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4 Metaparadigms in care as defined by Patricia Benner: Caring Patricia Benner described nursing as a favorable state of communication and care (Marriner-Tomey, 1989, p192), which shows a high level of emotional involvement in a nurse-client relationship. It viewed the practice of caring for patients as caring and studying life experiences in health, disease and disease, as well as the relationship between the three elements. The Benner man stated that self-interpreting a being, that is, a person does not come into the world predetermined, but is determined in the course of life. The man also has ... easy and not reflective of self-understanding in the world. A person is seen as a member of common values. (Tom, 2002 p173) Benner believed that there are important aspects that make up a person. It conceptually highlights the understanding of what a person should deal with, like: The role of the body role situation. The role of personal concerns. The role of time. Patricia Benner's health focused on the experience of being healthy and sick. She defined health as something that can be assessed, while well-being is a human experience of health or integrity. Well-being and ill-feeling are recognized as different ways of being in the world. Health is described not only as the absence of disease and disease. In addition, a person may have the disease and do not experience the disease because the disease is a human experience of loss or dysfunction, while the disease is something that can be evaluated on a physical level. Environment instead of using the term environment, Benner used the term situation because it offers a social environment with a social definition and meaning. She used phenomenological terms of the located and located meaning, which are determined by the human interaction involved, the interpretation of the understanding of the situation. From : In this guide to nurse theories, we aim to help you understand what includes the theory of care and its importance, purpose, story, types or classification, and give you a review through a summary of selected nursing theories. What are care theories? Theories of nurses are organized knowledge bodies to determine what care is, what nurses do, and why they do it. Care theories provide a way of defining care as a unique discipline that is separate from other disciplines (such as medicine). It is the basis of concepts and goals designed to guide the practice of nursing at a more specific and specific level. Care, as a profession, seeks to recognise its own unprecedented body of knowledge, vital to nursing practice science. To discern this basis of knowledge, nurses must identify, develop and understand concepts and theories according to care. As a science, care is based on the theory of what care is, what nurses do, and why. Care is a unique discipline and from medicine. It's This, the knowledge body on which medical care is based. Determining the terms of care theory requires an understanding of the terms, definitions and assumptions chosen. Philosophy. Beliefs and values that define the way of thinking are universally accepted and understandable to a group or discipline. Theory. Faith, policy or procedure proposed or followed as the basis of action. It refers to a logical group of general proposals used as principles of explanation. Theories are also used to describe, predict or control phenomena. Concept. Concepts are often referred to as building blocks of theories. They are primarily vehicles of thought that are associated with images. Model. Models are representations of interaction between and between concepts that show patterns. They provide an overview of the thinking underlying the theory and can demonstrate how theory can be put into practice. Conceptual basis. The conceptual framework is a group of related ideas, statements, or concepts. It is often used interchangeably with the conceptual model and with great theories. Offer. Proposals are statements describing the relationship between concepts. Domain. A domain is a prospect or territory of a profession or discipline. Process. Processes are a series of organized steps, changes, or functions to achieve the desired result. Paradigm. The paradigm refers to the model of common understanding and assumptions about reality and the world; worldview or a widely accepted value system. Metaparadigm. Metaparadigm is the most general statement of discipline and function as a basis for more limited conceptual model structures. Much of the theoretical work in care has focused on formulating relationships between four basic concepts: human beings, the environment, health and care. The history of care theories First theories of care appeared in the late 1800s, when much attention was paid to nursing education. In 1860, Florence Nightingale defined care in her Environmental Theory as an act of using the patient's environment to assist him in his recovery. In the 1950s, there was a consensus among nurses that nurses should test themselves by producing their own scientifically tested body of knowledge. In 1952, Hildegarde Ashu presented her Theory of Interpersonal Relationships, which focuses on the nurse-client relationship as the basis of nursing practice. In 1955, Virginia Henderson conceptually roleed as a nurse as helping sick or healthy people to gain independence in meeting 14 basic needs, so her nursing needs theory