A Neuman Systems Model Perspective on Nursing in 2050
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_Nurs Sci Q_ 2007 20: 111
DOI: 10.1177/0894318407299847

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>> Version of Record - Apr 18, 2007

What is This?
Theoretical Concerns

represent quality care and evidence based practice. As the explosion of knowledge and advances in technology continue to increase, it is important for professionals in the healthcare system to function in multidisciplinary teams to deliver health-care to individuals and families. Interdisciplinary collaboration among healthcare professionals is important to provide health-care for individuals and families in the 21st century.

Congratulations on the celebration of the 20th anniversary of the publication of Nursing Science Quarterly!

References


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**A Neuman Systems Model Perspective on Nursing in 2050**

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Ideas in this column were contributed by the authors listed as well as Lois Lowry, Jacqueline Fawcett, and Sarah Beckman. In order to predict the future of nursing theory, it is important to remember the vision and values that spawned the development of conceptual models. The Neuman systems model was originally designed in 1970 to be a healthcare systems model, implying that many professionals could benefit through its use. The system perspective provides a universal language linking parts and wholes into a unifying framework. The concept of client wholeness, the goal of optimal health and utilization of primary prevention strategies to maintain wellness, and popular thinking in the lay literature all catapulted the Neuman systems model into acceptance by the nursing profession. These same values are very much alive in today’s world. If anything, there is more emphasis on wholistic health and wholistic nursing today than there was 37 years ago.

In 1989 the spiritual variable was added to the definition of client in the Neuman systems model (Neuman, 1989). The inclusion of the spiritual variable added a new dimension to nursing care, always needed, but rarely acknowledged. Today there is an explosion of interest in spirituality and its effect on health. Kliwer and Sultz (2006) present a systems approach to integrating spiritual issues into the process of healthcare for medicine. Although a new approach for medicine, nursing has integrated spiritual care into nursing since the days of Nightingale. Research is demonstrating the importance of the spiritual variable to recovery of health. The Neuman systems model proposed that the spiritual variable is a moderating one that “empowers the client toward wellbeing by directing spiritual energy” (Neuman, 1995, p. 48). Thus, the model is on the forefront of what is being proposed in medicine.

The current literature reflects that the conceptualizations of Neuman continue to be most relevant. In a world of accelerating change and increasing complexity, it is important to remember our roots. The dynamic nature of the Neuman systems model supports creative interpretations of the propositions expressed in the model. The language of the model concepts is understandable to those in other cultures, enabling them to make inference to healthcare situations specific to them. Nurses in different countries have published their applications of the model in education and service settings. Nursing homes and hospitals seeking magnet status are the latest settings expressing interest in using the Neuman systems model. These organizations claim that the breadth of the model plus the specificity of the process of delivering nursing care are helpful to nurses by unifying their approach to implementation.

Responses to Questions

**Question 1**

How do you see the values and beliefs of your theory emerging through new conceptualizations that are relevant to the health and quality of life of persons in 2050?
The Neuman systems model has withstood the test of time in a great variety of worldwide applications. Its proven cultural relevancy and interdisciplinary use as well as its broad, flexible structure assure its continued adaptability for evolving healthcare needs.

The value of the model is its wholistic perspective, which is timeless and expansive in being adaptable to all client care situations. The key components: a client system comprised of five variables that interact with the internal and external environment, and the three prevention levels, provide a mechanism to attain optimal client wellness. These concepts and processes are markers (Chaska, 2000) that give specific directions for relevant goal planning and interventions. The model principles remain the same for care of one client or a larger system; for example, direct care agency or curricular programming, policy shaping, and scientific evaluation.

The Neuman nursing process is designed to implement the model through use of the theoretical concepts and scientific processes. It considers the client’s perceptions of needs and encourages partnership with caregivers to retain, attain, and maintain the wholistic goal of client system optimal wellness.

The Neuman systems model acts as a comprehensive wholistic care guide for 21st century intervention, nursing research, education, practice, and administration (Neuman & Fawcett, 2002) to include interdisciplinary sharing and cultural care efficacy. The model is designed to organize and direct care-giving activities with the client as central focus. This leads to the development of high-level scholarship for responsible and creative leadership activities. The model fosters client care partnerships and a spirit of community with other health caregivers. The ideal nurse role will continue to be one of coordinating client healthcare toward optimal wellness within an identified interactive client system.

The model theoretical concepts and scientific processes are the glue that consistently holds together interdisciplinary experiences in both education and practice settings, thus closing the gap between the two. The wholistic Neuman perspective will remain adaptive and relevant to changing healthcare needs up to and including the year 2050. Since 1970, the model has both preceded and followed the increasing trend toward wholistic systemic thinking. Its social utility will remain high.

**Question 2**

How will those conceptualizations be expressed in that world?

**Response**

Greater emphasis will be given to in-depth assessment of client needs for appropriate interventions. The increase in the amount of data available will require that an organizing framework be used to categorize and highlight gaps in knowledge, as well as maintain continuity of care over multiple venues and disciplines.

Special consideration will be given to client intra- and interpersonal needs to offset depersonalization from technological aspects of care. Increased isolation related to healthcare delivery methods will result in a potentially disenfranchised population. Because of the need for individualized attention, particularly to vulnerable populations, caregivers will enter into bonding partnerships with clients and families to provide specific education, compassionate care, and encouragement.

Evidence-based care continuity will become a reality supporting middle-range theory development. As best care practices are identified and refined, the knowledge will need to be organized and integrated to provide a “comprehensive description of practice that allows for critique and interpretation of evidence” (Fawcett, Watson, Neuman, Hinton-Walker, & Fitzpatrick, 2001/2006, p. 262). Theory-based care activities will scientifically validate a science of nursing, helping close the gap between practice and education.

**Question 3**

What would need to happen to get there?

**Response**

Requirements for 21st century professional care-giving include:

1. Using both inductive and deductive processes, assessment of client system needs and the subsequent interventions will be integrated into a larger conceptual model.
2. Changing theoretical knowledge will be appropriately utilized in client healthcare situations.
3. Changing natural health/wellness care modalities (for example, dietary supplementation) will be used within the theory of prevention as intervention to prevent illness, treat symptoms, and support reconstitution of client systems.
4. Considering issues such as social change, care access, health disparity, and select client/client system education needs to provide relevant healthcare.
5. Requiring high levels of caregiver knowledge, commitment, and skill to foster client/caregiver partnerships for mutual care planning and implementation. It will be imperative that nurses consider intrapersonal and cultural concerns.
6. Requiring a common knowledge/skill core for education of healthcare professionals, based on systemic principles, which allow each discipline to identify its own uniqueness.
7. Coordinating all client/client system healthcare activities to optimize wellness through select use of resources, care continuities, and scientific validation of the processes used.

In summary, rapid development of health knowledge and care technology requires that nursing and other health disciplines use scientific processes for relevant care planning and implementation. A case is made for using systems perspectives that will adapt to future changes up to and beyond the year 2050. A systems care approach will meet the relevant planning and implementation needs to serve one client as a system or many; thus, it is adaptable to a wide range of care programming needs. In addition, systems terminology, concepts, and processes are easily understood by all caregiving disciplines and cultures. A great need exists for unification,
integration, and validation of client healthcare processes on a continuing basis into the future for wholistic care.

References


