**Roper-Logan-Tierney Model**

**Introduction**

The Roper Logan and Tierney model of nursing is an ideal of nursing upkeep founded upon activities of living. This particular model is christened after its authors; Winifred Logan, Nancy Roper and Alison Tierney (Timmins & O'Shea, 2004). The use of this model is considerably predominant in the United Kingdom especially in the public sector. The model in question is grounded on twelve activities of daily living. The method through which every person is able to carry out every activity of living and how they live is taken into consideration in the model. Aside from the 12 DLs, the model is also based on four important sections. It is through these four sections that nurses are able improve on patient care by making sure that patient care is in line with personal requirements. Assessment, planning, implementation and evaluation aid the nurses in viewing patients more holistically and provide care along the same lines for every patient. They also offer guidance in recognizing the patient as a person instead of putting a label on them based on their health condition.

**Model Framework**

The Roper-Logan-Tierney Model comprises of a set of main features that are included in in the care plan. The first feature of the Roper-Logan-Tierney Model is the different stages that are comprised in the care plan (Aggleton, 2000). An example of the different stages in the model is the assessment stage. The assessing phase takes account of collecting statistics about a patient, going through this data, classifying concrete in addition to possible complications and ranking. Evaluation makes it possible for both the patient and the nurse as well to pin point existing and prospective health problems. Other stages include planning, implementation and evaluation phases. These four stages form part of a circular problem solving method that comes about as a continuous process. Such a process endorses the feature of the model as a problem solving-centered framework since the patient has to undergo assessment and possible reassessment to the point which every health problem is addressed.

The Roper-Logan-Tierney Model aids in making sure that nurses have the ability to adapt to a problem-solving method every time that they are faced with coming up with a care plan for patients (N., W.W., & A.J., 1980). Aside from being centered on problem solving, the Roper-Logan-Tierney Model also holds the distinct feature of being centered on the patient. Using the feature of 12 ALs, the model makes it possible to gauge whether a patient is able to carry them out independently. However, it is important for the nurse to account for impacting forces in terms of socio-cultural, psychological, environmental, physical and politico-economic factors. These 12 activities are (Aggleton, 2000):

* Washing and dressing.
* Breathing.
* Expressing sexuality.
* Eating and drinking.
* Maintaining a safe environment.
* Expressing sexuality.
* Mobilization.
* Communication.
* Elimination.
* Controlling temperature.
* Working and playing.
* Death and dying.
* Sleeping.

The Roper-Logan-Tierney Model is characterized by a number of strengths. Most of its strengths arise from its features mentioned earlier. For one, the Roper-Logan-Tierney Model is comprehensive and dynamic and for this reason has the ability to be applied in any field in the nursing profession. The model also has the strength of coming out with a problem solving approach (Timmins & O'Shea, 2004). This is realized from its four cyclic stages that go on until the patient in question has all health issues addressed. To top it all off, the model is characterized by the strength of being centered on the patient. Even though it has commendable strengths, the Roper-Logan-Tierney Model is also characterized by its fair share of limitations. For one, the DLs are in constant susceptibility of being misunderstood. To add to that, they are also prone to be assumed to have a restricted scope. It is due to this that cases like that in the UK of having it lessen to just a checklist arise. Instead of being used to plan on how to escalate independence and life quality of a patient, the DLs have been misunderstood to reduce them to the lowly function of evaluating the ways in which the life of a patient has been altered as a result of injury, illness or hospital admission.

**Person Centered Assessment**

Forming a care plan for patients by nurses is significantly driven by person-centered care planning. Person-centered planning can be described as a philosophy or otherwise a set of principles that are grounded on the notion that care planning should begin with, revolve around and end with the individual who in this case is the patient (Calkins, 2016). Nurses play a significant part in aiding patients attain content and valued lifestyles. They have the ability to be influential in the sense of contracting innovative initiatives that are grounded on the requirements of a patient. This is instead of expecting the patient to blend into an already prevalent provision even though it could not be suitable.

Nurses ought to recognize that they have the responsibility to find a sense of balance with the duty of care with respect for the patient’s right to deliberate and settle on choices. Looking at the Roper-Logan-Tierney Model, it is considered as a framework for health and social care valuation inclusive of risk assessment within a multifaceted, multi-disciplinary and most importantly a person-centered care planning process. Using an example, nurses in charge of intellectual disability that are offering backing service to patients in a forensic environment in which the patient’s liberation is limited, are still faced with the mandatory obligation of incorporating the ideologies of person-centered care planning into their everyday practice (Forchuk, et al., 1989). As noted earlier, the model which supports a patient-centered approach can be applied in all fields of nursing.

