
UNIT 3 NURSING THEORIES

Structure

- 3.0 Objectives
- 3.1 Introduction
- 3.2 Nursing Theories
 - 3.2.1 Definition of Terms
 - 3.2.2 Basic Elements of Theory Development
 - 3.2.3 Basic Elements of Nursing Theories
 - 3.2.4 Characteristics of Nursing Theories
 - 3.2.5 Importance of Theories in Nursing
- 3.3 Description of Selected Theories
 - 3.3.1 Orem's Self Care Deficit Theory
 - 3.3.2 King's Goal Attainment Theory
 - 3.3.3 Roy's Adaptation Theory
 - 3.3.4 Peplau's Inter-personal Theory
 - 3.3.5 Applications of Theories in Nursing Practice
- 3.4 Let Us Sum Up
- 3.5 Key Words
- 3.6 Answers to Check Your Progress
- 3.7 Further Readings

3.0 OBJECTIVES

After going through this unit, you will be able to:

- define the terms theory and nursing theory;
- enumerate the basic elements of theories in Nursing;
- list the characteristics of theories in Nursing;
- identify the importance of theories in Nursing;
- describe the selected theories in Nursing; and
- explain application to nursing practice.

3.1 INTRODUCTION

In the previous unit, you have read about various health concepts, health dimensions and models of health-illness. You have also learnt about the health indicators and health promotion as perceived by health professionals and clients. You have seen that health and illness are universal phenomena; yet defining these concepts is not an easy task. This unit explains nursing theories.

Thinking about Nursing is as important as doing nursing. Those nurses who practice nursing and who teach nursing must know the structure of the discipline of nursing. Nurses have traditionally based nursing practice on their experiences or the way they were taught. These methods are not necessarily based on scientific practice. Practice that is based on theories makes it possible to derive a rationale for nursing action. Therefore, practice must be based on a sound theoretical background. As the science of the nursing develops, nurses will be able to accurately understand and explain the past events, and predict the future events. Practice based on science will support the image of nursing as a discipline. Nursing theories may be categorized based on their views. Humanistic nursing is viewed as an art and science by Nightingale, Henderson, Abdullah and Orem. Interpersonal relationship is stressed and addressed by Peplau, Travelbee and Erickson. Theories described by King and Newman deal with systems. In this unit we will discuss some of the common theories that are applied in the field of nursing practice, education and research.

3.2 NURSING THEORIES

3.2.1 Definition of Terms

- a) **Concept:** Concepts are ideas that give meaning to our sense perceptions, permit generalizations and tend to be stored in our memory for recall and use at later time in new and different situations.

Concepts are said to be “empirical, inferential or abstract depending on their ability to be observed in the real world” (George, 1990, page 2). For example, empirical concepts refer to what we can observe directly in the real world, the pen, knife, patients bed; whereas the inferential concepts refer to those indirectly observed as pain, and abstract concepts are ideas that are difficult to observe either directly or indirectly, such as stress, state of health.

Chinn and Jacobs define a concept as “a complex mental formulation of an object, property or event, that is derived from individual perception and experience (1983, page 200). The concepts are the basic components of theory.

- b) **Model:** A model is an idea that explains by using symbolic and physical visualization. Models can be used to facilitate thinking about concepts and relationship between them or to map out the research process.

“Models are the representation of the interaction among and between the concepts showing patterns”. (George, 1990, p.5).

Models are pictorial or diagrammatically representation of a proposition where propositions are explained as the statements that explain relationship between the concepts.

In the previous unit, you have seen health models. Refer to Agent-host environment model, where the agent, host and environments are the concepts and the triad drawn between these three concepts depicts the model of Agent-host-environment indicating relationships between these three concepts.

- c) **Paradigm:** Is a conceptual diagram. It is a pattern, is an example that serves as a model.
- d) **Theory:** A theory is a conceptual system or framework intended for some purpose. The word theory is derived from Greek work **theoria** meaning a “vision”. Therefore, development of theory is viewed as rational and intellectual process leading to the discovery of truth. Further, the theories are composed of – concepts, models and propositions and based on assumptions.

George (1970) defines theories as a systematic way of looking at the world in order to describe, explain, predict or control it.

- e) **Definitions of Nursing Theory:**

- 1) **Fawett 1989** defines Nursing theory as “a relatively specific and concrete set of concepts and propositions that purports to account for or characterize phenomena of interest to the discipline of nursing.”
- 2) “Nursing theory is an articulated and communicated conceptualization of invented or discovered reality in or pertaining to nursing for the purpose of describing, explaining, predicting or prescribing nursing care” (**Meleis 1991**).
- 3) “Nursing theory is a set of concept, depositions and propositions that project a systematic view of phenomena by designating specific interrelationship among concepts for purpose of describing, explaining, predicting and/or controlling phenomena” (**Chinn and Jacob 1983**).

