

# Models in Nursing

## Definitions:

**“A descriptive picture of practice which adequately represents the real thing” .**

**(Pearson and Vaughan, 1986)**

**A general term referring to :symbolic representation of perceptual phenomena”**

**(Chinn & Jacobs, 1983)**

## **Components of models**

- 1. Beliefs and Values:** on which the model is based.
- 2. Goals and Practices:** or what the practitioner aims to achieve.
- 3. Knowledge and Skills:** the practitioner needs to develop in order to gain these goals.

**To optimize individual nursing care, models are preferably used in conjunction with the Nursing Process.**

**ASSESSMENT**

**NURSING DIAGNOSIS**

**PLANNING**

**IMPLEMENTATION**

**EVALUATION**

**But do we really need models to nurse patients?**

**Why can't we just plan everything in our minds and go ahead?**

## **The need for models in practice**

- 1. Lead in the sort of care received by patients and thus to a continuity of care patterns and treatment.**
- 2. Give rise to less conflict within the team of nurses as a whole.**
- 3. Make sense to the nursing given by the team, hence other disciplinary teams will understand the logic behind the care.**
- 4. Give direction to nursing care in the area, since goals of nursing work will be understood by the whole team.**
- 5. Act as major guide in decision and policy making because the components of the model chosen can act as a guide against which to check decisions.**
- 6. Act as a guide for the criteria on which new team members are selected**

**(Pearson and Vaughan 1986)<sup>4</sup>**

# **Classification of Models**

**All models for any discipline draw on THEORIES & CONCEPTS**

**Three major theories have come to be recognised as having  
relevance to Nursing**

**SYSTEMS**

**DEVELOPMENTAL**

**INTERACTION**

**ECLECTIC**

# **SYSTEMS**

**Focus on the existence of:**

- **Biological**
- **Psychological**
- **Social**

**factors within the person.**

**Nursing is required when imbalance exists between the functions for  
For which these systems are responsible.**

**There is need to restore:**

- **Homeostasis**
- **Equilibrium**
- **Stability**

# **DEVELOPMENTAL**

**Focus specifically on developmental processes affecting the person receiving or about to receive nursing care**

- Pass through a sequence of stages**
- Greater self responsibility**

**Ill health or disease threatens the developmental process.**

**The role of the nurse is to restore 'normal' pattern of development or maturation.**

**Developmental models include psychological as well as physical development**

# **INTERECTION**

**Emphasises the human capacity in ways which are meaningful.**

## **Symbols**

- **Words**
- **Images**
- **Signs**

**Result of interaction:**

**Individuals adopt roles as meaningful responses to situations**

**e.g. Nappy Syndrome!!      or      Nice Environment**



## **INTERECTION.....cont**

**Nursing is required when person' self-perception and/or those of others are such that role performance conducive to health cannot be easily adopted.**

**Nurse may intervene to help individuals either:**

- Acquire new roles**
- Extend existing ones**
- To cope with health related demands**

## **Example of a Model**

**Virginia Henderson's developmental model (1966)**

### **Definition of nursing:**

**“The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he/she would perform unaided if he/she had the necessary strength, will or knowledge, and to do this in such a way as to help him/her to gain independence as rapidly as possible.”**