In order to carry out a person-centered care planning approach, it is in order to first start with a person-centered assessment. This is achieved optimally through the use of the Roper-Logan-Tierney Model that carries out the assessment in the first stage through focusing on one patient and finding out adequate information specifically about their health status. Taking on a person-centered tactic in assessment is about who the patient is, what their needs are, goals and targets and how they intend to go about in pursuit accomplishing them. Just like in the Roper-Logan-Tierney Model, methods to the care planning and implementation all through all of the phases of the nursing procedure ought to be person centered and this is particularly so in the carrying out of an assessment.

A suitable data collection example would be a vital signs assessment to a patient that has just undergone a minor operation. This assessment revolves around the patient alone. At this point, there is no need to look into their family history or the affairs of any related or linked persons. The assessment of vital signs done is fully centered on the patient in question. This kind of assessment runs along the lines of checking the patient’s pulse rate, blood pressure, body temperature and respiration rate. In order to make this information useful, the results of the assessment have to be documented.

**Patient Safety**

Breaches in communication have been pin pointed as the fundamental cause of most of significant patient safety violations and malpractice claims as well (Bernacki, 2014). These are inclusive of mistakes that could end up in grave situations like patient death. It is in order for nurses to exercise therapeutic communication skills. Nurses and health practitioners with the uppermost risk for complaints happened to be poor listeners. For such health practitioners, they show a shortcoming when it comes to getting back on phone calls and were tagged as rude or in some instances disrespectful to their patients. Through effective therapeutic communication skills, a nurse is able to attain admirable health outcomes, patient satisfaction as well as dutiful adherence to treatment.

Looking at the instance of carrying out a vital signs assessment, it is important for the nurse to relay correct information to the doctor in charge as well as relate the same to the patient if need be. Considering the vital signs include blood pressure, respiration rate, body temperature and pulse rate, for most of them, it is possible to regulate using input from the patient. After doing an assessment on vital signs, a nurses can go ahead and relay the concise results to the patient and advise accordingly on what they can do to make the situation better like rest more, eat heathy or keep warm.

With therapeutic communication skills, the communication channel involved is between the nurse carrying out the vital signs assessment and the patient. Vital signs are valuable in becoming aware of or observing medical complications. As noted before, some of the finalities of medical conditions like high blood pressure rest with the action that patient’s themselves take. In order to achieve this, the nurse has to make sure that they employ therapeutic communication skills in relating the information to the patients in a way that they can understand and be able to alter their health tendencies for the better. It is through instances like these that it becomes evident just how important therapeutic communication skills can be in ensuring patient safety and well-being.

**Conclusion**

The Roper-Logan-Tierney Model for nursing has for important sections that help in improving patient care by ensuring the same is in line with personal needs. The model has provisions that make it possible for both the patient and the nurse as well to pin point existing and prospective health problems. The model has also shown its importance in making sure that nurses have the ability to adapt to a problem-solving method every time that they are faced with coming up with a care plan for patients and being centered on the patient. It has proved comprehensive and dynamic and for this reason has the ability to be applied in any field in the nursing profession. It is also characterized by the strength of coming out with a problem solving approach. However, it has a high susceptibility of being misunderstood. To add to that, its components are also prone to be assumed to have a restricted scope. The Roper-Logan-Tierney Model, is considered as a framework for health and social care valuation inclusive of risk assessment within a multifaceted, multi-disciplinary and most importantly a person-centered care planning process. Looking at it impact in nursing practice, it also influences therapeutic communication skills. Breaches in communication have been pin pointed as the fundamental cause of most of significant patient safety violations and malpractice claims as well. Conclusively, therapeutic communication skills can be in ensuring patient safety and well-being.

**References**

Aggleton, P. a. (2000). *Nursing Models and Nursing Practice.* Basingstoke: Palgrave.

Bernacki, R. E. (2014). American College of Physicians High Value Care Task Force. Communication about serious illness care goals: A review and synthesis of best practices. *JAMA Internal Medicine*, 1994-2003.

Calkins, M. &. (2016). Honoring individual choice in long-term residential communities when it involves risk: A person-centered approach. *Journal of Gerontological Nursing*, 12-17.

Forchuk, C., Beaton, S., Crawford, L., Ide, L., Voorberg, N., & Bethune, J. (1989). Incorporating Peplau’s theory and case management. *Journal of Psychosocial Nursing and Mental Health Services*, 35-38.

N., R., W.W., L., & A.J., T. (1980). *The Elements of Nursing.* New York: Churchill Livingstone.

Timmins, F., & O'Shea, J. (2004). The Roper–Logan–Tierney (1996) model of nursing as a tool for professional development in education. *Nurse Education in Practice*, 159–167.