Martha Elizabeth Rogers was born on May 12, 1914 in Dallas, Texas. Rogers dedicated her life to being a successful nurse, theorist, author, and spokesperson. She began her college education at the University of Tennessee before changing schools. Rogers received multiple degrees from various colleges across the country. Her specialty included public health and nursing education. Rogers went on to form the theory of the Science of Unitary Human Beings which included concepts such as energy fields, pattern, pandimensionality, unitary persons, and environment. The propositions of this grand theory include the principles of resonancy, helicy, and integrality. Her concepts of unitary persons and environment are integral and important concepts that apply to her view of the metaparadigm. This theory is implicated into nursing practice by each nurses own unique style and pattern. Martha Rogers’ theory of Science of Unitary Human Beings is widely used across the medical research field.

**Education**

Martha Rogers started attending college at the University of Tennessee at Knoxville starting in 1931 and lasting until 1933. Martha Rogers went on to get a diploma in 1936 from Knoxville General Hospital School of Nursing. A year later she earned a Bachelor of Science degree from George Peabody College in Nashville. She then went on to receive a Master of Arts degree from Teachers College Columbia University in 1945. From 1952 to 1954 Martha Rogers received a Master’s Degree in Public Health and a Doctor of Science degree both from John Hopkins University (American Nurses Association (ANA), 2014).

**Nursing Specialty and Employment History**

As Martha Rogers’ nursing specialty, she focused on nursing education. “She believed that there was a unique body of knowledge in nursing that had not yet been identified or written about” (George, 2011, p. 266). Although her focus was on nursing education she also worked as a public health nurse, a staff nurse, a supervisor, and an education director in Hartford, Connecticut (George, 2011, p. 265-266). Once she received the title as the education director she moved to Phoenix, Arizona and became the executive director of the first Visiting Nursing Service (George, 2011, p. 266).

As part of her nursing education specialty, Rogers wrote three books that helped to further develop the evidence for her conceptual system which is the Science of Unitary Human Beings (SUHB) The three books that she wrote include: *Educational Revolution in Nursing* in 1961, *Reveille in Nursing* in 1964, and *An Introduction to the Theoretical Basis of Nursing* in 1970. Her first book was when the beginning of her conceptual system was formed. Her second book was where she introduced a curriculum for nursing. Her thoughts about the curriculum went on to become part of her conceptual system. Her last book “contains the basis for her conceptual system” (George, 2011, p. 266).
After Martha Rogers received her Doctor of Science Degree in Nursing in 1954, she moved back to the East Coast and was given the honor of becoming professor of nursing and head of the division of nursing at New York University. Martha Rogers retired in 1979 in Phoenix and lived there until her death on March 13, 1994 (George, 2011, p. 266).

**Nursing Theory, concepts, and propositions**

“Rogers’ concepts provide a worldview from which nurses may derive theories and hypotheses and propose relationships specific to different situations” (Gonzalo, 2011). Rogers established the theory of the Science of Unitary Human Beings, which has five sub-concepts, and they include: energy fields, pattern, pandimensionality, unitary persons, and environment. This theory fulfills the standards of art, science, philosophy, and education.

These five concepts interact with humans, environment, and the universe. The energy field is described as the “fundamental unit of the living and the non-living” (George, 2011, p. 268). Energy fields are at a constant state of change and there is no way to stop energy fields from flowing between humans and their environment. Energy fields are a metaphor for everyone having a different perspective towards their environment. The concept of pattern deals with the characteristics of human relationships. Similar to the energy field the pattern continuously changes. The energy pattern involves color, light, sounds, objects, emotions, and thoughts (Frisch, 2009). The way the pattern is organized sets us apart from other individuals. Being set apart from others helps nurses to implement individualized care for each patient. The concept of pandimensionality, “is a way of perceiving reality, of moving, beyond three dimensions” (George, 2011, p. 269). Beyond a three dimensional reality would influence our five senses and allows us to experience paranormal thoughts such as déjà vu, precognition, and clairvoyance (George, 2011, p. 269). These senses can lead us to new discoveries and research about a three dimensional reality. The concept of unitary persons portrays the aspect of manifesting characteristics beyond a pandimesional energy field. It is specific to the whole pattern and cannot be foreseen using parts of the fields. The concept environment relates to the pattern and integral to the human field. Everything in ones environment deals with other humans in nature that is living and nonliving with in the entire universe (George, 2011, p. 271).

Martha Rogers propositions are the three principles of resonancy, helicy, and intergrality. Resonancy is a wave pattern that goes from low to high in the human and environmental field. Making the waves move would involve sleep-wake rhythms, hormone levels, and fluctuating emotional statues (George, 2011, p. 270). Helicy is the diversity in the human environmental field pattern. Rogers used the example of a slinky to describe how human change is spiral like and going toward increasing diversity. She emphasizes on how humans never return exactly to the same place, as they were before similar to a slinky (George, 2011, p. 271). “This view on human development places a positive light on aging” (George, 2011, p. 271). Integrality is a process not an interaction. An interaction is something between a human and their environment like the example in the book about the child getting sunburnt. The interaction is between the sun and the child. However, a process is the child needing the sunlight for vitamin D, so it is an ongoing effect because it helps the child and the ozone layer (George, 2011, p. 271). These three propositions have helped build up Martha Rogers’ discoveries to a new level of research.
Application of Metaparadigms in the Nursing Theory

The four major metaparadigm concepts include human beings, environment, health, and nursing practice. Although Martha Rogers acknowledged the importance of the four metaparadigm concepts, she did not however base her whole theory off of these concepts.

