Learning Disability Nursing

Peplau's Model of Nursing

Resource Pack
Peplau's Theoretical Framework for Care

INTRODUCTION

Credentials:

Hildegard Peplau was born in 1909 in Pennsylvania, America. She has experience in both General and Mental Health Nursing, gaining her Diploma in Nursing in 1931, her BA in Interpersonal Psychology in 1943, her MA in Psychiatric Nursing and Ed.D in 1953.

The Model

The theory states that the nurse-patient relationship is of central importance for both parties. The way in which the two interact has significant implications for the patient's progress.

The concepts used in the theory are:

The nurse-patient relationship - the model focuses on the relationship between the individuals need for help (the client) and the nurse.

Psycho-dynamic nursing - Peplau uses a psycho-dynamic approach with an emphasis on early childhood experiences in determining behaviour (Freudian approach)

According to Peplau, "Psychodynamic nursing is being able to understand one's own behaviour to help others identify felt difficulties, and to apply principles of human relations to the problems that arise at all levels of experience"

Nursing Roles - Peplau identifies six nursing roles which are used to help the individual to move from illness to wellness

PARAMETERS OF NURSING

By examining the beliefs and values that Peplau holds regarding the specific areas of nursing or the parameters of nursing, we can begin to understand the values and beliefs that underpin the theory.

Nature of the Person

- People have biological, psychological and social qualities which motivate them towards self-maintenance, reproduction and growth - Peplau
believes that the person lives in an unstable equilibrium, but that he possesses a variety of qualities which helps him to maintain wellness, to reproduce and to grow

- People possess a "self-system" which is concerned with the management of anxiety

- Development of the person occurs as a result of interactions with significant others.

**Nature of the Environment**

- Concerned with external factors which are essential to human development, e.g.:
  - Healthy pre-natal environment
  - Presence of adults
  - Secure economic status of the family

*Peplau defines the environment in terms of "existing forces outside the organism and in the context of culture".* Peplau believes that customs and beliefs are acquired from these outside forces, however, she notes that if the environment is to lead to health that it should always include the interpersonal process.

**Nature of Health and Illness**

**Health:**

- A Productive level of anxiety is required for growth and development (positive energy) - *e.g. the anxiety that motivates us to learn*

  *Peplau suggests that health implies a forward movement of personality and other on-going human processes towards "creative, constructive, productive, personal and community living" - in other words, being healthy is being able to develop oneself and push forward*

**Illness:**

- Serious levels of anxiety may lead to panic, withdrawal and inability to function.

- Extreme levels of anxiety may cause regression to take place, and the person may display behaviours that lack maturity.

- Unmet needs and characteristics of the childhood are predominant in cases of extreme anxiety

- Anxieties may be due to worry, physical problems such as disease or injury or social problems.
The nature of the Nurse

- Peplau describes six different nursing roles that emerge in the various phases of the nurse-patient relationship. The nurse interacts with patients in various roles:
  - Stranger
  - Resource Person
  - Teacher
  - Surrogate
  - Leader
  - Counsellor

...in order to attain goals

- The nurse experiences self awareness as a result of interactions.

The Nature of Nursing

Peplau describes nursing as a "significant, therapeutic, interpersonal process"

- A practice designed to facilitate productive energy; to alleviate tensions and anxiety; to remove blocks to further development and to aid personal and interpersonal growth

DEFINITION OF NURSING

- A practice very distinct from medicine, (not medical). It is a significant interpersonal process (between individuals). It functions co-operatively with other human processes (e.g. immune system, healing processes) that make health possible for individuals in the community. (ie it is significant but not the sole process)

- In specific situations in which a professional health team offers services, nurses participate in the organisation of conditions that facilitate natural on-going tendencies in human organisms. (ie nurses organise the environment to aid health - either physical or mental health - or assist in overcoming the illness)