## **Derivation of Nursing activities**

**Deliberative approach to meet the 14 components of nursing care which are:**

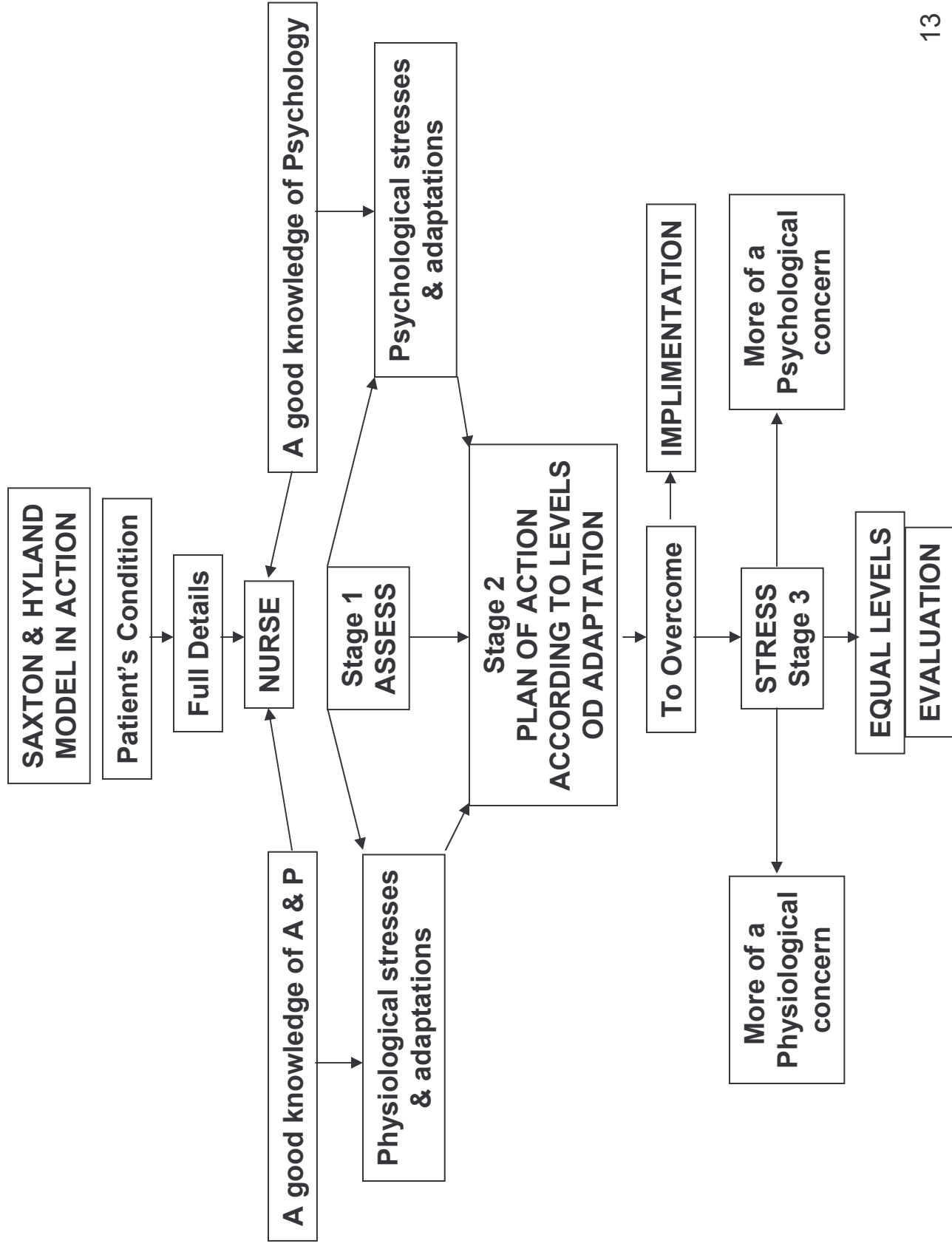
- 1. To breath normally**
- 2. To eat and drink adequately**
- 3. To eliminate body wastes**
- 4. To move and maintain desirable postures**
- 5. To sleep and rest**
- 6. To select suitable clothes – dress and undress**
- 7. To maintain body temperature**
- 8. To keep the body clean and well groomed**
- 9. To avoid dangers in the environment and avoid injuring others**
- 10. To communicate with others (emotions, needs, fears, opinions)**
- 11. To worship according to one's faith**
- 12. To work in such a way that there is a sense of accomplishment**
- 13. To play and participate in various forms of recreation**
- 14. To learn, discover, or satisfy curiosity**

## Conceptualisation of :

PERSON : Biological beings with inseparable mind and body.

HEALTH : Ability to function independently in relation to the 14 components.

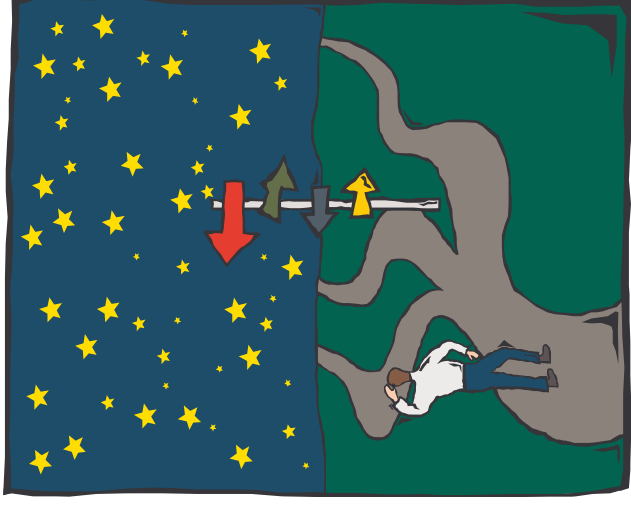
ENVIRONMENT : Not clearly defined, can act on patient in positive or negative way.



