

**CONCEPTUAL MODELS
FLORENCE NIGHTINGALE'S
ENVIRONMENTAL THEORY**

Florence Nightingale's Environmental Theory defined Nursing as *"the act of utilizing the patient's environment to assist him in his recovery."*



DEFINITION

Nightingale states there are five basic concepts to consider which must all be present for houses to provide a healthy environment: **pure water, pure air, efficient drainage, cleanliness and light.** She states, 'Without these, no house can be healthy.'

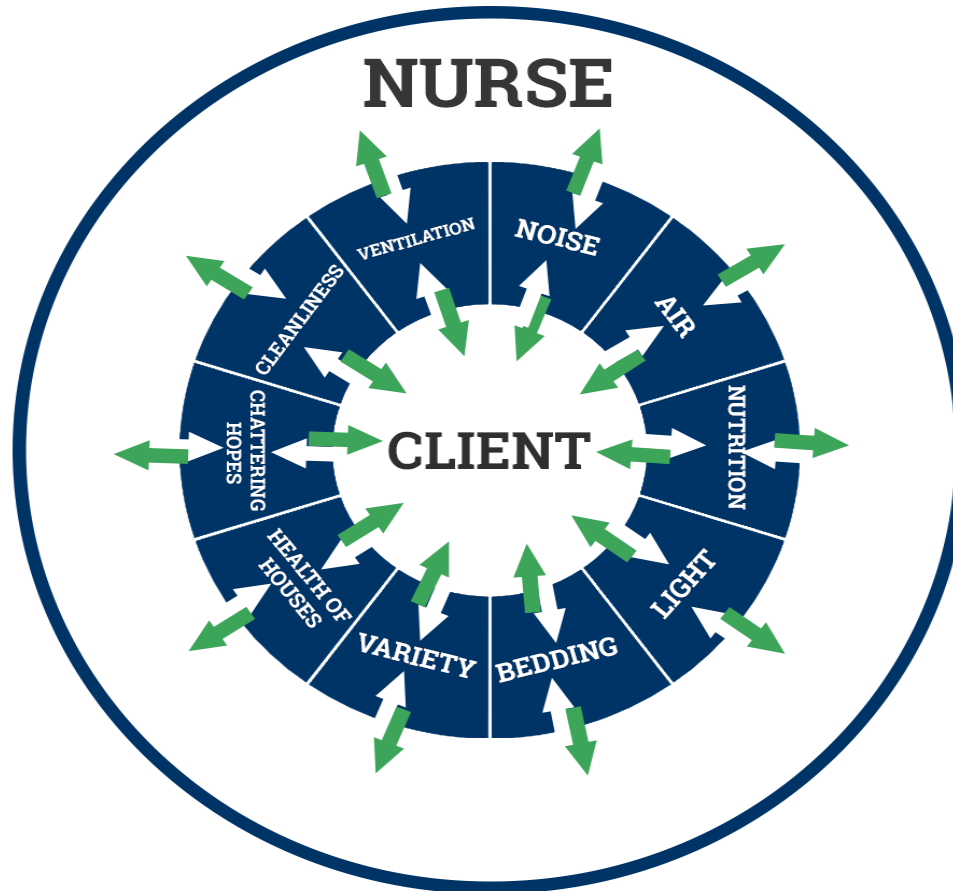
Provision of care by environment

The factors posed great significance during Nightingale's time, when health institutions had poor sanitation, and health workers had little education and training and were frequently incompetent and unreliable in attending to the needs of the patients. Also emphasized in her environmental theory is the provision of a **quiet** or **noise-free** and **warm environment**, attending to patient's dietary needs by assessment, documentation of time of food intake, and evaluating its effects on the patient.

Nightingale's theory was shown to be applicable during the [Crimean War](#) when she, along with other nurses she had trained, took care of injured soldiers by attending to their immediate needs, when [communicable diseases](#) and rapid spread of [infections](#) were rampant in this early period in the development of disease-capable medicines. The practice of environment configuration according to patient's health or disease condition is still applied today, in such cases as patients infected with [Clostridium tetani](#) (suffering from [tetanus](#)), who need minimal noise to calm them and a quiet environment to prevent seizure-causing stimulus.

