Answer Guidance

# Chapter 11: Introduction to nursing theory

## Activity answer guidance

### Activity 11.1

Think about your nursing. How would you define the above concepts in your practice? And what would you say about the relationships between them? For example, would you define yourself as a nurse who works with your patients in an equal way? Do you negotiate care with them or do they lead in their care decisions? This is a consideration of the definition of the concepts of “nurse” and “patient” and the relationship between these two concepts. It is a starting point to think about the development of a theoretical stance for your nursing, and it is important when you are giving care, for you to think about who and what may be in control and how this might be changed for better outcomes. It is important for leaders of nursing to be clear about how they want nursing to be delivered, too. A shared understanding of nursing can help everyone to work toward the same vision. This discussion will now be considered further in respect of the case studies in this chapter.

#### Answer guidance:

***Nursing:*** *You might discuss your perspectives on the role of the nurse- what is a nurse? What does a nurse do? What does a nurse not do? What are your beliefs and values about nursing? Do you believe it is more important to be kind and caring, or do you feel the priority is to deliver evidence based, clinical effective, safe patient care? Do you believe a nurse should treat the sick or offer health promotion and education to prevent illness? What are acceptable standards of professional, legal and ethical behaviour?*

***Patient:*** *Who is the patient? Are they dependant on the nurse as some kind of parental figure to look after them and tell them what to do? Or are they an active partner in their care who should co-produce their care plan and actively make decisions? Are they experts by experience and actually hold the knowledge themselves?*

***Health:*** *What about patients who undertake risky behaviours, does this conflict with your professional and political views?*

***Society:*** *What are your views on society in general? Do your political views or ethical perspectives influence the care you provide? Who are your leadership role models?*

### Activity 11.2

Use your nursing library to identify a classical conceptual model of nursing such as Roper, Logan, and Tierney’s (RLT) Activities of Living model (RLT, 1980) (you could also choose Roy (1970) or Peplau (1951)).

Use the search tools to identify a few journal articles about the model and look at book chapters that include descriptions and critiques over the time since the original model was published. Read the articles critically, evaluating their strengths and weaknesses.

How has the model changed over the years? Is it different when evaluated by more recent writers? Why is this the case?

If you chose RLT, you can now check your answers with our ideas in the next section.

#### Answer guidance:

*Here you should select a nursing model, such as Roper Logan and Tierney, and identify some journal articles which give you more information about your selected model. You should critique the model and identify its strengths and weaknesses.*

*For example, the Roper, Logan, and Tierney model focus on the activities of daily living (ADLs). It can be used collaboratively with the patient to assess their quality of life, any changes to their life due to illness or injury, or perhaps admission to hospital. It helps nurses to implement a care plan. However, it is often reduced to a mere checklist activity or a tick box exercise rather than a good quality assessment that is undertaken collaboratively with the patient and their family. It does not necessarily set patient-centred goals for improving their quality of life or level of independence.*

*You should select relevant references, for example:*

*Williams, Bridgette C. MSN, MAMS, RN The Roper-Logan-Tierney model of nursing, Nursing Critical Care: January 2017, 12 (1), p 17-20*

[*The Roper-Logan-Tierney model of nursing: Nursing2020 Critical Care (lww.com)*](https://journals.lww.com/nursingcriticalcare/Fulltext/2017/01000/The_Roper_Logan_Tierney_model_of_nursing.5.aspx?casa_token=HeLZkQsE0MEAAAAA:2P1krtxvKO8Ovwmburrf4Xdu6Cv5tl78ktbRxFIDmsQ6Trc3hXCXYbCbrM2J3WGeDw9AvODNX1ozsmXHf4I)

### Activity 11.3

Reflect on the care you were involved in delivering during a recent placement:

• Can you identify a model being used to support the care that you gave?

• How did the model you used help you meet the patient’s needs?

