**Clinical Application of Lydia Hall’s Care, Cure, and Core Theory**

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**Case Scenario**

A 76 years old female patient with complain of increasing abdominal pain since 5 days, constipation since 2 days and lethargy, arrived in Special Care Unit from Emergency Department. Upon examination, she had mild abdominal distention, sluggish hypoactive bowel sounds and vital signs were; GCS 15/15, B.P. 164/95, H.R. 89 bpm, R.R. 22/min, SpO2 95%, Temp. 36.8℃. Patient was a known case of hypertension, diabetes, hypothyroidism, hepatitis B positive, and a history of tuberculosis treated and bilateral total knee replacement. Patient was sent to Radiology for CT scan and Abdominal X-Ray which indicated dilated ascending colon. As per protocol, the patient was prepared for colonoscopy prior to surgery which confirmed the presence of mass and suggested for immediate surgical intervention. Patient and relatives were counseled about the code review and that any surgical intervention might be harmful for patient as per the risk benefit ratio. The patient was not in favor of any surgery but family urged to proceed with the treatment of all the odds explained and consequently patient agreed too.

The surgery was planned for the following day 1st on list, and I was the assigned nurse in the night shift to take care of that patient. When greeted and assessed, the patient was oriented to time, place and person and was vitally stable. Upon exploring about her pain, she verbalized that she didn’t want to undergo a surgery but to bear the pain and illness. I was shocked listening this and wanted to know more about it but patient had to sleep and our conversation ended there. Early morning, she was called from Operation Room. All pre-op. tasks were done and she was sent to O.R. as high risk patient for Hemi colectomy.

The next day at night shift, I was once again assigned on the same patient. Patient was post-op. and like any other post-op. patients she was too in pain and PCIA (Patient Controlled Intravenous Analgesia) team was in loop to cater her pain. She was not vitally stable and her signs showed that she is in sharp pain. I explained her the process of how she can demand for the analgesic dose by clicking the button when she feels pain and pain management importance in early recovery. She understood well but still did not use the button which surprised us. I asked her family members to encourage her to use the device for managing her pain but she was just unwilling. I realized the situation and started running the whole scenario in my mind when I first met her, she did not approve surgery in the first place and verbalized that she wants to tolerate pain and sickness. I went to the patient to know more about her this belief. As I was assigned consecutively on her, I had good rapport with her and when I asked her that what is bothering her or holding her back to use the device and minimize her suffering she said that it’s her belief that the more pain or sickness you tolerate in world, the lesser will be your sin and the more pure will you be on the day of your judgment. Her statement made me go silent for a while and I was unable to process anything or how to deal with this. I winded up the conversation and went back.

I conveyed her statement to her family and doctors, to which we had a meeting in which we decided that keeping the patient’s condition and pain levels in mind, if she is not taking the medicine by herself so doctors will administer the dose as per routine medicine to keep other things in normal range. Meanwhile, I counseled family to explore more about her beliefs and as a team did all possible things from sharing Quranic verses about medicine and health to convince her that whatever she is doing will make her condition worse.

The scenario described above occurred during the early days of my nursing career, when I was still a novice despite having completed my internship. This is not a single occurrence, but rather a series of circumstances in which you, as a nurse, must deal with culturally diverse situations in the most patient-friendly manner in order to avoid jeopardizing health while still agreeing on patient terms. Several nursing theories aid in the interpretation of such scenarios and assist nurses in seeking solutions and developing nursing strategies based on these assumptions. Here, based on the facts and figures I have tried to integrate the Lydia E. Hall’s Theory of [Care, Cure, and Core](https://nurseslabs.com/lydia-e-halls-care-cure-core-theory/).

## The Care, Cure, and Core Theory

## Lydia Hall introduced the Care, Cure, and Core Theory in the 1960s, which is still a vital method for the nursing practice today. She coined the term Nursing Method in 1955, based on the three-step process of assessing, delivering care, and evaluating.

## She approached patients in a holistic manner, believing that patients need a caring environment in order to heal and communicate their emotions. According to Hall's theory, skilled and experienced nurses can provide a therapeutic environment for severely ill patients. Care, Cure, and Core Theory also known as Lydia Hall's Three C's refers to the three interrelated facets of patient's wellbeing. Care refers to the body, Cure is the treatment of illness and Core is the person. These three constituents are illustrated in the form of interlocked circles and its size may vary depending on condition and need of the patient (refer Appendix A). Patient’s recuperation is highly determined by the quality of professional nursing attention and for that a nurse should understand the philosophical underpinnings of the Three C’s:

## Care

## It refers to the professional nursing care that nurtures and offer ease to ill patients maintaining therapeutic nurse-patient association. Nurses assist patient to meet their needs by developing an interpersonal relationship and teaching them as an ongoing process which provides comfortable environment and foster effective communication between patient, families and nurses.

## Cure

## It refers to the treatment regimen, thus it has the involvement of medicine and clinicians. Here nurse’s role is to assist in medical tasks, educate patients and families, advocate for patients, and formulate holistic care plans in line with that of the patient’s requirement.

## Core

## It refers to the value systems of a person who needs nursing care. Here, a patient uses himself as a therapeutic being for own self and actualizes the emotional, physical, social, religious, spiritual and intellectual needs he/she look forward in relation to family and surroundings.

## Major concepts and assumptions asserted in Halls’ theory includes;

## Concepts

## Patient is autonomous

## Environment influences patient’s goals

## Health actions leads to growth

## Professional nursing is the key in patient’s improvement

## Assumptions

## Care is the sole nursing function. Other members of the health care team, for instance doctors, counsellors, health professionals, and religious leaders, are informed about the core and cure.

