

## *Concepts and Theories*

Review the materials provided which discuss concepts in the curriculum.

Human Response  
Caring  
Maslow, Erikson  
Preventive Care  
Critical Thinking  
Roles of the ADN

### *Human Response Theory*

The philosophy of the Nursing Program at Sinclair states that nursing is the “diagnosis and treatment of human responses to actual or potential health problems.” This is the American Nurses Association definition of nursing. So Human Response is a way of looking at how individuals, families, or communities react to all areas of life that influence and impact them. Human Response Theory will guide your assessment of the patient, family, etc., will direct your analysis of the response to the appropriate nursing diagnosis, and will guide the interventions you plan and implement. The nurse focuses on two types of responses – reactions to actual health problems or illness (health-restoring responses) and concerns about potential health problems (health-supporting responses). More simply the nurse focuses on the responses in both sick and well persons. Human responses are dynamic, or changing, as the patient progresses along the continuum between health and illness.

Human responses are viewed from four perspectives – physiologic or regulatory, pathophysiologic, experiential, and behavioral. All responses begin with a positive or negative stressor – an event, a disease, an injury, a change. All are influenced by modifiable and non-modifiable factors (examples – age, smoking).

- Physiologic regulatory responses are normal or usual biological responses of the body to a stressor. They are compensatory, protective responses. An example would be inflammation that occurs with an injury.
- Pathophysiologic responses result from the failure of the physiologic responses, they are the disease. Pathophysiologic responses are influenced by the physical condition of the person, lifestyle, environmental factors, personal factors. For example, the inflammatory process on a malnourished person becomes infection.
- Experiential responses result from personal experience and the meaning derived from these experiences. Responses are also based on culture, society, knowledge, coping mechanisms. They are understood only when the individual talks about and shares the response. An example would be the degree of anxiety experienced to being dyspneic.
- Behavioral responses are directly observable and measurable motor and verbal behaviors. They are the signs and symptoms – the rapid respirations, the facial expression of the dyspneic patient.

Human responses and the four perspective are used for assessment by dividing the responses into nine response patterns. Check your nursing process tool in the requirements section of this orientation and you will see the laboratory/diagnostic studies and the patient assessment sections organized around these response patterns. The patterns and assessment examples include the following. There is a chart of the patterns and possible areas for assessment attached after the discussion.

1. Exchanging – mutual giving and receiving.  
Oxygenation, circulation, neurological function, nutrition, elimination, hydration, physical integrity, physical regulation (immune and endocrine function).
2. Communicating – sending messages.  
Ability to express thoughts verbally, orientation, physical impairments to speech, language barrier.
3. Relating – establishing bonds.  
Type of social interactions, relationship with significant others, support system, ability to perform roles, family functioning, financial support.
4. Valuing – assigning of relative worth.  
Religious preference and practices, perception of suffering, acceptance of illness, cultural orientation and practices.
5. Choosing – selection of alternatives.  
Ability to accept help, adjustment to health status, desire for dependence/independence, denial of problem, adherence to treatment, ability to make decisions, lifestyle choices.
6. Moving – activity.  
Tolerance to activity, ability to care for self, sleep patterns, diversional activities, disability, home environment, safety needs.
7. Perceiving – reception of information.  
Body image, self-esteem, ability to use senses (see, hear, feel, smell, taste), hopefulness, perceived ability to control current situation.
8. Knowing – meaning associated with information.  
Knowledge about current illness or treatments, previous illnesses, risk factors, expectations of treatment, cognitive abilities, readiness to learn, orientation, memory.
9. Feeling – subjective awareness of information  
Pain, grieving, capacity or risk for violence, anxiety, emotional integrity.

A review and summary of all the assessment findings are used to determine which responses are part of the patient's problem and which are strengths. This is the analysis stage, critical thinking phase, or diagnostic reasoning step. It is here the nurse determines the priority nursing diagnosis(es) and what interventions would be needed. It is here the nurse determines what responses are unacceptable and should be treated for change, and which ones are acceptable and should be supported for strength. Interventions will be planned using collaborative judgment with peers, unlicensed assistive personnel, other departments, physicians, community resources, the patient and family.

The goal of the use of the Human Response Theory is health or balance of stressors through intervention for health promotion and disease prevention.

Review the Model of the Implementation of the Conceptual Framework (curriculum document that starts with the individual and has all the arrows) and correlate it with the content presented here on Human Response.

Complete the two study guides from NSG 120 for basic application of Human Response Theory.