#### Answer guidance:

*Here is an example of a reflection using the RLT model:*

***What:*** *I recently cared for a lady who was admitted to the medical admissions unit, whilst on placement. She was 83 years old and was accompanied by her daughter. I used the Roper, Logan, and Tierney model to assess her activities of daily living before implementing a care plan. I shared this with my practice supervisor to check I had covered everything and he gave me feedback on my plan. I sat with the patient and her daughter and explained that I would like to complete some paperwork with them. The lady gave consent and so I went through the activities of daily living with her asking questions about her health.*

***So what:*** *I found this much harder than I expected and it was a really valuable learning experience. I systematically followed the list of activities and tried to ask the lady about them. I used prompts to develop her responses. I noticed that often the lady would say something was fine, but her daughter would contribute and give a different answer. For example, when I asked about mobility the lady said it was fine and she was very independent. However, her daughter told me that they had installed a stairlift and lots of adaptations because her Mum had had quite a few falls. I asked when the last fall was and the lady said it was last night. I realised that it was helpful to complete the care plan with the patient and their family or carer in some situations. I also realised that it was important to use open questions, rather than just “yes” or “no” responses because it didn’t always give me a lot of detail.*

***Now what:*** *My practice supervisor was happy with my work and said it was very detailed. Together we then selected priorities for care planning and used the assess, plan, implement, and evaluate model (APIE) to develop a care plan for the lady. Moving forwards I will feel more confident to do this but will continue to seek support from my supervisor where needed. I will ask open questions to gather more detailed responses and will try to ensure I take my time and complete it collaboratively with the patient and their family/carer to develop individualised goals.*

### Activity 11.4

Think about how you can use evidence within your personal philosophy of nursing to add to the quality of your knowledge and the care that you give?

Now read the articles and consider how the findings might contribute to your nursing.

#### Answer guidance:

*Evidence-based care provides justification for every action taken by nurses, ensuring not only legal and professional protection but also improved quality of care and patient experience. It increases the patient life span and quality of life because care is safer. Evidence-based care works best in combination with a model or framework to aid decision-making and management. It also enables the evaluation of care delivered.*

*The first paper here does raise the point that these theoretical frameworks should reflect the eclectic, pragmatic nature of the nursing practice. I think a good example of this is when using the ABCDE framework to assess a deteriorating patient, we are still taught to look, listen and feel, and not just rely on numbers. I have experienced situations where a patient’s vital signs are all within normal parameters but the patient looks very unwell and it is clear that something is not right, even though their body is compensating. I was able to escalate this and seek support before the patient deteriorated further.*

*The second paper suggests further research is needed into basic nursing care, such as bathing and washing, to ensure we have the right knowledge and awareness to provide good quality care. I think this is really important as even basic care needs an evidence base to support our decision-making.*

## Case study answer guidance

### Case study 11.1: Surinderjit

Surinderjit is 13 years old and his parents’ only child. He has speech, language, and communication needs, complex health needs, and physical disabilities, which means he must receive his food artificially. He is an expressive boy and tends to be hyperactive. He attends a school for children with special needs, where nurses enable him to be fed using a percutaneous endoscopic (PEG) tube, but is at home in the morning and evening, and requires considerable attention. His father owns a business and works long hours, leaving much of the care to Surinderjit’s mother. The family lives in a terraced house on the outskirts of a large city known for its concentration of Sikh families. They live in the home of their extended family, although the only living relative is Surinderjit’s paternal grandmother, Mrs. Sukhdeep Kaur, who is 79. She speaks little English, although she has lived in England for many years and her sons were born here. The family is bilingual, speaking Punjabi and English. Mrs. Kaur’s husband died some years ago. She has, until recently, been physically fit and helped to care for her grandson, but was admitted to hospital four weeks ago following a stroke which resulted in right-sided hemiplegia and some difficulty with speaking. Mrs. Kaur was discharged home two weeks ago with a supportive care package which includes social care morning and night to enable her to wash and dress, and nursing care to dress a small ulcer on her leg which resulted from damage when she fell. It is becoming clear, however, that the family is finding the pressure of caring for Mrs. Kaur and Surinderjit challenging. The house is small and the amount of equipment needed to care for Mrs. Kaur makes it very cramped. Mrs. Kaur’s daughter-in-law identifies that Mrs. Kaur tried to get up to go to the toilet and fell again yesterday, and she is worried that Mrs. Kaur will hurt herself. She is very stressed and says that Mrs. Kaur had only just been to the toilet when it happened and surely did not need to go again. She says that Mrs. Kaur seems disorientated and confused since she returned home. Mrs. Kaur’s daughter-in-law doesn’t think the family can continue like this.