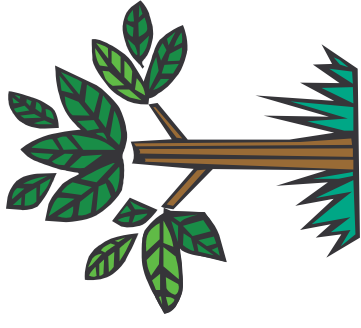
# Nursing Care Models

Developed by  
Pam Wheeler, PhD, RN  
and

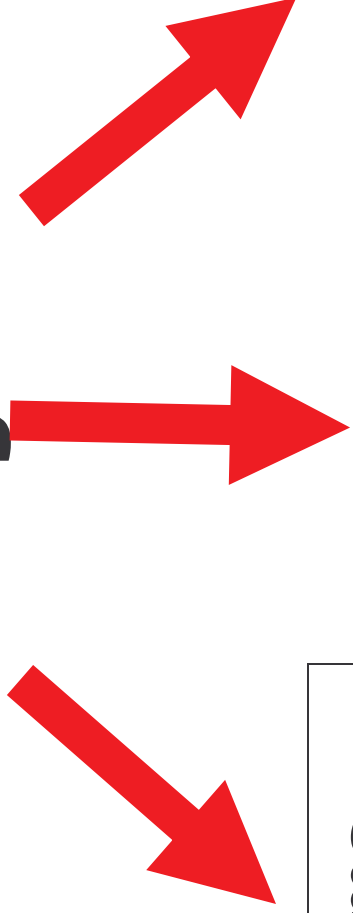
Beverly J. Epeneter, EdD, RN



# Practice Models: Nursing Care Delivery Systems



**Link together....**



**Problems  
presented  
by client  
populations**

**Purposes of  
professional  
occupations**

**Purposes of  
health care  
organizations**

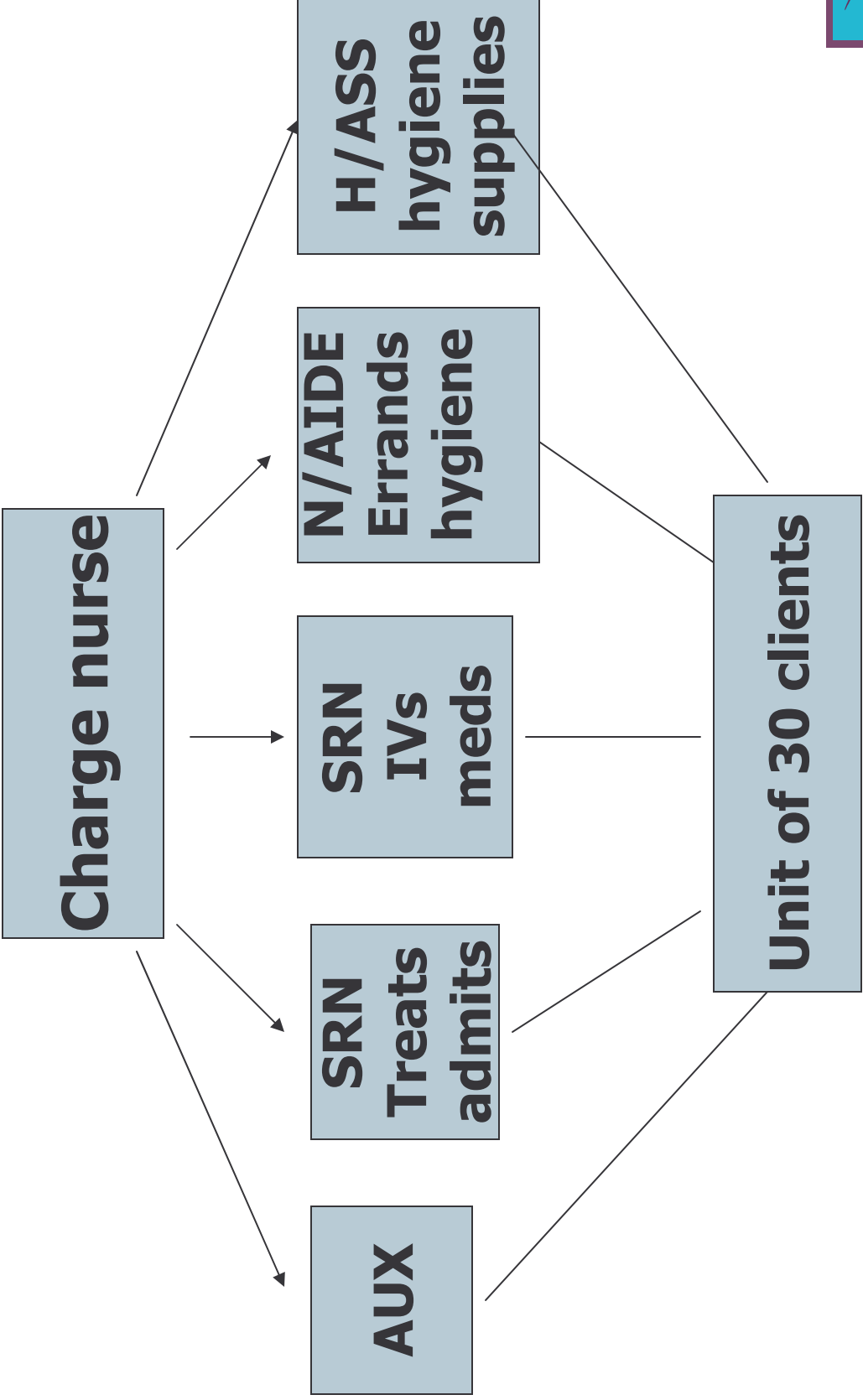
# **Nursing care delivery systems or practice models:**

