

# Advanced Nursing Practice

for MSc Nursing Students

As per the INC Syllabus

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- · Authored and reviewed by top Nursing faculties PAN India
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Nursing Knowledge Tree



#### **Textbook of**

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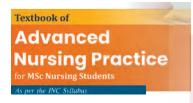
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An Initiative by Former Principal Division
Sadhu Vaswani College of Nursing
Pune, Maharashtra



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### **CBS Nursing Knowledge Tree**



## **Extends its Tribute to**

## Horence Nightingale

For glorifying the role of women as nurses,

For holding the title of "The Lady with the Lamp,"

For working tirelessly for humanity—

Florence Nightingale will always be

remembered for her

selfless and memorable services to the

human race.



Florence Nightingale (May 1820 – August 1910)





## My Beloved Late Father Mr T S Srinivasan,

Whose unconditional love and silent perseverance have been my greatest source of strength.

His quiet resolve and unwavering support taught me the value of resilience and determination.

Though no longer here, his presence continues to inspire my journey, and this book is a tribute to the profound impact he had on my life.

### **About the Author**

Sripriya Gopalkrishnan, *PhD (N), MSc (MSN)*, is former Principal of Sadhu Vaswani College of Nursing, Pune, Maharashtra. She is a distinguished academician with an illustrious career spanning over 30 years in nursing education. As a seasoned educator and thought leader, she has been instrumental in shaping the professional journeys of countless nursing students and contributing to advancing the nursing profession.



She holds a PhD in Nursing and has dedicated her life to pursuing excellence in nursing practice, education, and research. Her extensive experience as an academician has provided her with a profound understanding of the evolving roles and challenges of advanced nursing practice in today's healthcare environment.

Throughout her career, she has passionately advocated for evidence-based practice, interdisciplinary learning, and technology integration in nursing education. She has designed and implemented innovative curricula that equip students with the critical thinking and clinical skills necessary to excel in advanced nursing roles.

Her contributions to the field extend beyond the classroom. She has led numerous workshops, seminars, and conferences, sharing her expertise and inspiring nursing professionals to strive for excellence. Her commitment to lifelong learning and her visionary approach have earned her recognition as a leader in nursing education.

This book, a culmination of her decades of experience and dedication, is a comprehensive guide for postgraduate nursing students. It reflects her deep commitment to fostering the next generation of advanced practice nurses and ensuring they are well-prepared to meet the complexities of modern healthcare.

Her enduring passion for education and unwavering dedication to nursing make her an inspiring figure and a trusted mentor for students and peers alike.

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### **Preface**

Advanced Nursing Practice is a cornerstone of contemporary healthcare, representing the synthesis of clinical expertise, evidence-based decision-making, and compassionate care. This book, designed specifically for postgraduate nursing students, delves into the multifaceted roles, responsibilities, and challenges that define advanced nursing practice in today's dynamic healthcare environment.

The textbook is designed according to the Indian Nursing Council Syllabus for MSc Nursing. It aims to provide an indepth understanding of the principles and practices that empower advanced practice nurses (APNs) to deliver high-quality, patient-centered care. Each chapter integrates foundational theories, clinical skills, and practical insights to prepare students for leadership roles in direct patient care, education, research or healthcare management.

Real-world scenarios and case studies are incorporated to bridge the gap between theory and practice, enabling learners and teachers to develop the analytical skills required to address complex healthcare challenges. This book also explores the evolving role of Postgraduate nurses within the Indian healthcare system, highlighting their potential to contribute to policy development, health promotion, and system-level improvements.

Questions are provided at the end of each chapter for self-assessment and to stimulate critical thinking skills among readers.

Sripriya Gopalkrishnan

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## **Acknowledgments**

The journey of writing this book Textbook of Advanced Nursing Practice has been both enlightening and fulfilling.

First and foremost, I want to express my gratitude to the Almighty for granting me the strength, perseverance, and inspiration to complete this work.

I express my heartfelt gratitude to my beloved mother, whose unwavering love, guidance, and encouragement have been the foundation of all my endeavors. Her wisdom and resilience have inspired me throughout my life and career.

I extend my deepest thanks to my husband for his steadfast support, understanding, and belief in my abilities. His patience and encouragement have been invaluable during the long hours of writing and research.

I am deeply grateful to my son, whose enthusiasm and curiosity remind me of the importance of lifelong learning. His pride in my work has been a motivating force.

Lastly, to my entire family, thank you for your constant love, understanding, and support. Your encouragement has been a beacon of strength, and your belief in me has made this journey both meaningful and fulfilling.

I am also deeply thankful to the nursing community—educators, clinicians, researchers, and students—who have inspired me throughout this journey. Their dedication to enhancing patient care and advancing the profession is the foundation of this book.

I would like to express my heartfelt appreciation to my students, both past and present, whose curiosity and enthusiasm have inspired me to continuously strive for clarity and depth in my teaching. Their insightful questions and diverse experiences have greatly enriched the perspectives shared in this book.

I extend my deepest gratitude to the researchers, scholars, and writers whose published works have profoundly contributed to the development of this book. Their groundbreaking research, innovative ideas, and dedication to advancing the field of nursing have been an invaluable resource throughout this journey. I deeply value the intellectual and academic contributions of all researchers and writers. Their work has been instrumental in shaping the content and perspectives presented in this book. I deeply value the intellectual and academic contributions of all researchers and writers. Their work has been instrumental in shaping the content and perspectives presented in this book.

I am also thankful to the publishers for their expertise and support in bringing this work to fruition. Their professionalism and dedication have been instrumental in ensuring the smooth production of the book.

I hope that this book will serve as a valuable resource for postgraduate nursing students, empowering them to embrace the challenges and opportunities of advanced nursing practice and to make a significant impact in healthcare.

I would like to express my heartfelt gratitude to **Mr Satish Kumar Jain** (Chairman) and **Mr Varun Jain** (Managing Director), M/s CBS Publishers and Distributors Pvt Ltd for their wholehearted support in publication of this book. I have no words to describe the role, efforts, inputs and initiatives undertaken by **Mr Bhupesh Aarora** [Sr. Vice President – Publishing & Marketing (Health Sciences Division)] for helping and motivating me.

Furthermore, I sincerely thank the entire CBS team for their meticulous care and attention to detail in producing this book. Special thanks to Ms Nitasha Arora (Assistant General Manager Publishing – Medical and Nursing), Ms Daljeet Kaur (Assistant Publishing Manager) and Dr Anju Dhir (Sr. Product Manager and Medical Development Editor) for their publishing support. I would also extend my thanks to Ms Surbhi Gupta (Sr. English Editor), Mr Ashutosh Pathak (Sr. Proofreader cum Team Coordinator) and all the production team members for devoting laborious hours in designing and typesetting the book.

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## From the Publisher's Desk

#### Dear Reader,

Nursing Education has a rich history, often characterized by traditional teaching techniques that have evolved over time. Primarily, teaching took place within classroom settings. Lectures, textbooks, and clinical rotations were the core teaching tools; and students majorly relied on textbooks by local or foreign publishers for quality education. However, today, technology has completely transformed the field of nursing education, making it an integral part of the curriculum. It has evolved to include a range of technological tools that enhance the learning experience and better prepare students for clinical practice.



As publishers, we've been contributing to the field of Medical Science, Nursing and Allied Sciences and earned the trust of many. By supporting **Indian authors**, coupled with **nursing webinars and conferences**, we have paved an easier path for aspiring nurses, empowering them to excel in national and state level exams. With this, we're not only enhancing the quality of patient care but also enabling future nurses to adapt to new challenges and innovations in the rapidly evolving world of healthcare. Following the ideology of **Bringing learning to people instead of people going for learning**, so far, we've been doing our part by:

- Developing quality content by qualified and well-versed authors
- Building a strong community of faculty and students
- Introducing a smart approach with Digital/Hybrid Books, and
- Offering simulation Nursing Procedures, etc.

Innovative teaching methodologies, such as modern-age Phygital Books, have sparked the interest of the Next-Gen students in pursuing advanced education. The enhancement of educational standards through Omnipresent Knowledge Sharing Platforms has further facilitated learning, bridging the gap between doctors and nurses.

At Nursing Next Live, a sister concern of CBS Publishers & Distributors, we have long recognized the immense potential within the nursing field. Our journey in innovating nursing education has allowed us to make substantial and meaningful contributions. With the vision of strengthening learning at every stage, we have introduced several plans that cater to the specific needs of the students, including but not limited to **Plan UG** for undergraduates, **Plan MSc** for postgraduate aspirants, **Plan FDP** for upskilling faculties, **SDL** for integrated learning and **Plan NP** for bridging the gap between theoretical & practical learning. Additionally, we have successfully completed seven books in the series of our **Target High** Book in a very short period, setting a milestone in the education industry. We have been able to achieve all this just with the sole vision of laying the foundation of diversified knowledge for all. With the rise of a new generation of educated, tech-savvy individuals, we anticipate even more remarkable advancements in the coming years.

We take immense pride in our achievements and eagerly look forward to the future, brimming with new opportunities for innovation, growth and collaborations with experienced minds such as yourself who can contribute to our mission as Authors, Reviewers and/or Faculties. Together, let's foster a generation of nurses who are confident, competent, and prepared to succeed in a technology-driven healthcare system.

Mr Bhupesh Aarora (Sr Vice President – Publishing & Marketing) bhupeshaarora@cbspd.com| +91 95553 53330

## **Special Features of the Book**

#### **LEARNING OBJECTIVES**

After the completion of the chapter, the readers will be able to:

- Know about the development of nursing as a profession in light of its history.
- Explore the national and global perspectives of nursing.

Learning Objectives in the beginning of every chapter help readers understand the purpose of the chapter.

**Chapter Outline** gives a glimpse of the content covered in the entire chapter.

#### CHAPTER OUTLINE

- History of Development of the Nursing Profession
- Role of Florence Nightingale in the Development of Modern-Day Nursing
- Nursing as a Profession
- Criteria of Nursing Profession
- Nursing Professionalism
- National and Global

#### **KEY TERMS**

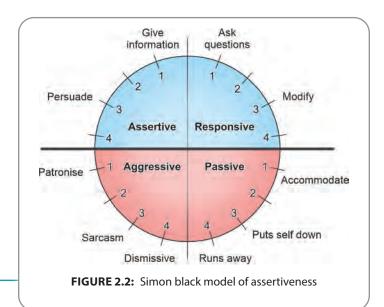
**Global perspective of nursing:** International trends, challenges, and opportunities influencing the nursing profession worldwide.

**National perspective of nursing:** The role, status, and contribution of nursing to a country's healthcare system and policies.

**Nursing:** A profession focused on the care of individuals, families, and communities to attain, maintain or recover optimal health and quality of life.

