Nursing Theory for Daily Use

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As a profession, nursing has to be based on theoretical structures. Specialized nursing knowledge needs to be organized in order to make it transmittable to others and to make it possible to verify its value and contributions. Nursing theory guides research, which drives nursing practice (Bani-Khaled, Bond, Eshah, Hamad, Kamal, et al., 2011, pg. 404).

Nursing incorporates many fields of knowledge across various cultural dimensions. It is therefore, not surprising that there are many different theories available. Some theories are more philosophical in nature, like those written by Nightingale, Henderson and Watson. These well-known nursing theorists provided comprehensive structures, clarifying values and meaning of nursing. Conceptual nursing theorists, like Orem and King, focused more on the functional aspects of nursing such as nursing processes. Middle-range nursing theories are more dedicated to certain areas or disciplines of nursing, such as Swanson’s Caring Theory. In the last two decades, “situation-specific” nursing systems have emerged primarily due to the research performed by doctoral students (Im & Chang, 2012, pg. 157). Some of the newer models include interdisciplinary research (Bani-Khaled, Bond, Eshah, et al., 2011, p. 409) and others even cross international borders (Im & Chang, 2012, pg. 157).

My present educational background provided me with only limited knowledge of nursing theories. My lack of understanding affected my view. I felt that nursing theories were like the architectural plans of my home; necessary for the building process but not essential for daily use. Through contemplation and soul-searching, I found that I favored the philosophy of caring as the basis for my nursing practice. Caring in this context means, regarding the patient as a
person with his own beliefs and values, the right be respected, a human being with a “mind, body and soul” (McCance, McCormack, Slater, 2008, pg. 410).

I feel that, the interaction between nurse and patient, person-to-person, is one of the most important elements of nursing. I work in the peri-operative area. I get patients ready for their surgical procedure, recover them from anesthesia and send them home. Most of my pre-operative patients are anxious, hungry and dehydrated. My first goal is always to make a personal connection. When the patient and I have something in common, we are no longer strangers. If my patients feel that they are “visiting” with me, their anxiety level drops. I try very hard to listen to all my patients because it shows that I value their input; additionally, I have discovered lifesaving information by active listening. Post-operatively, the patients are still anesthetized. In this state verbal information is limited. However, body language, like facial expressions, is often helpful in assessing pain and discomfort. After patients become more alert, I find it beneficial to include select family members in planning for discharge. My goal is team building; I hope to convey that together we are helping the patient to heal. As I explored the concept of caring in contemporary nursing literature, I found that this idea is not as nebulous as I originally assumed. McCance, McCormack and Slater (2008) conducted a study which used 35 standardized statements describing nursing actions used as measurements for the perception of caring (pg.411). They found that the understanding of caring differed in nurses and patients. Nurses’ ideas were more consistent over time focusing on person-centered practice. Patients were more fixed on patient care aspects. However, “listening to the patient” was a value consistently rated high by both patients and nurses.
Another function of caring is empathy. Many people entering helping professions have a strong capacity to feel the pain of others; I am no exception. Most nurses have found their heart breaking for patients and families. I cannot count the times I wished for a magic wand to make everything better. Sometimes, this tendency seems to make it more difficult for nurses do their jobs. However, Frinzi and Kelley found in their review of various scientific studies, that empathy causes physical changes in brain chemistry and can be a predictor of therapy outcome (pg. 25). The nurses can best improve healing by identifying with the patients’ experience. The key is to have empathy without losing one’s objectivity. Overidentification may reduce professional behavior and attention (pg. 25).

In conclusion, I feel that a good nurse is intelligent, skilled, knowledgeable, gentle but most of all kind. I think that it is a personal challenge every day to be that good nurse. Nurses get tired, sad and disenchanted just like everybody else but cannot give that burden to their patients. Patients can be difficult to like at times, but nurses still have to advocate for them. Nurses are good nurses because they care.

“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.” (Maya Angelou)
Reference list