- 1. Private duty or case method**
- 2. Functional**
- 3. Team**
- 4. Primary**
- 5. Case management**
- 6. Current evolving types or “hybrids”**





# Functional Nursing [TASK]



# Functional Nursing

## Advantages:

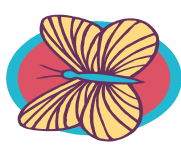
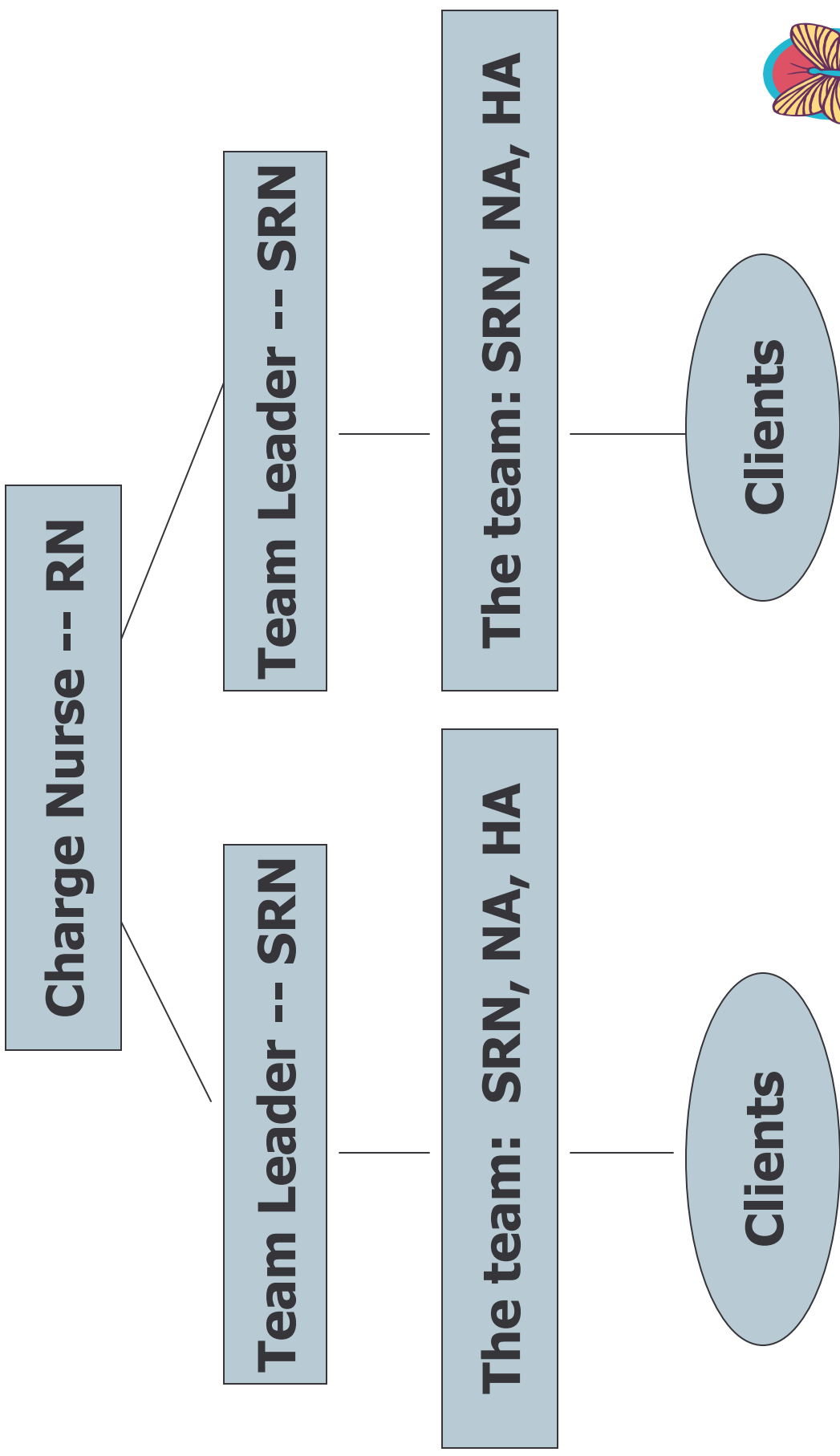
1. Large number of tasks—short period of time
2. Training of assistive personnel for specific tasks
3. Cost effective

