Ida Jean Orlando – Nursing Process Theory

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Ida Jean Orlando was a nursing theorist who is credited with the nursing process theory. She used her own research to come up with this theory that the nurse’s role is to “find out and meet the patient’s immediate need for help” (Current Nursing). This may seem like a very basic concept for nurses, but the theory goes more in depth regarding how the nurse performs this role. Her theory has helped shape nursing and she is considered one of the important nursing theorists of our time.

Ida Jean Orlando was a first generation American with Italian heritage born in 1926. She earned a nursing diploma in 1947, a bachelor of science in public health nursing in 1951, and a master of arts in mental health nursing in 1954. During her nursing career, she held positions as Associate Professor of Nursing, Director of the Graduate Program in Mental Health Psychiatric Nursing, Clinical Nursing Consultant, director of a research project, and Assistant Director of Nursing for Education and Research. She held these positions at a variety of nursing schools and hospitals in the New England area, and she also worked as a national and international consultant and speaker for nursing. She died in 2007 at the age of 81.

Orlando developed her nursing process theory in the late 1950s while she was the principal investigator at the Yale School of Nursing Project. Her goal was to “contribute to concerns about (a) the nurse-patient relationship, (b) the nurse’s professional role and identity, and (c) knowledge development distinct to nursing” (Schmieding, 1993, p.3). For three years she personally observed over 2,000 nurse-patient interactions. She took notes and classified each interaction as either “good” or “bad” nursing. After reviewing her notes of the “good” nursing interactions, she found that these nurses “found out, from the patient’s viewpoint,
what was happening to the patient and identified the patient’s distress. The nurse also determined why the patient was distressed and recognized that the patient was unable to relieve the distress without the nurse’s help” (Schmieding, 1993, p. 6). One of the main themes of her theory was that the nurse-patient interaction was a key factor, and the patient’s participation in the process was essential.

From her research and analysis, Orlando came up with a nursing process with five steps: assessment, diagnosis, planning, implementation, and evaluation. Assessment is figuring out what the patient needs to be helped and is retrieved from the patient’s behavior. Diagnosis is the identification of what is needed for that help. Planning is setting goals to relieve the patient’s distress. Implementation is the carrying out of the planned goals. And evaluation is determining if the need is met and how effective it was.

Orlando’s theory was formulated in a time when the exact role of a nurse was not written in stone, and nurses were often unsure of exactly what objectives they should accomplish. Because of this lack of a clear function, it was hard to evaluate whether a nurse was doing a good or bad job. It also meant that knowing what to teach nursing students was not clear cut. But because Orlando identified the key points of what made an effective nurse and laid out a more defined plan of the nurse’s role, she made a huge impact on the nursing world. “Orlando’s theory radically shifted the nurse’s focus from the medical diagnosis and automatic activities, decided upon without patient participation, to the patient’s immediate experience and whether the patient was helped by the nurse’s action” (Schmieding, 1993, p. 3).
Orlando can be credited with giving nurses a larger role in the wellbeing of patients. Before her theory was implemented in hospitals, nurses were often primarily focused on going through the processes of caring for a “disease or institutional demands,” (George, 1990, p. 162), but afterwards, the interaction between nurses and patients was considered very important. This meant that a nurse’s intuition was valued and nurses were seen as a much larger player in the progression of a patient. It also helped focus nurses in a much more immediate oriented idea of practice. Rather than only caring for the disease or injury of a patient, they were assessing the immediate needs of the patient, which often leads to an improved recovery.

I will probably learn more about Florence Nightingale, Virginia Henderson, and other well-known nursing theorists, so I enjoyed learning about a lesser known nursing theorist, with whom I may have had limited exposure. Finding good, detailed information on her was difficult on the internet. I was only able to find the highlights of her theory and brief biographies there, but the library had several good books that were very thorough in detailing her life, her theory, and how she influenced nursing.

I think Orlando’s nursing process theory was a significant contribution to the nursing world. The more I learned about her theory, the more I realized how nursing interactions with patients and decision making for nurses changed because of her research and discoveries. A nurse, who knows his or her role and how to evaluate whether or not they are fulfilling that role, is going to do a much better job than a nurse who doesn’t know their job or whether they are accomplishing their goals. I also feel like I would not want to be a nurse if my job was to work like a robot that hands out medications, checks on patients, and completes tasks assigned
by doctors. But because of Orlando, nurses were given much more cause to use their
experience and intuition to meet the needs of patients.

A little over a year before she died, Orlando was recognized as a “Nursing Living
Legend” by the Massachusetts Registered Nurse Association. After becoming well-educated,
researching over 2,000 nurse-patient interactions, and coming up with a theory that changed
nursing, I think she was very deserving of the honor.
References