CONCEPTUAL FRAMEWORK

Conceptual Framework of Florence Nightingale's Environmental Theory



Major Concepts of Florence Nightingales Theory

- **Nursing**
- “What nursing has to do... is to put the patient in the best condition for nature to act upon him” (Nightingale, 1859/1992)
- Nightingale stated that nursing “ought to signify the proper use of fresh air, light, warmth, cleanliness, quiet, and the proper selection and administration of diet – all at the least expense of vital power to the patient

CON'T

- **Human Beings**
- Human beings are not defined by Nightingale specifically. They are defined in relation to their environment and the impact of the environment upon them.
- **Environment**
- Nightingale stresses the physical environment in her writing. In her theory, Nightingale's writings reflect a community health model in which all that surrounds human beings is considered concerning their health state.

CON'T

- **Health**
- Nightingale (1859/1992) did not define health specifically. She stated, “We know nothing of health, the positive of which pathology is negative, except for the observation and experience. Given her definition that the art of nursing is to “unmake what God had made disease,” then the goal of all nursing activities should be client health.

SUBCONCEPTS

- **Health of Houses**
- **Ventilation and Warming**
- **Light**
- **Noise**
- **Variety**
- **Bed and Bedding**
- **Personal Cleanliness**
- **Nutrition and Taking Food**
- **Chattering Hopes and Advice**

Environmental Factors

- In Florence Nightingale's Environmental Theory, she identified five environmental factors: fresh air, pure water, efficient drainage, cleanliness or sanitation, and light or direct sunlight.
- **Pure fresh air** – “to keep the air he breathes as pure as the external air without chilling him.”
- **Pure water** – “well water of a very impure kind is used for domestic purposes. And when the [epidemic](#) disease shows itself, persons using such water are almost sure to suffer.”
- **Effective drainage** – “all the while the sewer may be nothing but a laboratory from which [epidemic](#) disease and ill health are being installed into the house.”
- **Cleanliness** – “the greater part of nursing consists in preserving cleanliness.”
- **Light** (especially direct sunlight) – “the usefulness of light in treating disease is very important.”

HENDERSON'S THEORY

- Henderson states that **individuals have basic health needs and require assistance to achieve health and independence or a peaceful death.** According to her, an individual achieves wholeness by maintaining physiological and emotional balance.
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14 Components of Virginia Henderson's Nursing Need Theory

<https://nurseslabs.com/nursing-theories/>

1



Breathe normally.

2



Eat and drink adequately.

3



Eliminate body wastes.

4



Move and maintain desirable postures.

5



Sleep and rest.

6



Select suitable clothes; dress and undress.

7



Maintain body temperature within a normal range by adjusting clothing and modifying the environment.

8



Keep the body clean and well groomed and protect the integument.

9



Avoid dangers in the environment and avoid injuring others.

10



Communicate with others in expressing emotions, needs, fears, or opinions.

11



Worship according to one's faith.

12



Work in such a way that there is a sense of accomplishment.

13



Play or participate in various forms of recreation.

14



Learn, discover, or satisfy the curiosity that leads to normal development and health, and use the available health facilities.

Henderson's 14 Needs as Applied to Maslow's Hierarchy of Needs

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OREMS SELF CARE THEORY

- **Orem's Self-Care Nursing Theory** offers direction for the practitioner in the ambulatory surgery setting. **In this model, the nurse assists clients by acting for, teaching, guiding, supporting, and providing a developmental environment. Levels of care range from performing total care to educating the patient and family.**

Orem's Self-Care Theory

Conceptual Framework



THEORY OF SELF-CARE

- This theory focuses on the performance or practice of activities that individuals initiate and perform on their own behalf to maintain life, health, and well-being.
- **Self-Care Requisites**
- Self-care Requisites or requirements can be defined as actions directed toward the provision of self-care. It is presented in three categories:

Universal self-care requisites are associated with life processes

- The maintenance of a sufficient intake of air
- The maintenance of a sufficient intake of water
- The maintenance of a sufficient intake of food
- The provision of care associated with the elimination process and excrements
- The maintenance of a balance between activity and rest
- The maintenance of a balance between solitude and social interaction
- The prevention of hazards to human life, human functioning, and human well-being
- The promotion of human functioning and development within social groups in accord with human potential, known human limitations, and the human desire to be normal

THEORY OF SELF-CARE DEFICIT

- This theory delineates when nursing is needed. Nursing is required when an adult (or in the case of a dependent, the parent or guardian) is incapable of or limited in providing continuous effective self-care. Orem identified 5 methods of helping:
 - Acting for and doing for others
 - Guiding others
 - Supporting another
 - Providing an environment promoting personal development about meet future demands
 - Teaching another

THEORY OF NURSING SYSTEM

- This theory is the product of a series of relations between the persons: legitimate nurse and legitimate client. This system is activated when the client's therapeutic self-care demand exceeds the available self-care agency, leading to nursing.