was developed. In 1960, Faye Abdella published her work Typology 21 Care Problems, which shifted the focus of care from approach, disease, patient-centered approach. In 1962, Ida Jean Orlando highlighted the relationship between the patient and the nurse and care, how to find out and meet the immediate need for the patient's care. In 1968, Dorothy Johnson pioneered the behavioral model and supported the promotion of effective and effective behavioral function for disease prevention. In 1970, Martha Rogers saw nursing as a science and art, as it provides an opportunity to see a unitary person who is an integral part of the universe. In 1971, Dorothea Orem argued in his theory that patient care is necessary if the client is unable to meet biological, psychological, developing or social needs. In 1971, Imogene King's Theory of Goal attainment asserts that the nurse is considered part of the patient's environment, and the relationship between nurse and patient is aimed at achieving good health goals. In 1972, Betty Neumann argues in her theory that many needs exist, and each can upset the balance of the client or stability. Reducing stress is the goal of a systemic model of nursing practice. In 1979, the elder Callista Roy saw man as a set of interconnected systems that sought to strike a balance between these different stimuli. In 1979, Gene Watson developed a philosophy of caring highlighted by the humanistic aspects of care as they are intertwined with scientific knowledge and nursing practices. Nursing metaparadigm There are four basic concepts that are often interconnected and are fundamental to nursing theory: man, environment, health and care. These four collectively call metaparadigm for care. Human care, environment and health are the four main concepts that make up nursing metaparadigm. A person (also referred to as a Client or Person) is the recipient of patient care and may include individuals, patients, groups, families and communities. The environment (or situation) is defined as an internal and external environment that affects the customer. It includes all positive or negative conditions that affect the patient, physical environments such as family, friends and significant others, and tweaking where they go to their health. Health is defined as the degree of well-being or well-being that the client experiences. It can have different meanings for each patient, clinical condition, and health care provider. Care Attributes, characteristics and actions of a nurse, providing assistance on behalf of or in conjunction with the client. There are many definitions of care, although nursing scientists may have difficulty agreeing on its precise definition, the ultimate goal of nurse theory is to improve patient care. You will find that these four concepts are used frequently and are defined differently in all different care theories. The definition of each nurse theorist varies depending on their orientation, experience of care, and various factors influencing the opinion Care. Man is the main focus, but as each theorist identifies nursing metaparadigm gives a unique take specific specific theory. To give you an example, below are different definitions of different theorists on metaparadigm care: Review of care metaparadigm of different care theories. (Click to enlarge) Components of care theories For theory to be a theory it must contain a set of concepts, definitions, relational statements and assumptions that explain the phenomenon. It should also be explained how these components relate to each other. Phenomenon Term, given to describe an idea or response about an event, situation, process, event group, or group of situations. The phenomena can be temporary or permanent. Theories of care are focused on the phenomena of care. Concepts of interconnected concepts define theory. Concepts are used to describe or denote a phenomenon. These are the words or phrases that define, define, and establish the structure and boundaries of ideas generated about a particular phenomenon. Concepts can be abstract or specific. Abstract concepts. It is defined as mentally constructed regardless of a certain time or place. Specific concepts. Have direct experience and are connected with a certain time or place. Definition definitions are used to convey the general meaning of theory concepts. Definitions can be theoretical or operational. Theoretical definitions. Identify a specific concept based on the theorist's point of view. Operational definitions. States like measured concepts. Relational statements of relational statements define the relationship between two or more concepts. These are the chains that connect concepts to each other. Assumptions are accepted as truths and are based on values and beliefs. These are statements that explain the nature of concepts, definitions, purpose, relationships and the structure of theory. Why are nursing theories important? Theories of care are the basis of care practices today. In many cases, the theory of care guides the development of knowledge and guides education, research and practice. Historically, care has not been recognized as an academic discipline or as a profession that we see today. Before the theories of care were developed, care was considered a problem-oriented occupation. The training and functions of nurses were supervised and supervised by the medical profession. Let's look at the importance of care theory and its