**Key Terms** are added in each chapter to help understand difficult scientific terms in easy language.

The book is well illustrated with relevant colored **Figures and Images** to add value to the content.



Numerous **Tables** have been used in the chapters to facilitate learning in a quick way.

**TABLE 1.1:** Differences between profession and occupation

Profession	Occupation
A paid work that requires specialized skills and qualifications to be applicable	Job or activity done by someone to earn his/her living
Code of ethics is required	Code of ethics is not required
Very high salary or income	Limited amount of salary
Pays for specialization and qualification	Pays for contribution of time
it is a part of occupation	Not a part of profession
Doctors, teachers, engineers, lawyers, etc.	Electrician, driver, plumber, etc.

#### **Recent Update**

#### **Key Changes According to 2010 CPR Guidelines:**

The 2010 CPR guidelines, established by the American Heart Association (AHA) and the International Liaison Committee on Resuscitation (ILCOR), introduced several key updates to improve the effectiveness of CPR.

- Emphasis on chest compressions: Prioritize chest compressions over rescue breaths for adult victims. Hands-only CPR (chest compressions only) is recommended for untrained bystanders.
- Compression-only CPR: For adult cardiac arrest, bystanders should perform chest compressions without rescue breaths if they are untrained or unsure about giving breaths.

**Recent Updates** contains the latest changes implemented in context of the concept.

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Key facts with an applied and updated perspective have been highlighted in the **Did You Know?** boxes throughout the book.

#### Did You Know?

- The human body secretes and circulates about 50 different types of hormones.
- Oxytocin, a peptide hormone and neuropeptide, plays a very important role in social bonding and childbirth. Acts of love like cuddling release oxytocin, thereby reducing wound swelling and promoting healing.

#### **CASE DISCUSSION 1**

#### Ethical dilemma: Gene editing in embryos

Imagine a scenario where scientists have developed highly precise gene editing techniques like CRISPR-Cas9 that can potentially eliminate genetic diseases from embryos. However, this technology also opens the door to genetic enhancement, allowing parents to select traits such as intelligence, athleticism, or even cosmetic features for their future children.

Text is integrated with **Case Discussion** boxes to understand the topic with applied approach.

Must Know boxes prove highly beneficial in memorizing the vital facts.

#### **Must Know**

The first evidence of evidence-based practice is presented in Florence Nightingale's Notes on Nursing. Florence Nightingale's endeavors in Scutari resulted in the promotion of evidencebased practice.

#### Points to Remember

#### In OHCA Management:

- Time is critical: Every minute of delay in initiating CPR or defibrillation reduces the chances of survival by about 10%. Early recognition, prompt CPR, and quick defibrillation are vital to improving survival rates.
- Bystander training: Public education and widespread training in CPR and AED use are crucial to improving survival outcomes, especially in communities with high incidences of cardiac arrest.
- Role of advanced care: Advanced life support and postresuscitation care in the hospital significantly improve survival, especially in patients who achieve return of spontaneous circulation (ROSC).

Several important points related to the concepts are bulleted in Points to Remember section.

#### **HIGH-YIELD POINT**

Must-remember points from each chapter have been consolidated under High-Yield Points with a focus on exam relevance.

Concurrent audits are highly effective for ensuring high-quality, safe, and consistent nursing practices while patient care is still ongoing.

#### SUMMARY

- Collective bargaining is a process where employees, typically through a labor union, negotiate with their employer to determine terms and conditions of employment.
- Negotiation covers various aspects such as wages, working hours, benefits, and working conditions. The goal is to reach an agreement that satisfies both parties.
- Collective bargaining allows workers to have a stronger voice in the workplace and can lead to improved conditions and benefits for employees.

Important takeaway points of respective chapters have been highlighted under Summary boxes.

#### **FURTHER READINGS**

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- Pencavel, J. The Legal Framework for Collective Bargaining in Developing Economies Stanford University Department of Economics Working Paper No. 97008, 1996.
- Sargis, Nancy M. "Collective Bargaining." Nursing Management (Springhouse)" 16, no. 2 (February 1985): 30

To have supportive extra knowledge, **Further Readings** section has been included.

At the end of chapters, **Student Assignment** section is given which contains frequently asked questions in exams and multiple choice questions to help students attain mastery over the subject.

#### STUDENT ASSIGNMENT

#### LONG ANSWER QUESTIONS

- 1. Analyze the development of nursing in India in light of the history.
- 2. Explain the global and Indian perspectives of nursing.

#### **SHORT ANSWER QUESTIONS**

- 1. Is nursing a profession? What are the criteria of a profession by Genevieve and Bixler?
- 2. What are the characteristics of a profession?

#### **MULTIPLE CHOICE QUESTIONS**

- 1. Which organization is primarily responsible for setting global nursing standards?
  - a. World Health Organization (WHO)
  - b. International Council of Nurses (ICN)
  - c. United Nations (UN)
  - d. World Bank
- 2. The Global Nursing and Midwifery Strategic Directions 2021–2025 was launched by:
  - a. UNICEF
  - b. Red Cross
  - c. World Health Organization (WHO)
  - d. International Labour Organization (ILO)
- 3. When was the Indian Nursing Council (INC) established?
  - a. 1947
- b. 1949
- c. 1950
- d. 1956

## **Syllabus**

#### **Advance Nursing Practice**

Placement: MSc 1st Year Theory: 150 hours

**Course description:** The course is designed to develop an understanding of concepts and constructs of theoretical basis of advance nursing practice and critically analyze different theories of nursing and other disciplines.

Unit	Hours	Content
ı	10	<ul> <li>Nursing as a Profession</li> <li>History of development of nursing profession, characteristics, criteria of the profession, perspective of nursing profession-national, global</li> <li>Code of ethics (INC), code of professional conduct (INC), autonomy and accountability, assertiveness, visibility of nurses, legal considerations</li> <li>Role of regulatory bodies</li> <li>Professional organizations and unions-self defense, individual and collective bargaining</li> <li>Educational preparations, continuing education, career opportunities, professional advancement and role and scope of nursing education.</li> <li>Role of research, leadership and management.</li> <li>Quality assurance in nursing (INC).</li> <li>Futuristic nursing.</li> </ul>
II	5	<ul> <li>Health care environment, economics, constraints, planning process, policies, political process vis a vis nursing profession.</li> <li>Health care delivery system—national, state, district and local level.</li> <li>Major stakeholders in the healthcare system—Government, non-Govt, Industry and other professionals.</li> <li>Patterns of nursing care delivery in India.</li> <li>Healthcare delivery concerns, national health and family welfare programs, intersectoral coordination, role of non-governmental agencies.</li> <li>Information, education and communication (IEC).</li> <li>Tele-medicine</li> </ul>
III	10	<ul> <li>Genetics</li> <li>Review of cellular division, mutation and law of inheritance, human genome project, the Genomic era.</li> <li>Basic concepts of Genes, Chromosomes DNA.</li> <li>Approaches to common genetic disorders.</li> <li>Genetic testing—basis of genetic diagnosis, presymptomatic and predisposition testing, prenatal diagnosis and screening, ethical, legal and psychosocial issues in genetic testing.</li> <li>Genetic counseling.</li> <li>Practical application of genetics in nursing.</li> </ul>
IV	10	<ul> <li>Epidemiology</li> <li>Scope, epidemiological approach and methods</li> <li>Morbidity, mortality</li> <li>Concepts of causation of diseases and their screening</li> <li>Application of epidemiology in healthcare delivery, health survelliance and health informatics</li> <li>Role of nurse</li> </ul>
V	20	<ul> <li>Biopsychosocial Pathology</li> <li>Pathophysiology and psychodynamics of disease causation</li> <li>Life processes, homeostatic mechanism, biological and psychosocial dynamics in causation of disease, life style</li> <li>Common problems: Oxygen insufficiency, fluid and electrolyte imbalance, nutritional problems, hemorrhage and shock, altered body temperature, unconsciousness, sleep pattern and its disturbances, pain, sensory deprivation.</li> </ul>

Unit	Hours	Content
		<ul> <li>Treatment aspects: Pharmacological and pre- and postoperative care aspects</li> <li>Cardiopulmonary resuscitation</li> <li>End of life care</li> <li>Infection prevention (including HIV) and standard safety measures, biomedical waste management.</li> <li>Role of nurse—Evidence-based nursing practice; Best practices</li> <li>Innovations in nursing</li> </ul>
VI	20	<ul> <li>Philosophy and Theories of Nursing</li> <li>Values, conceptual models, approaches.</li> <li>Nursing theories: Nightingale's, Hendersons's, Roger's, Peplau's, Abdella's, Lewine's, Orem's, Johnson's, King's, Neuman's, Roy's, Watson, Parse, etc. and their applications</li> <li>Health belief models, communication and management, etc.</li> <li>Concept of self-health.</li> <li>Evidence-based practice model.</li> </ul>
VII	10	<ul> <li>Nursing Process Approach</li> <li>Health assessment—illness status of patients/clients (Individuals, family, community), identification of health-illness problems, health behaviors, signs and symptoms of clients.</li> <li>Methods of collection, analysis and utilization of data relevant to nursing process.</li> <li>Formulation of nursing care plans, health goals, implementation, modification and evaluation of care.</li> </ul>
VIII	30	<ul> <li>Psychological Aspects and Human Relations</li> <li>Human behavior, life processes and growth and development, personality development, defense mechanisms.</li> <li>Communication, interpersonal relationships, individual and group, group dynamics, and organizational behavior.</li> <li>Basic human needs, growth and development, (conception through preschool, school age through adolescence, young and middle adult, and older adult)</li> <li>Sexuality and sexual health.</li> <li>Stress and adaptation, crisis and its intervention.</li> <li>Coping with loss, death and grieving.</li> <li>Principles and techniques of counseling.</li> </ul>
IX	10	Nursing Practice Framework, scope and trends. Alternative modalities of care, alternative systems of health and complimentary therapies. Extended and expanded role of the nurse, in promotive, preventive, curative and restorative healthcare delivery system in community and institutions. Health promotion and primary healthcare. Independent practice issues, independent nurse-midwifery practitioner. Collaboration issues and models—within and outside nursing. Models of prevention. Family nursing, home nursing. Gender sensitive issues and women empowerment. Disaster nursing. Geriatric considerations in nursing. Evidence-based nursing practice—best practices. Transcultural nursing.
Х	25	Computer Applications for Patient Care Delivery System and Nursing Practice  Use of computers in teaching, learning, research and nursing practice.  Windows, MS Office: Word, Excel, PowerPoint.  Internet, literature search.  Statistical packages.  Hospital management information system: Softwares.

