NATIONAL OPEN UNIVERSITY OF NIGERIA

SCHOOL OF SCIENCE AND TECHNOLOGY

COURSE CODE: NSS 301

COURSE TITLE: Nature of Nursing

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CONTENTS

UNIT 1: HISTORICAL DEVELOPMENT OF NURSING I

Table of Contents

1.0 Introduction

Where are we coming from? What developments have brought us to the present state? What problems were encountered during the journey? What factors have facilitated or obstructed our movements? When we delve into the events of the past for one reason or the other, we are concerned with history, with past events. There are many advantages to the study of history. It provides foundation for the present and the future. It helps us to plan strategies for a smooth transition. It provides us with the knowledge of persons and resources that had supported and strengthened our course over the past years. This is a general phenomenon of any development in life. There are two dimensions to the study of history, the process and the content. In this Unit you will be studying the content of the historical development of nursing. The events that occurred in past that positively moved Nursing forward to the present date. You will learn the contents of the events in chronological order. The discussions shall cover the following periods: Pre-Nightingale Era; Nightingale era, Pre and Post First World War; Pre- and Post 2nd World War; and the modem times. United Kingdom, North America and Nigeria shall receive the most attention. The content enumerated shall be presented in two units (Units 1 & 2).

2.0 Objectives

On completion of this Unit, the learner should be able to:

- Explain the significance of the study of history.
- Summarize the development of nursing in Pre-Nightingale Europe and the UK.
- Identify the major areas of society and of nursing that Florence Nightingale's impact was felt.

3.0 Main content

3.1 Significance of the study of history

Try to recall a History course you had at High School or the historical aspects I of courses you had in your school of Nursing. There was the course titled History which actually dealt with the process of reviewing events. There are subjects such as History of Political Movements in Nigeria; History of the Church Missionary Society in Nigeria; History of Education -all these examine the content of events. By the same token, when we talk about the historical development of Nursing, we are concerned with the content of development over a period of time: and how one developmental state influences the subsequent stages. What is the significance of history in nursing? History allows us to link the past with the present. It shows the achievements at each milestone. Knowledge of history serves as reference points for future plans.

You will now study the development of nursing during the different era stated in the introduction.

3.2 Pre-Nightingale development of nursing

Nursing was distinguished in its early history as a form of community service and was originally related to a strong instinct to preserve and protect the family (Donahue 1985). The desire to keep people healthy and provide comfort, care and comfort for the sick were the initial focus of nursing. This focus has remained relatively the same over the centuries, but the practice of nursing has been modified as a result of societal influence and changing needs. Nursing has evolved into what we now know as modern nursing. Nursing is as old as medicine. Nursing and medicine have been interdependent throughout history. During the era of Hypocrates, Medicine was practiced without Nursing. While in the middle ages, nursing was practised without medicine.

In ancient cultures, religious leaders assumed responsibility for health and medical care because causation of illness was tied to myths and religion. Hence nurses were seen to be below religious leaders.

Nurses then worked under priests and physicians performing custodian and personal hygiene care. The physician directed nursing activities; except the role of midwifery where nurses had always been accepted. Throughout this period, nurses as known then did not participate in activities to promote health or teach the families how to care for the sick.

Under the influence of Christianity, nurses began to gain respect and the practice of nurses expanded. The order of Deaconesses, a group similar to today's public health or visiting nurses was one of the earliest records of Christian nursing. According to Dolen et al. (1983), Donahue (1985), the order's goals included meeting of the following needs:

- Feeding the hungry
- Giving water to the thirty
- Clothing the naked
- Visiting the imprisoned
- Sheltering the homeless
- Caring for the sick
- Burying the dead

Historically, men and women held the role of the nurse. The entry of women into nursing could be traced to AD 300 as a result of improvement in the social position of Roman women.

Christianity taught that men and women are equal before God. There was an appeal to women to carry on God's work towards those who were in distress.

The Benedictine Order comprising men was founded in the 6^{th} century and this increased the number of women in nursing.

During the middle ages, the Crusades became a stimulus for expanding nursing and healthcare. Military nursing orders for men were formed, and hospitals were established. After the Crusades, and with the decline of the feudal system, large cities began to develop and grow. This extensive growth of cities resulted in associated health problems.

EXERCISE 1

Nigeria is experiencing a similar population shift from rural to urban. List five health hazards: that are associated with extensive population growth of cities.

Example of an answer: Overcrowding, poor ventilation; Hot and humid environment, poor sanitation, inadequate water supply, air, food and water contamination; disregard of personal and environmental hygiene, inter-personal feuds.

Because of the enormity of the health problems, secular groups were formed in addition to nurses, to meet specific health care needs in the Middle Ages.

In response to the serious health problems of the 15th to 17th centuries which were the consequence of societal factors, nursing responded by the founding of the Sisters of Charity in AD 1633 by St. Vincent de Paul. The Sisters cared for the people in hospitals, asylums, and poor houses. In addition, they cared for sick people in their homes, hence labeled 'visiting nurses'

The first supervisor of the Sisters of Charity was Louise de Gras, a widow of high social standing. She established perhaps the first educational program to be associated with a nursing Order. She recruited intelligent, refined and compassionate women. The program included experience in the care of the sick in hospitals as well as home visits. The sisters of Charity were introduced in America in 1809, but their name was later changed to Daughters of Charity. The 18th Century saw further growth of cities in Europe including the United Kingdom; and consequently increase in the number of hospitals, and more roles for the nurses. Nursing skills and knowledge were generally passed on by experienced nurses because there was still little formal education for them.

While nursing in continental Europe, especially in Germany was beginning to make progress, the same could not be said of the UK. Hospitals in the UK were built in response to similar health problems, but the 'nurses' came from the low social status, lacked responsible leadership, and were illiterate.

3.3 The Florence Nightingale era (1820-1910)

Florence Nightingale went to study with the Sisters of Charity in 1853, and was later appointed superintendent of the English General Hospitals in Turkey. During this period, she instituted major reforms in hygiene, sanitation, and nursing practice, thereby reducing the mortality rate at the Barracks Hospital in Sentari, Turkey from 42.7% to 2.2% in 6 months (Woodham Smith, 1983). Florence Nightingale was a proficient bedside nurse with a great concern for the soldiers she nursed. Her ward round at night with the lamp earned her the title "The Lady with the Lamp"

Organized nursing began in the mid-1800s under the leadership of Florence Nightingale, before her era nursing care was done by paupers and drunkards and persons unfit for any type of work.

Florence Nightingale's beliefs about nursing form the basic foundation of the practice of nursing today. Her religious convictions and experience in nursing during the Crimean War influenced her approach and beliefs about the care of the sick. She came from the upper social

class, educated and possessed a good communication ability as judged by her various letters and book, *Notes on Nursing: What It Is and What It Is Not.* She travelled widely and had the ability to deal with government and politics. Florence Nightingale possessed many outstanding qualities. By today' s terminology, she would be called an epidemiologist and statistician. She was a researcher, a politician and a caring nurse of the sick and the well. Her philosophy of nursing practice reflected the changing needs of society. She saw the role of Nursing as having 'charge of somebody's health' based on the knowledge of "how to put the body in such a state to be free of disease or to recover from disease" (Nightingale, 1860).

Considering the role women were expected to assume during her time, Florence could be regarded as an activist of some sort. She was the one who vehemently objected to the female Victorian role of indolence and marriage, and viewed the development of nursing as a "respectable livelihood and constructive utilization of women". She saw activities as being based not only on compassion, but also on observation and experience, statistical data, knowledge of sanitation and nutrition, and administrative skills (Fitzpatrick and Wholl, 1983).

The greatest achievement to the world of nursing was the establishment of the first organized programme for training for nurses: the Nightingale Training School for Nurses at St. Thomas' Hospital in London in 1860 AD.

Professionalisation of nursing commenced from henceforth and nursing began to be accorded some respectability in society. Educated ladies from respectable social background were selected for training. A distinct body of knowledge was developed for nursing; and this was based on observed societal health needs.

4.0 Conclusion

The writings *of* Florence Nightingale which are over a century old remain the reference points for all aspects *of* nursing development today. Her focus of nursing was directed at the client, sick or well; the environment for nursing, the knowledge and expertise required by the nurse, and the interactions of these parameters towards the achievement of desired goals.

Florence Nightingale's thrusting forces were Religion, Science, and Society. Could there have been a better combination to initiate change and sustain progress?

5.0 Summary

In this Unit, the importance and advantages of studying history and the historical development of nursing in particular were examined. Contributions of various individuals and groups to public health and the care of the sick and less privileged in societies in Europe and the UK were highlighted. The extra-ordinary contributions *of* Florence Nightingale to Nursing, society, and science were fully discussed.

6.0 References and other materials

Dolan J.A. et al., Nursing in Society: a Historical Perspective, ed 15, Philadelphia 1983 Saunders.
Donahue, M.P. Nursing: the finest art, an illustrated history, St. Louis, 1985, Mosby Year book
Nightingale, F.: Notes on Nursing: what it is and what it is not, London, 1860, Harrison and sons.

7.0 Tutor Marked Assignment

1. Explain 'historical development' in the context of nursing history. 2. Briefly summarize the place of nursing in pre-Nightingale Europe. 3. Highlight the impact of Florence Nightingale on the following:
-Victorian women -Nursing science
-Nursing education -Care of the sick
-Nursing management.

UNIT 2: HISTORICAL DEVELOPMENT OF NURSING

Table of contents

1.0 Introduction

You will recall that Unit 1 of this course dealt with the first part of the Historical Development of Nursing in Europe and the UK. The last part of the presentation focused on Florence Nightingale who heralded major reforms in nursing. The concept of nursing proposed and practiced by Florence Nightingale became the foundation for professional nursing, not only in the UK but in the USA and the British colonial territories.

The dominant functions of nursing have been modified as an inevitable consequence of changes in the social, economic, political, educational, and scientific-technological value in which the consumers and the practitioners of nursing meet. With the above changes and facilitation by information/communication media, nurses allover the world are now in better positions to share ideas and strategies, and to move nursing forward globally. By the beginning of the 20th Century, the Florence Nightingale concept of nursing and the various implementation strategies have crossed oceans and seas to the USA and British colonial territories.

In this Unit, We shall continue with the historical-development as the events occurred in the USA and Nigeria. As in the previous Unit, major developments shall be addressed.

Let us now proceed to examine the objectives to be achieved on completion of this Unit. They are similar to those in Unit 1. They are mostly for review.

2.0 Objectives

On completion of Unit 2, the learner should be able to:

1. Describe the historical developments of nursing in the USA and Nigeria
2. Discuss factors that influenced these developments
3. Explain factors that facilitated nursing education within Nigerian universities
4. Discuss the influence of globalization of nursing on nursing development.