3.2.2 Basic Elements of Theory Development

Theory development is a process that involves three elements:

- 1) **Induction:** It is a form of reasoning that moves from the specific to general. That is

one observes empirical events and generalizes from those specific events by the process of induction when basic propositions are initially established.

Example: All patients with high anxiety have shown slower recovery rate than those with low anxiety.

Therefore:

- All preoperative patients with high anxiety have shown slower recovery rate.
- All postoperative patients with high anxiety have slower recovery rate.
- All patients who are anxious irrespective of their diagnosis have a slower recovery rate.

2) **Deduction:** It is a form of reasoning that moves from general to specific.

Example:

- All who are anxious preoperatively will vomit postoperatively.
- All cardiac surgery patients vomit post operatively.
- All cardiac surgery patients are anxious preoperatively.

In the above example, a nurse researcher has stated two propositions that she believes having sufficient empirical support to consider that they are true. She then deduces that if the first two statements are true then the third will be true.

3) **Retroduction:** Combines induction and deduction. The process of theory construction begins with observation. The theorist uses inductive reasoning to order the observation into categories and concepts, and attempts to relate one concept to the other in a statement– the empirical generalization. From empirical generalization, the theorist deduces hypothesis for further testing. As the evidence for relationships between concept grows, the researchers may use creative abilities to propose a general explanation for the interrelationship that will be found in future observation, forming categories, concept realization and both inductive and deductive reasoning.

3.2.3 Basic Elements of Nursing Theories

Four most significant concepts that describe any nursing theories are 1) The Human or individual, 2) Society/Environment, 3) Health and 4) Nursing actions. These are represented in Fig. 3.1.

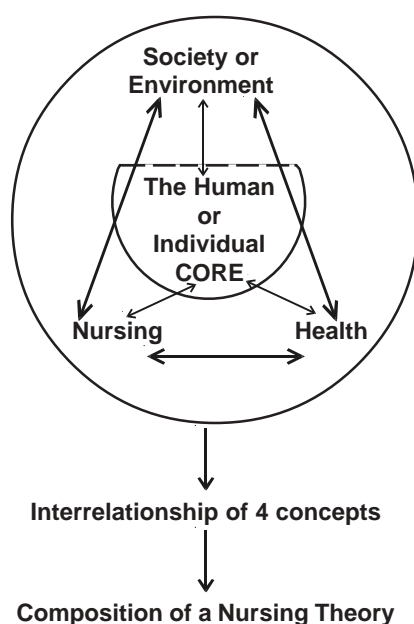


Fig. 3.1: Concepts in a Nursing Theory (adopted from George J., 1900. p3)

3.2.4 Characteristics of Nursing Theories (George, 1990, p8-9)

- 1) Theories can interrelate concepts in such a way as to create a different way of looking at a particular phenomenon.
- 2) It must be logical in nature.
- 3) It forms the bases for hypotheses that can be tested.
- 4) Theories contribute to and assist in increasing the general body of knowledge within the discipline through the research that validates the concepts.
- 5) Theories can be used by practitioners to guide and improve their practice.
- 6) Theories must be consistent with other validated theories, laws and principles.
- 7) Theories should be simple, yet generalizable.

3.2.5 Importance of Theories in Nursing

- 1) Theory provides nurse with a sound basis to describe, explain and predict factors that influence nursing care. In nursing, **caring** is the **core** of nursing practice. As a profession, we need to develop theoretical knowledge based on research findings to form the foundation of nursing practice. Therefore, development and validation of nursing theory will help in strengthening nursing practice.
- 2) Nursing theory is a source of professional autonomy and power.
- 3) It guides nursing education, research and practice and differentiate nursing practice from other disciplines.

Check Your Progress 1

- 1) Define the following terms:
 - a) Models are defined as
 - b) Concept is defined as
 - c) Theory is referred to
- 2)
 - a) is a form of reasoning that moves from general to specific.
 - b) is a form of reasoning that moves from specific to general.
- 3) Label the following diagram showing the basic elements of nursing theories.
 - i)
 - ii)
 - iii)

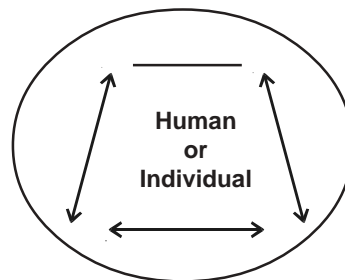


Fig. : Interrelationship of four basic elements of nursing theories

- 4) State three importance of theory of nursing.
 - a)
 - b)
 - b)

3.3 DESCRIPTION OF SELECTED THEORIES

Nursing includes caring; what is caring for one person may be perceived differently by another person. Since 1960s the nursing theorists have attempted to develop theories that are unique to nursing.