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#### **LEARNING OBJECTIVES**

After the completion of the chapter, the readers will be able to:

- Explain the concept of nursing care delivery patterns and its importance in healthcare.
- Describe patterns of nursing care delivery in India.
- Compare and contrast different patterns of nursing care delivery.
- Discuss the application of nursing care delivery systems in India
- Identify challenges in the implementation of nursing care delivery systems in India.

#### **CHAPTER OUTLINE**

- Introduction
- Principles of Nursing Care Delivery
- Factors Affecting the Nursing Care Delivery
- Patterns/Models of Nursing Care Delivery

- Application of Nursing Care Delivery Models in India
- Challenges in Implementation of Nursing Care Delivery
  Models in India

#### **KEY TERMS**

Case management: A coordinated approach where a nurse case manager oversees a patient's entire care journey, from admission to discharge.

Functional nursing: Functional nursing is a task-oriented nursing model designed to maximize efficiency by assigning specific tasks to each team member.

**Modular nursing:** A team-based model where two or more nurses work together to care for a group of patients in a specific area or "module."

Nursing care delivery models: Structured methods for organizing and assigning nursing tasks to meet patient care needs.

**Nursing care delivery system:** It is a framework used to provide nursing care to patients and defines the assignment of responsibilities and coordination of care to ensure efficient, high-quality care.

**Primary nursing:** It is a pattern of nursing care delivery where accountability of care is placed on one registered nurse throughout the patient's stay in hospital and promotes continuity of care.

**Team nursing:** It is a collaborative approach to patient care led by a registered nurse (RN), where a group of healthcare professionals, work together to provide care to a group of patients.

Total patient care: A model where a single nurse provides all direct care to a patient during their shift, ensuring holistic care.

#### **INTRODUCTION**

Nursing has evolved over the years as a caring profession. Several challenges like Rapid technological advancement, knowledge explosion, emphasis on affordable quality care, increasing need for accessible healthcare and demand for alternative healthcare modalities plague the nursing profession. Nurses are responding to these challenges by participating in continuing nursing education, collaborating with other healthcare providers, redefining the roles and functions of nurses, reshaping organizational policies and developing nursing care delivery systems that are suited to meet the patient's needs.

Nursing care delivery systems have been developed to cater to the growing needs of the population sick and well. Nursing care delivery systems need to be open and flexible. These systems utilize the concepts and theories of nursing and are adapted to the clients' needs, organizational structure and resources available.

#### PRINCIPLES OF NURSING CARE DELIVERY

The principles of nursing care delivery include:

- Nursing care delivery follows a holistic approach to identify nursing care needs in all dimensions of health, including:
  - Physical needs
  - Mental and social needs
  - Spiritual needs
- Nursing care emphasizes a helping relationship between the nurse and the patient.
- The unique function of the nurse is to provide nursing care tailored to each patient.
- Nursing care is always proactive and responsive to the emerging needs of the patients.
- Nursing care delivery systems are selected judiciously to ensure that comprehensive care is provided to all patients.
- Nursing care is planned considering the organizational policies that govern nursing practices.

# FACTORS AFFECTING THE NURSING CARE DELIVERY

- Nursing manpower available includes specialized nursing staff
- Number of inpatients
- Organizational policies related to nursing practice
- Financial implications and organizational budget
- Organizational mission and vision
- Healthcare needs of the patients and society
- Opportunities for professional advancement through education.

# PATTERNS/MODELS OF NURSING CARE DELIVERY

Nursing care delivery models or patterns are approaches that help nurses to provide nursing care to patients effectively. The two key components for effective delivery of nursing are:

- 1. Mode of nursing care delivery
- 2. Skill mix

As a result of nursing shortages, limited healthcare funding and budgets, quality and patient safety concerns, the nursing care delivery models have regularly been redesigned. Nurse managers are responsible for selecting nursing care delivery system and creating conditions for their effective implementation.

Nursing care delivery systems or patient care delivery models outline the way patient care assignments, responsibility, and authority are organized to provide patient care.

Patterns of nursing care delivery can be divided into:

- Task-oriented
  - Functional Nursing
- Person-oriented
  - Total patient care
  - Team nursing
  - Primary nursing
  - Case management
  - Modular nursing

# **Functional Nursing**

The functional Nursing model emerged in the 1930's in USA. It became famous during the world war when nurses had to care for many patients at a time. Nursing care delivery was based on the distribution of regular standard tasks carried out by nurses. Nurses became proficient in the tasks due to regular repetition of the techniques.

In this method, nursing care is broken down into tasks to be performed by nursing personnel and has a mechanical perspective (Fig. 12.1).

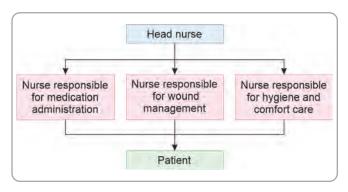


FIGURE 12.1: Functional nursing

The functional model of nursing is supervisory in nature. The head nurse delegates tasks to nursing and auxiliary personnel who perform the nursing tasks to all the patients in a unit.

# Nurse Manager's Role in Functional Nursing

- Ensure the provision of quality patient care within organizational budgetary constraints
- Rotate tasks among staff to promote skill development and prevent boredom
- Focus on good patient outcomes
- Staff meetings and conferences are conducted to address staff concerns.

# Staff Nurse's Role in Functional Nursing

- Responsible for carrying out the task assigned competently.
- Efficient completion of the task assigned.

# Advantages of Functional Nursing

- Tasks are performed quickly as nurses gain expertise in performing the tasks
- Development and proficiency in competencies and skills
- Efficiency in nursing care provided
- Promotion of teamwork
- Effective utilization of personnel
- Balances workload of nurses.

# Disadvantages of Functional Nursing

- Nursing care follows a piecemeal pattern where holistic patient care is neglected
- With no one-to-one interaction it affects nurse-patient relationships
- Fragmentation of care leads to poor patient satisfaction
- May hinder the professional growth of nurses and their morale
- Client feels insecure and confused
- Leads to poor accountability for actions taken by nurses.

#### **Total Patient Care Model**

Total patient care model is also known as the case method. It is one of the oldest nursing care delivery models. The basic premise of this method is that one nurse gives total care to one patient. Home nurses used this form of patient care in the olden days when they used to stay with the patient's family and provide care to the sick person, 24 hours a day.

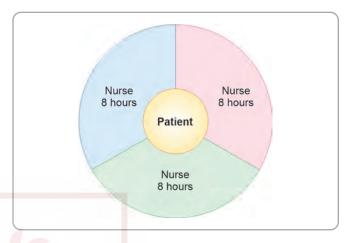


FIGURE 12.2: Total patient care model

Now-a-days total patient care is used in critical care settings where one nurse provides holistic nursing care to one or two patients. In India, it is also practiced by Private Duty Nurse, who work 12-hour shifts caring for one or two patients in the home or hospital settings (Fig. 12.2).

# Nurse Manager's Role in Care Method or Total Patient Care

- Consider the institutional budget before selecting total patient care method.
- Ensure the qualifications and skills of the nurse, appropriate to the care to be provided to the patient.
- Provide opportunities for developing skills required for patient care.

#### Staff Nurse's Role in Total Patient Care

- Provide holistic nursing care to the patient.
- Monitor patient health progress and provide education as needed to the patient and family.

The case method or total patient care approach is a model where a single nurse assumes full responsibility for delivering care to a group of patients during a shift. In an era of a shortage of nursing workforce, putting the total patient care model into practice is challenging.

# Advantages of Total Patient Care Method

- Comprehensive nursing care can be provided to patients.
- Facilitates continuity of care
- Promotes nurse-patient relationship and personal attention to patients.
- Patient satisfaction with nursing care is enhanced •
- Tailor-made patient care can be provided leading to improved patient outcomes.

# Disadvantages of Total Patient Care Method

- Lack of nurses with specialized training may cause the failure of the method
- It is not cost-effective since more nurses need to be recruited.

# **Team Nursing**

The team nursing model was introduced by Eleanor C Lambertsen in the 1950s. Team nursing emerged as a nursing care delivery model in response to nursing shortages and dissatisfaction with a functional nursing model. It took advantage of the skill mix of various categories of nurses. A leader leads a team of nurses' familiar with the patient's needs and/or problems and is able to contribute to the patients' wellbeing. Individual contributions of the nurse ensure patient care quality, efficient nursing care and patient safety. It is essential that the team leader is highly skilled, competent, and has leadership qualities to lead the team. Members of the team report to the team leader who in turn reports to the nurse in charge.

The basic tenet of team nursing is that nurses with different levels of competencies effectively contribute to total nursing care (Fig. 12.3). The goal of team nursing is to provide a range of nursing to the individual patient efficiently and effectively. A nursing team comprises of registered nurses, auxiliary nurses, and nursing aides. The team members work cooperatively with a well-qualified team leader and provide nursing care ranging from simple to complex nursing functions.

Typically, a nursing team includes the nurse in charge, registered nurses, nurse auxiliaries, nursing aides, and student nurses.

#### Nursing functions are classified as:

• **Simple nursing function:** These are tasks requiring minimal knowledge and can be carried out by lower cadre of staff like nursing aides or patient care assistants, e.g., giving cold compress.

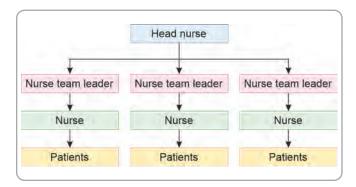


FIGURE 12.3: Different levels of team nursing

- Intermediate nursing functions: These are tasks that require some level of expertise and can be carried by providers with technical expertise, e.g., wound dressing.
- Professional functions: These are complex nursing functions that can be carried out by a professional nurse and require knowledge skills and judgment. Actions like analysis of ABG results, nursing assessment, analysis of BSL readings, etc.

# Characteristics of Team Work in Nursing

- The team has shared goals.
- Clarity in the division of labor
- Channels of communication are open
- Scope for honest feedback and improvement
- Availability of resources

#### Responsibilities of Leader Team

- Team leader must match the skills of the team members with the patient's car needs
- Must be aware of the patients' needs and care requirements
- Must assist the team member in their work and provide guidance and support as needed
- Conduct meetings to address member concerns and provide training.

#### Advantages of Team Nursing

- Enhances patient care outcomes
- Promotes patient satisfaction
- Improved nurse-patient communication
- Promotes provision of total patient care
- Enhances job satisfaction and team spirit.

# Disadvantages of Nursing Team

- Changing team members may cause difficulties in care assignments.
- Requires cooperation from all team members.
- Patient may be uncomfortable since many nurses are involved in care.
- Conflicts between team members may dilute the quality of care provided.