3.0 Main contents

3.1 Historical development of nursing in the USA

Like the Crimean War in Europe, the Civil War in the USA stimulated the growth of nursing. The women in the American Red Cross played important nursing roles.

Clara Barton, founder of the American Red Cross attended to or cared for soldiers on the battlefields, cleansing their wounds, meeting their basic needs, and comforting them at points of death. The American Red Cross was ratified by the United States Congress in 1882 after 10 years of lobbying by Clara Barton. Dorothea Synde Dix, Mary Anne Ball (Mother Bickerdyke) and Harriet Tubman also influenced nursing during the civil war. As superintend- ent of the female nurses of the Union Army, Dorothea Dix organized hospitals, appointed nurses, and oversaw and regulated supplies to the troops. Mother Bickerdyke organized ambulance services, supervised nurses, and walked abandoned battlefields at night looking for wounded soldiers. Harriet Tubman was active in the Underground Railroad movement and assisted in leading over 300 slaves to freedom.

After the Civil War nursing schools in the USA and Canada started to pattern their curricula after the Nightingale School. Many nurses contributed to the development of nursing in the USA and Canada, but a few will be highlighted. Isabel Hampton Robb graduated from St. Catherine's School of Nursing, Ontario, Canada, a school which was patterned on Florence Nightingale curriculum. She became the first superintendent of the Johns Hopkins Training School, Baltimore Maryland. She contributed immensely to the professionalisation of

nursing through publications of nursing textbooks and formation of a professional nursing association that became the American Nurses Association in 1911. She was one of the original founders of the American Journal of Nursing. The textbooks she authored were: *Nursing: Its principles and Practice for Hospitals and Private Use* (1894); *Nursing Ethics* (1900), and *Educational Standards for Nurses* (1907).

Advances were made in hospital care, public health, and nursing education in the early 20th century. Mary Adelaide Nutting, a member of the first graduating class of Johns Hopkins Training School was instrumental to affiliation of nursing education with universities. She became the first professor of nursing at Columbia University Teachers College in 1907.

The journey towards the placement of nursing education into universities was quickened in 1923 when the Rockefeller Foundation funded a survey of nursing education, popularly known as the *Goldmark Report.* The report recommended that nursing education needed increased financial support and suggested that the money should be given to University Schools of Nursing. Five universities benefited from the financial support. University schools of Nursing were able to expand, increasing opportunities for more nurses to have university education.

As nursing education developed, Nursing practice expanded. More clinical specialty programmes were started and so also were specialty nursing organ- izations that were concerned with quality care.

In 1965, the National Commission on Nursing and Nursing Education explored issues that included: the supply and demand of nurses, clarification of nursing roles and functions, education of nurses, and career opportunities available to nurses. The Lysaught Report, named after the study director called for clarification of nursing roles and responsibilities in relation to other health professionals; advocated greater financial support for nurses; and more career opportunities to attract nurses and retain them in the profession. (Lysaught 1970).

As nursing education and practice evolved to meet the changing needs of society, Nurses' code of Ethics also evolved. In 1926, American Nurses Association proposed its code of Ethics. The purpose of this code was to "create a sensitiveness to ethical situations and to formulate general principles which result in the formation of conscious and critical judgement resulting in action in specific situations" (ANA 1926).

As technology and needs of society changed, the code of ethics was revised to provide code of ethics for nurses with interpretative statements (ANA 1985) Nurses in the USA and Canada had made giant strides in the development of nursing. The resolve to move nurses education into Universities and Colleges, and away from hospitals affiliated schools facilitated the: development of more nurse scholars who are committed to developing nursing science and theory. Developing science and theory in nursing involves generating knowledge from the nursing field and other disciplines. One method for creating nursing scientific knowledge base is through the development and use of nursing theory through the research process.

A significant milestone influencing the development of concepts and theory was the establishment of the Nursing Research Journal in 1952. The journal has encouraged scientific productivity, and has helped to provide the framework for a questioning attitude that has set the stage for further enquiries into theoretical nursing (Meleis, 1985). The us has produced theorists whose theories are influencing all aspects of nursing world wide. Such persons are Peplau, Henderson, Roy, Orem, Johnson. Nurses in North America, particularly in the USA, have developed nursing to a truly professional status.

You have spent the past few minutes studying the historical development of nursing in the USA, the events that occurred and the persons responsible for these events. We have also seen how the social, economic, political, science and technological development of society as a whole affected the development of nursing in the USA.

Discuss one developmental factor with American society that facilitated the development of nursing.

3.2 **Historical development of nursing in Nigeria**

The following factors influenced the development of nursing in Nigeria. Religion, British colonial administration, inter-professional communication, and the world wars.

Traditionally caring for the sick took place at home and care is given by women and family members. The concept of a nurse in the European sense was not part of the traditional community set up. It was considered to be the responsibilities of the families to care for their members both in health and sickness. But the midwife had been a constant figure in all traditional societies. Nigeria had and still has the traditional midwives who care for pregnant women from conception, through labour and delivery. Post-natal care is also given to both mother and baby. Caring

includes provision of basic comfort, feeding, bathing and also the care of other siblings in the family.

3.2.1 Religious influence

When the missionaries arrived Nigeria from the UK in the 19th Century, their objectives were to convert (evangelize), to educate and to provide health care. Hence you find the church, the school and the hospital/clinic clustered in the mission grounds. With trained missionary nurses, some of them products of Florence Nightingale School of Nursing or curriculum. They recruited young men and women mostly with primary school education for on-the-job training in nursing- procedures and skills. The emphasis was on skills training starting from simple to complex. It was purely task-oriented training. Initially, there was no organized curricula, hence no central certification. The missionary Nursing sisters provided physical, psychosocial and spiritual care for their followers. The health care. needs of the communities were constantly assessed and appropriate health care facilities were provided. The first set of nursing personnel in the country were those trained on the job by UK trained missionary Nursing sisters. These locally trained nursing personnel also imbibed the tenets of the Christian religion and served as local contacts for evangelism. The two McCarter sisters ran the mother and child health centers in Abeokuta and its environs, while Mary Slessor was known in Calabar for her work with abandoned twins.

3.2.2 The British colonial service

The British colonial service in conjunction with the Royal Niger Company provided health care services for their serving citizens and their families in Nigeria. Medical teams were also brought from the UK to run the medical services. The medical teams included professional nurses trained in the UK. Two parallel health care services were provided; one for those in the colonial service Administration and the other for the local Nigerians. Hence, there were the European and African Hospitals.

The nursing sisters in the Medical Teams also trained women and men on-the-job and supervised their work. They were taught a lot of task and skills but with little theory. These young women and men were referred to as 'probation nurses' and they worked under supervision, mostly in the African Hospitals. There was no formal curriculum, each Nursing sister taught from her experience. There was no certification as there was no controlling or Examination body.

After the Second World War, which ended in 1945, many Nigerian girls with High School Education traveled to the UK, to train as professional

nurses. Upon their return, most of them were employed in the Civil Service. The working environment was hostile, and many found that they could not put to practice the knowledge and skills they had acquired in the UK. Some left nursing for other disciplines, but others persevered. As more nurses returned from the UK, they collectively resolved to improve the standard of nursing education and practice in the country. These standards pioneering nurses included Adetoun Barley who later became the first Nigerian Registrar of the Nursing Council, Francis Oguntolu the retired Director of Nursing, Lagos University Teaching Hospital; Kofoworola Pratt, first Nigerian Matron of University College Hospital, Ibadan; Oluyinka Sofenwa, retired Deputy Director of Nursing, University College Hospitallbadan.

First on the list of improving standards was the inauguration of the first Nursing Council for Nigeria and the appointment of an interim Registrar in 1947 -an expatriate.

The changes effected in nursing were facilitated by the political climate in the country. It was the period of negotiation for the country's independence from Britain. During this period there were plans for the improvement of health care. The Richards constitution which divided the country' into three regions (East, West and North) and the capital Lagos created a School of Nursing for each region located at Enugu, Ibadan and Kaduna, plus the one in Lagos. These schools started to function in 1949 with formal syllabus to direct the educational programme. Qualified nursing tutors were employed from the UK to direct the programmes. Preceptors were employed from amongst Nigerian nurses trained in the UK to supervise the practical training of students in government hospitals.

The Health Policy also stipulated that Nigerian boys and girls with good high School education be sponsored to study general nursing, midwifery and other nursing sub-specialties of National needs in Great Britain. This was a great departure from the traditional practice of training individuals with only 6 to 8 years of primary education. The new direction encouraged boys and girls with good high school education to choose nursing as a career.

The Health Policy also directed that a school of Nursing be established at the University College Hospital, Ibadan in 1952. It was patterned after the Nightingale School of Nursing at St. Thomas' Hospital London. Girls with good education also qualified for admission into the School.
From all indications, the government was bent on changing the poor image of nurses and consequently improving the quality of nursing. This was linking good general and professional education with qualitative nursing practice.

With the Nursing Council in place and the instrument of authority approved, the Council proceeded to set minimum standards for, nursing curricula in Schools of Nursing, clinical teaching facilities, and the minimum educational qualification for entry into the Schools of Nursing. The authority of the Nursing Council was felt more in nursing than in midwifery. This was probably due to the fact that midwifery services were less organized than the nursing services. Fewer of the highly trained professional nurses went into midwifery practice. Furthermore, midwifery practice was more controlled by non-governmental organizations.

3.2.3 Nursing education within the university system in Nigeria

The developments in nursing education in Canada and the USA started to influence nursing education development in Nigeria especially in the old Western Region. In line with its health manpower development and to meet its expanding health care services, the Western Region government embarked on a programme of sending qu8Jified nurses overseas to train as Nurse Tutors. In 1960, the Canadian government offered to educate nurses at University degree level. In 1960, there were technical aids from the British and Canadian

Governments to prepare nurse tutors at diploma and degree levels respectively. Nursing administration and nursing clinical specializations were not left out of the development; there were German and British technical assistance for those areas. The immediate post-independence period saw nursing in Nigeria enriched with new ideas from the USA, UK, and Western Germany. Impressed by the Professional performance of the nurses trained abroad, many men and women went to these countries for their nursing education. The return of the five graduate nurses from McGill University in 1962, was the turning point for university education in Nigeria. These graduates were deployed to different schools of nursing where through their interpersonal relationships, influenced students' attitudes to nursing. By 1966, twelve graduate nurse teachers sponsored by the Canadian government ,had taken up appointments with the Western Region government and later with other governments and health care institutions. This crop of nurse teachers were able to impress on the governments, formal and non-formal groups the benefits of university education in nursing and especially at the administrative and education levels. There was also a world-movement through Inter- national Nursing Organizations to move nursing education from hospitals schools to universities. The first stage was sourcing for funds, followed by staff development, then programme development, identification and negotiation with institutions and government, student's selection and admission.