There are, many theories that are reported in the nursing literature. For example, Learning theory, Developmental theory, Theories of adaptation, System Theory, Social theory, and Cultural Theory. **Learning theory** includes theories of conditioning, social learning and cognitive theory. **Developmental theory** examines changes that occur through time, in the physical psychological and social structures. **Theories of adaptations**, stress and homeostasis examine how individuals or groups survive and function in a particular environment. **System theory** is diverse in nature, focussing at times on behavioural systems and at other times on systems of interaction and communication or adaptation modes. **Social theories** examine factors that are external to individuals, such as social class, but that affect their life chances and lifestyles, **Stress theories** assist the nurse in understanding how people react to stressors, how to recognize them (nursing diagnosis) in order to plan for appropriate nursing action. **Cultural theories** examine how traditional ways of life affect the behaviour, values, beliefs, and perceptions of individuals. The following theories will give us clear idea about the use of theory in nursing.

Self-care Deficit	Orem's Theory
Goal Attainment	Imogene King's Theory
Adaptation	Sister Calista Roy's Theory
Interpersonal	Dr. Hildegard Peplau

3.3.1 Orem's Self Care Deficit Theory

Dorothea Orem's general theory of nursing evolved over a period of four decades from individual work and through collaboration with students, practitioners, researchers, educators, administrators and scholars. She began her work by looking for the uniqueness of nursing. Orem described her work as a general theory of nursing comprising three "articulating" or interrelated theories; **theory of Self-Care, theory of Self-Care Deficit and theory of Nursing Systems**. The specific name for Orem's general theory of nursing however is **Self-Care Deficit Theory of Nursing**. She chose the name 'deficit' as it describes and explains a relationship between abilities of individuals to care for themselves and the self-care needs or demands of the individual, their children or the adults for whom they care. The notion of 'deficit' does not refer to a specific type of limitation, but to the relationship between the capabilities of the individual and the need for action.

We need to understand the meaning of some of these forms before describing the details of the theory.

Self Care: Self care refers to the practice of "activities that individuals initiate and perform on their own behalf in maintaining life, health and well being" (Orem, 1985, p.84).

Self Care Agency: This refers to the "ability for engaging in self care" by the client.

Self Care Requisites: Self care requisites or requirements can be classified as (1) universal (associated with life process, such as air, water) (2) developmental (e.g. adjusting to body changes, adjusting to loss of significant other), and (3) health deviation (e.g. conditions due to illness, injury or disease) (Orem, 1985, p.90-91).

Therapeutic Self care Demand: TSD refers to "totality of self care actions to be performed to meet the self care requisites by using valid methods and related actions" (Orem, 1985, p.88).

Self Care Deficit: Self care deficit is determined by the differences between self care needs and self care capabilities, that is when the needs are more than the abilities of the patient to perform self care activities.

Nursing System Action: Nursing is required when there is self care deficit, that is, the care abilities are less than those required for meeting the self care demand (Orem, 1985, p.35). Orem has described three systems, these are:

- 1) **Wholly compensatory system** (e.g. when individual is unable to perform any form of deliberate action, such as in coma).

- 2) **Partially compensatory system** (e.g. when both nurse and patient perform care because of patients self care limitations as in the second post operative day after surgery).
- 3) **Supportive-educative system** (e.g. when the client is able to perform or can learn to perform required measures for therapeutic self care as an antenatal mother, requiring information on nutritious diet.)

