Learning Disability Division

Roper, Logan & Tierney Model of Living

Resource Pack

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Roper Logan and Tierney Model of Living

Aim

To examine the Roper, Logan and Tierney Model of Living

Learning Outcomes

On completion of the pack, the student will be able to:

1. Demonstrate an understanding of the values and beliefs underpinning the Roper, Logan & Tierney model of nursing
2. Identify and explain the five components of the model
3. Critique the five components in relation to a case study
4. Appraise the value of the model to learning disability nursing
Instructions for Activities

Throughout this pack you will be required to consider the five components of the Roper et al Model of Nursing in relation to a case study. You may either consider one of the service users with whom you have worked to apply the model to, or use one of the scenarios below:

A person with Rubella Syndrome who has the following characteristics:

1. Visual and auditory impairment
2. Obesity
3. Unable to carry out any self care i.e. feeding, washing, dressing etc
4. No verbal communication

A person who presents with challenging behaviour and has the following characteristics:

1. Self-injurious behaviour in the form of head-banging
2. Challenging behaviour in the form of biting others
3. If taken out, often refuses to walk
4. Has not learned basic self-care skills such as washing and dressing, although is able to feed self. Also has a tendency to smear faeces on the wall and self if not supervised when going to the toilet

An elderly person with a learning disability who has the following characteristics:

1. Moderate learning disabilities
2. Mild right-sided hemiparesis, but is able to walk with a walking frame
3. Diabetes
4. Enjoys socialising
5. Able to carry out most self-care skills, but requires help getting in and out of the bath

A child with a condition from the autistic spectrum who is living at home with their parents who has the following characteristics:

1. Hyperactivity
2. No verbal communication
3. Withdrawn and isolated from his parents and sibling
4. Epilepsy
Roper Logan and Tierney Model of Living

Authors:

Nancy Roper
General Nurse
Principle Tutor - 15 years
1975 Nursing Officer (Research) Scottish Home and Health Dept.
1978 Self employed author

Winifred Logan
General Nurse
Lecturer/senior lecturer at University of Edinburgh- 12 Years
Scottish Home and Health Dept. - 4 years
1971 Chief Nursing Officer Ministry of Health in Abu Dhabi
1972 Head of Department of Health and Nursing Studies Glasgow
College of Technology

Alison Tierney
BSc Nursing - University of Edinburgh
PhD - 1973
1973 Lecturer in Nursing Studies - University of Edinburgh
Director of Nursing Research Unit - University of Edinburgh

The Model


"Learning to use the Process of Nursing" published 1982

"Using a Model of Nursing" Published 1983

Background

This model could be referred to as the Edinburgh model – all three authors are graduates of the University of Edinburgh. It was around 1975 that Roper, Logan & Tierney joined forces to discuss the idea of developing a textbook based on a conceptual framework for nursing.

The parameters of nursing are the underlying beliefs of the authors regarding the nature of the individual receiving care, the environment, health and illness, and nursing. These parameters give an insight into the values and beliefs of the authors. The parameters are identified below for information only and may make more sense once you have examined the model.

The Nature of the Person

The person is an individual who pursues the complex process of living in a unique manner through a number of activities. These activities are influenced by the person's place on the lifespan continuum, physical, psychological, socio-cultural, environmental and politico-economic factors and the degree of independence/dependence which the individual has (Roper et al, 1990).

The Nature of the Environment

The environment is seen principally in terms of its influence on the individual's ability to perform the activities of living. The scope of this influence is very wide and can include global issues such as food supplies, going into hospital and the effects of illness on an individual's routine.

The Nature of Health

Health is defined as a dynamic process with many facets. There is no clear distinction between health and ill-health. The health status of an individual is dependent on their ability to adapt to, and cope with challenges they meet throughout life. For example, a person who feels well and lives in a way which they find socially and economically satisfactory may be considered 'healthy' even though they have a significant disability such as physical or learning disability. A person with no evidence of physical illness may be judged 'unhealthy' because they feel unwell.

The Nature of Illness

Roper et al note that it is not sufficient to concentrate only on the pathophysiological factors of disease. It is necessary to consider:

- **Social factors** which contribute to the development of health problems including poverty and overcrowding

- **Cultural factors** which determine individual lifestyles such as food preferences

- **Environmental factors** including the effects of water and air pollution, poor sanitation, and industrial hazards
Psychological factors including the manifestation of past experiences in present behaviour

These socio-cultural, economic, environmental and psychological problems are as important as physical disability in creating circumstances which predispose to illness.

