Ida Jean Orlando: The Development and Application
of the Nursing Process Theory

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Ida Jean Orlando’s nursing career began at New York Medical College’s Flower Fifth Avenue Hospital School of Nursing. She graduated in 1947, at the age of 21, and later, earned her BS in public health nursing from St. John’s University in Brooklyn, New York (1951). As her practice developed, Orlando found herself drawn to patients with psychological and/or behavioral problems. She focused her studies toward psychiatric care and graduated with an MA in mental health nursing from Columbia University in 1954 (Tyra, 2008). Her educational and occupational paths met at Yale University where Orlando’s Nursing Process theory began to take shape (Orlando’s, 2011).

As Director of the Graduate Program in Mental Health Psychiatric Nursing and associate professor at Yale University, Ida Jean Orlando had the opportunity and resources to develop an effective nursing practice model. Orlando was dissatisfied “with the views that nurses were motivated to act as a result of orders from physicians, institutional policies, and other reasons, none of which related to nursing action based on meeting patients’ needs,” and therefore, applied for funding that would allow her to complete an in-depth study of nurse-patient relationships (Tyra, 2008, p.231). She became the first mental health nurse in the U.S. to acquire a research grant, entitled Integration of Mental Health Concepts in a Basic Nursing Curriculum, from the National Institute of Mental Health (NIMH).

Orlando acted as lead investigator of the project in which she evaluated 2,000 nurse-patient exchanges to determine “what was considered good and bad nursing practice” (Tyra, 2008, p.231). She believed the result of “good” nursing practice was a noticeable in the patient’s “level of distress relative to that experienced prior to the nursing action” (Potter & Bockenhauer, 2000, p.15). Orlando’s research model became one of the first to encourage patients to
participate in their own treatment and provide feedback about the provided nursing care to measure patient outcomes. After reviewing her data, Ida Jean Orlando formed the Nursing Process theory and published the findings in her first book, *The Dynamic Nurse-Patient Relationship* (Orlando’s, 2011).

The foundation of Orlando’s initial research, and following theory, consisted of three interlocking determinants: 1) the patient’s presenting behavior, 2) the reaction of the nurse, and 3) any steps taken by the nurse to reduce the patient’s distress. Patient behavior may echo distress caused by an inability to express one’s own needs due to an illness or injury or the response to an unfamiliar, “exhausting care environment” (Potter, 2000, p.15). The nurse’s reaction involves managing preconceived thoughts, feelings, and perceptions in response to the witnessed behavior. Orlando noted one’s perceptions are not always facts and should be confirmed with the patient before any action is taken. This allows time for both the patient to communicate his/her needs and the nurse to process the patient’s response (deliberative nursing process), rather than those needs being defined by the nurse alone (automatic nursing process).

In a 12-week study conducted by the Nursing Department of New Hampshire Hospital (Potter, 2000), Orlando’s Nursing Process theory was implemented in the Psychiatric Unit and gives an example of automatic versus deliberative nursing:

Several minutes before group [therapy] is to start, a nurse ‘sees’ and hears’ a somewhat disorganized patient loudly and repeatedly requesting several cigarettes. The patient’s face is somewhat flushed and he looks at the clock while waiting (perceptions). The ‘automatic’ nurse thinks (as fact) that the patient will lose the extra cigarettes because of his disorganization, and acts automatically. The nurse refuses the request… ‘Sorry, I can
only give you one. You won’t have time to smoke them all before group, anyway.’ The ‘deliberative’ nurse attempts to validate perceptions and thoughts before taking action to reduce the patient’s distress. ‘Jim, your face is flushed; I’m wondering if you’re anxious and want to smoke all of these cigarettes before group?’ (The patient’s answer may or may not confirm the nurse’s original perception.) ‘No, I owe them to Fred. I wanted to give them to him before I went to group.’ The nurse confirms the patient’s need. ‘So, you’d like to have the cigarettes to give to Fred now?’ ‘Yes.’ The patient is then observed to identify the product of deliberative nursing care- reduced distress (Potter, 2000, p.16).

This is just one illustration of the positive outcomes resulting from incorporation of Orlando’s Nursing Process Theory into the hospital’s nursing care model. In addition to positive patient results, the RNs who took part in the study said they felt more successful when they followed a “road map” (nursing process).

Orlando’s nursing “road map” emphasizes several aspects of nursing care that should be engrained in the minds of both the expert and novice nurse:

- The basic role of the nurse is to determine and fulfill the patient’s immediate need for care.
- The visible behavior of the patient may be a cry for help, but the help needed may not be what it appears to be.
- Nurses should use their own perceptions in addition to patient input to determine the true meaning of the presented behavior.
- The presenting patient behavior causes a programmed internal response in the nurse, and the nurse’s reaction causes a reciprocal patient response (Orlando’s, 2011).
By implementing these ideas into every day practice, nurses can generate positive outcomes in both patient progress and their own sense of purpose.

Ida Jean Orlando was able to spread the concepts of her theory through her two books, *The Dynamic Nurse-Patient Relationship* (1961) and *The Discipline and Teaching of Nursing Process* (1972). Orlando also implemented her “road map” to nursing in several hospitals including McLean Hospital in Belmont Massachusetts, Massachusetts General Hospital, Metropolitan State Hospital in Waltham, Massachusetts, and Gaebler Children’s Hospital. Orlando retired yet remained active as a mentor and consultant to colleagues, former students, and anyone who needed her expertise. Her last professional nursing appearance was in April 2006, when she was recognized by the Massachusetts Registered Nurse Association as a Nursing Living Legend. Ida Jean Orlando died November 28, 2007, but her legacy and teachings remain beneficial to patients and nurses, alike (Tyra, 2008).

Reviewing Ida Jean Orland’s Nursing Process theory has given me a better understanding of the impact I can have on the outcomes of my patients by simply focusing on their present needs rather than my preconceived thoughts and assumptions. The example provided by New Hampshire Hospital is an every-day illustration of how perceptions can be false and detrimental to quality patient care. I also see how her theory can be applied in social interactions outside of nursing. Predetermined thoughts and feelings can influence the choices we make, the people we associate ourselves with, even the food we eat. I feel I will be more sympathetic to other’s actions and opinions in both my professional and personal relationships.
References