importance to nursing practice: Nursing theories help to recognize what should establish the basis of practice by explicitly describing care. By providing a definition of care, nurse theory also helps nurses understand their purpose and role in health care. Theories provide justification or scientific reasons for nurse intervention and practice nurses with the knowledge they need to respond to and respond adequately in care situations. Care theories provide the basics of care practices, help generate additional knowledge, and indicate the direction in which nurses should develop in (Brown, 1964). By giving nurses a sense of identity, care theory can help patients, managers and other health care providers recognize and understand the unique contribution that nurses make to health care (Draper, 1990). Theories of nurses prepare nurses to think about assumptions and question the value of care, thereby further defining care and increasing the knowledge base. Care theories are aimed at identifying, predicting and demonstrating the phenomenon of care (Chinn and Jacobs, 1978). This can be interpreted as an attempt by a nurse to preserve and maintain her professional limits and boundaries. In many cases, care theories guide knowledge development and guide education, research and practice, although each influences the other. (Fitzpatrick and Vhall, 2005). The goals of nursing theories The main purpose of the theory in the nursing profession is to improve the practice, positively affecting the health and quality of life of patients. Care theories are also designed to identify and describe patient care, guide care practices, and provide a framework for clinical decision-making. Advances in nursing in the past have led to recognition of care in academic discipline, research and the profession. In academic discipline, much of the earlier care programs identified basic concepts in one or two care models, organized concepts, and built an entire care curriculum around the framework created. The unique language in these models is usually embedded in the program's goals, course goals, course descriptions, and clinical performance criteria. The aim was to explain the basic implications of the profession and to enhance the status of the profession. In the research development of theory is fundamental to the research process, where it is necessary to use theory as a basis for providing perspective and guidance for research. The theory can also be used to guide the research process by creating and testing phenomena of interest. In order to enhance a nurse's ability to perform social responsibilities and responsibilities, it is necessary to maintain a constant mutual and cyclical link with theory, practice and research. This will help to connect the perceived gap between theory and practice and advance theory-driven practice. In the profession, clinical practice generates research questions and knowledge for theory. In a clinical setting, his main contribution was to promote reflection, questioning, and reflection on what nurses do. Because nurses and nurses are often subject to powerful institutional forces and traditions, the introduction of any framework that encourages nurses to think, ask and think about what they are doing provides an invaluable service. Classification theories of nurses there are different ways of classifying theories of care. They are classified according to their function, abstraction levels or purpose By abstraction there are three main categories when classifying nurse theories based on their level of abstraction: great theory, mid-range theory, and practice level theory. The levels of care theory are consistent with the abstraction of Grand Nursing Theory Grand Theory abstract, broad in scope, and complex, so requires further research to clarify. Great nurse theories do not provide recommendations for specific care interventions, but rather provide a common basis and ideas for care. The great theorists of nurses develop their work based on their own experience and the time during which they lived, explaining why there are so many differences between theories. Address of the metaparadigm-feeding components of human, care, health and the environment. Theories of the middle range of nurses are more limited in scale (compared to great theories) and present concepts and proposals at a lower level of abstraction. They deal with a specific phenomenon in the care of the sick. Because of the difficulty of testing great theories, nurse scientists have suggested using this level of theory. Most mid-range theories are based on the works of the great theorist, but they can be conceived through research, care practices or theories of other disciplines. Practice level nursing theory Practice nursing situation theory specific theories that are narrow in scale and focuses on a specific population of patients at a certain time. Practice-level care theories provide the basis for nurse intervention and their results or impact to care practices. Theories developed at this level have a more direct impact on care practices than more abstract theories. These theories are interconnected with concepts from mid-range theories or great theories. For the purpose of Orientation Theories can also be classified based on their goals, they can be descriptive or prescriptive. Descriptive theories Descriptive theories are the first level of theory development. They describe phenomena and identify its