Roper et al believe that there are two broad categories of illness - acute and chronic:

Acute illness is usually relatively transient although it may severely disrupt the person's current mode of living

Chronic illness may not require such dramatic nursing input but it is just as important from the patient's perspective. This may mean that the person has been ill for many years or may mean that a person who having been well for many years, gradually or suddenly find themselves in the long-term illness category

The Nature of the Nurse

The nature of the nurse is to help patients with particular problems, to promote the patient's usual way of carrying out their activities of living as much as is possible

The Nature of Nursing

Nursing is concerned with helping people at all stages of their life-span to achieve their optimal level of health. It is also concerned with helping people to overcome, or adjust to and cope with problems in their activities of living caused by trauma, disease and so on

The Model

There are five components to this model of nursing:

1. The Activities of Living
2. The Life Span Continuum
3. The Dependence/independence Continuum
4. The Factors Influencing the Activities of Living
5. Individuality in Living

See diagram below:
LIFESPAN

FACTORS INFLUENCING ACTIVITIES OF LIVING

- Physical
- Psychological
- Socio-cultural
- Environmental
- Politico-economic

DEPENDENCE/INDEPENDENCE CONTINUUM

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<thead>
<tr>
<th>Activity</th>
<th>Total Dependence</th>
<th>Total Independence</th>
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<tbody>
<tr>
<td>Maintaining a safe environment</td>
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<td>Communicating</td>
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<tr>
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<td>Mobilising</td>
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<td>Expressing sexuality</td>
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<td>Sleeping</td>
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<td>Dying</td>
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INDIVIDUALITY IN LIVING
Component 1. Activities of Living

The first and main component of the model is the Activities of Living. Roper, Logan & Tierney (1990) note that a model of living must offer a way of describing what 'living' means.

Think about what this term means – what does every day living involve?

We may not be aware of performing some of these activities of living, but they are an integral part of living and collectively contribute to the complex process of living – they are what Roper et al call 'activities of living'.

It is this concept which is used as the focus of Roper, Logan & Tierney’s model of living. A set of 12 Activities of Living makes up the main component of the model.

1. Maintaining a safe environment
2. Communicating
3. Breathing
4. Eating and drinking
5. Eliminating
6. Personal cleansing and dressing
7. Controlling body temperature
8. Mobilising
9. Working and playing
10. Expressing sexuality
11. Sleeping
12. Dying

On close analysis of the activities of living, one can see how complex each one is and how one activity of living may be closely related to another activity of living. The example that Roper, et al (1990) give is ‘communication’ – for instance, imagine eating and drinking, working and playing and expressing sexuality without communicating.
Consider each of the activities of living and explain how/why these activities might be affected for the person in your chosen scenario. You need to indicate whether this is an actual problem, a potential problem or no problem. For example, how would breathing be affected by obesity, or how would maintaining a safe environment be affected by visual impairment?

1. Maintaining a safe environment

2. Communicating

3. Breathing

4. Eating and drinking

5. Eliminating

6. Personal Cleansing and dressing

7. Controlling body temperature

8. Mobilising

9. Working and playing

10. Expressing sexuality
Component 2. Lifespan Continuum

The second component of the Model is the Lifespan Continuum – i.e. the continuum from birth to death.

In the diagram of the model, you will see Lifespan represented by a line with an arrow to indicate the direction of movement along it from birth to death.

Birth  
|-----------------|  Death

Lifespan is included as one component of the model of living because ‘living’ is concerned with the whole of a person’s life – each person has a *Lifespan*, from conception to death.

In practice, you would indicate where on the life span continuum the client would sit. For example for an individual who was terminally ill and receiving care in a hospice, you would make a mark close to the right of the scale. For a toddler, you would make a mark close to the left of the scale.

Roper, Logan, & Tierney (1990) suggest that as a person moves along the Lifespan there is continuous change, growth, and development. In other words, younger people and elderly people may need more help while young and middle-aged adults may need less help.

Activity Two

Consider the implications of this for people with learning disabilities. Discuss whether or not this is the case for the people in the case studies. What are the problems with this concept?
Component 3. Dependence/independence Continuum

The third component of the model is the dependence/independence continuum. Each person is said to have a dependence/independence continuum (Roper et al 1990). This component of the model is closely related to the Lifespan and the Activities of Living. It is included to acknowledge that there are stages of the Lifespan when a person cannot yet (or for various reasons, can no longer) perform certain activities of living independently.