Orem’s Conceptual Framework

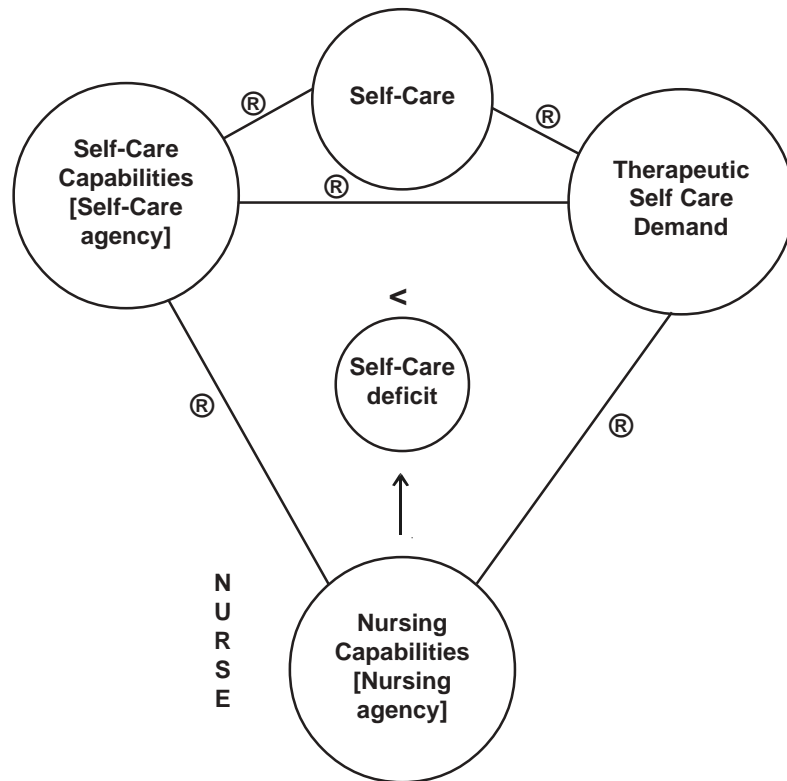


Fig. 3.2: Conceptual framework for nursing relationship < deficit relationship, current or projected (Orem, 1985)

Orem identified six major concepts in the self-care deficit theory of nursing. **They are self-care, therapeutic self-care demand, self-care agency, self-care deficit, nursing agency and nursing system.** She used these six concepts to express the three constituent theories of the general theory of nursing.

The concept of self-care, self-care agency, therapeutic self care demand and self care deficit are related to the patient or the person in need of nursing while the concepts of nursing agency and nursing system are related to the nursing and their actions. Refer to Fig. 3.2 to examine the relationship between these concepts’ ® denotes relationship and the sign < indicates deficit relationship.

Check Your Progress 2

- 1) Match the following theories with the name of the theorists. Enter the appropriate alphabets from column II against the column I list.

Column I	Column II
Name of theory	Name of theorist
i) Self-care deficit	a) Dr. Hildegardh Peplau
ii) Goal attainment	b) Sr. Calista Roy
iii) Adaptation	c) Dorothea Orem
iv) Interpersonal	d) Imogene King

2) Define self care deficit.

.....

3) List the nursing actions suggested by Orem.

- a)
- b)
- c)

3.3.2 King’s Goal Attainment Theory

After 1960s there were rapid advances in science and technology and the nurses were striving for the status of science and a legitimate profession. At that time King felt the need to develop conceptual model of nursing and nursing theory. In 1971, the conceptual model was presented in her book “Towards a theory of Nursing” and after refinement a book “A theory for Nursing” was published in 1981. Imogene King’s theory is a relatively new nursing theory. According to this theory, the purpose of nursing is to help people to attain, maintain or restore health. This theory, which is derived from systems theory focuses on interaction and transaction. The theory concentrates its attention on the interpersonal system and the interactions that take place between individuals (e.g. between patient and nurse).

The major concepts in the King’s theory of goal attainment are:

1) **Interaction:** “It is a process of perception and communication between person and environment and between person and person, represented by verbal and non-verbal behaviours that are goal directed” (King, 1981, p.145).

Each individual involved in the interaction process brings different ideas, attitudes and perceptions, which are exchanged between them. Each person reacts to each other and in the process goes through **perception** (i.e. perceive each other) judgement (i.e. makes a judgement decision) action (i.e. takes mental actions) and reaction (i.e. decides to act), (George, 1900, p.199-200).

2) **Perception:** It is the individual’s representation of image of reality, as awareness of objects, persons and events.

3) **Communication:** It is a process whereby information is given from one person to another either directly in face-to-face meetings or indirectly (King, 1981, p.145-146).

4) **Transactions:** Transactions are purposeful interactions that lead to goal attainment. These are observable behaviours of human beings interacting with their environment (King, 1981, p.147). According to King (1981) when trasactions occur between nurses and clients, goals are attained.

5) **Role:** Role is a set of behaviour expected of persons occupying a position in a social system; rules that define rights and obligations in a position; a relationship with one or more individuals interacting in specific situation for a purpose (King, 1981, p.147)

6) **Stress:** Stress is a dynamic state whereby a human being interacts with the environment to maintain for growth, development and performance (King, 1981, p. 147)

7) **Growth and development:** Growth and development refers to the continuous changes in individuals at the cellular, molecular and behavioural levels of activities that are conducive to helping individuals move toward maturity (King 1981, p. 147)

8) **Time:** Time is duration between one event and another as uniquely experienced by each human being, the relation of one event to another.

9) **Space:** Space is the immediate environment in which a nurse and client interact.

These assumptions have been influenced by King’s personal philosophy about human beings and life. The conceptual framework and theory of goal attainment are based on all overall assumption that the focus of nursing is human beings interacting with their environment to a state of health for individuals.

