Nursing Theory: Martha Rogers

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Nursing Theory

Although patients have always been at the heart of nursing, nursing itself has
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evolved over time. Nursing has changed from a “vocation to a profession” (Tomey & Alligood, 2006, p.3). It is thru higher education and the works of nursing theorists, such as Martha Rogers, that nursing has been brought into a new light.

The history behind the theory

Martha Rogers received her nursing diploma from Knoxville General Hospital, in 1936 (Tomey & Alligood, 2006). She obtained her B.S. from George Peabody College and continued on. She added a M.A. in public health nursing supervision from Teachers college, an M.P.H and Sc.D. from John Hopkins University (Tomey & Alligood, 2006). She went on to establish the Visiting Nurse Service in Phoenix after working in visiting nurse supervision, education, and practice in Connecticut (Tomey & Alligood, 2006). She became a professor and the head of the division of Nursing at New York State University. She has contributed three books, over two hundred articles, and given lectures in forty-six states (Tomey & Alligood, 2006). She has been honored with numerous awards for her contributions and leadership in nursing (Tomey & Alligood, 2006). “In 1996, Rogers was posthumously inducted into the American Nurses Association Hall of Fame” (Tomey & Alligood, 2006, p.245). Roger’s like many other theorists was pioneer in nursing, the purpose of her framework was to “outline a distinctively different science—Nursing science—based on the holistic view of the human being as one with the environment” (Newmen, 1994, p 153).

The Theory

It was in 1970 that her conceptual model was published (Tomey & Alligood, 2006). “Rogers postulates that human beings are dynamic energy fields integral with the environmental fields” (Tomey & Alligood, 2006, p246). In her model two fields are
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identified: the human field and the environmental, and both change continuously, creatively, and integrally (Tomey & Alligood, 2006). According to Rogers, “the concept of the universe of open systems holds that energy fields are infinite, open, and integral with one another.” Pattern is the distinguishing characteristic of an energy field and is perceived as a single wave, and each human field pattern is unique and is integral with the environmental field (Tomey & Alligood, 2006). She refers to manifestations of patterns as behaviors, qualities, and characteristics of the field (Tomey & Alligood, 2006). “Rogers defines pandimensionality as a nonlinear domain without spatial or temporal attributes” (Tomey & Alligood, 2006, p.246). “It best expresses the idea of a unitary whole” (Tomey & Alligood, 2006, p.246).

Application

Nursing

“Rogerian nursing focuses on concern with people and the world in which they live, a natural fit for nursing care, as it encompasses people and their environments” (Tomey & Alligood, 2006,p.247). According to Rogers, “Professional practice in nursing seeks to promote symphonic interaction between the human and environmental fields to strengthen the integrity of the human field, and to direct and redirect patterning of the human and environmental fields for realization of maximum health potential “(Tomey & Alligood, 2006, p247) It is up to the nurse to bring the theory to the bedside, and use her assessment skills on the environment as well as the patient. The nurse should be aware of the affect one has on the other, and be able to redirect when necessary. The environment needed will vary from patient to patient depending on their individual needs, age, or background. For example, some patients feel they can not rest and heal in a room
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full of well meaning visitors. It may be necessary for the nurse to monitor the length of stay and the number of visitors for the patient. However, in some cultures it is a comfort for the person to be surrounded by family and friends during times of illness. In this case it will be up to the RN to make this possible without it affecting surrounding patients.

Person

“Rogers defines persons as an open system in continuous process with the system that is the environment” (Tomey & Alligood, 2006, p.247). People are “are not disembodied entities, nor are they mechanical aggregates ….Man is a unified whole possessing his own integrity and manifesting characteristics that are more than different from the sum of his parts” (Tomey & Alligood, 2006, p. 247). It is up to the nurse at the bedside to see the needs of the patient as a whole, and not just their physical self. A patient who is not spiritually well, though physically stable, may not be willing to participate in self care.

Environment

It is difficult to separate the environment from the person in this model because each environmental field is specific to its given human field (Tomey & Alligood, 2006). “The interaction between the human being and the environment is a rhythmic, continuous and unpredictable phenomenon that serves as the direction for patterning the Self into a complex, organized unitary human being” (Cuizon, 2007).

Health

“Rogers used the term passive health to symbolize wellness and the absence of disease and major illnesses” (Tomey & Alligood, 2006, p.248). She believed helping people to achieve rhythmic consistency was health promotion (Tomey & Alligood,
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2006). She felt the term health was an ambiguous term and preferred the term wellness (Tomey & Alligood, 2006). “Rogers uses health as a value term defined by the culture or the individual” (Tomey & Alligood, 2006, p.248). How well the patient feels being more important then numbers or social norms.

Education

“Rogers’ model clearly articulates values and beliefs about human beings, health, nursing, and the education process. As such it has been used to guide curriculum development in all levels of nursing education” (Tomey & Alligood, 2006, p.252). Rogers believed in structuring nursing education programs to teach nursing as a science and as a learned profession (Tomey & Alligood, 2006). Being a nurse to her meant lifelong commitment to learning, and as the medical field continues to advance so must nurses. It is nurses’ responsibility to their patients to keep their knowledge base up to date in their field of practice. She advocated for the separate licensure for nurses with an ADN vs. a BSN (Tomey & Alligood, 2006). In her mind, “theoretical research, the fundamental basic research is going to come out of doctoral programs of stature that focus on nursing as a learned field of endeavor” (Tomey & Alligood, 2006, p.252).

Strengths and Weaknesses

Because her theory is abstract it generalizable and powerful, and can be applied throughout nursing and its development (Tomey & Alligood, 2006). However, because of its nature the principles can be difficult to understand, and inadequate tools for measurement (Tomey & Alligood, 2006).

Evaluation

Because of the nature of her theory it is not easily tested or measured in the sense we are
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used to. “Rather it specifies a worldview and philosophy used to identify the phenomena of concern to the discipline of nursing” (Tomey & Alligood, 2006, p. 247). As human beings we can feel the affect that the environment has on us. Being a night nurse who has recently transitioned to day shifts I know the change from one environment to another can be stressful. Our patients have been removed from their normal environment, and it stands to reason that the change will have an affect on them as well. It is up to the nurse at the bedside to provide an environment for each individual patient that will promote their ability to heal.

Reference:


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