These processes were embarked upon consequently. In 1965 the University of Ibadan after creating a Department of Nursing admitted the first set of 10 students into the post-basic Bachelor of Science (Nursing) programme with options in Nursing Education and Nursing Administration, and Clinical Electives in Medical Surgical Nursing, Material and Child Health and Midwifery, Psychiatric Nursing, and Community Health Nursing.

The Rockefeller Foundation provided the building, the World Health Organisation (WHO) provided fellowships for students and teaching aids and other teaching materials, and Boston University admitted students for post graduate studies. WHO also provided supporting staff for the first five years of the programme. The University provided the administrative support, pending the take-over after five years.

By the time the first set of students graduated many more nurses wanted university education. The number of applicants increased every year, even when financial support was no longer available.

In 1971, the University of Ife (now Obafemi Awolowo University) started a Faculty of Health Sciences with a philosophy of educating the health professions students together, since they were expected to work together in real situations. Based on this philosophy, a generic degree BNSc. was started in 1973. More and more nurses and individuals who want to become nurses want university nursing education. More universities now run the generic nursing programme.

Those Nigerian nurses and other persons who spearheaded nursing education within the University system include the late, Professor Elfrida O. Adebo, Olufemi O. Kujore" Adetoun Bailey, Ayodele Tubi, Lola Alade, Stella Savage Vye. Okusoga, Late Grace Afamefuna, Adebisi Fabayo and Later Professor T .A.I. Grillo

3.3 Globalisation of Nursing

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Florence Nightingale through her definition of nursing has shown the universality of nursing. She showed how the role of nursing is to utilize the laws of nature to facilitate health and recuperation from illness. Long before Maslow's hierarchy of human needs, Nightingale has called nurses' attention to the manipulation of the elements in the environment in order to meet Man's health needs. Nurses in different countries have evolved concepts and theories from Nightingale's concepts.

Nurses, through research, are identifying global problems and issues that affect man and sharing or offering solutions. The communication media for the sharing could be by the printed materials in the form of journals,

books; electronic materials and software; face-to-face communication as occurs at meetings and conferences. We can now access information on nursing issues from the Internet.

Nursing is no longer a calling shrouded in secrecy. The ability to produce knowledge by the scientific process through the fastest possible means is a work of professional growth and development of the 21 st century.

Globalisation of nursing is also fostered through communication among various national nursing associations and specialty nursing groups. At inter- national conferences issues and/or phenomena of common concerns are discussed, for example the International Council of Nurses (ICN). The ICN is an organization focused on 'Advancing Nursing World Wide'. In 1998 identified three key areas as crucial to the improvement of nursing and health. These are known as ICN Pillars and they are: Professional Practice, Regulation, and Socio-economic welfare. The International classification for Nurs- ing Practice (ICNP) and Leadership for Change are two significant ICN projects which come under the professional practice pillar, Negotiation in Leadership is a project which comes under the socio-economic welfare pillar.

EXERCISE 2

Access the Websites of:
i. International Council of Nursing (ICN),
ii. World Health Organisation (WHO)
" ,
Summarize the nursing roles within the, organizations

Regional nursing organisations (RNO)

The trend in the past 20 years is for nurses within a geographical location to corporately develop nursing. A typical example is the West African College of Nursing (WACN) which is also an agency of the West African Health Organization (WAHO). It is concerned with the nursing and health needs of people in countries of W AHa. The West African College of Nursing (w ACN) is composed of five faculties offering fellowship programmes in specific nursing specialties - Community Health Nursing, Nursing Education and Administration, Maternal and Child Health, Medical Surgical Nursing, and Mental Health and Psychiatric Nursing. Its responsibilities include inauguration of the nursing and midwifery councils, with the appropriate instruments of authority; the establishment of better equipped secondary, tertiary and specialist and teaching hospitals and the provision of articulated health policy.

The cumulative effects of all the above resulted in communication between Nigerian nurses outside, particularly in the UK, Canada and the USA.

4.0 Conclusion

From the presentation in this Unit, it is clear that nurses in North America, particularly in the United States, were the main force in the development of nursing.

The immediate pre and post independent periods in Nigeria witnessed a formalization of nursing education and nursing practice through government policies on health; the raising of the educational standard for entry into the nursing profession; the starting of formal schools of nursing in all the political regions and at the University College Hospital, Ibadan and other University Teaching Hospitals in the Nation; government support for deserving students to study nursing in the United Kingdom with scholarships, employment of many British trained Nigerians and British nurses into the health services whereby much higher quality of nursing education and nursing practice were demonstrated, and these serving as encouragement to well educated persons to come into the nursing field.

5.0 Summary

This Unit examined the historical developments of nursing in the United States of America. Discussions showed how the development has moved nursing to a high professional status.

It also examined the development of Nursing in Nigeria and the factors that influenced the historical development.

Lastly, globalization of information in nursing through various communication media are highlighted.

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International Council of Nurses (ICN) http://www.ICN/ch/progrtam.htrn

7.0 Answer to exercises

Exercise 1
Development of University Education system
-Socio-economic and financial strength
-Men and Women of good understanding and general good will.

8.0 Questions

1. List three major areas of development of nursing in the USA during the first five decades of the 20th century.
2. Discuss the relationship between the development of the Nightingale Era and post Nightingale Era in the US.
3. Describe two factors that influenced Nursing history and development in Nigeria.

Unit 3: Philosophical Thoughts in Nursing

Table of contents

1.0 Introduction

In this Unit you will be learning briefly about what philosophy is and how philosophy of nursing is derived. The need for a philosophy of nursing will be highlighted. Values which are closely related with philosophical statements will be discussed and salient words defined. Concepts which make up the philosophy of nursing will also be discussed.

Philosophy is the basis of knowledge. It is a science that cuts across all disciplines. It develops one's logical reasoning, moral and value development. History has demonstrated that philosophical thoughts have modified the basis for nursing practice from the time of Florence Nightingale till date. Also that the interest of nursing in philosophy and use of philosophical principles has grown as nursing evolved into a profession.

2.0 Objectives

At the end of the Unit you will be able to:

.Identify what philosophy means in nursing

.Discuss how value is formed and role in development of philosophy.
.Highlight history of philosophy
.List four factors pertinent to the philosophy of nursing
.Enumerate four factors hindering the full implementation of nursing philosophy.

3.0 Main content

3.1 Concept of philosophy

You may wonder what a philosophy is. If it is new to you, then look into an English dictionary because it is a commonly used word and has so many meanings. Every one has a philosophy of life. It is simply one's belief about an issue or something. For example what is your philosophy about human beings?

First let us examine the definition according to the English dictionary. It is the search for knowledge-attitude towards life or something. In nursing it is the belief about nursing life society/environment and health. The health care in any country is usually a reflection of the philosophy of health and society.

Ask yourself these questions:

- How do you perceive?
- Is it unique with individual response to disease and care?
- Should one take part in decision pertaining to his/her health?
- Should human dignity be protected?
- Is health a human right?

Philosophy is formed from Greek word "philus" lover and "Sophia" wisdom. It is like a guide for nursing practice. All professions have a philosophical basis for practice and all healthcare organizations should have a written philosophy. Philosophies of nursing are statements of belief upon which nursing practice in a particular health care institution is based. The current nursing philosophy views the individual in a holistic manner. The individual as a total person not in fragments within the context of the family and community.

Let us examine the word wisdom. It is the ability to think and act appropriately utilizing knowledge, experience, understanding common sense and insight. Philosophy can be the ability to analyze issues resulting in clear logical conclusion to form a basis of decision. The word (philosophy) is used in different ways.

From the previous units you have learnt about the history of nursing. The philosophy of Florence Nightingale was that the nurse should look after the environment and nature will act on the physiological state for healing to occur. This philosophy is still relevant but it has changed due to life, events experience etc. The various changes in society, human beings the environment, health and technological advancement among others have resulted into the contemporary philosophy of nursing. The importance of these various developments will be clear to you as you advance in the programme.

The philosophy held by each nurse is based on inferences of meaning and purpose of life, health and the profession. This constitutes a value judgement, Philosophy helps to develop reasoning to make choices and it determines the professional way of life.

EXERCISE 1

1. What is your philosophy of life?
2. What are your values?
3. Are you happy to be a nurse?

Has the foregoing wet your appetite a bit? Now let us examine why there is need for a philosophy of Nursing.

3.2 Need for a philosophy of Nursing

Nursing started as an occupation as you are aware, from the previous Units. As the profession evolved into a science-based discipline, the body of knowledge shifted from tradition and experience to include more systematic approaches. The philosophy of nursing goes beyond mere occupation. It:

- enables nurses to reflect on the meaning and purpose of their lives and lives of people they take care of.
- helps nurses to identify other factors that are influencing nursing and nurses, and
- gives an insight into societal values and helps to ascribe values to nurses' actions.

You have come across some new words like *values* and it is important to expatiate on it because it may sound abstract and difficult to relate to philosophy.

3.3 What are *values?*

You should note that *value* is a personal belief about the worth of a given idea or behaviour upon which a person acts. Values are standards that. influence behavior. They vary from person to person developing and changing as a person grows and matures. Values have strong motivational components that direct conduct. Values are standards for guiding actions, developing and maintaining attitudes towards relevant objects morally judging self and others and comparing self and others (Potter and Perry, 1993).

Nurses are members of the society so they practice under personal and professional sets of values. Some of the values that nurses hold include human dignity, independence positive human relation and so on. In client! nurse relationships nurses must understand the values of the clients and must not use their personal values to judge clients.

For example personal values about health determine the choice mode about how to promote health, and use health care promptly during illness, e.g. eating good balanced diet exercising and seeking medical care when ill.

3.4 Formation of values

Reflect back on what you claim you value. How did you come about it? Is it through observation or experiences? Values are formed through observing others and the environment, for example a student nurse can closely observe an instructor's actions at the client's bedside and the clients reaction. The effectiveness of the action can be copied and imbibed by the student nurse. Similarly, when the instructor praises the nurse for good performance the experience is valued by the student and is repeated. Other ways that promote value formation include modelling, moralizing and reward/punishment.

EXERCISE 2

List one example or your experience in life for modelling, moralizing, reward and punishment.

Are your examples similar to these?

- *Modelling* -A nurse talking and walking like a senior nurse she admires.
- *Moralizing* -Parents always demanding that children speak the truth because it is the right way.
- *Reward and punishment* being given a prize in school for punctuality and being asked to pick litter when one is late.

The next area you need to focus on is the essential nursing values and behavior. Below is a table that shows the essential values, the attitudes and personal qualities of the nurse and the professional behavior expected of the nurse.