- Nursing is an educative instrument, a maturing force that aims to promote forward movement of personality in the direction of creative, constructive, personal and community living. (ie the nurse helps the patient to gain intellectual and interpersonal competencies beyond those they had at the point of illness so that individuals learn from the experience of being ill)

(Peplau, H.E. 1952 Interpersonal Relations in Nursing)
Consider this definition of nursing. How does this compare to your own view or definition of nursing within the learning disability branch?
As noted previously, Peplau describes the six nursing roles which emerge in the various phases of the nurse-patient relationship:

**Stranger:** On meeting the patient, the nurse is a stranger in a non-personal relationship. The nurse shows normal social courtesies when meeting a stranger or guest – i.e. *does not delve into personal details, accepts that shyness may restrict conversation.* The nurse should accept the person as they are and not make value judgements - the nurse should treat the patient as emotionally able, unless evidence indicates otherwise.

**Resource Person:** Nurse provides information and provides specific answers to questions, especially health information, and interprets to the patient the treatment or medical plan of care – *explaining routines, showing the client where the amenities are etc.*

**Teacher:** The teaching role is a combination of all roles and "always proceeds from what the patient knows ..." Peplau separates the teaching into two categories: instructional which consists of giving information and experiential which the nurse imparts knowledge – *teaches new skills, e.g. self-help etc.*

**Surrogate:** Experiences of illness may reactivate earlier developmental-stage needs and feelings so the patient casts the nurse in the surrogate role – *as the relationship forms, the patient may revert to a child role, e.g. crying etc.*

**Leader:** Development of "democratic" relationship – *nurturing role, the nurse encourages the patient to become involved and participate in the direction of care*

**Counsellor** – This is the final role before discharge. Peplau believes the counselling role has the greatest emphasis in psychiatric nursing. The nurse helps the patient to move towards health by increasing awareness of conditions required for health and threats to health – *the nurse helps the client understand how to maintain his health (physical and mental), and helps identify what could threaten well-being of the client*

*These roles require unconditional acceptance of the patient; self awareness of the nurse and emotional neutrality*

The Phases of "Getting Well"
Peplau describes four phases of the nurse-patient relationship. Although separate, they overlap and occur over the time of the relationship – i.e. the roles of the nurse overlap with the phases of getting well throughout the whole process. The phases may be regarded as the patients role in the interpersonal process.

Nursing is an inter-personal process between the patient and the nurse, aimed at developing the patient (and as a result, the nurse) through phases of getting well:

**Orientation** – on admission. The nurse and client meet as strangers and establish a rapport. They work together to define and clarify the problem.

The nurse also notes her own reaction to the client and should avoid stereotyped responses - ie avoid doing for the client

This phase relates to the assessment phase of the nursing process

**Identification** – during intensive treatment - The patient identifies with those who can help him. The client starts to relate to the nurse. The nurse focuses on the needs of the client and identifies the clients response - e.g. is he a loner? is he passive or dependent?

This phase relates to the planning stage of the nursing process

**Exploitation** – during convalescence and rehabilitation. The patient attempts to derive full value from what is offered him through the relationship - ie makes full use of the services.

the relationship helps the client explore his own feelings and responses.

the nurse encourages self-sufficiency and confidence and the client is encouraged to take a responsible role in the goal of getting well

The nurse listens and uses interpretative skills to extend the client's understanding of the options available to help in achieving the goal

this phase relates to the implementation stage of the nursing process

**Resolution** – prior to discharge. This is the transition stage where the client is helped to end involvement in the therapeutic relationship and become independent. Old goals are gradually put aside and new goals adopted.

The client overcomes his problem and is helped to become independent - the patient frees himself from identification with the nurse

This phase relates to the evaluation stage of the nursing process

You can see from the diagram below that the phases of ‘getting well’ overlap with the various roles carried out by the nurse:
Phases of the interpersonal process

Psycho-biological Experiences

Peplau describes four psycho-biological experiences:

1. Needs
2. Frustration
3. Conflict
4. Anxiety

These experiences provide energy that is transformed into some form of action which can either be constructive or destructive.