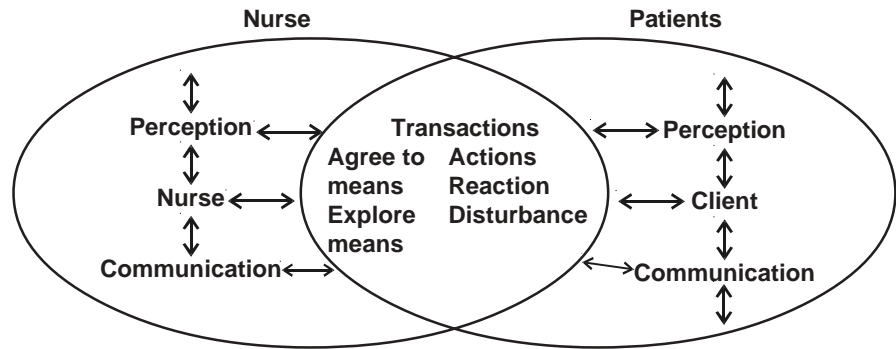


Fig. 3.3: Schematic representation of King's theory

Her theory is based on philosophy of human beings and open system framework. The basic assumption of King's theory is that nurses and clients communicate information, set goals mutually and then act to attain those goals (George, 1990, p. 204 & 208). These steps are also basic to the nursing process.

In her theory of goal attainment King views nursing as a helping profession which is action oriented by virtue of the interpersonal process essential in determining the activities to be performed by nurses and patients.

3.3.3 Roy's Adaptation Model Theory

Sr. Calista Roy has been a prominent personality in the world of nursing through her activities as an educator, writer, lecturer and theorist. Sr. Roy's work deals with systems and she has been publishing prolifically since the late 1960s. She developed her adaptation model after being challenged by Johnson to develop a conceptual model for nursing. Roy believes people interact with the environmental stimuli to which they respond and adapt. The adaptation mechanisms are regulator and cognator. Adaptation maintains integrity. The nurse is to help the person adapt by managing the environment.

Roy's theory focuses on the concept of adaptation of man. There are five elements in her model.

The person refers to the recipient of nursing care – individual, family or community.

The goal nursing is defined as the promotion of adaptive, responses that positively affect health.

Nursing activities are the nursing actions that promote, adaptive responses in situations of health and illness.

Health: Roy defines health as “a state and process of being and becoming an integrated and whole person” (Roy, 1984, p.38)

The Environment: Roy defines “environment as all conditions, circumstances, and influences surrounding and affecting the development and behaviour of persons and groups” (Roy, 1984, p.39)

Her concepts of nursing person, health and environment are all interrelated to this central concept. The person continuously scans the environment for stimuli so he can respond and ultimately adapt to it. Nursing has a unique goal to assist the person in his adaptation effort by managing the environment. The result is an attainment of an optimum level of wellness. As an open living system person receives inputs or stimuli from both the external environment and the self (i.e. internal environment). The **focal stimuli** is the person's internal or external world that immediately confront the person; the contextual stimuli refers to the person's internal and external world that influence the situation and are observable, measurable or subjectively reported by the person and does not include the focal stimuli; the residual stimuli includes the characteristics of the individual that are relevant to the situation but are difficult to measure objectively. (George (1990, pp. 382, 385, 389). According to Roy adaptation occurs when the person responds positively to environmental changes. This adaptive response promotes the integrity of the person, which leads to good health. Ineffective responses to stimuli leads to disruption of the integrity of the person.

There are two interrelated subsystems in Roy’s model. The primary functional or control processes subsystem consists of the regulator and the cognator. Roy explains **coping mechanisms** as the control process of the person as an adaptive system. She further explains that some of the coping mechanisms are **inherited or genetic**, e.g. WBC in the body defense system. Some of the mechanisms are **learned** such as patient himself/herself taking an insulin injection. She further describes **cognators** and **regulators** as coping mechanisms of a person. **Regulators** are subsystem and include chemical, neural, endocrine transmitters and autonomic responses whereas **cognator** mechanism relates to higher brain functions of perception, learning, judgement, etc. The secondary effectors subsystem consists of four adaptive modes: **physiological function, self-concept, role function and interdependence**. Roy views regulator and cognator as methods of coping. Perception of the person links the regulator with the cognator. Perception is a process of cognator. The responses following perception are feedback into both the cognator and the regulator. The four adaptive modes of the second subsystem in Roy’s model provide former manifestations of cognator and regulator activity. Responses to stimuli are carried out through these four modes. The purpose of modes is to achieve physiological, psychological and social integrity.

