The Research of Medical Science Review

Received: 12 October, 2024
Accepted: 12 November, 2024
Published: 21 November, 2024

ISSN: 3007-1208 | 3007-1216
Volume 2, Issue 3, 2024

CLINICAL APPLICATION OF LYDIA HALL'S THEORY

Mrs. Nabila Anwar[*1], Mr. Amir Rahman[2]

*[*1]MScN, The Aga Khan University Karachi*
[2]BScN, MPH, MScN. Assistant Professor, Department of Nursing, CECOS University of IT and Emerging Sciences, Peshawar, Pakistan

[*1]nabila.anwar22@alumni.aku.edu, [2]amirlnh2@gmail.com

DOI: http://doi.org/10.5281/zenodo.19509607

INTRODUCTION

Lydia Hall was a rehabilitation nurse. She motivated and encouraged the nurses through her conceptual framework for nursing practice. She said that nurses are the key to the care and rehabilitation of patients. Hall assumed that her model directly reflects nursing in a professional interpersonal manner. Core, care, and cure overlap with each other as an element of the nursing process associated with the patient, strengthening science and also the basic philosophical dynamics. Halls defines their theory with the definitions of individual, health, nursing, society, and environment (1).

Individual

Hall's model is not implemented to those individuals who are less than 16-year age and people who face acute care of illness. She assumed that individual involvement, motivation, and inspiration is important for healing and learning from disease process through nursing care and that requiring a total individual approach (3).

Health

Halls believed that health is the conscious knowledge of one's own feelings, motives, and desires to choose the manners for that person. Nurses help the individual explore their behavior and overcome difficulties by involving their identity and development (3).

Society and Environment

Society and the environment play a significant role in an individual's life. She assumed that the hospital environment during the early phase created psychological distress for the sick person. Nurses provide an environment for patients that is beneficial for healing and patient satisfaction (3).

Nursing

Halls assumed that nurses are recognized as sharing people during individual care in all domains (care, core, and cure). Nurses deal with individuals in all zones according to their needs (3).

Sub Concept of Theory

Lydia Hall's established Core, Care, and Cure model in 1960. She postulated that a person is hypothesized in the three domains. First is the body of the person (care), second is the illness (cure), and third is the person (core). Lydia Hall's model of care, core, and cure can easily apply to nursing practices (1).

The core element of the model illustrates the individual needs of nursing care and also the individual's attitude due to their suffering and value system. The specialized nurse built up an interpersonal relationship with the patient through therapeutic communication and showed trust towards the patient, which enabled the patient to express her feelings about the disease process and its consequences for her health. This core circle also highlights the patient's emotional, intellectual, spiritual, and social needs that relate to their family, organization, society, and the world. All the way through a close relationship, it helps the

patient obtain self-identity, develop wisdom, and also improve the rapid healing of the patient (1).

The cure element of Lydia Hall's model is the attitude and treatment provided to individuals by health care providers. These contain interventions or acts that are used to treat the disease of the patient. Provide medication and prepare the patient for the surgical procedure. A nurse builds a nursing care plan according to patient needs and is also an operational supporter of the patient (1).

The last component, 'Care' of Lydia Hall's, is related to promoting the individual and offering relaxation measures that help in the healing process. A specialized nurse provides nursing care to patients that is related to basic daily biological functions like eating, bathing, positioning, elimination, and dressing. The main goal of nursing care services is to provide comfort to patients. Actually, that time provided nurses with the opportunity to build up the closeness and required them to realize the process as an interpersonal relationship with patients (1).

The three aspects of model care—core and cure—adjust in size according to the patient's severity of illness and the healing phase of the disease. A nurse helps patients in all three aspects, but in various steps. In the acute care phase of illness, the cure element is prominent and large. Furthermore, the care aspect of the model is predominant during the individual's evaluation and follow-up after discharge (3).

