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Newland's Conceptual Model: A Guide for Nurse Practitioners

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### Abstract

Conceptual models provide a framework for the care nurses provide to patients. Newland's conceptual model is formulated from the works of Levine, Watson, Shuler, Hamric, and Oberle and Allen. A thorough definition of the concepts of nursing's meta-paradigm is included to better understand the basis of the model. This conceptual model is designed for the nurse practitioner working in an outpatient clinic; however, it is transferable to all advanced practice nurse roles.

What is a conceptual model and why do nurse practitioners care? A conceptual model is used to provide a framework for organizing beliefs and knowledge about the nurse practitioner (NP) role and providing a basis for further knowledge development (Hamric, Spross, & Hanson, 2005). A conceptual model allows a framework to define the role of the advanced practice nurse (APN), and directs the way in which the APN functions in his or her role. Furthermore, Fawcett, Newman, and McAllister (2004) write, "use of a conceptual model of nursing facilitates autonomous nursing practice" (p. 136). A conceptual model for advanced practice nursing allows the profession to remain well defined and focused within the nursing perspective.

The conceptual model described in this discussion is based on nursing theory and advanced practice nursing conceptualizations. The theories of Myra Estrin Levine and Jean Watson have been influential in the development of this conceptual model. Hamric's model of advanced practice nursing provides much of the framework for the role of the nurse practitioner. The work of Oberle and Allen is the prominent inspiration for the framework of the nature of the interaction between the NP and client. The influence of Shuler's model is evident throughout. This model is designed from the mindset of the NP working in an outpatient clinic; however, it is appropriate in any setting for any APN. Therefore, the NP is often referred to as the APN in this discussion in order to promote inclusiveness.

The nurse practitioner role is grounded in the art and science of nursing, therefore, in order to develop a conceptual model, one must first explore the meta-paradigm of nursing. Four concepts constitute the nursing meta-paradigm: person, health, environment, and nursing. Knowledge of how these concepts are defined by this author will provide the reader with a thorough understanding of the conceptual model discussed.

Human beings are a sum of their parts, and cannot be understood without the appreciation of these parts, their interrelatedness, and their impact on the individual. Shuler's nurse practitioner practice model asserts that the nature of these factors influencing an individual are: environmental, psychosocial, psychological, economical, spiritual and physical (Fawcett, et al., 2004). These influences are fluid in character, and as such, are constantly impacting the patient in different magnitudes. In Myra Estrin Levine's theory, she asserts that, "a person cannot be understood outside the context of the place and time in which he or she is functioning or separated from the influence of everything that is happening around him or her" (George, 1995, p. 200). She also declares that people are, "burdened by a lifetime of experience which has been recorded on the tissues of the body as well as on the mind and spirit" (George, 1995, p.200). In order to provide holistic care for a person, the nurse must be aware of the factors that influence the individual and the ways in which these are impacting that person at that particular time and place.

The World Health Organization (1946) defines health as the positive state of physical, mental, and social well-being and not simply the absence of disease or illness. Health is defined by the individual; it is subjective. The individual's definition of health is not static in nature; rather, it is subject to change as the individual is faced with different life experiences. For example, a person's definition of health may transform after being diagnosed with Parkinson's Disease, and may continue to change as that individual experiences the disease progression.

Environment is defined by internal and external factors that affect a person's life. Levine considers three aspects of the environment: the operational environment, the perceptual environment, and the conceptual environment (George, 1995). The operational environment is

the natural world. Information gathered by the senses defines the perceptual environment. Language, culture, ideas and cognition are enveloped in the conceptual environment.

Nursing care exists due to another's need to be taken care of. Levine suggests that the nurse-patient relationship is a temporary state and is based on the "willful participation of both parties" (George, 1995, p. 201). As long as the individual has a need and desire to be taken care of, or assisted in their maintenance or rebuilding of wellness, this relationship will continue. Jean Watson believes nursing is "concerned with promoting health, preventing illness, caring for the sick, and restoring health" (Watson, as cited in Talento, 1995, p. 325). By integrating these two definitions, the operational definition for nursing for this conceptual model is developed. Nursing is the art and science of health promotion, disease prevention, and assisting others in reaching and maintaining a defined state of wellness when they are unable to do so alone.