#### **Primary Nursing**

Primary nursing model is a care model where a registered nurse (RN) manages and coordinates the care of a group of patients during the entire period of hospitalization (Fig. 12.4). The primary nurse is the central point of contact for clients and families. The nurse collaborates with other

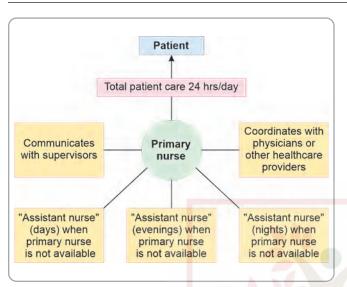


FIGURE 12.4: Primary nursing model

healthcare providers to provide high-quality, individualized care to patients.

The primary care nurse acts as a nursing care partner, and liaison between the patient, physician, and other healthcare team members. The primary nurse plans nursing care for 24 hours, from admission to discharge. She also provides and documents nursing care in the nursing care plan which is followed by the associate nurse in the team during her absence. Nurse practitioners are ideal candidates to fill the positions of primary care nurses.

# Advantages of Primary Nursing

- Improved continuity of care
- Greater patient satisfaction
- Better communication between patients, nurses, and other healthcare providers
- Increased accountability for the primary nurse

 More opportunities for the nurse to build rapport and trust with patients and their families.

# Disadvantages of Primary Nursing

- Higher cost due to the need for more RNs
- Greater workload and responsibility for the primary nurse
- Potential for burnout and job dissatisfaction due to the high level of responsibility.

The advantages and disadvantages of primary nursing are given in Figure 12.5.

# Nursing Manager's Role

- Assess the nurses' desire to be primary care nurses.
- Provide training and develop leadership skills as required.
- Function as a role model and advocate while providing guidance and consultation.

#### Staff Nurse's Role

- Seek training and develop the competencies required to be a primary nurse.
- Be accountable for the nursing care provided.
- Advocate for patient care concerns.

#### **Case Management**

Case management is a new type of nursing café delivery system that emerged from the primary nursing model in the 1985's. Case management is an approach to addressing people's holistic health concerns (Fig. 12.6). It is a model of care delivery that considers cost factors as well as patient and provider satisfaction. Nurses can improve client self-care, reduce care fragmentation, offer high-quality care across a continuum, improve clients' quality of life, shorten hospital

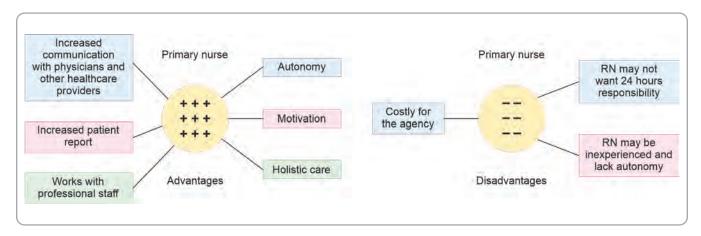


FIGURE 12.5: Advantages and disadvantages of primary nursing

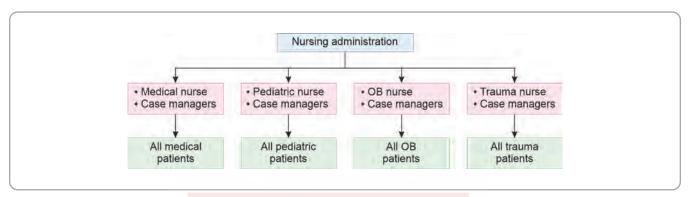


FIGURE 12.6: Nursing case management

stays, boost staff and client satisfaction, and encourage the economical use of limited resources by implementing the case management approach. Nurses can showcase their responsibilities in interdisciplinary healthcare teams through case management.

Case management is a collaborative activity focusing on comprehensive nursing assessment and care interventions including referrals as required to meet the healthcare needs of the patient and family.

# Workflow in Case Management Model

The workflow of case management model is shown in Figure 12.7.

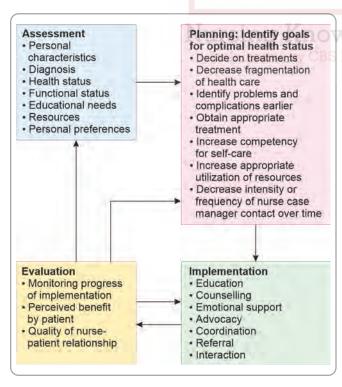


FIGURE 12.7: Workflow of case management model

The term "case management" refers to a process of providing healthcare to a patient or client in which a professional assists in creating a plan that integrates and coordinates the support services required to maximize healthcare and psychological consequences. Case management assists the patient and family to navigate through a complex range of services and supports available in an organization or institution, and the community.

# Features of the Case Management Model

- The case manager is a registered nurse with leadership skills.
- The case manager is responsible for following a patient's care and progress from the diagnostic phase through hospitalization, rehabilitation, and discharge including home care.
- The case manager follows a clinical pathway for care and treatment that includes specific timelines and standard protocols.
- The case manager is responsible for identifying and tackling costly delays in diagnosis, and hospital days by discussing with the patient and physicians.
- Third-party payers usually appoint case managers (e.g., insurance companies). Sometimes they are appointed by hospitals (e.g., for heart surgeries, renal transplants, etc.) or by industrialists, associations, and individuals, e.g., geriatric, family, or private patients case managers
- The main role of the case manager is teaching, advocating, and coordinating with healthcare providers.

#### Advantages of Case Management Model

- Quality patient care can be provided.
- Increases patient satisfaction
- Promotes professional accountability
- Improves professional image



FIGURE 12.8: Modular nursing

# Disadvantages of Case Management Model

- Difficulty in coordinating care and maintaining continuity of care
- Time consuming
- Increases the healthcare cost

# **Modular Nursing**

Modular nursing is a variant of team nursing developed by Magargal in 1987, in which the nursing team provides care to a group of patients nearby, such as a row of consecutive patient rooms in a hallway (Fig. 12.8).

# Model of Modular Nursing Care Delivery

- The patient care unit is divided into proximal geographical units called modules.
- Same team of nurses is assigned to each module.
- Each modular team has a registered nurse as team leader.
- The team leader assigns patients to the modular staff.
- Nurse in charge coordinates the work in all modules in a patient care unit or ward.
- Module team leaders are accountable for the work in each
- The nurse in charge provides guidance and support as and when required by the modular teams.
- Each module may or may not have the same number of patients. Staff assignment is based on patient acuity.

# Responsibilities of the Nursing In Charge

- Assign staff and patients to different modules
- Coordinate modular work
- Provide guidance and support as required to team leaders and staff
- Maintain continuity of patient care and ensure that quality car is provided.

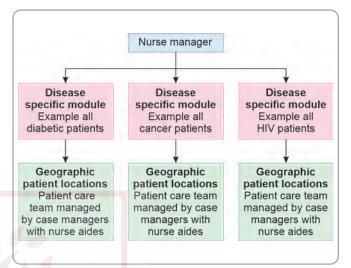


FIGURE 12.9: Modular nursing model

#### Responsibilities of the Module Team Leader

- Assign staff to patients in the module.
- Coordinate and control the work of staff in the module.
- Promote accountability for care provided.
- Report untoward incidents to the charge nurse.
- Enable open channels of communication between all team members, healthcare providers, and patients.

#### Advantages of Modular Nursing

- Enables maintenance of continuity of care
- Effective time management is possible
- Enhances inter and intrapersonnel communication and
- Novice nurses can be supported by experienced peers
- Increases patient satisfaction.

#### Disadvantages of Modular Nursing

- Lack of accountability among staff
- Interprofessional conflict may disrupt communication
- Increases healthcare cost since each module is to be equipped well and may also require infrastructural changes.

Case management model is shown in Figure 12.9.

# APPLICATION OF NURSING CARE **DELIVERY MODELS IN INDIA**

Nursing care delivery models are essential frameworks that determine how nursing care is organized, managed, and delivered to patients. In India, nursing care delivery models are adapted to the local healthcare context, hospital infrastructure, staffing patterns, and patient needs.

- **Team nursing model:** Team nursing is used, especially in public hospitals and larger private hospitals, where there is a mix of nurse categories (staff nurses, auxiliary nurse midwives, and nursing assistants) to manage critically ill patients.
- Primary nursing model: This model is not commonly used in India due to nurse shortages and poor patient-tonurse ratios.
- Functional nursing model: This model has been traditionally followed in busy government hospitals and large healthcare facilities in India, where there are high patient volumes and limited nursing staff.
- Total patient care model: In many hospitals, this model is being implemented. Hospitals are integrating patient feedback systems, family participation, and personalized care plans, particularly in departments like oncology, geriatrics, and palliative care.
- Case management model: This model is applied in specialized areas such as chronic disease management (e.g., diabetes, heart disease) and cancer care. It is also used in corporate hospitals with a focus on streamlining care pathways and improving patient outcomes.

# CHALLENGES IN IMPLEMENTATION OF NURSING CARE DELIVERY MODELS IN **INDIA**

- Nurse-patient ratios: Nursing workforce shortages combined with high nurse-patient ratios often make it difficult to implement nursing care delivery models in the existing healthcare facilities in India.
- Infrastructural constraints: Many hospitals lack the necessary infrastructure to support the implementation of nursing care delivery models effectively.
- Workload and burnout: High patient loads, particularly in public hospitals, lead to nurse burnout, limiting the effectiveness of certain models that require close patient interaction.

The application of nursing care delivery models in India varies based on the type of healthcare facility, region, and availability of nursing staff. As healthcare in India evolves, there is increasing emphasis on adopting models that promote efficiency, patient-centered care, and better nurse-patient ratios, though challenges remain in resource allocation and nurse training.

#### SUMMARY

- Nursing care delivery models are structured approaches to organize and provide nursing care to patients, ensuring that resources are efficiently utilized, and care is delivered effectively.
- Common models include team nursing, primary nursing, functional nursing, and patient-centered care, among others.
- The challenges in implementing these models in India include inadequate nurse-patient ratios, high workloads, and infrastructural constraints, especially in government hospitals.
- The shortage of specialized nurses and burnout further complicate the application of certain models.
- Despite these challenges, adapting nursing care delivery models to the specific needs of Indian healthcare facilities is crucial for improving patient outcomes and care quality.

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# STUDENT ASSIGNMENT

#### LONG ANSWER QUESTIONS

- 1. Discuss the various nursing care delivery models used in healthcare settings. How do these models influence patient care and outcomes? Provide examples to illustrate your points.
- 2. Examine the advantages and disadvantages of the primary nursing model in delivering patient care. What factors influence the successful implementation of this model in India?
- 3. Compare and contrast team nursing and functional nursing care delivery models. What are the strengths and limitations of each model in different healthcare settings?
- 4. Analyze the role of Total patient care model in modern healthcare delivery. What are the challenges faced by nurses in implementing this model, especially in high-patient-volume environments?