Wholly Compensatory Nursing System

Example: care of a newborn, care of client recovering from surgery in a post-anesthesia care unit

Partial Compensatory Nursing System

Example: Nurse can assist the postoperative client in ambulating, Nurse can bring a meal tray for a client who can feed himself

ROY ADAPTATION THEORY

- According to Roy adaptation model, **the aim of nursing is to increase compliance and life expectancy.** Roy Adaptation Model evaluates the patient in physiologic mode, self-concept mode, role function mode and interdependence mode aiming to provide holistic care.
- Roy explained that adaptation occurs when people respond positively to environmental changes, and it is the process and outcome of individuals and groups who use conscious awareness, self-reflection, and choice to create human and environmental integration.
- The key concepts of Roy's Adaptation Model are made up of four components: person, health, environment, and nursing.

- **PERSON**

- According to Roy's model, a person is a bio-psycho-social being in constant interaction with a changing environment. He or she uses innate and acquired mechanisms to adapt. The model includes people as individuals, as well as in groups such as families, organizations, and communities. This also includes society as a whole.

- **HEALTH**

- The Adaptation Model states that health is an inevitable dimension of a person's life, and is represented by a health-illness continuum. Health is also described as a state and process of being and becoming integrated and whole.

- **ENVIRONMENT**

- The environment has three components: focal, which is internal or external and immediately confronts the person; contextual, which is all stimuli present in the situation that all contribute to the effect of the focal stimulus; and residual, whose effects in the current situation are unclear. All conditions, circumstances, and influences surrounding and affecting the development and behavior of people and groups with particular consideration of mutuality of person and earth resources, including focal, contextual, and residual stimuli.

FOUR ADAPTIVE MODES

- **PHYSIOLOGICAL OR PHYSICAL MODE**
- **SELF-CONCEPT-GROUP IDENTITY MODE**
- **ROLE FUNCTION MODE**
- **INTERDEPENDENCE MODE**

PENDERS HEALTH PROMOTION THEORY

- The theory of health promotion states that **past experiences influence the actions of an individual**. There are four theoretical propositions of the HPM, such as past behaviors and traditions, confidence and encouragement, support, and dedication and commitment.