Table 1: Essential Nursing Values and Behaviours

ble 1: Essential Nursing Values and Behaviours

Essential Values	Attitudes and Personal Qualities	Professional Behaviours
ltruism Concern for the Welfare of others	Caring, commitment, compassion, generosity, perseverance	Gives full attention to the patient/client when giving care. Assist other personnel in providing care when they are unable to do so. Expresses concern about social trends and issues that have implications for health care.
quality having the same rights, privileges, or status.	Acceptance, assertiveness, fairness, self-esteem, tolerance	Provides nursing care based ;on the individual's need irrespective of personal characteristics. Interacts with other providers in a nondiscriminatory manner. Expresses ideas about the improvement of access to nursing and health care.
Aesthetics Qualities of objects, events, and persons that provide satisfaction	Appreciation, creativity,. imagination, sensitivity	Adapts the environment so that it is pleasing to the patient/client. Creates a pleasant work environment for self and others. Presents self in a manner that promotes a positive image of nursing
Freedom Capacity to exercise choice	Confidence, hope, independence, openness, self-direction, self-discipline	Honors individual's right to refuse treatment. Supports the rights of other providers to suggest alternatives to the plan of care. Encourage open discussion of controversial issues in the profession
Human dignity Inherent worth and Uniqueness of an Individual	Consideration, empathy, humaneness, kindness, respectfulness, trust	Safeguards the individual's right to privacy. Addresses individuals, as they prefer to be addressed. Maintains confidentiality of patients/clients and staff. Treats others with respect regardless of background
Justice Upholding moral and legal principles	Courage, integrity, morality, objectivity	Act as a health care advocate. Allocates resources fairly. Reports incompetent, ethical, and illegal practice objectively and factually
Truth faithfulness to fact or reality	Accountability, authenticity, honesty, inquisitiveness, rationality, reflectiveness	Documents nursing care accurately and honestly. Obtains sufficient data to make sound judgements before reporting infractions of organizational policies. Participates in professional efforts to protect the public from misinformation about nursing

Potter and Perry (1993)

Study the table above and compare it with your values. Are your values similar? Discuss those you don't think are essential with your facilitator. Bear in mind that they may be clearer later in the course.

At this stage a brief history of philosophy will be discussed and common schools of Thoughts highlighted.

3.5 Brief history of philosophy

Here you will examine a brief history of philosophy as a background to the discussion. The history can be divided into ancient e.g. nationalism, medieval e.g. (idealism) modem and contemporary. We will only focus on modem and contemporary because they are more relevant to nursing than the two earlier periods. You can read about the earlier two period in your reading text.

During the ancient and medieval philosophy the deliberations of philosopher were mainly concerned with explaining and understanding God (Naturalism) but they also strayed into science or nature which started weakening the religious position. In the modem philosophy science and scientific methods dominate with less focus on speculative thoughts. In essence some of the philosophers were working on the empirical world while other were on metaphysical terms. They debated on the source of knowledge and what is possible for man to know. While Descartes argued that the source of knowledge was the mind, there was also debate about ethics and moral conduct between deontological philosophers like Kant and the teleological philosophers like Mill. The utilitarian groups have just started contributing to ethical debate while the church was losing its unquestioned authority.

3.5.1 Contemporary philosophy

This can be discussed under existentialism and pragmatism. The existentialist thoughts can be traced to disregard to subjective human experience of life as it is lived rather than as it is thought about. Another development in philosophy in the late 19th and early 20th century is the school of pragmatism with forms on knowledge and learning. They were interested in practical course queued of ideas and totally in contrast with the existentialism. Nursing has developed unique research, approaches called phenomenology and feminist approach from the contemporary knowledge in existentialism.

These will be discussed in great detail with areas of influence in nursing in the next unit.

3.6 Factors pertinent to the philosophy of nursing

You need to reflect again on the history of nursing and the position of religion in it early development. Nurse leaders worldwide claim that nurses across the globe have their roots in the two major religion

irrespective of the religious belief. The influence of theism (the belief in one God as the creator and ruler of the universe) seems to be the universal component common to nursing philosophies which serve as guidelines for social factors, interpersonal relationships and therapeutic use of self.

3.6.1 Relationships with a supreme being

This means that all people have a relationship with God and the nurse must respect this. Compassionate empathic nursing requires that the nurse should help clients to the best of his/her ability to maintain relationship with God.

3.6.2 Human rights

All persons regardless of name, nationality colour, political status, occupation culture social position or personal achievements have fundamental right which include an inalienable right to be respected as human beings and have responsibilities, rights and privileges in terms of their humanity. United Nations since 1948 has declared the fundamental human rights. The issue of health care as a right and quality nursing care for all people is a care principle.

3.6.3 Humanity as a focal point

The individual within the context of family and society is the bed rock of nursing. Humanism centres on interest in the welfare of people. Health is a major aspect of welfare.

3.6.4 Ethical and moral principles

All people have moral values and principles. It is the responsibility of the nurse to uphold the moral values of the society he/she functions in. Conflict between value systems and judgement must be avoided as much as possible. All professions have codes of practice that guide their actions. The ethical code is also based on value, on health humanity caring and respect for the rights of people.

Please note that some of these issues will be learnt in greater detail as you progress in the course. They will continue to recur and unfold with greater understanding and applicability in other nursing courses.
Please find below a philosophy of nursing which are statements about human beings, nurses and nursing. It could. also include Health and environment depending on the institution.

The following statement by Steele and Harmon (1983:54-55) no doubt reflects some of your statements on a philosophy of nursing.

- "The human being is a holistic being, has intrinsic value and should be treated with dignity. The human being has the right to decide his or her own future if that future does not infringe the rights of others".

- "Nurses are morally and legally responsible for providing safe and quality care. Nurses are caring citizens with the knowledge and skill to influence the social settings in which they work. Nurses are part of democratic society and help patients who cannot speak for themselves to reap the benefits of democratic ideals. Nurses have a responsibility to work in collaboration with other health professionals to guarantee that the highest quality of health services are given to a patient".

- "Nursing is an art and a science and is a humanistic service provided in a variety of settings. Nursing is a systematic process and is delivered to people from all sectors of society without regard to age, colour, creed or .political opinions."

EXERCISE 3

Following your value statements in the previous activity write down your personal philosophy of nursing.

3.7 Factors hindering effective implementation

Before ending this unit there is need to look at factors that pose as challenges and limit the implementation of a sound philosophy of nursing. We have mentioned some in our earlier discussion and these include rapid changing medical technology, cultural and social environment which create difficulties in defining the role of the nurse. Demographic variables with population explosion in developing countries including Nigeria is a serious factor. The declining economy with lack of basic resources to meet health needs of the population. Shortage of nurses, either artificial or real, from brain drain or economic reforms has resulted into excessive workload and sub-standard care. The workplace conditions and confusions hindered the full application of the philosophy of nursing in each institution especially in developing countries.

4.0 Conclusion

We have been discussing the concept of philosophy, the need for a philosophy of nursing, the role of values and value-formation in philosophy. A brief history of philosophy and factors commonly used in developing or writing philosophy of nursing were highlighted. Finally the factors hindering the full implementation of the beliefs about nursing and nursing practice were enumerated.

5.0 Summary

The need for philosophy statement by professions and organization cannot be over-emphasized. It guides practices and practitioners, it can be used to negotiate minimum standards that professionals will tolerate. As values of society change the philosophy is modified. The needs of each group of client are different so unit philosophy to reflect the clients can be stated e.g. adolescents, adults, children, men, etc. The influence of the various philosophical thoughts on nursing will be discussed in the next unit.

6.0 References

(1997) *Philosophy for Nursing* Arnold London Auckland.
Potter A.A. and Perry Anne G. (1993) *Fundamental of Nursing Concept, Process and Practice,* Moshy 3rd Edition St. Loius Toronto

Oosthunizen Anne-Mart (2000) *Nursing Dynamics Study Guide* of the Department of Advanced Nursing Science University.

7.0 Tutor Marked Assignment

1. Discuss what you understand by philosophy
2. Explain the factors that must be considered when formulating statement for the philosophy nursing philosophy.
3. Explain the factors that mainly impinge on **full** use of nursing philosophy.
4. Discuss how values can affect your philosophy.

Unit 4: Concepts of Nursing

Table of contents

1.0 Introduction

I hope that you have read and understood the course guide. You are therefore in a better position to appreciate how this unit (Concept of Nursing) fits into the course as a whole. Concept of Nursing focuses on the idea and meaning of nursing as a professional occupation. Different people express different ideas as to what nursing actually is. The unit will describe the ideas of nursing by six distinguished nurse leaders who had influenced the development of nursing world wide.

2.0 Objectives

By the end of this unit, you should be able to:

- Define the word 'concept' from the point of a general usage and from the point of nursing as a concept.
- Mention at least three concepts of nursing stated by distinguished nurse leaders from the time of Florence Nightingale to the contemporary time.
- Identify the common focus of nursing activity for concepts of nursing
- listed.
- Compare and contrast your concepts of nursing before and after the study of this unit.

3.0 Main content

3.1 Concepts of nursing

The concept of nursing expresses the opinion of recognised practitioners of nursing as a profession. It is seen by some people as an art, and by others as a science, skill or as a calling. But, here, we shall consider the opinions of only six distinguished nurse leaders. These include:

-Florence Nightingale,
-Virginia Henderson,
-Hildegard E. Peplau,
-Myra Levine,
-Dorothea Orem, and
-Calista Roy.

These people have been specifically choosen because of the uniqueness of the statement each of them has made. You are expected to study at least three of the six statements from the point of view of uniqueness and focus.

EXERCISE 1

1. Think and state your concept of nursing that had influenced your decision to choose nursing as a career
2. State the focus of nursing activity that could be derived from your statement.

Very often, the way a situation, a thing, or an event is conceptualized directs the type and focus of activity that would be engaged in it. For example, Imogene M. King's concept of nursing is that it is 'a process of human interaction between nurse and client'. This statement when examined shows that the focus is on communication whereby both nurse and client share information, recognize each other, agree on set goals and take actions for their attainment. This type of concept of nursing demands collaborative interaction aimed at attaining planned set of goals.

There is a thread of ideas which connect from one nurse leader to another. As we examine the concepts of nursing of different nurse leaders, we should look out for the linking ideas. The attempt to define nursing started before the 20th century.

3.1.1 Florence Nightingale

Florence Nightingale, the founder of professional nursing espoused nursing to be a profession for women, the goal of which is to discover and use nature's law governing health in the service of humanity. In addition, nursing was stated to be an art and a science, and required an organized scientific and formal education to care for those suffering from disease. Both sick nursing and health nursing are to "put the patient in the best condition for nature to act upon him". From this concept of nursing it is possible to deduce the actions, activities, educational preparation and organizational support for the concept.