#### SHORT ANSWER QUESTIONS

- 1. What are the potential drawbacks of functional care model in achieving holistic patient management?
- 2. What are the key challenges faced in the implementation of nursing care delivery models in India?
- 3. How does the case management model of nursing care can enhance continuity of care for patients with chronic illnesses?
- 4. Critically analyze the application of team nursing in Indian healthcare context.

#### MULTIPLE CHOICE QUESTIONS

- 1. Which of the following is a primary advantage of the team nursing model?
  - a. Ensures continuity of care by assigning one nurse to a patient throughout their stay
  - b. Promotes collaboration among nurses with varied skill levels
  - c. Reduces the need for communication among healthcare providers
  - d. Focuses exclusively on the task-oriented distribution of care
- 2. What is a major disadvantage of the functional nursing model?
  - a. It requires too much responsibility from a single nurse
  - b. It can lead to fragmented care due to task-specific assignments
  - c. It is difficult to implement in high-patient-load environments
  - d. It is less efficient for large teams of nurses

- 3. Which nursing care delivery model emphasizes individualized patient care and continuity by assigning a single nurse to a patient throughout their stay?
  - a. Functional nursing
  - b. Primary nursing
  - c. Team nursing
  - d. Case management
- 4. In which scenario would the case management model of care delivery be most effective?
  - a. Short-term care for patients in an emergency department
  - b. Long-term management of patients with chronic conditions such as diabetes
  - c. Routine care for patients in a general hospital ward
  - d. Administering medications in a high-volume outpatient clinic

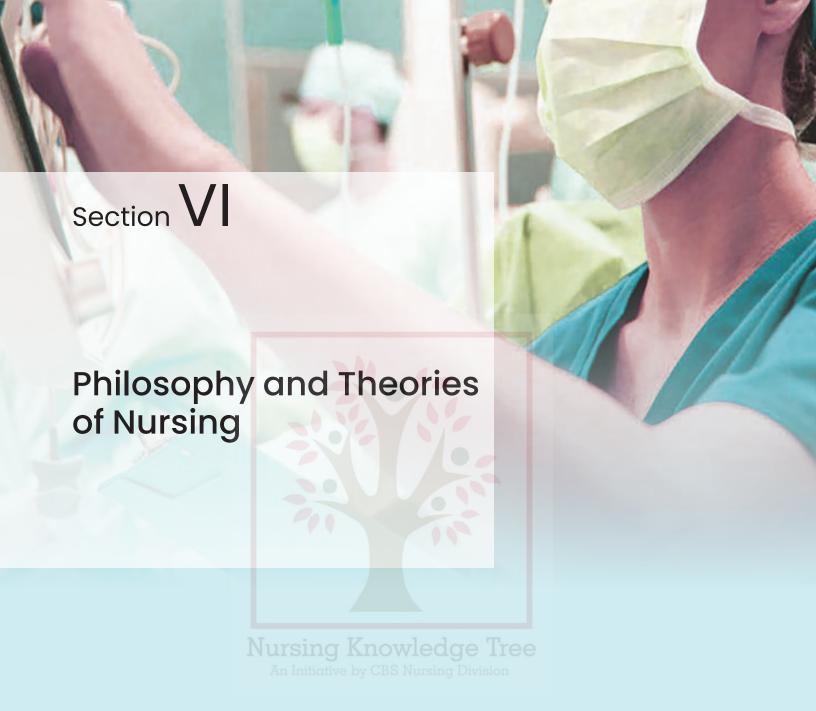
- 5. One of the primary challenges in implementing the primary nursing model in India is:
  - a. The model's inability to improve patient satisfaction
  - b. The high nurse-patient ratio in most healthcare settings
  - c. Lack of communication among healthcare teams
  - d. The model's inefficiency in handling specialized care needs
- 6. Which of the following is a major benefit of the patient-centered care model?
  - a. It allows nurses to focus on specific tasks rather than holistic care
  - b. It encourages patient participation and shared decision-making
  - c. It minimizes the need for interdisciplinary collaboration
  - d. It reduces the need for continuous communication with patients
- 7. What is the most significant challenge of the functional nursing model in public hospitals with high patient volumes?
  - a. Lack of specialization in care delivery
  - b. Difficulty in implementing task delegation
  - c. Limited holistic care due to task-oriented focus
  - d. Increased collaboration among nurses

- 8. Which factor primarily limits the application of the case management model in India's healthcare system?
  - a. Shortage of healthcare professionals capable of managing cases
  - b. Inadequate infrastructure for patient monitoring
  - c. Excessive focus on specialized care rather than overall patient management
  - d. High costs associated with employing case managers
- 9. In the context of rural healthcare in India, which nursing care model would most effectively address nurse shortages and healthcare delivery needs?
  - a. Functional nursing
  - b. Case management
  - c. Team nursing
  - d. Primary nursing
- 10. Which of the following is NOT a typical challenge in implementing nursing care delivery models in India?
  - a. Shortage of trained nursing staff
  - b. High nurse-patient ratios
  - c. Fragmentation of care in task-oriented models
  - d. Excessive availability of specialized nurses

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ANSWER KEY

1. b 2. b 3. b 4. b 5. b 6. b 7. c 8. a 9. c 10. d



# SECTION OUTLINE

CHAPTER 37 Introduction to Nursing Theories and Conceptual Models
CHAPTER 38 Nursing Theorists, their Theories and its Application to Nursing Practice



#### **LEARNING OBJECTIVES**

After the completion of the chapter, the readers will be able to:

- Conceptualize the meaning of conceptual models and theories.
- Discuss the historical development of nursing theories.
- Explain the importance of nursing theories.

- Enumerate the different types of nursing theories.
- Differentiate between conceptual framework and theory.
- Explain the metaparadigm of nursing.

#### **CHAPTER OUTLINE**

- Introduction
- Nursing Theory

- Theory Development
- Concepts and Conceptual Model

#### **KEY TERMS**

Caring: Caring encompasses empathy, compassion, and fostering a supportive atmosphere for patients.

Concept: A concept is an abstract idea or a mental representation of a category, characteristic, or relationship.

**Conceptual framework:** A conceptual framework is a structured plan or set of ideas that guides research by clearly defining key concepts and their relationships.

**Environment:** It encompasses the physical, social, and cultural factors affecting a patient's well-being. It includes the settings in which care is provided and the broader societal and environmental influences on health.

**Evidence-based practice:** It involves using scientific research, clinical expertise, and patient needs to deliver effective care and enhance patient outcomes.

**Health:** Defined as a continuum from wellness to illness, health is viewed as more than the absence of disease. Theories often explore ways to support health promotion, prevention, and achieving an optimal quality of life.

Model: A model is a simplified representation or framework used to describe, explain, or predict real-world phenomena.

**Nursing:** This field represents the roles and actions of nurses in promoting health, preventing illness, and providing care. It includes the nurse's knowledge, skills, values, and ability to create a therapeutic relationship.

**Person/Client:** Refers to the individual, family, or community receiving care. It includes understanding the person as a holistic being with physical, emotional, social, and spiritual needs.

**Philosophy:** Philosophy studies fundamental questions about existence, knowledge, values, reason, and reality.

**Professionalism:** Highlights the ethics, standards, and duties that come with the nursing profession, including accountability, respect, and advocacy.

**Theory:** A theory is a systematic set of concepts and principles that explain relationships and phenomena.

#### INTRODUCTION

Nursing has evolved significantly over the years, driven by the development of theories and conceptual models that form the foundation of nursing practice, education, and research. These theories provide a structured approach to understanding patients' unique needs, defining nurses' roles, and establishing effective care methodologies. Nursing theories range from grand theories, which offer broad frameworks for understanding nursing, to middle-range and practice theories that address more specific aspects of care.

Nursing theories have played a critical role in guiding nursing education and professional practice in India, enabling nurses to deliver high-quality, evidence-based care. However, adapting and integrating these theories in Indian nursing practices often require consideration of local healthcare needs, cultural contexts, and resource limitations.

The nursing workforce in India is extensive and rapidly expanding. Recent statistics indicate that there are approximately 3.07 million registered nurses and midwives serving a population of over 1.3 billion. Despite this substantial number, the nurse-to-population ratio is still lower than the World Health Organization's recommended standard. This creates unique challenges and calls for innovative approaches in nursing care. Conceptual models and theories help address these challenges by providing frameworks that promote holistic, patient-centered care tailored to meet India's specific healthcare needs.

The history of professional nursing began with Florence Nightingale, who envisioned nurses as knowledgeable advocates capable of bringing positive changes to healthcare delivery (Alligood, 2014). A century later, during the 1950s, the need to develop a distinct body of nursing knowledge, separate from medical knowledge, became evident to guide nursing practice. In the 1800s, Florence Nightingale identified the distinct nature of nursing and emphasized the differences between nursing knowledge and medical knowledge. This realization sparked an awareness of the importance of developing nursing theories (Alligood, 2010). Prior to this, nursing practice relied on principles and traditions passed down through an apprenticeship model of education and individual hospital procedure manuals. This shift from a vocation to a profession involves various historical eras in nursing: the curriculum era, the research emphasis era, the research era, the graduate education era, and the theory era. (Alligood, 2014). The era of nursing theory emerged as a natural progression from the era of nursing research. The science of nursing is crucial for the practice and advancement of the nursing profession. It involves systematic study and application of knowledge related to caring for individuals, families, and communities. The goal is to promote and maintain health, prevent illness and injury, and restore health when necessary. Conceptual frameworks and Theory are terms that are used interchangeably, but they are different.

A theory in general term is a conceptual system or framework intended for some purpose. The word theory is derived from the Greek word 'Theoria', meaning a "vision." Riehl and Roy state, "Theory can be defined as a scientifically acceptable general principle which governs practice or is proposed to explain the observed facts." Therefore, theory development is viewed as a rational and intellectual process leading to the discovery of truth. Further, the theories are composed of-concepts, models, and propositions and are based on assumptions. "Theories are also viewed as a set of interrelated concepts that give a systematic view of a phenomenon that is explanatory and predictive."

George (1970) defines theories as a systematic way of looking at the world to describe, explain, predict, or control it. Theory is often defined as an abstract generalization that explains how phenomena are interrelated. As classically defined, theories consist of two or more concepts and a set of propositions that form a logically interrelated system, providing a mechanism for deducing hypotheses.

#### NURSING THEORY

Nursing theories are systematic and organized sets of concepts and principles that guide nursing practice. They provide a framework for understanding and explaining phenomena in nursing, helping nurses understand their observations and experiences. Nursing theories are based on concepts and paradigms. Theories have been tested and have empirical evidence.

#### **Definitions of Nursing Theory**

The following are some of the widely acclaimed definitions of nursing theory:

Fawett (1989): Nursing theory is 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.