properties and the components in which it occurs. Descriptive theories are not action-oriented or attempt to create or change the situation. There are two types of descriptive theories: factor insulation theory and explanatory theory. The theory of factor insulation is also known as the theory of category formulation or marking. Theories in this category describe the properties and dimensions of phenomena. Explanatory theories of explanatory theory describe and explain the nature of the relationship between certain phenomena and other phenomena. Prescriptive theories address nursing activities for the phenomenon, guide changing practices, and predict the consequences. Includes proposals that require change. In care, prescriptive theories are used to predict the outcome of care intervention. Other Ways to Classify Nursing Theories According to Meleis Afaf Ibrahim Meleis (2011), in his book Care: Development and Progress organizes basic theories and models of nurse nurses the following headlines: We need theories, interaction theories and exodus theories. These categories point to the basic philosophical basis of theories. Theories based on needs. Need theorists were the first group of nurses to think about providing care for patients in a conceptual manner. Theories within this group are based on helping people meet their physical and mental needs. The theories of Orem, Henderson and Abdell are classified as part of this group. Theories need to be criticized for relying too heavily on the medical health model and putting the patient in an over-reliant position. Theories of interaction. These theories have focused on patient care on establishing and maintaining relationships and highlighting the impact of care on patients and how they interact with the environment, people and situations. Theories of King, Orlando and Travelbee are grouped according to this category. Theories of exodus. These theories describe the nurse as controlling and guiding patient care using her knowledge of human physiological and behavioral systems. The sister theories of Johnson, Levin, Rogers and Roy belong to this group. Classification According to Alligood In his book, sister theorists and their work, Raile Alligood (2017) classify nurse theories into four headlines: care philosophy, nursing conceptual models, nurse theories and great theories, and middle-class nursing theories. The philosophy of nursing. It is the most abstract type and expresses the meaning of nursing phenomena through analysis, reasoning and logical representation. The works of Nightingale, Watson, Ray and Benner are classified as part of this group. Care of conceptual models. There are comprehensive care theories that are seen by some as pioneers in care. These theories address the nursing metaparadigm and explain the connection between them. Conceptual models Levin, Rogers, Roy, King, and Orem are under this group. Great care theories. Are the works derived from the philosophy of care, conceptual models, and other great theories that are usually not as specific as mid-range theories. The works of Levin, Rogers, Orem, and King are some of the theories in this category. Theories of the middle range. Are accurate and answer specific practice questions of nurses. They relate to the specifics of care situations in the perspective of the model or theory from which they are derived. Examples of mid-range theories are those of Mercer, Reed, Michel, and Barker. The list of theories of nurses and theorists you learned from previous sections defining the theory of care, its importance in care, and the goal in creating a knowledge base for care. In this section we will give you an overview and summary of various published works in care theory (in chronological order). A deep dive into the study of theory by clicking on the references provided for their biography and a comprehensive overview of their work. Florence Nightingale Watch also: Nightingale: Environmental Theory and Biography Founder of Modern Care and Pioneer of Environmental Theory. Defined care as an act of using the patient's environment to assist him in his recovery. Stated that care should mean proper use of fresh air, light, heat, cleanliness, silence, as well as proper selection and administering diet - all at least at the expense of vitality for the patient. Five (5) environmental factors have been identified: fresh air, clean water, effective drainage, cleanliness or sanitation, and light or direct sunlight. Hildegarde E. Ashes See also: Hildegarde Ash. The theory of interpersonal relationships for the first time the theory of interpersonal relationships of the Ashes defined care as an interpersonal process of therapeutic interaction between a person who is sick or in need of medical services and a nurse especially educated to recognize the need for help. Her work is inspired by Henry Stack Sullivan, Percival Symonds, Abraham Maslow and Neil Elgar Miller. Helps nurses and other care providers develop more therapeutic interventions in clinical settings. Virginia Henderson Nurses Need Theory Developed Theory nurses need to focus on the importance of increasing patient independence to accelerate their progress in the hospital. Particular attention is paid to the basic needs of the individual and how nurses can help meet these needs. The nurse is expected to carry out a therapeutic plan of the doctor, but individual care is the result of the nurse's creativity in planning care. Faye Glenn Abdella See also: Faye Glenn Abdella. 