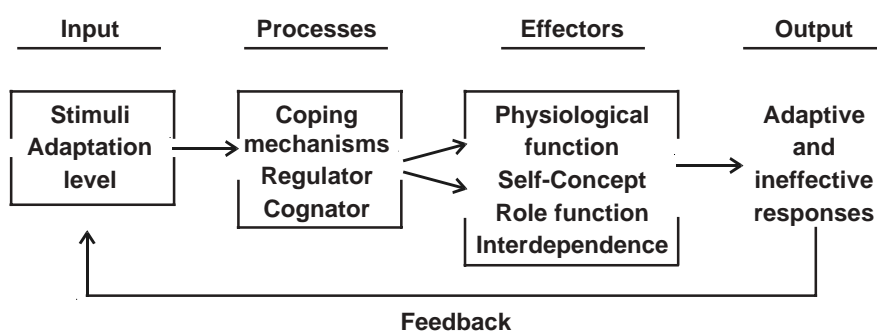


Fig. 3.4: Person as an adaptive system

Roy’s adaptation model is widely used in the field of nursing by practitioners, educators and researchers.

Check Your Progress 3

1) Define with example

a) Focal stimuli

.....

b) Regulator

.....

2) List the four adaptive models as explained by Roy.

- a)
- b)
- c)
- d)
- e)

3.3.4 Interpersonal Theory

Dr. Hildegard Peplau is a dynamic nursing leader whose ideas and beliefs shaped psychiatric nursing. In 1952 Peplau published a book, interpersonal relations in nursing activities, and role of psychiatric nurse. It was the first systematic, theoretical framework developed for psychiatric nursing. Her work represents a milestone in the conceptualization of the psychotherapeutic role of the nurse in the context of the interpersonal relationship.

She defined nursing as a “significant, therapeutic process”. She believed that the nurse-patient relationship was characterized by four overlapping and interlocking phases: orientation, identification, exploitation and resolution. As she studied the nursing process in nurse patient situations, she saw various roles emerge. These included the nurse as a resource person, a teacher, a leader in local, national and international situation, a surrogate, parent and a counsellor. She stated counselling in nursing has to do with helping the patient remember and understand fully what is happening to him/her in the present situation, so that the experience can be integrated with other experiences in life.

She also discussed the importance of basic human needs. She believes that needs must be met if a healthy state is to be achieved and maintained. Health is defined as “forward movement of personality and other ongoing human processes in the direction of creative, constructive, productive, personal and community living. Lack of growth for whatever reason, implies impaired health. The interacting components of health are physiological demands and interpersonal conditions.

She believed that closeness with the therapeutic relationship builds trust, facilitate empathy, enhances self-esteem and thus fosters growth towards healthy behaviour.

Interpersonal nursing roles have been identified by Peplau; these include the following:

- 1) **Stranger:** The role assumed by both nurse and patient when they first meet.
- 2) **Resource person:** Provider of health information to a patient who has assumed the consumer role.
- 3) **Teacher** refers to one who imparts knowledge with the purpose of assuring the patient as learner to grow and learn from his/her experience with the health care system.
- 4) **Leader** refers to person who carries out the process of initiation and maintains group goals through interaction.
- 5) **Surrogate** refers to one who takes the place of another while assuming roles that have been assigned by the patient, based on his/her significant past relationships.
- 6) **Counsellor** is the person who aids another in recognizing, facing, accepting, resolving problems that are interfering effectively by helping the patient integrate the facts and feelings associated with a living episode of illness into his total life experiences.

For example, Peplau described nursing roles relative to the patient’s needs and ability to function. The unconditional mother-surrogate role related to the actually ill phased and implied that the nurse would act in maternal nurturing way. When the patient began to feel better, the nurse would assume a role characterized by some continuation of mother-surrogate functions with the addition of counselling, leadership and resource person’s activities. The later’s behaviour characterizes the shift of responsibility from nurse to the patient. People who choose nursing as a profession often have strong needs to nurture. It is important to be aware of this and not to let it interfere with the patient need to develop self-care skills.

3.3.5 Application of Theories in Nursing Practice

Nursing as a practice discipline, must concern itself with the development of theory that will assist the nurse in using relevant knowledge to guide her actions. It is through nursing theory that this level of knowledge and the depth of understanding can be increased so that the quality of care will be enhanced.

All of the theorist are concerned with nursing as a discipline that assist man to reach his optimal health state, but differ in their descriptions as to how this is achieved. While King spoke of meeting man’s basic needs, Peplau saw the nurses interpersonal relationship. The nurse according to Orem, seeks to influence man’s development in achieving an optimal level of self-care, whereas Roy viewed nursing as promoting man’s adaptive abilities.

i) Application of Orem’s Theory

The following schematic representation will explain how the Orem’s theory is applied in nursing practice.