In the diagram of the model, you will see the dependence/independence continuum represented by a line with an arrow at either end to indicate the degree of dependence/independence.

<table>
<thead>
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</table>
The dependence/independence continuum is related to each Activity of Living, therefore in the diagram of the model, the continuum appears alongside each activity of living.

A person's position on the continuum should be plotted for each activity between total dependence and total independence, or at either end of the continuum.

Consider your selected case study and consider where the individual's level of dependence/independence could be plotted for each activity of living.

Component 4. Factors Influencing the Activities of Living

The fourth component of the Model is entitled ‘Factors Influencing the Activities of Living’. Roper et al (1990) note that although everyone carries out Activities of Living (at whatever stage of the Lifespan and with varying degrees of independence) each individual does so differently. This is due to the fact that a variety of factors influence the way a person carries out activities of living. Roper et al identified five factors which influence the Activities of Living. The five factors all inter-relate with each other:

- **Physical Factors** – These are the biological factors that affect the activities of living. For example, physical factors influencing the activity of ‘eliminating' would include fully functioning urinary and defaecatory systems.

- **Psychological Factors** – These include intellectual aspects or cognitive development and emotional aspects such as the need for love and belonging. Roper et al (1990) however stress that psychological factors cannot be considered in isolation and that they are related to physical, socio-cultural, environmental and politico-economic factors. For example, psychological factors influencing the activity of ‘communication’ would include intelligence and range of vocabulary, self-confidence, mood of the individual etc.

- **Socio-cultural Factors** – These include spiritual, religious and ethical aspects of living. For example, socio-cultural factors
affecting the activity of ‘personal cleansing and dressing’ include values concerning cleanliness, social norms for cleansing/dressing routines, cultural influences/rules on dressing etc.

- **Environmental Factors** – Again these factors cannot be considered in isolation as they are related to physical, psychological and socio-cultural factors – the environment can affect your physical wellbeing, your psychological wellbeing and will be dependent on socio-cultural factors. Environmental factors also have an influence in the Lifespan of an individual. Environmental aspects range from factors such as the atmosphere (e.g. pollen or pollution) to buildings and temperature. For example, environmental factors affecting the activity of ‘mobilising’ include the type and place of residence, the local climate/temperature and the influence on hobbies.

- **Politico-economic Factors** - These factors include aspects of living which have a legal or economic connection. For example, the politico-economic factors which affect the activity of ‘maintaining a safe environment’ include knowledge and attitude to safety legislation, awareness of local environmental hazards etc.

### Activity Four

Consider your chosen case study and again consider what factors could influence the activities of living

1. **Maintaining a safe environment**
   ……………………………………………………………………………………………
   ……………………………………………………………………………………………

2. **Communicating**
   ……………………………………………………………………………………………
   ……………………………………………………………………………………………

3. **Breathing**
   ……………………………………………………………………………………………
   ……………………………………………………………………………………………

4. **Eating and drinking**
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   ……………………………………………………………………………………………

5. **Eliminating**
   ……………………………………………………………………………………………
6. Personal Cleansing and dressing

7. Controlling body temperature

8. Mobilising

9. Working and playing

10. Expressing sexuality

11. Sleeping

12. Dying

Component 5. Individuality in Living

The fifth and last component of the Model is ‘Individuality in Living’. Each activity of living is experienced by each individual. Each person carries out the activities of living, but they do so differently.

Each person's individuality in carrying out the Activities of Living is, in part, determined by the stage the person is on the Lifespan and the degree of dependence/independence the individual has. It is also very much influenced by the various physical, psychological, socio-cultural, environmental and politico-economic factors.

The diagram indicates that the other four components of the model combine to produce the unique mix, which determines individuality.

A person's individuality may be demonstrated by the following:
Consider your chosen case study and consider what elements could influence individuality. For example an individual may be able to eat and drink independently, but may only do so with specific aids.

1. Maintaining a safe environment
   …………………………………………………………………………………………………
   …………………………………………………………………………………………………

2. Communicating
   …………………………………………………………………………………………………
   …………………………………………………………………………………………………

3. Breathing
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4. Eating and drinking
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5. Eliminating
   …………………………………………………………………………………………………
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6. Personal Cleansing and dressing
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7. Controlling body temperature
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Roper et al (1990) stress that although each of the five components are described separately, the fact that they are closely related is emphasised. This is demonstrated by the diagrammatical explanation of the Model. The whole model is seen as more than the sum of its parts.