CONCEPTS

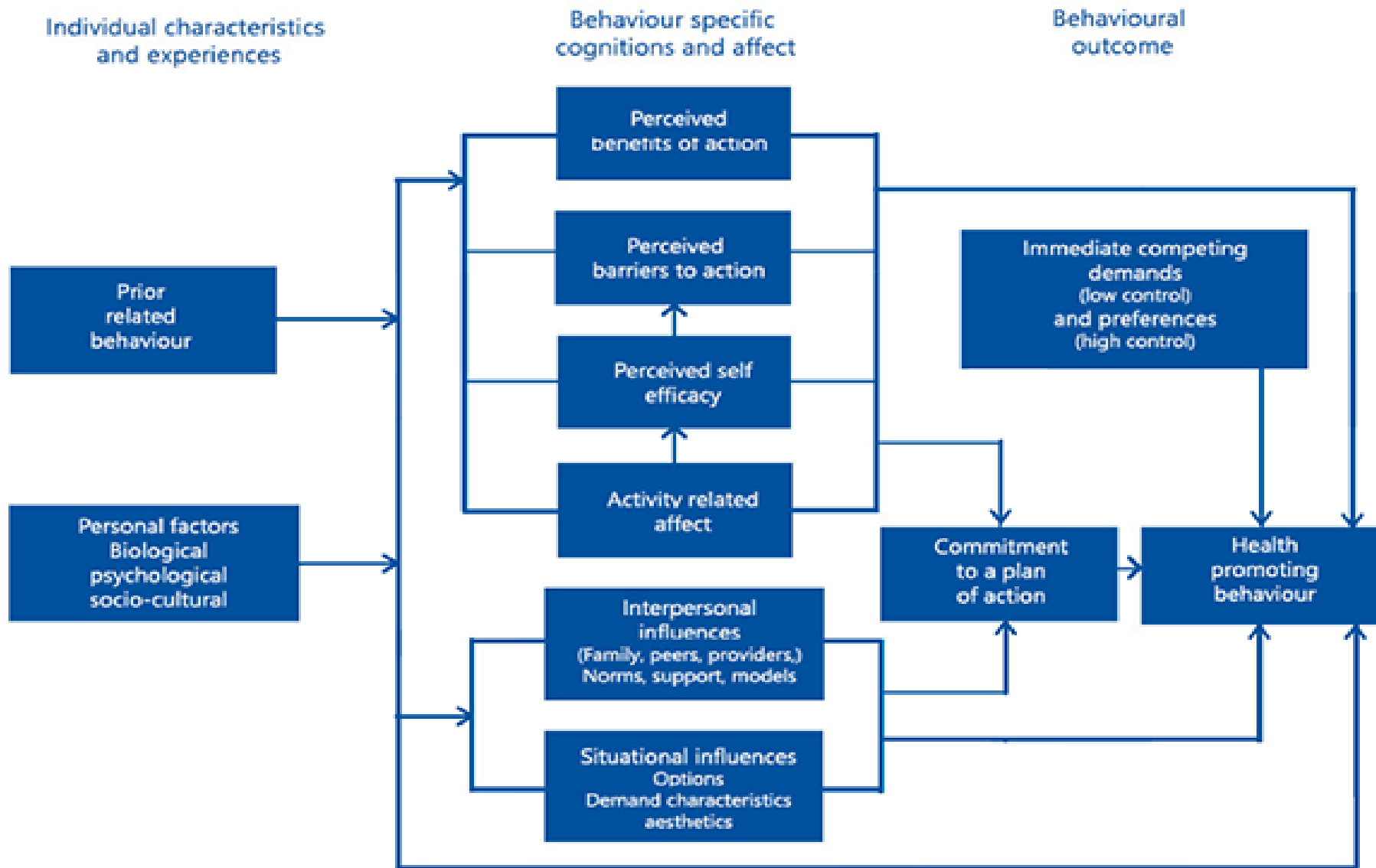
- **1. Individual Characteristics and Experiences**
- The first category explores the concept that each individual has his or her own set of characteristics and experiences, which in turn help shape their actions. Pender emphasised that one's past actions have a direct link to whether they would partake in future health-promoting behaviours. Personal attributes and habits can also be a barrier to health-promoting behaviours.

CONT

- **2. Behaviour-specific Cognitions**
- The second category involves the behaviour-specific cognitions and affect which have a direct impact on the individual's motivation for change. Nursing interventions can be tailored to these variables to assist in forming positive changes. Variables include; the observed benefits and barriers to the action, self-worth, and the activity-related result.