The theoretical model (see Appendix) discussed in this paper is built upon the fact that the role of the nurse practitioner, an advanced practice nurse, is grounded in the art and science of nursing. "Any conceptualization of advanced practice nursing should be embedded in a conceptual understanding of nursing" (Hamric, et al., 2005, p. 66). It is important to provide a definition specific to the role of the APN. The American Nurses Association, in their publication *Nursing's Social Policy Statement* (2003) states that advanced practice registered nurses "practice from both expanded and specialized knowledge and skills" (p. 9). The ANA further states that, "advanced practice is characterized by the integration and application of a broad range of theoretical and evidence-based knowledge that occurs as a part of graduate nursing education" (p. 9). In her work, Ann Hamric (2005) conceptualizes advanced practice nursing as, "the application of an expanded range of practical, theoretical, and research-based competencies to phenomena experienced by patients within a specialized clinical area of the larger discipline of

nursing” (p. 89). Hamric has identified and defined competencies essential to the practice of the APN: expert clinical practice, expert guidance and coaching skills, consultation, research skills including utilization, evaluation, and conduct, clinical and professional leadership, collaboration, change agent skills, and ethical decision making skills (Oberle & Allen, 2001, p. 148).

In the theoretical model described in this work, the patient is represented by an amoeba-like structure to signify the uniqueness and fluidity of the personal lived experience. The six factors that influence a patient's current state of wellness are impacting the patient with differing magnitudes, as implied by the protuberance that the factor is creating within the system. In the balanced state, the structure is stationary, remaining within the bounds of wellness as established by the individual. It is when the influences change that the structure becomes maligned and extends beyond the bounds of wellness.

The APN encircles the patient indicating the patient is the center focus of the APN. The APN is represented by a circular structure for various reasons, the simplest of which is to signify the well-rounded nature of the APN. The APN role is also influenced by many forces: scope of practice, professional and personal values, experience, and organizational culture. These forces are more static in nature and do not cause the APN role to be in constant flux. However, the possibility exists for the APN role to change. The circle is stable, but not rigid, and therefore can accommodate change. The APN structure is defined by the competencies of expert coaching and guidance, consultation, research, leadership, collaboration, and ethical decision making. The arms that extend out toward the patient symbolize the direct care that is provided to the patient to support the state of wellness. At times when wellness is interrupted, these arms also assist the individual in rebuilding wellness. These arms include holistic care, critical thinking, expert

clinical skills, and diversity in approaches to health and illness management (Hamric, et al., 2005).

Oberle and Allen (2001) assert that patients seek out nursing care because they have a need for the particular services that nurses, by virtue, can provide. At the time when the patient seeks out care from the APN, a mutually agreed upon goal is made, and a holistic plan of care is developed. This plan of care encompasses the whole patient, taking into account all of the forces that impact the individual. As the nurse and patient work together toward the goal, the APN is utilizing the central competency of direct clinical practice, as well as the core competencies. Aside from providing direct patient care, the APN will be educating the patient, collaborating with other health care team members as necessary, consulting appropriate specialists, utilizing research and evidence based practice, making ethical decisions, and leading through role-modeling. The length of time for the nurse-patient interaction varies on an individual basis, and only ends when the predetermined goal has been met. At this time, the individual has once again stabilized and independently remains within their defined bounds of wellness. The APN role then returns to one of supporting the individual in their current state of wellness.

The conceptual model presented provides a framework for the practice of the nurse practitioner and all advanced practice nurses. It is grounded in the art and science of nursing and reflects a holistic view of the patient. An individual is impacted by the interaction of the economic, psychosocial, psychological, environmental, physical, and spiritual factors of their life. The nurse understands that the patient's current defined state of wellness is variable, and is influenced by life experiences. The APN assists and supports the individual to regain and maintain wellness with direct practice. The APN structure is comprised of core competencies as described by Hamric (2005). Influencing the APN role are personal and professional values,

organizational culture, experience and scope of practice. This conceptual model maintains that the patient is the center of the practice of the APN and that the nurse provides a supportive role to the individual's wellness state.



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Appendix