Lyndia Hall assumed that the responsibility of a qualified nurse was performed across the establishment of care to help with the interpersonal process, ensure the patient learns and obtains the core aspect of his problems, and manage the patient through the cure aspect that is necessary for him as well as possible. Attending to the patient's professional nursing process and providing the opportunity for the patient to learn from their illness experiences. Hall's belief is that a professional nurse deals with the patient with quite bodily nursing care and provides comfort. The relationship between patient and nurse established during the delivery of care was the foundation for rehabilitation and learning from illness for the patient.

Lydia Hall's model imposed that those who have an acute stage of illness or disease could effectively apply her theory. Hence, this theory is only applicable to clients who are suffering from illness. Therefore, this indicates that this theory does not apply to healthy people, families, and communities because it counteracts the perception of health protection and disease inhibition.

Clinical Scenario

During my evening duty in the ER, my senior staff nurse received a 45-year-old male patient with severe chest pain and shortness of breath. When the chest pain started, he was in his office, and only his colleagues were with him. The pain was very severe and radiated towards the left arm and shoulder. The nurse received the patient and immediately attached a cardiac monitor and oxygen therapy. Then doctors visited the patient and asked about medical history from the patient as well as from staff. When the patient was received in triage, the nurse started taking a history and conveying all the information about the patient to the doctor, and then the doctor ordered the ECG and cardiac monitors. A nurse starts caring for the patient according to his needs. The patient was confused and anxious because no one from his family was with him. The nurse explained the procedure and treatment to the patient. The nurse gives medication according to the doctor's order, and then the staff spends time with the patient to gather more information about their health status, collect detailed histories, and provide a calm and trusting environment that eventually decreases the patient's anxiety level.

After some time, his family members come and start asking questions from the staff nurse about the patient's condition. She explains the patient's condition to a family member. After six to eight hours, the patient's report shows negative results for cardiac markers, and the doctor orders the patient's discharge. When patients are discharged from hospital services, they want to discuss their discharge plan with the nurse and clarify some queries about medication, diet plan, and exercise, but the nurse tells them that she is busy with other patients and is now discharged. That was very unpleasant for the patient and me also because it's our responsibility to explain discharge plan to patients and their family that includes medication, diet plan and exercise and activity plan that help in promoting health status.

Integration of Clinical Scenario with Theory

Integrating Lydia Hall's theory into the above scenario, the nurse received a patient in the ER who had severe chest pain and shortness of breath. The patient was alone. It was the first experience of a patient having such pain, anxiety about being alone in a hospital, and distress from a disease, which expresses the core circle of the theory.

In the theory, the second element is care (the actions that a nurse may take). The nurse immediately attached a cardiac monitor and provided oxygen therapy via mask, and then the nurse performed physical assessments including ECG, respiration rate and pain assessment, checking body temperature, recording height and weight, accessing a diet plan according to disease, like in cardiovascular disease, a low-fat and low-sodium diet is recommended, monitoring intake and output, and also taking a brief family history and smoking history from the patient. The nurse provided a comfortable environment and informed his family about her disease process. The interventions provided by the nurse to the patient are to reduce chest pain, shortness of breath, administer medications, and also reduce anxiety levels.

The last and vital element of theory is cure (providing medications, checking blood pressure, exercising rules and dietary changes, and giving instruction to patients on discharge). But in relation to my scenario, the nurse was not showing a good response to this aspect of the theory.

This integration shows that the nurse is involved in every stage with the patient to give care and cure the disease by providing nursing care to the core patient.

According to the model theory approach, 2018 used the theoretical method of Lydia Hall's care, core, and cure model of theory to manage cardiovascular disease. Participants with heart failure, arrhythmia, acute coronary disease, and coronary artery disease were involved in this study. In the acute phase, the patient's core and cure elements of theory are more noticeable in the care and core parts than the core. In the non-acute phase of disease, patients need reintegration services, so care and core are more prominent than cure (2).

