was not without its critics. Increasingly, it was questioned whether the linear problem solving approach to care was a valid reflection of clinical decision making, particularly for experienced nurses (Walsh, 1998).

Care pathways in the UK were a significant move away from the nursing process and a potential threat to individualised care. However, the concept of a planned, standardised, multidisciplinary approach to care for groups of patients with the same problem proved popular (Walsh, 1998) and continues to support the current emphasis on quality (Currie and Harvey, 2000).

**COMPONENTS OF NURSING MODELS**

At a basic level, there are three main components of a nursing model:
- A set of beliefs and values;
- A statement of the goal the nurse is trying to achieve;
- The knowledge and skills the nurse needs to practise (Pearson et al, 1996).

An important first step in the development of ideas about nursing was identifying its core concepts, then the beliefs and values around those. After extensive debate, some favour was shown to the idea that nursing has four concepts: person; health; environment; and nursing (Box 1).

Models may have these four concepts as their cornerstones but each describes them a little differently. For example, the sets of beliefs and values might be different, so the goal of nursing and the knowledge and skills required might vary (Table 1).

The early theorists drew substantially on other disciplines to develop ideas. For example, Neuman (1995) drew extensively on systems theories in thinking about people as a system that strives for stability. Illness is therefore a stressor that can destabilise an individual, and people then need help from nurses to regain stability.

Peplau (1988) drew on psychological theories to conceptualise nursing as an interpersonal process to help patients with mental health problems. In doing so, she contributed to the recognition of the therapeutic potential of nursing.

Arguably, the most influential and most commonly adopted model in the UK was that developed by Roper et al (1990). This describes a person as being capable of performing activities of living along an independence/dependence continuum throughout their life. The role of the nurse is to assist the individual if necessary to achieve as much independence as possible in these activities. Individuality is an important concept in carrying out the activities of living and this is set in the context of biological, psychological, sociocultural, environmental and socioeconomic considerations.

There was no attempt to prescribe one model to fit all of nursing. Each offered a different picture of nursing. Nurses could select – and modify – a model to serve their needs and those of their patients.

### BENEFITS OF NURSING MODELS

The introduction and use of nursing models was thought to bring substantial benefits to nursing, nurses and patients. In terms of nursing, it was a serious and committed attempt to develop a knowledge base that would make it unique from other disciplines, in particular medicine.

The hope was that, in devising models of and for nursing, theories of and for nursing could be generated, tested and added to the profession’s knowledge base. Part of this knowledge base would be a set of clear ideas about what nursing is, its values and its contribution to healthcare (Draper, 1990).

While a grand theory of nursing might not be possible, it was hoped that there would be a consensus of what nursing was and that models would lead to the development of tools to help nurses in practice.

Another benefit was that models could offer a set of frameworks to guide practice and education. When teamed with the nursing process, a model could give shape and a structure to assessment, enabling a focus on the patient and allowing clear identification of the nursing problems and hence the nursing care required. Such a framework would guide the planning, implementation and evaluation phases of the process.

For example, using Orem’s model, nurses could assess patients for individual self care deficits and plan interventions to help them to overcome these deficits as much as possible. Here, the process of nursing would be focused on the concerns of nursing, not on those of other disciplines such as medicine.

Such was the importance of nursing models in the 1980s and 1990s that clinical areas had to be seen to be using a nursing model and some educational institutions structured their whole pre-registration curriculum around one. This was partly because models gave some guidance on the knowledge and skills required to deliver care.

For example, the use of Peplau’s model in a mental health programme would emphasise that nursing is potentially a therapeutic, interpersonal process; the curriculum would focus on the knowledge and skills needed to provide that kind of nursing care. A general nurse training programme based on Neuman’s system model would emphasise the need to assess the patient for stressors affecting them and provide interventions to offset their effects.

The use of a model could also potentially

### TABLE 1. BELIEFS AND VALUES WITHIN DIFFERENT MODELS OF NURSING

<table>
<thead>
<tr>
<th>Model</th>
<th>Views on “person”: beliefs and values</th>
<th>Goal of nursing</th>
<th>Knowledge and skills needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roper et al (1990)</td>
<td>Individuals engage in 12 activities of living over their lifespan which can be affected by a variety of factors</td>
<td>Help people to prevent, alleviate or cope with problems (actual or potential) related to activities of living</td>
<td>The physical, psychological, sociocultural, environmental, political, sexual and spiritual underpinnings of the 12 activities of living</td>
</tr>
<tr>
<td>Orem (1991)</td>
<td>Individuals have the capacity to self care</td>
<td>To help overcome an individual’s deficits in self care caused by ill health</td>
<td>Deliberate actions to promote self care, through active doing for another, guiding, supporting, adjusting the environment and teaching</td>
</tr>
<tr>
<td>Neuman (1995)</td>
<td>The person is an “open system” in constant interaction with the environment (Pearson et al, 1996)</td>
<td>Helping the to stabilise the system which has become unstable due to internal and external “stressors”</td>
<td>Understanding of how stressors can have a physical, psychological and sociocultural impact, and of the importance of health promotion</td>
</tr>
</tbody>
</table>

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**BOX 1. CENTRAL CONCEPTS OF ALL NURSING MODELS (FAWCETT, 1995)**

- Person – the recipient of nursing actions
- Environment – the recipient’s surroundings
- Health – the wellness or illness state of the recipient
- Nursing – actions taken by nurses on behalf of or in conjunction with a recipient

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