Meleis (1991): Nursing theory is an articulated and communicated conceptualization of invented or discovered reality in or about nursing to describe, explain, predict, or prescribe nursing care.

Chinn and Jacob (1983): Nursing theory is a set of concepts, depositions, and propositions that project a systematic view of phenomena by designating specific interrelationships among concepts to describe, explain, predict, and/or control phenomena.

# **Characteristics of Nursing Theory**

Let us know about the special characteristics of nursing theory:

- Abstract and conceptual: Nursing theories are often abstract and form the foundation of nursing knowledge.
- Purposeful and goal-oriented: Each nursing theory
  has a specific purpose or aim that addresses a particular
  aspect of patient care or nursing practice. For example,
  Florence Nightingale's theory focuses on the importance
  of the environment in patient care.
- Systematic and organized framework: Nursing theories are organized systems of ideas that structure nursing knowledge logically and coherently.
- **Predictive and explanatory:** Nursing theories aim to predict and explain nursing phenomena by identifying relationships between variables. For example, Nola Pender's Model of Health Promotion predicts the likelihood of patients adopting healthy behaviors.
- Testable and researchable: Nursing theories, especially middle-range and practice theories, are designed to be testable through research.
- Culturally sensitive and adaptable: Nursing theories
  consider the cultural, social, and environmental context
  of patients and are adaptable to individuals' unique
  needs and values. For example, Leninger's Sunrise model
  provides a framework for culturally sensitive patient care.
- Practice-oriented: Nursing theories are inherently practical, guiding clinical decision-making, assessment, and intervention strategies.
- Focused on human response and holistic care: Many nursing theories emphasize holistic care by recognizing the patient as a whole being with physical, emotional, psychological, social, and spiritual dimensions.
- Evolutionary and dynamic: Nursing theories evolve as new knowledge, research, and clinical experiences emerge. They are continuously developed and refined to stay relevant to current healthcare needs and advancements in nursing science.

# **Functions of Nursing Theory**

The following are the basic functions of nursing theory:

- **Guide practice:** Nursing theories guide and inform nursing practice by providing a framework for understanding patient needs and organizing care.
- Education: These theories serve as a foundation for nursing education, helping students understand the underlying principles of nursing.
- Research: Nursing theories contribute to the development of nursing research by providing a basis for hypotheses and study design.

 Quality improvement: Theories help evaluate and improve the quality of nursing care by providing a systematic approach to problem-solving.

# **Historical Development of Nursing Theories**

Nursing theories provide a framework for understanding and guiding nursing practice. The historical development of nursing theories is a dynamic and evolving process that spans several decades as depicted here:

# Early 20th Century: The Formation of Modern Nursing

The early 20th century saw the establishment of modern nursing by some of the pioneers, like Florence Nightingale. Nightingale is often considered the founder of modern nursing and emphasized the importance of environmental health factors. While not developing a formal theory, her work laid the foundation for future nursing theories. Florence Nightingale proposed Environmental theory in 1860 and emphasized the significance of the environment in impacting health outcomes.

# 1950s-1969s: Formation of Nursing Theories

This period marked the emergence of nursing theories as scholars sought to define the unique body of knowledge and principles that constitute nursing. Notable theorists from this era include:

- Virginia Henderson: She is known for her definition of nursing and the development of the nursing model based on human needs. Needs theory was proposed by Virginia Henderson in 1955.
- Hildegard Peplau: In 1965 Peplau discussed the therapeutic process on patient-nurse relationships. Interpersonal relations theory focuses on the nursepatient relationship as a therapeutic tool.
- Faye Abdellah: Abdellah's most significant contribution
  is the development of the patient-centered approach to
  nursing (PCAN) model, which she introduced in the
  1960s. The PCAN model emphasizes a patient-centered
  approach to nursing care, focusing on meeting the
  21 unique needs of individual patients.
- Ida Orlando: Orlando's most notable contribution is the development of the Nursing Process Theory, also known as the "Deliberative Nursing Process." She first introduced this theory in the late 1950s and later published it in her book, "The Dynamic Nurse-Patient Relationship" in 1961.
- Dorothy Johnsons: Johnson developed the Behavioral System Model in 1968. This model emphasizes the

significance of behavioral systems in maintaining balance and equilibrium for an individual. According to Johnson, individuals have inherent and acquired behavioral systems that contribute to their stability and adaptation to the environment.

#### 1970s–1980s: Growth and Diversification

The 1970s and 1980s witnessed a proliferation of nursing theories and models. Theories during this period often focused on specific aspects of nursing, such as education, research, or practice. Notable theorists include:

- Martha Rogers: Introduced the Science of Unitary Human Beings in 1970, emphasizing the interconnectedness of humans and their environment. The theory posits that humans and their environment are integral energy fields, and individuals are viewed as irreducible, indivisible wholes.
- Dorothea Orem: Introduced the Self-Care Deficit Nursing Theory (SCDNT), emphasizing the patient's ability for self-care and the nurse's role in assisting with self-care activities. Orem's most notable contribution is the development of the SCDNT, which she first presented in the 1950s and later published in her book, Nursing: Concepts of Practice in 1971. The SCDNT is based on the idea that individuals have the ability to perform selfcare and that nursing is required when individuals are unable to meet their self-care needs.
- Betty Neuman: She developed the Neuman Systems Model in 1972, focusing on the impact of stress on the patient's health and the nurse's role in promoting stability. This model is based on the idea that individuals are constantly interacting with their environment to maintain stability. The model views individuals as open systems, with several concentric levels (physiological, developmental, psychological, sociocultural, spiritual) interacting to maintain balance.
- Immogene King: King's major contribution is the development of the Theory of Goal Attainment in 1971, which she first introduced in the early 1960s and later expanded and refined throughout her career. The theory is based on the idea that nursing focuses on helping individuals achieve their health goals through a process of communication and interaction.
- Sister Callista Roy: A nursing theorist, developed the Roy Adaptation Model (RAM), which is a widely used nursing theory that provides a framework for understanding and responding to an individual's adaptation to health and illness. This model was first introduced in the 1979 and has since undergone revisions.
- Jean Watson: Watson views caring as the core and essence of nursing, suggesting that the act of caring promotes

healing and helps individuals reach their highest potential. She proposed the theory of Human Caring in 1979.

# 1980s–Present: Integration and Refinement

Nursing theories continued to evolve with an increasing emphasis on interdisciplinary collaboration, evidence-based practice, and the integration of nursing theories into the broader healthcare system. Theories and their theorists during this period include:

- Madeleine Leininger: Introduced the Theory of Cultural Care Diversity and Universality was initially proposed in the 1960s but refined through the 1970 and 1980s and proposed as the sunrise model in 1983, highlighting the importance of cultural competence in nursing care.
- Patricia Benner: She proposed the novice to expert nursing theory in 1982, which highlighted the five stages of development of a proficient nurse from novice to
- Nola Pender: She proposed the health promotion model which discusses the relationship between perceived threats, barriers, and health promotion behaviors.

# Contemporary Trends: Holistic and **Evidence-Based Nursing**

Recent trends in nursing theories reflect a holistic approach to patient care and a commitment to evidence-based practice. Nurses continue to refine and expand existing theories while incorporating new perspectives and technologies into their practice.

Synergy model of patient care by American Association of Critical Care Nursing: It is a professional practice model and emphasizes eight universal characteristics, i.e., stability of the patient, complexity of care required, predictability of outcome, resilience, vulnerability of the concerned patients, nurses participation in decision making, participation in care, and availability of resource.

Throughout this historical development, nursing theories have played a crucial role in shaping the profession and guiding education, research, and practice. They provide a framework for understanding the art and science of nursing, contributing to the ongoing improvement of patient care and healthcare delivery.

# Significance of Nursing Theory

The development of nursing theory has led to the recognition of nursing as an academic discipline and profession. The development of nursing curricula and the advancement of Baccalaureate programs to master's and doctorate degrees established this development of nursing as a professional discipline. The development of theories is also responsible for recognizing nursing as a profession. According to Bixler and Bixler (1959), the application of nursing knowledge in practice is an essential criterion for a profession.

# **Components of Nursing Theory**

#### Concept

Concepts are "empirical, inferential or abstract depending on their ability to be observed in the real world" (George, 1990). For example, empirical concepts refer to what we can observe directly in the real world, the pen, knife, and patient bed, whereas 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

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). The concepts are the basic components of theory. Interrelated concepts form a theory.

Types of concepts can be categorized as follows:

- 1. **Abstract concepts:** Intangible ideas such as love, freedom, or health.
- 2. Concrete concepts: Tangible, observable entities such as a bed, a hospital, or a nurse.
- 3. Variable concepts: Changeable elements that can vary in value or magnitude, such as blood pressure or pain levels.
- 4. Non-variable concepts: Static elements that do not change, such as gender or a specific medical diagnosis.
- 5. Theoretical concepts: Ideas derived from a theoretical framework that explain relationships phenomena, such as self-efficacy in health behavior models.
- 6. Operational concepts: Concepts defined in terms of specific, measurable criteria for the purpose of research, such as defining "patient satisfaction" through survey responses.

#### Phenomenon

A phenomenon is an observable event or a particular aspect of reality that can be perceived, experienced, and systematically studied, forming the foundation for theory development and nursing practice.

#### **Definitions**

Definitions are precise explanations of concepts or terms used within the theory. They clarify what each concept means in the context of the theory and how it is applied in nursing practice, research, and education. By specifying the scope

and boundaries of each concept, definitions help ensure consistency and understanding among practitioners and researchers.

In the context of nursing theory, theoretical definitions and operational definitions serve distinct purposes:

- Theoretical definition: It provides a conceptual explanation of a term or concept based on its meaning within a theory. It offers a broad, abstract understanding of the concept and its role within the theoretical framework. For example, in nursing theory, a theoretical definition of "patient satisfaction" might describe it as the extent to which patients feel their needs and expectations are met by healthcare services.
- Operational definition: It specifies how a concept is measured or observed in practical terms. It translates the theoretical definition into concrete, measurable criteria. For example, the operational definition of "patient satisfaction" might include specific survey questions that assess various aspects of care, such as communication with healthcare providers, the environment, and overall experience.

#### Relational Statements

They define relationships between two concepts. In nursing theory, relational statements describe the connections and interactions between concepts within the theory. They illustrate how different concepts are related to one another and how these relationships influence nursing practice, research, and patient outcomes. Relational statements help to clarify the theoretical framework and guide the application of the theory in clinical settings.

For example, a relational statement in a nursing theory might assert that "higher levels of nurse-patient communication are associated with increased patient satisfaction and improved health outcomes." This statement defines the relationship between the concepts of communication, patient satisfaction, and health outcomes, providing insight into how they interact within the context of the theory.