21 Nursing Problems Theory Developed 21 Nursing Theory Is Based on Art and Science, which shapes the relationships, intellectual competence and technical skills of an individual nurse in the desire and ability to help people, sick or well, cope with their health needs. The focus of patient-centered care has changed and has begun to include the care of families and the elderly in patient care. The care model is designed to guide hospital care, but can also be applied to community health care. Ernestine Wiedenbach has developed the help of the art of clinical care conceptual model. The definition of care is reflected in the midwife's experience as people may differ in their vision of care, but few disagree that care is nurturing or caring for someone in maternal fashion. He directs the nursing work in the art of nursing and identifies four elements of clinical care: philosophy, purpose, practice, and art. Clinical care focuses on meeting the patient's perceived need for help in vision care. Lydia E. Hall See also: Hall: Care, Treatment, Basic Theory developed care, treatment, basic theory also known as Three Cs Lydia Hall. Hall defined care as part of care, the core of the care treatment aspects of patient care where CARE is the sole function of nurses, while CORE and CURE are shared with other members of the health team. The main purpose of care is to achieve interpersonal relationships with the person, which will contribute to the development of the nucleus. The care circle defines the main role of a professional nurse, such as providing bodily care for the patient. The core is the patient receiving care. Treatment of care is an aspect of care that includes medication and treatment. Joyce Travelbee states in her human-to-human relationship model that the purpose of care is to help and support the individual, family or community to prevent or cope with the struggle of illness and suffering and, if necessary, to find value in these cases, with the ultimate goal to have hope. Care was achieved through a relationship between man and man. The interpersonal theories of the relationship between Ash and Orlando have been expanded. Katherine E. Barnard has developed a model for assessing children's health. Problems improve the health of infants and their families. Her findings on the interaction between parents and children as an important predictor of cognitive development helped shape public policy. She is the founder of the Child Care Assessment Satellite Training Project (NCAST), which produces and develops research products, evaluation and training programs to train professionals, parents and other caregivers to provide a supportive environment for young children. Borrows from human psychology and development and focuses on mother and child interaction with the environment. They have made a close contribution to a practice that has changed the way children's health workers are assessed in the light of parent-child relationships. Evelyn Adam focuses on developing models and theories on the concept of care. Includes the purpose of the profession, the recipient of professional service, the role of the professional, the source of the beneficiary's difficulty, the intervention of a professional, and the consequences. A good example is using a unique nursing framework for further expansion. Nancy Roper, Winifred Logan and Alison Thiemy Model for Care based on the Logan life model produced a simple theory that actually helped bedside nurses. The trio collaborated in the fourth edition of The Elements of Nursing: A Model for Nursing, based on the model of life, and produced a monograph titled The Roper-Logan-Thiemy Nursing Model: Based on the Activities of Daily Life. Includes maintaining a safe environment, socializing, breathing, food and drinking, elimination, personal cleansing and dressing, controlling body temperature, mobilizing, working and playing, expressing sexuality, sleep and death. Ida Jean Orlando See also: Ida Jean Orlando: The Theory of the Care Process She developed the theory of the care process. Patients have their own meanings and interpretations and so nurses should check their findings and assess with patients before drawing conclusions. Allows nurses to formulate an effective care plan that can also be easily adapted when and if any difficulty comes with the patient. She said people become patients in need of care when they have needs for care that cannot be met on their own because of their physical limitations, negative reactions to the environment, or have experience that prevents them from communicating with their needs. The role of the nurse is to find out and meet the patient's immediate care needs. Gene Watson See also: Gene Watson: The Theory of Human Care She Pioneered Philosophy and Theory of Transpersonal Care. Patient care is associated with health promotion, disease prevention, patient care and health recovery. Mostly concerns about how nurses care for their patients, and how that care progresses into better plans to promote health and wellness, prevent disease and restore health. The focus is on improving health as well as treating diseases. Caring is central to nursing practice and promotes health better than simple medical treatment. Marilyn Ann Ray has developed a theory of bureaucratic care improving patient safety, infectious control, reducing errors in medications, and