

*The
Roper–Logan–Tierney
Model in Action*

==== NURSING MODELS IN ACTION ====

The Roper-Logan-Tierney Model in Action

C. NEWTON

Peplau's Model in Action

H. SIMPSON

Orem's Model in Action

S. CAVANAGH

Further models in preparation

Neumann's Model in Action

Riehl's Model in Action

==== NURSING MODELS IN ACTION ====

The
Roper-Logan-Tierney
Model in Action

CHARLEEN NEWTON

RGN, Dip.Nursing (Lond.)
Research & Development Department,
Royal Hampshire County Hospital,
Winchester

Series Editor

BOB PRICE

BA, M.Sc., SRN, Cert.Ed.(Education)
Army Medical Services School of Nursing,
Woolwich

M
MACMILLAN

© Charleen Newton, 1991

All rights reserved. No reproduction, copy or transmission of this publication may be made without written permission.

No paragraph of this publication may be reproduced, copied or transmitted save with written permission or in accordance with the provisions of the Copyright, Designs and Patents Act 1988 or under the terms of any licence permitting limited copying issued by the Copyright Licensing Agency, 33–4 Alfred Place, London WC1E 7DP.

Any person who does any unauthorised act in relation to this publication may be liable to criminal prosecution and civil claims for damages.

First edition 1991

Published by
MACMILLAN EDUCATION LTD
Houndmills, Basingstoke, Hampshire RG21 2XS
and London
Companies and representatives
throughout the world

Designed by Claire Brodmann

Typeset by TecSet Ltd, Wallington, Surrey.

British Library Cataloguing in Publication Data
Newton, Charleen

The Roper–Logan–Tierney model in action
1. Nursing
I. Title II. Series
610.73

ISBN 978-0-333-52134-2

ISBN 978-1-349-11418-4 (eBook)

DOI 10.1007/978-1-349-11418-4

CONTENTS

<i>Preface</i>	vii
<i>A note about language</i>	ix
<i>Acknowledgements</i>	x
PART I THE ROPER-LOGAN-TIERNEY MODEL TODAY	
1 <i>Models of nursing: a starting point</i>	3
In the beginning	3
The development of the Roper-Logan-Tierney model	5
What is a nursing model?	6
Constructing a nursing model	7
Why do we need nursing models?	11
Summary	11
2 <i>The model of nursing and the nursing process</i>	13
Early development	13
Key concepts in the model	15
3 <i>The components of the model and the nursing process</i>	20
Activities of living	20
The life span	24
The dependence-independence continuum	25
Factors influencing activities of living	25
Individuality	26
The model and the nursing process	26
Summary	31
PART II APPLYING THE MODEL	
4 <i>Care study: a patient undergoing major bowel surgery</i>	35
Mrs Margaret Wells	35
Admission	36
Pre-operative care	40
Post-operative care	44
Summary	54
Exercises and activities	54
5 <i>Care study: a patient with a myocardial infarction</i>	72
Mr James Matthews	72
Admission	73
Nursing care	77

Summary	86
Exercises and activities	87
6 <i>Care study: a child needing eye surgery</i>	99
George Lawrence	99
Pre-operative care	100
Post-operative care	105
Summary	106
Exercises and activities	106
7 <i>Care study: an elderly lady</i>	117
Mrs Annie Coleman	117
Admission	117
Nursing care	124
Discharge	127
Summary	132
Exercises and activities	133
8 <i>Care study: a young person with diabetes</i>	155
Ms Jody Colcross	155
Admission	156
Nursing care: activities of living	158
Nursing care: medical prescription	160
Summary	160
Exercises and activities	161
 PART III CRITIQUE OF THE MODEL	
9 <i>Analysis and evaluation</i>	173
Analysis	174
Evaluation	181
Evaluating the model in practice	186
Summary	191
 <i>Appendix: Automated care planning</i>	 194
Patient care plans	196
The nursing process	196
Operating automated care planning	198
Summary	199
 <i>Bibliography</i>	 203
<i>Index</i>	210

PREFACE

The nursing profession has become increasingly familiar with the idea of nursing models, and has, at least in part, accepted them as a means to enhance nursing care. Such models have frequently emanated from the United States of America and have, quite naturally, been framed within the idiom and culture of American nurses. The Roper–Logan–Tierney model of nursing care provides a useful exception to this rule, and for many will be a framework of care that at once seems practical, approachable and functional.