## Disadvantages:

1. Fragmented care
2. **No one person has responsibility for the “big picture”**
3. Fragmented communication between staff
4. **Quality issues—who’s managing?**
5. “Task” orientation of staff
6. Dissatisfaction of the professional nurse



# Team Nursing



# Team Nursing

## Advantages:

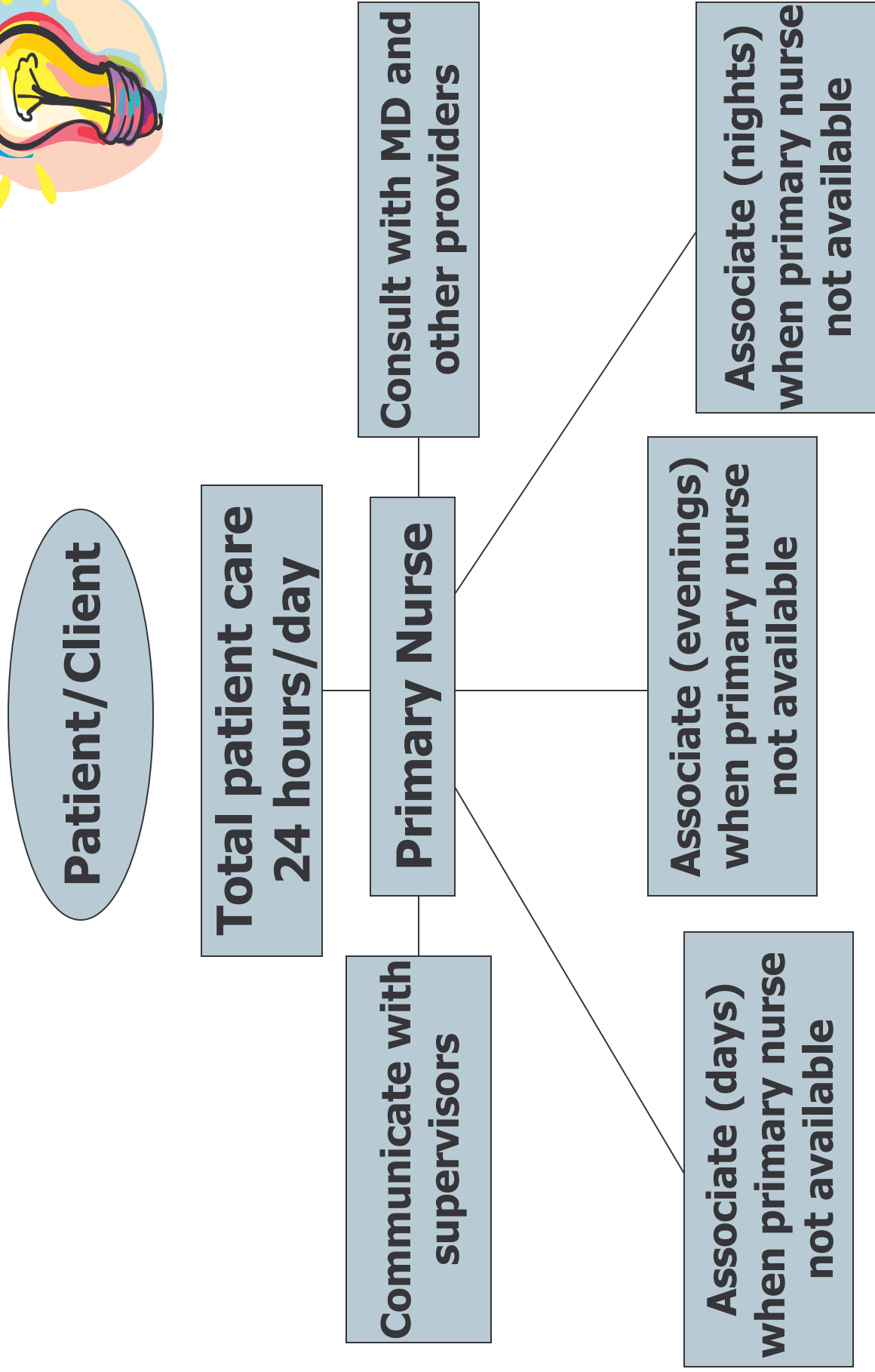
1. Utilization of each member's strengths
2. "Team" supports group productivity and development
3. Organizational decisions made closer to the "grass roots"
4. Increased client satisfaction
5. Cost effective

