INTRODUCTION OF NURSING THEORIES AND MODELS

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PATRICIA BENNER
FROM NOVICE TO EXPERT THEORY
OBJECTIVES

- Introduction of Patricia Benner.
- Define Benner's Philosophy.
- Discuss Stages of Novice to Expert Model.
  - Define Novice
  - Define Advanced beginner
  - Define Competent
  - Define Proficient
  - Define Expert
OBJECTIVES

- Discuss Application of benner's theory in nursing.
- Benner’s Description of Nursing, person, health, environment.
- Case study
Patricia E. Benner, R.N., Ph.D., FAAN is a Professor at the University of California, San Francisco.

- BA in Nursing - Pasadena College/Point Loma College
- MS in Med/Surg nursing from University of California, San Francisco (UCSF)
- PhD -1982 from UC Berkeley
- 1970s - Research at UCSF and University of California (UC) Berkeley
PATRICIA BENNER

- Has taught and done research at UCSF since 1979
- Published 9 books and numerous articles
- Published 'Novice to Expert Theory' in 1982
- Received Book of the Year from AJN in 1984, 1990, 1996, 2000
INTRODUCTION

Theory based on Dreyfus's (1980) "A five stage model of the mental activities involved in direct skills acquisition" model (Dreyfus).

Similarities

Five developmental stages

Increase in skills and experience gets advancement in stages

Hubert & Stuart Dreyfus
Benner's nursing theory of novice to expert is also based on five levels of skills; novice, advanced beginner, competent, proficient, and expert. The purpose of this presentation is to discuss and examine the Nursing Theorist, Patricia Brenner, and her nursing theory: From Novice to Expert. Patricia Brenner's theory explains how a nurse develops a sense of intuition in their practice and develops their critical thinking skills as a nurse. Benner wanted to provide an understanding for nurses, as they develop their skills, of what makes a novice nurse become an expert nurse.
BENNER'S PHILOSOPHY

- Benner worked in a variety of nursing areas including Intensive Care Unit (ICU), medical-surgical, emergency, and coronary. She became interested in not how to do nursing but how do nurses learn to do nursing.

- Practical situations are more complex than they seem and formal methods such as textbook descriptions, theories and models are inadequate to explain the complexities. Experience and mastery are required to bring a skill to a higher level.
STAGES OF NOVICE TO EXPERT MODEL

- **Beginner**
  - Has no professional experience

- **Novice**
  - Can note recurrent meaningful situational components, but do not prioritize between them

- **Competent**
  - Begins to understand actions in terms of long-range goals

- **Proficient**
  - Perceives situations as wholes, rather than in terms of aspects

- **Expert**
  - Has intuitive grasp of the situation and zeros in on the accurate region of the problem
She described 5 levels of nursing experience as:

- Novice
- Advanced beginner
- Competent
- Proficient
- Expert
STAGES OF NOVICE TO EXPERT MODEL

**Novice**
- Beginner with no experience
- Taught general rules to help perform tasks
- Rules are: context-free, independent of specific cases, and applied universally
- Rule-governed behavior is limited and inflexible
- Ex. “Tell me what I need to do and I’ll do it.”
- Can also apply to experienced nurses in an area or situation of unfamiliarity.
STAGES OF NOVICE TO EXPERT MODEL

Advanced Beginner
• Demonstrates acceptable performance
• Has gained prior experience in actual situations to recognize recurring meaningful components
• Principles, based on experiences, begin to be formulated to guide actions
• Applies to most newly graduated nurses
• Feel highly responsible for managing patient care
STAGES OF NOVICE TO EXPERT MODEL

- Still rely on the help of the more experienced nurse
- Has marginally competent skills
- Uses theory and principles much of the time
- Experiences difficulty establishing priorities
STAGES OF NOVICE TO EXPERT MODEL

Competent Practitioner

- Usually applies to nurses with 2-3 years experience
- Coordinates several tasks simultaneously
- Consistent, predictable, and able to manage time
- May display hyper responsibility for the patient
- Begins to recognize patterns
- Determines which elements of the situation warrant attention and which can be ignored
Proficient Practitioner