CONT

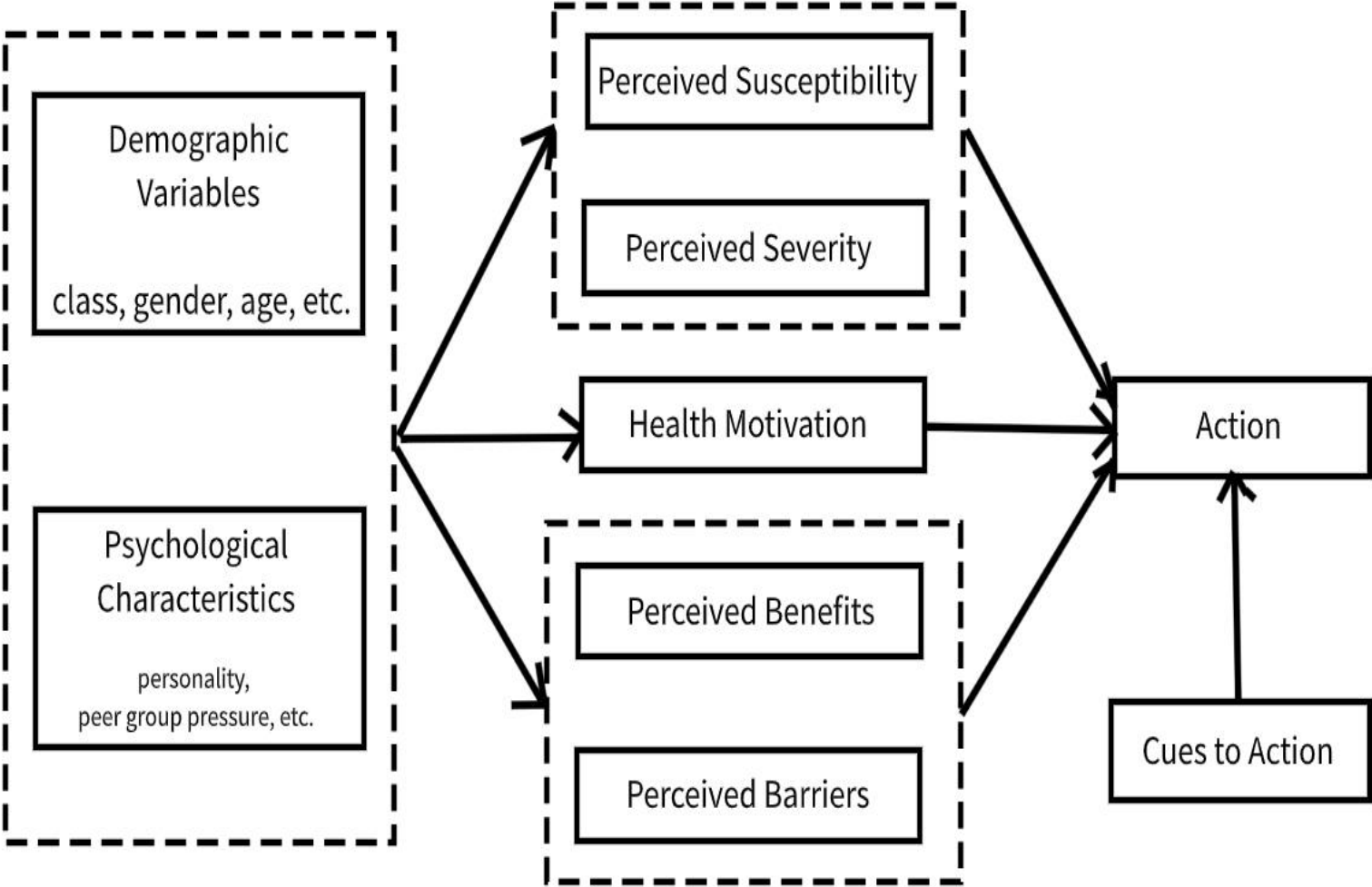
- **3. Behavioural Outcomes**
- The third category is the behavioural outcome. The start of the outcome begins with the person committing to taking the steps necessary to make a change. During this phase the individual must be supported with barriers addressed in order to produce a positive health-promoting behaviour. The goal of the health promotion model is to stimulate a behavioural change that results in a positive health outcome.



The Health Belief Model

- The Health Belief Model (HBM) was developed in the early 1950s by social scientists at the U.S. Public Health Service in order to understand the failure of people to adopt disease prevention strategies or screening tests for the early detection of disease.
- The HBM suggests that a person's belief in a personal threat of an illness or disease together with a person's belief in the effectiveness of the recommended health behavior or action will predict the likelihood the person will adopt the behavior.

The Health Belief Model



CONCEPTS

- **Perceived susceptibility** - This refers to a person's subjective perception of the risk of acquiring an illness or disease.
- **Perceived severity** - This refers to a person's feelings on the seriousness of contracting an illness or disease (or leaving the illness or disease untreated).
- **Perceived benefits** - This refers to a person's perception of the effectiveness of various actions available to reduce the threat of illness or disease (or to cure illness or disease).
- **Perceived barriers** - This refers to a person's feelings on the obstacles to performing a recommended health action. (e.g., side effects), unpleasant (e.g., painful), time-consuming, or inconvenient.

CONT

- **Cue to action** - This is the stimulus needed to trigger the decision-making process to accept a recommended health action. These cues can be internal (e.g., chest pains, wheezing, etc.) or external (e.g., advice from others, illness of family member, newspaper article, etc.).
- **Self-efficacy** - This refers to the level of a person's confidence in his or her ability to successfully perform a behavior. This construct was added to the model most recently in mid-1980. Self-efficacy is a construct in many behavioral theories as it directly relates to whether a person performs the desired behavior.

WATSON THEORY

- The theory is focused on **“the centrality of human caring and on the caring-to-caring transpersonal relationship and its healing potential for both the one who is caring and the one who is being cared for”** (Watson, 1996). The structure for the science of caring is built upon ten curative factors.