## Disadvantages:

1. **Need a skilled, experienced team leader**
2. **Need to staff adequately**
3. **Need the right skill mix**



# Primary Nursing



**Patient/Client**

**Total patient care  
24 hours/day**

**Primary Nurse**

**Communicate with  
supervisors**

**Consult with MD and  
other providers**

**Associate (days)  
when primary nurse  
not available**

**Associate (evenings)  
when primary nurse  
not available**

**Associate (nights)  
when primary nurse  
not available**

# Primary Nursing

## Advantages:

1. Focus on clients' needs
2. Increased autonomy for the nurse
3. Increased opportunity for development of rapport between nurse and client/family
4. Enhanced quality of care
5. Improved nurse retention



## Disadvantages:

1. **Necessary education/experience of nurse;**
2. Utilization of part-time nurses; not everyone wants it....
3. LOS becoming shorter!!
4. **Cost**

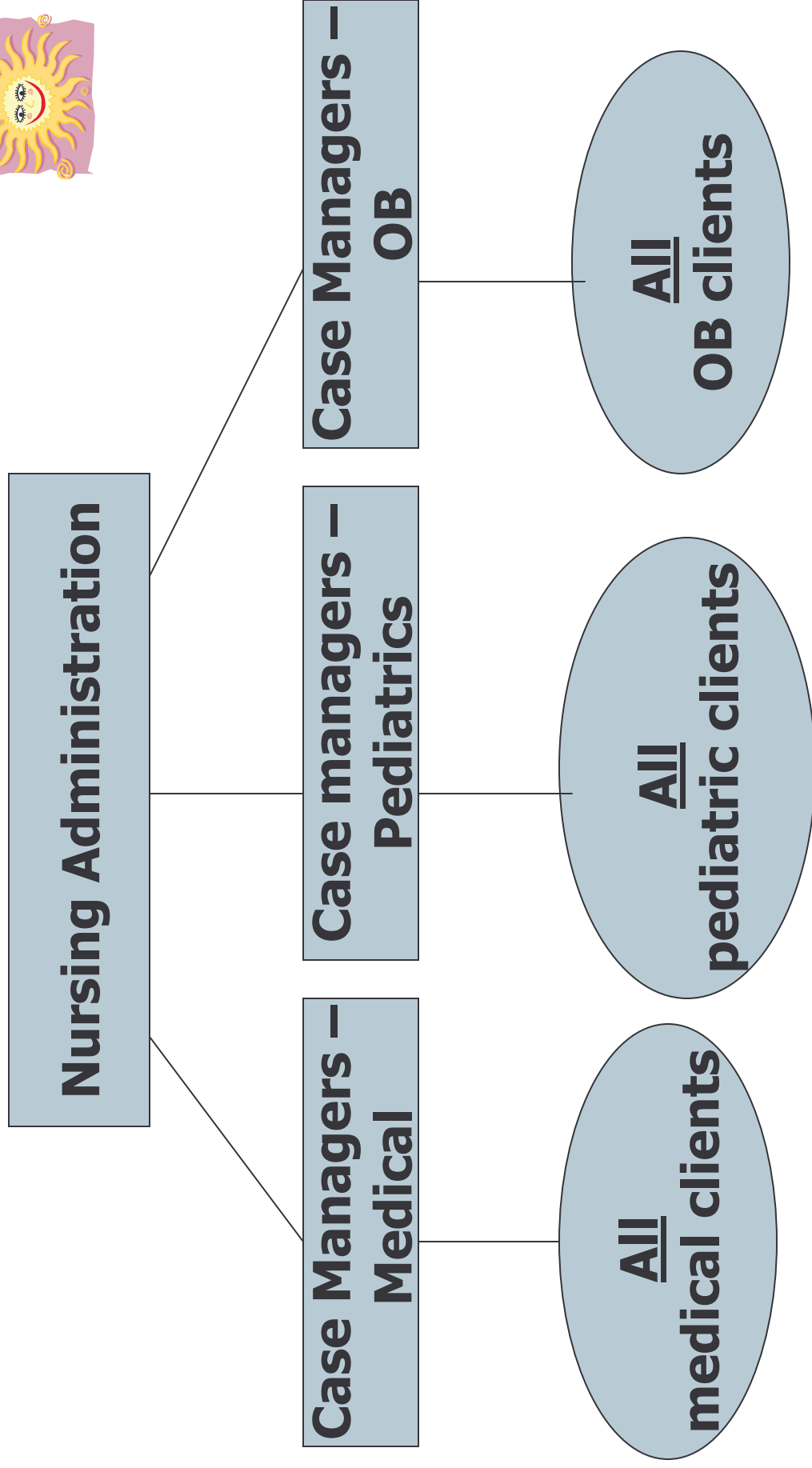
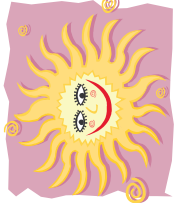
# Case Management