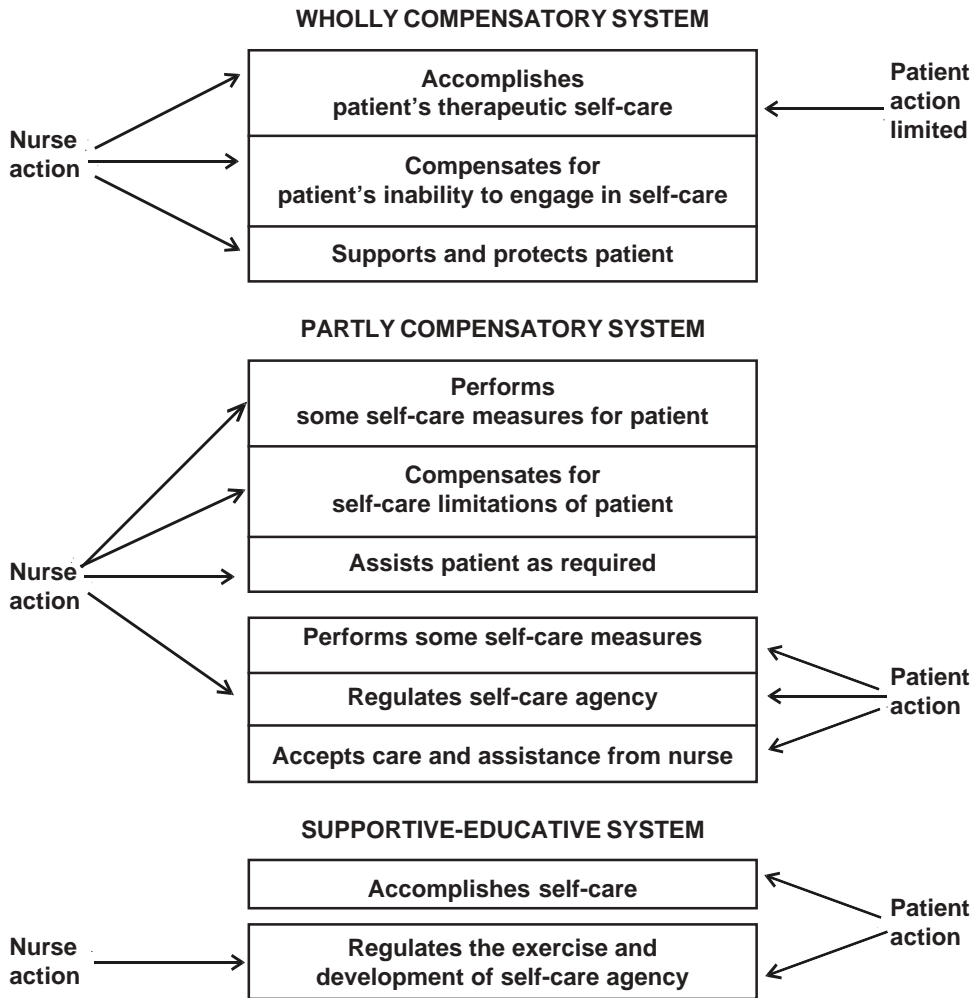


Fig. 3.5: Orem's basic nursing systems for nursing practice (Source: George, p 96)

ii) Application of King's theory

Nurse assists her patients in meeting their basic needs through a process of action, reaction, interaction and transaction.

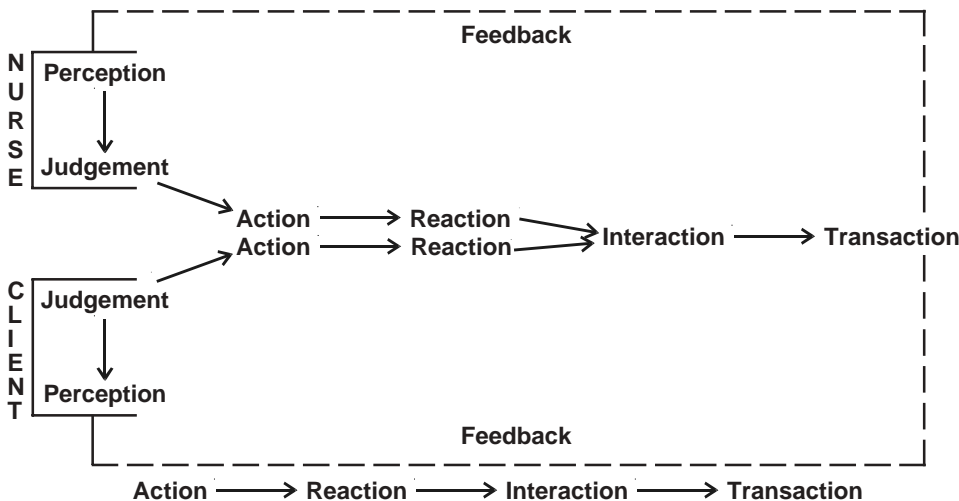


Fig. 3.6: Interaction (Source: George 1990, p.200)

Transaction is the observable activity. It can best be understood as the active participation of both client and nurse that is directed toward achieving a mutually established goal.