- Usually applies to nurses with 3-5 years experience
- Views patient holistically
- Focuses on long-term goals
- Can see changing relevance in a situation
- No longer relies on preset goals for organization
- Demonstrates increased confidence in their knowledge and abilities
- More holistic understanding improves decision-making
- Learns from experiences what to expect in certain situations and how to modify plans
STAGES OF NOVICE TO EXPERT MODEL

**Expert**

- No longer relies on principles, rules, or guidelines to connect situations and determine actions
- Much more background of experience
- Has intuitive grasp of clinical situations
- Grasps patient needs automatically
- Demonstrates a clinical grasp and resource based practice
- Possesses embodied know-how
- Able to see the “big picture”
- Able to recognize patterns on the basis of deep experiential background
APPLICATION OF BENNER’S THEORY

Nursing applies Benner’s Theory through:

- Nursing school curriculum
- Building clinical ladders for nurses
- Developing mentorship programs
  - Mentors for newly graduated nurses: Mentors do more than teach skills; they facilitate new learning experiences, help new nurses make career decisions, and introduce them to networks of colleagues who can provide new professional challenges and opportunities. Mentors are interactive sounding boards who help others make decisions. Part of mentoring programs are preceptors
APPLICATION OF BENNER’S THEORY

- Preceptors for student nurses:
  - Preceptors help new nurses deal with the uncertainty of the clinical setting that is inherent to gaining proficiency. The preceptor's role of "guide at the side" is critical to moving from novice to expert.
BENNER’S DESCRIPTION OF NURSING

- A caring relationship, “an enabling condition of connection and concern”
- “Caring is primary because caring sets up the possibility of giving help and receiving help.”
- “Nursing is viewed as a caring practice whose science is guided by the moral art and ethics of care and responsibility.”
- Is the care and study of the lived experience of health, illness, and disease and the relationships among these three elements
“A person is a self-interpreting being, that is, the person does not come into the world predefined but gets defined in the course of living a life. A person also has an effortless and non-reflective understanding of the self in the world.” "The person is viewed as a participant in common meaning." The four major aspects of understanding that the person must deal with:
  - The role of the situation
  - The role of the body
  - The role of personal concerns
  - The role of temporality
BENNER’S DESCRIPTION OF HEALTH

- Health is defined as what can be assessed
- Well-being is the human experience of health or wholeness
- A person may have a disease and not experience illness
- Illness is the human experience of loss or dysfunction
- Disease is what can be assessed at the physical level
BENNER’S DESCRIPTION OF SITUATION (ENVIRONMENT)

She uses the term situation instead of environment because situation conveys a social environment with social definition and meaningfulness.

“Personal interpretation of the situation is bounded by the way the individual is in it.”

Each person’s past, present, and future, which include their own personal meanings, habits, and perspectives, influence the current situation.
A nurse, with over 15 years' experience on the obstetrics floor, is attempting to teach a new mother how to breast feed her infant. First thing she does is makes sure the new mother has privacy, that the room is warm and the lighting is dimmed. The mother is now relaxed and comforted by her surroundings. The nurse proceeds to explain to the mother about how to hold her infant and get him to latch on to her breast. She shows the mother a pamphlet with pictures explaining how this is done. The mother is still a bit nervous, so the nurse reassures her that she can do this, with explanations of how it benefits the baby. With this done, the mother is ready to try breast feeding for the first time.
CASE STUDY

The nurse is careful to continue reassuring the new mother and to assist her only when it’s necessary.

The nurse notices that the baby still will not latch on to the breast and immediately intervenes before the mother gets discouraged. An explanation is given that different techniques can be used to hold the infant, so they are more comfortable and can latch on better. When the mother places the infant, with instruction from the nurse, into the football position the latch on is successful. Of course, the new mother is over joyed but asked the nurse what she will do if she is at home at cannot get the baby to eat. The nurse is fully prepared and is able to get the new mother phone numbers for local support groups in her area.
QUESTION TO CASE STUDY

Given the previous scenario, what stage is the nurse in Patricia Benner’s Novice to Expert theory?
The answer is the nurse is in the expert practitioner. She performs her education with ease even when the situation changes. She performs instinctively and knows her patients' needs automatically. She was able to diffuse a potential negative situation with her patient before the patient got discouraged. The nurse was fully prepared to answer all questions and provide outside resources (Nursing Theories).
REFERENCES


- Pubmed.com

- Google scholarly.