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Nola Pender's Theory

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Nola Pender's Theory

Nola Pender's theory is also known as the "health promotion model," which considers healthcare as a dynamic state and not solely on illnesses absence. The approach elaborates on how different people interact with the surroundings to access healthcare needs. Pender focused on personal characteristics and encounters, behavioral cognition and affect, and the behavioral results. Patient-centered care is one of the QSEN Competency elements, stating that patients should be centrally involved in the treatment process. Hence, how Nola Pender's theory applies to patient-centered care is considerable to elaborate in the paper.

Personal characteristics and experiences are one of the ideas described in Nola Pender's theory. The features are divided into biological, emotional, and social-cultural, claiming that they define patients' behaviors. Example of these features is age, gender, self-esteem, motivation, race, and education. Pender insists that these features should be applied while dealing with individuals and societies in meeting their healthcare needs (Xavier & Santos, 2017). The model would be applied to provide patient-centered care. In this case, the practitioners create rapport with the patients, explore their characteristics and consider developing the treatment plans. For example, patients from different racial backgrounds should be treated based on their beliefs and customs. The nurse has to understand their culture and meet their expectations by involving them in the decision making process. Notably, these elements could be a barrier to accessing healthcare needs, implying that patient-centered care is applied when nurses assess them. Therefore, Pender's concept of individual characteristics applies to the patient-centered case, as nurses identify the factors to control barriers.

Another idea developed by Pender entails behavior influenced by cognitions and affect. According to the theory, the influence resulted from these elements would have positive or negative outcomes (Xavier & Santos, 2017). They could either be expected,

imagined, or actual barriers affecting the behavior. For example, where one believes in self-efficacy, they would implement the needed healthcare promotion measures, unlike those who do not believe in it. The idea is that the more one becomes self-efficient, the higher the benefits gained from interacting with healthcare professionals. Moreover, the influences would be situational, where individuals develop particular perceptions that affect their behavior. With patient-centered care, the patients must be centrally involved in the treatment process. Understanding the effects of the activities implemented guides the nurses to learn the patients' needs. For example, if they have a negative attitude towards medication due to religious beliefs, the nurse would educate them on why people take medications and outcomes. Thus the model is applicable in meeting this competency as the nurses understand clients' perceptions, thus understanding their needs for positive healthcare outcomes.

Finally, Pender's model discusses behavioral outcomes that influence the plan of action. The concept describes the intentional and development of a planned measure implemented to ensure a certain health behavior (De Araújo et al., 2019). In some instances, the patients do not have control over the surrounding, yet it impacts their health. For instance, a patient would come from a low social status family, which affects the accessibility to medical needs. It would make them prefer herbal medications, which are cheap and accessible. In such a case Pender insists that nurses have to identify these behavior outcomes because they affect health promotion outcomes. They should develop a plan of action that limits the negative impacts of positive outcomes. The idea is applicable in providing patient-centered care, where nurses determine the factors around the patients and resolve them, so the expected outcomes are attained. For example, with a low-income patient, the nurse would link them to social workers for financial help.

For that reason, Nola Pender's theory of health promotion applies to provide patient-centered care. The theory empowers nurses and other health providers to determine the

features, cognitions and behaviors that would affect healthcare outcomes. They identify them and cooperate with patients to ensure they do not affect the treatment process. As a result, patients' needs are attained, resulting in satisfying and quality services.

References

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