Hence, we can say that ''Care' parts of the theory adopted by halls in function of nurses in the health care system are preventive measurement of patients from risk factors associated with cardiovascular disease. Nursing skill evaluation can be done easily. In the core part of the theory, the nurse provides teaching to facilitate patients to increase awareness about cardiovascular disease processes and modifying their lifestyle. Rehabilitation programs, education, and counselling about awareness of cardiac disease and prevention cover this core aspect of theory. In the cure aspect, medical management of cardiac diseases and nursing care for cardiac management are involved. Nurses' collaboration with other professionals in providing nursing care (2).

Hypothesis

The nursing hypothesis that I used in assessing the individual's clinical situation through the nursing process of Lydia Hall's model of care, cure, and core hypothesis. Her nursing process inspires the nurses to access the patients immediately, provide nursing care according to their needs, and fulfil them. Furthermore, it is the responsibility of nurses to develop their knowledge, observe patients critically, and find out the patients' actual requirements. In accordance with Lydia Hall's hypothesis, a nurse's leading role is nurturing patients. The three aspects of the model symbolize the responsibility of nurses, and the main focus of a nurse's duty is nurturing patients and their families as well. Patient nurturing consists of developing activities that provide comfort and satisfaction. Also, help the patient during the teaching and learning activities of rehabilitation.

Appropriate and vast information about patients is important to find their requirements and needs. I accessed the patient's current health status and family history, but that was not enough to clarify my decision to make a care plan. However, in some cases, individuals are not sharing their inner feelings or fears about health, so it is a challenging task for nurses to identify the requirements. It is the nurse's responsibility to find out the patient's actual requirements by utilizing the given patient data and observation. It is the responsibility of nurses to advocate for patients during care with other departments. As nurses, we should focus more on patients' bodies of responses to illness and its management and less on disease. The three

domains of the model show that nurses play a key role during patient illness and rehabilitation.

We can also utilize this model for disease prevention by providing education to the target population. Arrange a counselling section for patients and their families. Provide preventive awareness through media and attach posters to the walls of the hospital. This conceptual model encourages nurses to have open and therapeutic communication with patients and their families. According to this model, nursing has the responsibility to provide for the physical, social, emotional, and spiritual needs of patients. So, nurses should use a nondirective teaching approach that highlights individual problems.

Conclusion

It is essential for all nurses to fulfil their obligations by showing a positive attitude towards patients and their families. According to Hall's model, nurses play a leading role in all aspects (care, core, and cure) of illness. So, it's nurses' task to identify patient's problems and help resolve them as soon as possible. Maintain a therapeutic relationship with the patient and their family that will help build trust. Communicate with patients in a soft way, showing positive responses that encourage the patient to explore their feelings and fear of disease. Deal with patients with respect and an effective way from admission to discharge. Provide teaching that helps in the promotion of health and rehabilitation. The model emphasizes treating the whole person rather than treating one element. This is underscoring all elements of the model care, core, and cure running together. As nurses, we can apply this model to those who must face an acute phase of disease and are over the age of 16. According to this theory, no nursing interaction with healthy people, societies, or families undermines the idea of health conservation and the elimination of specific illnesses.

Acknowledgment

Dr. Rafat Jan

Dr Salma Ratani

REFERENCES

Marilyn E. P. (2001). Nursing Theories and Nursing Practice. United States of America. F. A. Davis.

A. F. Umara. (2018). The Model TheoryApproach "Care, Core, Cure" for

Patients with Cardiovascular Disease. International Journal of Nursing and Health Services. Retrieved from file:///C:/Users/intel%20comp/Desktop/msn%20folder/nursing%20theories/integration%20of%20theory/277788-the-model-theory-approach-care-core-cure-62a50120article.pdf

A. Gonzalo. 2021. Lydia Hall Care, Cure, Core Nursing Theory. Nurseslabs. Retrieved from https://nurseslabs.com/lydia-e-halls-care-cure-core-theory/#assumption