

## Clinical Practice Theory in practice Nursing models

**Keywords** Nursing model/Theory/  
Knowledge base

### In this article...

- The origins of nursing models
- Their relevance to nursing practice



# Nursing theories 3: nursing models

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**Citation** Chapman H (2018) Nursing theories 3: nursing models. *Nursing Times* [online]; 114: 1, 34.

### Box 1. Implications for nurses

Nurses need to:

- Read theory and research
- Understand the origins of the evidence base for nursing practice
- Consider practice in terms of the profession's ethical principles
- Reflect on practice to develop knowledge and competence
- Undertake clinical supervision to support therapeutic relationships

The underpinning theory that guides nursing practice can sometimes be forgotten in busy clinical environments. This article, the third in a six-part series providing a snapshot of nursing theories and their implications for practice, discusses nursing models.

### What are nursing models?

Nursing models are often promoted as a way of advancing nursing science or leading to a more coherent view of nursing. However, the purpose of any model is to most accurately reflect reality in a way that enables us to:

- Understand it;
- Act upon it with predictable outcomes.

The multiplicity of nursing models reflects:

- Different views of the person;
- The society they live in;
- Their health and wellbeing (or ill health);
- The goals, role and functions of the nurse.

It is argued that nursing cannot be a distinct profession unless it has its own knowledge base, organised into a model for practice, against which nursing activities and interventions can be evaluated. This is difficult, because models of nursing incorporate ethical and philosophical perspectives that influence our understanding of knowledge and practice.

### What are the origins of nursing models?

Florence Nightingale's *Notes on Nursing: What It Is and What It Is Not*, which was first published in 1859, laid out the theory that she identified as being important for nursing, and guidelines on how to apply it to practice. Here, nursing began to use theory, evidence and research to apply,

question, test and develop knowledge for practice.

Virginia Henderson developed her needs-based definition of the unique function of nursing in the 1950s, highlighting the importance of self-awareness in providing therapeutic psychological support. She identified 14 patient needs for the nurse to support, including breathing, eating and drinking, and eliminating, but also communicating and worshipping according to faith (Henderson, 1969).

The Roper, Logan and Tierney model (Holland, 2008), which was based on Henderson's needs-based approach, adopted a biopsychosocial approach throughout the lifespan, along a dependence-independence continuum that incorporates socio-economic and environmental influences on health and healthcare. It provided a theoretical framework for the nursing process and was considered to be a humanistic alternative to the reductionist medical model.

Other models feature supporting people to adapt to changing environments (Callista Roy), promoting self-help (Dorothea Orem) or congruence between the mind, body and soul (Jean Watson) (Hood, 2010). Although all of these models have been used for research, education and practice, the sheer number and diversity of models available makes a single model of nursing problematic.

### What does this mean for nurses?

Contemporary nursing research uses theoretical concepts from a wide variety of academic disciplines. Provided we make our theoretical basis explicit, this is helpful in developing our evidence base and producing high-quality interdisciplinary knowledge. However, the philosophy of nursing needs wider debate. The six core concepts of UK nursing – the 6Cs (Department of Health, 2012) – underline ethical

and humanitarian care within nursing practice, but are not clearly defined or linked to related theoretical concepts such as empathy or respect. Neither do they make it clear how nurses can incorporate them into complex situations.

Nursing is a person-centred, ethics-based practice discipline that addresses biopsychosocial needs to promote health and wellbeing. It does not need to invent models to define itself – nurses already develop knowledge for practice using research uniting our own and other disciplines without additional layers of complexity. Models should represent the state of our knowledge and understanding of the world, otherwise they will become extinct as a result of being vague and irrelevant.

Box 1 outlines some key aspects of nursing that all those within the profession should aim to undertake. **NT**

### References

- Department of Health (2012) *Compassion in Practice: Nursing, Midwifery and Care Staff: Our Vision and Strategy*. [Bit.ly/CompassionPractice](http://bit.ly/CompassionPractice)
- Henderson V (1969) *Basic Principles of Nursing Care*. Geneva: International Council of Nurses.
- Holland K (2008) *Applying the Roper-Logan-Tierney Model in Practice*. Edinburgh: Churchill Livingstone.
- Hood LJ (2010) *Leddy and Pepper's Conceptual Bases of Professional Nursing*. Philadelphia PA: Wolters Kluwer/Lippincott, Williams and Wilkins.