

APPLICATION OF DOROTHY JOHNSON'S THEORY

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"A nursing theory is a set of concepts, definitions, relationships, and assumptions or propositions derived from nursing models or from other disciplines and project a purposive, systematic view of phenomena by designing specific inter-relationships among concepts for the purposes of describing, explaining, predicting, and/or prescribing."

According to Robert T. Croyle (2005) a useful theory makes assumptions about a behavior, health problem, target population, or environment that are: logical; consistent with everyday observations and similar to those used in previous successful programs and supported by past research in the same area or related ideas

A theory provides direction to nursing practice. A defined body of knowledge in nursing is beneficial for better patient care, enhancing standard of nursing profession and supports nursing research.

Nursing provides us with theories about people, their environment, health and the role of the nurse. There are many different models, all with their own approaches to these issues. For example, Roper et al (2000) focused their model on the 12 activities of living that all people need to carry out, whereas Orem (2001) built her model around the concept of self-care. The availability of different models allows nurses to pick the model that best reflects their area of work and client group.

Dorothy Johnson's theory of nursing (1968) focuses on how the client adapts to illness and how actual or potential stress can affect the ability to adapt. Her theory highlights the seven subsystems i.e. Affiliative, Achievement, Aggressive, Dependency, Eliminative, Ingestive, Sexual and Restorative and their interaction to

maintain balance internally and externally so as to function effectively by adjusting and adapting to environmental forces. The goal of nursing is to reduce stress so that; the client can move more easily towards recovery. Therefore it is essential to identify disequilibrium and plan nursing care with goal to maintain,/restore balance in each subsystem. Hence for this paper Dorothy Johnson's theory has been applied in providing care.

Case scenario: Ms.Neha (name changed for the purpose of confidentiality),7 years old female a known case of thalacemia major since age of six months, born through 3rd degree consanguineous marriage of thalacemia minor parents ,with a history of repeated admission to the hospital in view of recurrent illness, low Hemoglobin, cough, cold and fever. Has undergone splenectomy at the age of 4 years since then the frequency of blood transfusion has decreased.

Neha was admitted on 03.10 2013, was provided care in the pediatric intensive care unit and was diagnosed to have Pneumonia with ARDS. She was transferred out of the unit on 18th Oct.2013.

The child was admitted with chief complaints of cough and cold, which started 3 days prior to admission to the hospital, it was non paroxysmal and dry in nature, not associated with post tussive vomiting. Increased respiratory activity for last 3 days before the admission, constant and non progressive fever for 2 days before admission low grade and intermittent not associated with chills or rash, complaint of lower back pain since 1 day, and abdominal pain during coughing.

On admission:

- Heart rate: 130 beats/min
- Respiration: 80 respirations per minute

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