CONCEPTS

- **Health**
- Health is the unity and harmony within the mind, body, and soul; health is associated with the degree of congruence between the self and the self as experienced. It is defined as a high level of overall physical, mental, and social functioning; a general adaptive-maintenance level of daily functioning; and the absence of illness, or the presence of efforts leading to the absence of illness.
- **Nursing**
- Nursing is a human science of persons and human health-illness experiences mediated by professional, personal, scientific, esthetic, and ethical human care transactions.

cont

- **Actual Caring Occasion**
- The actual caring occasion involves actions and choices by the nurse and the individual. The moment of coming together on a caring occasion presents the two persons with the opportunity to decide how to be in the relationship – what to do with the moment.
- **Transpersonal**
- The transpersonal concept is an intersubjective human-to-human relationship in which the nurse affects and is affected by the other person. Both are fully present in the moment and feel a union with the other; they share a phenomenal field that becomes part of both's a life story.

Subconcepts

- **Phenomenal field**
- The totality of human experience of one's in the world. This refers to the individual's frame of reference that can only be known to that person.
- **Self**
- The organized conceptual gestalt is composed of perceptions of the characteristics of the "I" or "ME" and the perceptions of the relationship of the "I" and "ME" to others and various aspects of life.
- **Time**
- The present is more subjectively real, and the past is more objectively real. The past is before or in a different mode of being than the present, but it is not clearly distinguishable. Past, present, and future incidents merge and fuse.

1. “The formation of a humanistic-altruistic system of values.”
2. “The instillation of faith-hope.”
3. “The cultivation of sensitivity to one’s self and others.”
4. “Development of a helping-trust relationship” became “development of a helping-trusting, human caring relation” (in 2004 Watson website)
5. “The promotion and acceptance of the expression of positive and negative feelings.”
6. “The systematic use of the scientific problem-solving method for decision making” became “systematic use of a creative problem solving caring process” (in 2004 Watson website)
7. “The promotion of transpersonal teaching-learning.”
8. “The provision of the supportive, protective, and (or) corrective mental, physical, societal, and spiritual environment.”
9. “The assistance with the gratification of human needs.”
10. “The allowance for existential-phenomenological forces” became “allowance for existential-phenomenological spiritual forces” (in 2004 Watson website)

ABDELLA'S THEORY

- Faye Glenn Abdellah's Nursing Theory is a **patient-centred approach that involves identifying individual patient needs and addressing them in the nursing care plan.** The theory focuses on health promotion and maintenance, with an emphasis on preventive care and proactive healthcare management.



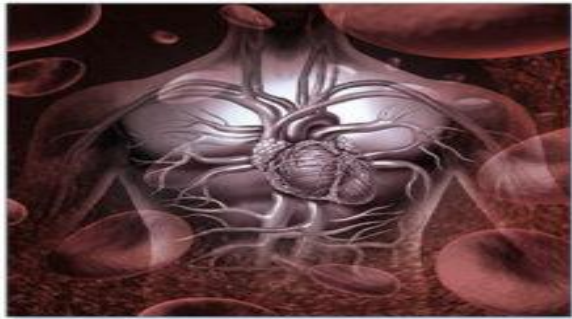
To facilitate the maintenance of elimination



To facilitate the maintenance of fluid and electrolyte balance



To recognize the physiologic responses of the body to disease conditions—pathologic, physiologic, and compensatory



To facilitate the maintenance of regulatory mechanisms and functions



To facilitate the maintenance of sensory function



To identify and accept positive and negative expressions, feelings, and reactions



To identify and accept interrelatedness of emotions and organic illness



To facilitate the maintenance of effective verbal and nonverbal communication



To promote the development of productive interpersonal relationships

PEPLAU THEORY

- **Peplau theorized that** nurse-patient relationships must pass through three phases in order to be successful: (a) orientation, (b) working, and (c) termination.

MAJOR CONCEPTS

- **Man**
- Peplau defines man as an organism that “strives in its own way to reduce tension generated by needs.” The client is an individual with a felt need.
- **Health**
- Health is defined as “a word symbol that implies forward movement of personality and other ongoing human processes in the direction of creative, constructive, productive, personal, and community living.”
- **Society or Environment**
- Although Peplau does not directly address society/environment, she does encourage the nurse to consider the patient’s culture and mores when the patient adjusts to the hospital routine.

CONT

- **Nursing**
- Hildegard Peplau considers nursing to be a “significant, therapeutic, interpersonal process.” She defines it as a “human relationship between an individual who is sick, or in need of health services, and a nurse specially educated to recognize and to respond to the need for help.”
- **Therapeutic nurse-client relationship**
- A professional and planned relationship between client and nurse focuses on the client’s needs, feelings, problems, and ideas. It involves interaction between two or more individuals with a common goal. The attainment of this goal, or any goal, is achieved through a series of steps following a sequential pattern.