Nightingale concept of nursing dominated the development of nursing for nearly 100 years roughly from late 19th century to mid 20th century. It gave birth to the professionalization of nursing.

The concept of nursing continued to receive attention of nurse leaders after Florence Nightingale. The dominant functions continue to be modified as an inevitable consequence of changes in the social, economic, political, educational, scientific and technological milieu in which the consumer and practitioner of nursing meet. Positions in the first half of the 20th century on the nature and contribution of nursing have resulted more often from deductive than from inductive reasoning.

3.1.2 Virginia Henderson

The relatively stable essence of nursing is captured in one of the most widely quoted concept of nursing by Virginia Henderson:

The unique function of the nurse is to assist the individual, sick or well in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible. This aspect of her work is thus part of her function. She initiates and controls. She initiates and masters. In addition, she helps the patient to carry out the therapeutic plan as initiated by the physician. She also, as a member of a medical team, helps other members, as they in turn help her, to carry out the total programme whether it be for the improvement of health, or the recovery from illness or support in death.

Henderson proposed 14 activities contributing to health which nursing is responsible for -assisting the individual, and suggested that existing or potential loss of the power to control or perform those activities signals the existence of a nursing problem.

The 14 proposed components are:

- Breathing normally.
- Eating and drinking adequately.
- Eliminating body waste.
- Moving and maintaining desirable postures.
- Sleeping and resting.
- Selecting suitable clothes -dressing and undressing.
- Maintaining body temperatures within normal range by adjusting clothing and modifying the environment.
- Keeping the body clean and well groomed and protecting the integument.
- Avoiding changes in the environment and avoiding injuring others.
- Communicating with others expressing emotions, needs, fears or opinions.
- Worshipping according to one's faith.
- Working in such a way that there is sense of accomplishment.
- Playing or participating in various forms of recreation.
- Learning, discovering, or satisfying the curiosity that leads to normal
- development and health, and using the available health facilities. -(Henderson, pp 16-17, 1966)

The above components guide the selection of educational content and practice/intervention activities either in health or sickness.

3.1.3 Hildegarde Peplau

Hildegarde Peplau came into limelight in 1950s. She was one of the nurse leaders dedicated to the development of nursing as a recognized professional disciplines, focusing much of her effort on the development of knowledge base to guide clinical practice. Peplau differentiated nursing and medicine by stating that physicians address themselves to within person phenomena, to dysfunctions, deficits, defects and the like, in relation to the organism. Physicians define the diseases of a person and prescribe treatment for them. In contrast to this statement, Peplau defines nursing as "a significant therapeutic interpersonal process which functions cooperatively with other human processes that make health possible for individuals".

Peplau's definition of nursing as a "nuturing force and educative instrument", represent her view of the facilitative nature of the discipline. Its primary purpose is the application of scientific principles in facilitating human health.; Initially, Peplau viewed nursing as an applied science and as a process which aids patients to meet their own needs and recover from illness. More recently, her conceptualization of

nursing is that of a social and scientific force in the exploration and organization of factors relevant to the maintenance of health.

Although Peplau considers nursing as a collaborative part of the health profession team, all the same, she sees a' unique focus for nursing as resting in the reactions of the patient or client to circumstances of illness or health problem. This is helping patients to gain intellectual and interpersonal competences.

Nursing activity is, more specifically, depicted as six identified roles which the nurse assumes at various times during inter-personal encounters with the patient. Details of the roles as components of Peplau' s Model will be discussed in subsequent Units of this Course.

The next three nurse leaders produced their concepts of nursing during the last three decades of the 20th century. Previous ideas by earlier nurse leader were expanded upon.

3.1.4 Myra Levine

Myra Levine defines nursing as:

> *a human interaction -an exchange between individuals. Nursing is regarded as a sub-culture, processing ideas and values which are unique to nurses and which reflect society.*

Nursing knowledge allows for a sensitive and productive relationship between the nurse and the individual needing care.

Levine, like Nightingale, place great emphasis on observation. Observation allows the nurse to evaluate the patient's condition as well as anticipate the patient's future course of events.

Levine sees Nursing as a human interaction between individuals and for which nursing has an extant body of knowledge.

3.1.5 Dorathea Orem

Dorathea Drem defines nursing as:

> *a human service that is different from all other human services. She indicates that nursing's special concern is man's need for the provision and management of self-care action on a continuous basis in order to sustain life and health or to recover from disease or injury.*

Of those who preceded Orem, Henderson's and Orem's definitions/concepts appear to be closely related. Both focus primarily

on the individual stress, assisting the individual with activities he/she can no longer do for himself/herself and extending the defined boundaries of nursing to include assisting the individual toward independence from nursing or assistance toward a peaceful death.

Nursing's special concern or uniqueness rests with the individual's need for self-care action and the provision and management of it on a continuous basis in order to sustain life and health, recover from disease or injury, and cope with their effects. Nursing is characterized as action and as assistance. For activities to be considered as nursing, they must be consciously selected and directed by the nurse toward accomplishing nursing goals.

3.1.6 Callista Roy

Callista Roy defines nursing as:

> *a theoretical system of knowledge which prescribes a process of analysis and action related to the care of the ill or potentially ill person. Nursing is concerned with the person as a total being, interacting with a changing environment and responding to stimuli present because of his/her position on the health-illness continuum. When unusual stressors or weakened coping -mechanisms make a person's usual attempts to cope ineffective, then, the person needs a nurse.*

Nursing consists of both the goal of nursing and nursing intervention. Although the above statements of concepts of nursing originated from different nurse leaders, nevertheless they share at least one focus.

EXERCISE 2

1. Read each concept of nursing statement again, and identify one common focus.
2. You have decided to study professional nursing as a career.

-State your idea/concept of nursing
-Mention two factors that influenced your idea/concept of nursing.

You will recall, as pointed out earlier, that a concept of nursing directs and guides the nurse in her focus, choice of nursing activities and basis for model and theory development. For example, Nightingale's concept of nursing focused on the manipulation of the environment in line with the laws of nature. The concept environment is further broken down into less abstraction, whereby we now have physical, psychological and social environment. As these are further broken into observable activities, they provide further direction for the intervention activities. This process will be further developed in subsequent nursing courses.

EXERCISE 3

Think again of your own concept of nursing:

List five specific nursing activities that you can generate from it. The activities should be things you can do (for example, making a patient's bed, feeding).

4.0 Conclusion

In this Unit you have been introduced to the concept of nursing. The Unit started with a general introduction to the topic, followed by statements of specific objectives to be achieved at the end of the interaction. The definition of concept as a general term was discussed and followed by definition of 'concept of nursing'.

The concepts of nursing of six renowned nurse theorists were presented. The importance of concepts in the derivation of nursing activities, as foundations for nursing models and nursing theories was mentioned. Exercises were given to assist you to monitor your learning.

5.0 Summary

In this Unit, you have learnt about concepts, and concepts of Nursing. Definitions from selected nurse theorists were made for illustrations, starting from Florence Nightingale who is regarded as the founder of Modem Nursing. This Unit serves as a theoretical foundation for the subsequent Units in this and other nursing courses.

6.0 Further reading and other resources

Chin P .H. Jacobs, M.K. (1983) *Theory and Nursing: A Systematic Approach.* St.Louis: C. V . Mosby.

George J.B. (1990) *Nursing Theories: The Base for Professional Practice.* New Jersay Appletion and Lange.

Henderson, V. (1966) *The Nature of Nursing.* New York: The MacMillan Co.

7.0 Tutor Marked Assignment

1. Define the term *concept* in the context of its general usage, and state briefly how concepts evolve.
2. Define a concept of nursing and describe the roles concepts of nursing play in the development of nursing.

8.0 Answers to Exercises

Exercise 2 (1): Read each concept of nursing statement again, and identify one common focus.

Answer:
-Nursing aims at making individuals well, potentially ill or ill.
-Relationship between person and the environment in relation to health.

Exercise 2 (2): You have decided to study professional nursing as a career. (i) State your idea/concept of nursing, (ii) Mention two factors that influenced your idea/concept of nursing.

Answer:
-(i) Concept of nursing should indicate an idea of nursing -what nursing is, what it means, the imagery and notions it conveys to individuals.

You can discuss any two from the following factors:
-experience
-perception
- philosophical backgrounds
- educational inclinations
- social interactions.

Unit 5: Influence of Philosophical Schools of Thought on Nursing

Table of content

1.0 Introduction

In the previous study Unit we looked at the philosophical thoughts in nursing. We noted that our values are based on our philosophy, which enables us to assess the value in the meaning of our actions as nurses. Our role models to nurse evolves with appropriate nursing value by means of their actions so that the continuation of these values is assured from one generation of nurses to the next.

Nursing should be distinguishable by its philosophy of care-particularly its approach to the well being of clients is ultimately the end purpose of nursing. This moral end involves seeking a good, which not only designs but also shapes the science learned and technological skills developed in nursing. Decision-making specific to nursing practice has evolved from philosophical schools of thought to meet the needs of the profession. In this unit we shall examine the influence of a few major philosophical schools of thought in order to help you examine personal and thoughts develop a framework from which responsible professional nursing practice can begin.

2.0 Objectives

At the end of this unit you will be able to:

- Identify four philosophical schools of thought
- Describe each philosophical position.
- Describe how each influence nursing till contemporary thoughts.

EXERCISE 1

1. Define philosophy
2. List 4 basic concept nursing practice

3.0 Main content

3.1 Ancient philosophy-Naturalism

This philosophy is the oldest known in the Western world and can be traced back to the fourth century BC. Naturalists maintain that there is a defensible and consistent order in nature, that reality and nature are identical, and that there is no reality beyond nature.

This philosophy has universal appeal because of its simplicity, which is both its strength and its weakness. Its strength lies in the fact that it offers individual freedom from presumption and decreases the influence of confusion in society. Human beings, for example, are successful because they consider nature when exploring the moon, planting crops, and constructing building or sailing ships. This oversimplification of life and existence is also a primary weakness because deep insights and adequate explanations cannot be found. Nature is not always harmonious.

The law of nature is an old concept that is often applied to moral law and ethics. Natural law has several different meanings and can be theistic (belief in God) or non-theistic. Those who believe in God see nature as God's creation. Others see nature, rather than God, as the ultimate. It has been argued that just as there are natural laws governing the universe, such as the law of gravity, so there are natural moral laws. If there is natural moral law, which determine what is morally right in any given situation it is binding on everyone. The strongest argument against natural law theories is that acceptance of a universal being the rule removes the element of choice. Since we have the ability to research and decide what is right or wrong, not to use that reasoning ability would in itself be contrary to natural law.