The work of Roper, Logan and Tierney is widely known, but perhaps not fully understood within their native United Kingdom. British nurses are often tempted to select the ‘activities of living’ component of this model and to use this as a short checklist for care-giving, ignoring the model’s other dimensions. This is a surprising mistake, given that this model is widely taught in Colleges of Nursing and espoused as a model of care for wards, departments and, sometimes, whole institutions. It is particularly apt, then, that Charleen Newton’s refreshing look at this British model of nursing should be one of the first volumes in the *Nursing Models in Action* series.

Such a review is important for four very good reasons. First, and most generally, the profession has reached a point when all models of care are receiving critical attention. The early criticism of the medical model was well founded, but now, as the profession grows, we realise that we cannot rest on our own laurels, but must examine that which replaces the medical model. Nurses are asking the pertinent question, does this model of care enhance my practice, the way I care for a patient? If so, how does it do so and does this benefit hold good with all clients in every situation?

Charleen Newton’s review is also important because many nurses will already be partially utilising this model of care, and may believe, perhaps erroneously, that they have grasped all its component parts and evaluated it fairly. In my experience this is often not the case. Activities of living are understood to the extent of compiling a checklist, but perhaps little more. The model is then evaluated, compared with others and found wanting, because the overlooked elements have not been given due attention. In this text the reader will enjoy a much fuller exploration of Roper, Logan and Tierney’s work.

Thirdly, if this model is to be employed in college curricula, it is essential that it be reviewed, and applied to practical situations, by a nurse who is involved in the improved application of theory to practice. This author is ideally suited to this role, impartially examining the strengths and weaknesses of theory as she explores the best way to plan care in her own hospital setting. Fresh, research-related care studies are a feature of this text, and should prove invaluable to students and teachers of nursing alike.

Lastly, no model remains constant, and it will be clear from the following chapters that this one is no exception. It has developed and grown with the ongoing work of its authors and of those nurses who have sought to use this model of care. It is now appropriate to take stock of such change and – for nurses who seek to understand nursing theory – to put such work in the context of nursing culture and the current climate. The evaluation section of this text suits this purpose admirably, and will prove a welcome aid to those nurses studying at diploma, undergraduate or postgraduate level.

Reading through some of the texts on nursing models, you may be surprised to find the Roper–Logan–Tierney model unreferenced. Conversely, you may not be surprised at all, believing that this model doesn't quite fulfil the criteria of a classic nursing model. Either way, I suggest it's time to look again at all such beliefs and positions; an activity that is facilitated by this very practical book.

Bob Price

==== A NOTE ABOUT LANGUAGE ====

Certain conventions have been observed in the writing of this book. First, a person receiving nursing care is usually referred to as a 'patient', but in some contexts as a 'client'; the terms are often interchangeable and their use tends to be dictated by local practice. Secondly, although people in the book are introduced with their full names and titles they are usually referred to thereafter by their first name only – this reflects the trust established in effective nurse–patient relationships; each patient is understood to have consented to this use of his or her name. Thirdly, unless the context requires otherwise the nurse is referred to as 'she' and the patient as 'he'. These conventions are solely for reasons of simplicity, clarity and style.

===== ACKNOWLEDGEMENTS =====

I should like to thank my colleagues in the Research and Development Department at the Royal Hampshire County Hospital for their support and interest; the librarian and staff in the postgraduate medical centre at the Hospital for all their help; my supervisor at Southampton University for his encouragement and also patience in waiting for me to produce my thesis; Bob Price, the series editor, for his advice and inspiration; Andrew Nash, the copy-editor, for his help and patience; and finally my husband and family for spurring me on. I would also, of course, like to acknowledge the work of Roper, Logan and Tierney, which is the cornerstone of this book.

Charleen Newton

The author and publishers have made every effort to trace copyright holders, but if any have been overlooked the publishers will be pleased to make the necessary arrangements at the first opportunity.