SCHOLARLY PAPER

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Instructor: Sabrina Tyczynki
Seminar Lead: Sabrina Tyczynski

Maylyn Hayes
Student Number: 0602704
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Doane and Varcoe discuss how to pick a nursing theory most suitable to each nurse (2021). Like the instructions for this assignment, they encourage the nurse to evaluate the values discussed in the theory. How are people and health defined? What is the focus recommended to be? What does it not address? How can the theory be incorporated into your practice (Doane & Varcoe, 2021)? Keeping these questions in mind as I researched, I identified best with Evelyn Adam's nursing theory.

Florence Nightingale developed theories based on her nursing practice (Astle et. Al., 2024). Many nurses created their theories based on their practice, each with a different focus. Some were more practice-based like Nightingale's, some were focused on a patient's needs. Others were interactionist theories, simultaneity theories, or theories based on a system. Evelyn Adam created her nursing theory by identifying and focusing on what a patient needs to achieve optimal health (Astle et. Al., 2024).

Dorothy Johnson's theory influenced Adam's. Johnson's was a systems theory, focused on achieving and maintaining stability through adjustments/adaptations (Astle, et. Al., 2024). Adam was also influenced by interactionist theorists, which I will expand on further. Evelyn Adam, a Canadian nurse, viewed nursing as a "helping process" (Astle, et. Al., 2024). She viewed the nurse's role as more "complementary-supplementary" meant to "support the patient's strength, knowledge and will" (Astle, et, Al., 2024). Also inspired by Henderson's needs theory, viewed the nurse-patient relationship as one that displays "empathy, caring and mutual respect" (Astle, et. Al., 2024).

Adam published her theory, titled "Nursing Theory: What it is and what it is not" in 1987. She mentions that disease should not be what nurses solely focus on. Adam first discusses Johnson's model for nursing, which is a behavioural system theory that strives to restore then

maintain balance and stability (Adam, 1987). She also explains Henderson's model for nursing, best described as a complementary-supplementary role where the nurse aims to restore a patient's independence and then help them maintain it. By assessing a patient's knowledge and capability of achieving their needs independently, and only temporarily assisting them until the nurse is no longer needed (Adam, 1987).

Adam explains that this can be done when a nurse tries to find the patient's area of strength and motivates and encourages them to use those strengths to be as independent as possible. Elaborating, Adam says nurses who approach a patient with either Henderson's or Johnson's model in mind will focus on different factors. Her example uses a patient in pain. Those thinking like Henderson recognize that pain challenges the balance in a patient's life, so removing or reducing the pain to restore that balance would be the nurse's goal. Whereas Johnson's followers view pain as a factor that might inhibit a patient's independence. Both nurses would be aiming to reduce and eliminate the pain for the patient, but their reasons why are slightly different. Adam's theory explains that these reasons do not have to be mutually exclusive (Adam, 1987).

In Adam's article, she talks about what nursing theory is not. She explains that nursing research is the basis of nursing theory. She distinguishes a conceptual model from a theory, ensuring her readers understand that these are not synonymous (Adam, 1987). A theory can be created from a concept model. She also explains each concept model is garnered for a specific field. Whereas theory can be adopted by many disciplines. Technically, Adam's theory is created for nursing, but as she discusses, it could be applied in other healthcare fields (Adam, 1987). My interpretation of this is that a physiotherapist, for example, could also apply Adam's theory to

their practice to help a patient independently meet their own needs, bringing balance back into their life and teaching them how to maintain it through specific exercise regimes.

The reason I chose this theory is because of how Adam explains that a nurse is not meant to do everything for a patient but focus on helping them adapt to their circumstances as independently as possible (Adam, 1987). The nurse is not meant to replace a patient's independence, but to help the patient achieve it again (Adam, 1987).

When I was in grade eleven, I had the opportunity to work on an oncology unit for my co-op placement. The unit manager was very supportive and allowed me to shadow the nurses, unit clerks, physiotherapists, and doctors. I found that the nurses had the opportunity to spend the most amount of time with the patients in a single shift and was drawn to that. I also enjoyed that nurses had the opportunity to switch to different units, which I also was lucky enough to do some days during co-op. The variety and frequent interactions with patients made me think that nursing was the best choice for me. Once I started college to become a registered practical nurse (RPN), it confirmed I was pursuing the right career. I enjoyed both the medical and social sides of nursing and felt as though they were equally important. This relates to the nursing theory I have chosen because I was exposed to the various ways nurses help their patients. While I did not understand it at the time, after reading Adam's theory, I can see the many ways nurses aide patients to restore their independence and bring balance back into their lives by performing various actions throughout their interaction with the patient.