Rogers viewed human beings and the environment as being integral. She believes that human beings and the environment cannot be simplified or separated; they are irreducible. These two concepts, in the Rogerian conceptual system, are viewed as the most important. This would explain why they are both apart of the metaparadigm and the main concepts in the Science of Unitary Human Beings theory.

The next metaparadigm concept is nursing. According to Rogers, nursing is a noun that refers to the knowledge specific to the nursing profession. Nursing is a science and an art. “Nursing’s story is a magnificent epic of service to mankind. It is about people: how they are born, and live and die; in health and in sickness; in joy and in sorrow. Its mission is the translation of knowledge into human service” (George, 2011, p. 271).

Health is the last concept in the metaparadigm and is one that is viewed differently by a number of people. Rogers believed that a patient was not just “healthy” or “sick” but that a person’s health goes along with the life process. She believed that health is “relative and infinite,” (George, 2011, p. 272). Rogers believed that it is the nurse’s responsibility to help patients reach their optimum level of health and well-being according to each patient’s perspective of health and well-being.

Theory’s implications to Nursing Practice, Education, and Research

Nursing practice was defined by Martha Rogers as “the process by which the body of scientific knowledge (nursing science) is used for the purpose of assisting human beings to move in the direction of maximum well-being” (George, 2011, p. 272). In this definition she is describing nursing as helping ill, injured or diseased patients return to a healthy state of living. Rogers also separated the nursing practice process into two different groups: (1) evaluative and diagnostic and (2) interventive (George, 2011, p. 272). The evaluative and diagnostic phase includes determining the patients’ and their family’s well-being status at the time. The interventive phase includes how the nurse will go about implementing nursing interventions for the patient. Another aspect of Rogers’ theory was based off of her dislike of the nursing diagnosing process. She thought that this process should be done by the physicians and that nurses should focus only on the patients care in general. This dispute over the nursing diagnosis process lead Rogers to develop the health patterning practice method which involves “pattern manifestation knowing” and “voluntary mutual patterning” (George, 2011, p. 272). The pattern manifestation knowing involves “to come to know, to recognize the nature of, and to discern” (George, 2011, p. 272). The voluntary mutual patterning method acknowledges the patient’s autonomy and ability to make decisions about their own health care (George, 2011, p. 272). The
use of these patterning processes inspires nurses to promote health to the patients and encourage the patient to be involved in their care.

Martha Rogers’ theory can be used outside of nursing practice and in the education and administration portions of the medical field. Educator’s and administrators can use this model to provoke change and encourage self-thought. “Leaders must both practice and provide role models with in the Rogerian conceptual system by being open in communication patterns and appreciation the unique and unitary nature of each individual with whom they interact” (George, 2011, p. 274). Implementing Rogers’ theory promoted good communication and the acceptance of all patients. Students are benefiting from Rogers model in nursing practice. This model forms a creative, diverse, and developing environment for learning. This source of learning had a positive affect when implemented into the practice at the San Diego Veterans Administration Medical Center (George, 2011, p. 275). This center saw a positive change when it came to caring for the patients.

Educators, that teach either in class or online, that use Rogers’ model recognize that their students have individual personalities and patterns to their work. They are all unitary human beings and should be interacted with differently. Culture, family, and experiences affect their reasons and motives to become a nurse. Rogers worldwide view of Science of Unitary Human Beings focuses on “the integrality of person and environment, the individual’s active participation in change, and each person’s individual pattern” (George, 2011, p. 275). With all of these aspects presented, nurses believe in choice, participation, mutuality and wholeness.

The research done on Martha Rogers’ theory is based off of many questions regarding the concepts and specifics of her theory. It was found that the theory applies to any environment that contains human beings. Her theory focuses nursing interventions on the patient well-being overall and not just their disease state. It encourages the use of guided imagery, relaxation, therapeutic touch, and meditation (George, 2011, p. 277). Overall, nurses that use Rogers’ theory support their patients in their decisions and help them to improve their total well-being. Other methods that have been tested using Rogers’ theory were supported in other theorist’s research. When researching additions to Rogers’ theory, philosophical exploration has added to the content of knowledge within her conceptual system. It was also found that no one methodology was the best for studying and testing Rogers’ system. Several tools that have been developed for the SUHB include: Human Field Image Metaphor Scale, Assessment of Dream Experiences, and Time Metaphor Test. These tools assisted the theorist in following the SUHB. It was also found that Rogers’ theory does not directly lead to favorable outcomes. Favorable outcomes are decided by those who are seeking the outcome. Each person’s view of “favorable” is not the same and can be interpreted differently. This is why it depends on the person as to if this theory will be successful and produce favorable outcomes.

Martha Rogers’ theory of SUHB “has definitely been contagious” with different research theorists (George, 2011, p. 278). This theory has brought upon a holistic view to the nursing practice and has helped specify the nurses’ responsibility to provide complete patient care. “Therapeutic touch is one of the most widely known interventions associated with the SUHB” (George, 2011, p. 279). The theory has also been implemented successfully in education.
programs for nurses. SUHB can be used as a framework to supplement the students learning in the nursing field. Overall, Rogers’ model has been widely put into medical practice.

**References**


