Critique of a Nursing Theorist

Natalie Russell

Ferris State University
Abstract

Nursing theory has helped the field be recognized as a profession by society. It is the findings from nursing research, leading to the development of nursing theories, that shapes the care nurses provide to patients. It was nursing theorists that realized the clinical practices and guidelines for nursing, needed to be defined by the nursing profession, and not other medical disciplines. This paper critiques the work of nursing theorist Ida Jean Orlando, who developed the Deliberative Nursing Process, and its use in nursing practice today.
The history of nursing began with the profession acknowledged only as a vocation. It was in the theory era that nursing transitioned into the profession we know today. “Nurse researchers worked to develop and clarify a substantive body of nursing knowledge with goals of improving the quality of patient care, providing a professional style of practice, and being recognized as a profession” (Alligood & Tomey, 2010, p.4). Nursing theorist Ida Jean Orlando, developed a middle-range predictive nursing theory called the Deliberative Nursing Process, which focuses on the relationship between patient and nurse (Kearney-Nunnery, 2008, p. 71). Ida Jean Orlando’s theory was developed from analysis of 2000 nurse-patient interactions during a study conducted at Yale University School of Nursing (Alligood & Tomey, 2010, p. 65). The nursing process developed by Ida Jean Orlando helps the nurse identify patients’ immediate needs and recognize signs of distress; Orlando’s theory continues to be one of the most effective practice theories (Alligood & Tomey, 2010, p. 66). Analysis of Orlando’s nursing theory will be done to demonstrate its importance and implications in nursing practice.

**Analysis of model**

**Explanation of model**

Ida Jean Orlando’s Theory of the Deliberative Nursing Process “focuses on an interpersonal process between people” (Kearney-Nunnery, 2008, p.71). The persons involved in Orlando’s theory are the nurse and the patient. The environment related to this theory is any healthcare setting where there is direct patient-care provided by a nurse. The theory relates to health in that it is focused on the overall well-being of the patient, including mental and physical health, and sense of adequacy (Kearney-Nunnery, 2008, p. 71). The implications of Orlando’s theory in nursing practice are centered on “identifying and meeting the patient’s immediate needs for help” (Kearney-Nunnery, 2008, p.71).
Unique concepts

Ida Jean Orlando “was one of the first nursing leaders to identify and emphasize the elements of nursing process and the critical importance of the patient’s participation in the nursing process” (Alligood & Tomey, 2010, p.66). Orlando’s nursing theory focuses on decreasing patient distress, respectively improving patient behavior (Alligood & Tomey, 2010, p.66). The practicality of Orlando’s nursing theory “may have facilitated the development of nurses as logical thinkers (Nursing Theories Conference Group & George, 1980)” (Alligood & Tomey, 2010, p. 66).

Clinical practice

Orlando’s Theory of the Deliberative Nursing Process can be used by the nurse in clinical practice to identify and address the patient’s immediate needs. Orlando (1961) suggests, Persons become patients who require nursing care when they have needs for help that cannot be met independently because they have physical limitation, have negative reactions to the environment, or have an experience that prevents them from communicating their needs. Patients experience distress or feelings of helplessness as the result of unmet needs for help. (Alligood & Tomey, 2010, p.66)

Orlando’s theory focuses on immediacy due to the proposed positive correlation between the level of distress experienced by the patient and the length of time their needs have gone unmet (Alligood & Tomey, 2010, p. 66). “Practice guided by Orlando’s theory employs a reflexive principle for inference testing (Schmieding, 2006a)” (Alligood & Tomey, 2010, p. 66).

Framework for patient assessment

Orlando’s nursing theory can be used as an assessment tool to identify and respond to immediate patient needs in the clinical setting. According to the theory, the nurse assesses the
patient, observing for verbal and nonverbal behaviors that may indicate the need for help. Behaviors that may indicate the need for help include trembling, twitching, urinating, defecating, change in vital signs, crying, moaning, groaning, yelling, and others (Kearney-Nunnery, 2008, p. 71). After the assessment, it is then that the nurse responds using the “deliberative nursing process: a specific set of nurse behaviors or actions directed toward the patient’s behavior that ascertain or meet the patient’s immediate needs for help” (Kearney-Nunnery, 2008, p. 71).

Nursing education

Orlando’s theory in relation to nursing education holds great value to all nurses. Orlando “proposed that patients have their own meanings and interpretations of situations and therefore nurses must validate their inferences and analyses with patients before drawing conclusions” (Alligood & Tomey, 2010, p. 65). Nurses can take the information proposed in Orlando’s theory and apply it to everyday clinical practice, thereby improving the care they provide to their patients. “Orlando’s theory remains one of the most effective practice theories and is especially helpful to new nurses as they begin their practice” (Alligood & Tomey, 2010, p. 66).

Strengths & limitations

Strengths of Orlando’s theory are that it is very clear and concise to use. The Deliberative Nursing Process is a middle-range theory that encompasses concepts that are “empirically measurable and statements that are empirically testable” (Kearney-Nunnery, 2008, p. 71). The nurse assesses and observes the patient’s behavior, and acts providing direct or indirect help. Direct help is provided by the nurse when the patient is unable to do so for themselves. Indirect help is arranged by the nurse for the patient; services are provided by a person, agency, or resource other than the nurse (Kearney-Nunnery, 2008, p. 71). Limitations of the theory relate to the reliance on the nurse’s perception, thought, and feeling toward the
patient’s behavior, then deciding to act to diminish or resolve the patient’s need for help if deemed necessary. Individual nurses may perceive behavior differently, therefore the reaction to the behavior, or lack thereof, may be entirely different depending on the care provider.

**New insights**

Orlando’s theory is being used in direct relation to recent studies regarding patient rounding. Rounding is done by the nurse or another healthcare member at scheduled times to assess patient needs. Rounding includes assessing patient pain level, toileting, comfort level, assuring the call-light, water, tissue, and personal belongings are in reach, and most importantly informing the patient when the caregiver will return to check on them (Sobaski, Abraham, Fillmore, McFall, & Davidhizar, 2008, Abstract section, para. 2). The concept of scheduled rounding and Orlando’s theory correlate in regards to their focus on “patient-centered” care. Similar to Orlando’s theory, Sobaski et al. (2008) stated,

Nursing staff needs to be cognizant of the communication that the patient is sending and be reflective of that communication by restating, seeking additional information, and asking for feedback on what the perceived communication is. The patient needs to be the focus of the care provided. (Abstract section, para. 7)

Orlando’s theory has also been utilized in the surgical setting. One of the challenges faced by the perioperative nurse is performing an accurate preoperative assessment of the patient in a short amount of time (Rosenthal, 1996, p. 254). “Orlando’s theory offers the perioperative nurse versatility in assessing, diagnosing, planning, implementing, and evaluating patient care” (Rosenthal, 1996, p. 254). With the use of Orlando’s theory, the perioperative nurse can look more in depth at the patient’s behavior and its meaning, thereby providing more precise assessment and therapeutic interventions (Rosenthal, 1996, p. 254).
References


