MODELS OF NURSING / CARE

Learning Outcomes

On successful completion of this module the candidate will be able to:

- Define Nursing/Care Models
- Examine the role of models within Care Planning
- Discuss Orem’s self-care model
- Discuss Maslow’s hierarchy of needs
- Discuss Roper, Logan and Tierney’s activities of living

Models of Nursing / Care

As discussed in Module 1 the nursing / care process offers a systematic and person centred approach to health care. This is a great improvement on some of the task-driven and routine based institutionalised approaches of the past.

The nursing / care process in itself could be empty and a dead end; it directs us to **assess** but it does not tell us what we are looking for. It promotes **planning** but does not give us any clues as to the form that it should take. It then goes on about **intervention** but where does it say, which interventions might be suitable for what? Finally it tells us we should **evaluate** – what should we weigh up and against what?

This is where we look to nursing/care models to help direct us.

**What is a Model?**

A model is a way of representing something, or a tool that tries to explain something and by so doing promotes a better understanding.

This model is not to be confused with plastic forms that are a copy or replica like that of an ear or eye. Unlike this type of model, nursing / care models cannot be touched, taken apart and put together again in the physical sense. This type of model is abstract but it can be thought about, applied and adapted to meet your Services Users’ needs.

It’s these models that tell us about the nature of people, what needs are common to us all, the kind of things that can cause health problems, what we should be looking for when doing an assessment and what intervention may be appropriate. Nursing / Care Models have been described as:
“A framework to guide us and offer us controls which are measurable” (Benner & Wrubel 1989)

Guidance about ideas, beliefs and values that underpin nursing / care practice. A link between what care may be required to meet needs and the way it is provided to meet individual needs

How things could or should be

In simple terms - a guide, a pathway to follow, keeping us on the right track, to guide our practice and help measure the outcomes.

Activity 7 in your workbook relates to the section above

There are many different models and we will list some others, so you can research them at a later stage and see if their merits would suit. However for the purpose of this programme and continuing it’s theme of “keeping it simple” we will focus on 3 models:

- Orem’s self-care model
- Maslow’s hierarchy of needs
- Roper, Logan and Tierney’s activities of living

Choosing a Model

You may be guided in this choice by your organisation, check your organisation’s / local policies.

There are numerous models available, some are quite generic in their format and others are specifically designed. Remember, models are not laid down in tablets of stone and can be applied and adapted to meet the needs of individual Service Users, who are unique. This is known as “inductive reasoning”, whereby generalisations and knowledge are generated from observation (Pollit and Hungler, 1995).

Activity 8 & 9 in your workbook relates to the section above

We will list some more for you to research yourselves at the end of the module.

Orem’s Self Care Model - leads us to believe that Service Users expect to learn about themselves and how to manage problems in meeting their own needs, with those who are significant to them. This may well be the case for some people but not for others.
**Maslow's Hierarchy of Needs** – meeting needs should be prioritised in the order that is most important to the Service User. Therefore it may be difficult to apply Maslow's Model as the model focus is on prioritising on physiological needs first before progressing to others.

**Roper, Logan and Tierney’s Activities of Living** – it has been said of this model that it focuses on physical attributes only, leading to labelling and ignoring psychological and social aspects of a person (Rourke 1990). However it appears to be the most widely used model and it does address activities that are essential to the process of living.

**Activity 10 in your workbook relates to the section above**

**Activity 11 in your workbook relates to the section above**

Let’s explain some of these models in more depth and try to work through the advantages and disadvantages of each. Remember you can apply and adapt them and you may already have guidance or advice within your Company or local policies as to which model to use as your focus.

**Orem’s self-care model** – Dorothy Orem practiced as a nurse in Detroit in the 1940’s. Her first book was published in 1971 and she still continues to work on nursing and care theory.

According to Orem we are proactive beings, we like to review and think through any situation we find ourselves in and act in our best interests.

She also suggests people have the potential to gain knowledge and skills needed to motivate themselves to undertake self care and to look after people significant to them.

Eight universal self-care needs are highlighted by Orem’s model. There is no fixed way of meeting these needs and individuals vary in the way in which they aim to meet them:

- Sufficient air
- Sufficient intake of water
- Sufficient intake of food
- Sufficient elimination functions
- Activity balanced with rest
- Balance between solitude and social interaction
Prevention of hazards to human functioning and human well being
Promotion of human functioning and development within social groups in accordance with human potential, known human limitations and the desire for “normalcy”

A Healthy Individual
A person’s ability to care for themselves will be affected by many things, including:
- Age
- Gender
- Developmental state
- Social culture
- Family
- Friends
- Patterns of living
- Environmental factors
- Their ability and adequacy of resources

Also:
Injury, illness, and disease may create additional demands or difficulties for self-caring.

Orem calls these demands “health deviation self care needs”. Three types of “health deviation self care needs” are of particular importance.

- Those relating to change in a person’s physical structure
- Those linked to change in physical function
- Those connected to change in behaviour

A change in physical structure may be associated with a wound or eye infection.
A change in physical function might be a fracture of a limb.

Behavioural changes might be due to alterations in a person’s lifestyle or situation. Provided that the person can meet the extra demands created by “health deviation self care needs”, the overall balance is likely to be maintained. It is when that person is unable to meet these extra demands that they may need nursing / care intervention.
MODELS OF NURSING/CARE - MODULE 2

Self-Assessment Questionnaire

1. In your own words describe what you understand by the term Nursing / Care Model.

2. How did Benner & Wrubel describe a Nursing/Care Model?

3. List 3 Nursing / Care Models that you know of.
4. What do you understand by the term “inductive reasoning” (Pollit and Hungler, 1995)?

5. Write a brief account in your own words about Roper, Logan and Tierney’s or Orem’s self care model.

6. What are the 8 universal self-care needs that Orem’s model describes?
7. List the three important “health deviation self-care needs” that Orem described.

8. In your own words explain any advantages and disadvantages of using Orem’s or Roper, Logan and Tierney’s model.

9. What did Maslow say were human needs and in which order did he state these needs were important?

10. In your own words explain any advantages and disadvantages of using Maslow’s model.
11. What did Roper state were the “activities of daily living”?