Check Your Progress 4

- 1) Enumerate the basic elements in the development of nursing theories.
 - a)
 - b)
 - c)
- 2) List any four characteristics of theories in nursing.
 - a)
 - b)
 - c)
 - d)
- 3) What are the major concepts of Orem’s theory.
 - a)
 - b)
 - c)
 - d)
 - e)
 - f)

3.4 LET US SUM UP

As an emerging profession, nursing continue to be deeply involved in identifying its own unique knowledge base. In identifying the base of knowledge various concepts, models and theories specific to nursing are beings recognized, defined and developed. Nusing theories reflect particular views of the person, health and other concepts that contribute to the development of a body of knowledge specific to nursing’s concern. In this unit you have read about some of the important nursing theories, and their application in nursing practice. These theories form the basis for providing quality nursing care to the clients and also guide the nursing personnel in education and research.

3.5 KEY WORDS

- Concept** : Concepts are abstract ideas that give meaning to our perceptions and are the basic components of theory.
- Deduction** : It is a form of reasoning that moves from general to specific.
- Induction** : It is a form of reasoning that moves from specific to general.
- Model** : Models are diagrammatic or pictorial representation of the interaction among and between the concepts showing patterns.
- Paradigm** : A way of viewing a phenomen or group of phenomena that raises many questions to be answered.
- Phenomenon** : Phenomenon is an observable fact or event. The plural of the word is phenomena.
- Propositions** : Propositions are statements that explain the relationship between the concepts.
- Theory** : A theory is a set of interrelated concepts that present a systematic view of a phenomenon with the purpose of explaining and predicting the phenomenon (Kerlinger, 1986).

3.6 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

- a) Models are pictorial or diagrammatical representation of a proposition that explains relationship between concepts.

- b) Concept is a complex mental formulation of an object, property or event that is derived from individual perception and experience.
 - c) Theories refers to a systematic way of looking at the world in order to describe, explain, predict or control it. Or A theory is a conceptual system or framework intended for some purpose.
- 2)
 - a) Deduction
 - b) Induction
 - 3)
 - i) Society/environment
 - ii) Nursing
 - iii) Health
 - 4)
 - a) Provides nurse a sound basis to describe, explain and predict factors that influencing nursing care.
 - b) Its a source of professional autonomy and power.
 - c) It guides nursing education research and practice.

Check Your Progress 2

- 1)
 - i) c
 - ii) d
 - iii) b
 - iv) a
- 2) Self care deficit is determined by the differences between self care needs and self care capabilities, that is when the needs are more than the abilities of the client to perform self care activities.
- 3)
 - a) Wholly compensatory self care activities
 - b) Partially compensatory
 - c) Supportive-educative system

Check Your Progress 3

- 1)
 - a) The focal stimuli is the person's internal or external world that immediately confined the person.
 - b) Regulator is a coping mechanism of a person which includes chemical, neural and endocrine transmitters and autonomic responses.
- 2)
 - a) Physiological function
 - b) Self concept
 - c) Role function
 - d) Interdependence

Check Your Progress 4

- 1)
 - a) Induction
 - b) Deduction
 - c) Retroduction
- 2)
 - a) Interrelates concepts
 - b) Logical in nature
 - c) The basis for hypothesis that can be tested
 - d) Contribute to and assist in increasing the general body of knowledge
- 3)
 - a) Self-care
 - b) Therapeutic self-care demand
 - c) Self-care agency
 - d) Self-care deficit
 - e) Nursing agency
 - f) Nursing system

3.7 FURTHER READINGS

Chinn, P.L., & Jacobs, H.K. (1983), *Theory and Nursing, A Systematic Approach*, St. Louis: C.V. Mosby, p. 200.

George, J. (1990), *Nursing Theories: The Base for Professional Nursing Practice*, Norwalk, Connecticut: Appleton & Lange.

Kerlinger, F.N. (1986), *Foundations of Behavioural Research*, New York; Holt Rinehart & Winston.

King, I.K. (1981), *A Theory for Nursing: Systems, Concepts, Process*, New York: Wiley.

Melevis, A.I (1985), *Theoretical Nursing: Development and Progress*, Philadelphia: Lippincott.

Orem, D.E. (1985), *Nursing: Concepts of Practice* (3rd Edn.), New York: Mc Graw Hill.