## Key points:

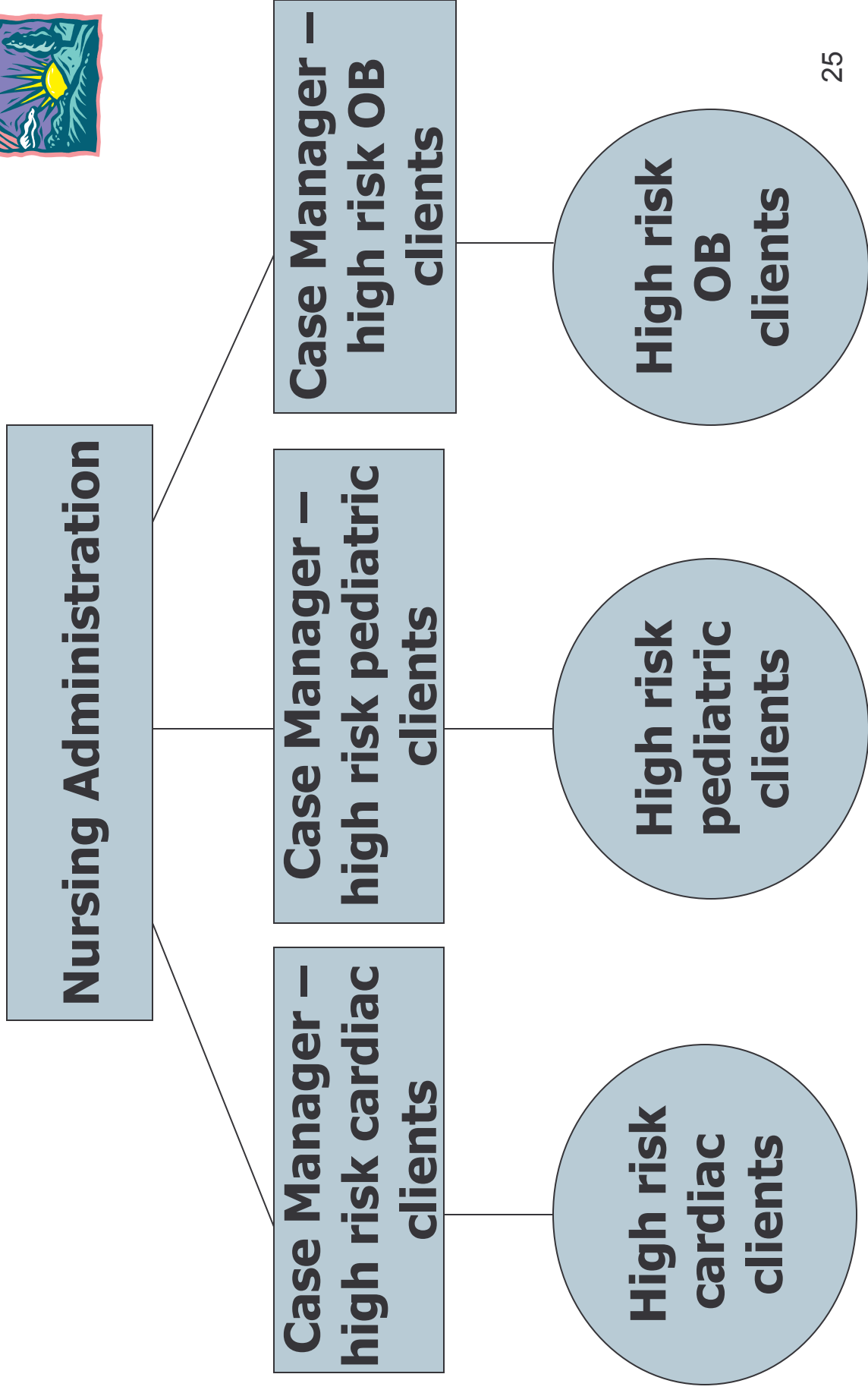
- historically, used in community/public health settings
- involves quality of care, cost-effectiveness, and coordination of care
- model may focus on populations (ex: all medical clients)
  - OR high risk clients (such as cardiac clients, etc.)
- case managers may use critical pathways (outcomes)
  - OR care **MAPS (multidisciplinary action plans)** that combine critical paths and care plans
- key phrases: health services delivery (needed resources), monitoring resources, measuring outcomes and quality, and care coordination