## The primary role of nursing care is to encourage patients in the progress of core.

## Theory into Practice

## Focusing on the theory's significant elements, the case scenario discussed initially can be analyzed in three parts;

## Care

## *“When greeted and assessed, the patient was oriented to time, place and person and was vitally stable. Upon exploring about her pain, she verbalized that she didn’t want to undergo a surgery but to bear the pain and illness.”*

## Here when we talk about a professional nurse as per Hall’s approach, therapeutic communication was needed. The notion could have been discovered further and participation of family and significant others would have supported. To modify the collection of ideas or find a way in between, functional health patterns, specifically culture, religiosity, and spirituality, were a main concern here. If the situation had been examined prior to surgery, post-operative pain control may have been adjusted accordingly.

## *“I explained her the process of how she can demand for the analgesic dose by clicking the button when she feels pain and pain management importance in early recovery.”*

## As a nurse, I attempted to eliminate any mechanical, manual, or other anticipated flaws in the use of the PCIA machine. The component of teaching and having a comfortable environment was the key concern.

## *“As I was assigned consecutively on her, I had good rapport with her and when I asked her that what is bothering her or holding her back to use the device and minimize her suffering she said that it’s her belief that the more pain or sickness you tolerate in world, the lesser will be your sin and the more pure will you be on the day of your judgment.”*

## It is equally essential to ensure efficient communication while providing ease and comfort. The nurse asked about the patient's perceptions in order to strengthen the nurse-client relationship and learn more about the patient so that she could prepare her nursing diagnosis and treatments subsequently.

## *“I conveyed her statement to her family and doctors, to which we had a meeting”*

## This section of the scenario links Care to Cure by showing a nurse advocating for a patient and taking a holistic approach to care by including other members of the medical team.

## *“Meanwhile, I counseled family to explore more about her beliefs and as a team did all possible things from sharing Quranic verses about medicine and health to making her understand that whatever she is doing will make her condition worse.”*

## Counseling, teaching, going out of the way and assisting patient to meet her needs is what counted at the end. It is impossible to change someone's beliefs all at once; however, giving patients directions and choices will help things run more smoothly progress of Core.

## Cure

## *“Patient and relatives were counseled about the code review and that any surgical intervention might be harmful for patient as per the risk benefit ratio.”*

## Primary team involvement and planning for the future treatment plan was the motive. Despite the fact that the physician and family had a thorough conversation in which all options were discussed, the family decided to go ahead with surgery. On the other hand, the patient did not want to undergo surgery, and her autonomy was widely overlooked. According to Hall, it is the responsibility of a professional nurse to defend the rights of patients and to serve as a liaison between the client and the clinician.

## *“PCIA (Patient Controlled Intravenous Analgesia) team was in loop to cater her pain”*

## A multi-team approach was implemented to ensure that the patient receives the best care possible during her rehabilitation process, thus fulfilling the major concept of this theory.

## *“If she is not taking the medicine by herself so doctors will administer the dose as per routine medicine to keep other things in normal range”*

## While it violates medical and nursing ethics to prescribe medication without informing the patient, it was necessary to do so in order to eliminate barriers between the patient and her good health.

## Core

## *“The patient was not in favor of any surgery but family urged to proceed with the treatment of all the odds explained and consequently patient agreed too.”*

## When a patient does not consider herself to be a therapeutic being, but rather needs to endure the suffering she is experiencing as a result of her belief systems, the principles of Core and Cure collide.

## *“She understood well but still did not use the button which surprised us. I asked her family members to encourage her to use the device for managing her pain but she was just unwilling.”*

## The same assumption was preventing her from realizing that her early recovery would be impossible without adequate pain control. Patient prioritizes her spiritual and religious needs over her physical life in order to prepare for her afterlife.

## *“She said that it’s her belief that the more pain or sickness you tolerate in world, the lesser will be your sin and the more pure will you be on the day of your judgment.”*

## Although recognizing the patient's feelings, the nurse did not add her own and neither refuted nor counter-argued the opinion, which was a positive thing. Patient saw herself as a sinner, and the opportunity to atone for her sins was important to her. Her views and thoughts were impeding her recovery.

## Hypothesis

## Conferring to the above discussion, the proposition that can be deduced is;

## If patient’s beliefs are discussed in the initial encounter, there would be least chances for them to withdraw treatment later.

## The proposed statement illustrates how concentrating solely on physical characteristics and ignoring all other dimensions, whether spiritual, intellectual, emotional, social, or psychological, would interrupt the healing process. Nurses can act as a catalyst in the process, assisting patients in identifying meaning in their lives rather than finding meaning in their miseries. A competent nurse understands how the presence of someone in the midst of pain will assist in overcoming that process.

## Summary

## A plethora of theories relating to everyday nursing practices have been established by nurse theorists. Their expertise and knowledge contribute to the development of advanced nurse-led strategies, evidence-based practices, and enhanced patient outcomes. This assignment, in particular, has made me understand how each day-to-day clinical incidences apply to nursing theory and where its hidden answers can be found. The concept of theory into practice involves the application of theoretical framework in dealing with critical or worst-case outcomes in order to optimize the future of health care. Structures of clinical practices and traditions should be based on critical thinking that uses assessment, interpretation, description, examination, and inference of the philosophical, evidential, contextual, or methodological considerations in which decision is based are examples of cognitive resources. The Care, Cure, and Core Theory assisted me in reflecting on my own deficiencies in the clinical picture, whereby, each component of the theory was well incorporated without knowing. It gave me an impression and confidence to compare and evaluate my practices as a “professional nurse”.

## References

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## Appendix A

## Lydia E. Hall - The Care, Cure, and Core Theory

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*Figure 1.* The Care, Cure, and Core Theory.