 How would the nurse’s role be different if they were looking after Mrs. Kaur, as compared to looking after Celia (who we met at the start of the chapter)?

 How would this differ again if you were looking after Surinderjit as a learning disability nurse working as a school nurse at his school?

Imagine that Surinderjit is 19 years old:

 How would this differ if you were looking after Surinderjit as a learning disability nurse working as a nurse at his college?

#### Answer guidance:

Celia is being cared for by a hospital nurse. She is normally fit, well, and independent but has an illness that would be classed as acute. She will still be able to perform some activities of daily living but will need to collaboratively set individualised care goals with her nurse, and other healthcare professionals such as the physio and occupational therapist. She may need pain management, advice around dressing with a pot on her wrist, and how to cope when she is discharged. She may require signposting to advise around reasonable adjustments or claiming sick pay at work.

Mrs. Kaur lives at home with her family and is being cared for by a community nurse. She will also require an individualised care plan with appropriate goals. Although her condition is long-term, not acute, she may improve with rehabilitation. For example, her speech may improve, and her right hemiplegia may also begin to improve with regular exercise. It should not be assumed that the family is happy to care for Mrs. Kaur every day and there will need to be discussions around how to manage her activities of daily living and ensure a good quality of life, possibly with the support of external agencies.

Surinderjik attends school and is supported by the school nurse who has specialist learning disability expertise. They will manage his PEG whilst at school and may provide education and support for the family to manage this at home. The nurse will work with Surinderjik and his family to set individualised goals around his learning and development and strategies to manage his hyperactivity and improve communication. For example, using a PECS system if he is non-verbal.

As Surinderjik grows older and goes to college, the nurse there will continue this work and support him and his family to set individualised patient goals for the future, including strategies to help him get the most from his time at college and possible strategies to allow him more independence where possible.

### Case study 11.2: Surinderjit revisited

Surinderjit’s family has explored many avenues for care and treatment. They know there is a facility treating young people with needs such as his, which could allow him greater independence. Surinderjit’s family has been campaigning for support from their local NHS Care Commissioning Group (CCG) to enable him to receive this treatment, however, it is expensive, and provision of this resource would mean denying treatment to several other NHS patients which could allow them greater independence, such as hip and knee replacements. Many people across the world are like Surinderjit because local healthcare providers must make difficult choices about who should receive treatment. In the UK, different care provision across regions has been identified as the “postcode lottery” and this phenomenon is regularly reported upon (e.g., The Medical Technology Group 2017).

 What other environmental situations can you think of which may influence how and when nursing might be delivered, and to whom?

#### Answer guidance:

*Possible environmental situations which may influence how and when nursing is delivered and to whom may include:*

 *Global situations for example is the healthcare nationalised or privatised, and whether people have the finances to access the healthcare.*

 *Some regions have access to facilities, whereas others do not- integrated care systems aim to address this in the UK, but other regions may still experience “postcode lotteries” or lack of resources for political reasons perhaps, for example, war.*

 *Health inequalities may impact care delivery, for example, deprived areas with high levels of poverty may have increased strain on facilities or a lack of awareness around health promotion and education.*

 *Risky behaviours may exclude people from access to healthcare e.g. obesity, smoking, drugs.*

 *Some groups are perceived as “hard to reach” and have limited access to healthcare, e.g., travelling communities and immigrants.*

 *Gender, age, and disability may also exclude some from access to healthcare services.*

 *There may also be cultural expectations for example in some minoritised groups it is expected that the family will care for a sick relative and avoid seeking help from healthcare professionals. Also, certain cultures may see mental health as a stigma or certain groups may be anti-vaccination.*