Think of some examples of constructive energy and destructive energy:

- **Constructive** – e.g., the anxiety that motivates us to learn for exams
- **Destructive** – e.g. the anxiety that prevents us from entering enclosed spaces
The understanding of why these experiences compel constructive or destructive responses provides a basis for goal formation and nursing interventions.

To summarise Paplau’s Theoretical Framework for Care, examine the diagram below:

A = Nurse effects health outcomes
B = Energy transformation – transforms anxiety into productive energy
C = Influence of patient on the nurse (self-awareness)
D = Role of the nurse in health promotion
Read the following case study and complete the assessment and care plan for this service-user. Provide a discussion which justifies your assessment and care plan on the discussion forum.

A Profile of Ada

Ada has been a long stay resident at a hospital for people with learning disabilities for 22 years. Prior to admission, Ada had lead what most people would call a normal middle-class life-style. Born in 1946, she is the youngest of 2 children. Ada passed her 11+ exam and attended Grammar School, she was employed as an Office Junior, married at the age of 21 and kept her own flat with her husband.

At the age of 7, Ada began to experience Epileptic Seizures, which over the years became increasingly worse until she could no longer lead a normal life, or look after herself. Her husband would come home worm work to find her lying in a pool of urine having been incontinent during a seizure.

It was at this point that her husband felt that it was unwise to leave Ada alone in their flat while he was out at work. Ada went to live with her mother on the understanding that she would return to her own home when her seizures were under control.

The seizures continued to become increasingly worse until her mother could no longer cope with the stress of caring for Ada. The hospital offered Ada a a bed for 2 weeks (as respite care) which was accepted. A further 2 weeks respite care were offered 6 months later which were again accepted.

In October 1974, aged 27, Ada was admitted to the Hospital as an in-patient for – as she thought – assessment and treatment in order to control her seizures. Ada has remained there since and never had the opportunity to return to her own home.

Ada's husband divorced her 5 years after her admission and re-married. Ada still uses her married name.

Ada experiences Generalised Seizures, mainly Absence, Tonic and Tonic-Clonic type. She is moderately cognitively impaired and is acutely aware of her dilemma. Her current medication consists of high doses of anti-convulsants. Ada has the following problems:

- Lack of occupation/stimulation
- Apathy
- No personal friends (although has visits from her mother 3 times per week)
- Insecurity
- Lack of confidence
- Occasional bouts of depression and anxiety
- Poor self image
- Due to the home environment and atmosphere cannot attempt to do things for herself - e.g. make a cup of tea
- No opportunity for privacy
- Frequent Absence, Tonic and Tonic-Clonic Seizures

As Peplau does not specify a specific assessment tool for use with her model, it is generally accepted that the following assessment tool is utilised.
## PEPLAU'S DEVELOPMENTAL MODEL
### ASSESSMENT OF NEEDS

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<th>SUBJECTIVE OBSERVATIONS</th>
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<tr>
<td>(Observations made by the client)</td>
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<td>Direct quotes may be used. If the client is unable to contribute, write &quot;none&quot;</td>
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<table>
<thead>
<tr>
<th>OBJECTIVE OBSERVATIONS</th>
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<tr>
<td>(Impartial objectives made by the nurse)</td>
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<td>Include laboratory findings</td>
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<tr>
<th>ASSESSMENT</th>
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<td>(Made by nurses using both subjective and objective data)</td>
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<th>PLANNING</th>
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<td>(Based on the problem identification from subjective and objective data)</td>
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<td>PHASE</td>
<td>CARE NEEDS</td>
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<td>ORIENTATION</td>
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<td>(On admission)</td>
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<td>IDENTIFICATION</td>
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<td>(During Intensive Treatment Period)</td>
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<td>EXPLOITATION</td>
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<td>RESOLUTION</td>
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