#### **Assumptions**

In nursing theory, assumptions are foundational beliefs or premises that underlie the theoretical framework. They are accepted as true without empirical proof and serve as the starting point for developing and applying the theory. Assumptions provide a basis for understanding how concepts are related and guide the application of the theory in practice. Key characteristics of assumptions in nursing theory include:

Fundamental beliefs: They represent the basic beliefs about the nature of nursing, patients, and healthcare environments.

- Implicit and explicit: Some assumptions may be explicitly stated in the theory, while others may be implicit and taken for granted.
- Guiding principles: They guide the development of theoretical concepts and the formulation of relational statements.
- Contextual basis: They provide a context for interpreting research findings and clinical practice based on the
- **Influence on practice:** They influence how nursing care is planned and implemented, shaping interactions with patients and healthcare systems.

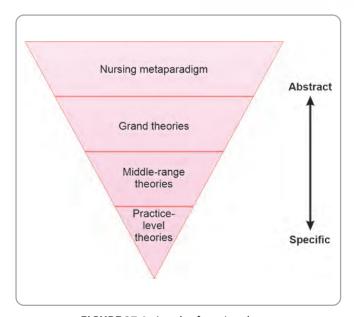
For example, a nursing theory might assume that "patients are active participants in their own care," which underpins the theory's emphasis on patient-centered care and collaboration.

# **Classification of Nursing Theories**

Nursing theories are often classified based on their scope and focus. Figure 37.1 depicts various levels of nursing theories.

# By Abstraction and Scope

Grand theories: These provide broad, abstract frameworks offering comprehensive nursing practice and education perspectives. They aim to explain and guide nursing across diverse settings. These broad, abstract theories provide a comprehensive framework for the entire discipline of nursing. They focus on defining the nature, goals, and mission of nursing as a whole. Examples include Dorothea Orem's Self-Care Deficit Theory, Jean Watson's Theory of Human Caring, Martha Roger's Science of Unitary Being.



**FIGURE 37.1:** Levels of nursing theory

Middle-range theories: These are narrower in scope and focus on specific aspects of nursing practice. These theories are more specific than grand theories, focusing on particular aspects of nursing rather than the entire discipline. They are less abstract, more focused, testable and applicable in nursing practice. They address particular phenomena or concepts and are often used to guide research and practice. Examples include Patricia Benner's theory of skill acquisition, Betty Neuman's Systems Model, Katherine Kolcaba's Theory of Comfort, Nola Pender's Health Promotion model.

Practice level theories: These are the most specific and are designed to address particular problems or situations in nursing practice. These are highly specific theories that guide specific nursing interventions or clinical situations. They are often derived from middle-range theories and are applied directly in practice. They are practical, and often testable in real-world settings. Examples include Orlando's Nursing Process Theory, Hildegard Peplau's Interpersonal Relations Theory.

# By Goal Orientation or Purpose

- Descriptive theories: These theories describe and categorize phenomena without explaining their relation. They do not provide direct intervention guidance and are often used to explore and understand specific nursing concepts or patient experiences. Descriptive theories describe the nursing practice and focus on observing and analyzing nursing behaviors and experiences. They aim to provide a comprehensive understanding of the nursing practice and can be used to identify areas for improvement in nursing care. For example, the theory of Chronic Sorrow (Eakes, Burke, and Hainsworth) describes the emotional responses of individuals dealing with ongoing grief, and the Theory of Self-Care (Orem) describes the behaviors individuals engage in to maintain their health. Descriptive theories are regarded as the first level in theory development and aim to detail the components of a nursing phenomenon as it occurs. Descriptive theories are subdivided into factor-isolating theory and explanatory theory.
  - Factor-isolating theory aims to explain the properties and limitations of nursing phenomena. This concept is also referred to as labelling theory.
  - The explanatory theory aims to clarify the connections between nursing phenomena in relation to the concept.
- Prescriptive theories: These offer predictions about outcomes based on specific interventions and guide decision-making and practice. They are often used to guide interventions and evaluate their effectiveness. Examples include Imogene King's Theory of Goal Attainment.

# Repetition and replication: Repeat studies and encourage replication by other researchers to ensure the theory's reliability and validity. Dissemination: Publication: Publish the theory and research findings in academic journals, books, and other scholarly mediums. Implementation: Integrate the theory into nursing practice, education, and further research.

#### THEORY DEVELOPMENT

**Strategies of theory development:** Theory originates from theory or practice or research following pathways as mentioned in Table 37.1.

# **Process of Theory Development**

Nursing theory development is a critical aspect of nursing, providing a foundation for practice, education, and research.

#### • Conceptualization:

- Identify a phenomenon: Recognize an aspect of nursing practice, education, or experience that needs better understanding.
- Literature review: Conduct a comprehensive review of existing literature to understand what is already known about the phenomenon.

#### • Theory construction:

- Define concepts: Identify and clearly define the key concepts related to the phenomenon.
- Propose relationships: Establish relationships between the concepts, forming a framework that explains how they interact.
- Develop propositions: Formulate propositions or hypotheses that can be tested through research.

#### Empirical testing:

- Research design: Develop a research plan to test the propositions or hypotheses. This could involve qualitative, quantitative, or mixed methods.
- **Data collection:** Gather data through experiments, surveys, observations, or other methods.
- Data analysis: Analyze the data to determine if the evidence supports the theory.

#### • Refinement and validation:

- Evaluate findings: Assess the results of the empirical testing to refine and improve the theory.
- Peer review: Submit the theory and findings to peerreviewed journals for critique and validation by the scientific community.

# Testing a Theory

The purpose of testing a theory is to verify the validity of the hypothetical prediction of relationships in the theory in empirical reality.

# Steps in Testing a Theory

Testing a nursing theory involves systematic steps to evaluate its validity, reliability, and applicability:

- 1. Formulate hypotheses: Based on the theory, identify specific propositions or hypotheses that can be tested. Define how theoretical concepts will be measured and observed in practice. This often involves developing operational definitions for abstract concepts.
- 2. **Design the study:** Choose an appropriate research design (e.g., experimental, quasi-experimental, correlational, qualitative) that aligns with the hypotheses and the nature of the theory. Identify the population and select a representative sample. Consider factors such as size, demographics, and inclusion/exclusion criteria.
- 3. **Data collection:** Create or select data collection instruments (e.g., surveys, interviews, observation checklists) that accurately measure the variables. Implement the data collection process, ensuring consistency and reliability. This may involve conducting surveys, interviews, observations, or experiments.

**TABLE 37.1:** Origin of theory development

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Origin	Development base	Type of theory	Steps of development	
Theory- practice- theory	Existing theories which may be nursing or non-nursing	Borrowed or shared theory	<ul><li>Analyzing existing theories</li><li>Evaluating and defining concepts</li><li>Creating new definitions and proposition</li></ul>	
Practice- theory	Derived from practice	Grounded theory	<ul><li>Observe phenomenon</li><li>Analyze and evaluate conceptual relationships</li></ul>	
Research- theory	Derived from Research	Evidence-based theory	<ul><li>Identify and evaluate phenomena in predetermined situations.</li><li>Examine patterns and links</li></ul>	
Theory- research- theory	Research questions derived from theory and leading to new theory formations	Theory testing	<ul><li>Testing existing theory</li><li>Formation of new theories</li></ul>	

- 4. Data analysis: Use statistical methods to analyze quantitative data. This can involve descriptive statistics, inferential statistics (e.g., t-tests, ANOVA, regression analysis), and other techniques to test the hypotheses. For qualitative data, use methods such as thematic analysis, content analysis, or grounded theory to identify patterns, themes, and relationships. Compare the results with the theoretical propositions. Determine whether the data support or refute the hypotheses.
- 5. Evaluate validity and reliability: Evaluate the internal and external validity of the study. Internal validity refers to the accuracy of the study in measuring what it intends to measure, while external validity refers to the generalizability of the findings. Determine the consistency of the measurement instruments and the study results over time.
- 6. Refine the theory: Compare the findings with existing literature and theories to understand their significance and context. Based on the results, refine and modify the theory as needed. This may involve redefining concepts, adjusting propositions, or incorporating new variables. Conduct additional studies to test further and refine the theory. Replication by other researchers is crucial for establishing the theory's robustness.
- 7. Disseminate findings: Share the findings through academic journals, conferences, and other scholarly outlets. This allows for peer review and critique, which are essential for validating the theory. Translate the refined theory into practice guidelines, educational programs, and policy recommendations. Monitor and evaluate its impact on practice.

#### **Example Testing a Theory of Patient Care**

- Formulate hypotheses: Hypothesize that increased family visiting protocol improves patient satisfaction with nursing care.
- Design the study: Use a quasi-experimental design with two groups (intervention and control) in a hospital
- Data collection: Develop a survey to measure patient satisfaction and conduct pre- and post-intervention
- Data analysis: Use t-tests to compare satisfaction scores between groups.
- Evaluate validity and reliability: Ensure the survey has high validity and reliability through pilot testing.
- Refine the theory: If results show significant improvement, refine the theory to include family visitation protocols as a key factor in patient satisfaction.
- Disseminate findings: Publish results and integrate findings into nursing practice guidelines.

# **Meta Paradigms of Nursing**

The nursing metaparadigm serves as a framework that specifies the core concepts and themes characterizing the discipline. These concepts offer a comprehensive foundation for comprehending nursing practice, education, and research. The four core components of the nursing metaparadigm are:

#### Person

Refers to the individual, family, or community receiving nursing care. The concept of person encompasses the holistic nature of human beings, including their physical, psychological, social, and spiritual dimensions. Understanding the unique needs, experiences, and values of individuals; recognizing the importance of patient-centered care; considering the person's environment, culture, and life circumstances.

# Health

Health pertains to a person's overall well-being. It is commonly regarded as a dynamic condition that encompasses physical, mental, and social wellness, rather than just the lack of illness or disability. Promoting wellness and preventing illness; understanding health as a continuum; considering the subjective experience of health and illness; addressing determinants of health such as lifestyle, genetics, and environmental factors.

#### Environment

It pertains to the internal and external elements that influence an individual's health and well-being. This encompasses the physical, social, cultural, and economic circumstances in which a person exists and obtains care. Establishing and upholding a therapeutic atmosphere, tackling environmental factors that affect health, recognizing the influence of the community and society on health results, and encouraging healthy living conditions and environments are all important aspects of therapeutic care.

#### Nursing

This refers to the activities, interventions, and professional roles of nurses. Nursing encompasses caring for individuals, families, and communities to attain, preserve, or regain optimal health and quality of life. It involves delivering comprehensive and empathetic care, implementing evidencebased practices, representing the interests of patients and their families, encouraging patient education and self-management, working together with other healthcare professionals, and following ethical and professional guidelines.

The differences between theory and conceptual framework is given in Table 37.2.

