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Nursing Theories: The Base for
Professional Nursing Practice
Julia B. George
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Other Theories from the 1950s and 1960s

of nursing problems developed in 1953 (Abdellah & Levine, 1954), the original 58 problems were refined to 21 and validated with the assistance of faculty from 40 basic collegiate schools of nursing. This resulted in the publication of *Patient-Centered Approaches to Nursing* in 1960 after at least three research studies over a five-year period.

In this 1960 publication, nursing is described as serving individuals, families, and, thus, society. The basis of nursing is both an art and a science; these mold the “attitudes, intellectual competencies, and technical skills of the individual nurse into the desire and ability to help people, sick or well, cope with their health needs” (Abdellah et al., 1960, p. 34). Nursing may be carried out under general or specific medical direction. As a comprehensive service, nursing includes the following:

1. Recognizing the nursing problems of the patient;
2. Deciding the appropriate courses of action to take in terms of relevant nursing principles;
3. Providing continuous care of the individual’s total health needs;
4. Providing continuous care to relieve pain and discomfort and providing immediate security for the individual;
5. Adjusting the total nursing care plan to meet the patient’s individual needs;
6. Helping the individual to become more self-directing in attaining or maintaining a healthy state of mind and body;
7. Instructing nursing personnel and family to help the individual do for himself that which he can within his limitations;
8. Helping the individual to adjust to his limitations and emotional problems;
9. Working with allied health professions in planning for optimum health on local, state, national, and international levels; and
10. Carrying out continuous evaluation and research to improve nursing techniques and to develop new techniques to meet the health needs of people. (Abdellah et al., 1960, pp. 24–25)

In 1973, the third listed service, “providing continuous care of the individual’s total health needs,” was removed from the list (Abdellah, Beland, Martin, & Matheney, 1973).

The 21 Nursing Problems The 21 nursing problems identified in 1960, after being validated through research, are the following:

Basic to all patients

1. To maintain good hygiene and physical comfort.
2. To promote optimal activity; exercise, rest, and sleep.
3. To promote safety through the prevention of accident, injury, or other trauma and through the prevention of the spread of infection.
4. To maintain good body mechanics and prevent and correct deformities.

Sustenal care needs

5. To facilitate the maintenance of a supply of oxygen to all body cells.
6. To facilitate the maintenance of nutrition of all body cells.
7. To facilitate the maintenance of elimination.
8. To facilitate the maintenance of fluid and electrolyte balance.
9. To recognize the physiological responses of the body to disease conditions—pathological, physiological, and compensatory.

Other Theories from the 1950s and 1960s

Remedial care needs

10. To facilitate the maintenance of regulatory mechanisms and functions.
11. To facilitate the maintenance of sensory functions.
12. To identify and accept positive and negative expressions, feelings, and reactions.
13. To identify and accept the interrelatedness of emotions and organic illness.
14. To facilitate the maintenance of effective verbal and nonverbal communication.
15. To promote the development of productive interpersonal relationships.
16. To facilitate progress toward achievement of personal spiritual goals.
17. To create and/or maintain a therapeutic environment.
18. To facilitate awareness of self as an individual with varying physical, emotional, and developmental needs.

Restorative care needs

19. To accept the optimum possible goals in the light of limitations, physical and emotional.
20. To use community resources as an aid in resolving problems arising from illness.
21. To understand the role of social problems as influencing factors in the cause of illness.
(Abdellah & Levine, 1965, pp. 78–79; Abdellah et al., 1960, pp. 16–17)

These 21 nursing problems focus on the biological, sociological, and psychological needs of the patient in an effort to provide a more meaningful basis for organization of nursing care than the categories of body systems. The most difficult problems were thought to be numbers 12, 14, 15, 17, 18, and 19 (Abdellah et al., 1973). It is of interest that all of these problems fall into the realm of socio-psychological needs and are likely to be covert in nature. The challenge of covert problems is supported in the discussion that such problems are often overlooked or misinterpreted. This discussion includes reference to Florence Nightingale's emphasis on the importance of accurate observations (Abdellah et al., 1960, p. 7).

The patient's health needs may be *overt*, obvious or apparent, or *covert*, hidden or concealed. Because covert problems can be emotional, sociological, and interpersonal in nature, they are often missed or perceived incorrectly. Yet, in many instances, solving the covert problems solves the overt problems as well (Abdellah et al., 1960). Abdellah's interest in dealing with covert problems is apparent in her 1955 dissertation, *Methods of Determining Covert Aspects of Nursing Problems as a Basis for Improved Clinical Teaching*.