the overall quality of care in complex bureaucratic health systems cannot happen without the knowledge and understanding of complex organizations such as political and economic systems, and spiritual-ethical care, compassion and correct action for all patients and professionals. The challenge participants have in grooming to think outside their usual frame of mind and imagine the world historically, viewing the universe as a hologram. It is a different view of how health organizations and sisterhoods are interconnected in general and parts of the system. Patricia Benner's Care, Clinical Wisdom, and Ethics in The Practice Care Nurse-Patient Relationship is not a single, professional plan, but a kaleidoscope of intimacy and distance in some of life's most dramatic, poignant, and mundane moments. Attempts to establish and reinstate nurse care practices at a time when nurses are being rewarded for efficiency, technical skills and measurable results. States that care practices are instilled with knowledge and skills against everyday human needs. Kan Martinssen's Caring Care Philosophy is based on caring for life, on neighbourly love, while at the same time it is necessary for a nurse to receive a professional education. Humans are created and are beings for which we can be held administratively responsible. Care, solidarity and moral practice are inevitable. Kate Eriksson Theory of Carative Care Care means that the nurse "carries" the knowledge and professional service to educate people living care and growing in care. Caring for nursing care is an altruistic, active expression of love and is a deliberate and embodied recognition of love and connectedness. The theory of the transition of Afaf Ibrahim Meleis began with observations of the experience faced by people facing transition related to health, well-being and the ability to take care of themselves. Transition types include development, health and disease, situational and organizational. Recognizes the role of nurses because they help people go through health/disease and life transitions. The focus is on helping nurses to facilitate healthy transition for patients, families and communities. Nola Pender See also: Nola Pender: Health Promotion Model Health Model Describes The Interaction Between Nurse and Consumer When Considering the Role of the Environment in Promoting Health. Focuses on three areas: individual characteristics and experience, behavior of specific cognition and influence, and behavioral results. Describes the nature of people interacting in their environment pursue health. Madeleine M. Leininger See also: Madeleine M. Leininger: The Transcultural Theory of Nursing Theory of Diversity and Universality Defined Transcultural Care as a core area of study and practice focused on comparative cultural care (care) values, beliefs and practices of individuals or groups of similar or diverse cultures in order to provide a culture of specific and universal practices of care for patients in health or well-being, disease, or death in a culturally significant way. Includes the study and understanding of different cultures in the practice of caring for the health and disease, beliefs and values in order to implement significant and effective care services in accordance with their cultural values and the context of disease. The focus is on the fact that different cultures have different and unique caring behaviors and different health and disease values, beliefs and behaviours. Margaret A. Newman Health as an expanding Nursing consciousness is a process of recognizing the patient in relation to the environment, and it is a process of understanding consciousness. The theory of health as an expanding consciousness was stimulated by the care of those for whom health as the absence of illness or disability is impossible... Care is seen as a link between nurse and patient, and both grow in the sense of higher levels of consciousness. Rosemary Rizzo Parse Human Being Theory Nursing is a science and the performing arts of care practiced in relationships with individuals (individuals, groups and communities) in their formation processes. Explains that man is more than the sum of parts, the environment and man inseparable, and that care is a human science and art that uses an abstract body of knowledge to help people. There are three themes: meaning, rhythmically and transcendence. Helen C. Eriksson, Evelyn M. Tomlin, and Mary Ann. Swain modeling and role modeling Care is holistically assisting people with their self-care activities due to their health... The goal is to achieve a state of perceived optimal health and satisfaction. Modeling is a process that allows nurses to understand the client's unique perspective and learn to appreciate its importance. Role modeling occurs when a nurse plans and implements unique activities for the client. Gladly L. Hasted and James H. Hasted created the symbolic bioethical theory of the Symphonia (from the symphony, the Greek word for agreement) - a system of ethics based on the terms and conditions of the agreement. Care cannot take place without a nurse and a patient. The nurse does not take any actions that are not interactions. Based on the unique concept of human rights, the essential agreement of non-aggression among rational people, which forms the basis of all interaction. Ramona T. Mercer Maternal Role Achievement-Becoming Mother Care is a dynamic profession with three main