TΔRI F 37 2.	Distinguishing factors	hetween theory and	conceptual framework
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Aspect	Framework	Theory	
Definition	A general structure that organizes and supports a study or practice	A systematic set of concepts and propositions that explain relationships between variables	
Purpose	Provides a guide or structure for organizing ideas, variables, and concepts relevant to a study or practice area.	Explains, predicts, and describes phenomena; offers insight into cause-and-effect relationships in specific situations.	
Scope and Abstraction	Summarizes concepts based on research.	Three key elements: (1) Set of defined and related constructs; (2) Constructs are interrelated; (3) Explains a phenomenon	
Development	Often derived from multiple theories or evidence-based practice; more flexible and adaptable.	Formulated from research and empirical evidence; often undergoes testing and validation.	
Use in Research	Guides the research design and conceptualization without providing testable predictions.	Provides testable propositions and hypotheses for research.	
Flexibility	High flexibility, adaptable to various studies or practices without testing specific relationships.	More rigid as it defines specific relationships and requires empirical testing to validate.	
Examples	Theoretical frameworks, conceptual frameworks, structural frameworks.	Grand theories, middle-range theories, and practice theories.	

# **CONCEPTS AND CONCEPTUAL MODEL**

Concepts serve as foundational elements of conceptual models. They are abstract in nature and are characterized by how the concept is applied within a specific framework or theory. In the context of nursing theories and research, concepts and constructs are fundamental components used to explain phenomena, guide clinical practice, and develop nursing knowledge.

# Concept

Concept is defined as a general idea or notion that represents an aspect of reality or experience. It is used to articulate and understand complex nursing phenomena. Concepts may be concrete (e.g., "pain", "temperature") or abstract (e.g., "health", "well-being"):

- Concrete concepts: These are specific, observable aspects like "blood pressure" or "wound healing." They are easily measured or observed directly.
- Abstract concepts: These involve broader, more intangible ideas like "health," "compassion," or "caring," which are less easily quantified but critical to the practice of nursing.

Examples of important nursing concepts include *patient safety, advocacy, comfort*, and *autonomy*. These concepts provide the language and focus for describing nursing care.

#### **Constructs**

Constructs are more complex than concepts and are often used in theories to represent an abstract idea made up of

multiple interrelated concepts. They are designed to capture multifaceted phenomena and often require operational definitions that are measurable. In nursing, constructs may include ideas like "quality of life," "nurse-patient relationship," or "patient satisfaction." For example, the construct "quality of life" might include several dimensions such as physical health, psychological well-being, and social relationships. Constructs are useful in research because they allow abstract concepts to be measured and studied more systematically.

Example of concept and constructs in a nursing theory: In Jean Watson's Theory of Human Caring, Concepts include caring, healing, and human connection. The construct of "caring" integrates these concepts and forms the central focus of the theory, which emphasizes a holistic approach to patient care.

# **Conceptual Model**

Connecting concepts is the first step to the development of a conceptual framework. A conceptual model is an idea explained using symbolic and physical visualization. It can facilitate thinking about concepts and their relationships or map the research process. "Models represent the interaction among and between the concepts showing patterns" (George, 1990). Models are pictorial or diagrammatic representations of a proposition where propositions are explained as statements that describe the relationship between the concepts. The conceptual model deals with abstractions (concepts) that are assembled because of their relevance to a common theme.

A conceptual model provides a broad explanation of a phenomenon, conveys underlying assumptions, and represents a particular philosophical perspective. It serves as a representation of a phenomenon. On the other hand, a theory is composed of clearly defined concepts that systematically explain the relationships between two or more ideas. Theories are utilized to describe, explain, predict, or control phenomena of interest to researchers.

The conceptual model of nursing provides a framework for reflecting, observing, and interpreting phenomena. Specifically, it provides guidelines and guidance for aspects of clinical practice. Conceptual models provide a conceptual perspective on interrelated phenomena but are more loosely structured than theories and do not link concepts in a logical deductive system. A conceptual model broadly presents an understanding of a phenomenon and reflects the assumptions of the model's designer. Conceptual models can serve as springboards for generating hypotheses. Conceptual models are defined as a set of concepts and statements integrated into a meaningful configuration. It is based on assumptions, which are accepted truths and a basis for explaining concepts and propositions. A proposition is a statement defining a concept or the relationship between concepts. A conceptual diagram or a pattern that explains the concepts of a theory is a paradigm.

#### **SUMMARY**

- Theories lead to research and research generates theory, thus they have a reciprocal relationship. Nursing theory is a body of knowledge relating to nursing and explains the concepts in field of nursing. It is that unique focus of knowledge which differentiates nursing from other fields of study.
- 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.
- Nursing theories can be systematically tested, refined, and validated, ensuring they are robust and applicable to real-world nursing practice.
- By considering the interconnectedness of the person, health, environment, and nursing, healthcare providers can deliver more effective, compassionate, and holistic care.

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# STUDENT ASSIGNMENT

#### LONG ANSWER QUESTIONS

- 1. Discuss the purposes of theory and its characteristics with examples.
- 2. Describe the strategies for theory development and testing.
- 3. Explain the types of theories on the basis of its classification.

#### SHORT ANSWER QUESTIONS

- 1. Mention the components of nursing theory.
- 2. Classify the nursing theories.
- 3. What is metaparadigm in nursing?
- 4. Write about the significance of nursing theories.

#### MULTIPLE CHOICE QUESTIONS

- 1. Statements that describe or explain the relationship between concepts in a theory are known as:
  - a. Propositions
  - b. Concepts
  - c. Hypothesis
  - d. Assumption
- 2. The first step in theory development is:
  - a. Identifying and observing a phenomenon
  - b. Evaluating the relationship of concepts
  - c. Debating the linkages
  - d. Defining the problem

- 3. Which of the following is true about a nursing theory?
  - a. It usually fits one category only.
  - b. It is only valid if the theorist has the support of major nursing organizations.
  - c. Theories that lack specificity are only useful to scholars.
  - d. The category in which it fits depends on how it is interpreted
- 4. The purpose of Nursing theory is:
  - a. To develop a nursing education base
  - b. To guide practice
  - c. Develop a body of knowledge
  - d. All of the above

1. a 2. a 3. d 4. d

# Textbook of

# **Advanced Nursing Practice**

for MSc Nursing Students

#### Salient Features

- This book has been designed specifically for MSc Nursing Students, delying into the multifaceted roles, responsibilities, and challenges that define advanced nursing practice in today's dynamic healthcare environment.
- · It aims to provide an in-depth understanding of the principles and practices that empower advanced practice nurses (APNs) to deliver highquality, patient-centered care.
- Each chapter integrates foundational theories, clinical skills, and practical insights to prepare students for leadership roles in direct patient care, education, research or healthcare management.
- · Case discussions are incorporated to bridge the gap between theory and practice, enabling learners and teachers to develop the analytical skills required to address complex healthcare challenges.
- · Text is supplemented with Evidence-Based Practices, Latest Healthcare Advancements, and Research to enrich clinical decision-making.
- Throughout the book, all the Nursing Theories and Models with their applications in clinical practice, academic role, research, and administrative roles have been covered extensively.

Learning Objectives in the beginning of every chapter help readers understand the purpose of the chapter.

#### LEARNING OBJECTIVES

After the completion of the chapter, the readers will be able to:

- Define fluid and electrolyte balance and imbalance
- Identify the main electrolytes and their roles in the body Describe the normal processes of fluid and electrolyte balance

Chapter Outline gives a glimpse of the content covered in the chapter.

#### CHAPTER OUTLINE

- Introduction
- Types of Laws
- Sources of Laws

Key Terms are added in each chapter to help understand difficult scientific terms in easy language.

#### **KEY TERMS**

Accreditation: Formal recognition by a regulatory body or organization that a healthcare facility meets pre-determined quality standards.

Audit: A systematic review of nursing care processes, outcomes and documentation to assess adherence to quality standards

Must Know boxes prove highly beneficial in memorizing the vital facts.

#### **Must Know**

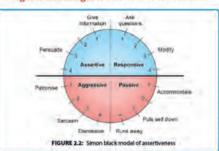
The first evidence of evidence-based practice is presented in Florence Nightingale's Notes on Nursing. Florence Nightingale's endeavors in Scutari resulted in the promotion of evidencebased practice.

Key facts with an applied and updated perspective have been highlighted in the Did You Know? boxes throughout the book.

#### Did You Know?

- The human body secretes and circulates about 50 different
- Oxytocin, a peptide hormone and neuropeptide, plays a very important role in social bonding and childbirth. Acts of love like cuddling release oxytocin, thereby reducing wound swelling and promoting healing.

The book is well illustrated with relevant colored Figures and Images to add value to the content.



Numerous Tables have been used in the chapters to facilitate learning in a quick way.

Protession	Occupation	
A paid work that requires specialized skills and qualifications to be applicable	Job or activity done by someone to earn his/her living	
Code of ethics is required	Code of ethics is not required	
Very high salary or income	Limited amount of salary	

Text is integrated with Case Discussion boxes to understand the topic with applied approach.

#### CASE DISCUSSION 1

#### Ethical dilemma: Gene editing in embryos

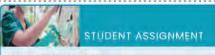
Imagine a scenario where scientists have developed highly precise gene editing techniques like CRISPR-Cas9 that can potentially eliminate genetic diseases from embryos.

Must-remember points from each chapter have been consolidated under High-Yield Point with a focus on exam relevance.

#### HIGH-YIELD POINT

The Magnet Recognition Program, developed by the American Nurses Credentialing Center (ANCC), is a credentialing program that recognizes healthcare organizations for excellence in nursing practice. The program is based on a framework of 14 Forces of Magnetism, which encompass various elements of nursing quality, including nursing leadership, organizational culture, professional development, and patient outcomes

At the end of chapters, Student Assignment section is given which contains frequently asked questions in exams and multiple choice questions to help students attain mastery over the subject.



#### LONG ANSWER QUESTIONS

- ss the purposes of theory and its characteristics with examples.
- Describe the strategies for theory development and testing Explain the types of theories on the basis of its classification

#### SHORT ANSWER QUESTIONS

- 1. Mention the components of nursing theory
- What is metaparadigm in nursing?

# **About the Author**



Sripriya Gopalkrishnan, PhD (N), MSc (MSN), is former Principal of Sadhu Vaswani College of Nursing, Pune, Maharashtra. She is a distinguished academician with an illustrious career spanning over 30 years in nursing education. She holds a PhD in Nursing and has dedicated her life to pursuing excellence in Nursing Practice, Education and Research. Throughout her career, she has passionately advocated for evidence-based practice, interdisciplinary learning, and technology integration in nursing education. She has designed and implemented innovative curricula that equip students with the critical thinking and clinical skills necessary to excel in advanced nursing roles.



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