3.1.1 The influence of naturalism in Nursing

Now let us discuss how natural law has an effect on health care and nursing. Naturalism forms the basis for moral principles. Natural law is based on some assumptions. One of them is that an action is good if it is in accord with human nature and bad if it is contrary to that nature. It is also assumed that nature of things can be discovered by reason. Naturalism also posits that an individual can get the highest value out of life by living as close to nature as possible. You will remember the position of Florence Nightingale about the role of the nurse "what nursing has to do is to put the patient in the best condition for nature to act upon him".

The Naturalist School of Thought considers the scientific approach to be the only reliable method of acquiring knowledge. This may have influenced a fundamental principle in nursing science, which is the understanding and correctly applying the scientific method.

3.2 Idealism

This is the name given to a group of philosophical theories that have in common the view that what would normally be called "the external world" is somehow created in the mind. Subjective experiences ideas and thoughts are viewed as the centre of every reality. To the idealist, reality is that which is observed, whether it be through experience, thoughts, emotions or one's free will, as it relates to a particular individual. For this reason, the idealist considers the *self* as the fundamental reality since the personal experience of an individual or a community is definitive.

The philosophy of idealism is probably a form of perfectionism having as its aim the development of a balanced individual in a balanced and harmonious society. In terms of idealism individuals ought to live in harmony with one another. Mutual respect and consideration are essential. No one person is more important than any other and everyone has an inborn need to do good. The good life is to be found in progressing towards this and other ideals.

3.2.1 The influence of idealism in Nursing

The philosophy stresses the human elements in life, education and work. Idealism insists that the human and persons are more important than scientific advancement. However, it does not deny the benefits of the increase sophistication of scientific progress. Of particular relevance to the field of nursing is the philosophy of Immanuel Kant, whose writings were to influence philosophy throughout the 19th century. At the heart

of his thinking was the freedom of the individual. He believed that a person's inner reasoning dictates her or his moral actions. These actiQns, motivated by the mind's reasoning, are free actions and it is this freedom that nurses must accord to his/her clients regardless of status, color or creed.

Idealism has many variations including the idea that perception is the primary reality. Kant expressed principles common among the idealist school. C individual can morally engage in Some act if it is seen that an act cannot universally practiced by all. Euthanasia (mercy killing) for example, might be justified but it cannot be applied to everyone.

Relations between individuals must be harmonious because people are see as ends rather than means. One individual is just as important as another. every person there is an innate need to do good. Obedience to universal moral laws constitutes ethical values that are essential in relationship because individuals are persons and as persons they can act only in ways they feel to be for the ultimate good of all human beings.

All these principles have a great impact on nursing practice as the application of a nursing philosophy that takes into account the religious, moral, emotional, physical, intellectual and social attitudes that form the basis of high-quality nursing care. Such nursing Care is given to people regardless of nationality, race, color, creed, socio-economic and political status or social standing. It is provided within the boundaries of the practitioner's professional registration and *love* of his or her *fellow* human beings and an inborn desire to do good.

You may be saying to yourself what does this boil down to at the end of the day? You need to note that nursing is not just a series of technical actions that can be performed by anyone. Nursing means concern for people and *that* caring is based on knowledge of the client (sick or *well)* culture. This is not based on race, color or creed but goes far deeper into nurse/client relationship. Caring signifies a degree of involvement between the nurse and client, a If shared problem and on understanding of clients needs. The views of the client and nurse about the role of the client in the relationship have a great influence on the outcome of the nurse/client relationship.

Nursing requires understanding so that one may provide support, although this is considerably complicated by the uniqueness of each client and the complexity of cultural attitudes and conceptions. Nevertheless it is the nurse's duty to try and understand the patient as far as Possible-and this is no easy task when there are, for example, ethnic differences between the nurse and the patient. This is the reason why

nursing often degenerates into being is no more than the provision of a technical service.

EXERCISE 2

1. Outline the position of idealism and influence on nursing.

3.3 Contemporary philosophy-Pragmatism

This philosophical movement developed in the last hundred years through nee, the writings of Charles Saunders Pierce on the pragmatic theory of meaning and William James's pragmatic theory of truth. A philosophical movement holding that practical consequences are the criteria of knowledge, meaning and value.

Pragmatism is a method for looking directly at a question to determine its use, its function and whether or not it serves a purpose. The word is derived from the Greek pragma (action) Pragmatism holds that no idea has meaning unless there is some direct or indirect application of it to something real. Value, is often practical use and consequences. In decision-making or debates, for example, the following question may be asked: "What practical difference does it make?" If no practical difference is made, the idea is not regarded as either significant or useful. Pragmatism therefore equates practical consequences with worth and truth.

3.3.1 The influence of pragmatism in Nursing

In a practical health science such as nursing, pragmatism offers (and offered) quite a number of feasible approaches to the teaching and practice of this discipline, both today and in the past. Philosophic interpretation of this era is very useful, as it was during this period that auxiliary nurses came to prominence. These "nurse aides" and "Practical" nurses performed much of the actual nursing care.

The tremendous shortage of trained nursing staff during and after World War II compelled the nursing profession to seek extremely pragmatic solutions to this problem in nursing care. Coaching auxiliary nurses or nurse aides through informal in-service training and other short courses to meet the immediate need-hence found a pragmatic solution their entry to the profession as sub-professional nurses. Not only nursing assistants, but many other specialized technical groups of experts emerged to provide for immediate need within the ambit of nursing care in general.

This gave rise to a situation in which the trained nursing staff were concentrating on supervision and training while the actual care of

patients was taken over by auxiliary staff -a situation that is not being encouraged in the contemporary context of the profession.

Another influence of pragmatism that may be observed in the case of patients is the fragmentation of health care for the sake of its practical value. Fragmentation and the consequent fact that both doctors and nursing staff are specializing in clinical fields such as cardiology, psychiatry and geriatrics-to mention but a few-have many important advantages for the execution of health care. In spite of this, this trend raises the question of the consequent lack of a holistic view of people among health professionals.

It is also worth noting that health care delivery and nursing curricula were organized by disease and that "the focus was on the problem, and the disability, the disease and the diagnosis, not on the person, his family, his needs, his wholeness or his humanity", Nurses generally referred to patients according to their diagnosis of the body part, which was affected for example, “Are the Appendectomy and Amputee in bed”?

Discussion on ethical schools of thought, also maintains that because nursing is grounded in the physical and biological sciences, it uses the same approach to the integration of knowledge as the pragmatic ethicist. Pragmatists believe that facts must be assessed as they are, and this requires recognition of problem, formulating a hypotheses, collecting and observing data, and testing hypotheses. This allowed the nurse to determine the correct way to respond to a particular situation and given value of any given action.

Towards the end of this era, however, practical realities in nursing care began to dominate. The need for intensive care units, rehabilitation and ambulatory units in the 1950s forced nurses to turn their focus back to care of the patient or the human need. This transition period was the precursor of the later era of humanism in nursing.

EXERCISE 3

Trace the thought of the *pragmatists* and the implication on nursing.

3.4 Humanism and existentialism

Let us discuss it in two parts first. By humanism we mean the philosophical view that accepts human beings as the primary source of meaning and value. This school of thought believes in human effort and ingenuity rather than religion. It emphasizes the value, beauty and importance of being human and a concerned action geared to human

ideals, human existence and the quality of life. Bevis (1984:1) maintains moreover that humanism is characterized by a value system that places a great importance and high priority on caring about people.

Existentialism is a philosophical trend or attitude that influenced Europe in the beginning of the 20th century. This modem philosophical view accepts that reality exists in the mind of the person, and is unique to each person who is a holistic being. The sum of a person is greater than what the scientific study of his individual parts can reveal. Underlying this philosophy are choices for personal destiny and accountability.

Existentialism stresses personal experience and responsibility and their demand on the individual, who is seen as a free agent in a deterministic and seemingly meaningless universe. The major weakness in existentialism for nurses may be that it denies reference to codes of ethics and codes of behavior in general. Ethical decision making is solely the responsibility of the individual.

Now what do the two concepts mean?

3.4.1 Humanistic existentialism

This is a label that Bevis (1989-24) uses to reflect the influence of humanism and existentialism on nursing and which provides a strategy for under- standing nursing today. She believes that humanistic existentialism is a natural maturational philosophy for nursing as it implies that people are the central and basic priority of all nursing activity. The patient/client as a human being is an organic whole, complete and unified, who cannot be treated as component parts. Parts cannot explain the whole, the mystery of the whole, how it works and its ultimate unpredictability. This, however, does not prevent nursing from trying to predict responses and from basing nursing care on scientific principles that provide a way of predicting consequences.

3.4.2 The influence of humanistic existentialism in Nursing

You will recall that in our discussion on pragmatism we outline the way the shortage of nursing staff after World War II caused patient care to be taken over by sub-professional nursing staff. We went on to explain why specialization and the consequent fragmentation of patient care seemed, from a practical point of view, to be the best approach to the rendering of health care. In the context of this discussion it is interesting to note that it was precisely this fragmentation and consequent lack of recognition of the patient's need for holistic nursing care that motivated the nursing profession to change its view or philosophy. "In other words, pragmatic values moved nursing toward humanism and holism".

Humanistic existentialism with human beings as its main theme and as the central and basic priority of all health care therefore provides several natural philosophical guidelines for nursing. The influence and implementation for nursing are as follows:

Acknowledging the uniqueness of each patient/client

Existential experience basically means a person's awareness of the self and the other. This means every person is unique and should be regarded as such by a nurse who is likewise a unique person.

Existentialism sees the individual as a unique, irreplaceable person who can never be supplicated. Although someone's biological status can be explained scientifically, that person is a person, and as such he or she can never be fully explained.

Rejecting stereotypes

Following from the previous point is the notion that the existentialist school of thought rejects stereotyping-so common in health services. This philosophy emphasizes that a person should be treated as a total entity. One should not concentrate simply on a patient's pneumonia or amputated limb-the patient must be treated as an individual. Every person's biological and psycho-social make-up is just as unique as her or his genetic structure. One should not only anticipate how a certain individual will react to a scientific treatment, but one should also be alert to the fact that two individuals may react quite differently to the same treatment.

Acknowledging freedom of choice

Existentialism is highly individualistic, and an individual can never separated from his or her "place" in the world. The individual is part of the social matrix of the society in which he or she lives, and it is the individual who can ultimately determine how he or she fits into this matrix, because the individual makes his or her own decisions. The philosophy emphasizes the fact that decisions regarding one's action or how one reacts to others, cannot be forced on one by someone else. It therefore allows for the possibility that individual patients/clients can make personal choices regarding their nursing care, alternative methods of healing, medical care, or ways in which they may achieve their own aims-even to the extent of accepting or rejecting nursing and medical advice.