focus: health promotion and disease prevention, helping those who need professional help to achieve their optimal level of health and functioning, and research to enhance the knowledge base to provide excellent care for the sick. Nurses are medical professionals with the most sustained and intensive interaction with women in the maternity cycle. Achieving a maternal role is a process of interaction and development that occurs over time, in which the mother becomes attached to her infant, acquires competence in the care of the tasks involved in this role, and expresses pleasure and satisfaction in this role. (Mercer, 1986). Provides adequate health care for non-traditional mothers so that they can positively embrace a strong maternal identity. Merle H. Michel Uncertainty in Disease Theory is a comprehensive structure within which to view the experiences of acute and chronic diseases and organize medical interventions to promote optimal adaptation. Describes how people shape meaning from situations related to the disease. The concepts of the original theory were organized in a linear model around the following three main themes: Precursors of Uncertainty, Uncertainty Assessment Process, and Uncertainty Control. Pamela G. Reed Self-Transcendence Self-Transcendence Theory refers to the fluctuations of perceived boundaries that spread to man (or himself) for direct and narrow views of oneself and the world (Reed, 1997). It has three basic concepts: vulnerability, transcendence and well-being. Gives an idea of the nature of human development related to the health condition associated with the care of the sick. Carolyn L. Spoons and Marilyn J. Dodd Theory of Disease Trajectory Uncertainty around chronic diseases like cancer is the uncertainty of life ordering great. Listening to those who are tolerant of this exaggerated uncertainty, we can learn a lot about the trajectory of life. Provides a framework for nurses to understand how cancer patients stand in limbo manifested as loss of control. Provides new insights into how patients and families tolerate uncertainty and work strategically to reduce uncertainty through a dynamic flow of disease events, treatment situations, and a variety of players involved in the organization of care. Georgina Gaskill X, Mary Lermann Burke and Margaret A. Haynesworth The theory of chronic grief Chronic grief is the presence of pervasive grief associated with feelings that have been found to occur periodically throughout the lives of people with chronic diseases, their families caregivers and the dead. This middle-class theory defines the aspect of chronic grief as a normal response to continuing inequality. Loss. The tidal model of Phil Barker Barker Barker's mental health recovery is widely used in the care of mental disorders. Disorders about the fundamental processes of care, is universally applicable, and is a practical guide for the psychiatry and mental health of nurses. It is based on values concerning people and helping others at the time of their distress. The values of the tidal model are revealed in ten commitments: The Meaning of Voice, Respect for Language, The Development of Genuine Curiosity, Becoming a Student, Use an Affordable Tool Set, Craft Step Beyond, Give the Gift of Time, Show Personal Wisdom, Know That Changes Are Permanent, and Be Transparent. Katherine Kolkaba Comfort Comfort Theory is an antidote to the stressors inherent in the health situation today, and when comfort is enhanced, patients and families are strengthened for the challenges facing. In addition, nurses feel more satisfied with the care they give. Patient comfort exists in three forms: relief, ease and transcendence. These amenities can occur in four contexts: physical, psychological, environmental and sociocultural. As the patient's comfort needs change, so do the nurse's interventions. Cheryl Tatano Beck postpartum theory of depression Childbirth is a cause for joy, or so says that ... But for some women, joy is not an option. Described care as a caring profession with caring obligations to the people we care about, students and each other. Provides evidence to understand and prevent postpartum depression. Kristen M. Swanson's Theory of Caring Care is an nurturing way of treating valued others to which a person feels a personal sense of commitment and responsibility. Defines care as informed care for the well-being of others. Proposes a structure to improve modern care, education and research practices, while bringing discipline to its traditional values and caring healing roots. Cornelia M. Ruland and Shirley M. Moore's Peaceful End of Life Theory was not on death itself, but on providing a peaceful and meaningful life at a time that remained for patients and their significant others. The aim was to reflect the complexity of caring for terminally ill patients. Links Offered Readings and Resources for This Study Guide: Alligood, M., and Tomey, A. (2010). Theorists of nursing and their work, the seventh edition (No. ed.). Maryland Heights: Mosby-Elsevier. Alligood, M.R. (2017). Nurse theorists and their work-e-book. Elsevier Health Sciences. Barnard, C. E. (1984). Care research related to infants and young children. In the annual survey of nursing (p. 3-25). Springer, Berlin, Heidelberg, Brown, H. I. (1979). Perception, theory and commitment: a new philosophy of science. University of Chicago Press. 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