# Case Management: Model #1





# Case Management: Model #2



# “Hybrid”: Patient-Centered Care

## Key points:

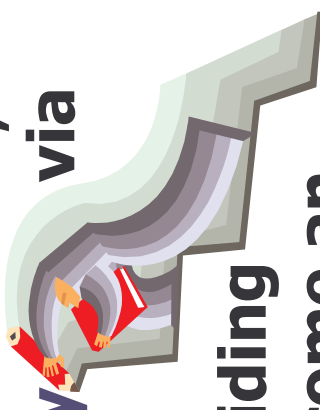
- Work is designed around the needs of the clients, eg client-centered approach
- Use of interdisciplinary team, skill mix of staff
- Outcomes: quality client care, quality work life, and organizational effectiveness and efficiency
- Theoretically: composition of team constant; roles of team members may change
- Team focus: skills needed by nurses --  
**communication, group process/dynamics, conflict resolution, organizational and delegation skills**



# **Role of the nurse leader/manager:**

## **Functional Nursing**

- **Balance quality of care with cost-effectiveness**
- **Client outcomes are the responsibility of the manager, as staff are focused on tasks assigned ....**
- **Rotate responsibilities among staff, so they don't become "bored" due to the task orientation of assignments**
- **Because staff may not feel professionally autonomous, nurse manager should communicate frequently via mechanisms such as staff meetings**
- **Deal with feelings of staff related to not providing "holistic care", etc. Again, motivation may become an issue....**



# Role of the nurse leader/manager:



## Team Nursing

- ❖ **Be knowledgeable re: the skills/abilities of one's staff in terms of being a charge nurse or team leader**
  - ❖ **Be attentive to skill mix on the unit**
  - ❖ **Provide appropriate learning/educational opportunities for staff**
  - ❖ **Charge nurse: allow each team to do its own problem-solving; serve as a consultant to them**
  - ❖ **Team leader: plan and provide oversight to care, delegate appropriately (knowing strengths and limitations of members), evaluate quality.**
- Communication, knowledge of team dynamics a key! Must know the clients and their care needs....**

# **Role of the nurse leader/manager:**

## **Primary Nursing**

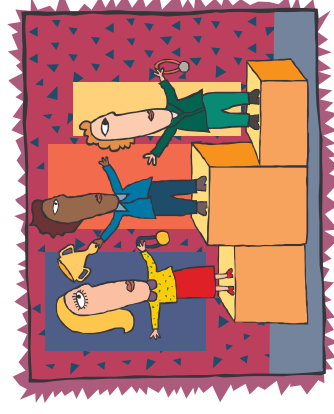
- **Identify staff who want to be primary nurses**
- **Provide support and education**
- **Make sure all nursing staff and other providers understand the roles of primary and associate nurses**
- **Acknowledge the autonomy of the primary nurse in terms of delegation and appropriate decision-making**
- **Be a role model, coach, consultant**
- **Measure and maintain quality of care**
- **Manage the fiscal aspect**



## **Role of the nurse leader/manager:**

### **Case Management**

- ✓ **Manages and leads the quality improvement process, making sure the critical paths and care MAPs are relevant to financial reimbursement methods/fees**
- ✓ **Provides oversight with case managers, to assure caseloads are appropriate and being managed well**
- ✓ **Oversees client satisfaction surveys, as a measure of quality**
- ✓ **Interfaces with other departments regarding common areas of concern**
- ✓ **Clarifies the care managers to others, as needed**
- ✓ **Plans and provides staff education and development based on the goals of the unit and staff needs**



# Role of the nurse leader/manager:

## Patient-centered Care

### ❖ Transformational leadership/integrated manager



- Mentor
- Coach
- Role model
- Teacher
- Facilitator
- Develops a self-directed work team
- Utilizes quality improvement as a philosophy and management tool
- And so on....

## Questions to Answer...

- ❖ Describe each model of nursing care.
- ❖ What are its advantages?
- ❖ What are its disadvantages?
- ❖ What is the role of the nurse manager/leader in each model?
- ❖ What do you think it would be like to be a staff nurse in each model of nursing care?