Accepting accountability

According to existentialism, there is a great deal of subjectivity about the choices that individuals are called upon to make since they are not linked to laws and traditions. Human beings are thinking beings who can choose freely, and are therefore unpredictable. Freedom of choice is

regarded as the most fundamental of all freedoms, even if it is freedom coupled with accountability. This ideal is of fundamental importance to professionalism. Accountability is regarded as the yardstick for determining whether or not nursing profession. Nurses can no longer evade the responsibility of their professional actions or negligence by saying that "the doctor prescribed this action". Personal responsibility of a registered professional person entails not only taking responsibility for one's action, but also accountability towards the patient, the law and the registration authority.

Personalizing the idea of death

One of the fundamental concepts of existentialism is that people must personalize death for themselves. Living and dying are a part of human existence. Human beings know that their being is going to end sometime in future. Death is inevitable and an inherent part of life. Continually seeking attain one's goals and living out their values should therefore vitalize existence. This concept implies that people should be made aware of themselves and of what they wish to become with a view to making life as meaningful as possible for themselves.

Recognizing comprehensive patient care

A very important consequence of humanistic thinking in nursing science is ideal of comprehensive patient care-this includes physical, psychological, spiritual and social care. Allied to this concept is the belief that the patient t the center, and must always be respected as a unique person requiring care.

The particular caring nature of the nursing profession forms the core of nursing philosophy. This philosophy has a universal significance for people in all cultures and communities. One of the main tasks of the nursing profession is to equip the nurse by means of the process of socialization to provide humanistic care. Caring is vital in the therapeutic interpersonal relationship between nurse and patient. Nursing care is a special phenomenon that occurs in all societies and cultures. "The caring process helps the person attain (or maintain) health or die a peaceful death".

Acknowledging self-extension

A humanistic existentialist approach to nursing requires a nurse to recognize the individual's complexity, nature, humanity, searches, experience and becoming. Human beings are never complete-they are becoming.

Nursing is concerned with how this particular person, with his or her particular history, experiences being labeled with this general diagnosis, with being admitted, discharged and living our lives with a condition as

she/he views it in her/his world. To promote the ability to act in a manner that is orientated to one's fellow human beings and thus to recognize the needs of others and help them to develop themselves, the interaction between patient and nurse should be one of self-extension. Self-extension is the hallmark of both personal and professional maturity. The health care approach that it requires self-extension of both practitioner and client is based on the concept that people, as responsible beings should themselves endeavor to look after their own health and that of their families. Considering how little most patients/clients know about health care, all they can usually do is manage their health within the guidelines laid down by concerned, caring health experts. The experts should help them acquire the necessary knowledge for this purpose, support them in their endeavor and in situations they cannot deal with themselves, and impress upon them the belief that faith and hope also play a part in the healing process. Self-development and the cultivation of values, sound judgement and sensitivity human relationships are based on the nursing philosophy itself. This philosophy is of fundamental importance in the development of empathy and sympathy, and personal and professional integrity. A nurse's every action and communication (oral and otherwise) I influence the choices made by his or her patients, including the means they choose to achieve self-actualization.

EXERCISE 4

Study the contents of this study unit with great care.

Compile a list of the principles (or characteristics) of each philosophy and indicate its influence in nursing.

4.0 Conclusion

We have discussed four schools of thought in philosophy and their implication on nursing. We have demonstrated that as the philosophized thought changed over ancient to contemporary period the philosophy of nursing changed. Contemporary nursing views man as abiopsycho social being within the context of a family and community.

5.0 Summary

As earlier mentioned in the previous unit the need for philosophy in Nursing is paramount. The philosophy will as in the past modify the philosophy of nursing in the future. In this unit we had looked at the influences of some philosophical thoughts on Nursing, we identified naturalism, idealism, pragmatism. The various areas of influence were highlighted and conclusively one can say that philosophy had guided the theoretical and approaches to care from Florence Nightingale theory of

environment and nature with the nurse doing everything for the patient, Orem' s self care theory and individualized care.

6.0 Further reading

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7.0 Tutor Marked Assignment

1. a) List 4 philosophical schools of thought. b) Discuss each of them.
c) Highlight the influence from ancient to contemporary times.

Unit 6: Nursing as an Art and a Science

Table of contents

1.0 Introduction

Historically, the practice of nursing concentrated on groups of activities identified, organized and practiced in such ways that the sick would have succour and comfort. These activities are based on the natural needs of man for survival. These natural needs are air, water, food, excretion (elimination), stimulation, exercise, rest, sleep, comfort, safety, love and belonging, self-esteem, and self-fulfillment. Nursing initially was equated with mothering; hence activities were centred on these parameters. The focus of nursing historically centered on the sick and the injured that were unable or incapable of providing for themselves the natural needs which Abraham Maslow later identified as basic human needs.

Nursing, as a human service, designed activities and skills (tasks) that facilitated recovery from sickness and injury. The skills constituted nursing knowledge; hence the memorization of the various skills formed the process for learning nursing. The consumers also view competent performance of the technical skills as the focus of nursing. The greater the automaticity with which a task is performed, the higher the competency rating.

This initial interpretation of the art of Nursing was very narrow. It assumes that this task oriented nursing does not require an understanding of why the tasks are necessary, how they work, or what the effects will be. This view assumes that nursing has no knowledge base of its own, nor does it need one. The skills are regarded to be essentially manual and technical and reflect the knowledge of other disciplines, especially medicine. Hence the common expression:

"Nursing is tied to the apron string of medicine". This might ha . been true for much of the pre-and early Nightingale era. 4 Nursing as a science, on the other hand, views nursing as an intellectual process and activity. "

In current professional nursing art and science are not discrete entities. They are on a continuum of interpersonal interaction, which has specific goals and involves particular kinds of activities/tasks. A universally accepted process is applied in the practice of nursing science.

Some aspects of this topic have been discussed in Units 2 and 3 and will also be expanded in Unit 8, *Nature of Nursing as a Profession.* We will now 100 at the objectives to be accomplished on completion of this unit.

2.0 Objectives

On completion of this Unit 7, the learner should be able to:
.Define the concepts art and science as in general usage.
.Describe briefly the historical development of art and science in Nursing .Enumerate at least two factors that influenced the art and science of nursing.
.Discuss the application of art and science in the content and process 0 nursing.

3.0 Main content

3.1. Definitions

- Art is defined in general terms, most of them applicable and also are applied in Nursing. The Oxford Advanced Learner's Dictionary defines *Art* as,
- Skill acquired by experience, study or observation .An occupation requiring knowledge or skill
- The conscious use of skill and creative imagination; .A skillful plan
- The faculty of carrying out expertly what is planned or devised.
- An ability or skill that can be developed with training and practice. *Science* is defined as
- Possession of knowledge as distinguished from ignorance or misunderstanding;
- Knowledge attained through study or practice
- Something that may be studied or learned like systematized knowledge. Knowledge covering general truths or the operation of general laws
- especially as obtained and tested through scientific method.

- Such knowledge concerned with the physical world and its phenomena; A system or a method based or purporting to be based on scientific principles.

The realization of these definitions may not be fully experienced by you at the end of the study of this Unit. But, as you progress in your nursing studies, each definition will unfold with a variety of nursing situations. You need to keep this foundation information in constant perspective.

EXERCISE 1

Select one definition each from the Art and the Science. Think .of your past experiences in nursing (education, practice/care, management), March the definition with narration of your experience.

3.2 Nature of nursing as an art and a science: Historical development

3.2.1 Nursing as an art

Nursing as an art encompasses the organization and care of the clients' environment communication, general care of clients, and performance of clinical procedures and miscellaneous nursing skills. All these are performed with the application of Levine's four conservation principles which are: conservation of energy, Conservation of Structural Integrity, conservation of Psychological Integrity and Conservation of Social Integrity. These principles consider the clients, Nurses, families, community members, and other health professionals.

Historically, the practice of nursing concentrated on groups of activities identified, organized and practiced in such ways that the sick would have succour and comfort. Nightingale described two different types of nursing, sick nursing or "nursing proper" and healthy nursing, which required an organized, scientific, and formal education. Nightingale meaning of nursing activity was a departure from the previous common belief that nursing is a collection of tasks or procedures requiring some skills, and are initiated and directed by others, particularly physicians whose functions they exist to assist. So there were no independent nursing functions. Because they required skill, some training was necessary. But competent performance did not require an understanding of why the task is necessary, how it works, and what the effect would be. Nursing had no knowledge base of its own; its skills were essentially technical.

Nightingale saw nursing proper as both an art and a science that require organized scientific formal education. She perceived nursing as being

distinct from medicine, asserted that nursing concern was with the client who was il1, rather than the illness which was the focus of medicine. Although nurses were to carry out physicians' orders, they were to do these only with an independent sense of responsibility for their actions.
talking about Nursing as an Art, one needs to examine the various activities in nursing, of goals of securing comfort and succour to the clients be it in health or sickness. Nightingale in her book *Notes of Nursing* discussed various activities of the nurse and how these could be artistically organize that the goals of care are achieved. Safety, comfort, pleasing to the sense, are essentials of a nursing activity, which are to be directed towards the environment as well as the client.

The basic nursing focus, activities and procedures identified by Nightingale and taught to her students of St., Thomas Hospital, School of Nursing London, are still the Nursing Arts of professional nursing today. Why? Because the process has consistently focused on clients personal and universal needs in the context of the human environment. However the process of arriving at needs had been greatly influenced by knowledge and the scientific method: Nightingale emphasized the importance of observation and documentation in the nurse-client interactions.

EXERCISE 2

1. You are asked to apply a bandage dressing to the forearm and wrist of a client who sustained a soft tissue injury. Describe your activity in terms of Nursing as a Art.
2. List two factors that have aided your skill development of a chosen nursing care task.

3.2.2 Nursing as a science

In the bid to achieve the professional status nursing has striven hard in the 1st 100 years to fulfill the characteristics of a profession. A very important requirement for professional status is that the profession has a theoretical body of knowledge leading to defined skills, abilities, and norms. Nursing knowledge has been developed through nursing theories. Theoretical models serve as frameworks for nursing curricula and clinical practice. Nursing theories also lead to further research that increases the scientific basis of nursing practice.

Although the outward and visible signs of nursing care are what the nurse does for, with or on behalf of a client, her actions are based on a series of intellectual processes that are not directly visible. Together these intellectual activities and nursing actions are called the nursing process. Essentially, the nursing process is a systematic method of

problem solving applied to nursing situations and based on scientific method. Other non-systematic problem solving methods such as intuition, experience, tradition, trial and error are used in nursing. But the reliability under is often low.

