 4</p> <p>Theory first published in 1971, updated to 2001</p>	<p>Self caring agent capable of providing for own individual needs through self-care activities. through nutrition, fitness, hygiene, relaxation, rest, interpersonal relationships, meaningful work, spiritual practices, prevention and health promotion practices</p>	<p>Context where self-care occurs. Can hinder or support self-care activities. Includes the family, work, community, health care system. Person (client/patient) self-care deficits are the result of environmental situations.</p>	<p>Promoted by adequate self-care Give patient education in: Maintaining health Enhancing health Includes: exercise & physical fitness nutrition and weight control stress management maintenance of social support systems environmental control</p>	<p>Compensatory system-nurse provides total care</p> <p>Partially compensatory system-nurse & patient share responsibility for care</p> <p>Educative-development system-client has primary responsibility for personal health, with nurse acting as a consultant</p>
<p>DR. IMOGENE KING (System & Interaction model)</p> <p>Theory of Goal Attainment</p> <p>died in 2007 aged 84</p> <p>Theory first published in 1971</p>	<p>consists of the personal, the interpersonal, and the social. - dynamic human being whose perceptions of objects, persons, and events influence his behavior, social interaction, and health</p>	<p>The surroundings and interpersonal relationships around the person</p>	<p>Depended on a healthy interplay of human interactions, perception, communication, role, stress, time, space, growth and development, and transactions.</p>	<p>Client goals are met through the transaction between nurse and client. The nurse and the person interact toward a goal. The end-point of this interaction, which occurs over time, is transaction, at which the person's goal is met. The goal of nursing as bringing a person closer to a healthy state</p>