In my personal experience working as an RPN on a medicine unit, I see that encouraging a patient to sit up for breakfast and assisting them open items on their trays allows the patient to be able to feed themselves. By administering pain medication before physiotherapy has a session with the patient, I am helping them feel well enough to perform the exercises to the best of their

ability. Working in a clinic, a medicine floor, and now dialysis, I have learned that providing patient education ensures my patients have the knowledge and skill to perform certain tasks required in their care plan. For example, teaching a patient how to administer their insulin equips them to be able to continue their medications at home and ideally leave the hospital. I have also learned over time how important it is to find out what the patient's goals of care are and to cater their plan to that. I had a dialysis patient, for instance, who valued travelling but required dialysis three times per week. I informed them that there were travel options that a social worker could relay to them including dialysis abroad. As a nurse, I have realized that listening to what the patient values is just as important as providing the medical aspect of their care (Doane & Varcoe, 2021).

This theory will help support my socialization into the nursing profession because, in my new position as a dialysis nurse, I am working with much more independent patients than I have on the medicine unit. Sometimes I catch myself automatically underestimating a patient's level of independence. I have to remember to ask the patients what they would like me to help them with when they ambulate on the unit and transfer into the dialysis chairs. Going forward, I realize that I should reassess daily with my patients, as their capabilities may always change. Whether they are on an ambulatory outpatient unit like dialysis or an inpatient setting like medicine, I should remember to encourage the patient to attempt to do as much as possible for themselves and only help when I can see they require my assistance.

The issue with this theory is it can fog a nurse's view of the patient, and how the patient views themselves (Astle, et. Al., 2024). Thinking they should always aim for independence might cause the patient to feel discouraged and inadequate if they cannot. The nurse should not get too caught up in only focusing on independence. As Adam explains, restoring and

maintaining balance also requires adaptation (Adam, 1987). I think there is also a risk for the nurse to miss signs that could indicate a patient is declining if the patient is requesting help with a task the nurse thinks they should be able to do on their own. A medicine patient that has been on the floor for a couple of weeks might have initially presented with requiring only to be set up for meals, meaning sitting them up and opening their tray. As time goes on, the patient might not be eating their meals. I have had this issue before, where I was told in a report that they are a "set-up", and after I find the patient with a cold plate of food, or coffee poured onto their entire plate, I realize the patient has declined and needs more assistance than before.

It is essential that any nurse attempting to use Adam's theory to guide their nursing focus should do so with the following in mind: A study conducted by Jacobs in 2018 found that nurses in home care were able to restore balance in their geriatric patients' lives by teaching them how to adapt to their new capabilities. The nurses then focused on teaching patients to draw on their strengths to maintain this. They also found that interprofessional collaboration with other healthcare members, the patients and informal caregivers, like family, provided the best results. It is a team effort (Jacobs, 2018). The nurses in Jacobs' 2018 study found it was more effective to focus on a patient's strengths as opposed to what may inhibit them.

Adopting this type of practice was met with resistance from some patients, however (Jacobs, 2018). I have also found this in my own experience. In the study, nurses mentioned that some patients who were capable of showering themselves would sit in the shower and wait for the nurse to provide their care instead. Nurses expressed feeling guilty thinking they were "withholding care" by encouraging the patients to wash themselves (Jacobs, 2018). I have found myself in this moral dilemma, sometimes it feels cruel and insensitive when I encourage a patient to try to complete a task on their own, even if I am there supervising and reassuring them, I find

it hard to resist the urge to step in and do it for them. I have had patients ask me to feed them when they can feed themselves. When I reminded them that they did not need my help to eat, one patient smiled and said, “I know, I just like it better when it is done for me”. I educated the patient that while I am sure it is nice to be fed, doing what they can is important to maintain those abilities. Reminding the patient that we (nurses) are not withholding care to be cruel, but to help them in the long term. The nurses from the study also said it was difficult to involve families in this approach. Educating the patients and the involved caregivers is important and ensures there is consistency for the patients receiving the appropriate amount of help from involved healthcare team members and their families (Jacobs, 2018). Another patient I have had was a young person who was deemed to be “independent” by the physiotherapy and occupational therapy team. This patient was often asking nurses to assist them with peri care, showering, cleaning their room, and filling their water. Nurses who did not know the patient would sometimes comply. Eventually, the unit coordinator of the floor created a care plan in the patient’s chart that outlined approaches to promote the patient’s independence while they were on our floor. Nurses encouraged this patient to change their bed sheets, throw their garbage into the bin instead of the floor, shower and change themselves. Whenever the patient did this, the nurses would make a point of saying how nice the patient looked and how clean their room was. To those unfamiliar with Adam’s theory, this care team might be labelled as lazy. Reassessing a patient’s mobility status, pain level, and cognition is important, and should not be ignored to promote independence. Instead, all three factors should be considered, and the nurse should focus on how to work with the patient in completing what they can as independently as possible by focusing on their strengths; in doing so, this will restore balance to the patient’s life, and provide them with the knowledge and skills to maintain it (Astle, et. Al., 2024).

References

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