It is important to note that there is a potential conflict of interpretation between the title of the book (*Patient-Centered Approaches*) and the developed typology (nursing problems). In an effort to differentiate nursing problems from medical problems, Abdellah says a nursing problem is a condition faced by the patient or patient's family that the nurse, through the performance of professional functions, can assist them to meet (Abdellah et al., 1960). It is possible to interpret Abdellah's use of the term *nursing problems* as more consistent with "nursing functions" or "nursing goals" than with patient-centered problems. This viewpoint could lead to an orientation that is more nursing centered than patient centered (Nicholls & Wessells, 1977). However, while the problems are labeled nursing problems, it is clear that the problems are those being experienced by the patient or family that the nurse can help meet. The problems identify where nursing can help. Note that Abdellah recognized the need to shift from nursing

problems to patient outcomes (Abdellah & Levine, 1986). However, there has been no further development of the framework to provide guidance in doing this.

Problem Solving Quality professional nursing care requires that nurses be able to identify and solve overt and covert nursing problems. These requirements can be met by the problem-solving approach that involves identifying the problem, selecting pertinent data, formulating hypotheses, testing hypotheses through the collection of data, and revising hypotheses when necessary on the basis of conclusions obtained from the data. The assumption underlying the selection of the problem-solving approach was that the correct identification of the patient's nursing problems influences the nurse's judgment in selecting the next steps in solving those problems (Abdellah & Levine, 1986). Problem solving is also consistent with such basic elements of nursing practice supported by Abdellah as observing, reporting, and interpreting the signs and symptoms that comprise the deviations from health and constitute nursing problems and with analyzing the nursing problems and selecting the necessary course of action (Abdellah et al., 1960). Note also that Abdellah advocated the use of the problem-solving process before the nursing process was developed and discussed nursing diagnosis as an independent function of the professional nurse during a time when diagnosis was considered the sole prerogative of the medical practitioner. She defined nursing diagnosis as "the determination of the nature and extent of nursing problems presented by individual patients or families receiving nursing care" (Abdellah et al., 1960, p. 9).

Essential to Abdellah's theory is the correct identification of nursing problems. Abdellah (1957) described the steps involved in this correct identification as learning to know the patient through use of available data, observation of and socialization with the patient, and discussion with other nurses and members of other disciplines; sorting out data that are significant and relevant; making generalizations (comparing the specific data about the patient with that of others with similar nursing problems); identifying the therapeutic plan; testing the generalizations with the patient (leads to further generalizations); validating the patient's conclusions about his problems with the conclusions of the nurse; continuing to observe and evaluate; exploring the patient and family reactions to the therapeutic plan while involving them in the plan; identifying how the nurse feels about the patient's problems; and, finally, discussing and developing an overall plan of nursing care. The nursing skills involved in this process include observation, communication, applying knowledge, teaching patients and families, planning and organizing work, using resource materials and personnel, problem solving to implement and evaluate the plan of care, directing the work of others, therapeutic use of self, and carrying out nursing procedures (Abdellah et al., 1960, pp. 17–19).

Within the practice of nursing, it was anticipated that these 21 problems as broad groupings would encourage generalization from specific patient data to principles to guide nursing care and promote development of the nurse's judgmental ability. Each of the broad nursing problems can be associated with numerous specific overt and covert problems. It was anticipated that the constant relating of the broad basic nursing problems to the specific problems of the individual patient and vice versa would encourage the development of an increased ability to use theory in clinical practice. Thus, a greater understanding of the relationship between theory and practice would strengthen the usefulness of the nursing problems (Abdellah et al., 1960).

Other Theories from the 1950s and 1960s

Abdellah has suggested that the following criteria might be used to determine the effectiveness of patient-centered care:

1. The patient is able to provide for the satisfaction of his own needs.
2. The nursing care plan makes provision to meet four needs—sustenal care, remedial care, restorative care, and preventive care.
3. The care plan extends beyond the patient's hospitalization and makes provision for continuation of the care at home.
4. The levels of nursing skills provided vary with the individual patient care requirements.
5. The entire care plan is directed at having the patient help himself.
6. The care plan makes provision for involvement of members of the family throughout the hospitalization and after discharge. (Abdellah & Levine, 1965, pp. 77–78)

METAPARADIGM, RESEARCH, AND PRACTICE WITH PATIENT-CENTERED APPROACHES

While Abdellah did not specifically address the concepts in nursing's metaparadigm, some connection can be made to each. See Table 2.

This theory was developed through multiple research projects conducted over a five-year period. Testing of the theory in the clinical environment has not been undertaken, possibly because Abdellah's presentations of the nursing problems have focused on nursing education and hospital organization. Research questions and hypotheses generated from the theory would determine the research approach to be used. Abdellah used methodological research to identify the nursing problems of patients (Abdellah & Levine, 1965, p. 490). While Abdellah included discussion of the 21 nursing problems in her research texts written with Levine, she has not extended this particular area of her work. Her later publications focused on advanced practice (Abdellah, 1997), management (Abdellah, 1995), graduate education (Abdellah, 1993), and research (Abdellah 1991a, 1991b, 1991c, 1991d; Abdellah et al., 2005).

Abdellah has indicated that nursing research needs are to “focus on evidence based research . . . identify clinical practice guidelines that identify indicators that measure quality of care . . . and identify methods or instruments that monitor the extent to which actions of health care practitioners conform to practice guidelines, medical

TABLE 2 Abdellah's Patient-Centered Approach and Nursing's Metaparadigm

Metaparadigm Concept	Abdellah's Patient-Centered Approach
Human	Characteristics of humans are not identified; the 21 nursing problems cover biological, psychological, and social areas
Health	Not specifically defined, although total health needs and a healthy state of mind and body are included as part of comprehensive nursing service
Society/environment	The focus is on the individual and family; society is served through serving individuals
Nursing	Discussed as a comprehensive service, based on art and science, and aiming to help people cope with health needs

review criteria, or standards of quality, and then point out the policy implications of the research" (Abdellah, 1998, p. 216). These are compatible with investigations using the 21 nursing problems—what evidence is needed that the problems have been solved? What related guidelines indicate quality of care? She also says nursing research needs to be linked to "practice, cost, or policy" as well as to have interdisciplinary and collaborative aspects (Abdellah, 1998, p. 216).

At this time, Abdellah's theory is not in popular use as a field of study. Its uses may be seen more in the organization of teaching content within educational programs, the evaluation of a student's performance for providing total care in the clinical area, and the grouping of patients in clinical settings according to anticipated nursing needs. However, as indicated in her biographical sketch, Abdellah is known internationally for her contributions to nursing and to health policy.

A strength and a limitation are related to research. A major strength of Abdellah's work is that the 21 nursing problems were developed through extensive research—at least three separate research projects over a five-year period. A major limitation is the lack of continued research to link the effectiveness of use of the 21 nursing problems to successful outcomes of nursing care.

Another strength is the driving force behind the development of the 21 nursing problems. Abdellah wanted to move nursing care from a base in medical diagnosis and procedures to a patient-centered base. Interestingly, an approach taken to achieve this was to encourage the use of the 21 nursing problems in shaping the curricula of nursing education programs. In *Patient-Centered Approaches to Nursing*, Matheny discusses application in an associate degree program, Martin discusses application in a diploma program, and Beland discusses application in a bachelor of science program. Abdellah also discusses application in nursing service (Abdellah et al., 1960). While the use of the 21 nursing problems to structure nursing curricula has not been widely documented, the concept of patient-centered care and care of the total person has certainly evolved over the decades since the problems were initially identified.

Another strength can be seen in the emphasis placed on the importance of recognizing and correctly identifying both overt and covert problems. The link to Nightingale's emphasis on the value of careful observations only enhances the significance of this idea. Abdellah made a major contribution in reminding us to look below the surface—to seek out the covert problems since they are often the cause of the overt problems.

The label of "nursing problems" is a limitation. Labeling the list of 21 problems as nursing problems tends to lead the reader to the belief that Abdellah's work is nursing centered when she stated she was seeking to move nursing to being patient centered. It would have been helpful had she used other terminology or explained more clearly how this label relates to patient-centered care.

Also, especially in care settings where a nurse has very limited time to spend with each patient, the use of the 21 nursing problems could further fractionalize care. This could happen if the focus is placed only on a problem or a series of problems rather than on the total person. Abdellah's intention was for a total person approach. Having a list of discrete problems and using this list in time-constrained circumstances could easily lead to dealing with parts rather than the whole. Overall, the strengths of this work outweigh the limitations. This is particularly true when the limitations are taken into careful consideration; overcoming the limitations is within the capacity of the individual nurse.