The purposes of the nursing process are to meet the general objectives towards which the nursing care of all clients is directed. The objectives may include:

- Personalizing the care of each client.
- Ascertaining, supporting and maintaining client's capacity for meeting the physiological, psychological, social and spiritual needs, as well as
- recognizing the client's strengths and limitations
- Protecting the client from threats to his safety comfort and well-being
- Supporting, comforting and sustaining the client and to ease his suffering during all phases of illness.
- Assisting in the restoration of the client to the fullest capacity of which he/she is capable.
- Considering the client's family members and friends as persons with legitimate interest and roles to play in his well-being
- Assisting the client and the family in planning for the required care.

For these general objectives to be achieved, there must be a complementarity between the type of problems presented by the clients and the goal the nurse pursues in an effort to help the client meet an otherwise unmet need (patient problems). It is at the point of intervention that Nursing Art manifests. The relevance, quality quantity and organization of the art as an outcome of a scientific process that confirms nursing care as scientific and Nursing as a profession. In addition to the process knowledge from relevant disciplines would be consulted and utilized.

4.0 Conclusion

In essence Nursing as an Art and as a science could be described as two faces of a coin. Just as the task, skill or procedure is an outcome of a scientific process, the task, skill, or procedure may become a source for scientific investigation.

The emphasis on nursing as an art without obvious intellectual activity might have been responsible for the view that nursing is just a collection of tasks and procedures, which requires some skill and therefore some training. The competent performance does not require understanding of

why the task is necessary, how it works, and what the effects would be. But, the intellectual activity of nurses by the application of the scientific process, clinical judgement based on knowledge, and research in nursing and publications in nursing journals continue to strengthen the professional image of nursing.

5.0 Summary

This unit has examined Nursing as an art, and as a science. Definitions of the concepts art and science in the broad general usage were presented. Discussion of each concept from the professional perspective was presented, and the relationships in terms of the scientific process and practice of nursing were also presented.

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7.0 Tutor Marked Assignment

1. Define the concepts art and science.
2. Explain briefly the development of (i) Nursing as an art
   (ii) Nursing as a science.
3. Explain how Nursing as an art and nursing as a science could be considered as the two faces of a coin.

Unit 7: Nursing as a Profession

Table of contents

1.0 Introduction

You will recall that the science and art of nursing are important contributors to the professionalization of Nursing. In this Unit we shall discuss the nature of nursing as a profession. Take a few minutes off to review your last lesson before starting on todays. It will help you to appreciate the close inter-relatedness of the two Units.

You should start this Unit by first reviewing the Objectives. Are they clear? Consult your tutor if you need clarification.
You should now go to the topic and identify the three main concepts. Two of the concepts have received attention in previous Units. Which two concepts are these?

- Nature
- Nursing

Do you still remember their definitions? Write them again into your notebook compare them with your study notes.

The third concept in today's topic is *profession.* The Unit topic for today is Nature of Nursing as a profession. So it can be concluded that the lesson for today is addressing whether the inherent characteristics of nursing make it a profession.

The discussion will start with the definition of 'profession' as a general concept; some disciplines that are usually referred to as professions will be identified; how nursing in its practice and development has been progressing towards the attainment of an ideal profession will be examined, and attempts 19 made by nursing in Nigeria towards professionalism will be highlighted.

You will be requested to respond to questions and exercises in the text to help monitor your progress, and, a Tutor Marked Assignment (TMA) will serve as the summative evaluation for the Unit, References to further reading and resources are also provided.

The following Unit Objectives indicate what you should accomplish at the of this Unit.

2.0 Objectives

At the end of this Unit, you should be able to:

- Define 'profession'
- Enumerate the characteristics of a professional discipline
- Discuss how nursing is progressing towards the ideal professional status.
- Identify the efforts being made towards realization of professional nursing status in Nigeria.

3.0 Main content

3.1 Definition

You might have read and heard discussions about some occupations being referred to as professions. How about the occupations such as accountancy teaching? There are many more. Although the occupations mentioned many others are distinct in focus and activities they share the recognition being professions. What then does being a profession mean? Is your dictionary with you? Check the dictionary meaning of the word 'profession'.

The Webster New Collegiate Dictionary states a few definitions, but those found to be most relevant are: Profession being:

- A calling requiring specialized knowledge and often long and intensive academic preparation;
- A principal calling. Vocation or employment;
- The whole body of persons engaged in a calling.

Do you have similar statements in your dictionary? Remember! That I mentioned that there are a few statements, but that those quoted appear to be the most relevant composite. The statements can be reconstructed to read: "Profession is the whole body of persons engaged in a principal called, vocation or employment requiring specialized knowledge and often long and intensive academic preparation".

It is worth noting that unlike many concepts, *profession* is not defined with a single statement but with a construct. Hence it is from the construct or characteristics that the meaning can be inferred. To construct is to make or form by combining parts. Which means that all parts are necessary for a meaningful whole.

Some authors have also offered descriptions of the concept -profession. Let us examine the one described by Etzioni (1961). He describes professions in terms of the following primary characteristics.

EXERCISE 1

List five occupations that are of professional status applying the definitions/constructs.

3.2 Characteristics of a profession

The primary characteristics of a profession as described by Etzions (1961) are as follows among others:

- It requires an extended education of its members as well as a basic liberal foundation;
- It has a theoretical body of knowledge leading to defined skills, abilities, and norms;
- It provides a specific service
- Members of a profession have autonomy in decision-making and practice
- The profession as a whole has a code of Ethics for practice.

EXERCISE 2

Can you find similarities in the two sets of characteristics of a profession and an occupation? Try to match them.

3.3 Progress of nursing towards professional status

Most occupations do not acquire the elements of a professional status over-night. It is a gradual developmental process. Hence in reality, any

specific occupational group might be placed or ranked along a continuum ranging from 'non-professional to professional status, according to the degree which the occupational group manifested the elements of professionalism.

In Nursing, the bid for professional status started with Florence Nightingale reforms. It has taken nursing over a century to travel to its present profession status.

Let us examine the occupation of Nursing. It is a professional occupation Having been part of the development in nursing for over fifty years, a witnessed and participated in various development, I want you to know that nursing is not simply a collection of specific skills and the nurse is not simply a person trained to perform specific tasks only. Nursing has come a long w to becoming a profession.

No one factor absolutely differentiates an occupation from a profession; b the difference is important in terms of how nurses practice. When we say that a person acts professionally, we are implying that the person is conscientious in actions, knowledgeable in the subject, and responsible to self and others. Therefore when one examines both the various descriptions of a profession one would see that nursing clearly possesses to some extent, the characteristics. However nursing is still evolving as a profession and faces controversial issues as nurses strive for greater professionalism.

3.3.1 Elements of professionalism in nursing

If one says that Nursing is a profession, then it is necessary to discuss th activities that support such an assertion.

3.3.2 Education

Nursing requires that its members possess a significant amount of education The issue of standardization of nursing education is a major discussion today in the wide world of nursing. Most nurses agree that nursing education is important to practice and that it must respond to changes in health care created by scientific and technologies advances. The race for education for nurses started by Florence Nightingale in the 19th Century in the United Kingdom and Germany had moved to different parts of the world where it has developed and is still developing. Nurses in North America and Canada started the movement of nursing education into universities, and this movement is influencing nursing education in practically all countries of the world. It is a universal agreement that education is important to the type of practice that would meet today's clients needs. As discussed in Unit 2, *Historical*

development of nursing, nursing in the USA has led the world in lifting nursing education to unprecedented heights by relocating nursing education from sole apprenticeship system in hospitals to universities.
The American Nurses Association (ANA) in 1984 directed that professional nurses require the Bachelor of Science in Nursing before practicing nursing. Many universities offer higher degrees in nursing making it possible for nurses to undertake research and develop nursing theories. Research facilitates the development of new knowledge and modes of nursing practice. Continuing education programmes are available for older nurses.

In the UK, the Royal College of Nursing and the UKCC embarked on various advanced and continuing education programmes inside and outside the universities. Universities and other higher institutions of learning offering nursing courses at degree levels have risen by over 60 percent the past twenty years.

In Nigeria, the Nursing and Midwifery Council of Nigeria, the National Association of Nigerian Nurses and Midwives and the Ministry of Health have been working towards the improvement in nursing education through curricular reviews, support for undergraduate and graduate programmes in nursing, and the enabling legislation.

3.3.3 Theory development

As nursing emerged as a profession and with the quality of education improving, nursing knowledge began to develop through nursing theories. Theoretical models serve as frameworks for nursing curricula and clinical practice, Nursing theories also lead to further research that increase the scientific bases of nursing practice. A theory is a way of understanding a reality, and in this general sense all practicing nurses use the theories they have learnt.

You have come across the words 'model' and 'theory' in Concepts of Nursing, where they were mentioned in passing. They will be discussed in detail in Units xv and XVI (Theories in Nursing).

3.3.4 Specific service

A profession is expected to provide a specific service relating to identified needs of clients. The clients also recognize the need for the service being rendered Nursing has always been a service profession, although usually viewed as a charitable one.

The nurse is no longer primarily limited to the hospital environment, but has increasingly moved out into the neighborhood and community in

identifying health care needs and planning and executing appropriate interventions.

In addition to effecting change, nursing is offering an increasing member of services to society. You will recall from discussion in Unit 2 that service' the major emphasis of practically all the definitions of nursing. In Unit Historical Development of Nursing you learnt how the focus of activities' the-Nightingale and post-Nightingale era was service to humanity. You should review the Units again.

3.3.5 Autonomy in decision making and practice

Autonomy is the quality or state of being self-governing. Have you experienced autonomy before? When you had to look after your own affairs without someone looking over your shoulders, think of how you felt. The same applies to Nursing. Autonomy means that a person, group or organization' reasonably independent and self:-governing in decision-making and practice.

It has been difficult for nurses to attain the degree of freedom enjoyed b other professionals. Until recent times, physicians, hospital administrators and others directed nurses in the health care delivery system because the could not understand why nurses require autonomy. Thank goodness for increased clinical competence and better education preparation. Nurses a increasingly taking on independent roles in nurse run clinics, collaborative practice, and advanced nursing practice.
In Nigeria nursing autonomy still remains a thorny issue. The tradition of the physician holding tightly to the reins of control is evident. This is an area of conflict between the two professions. The genesis of this has been the great disparity in the educational level, the nurses' being much lower. The 10 education of the nurses did not prepare them for self-confidence and assertiveness. With the upgrading of nurses general and professional education inclusion of liberal arts subjects in the professional education, and the gradual relocation of nursing education into institutions of higher learning, the nurse are beginning to gain control of their profession. Nurses are becoming more self-confident and assertive. The quality of education is having this effect on nurses. Other health care professionals are also beginning to appreciate the new qualities in nurses. Communication and Interpersonal Relationships are becoming positive.

3.3.6 Accountability

Like it is in normal life, the greater the autonomy one has the greater the responsibility and accountability. Accountability simply means being answerable for ones actions or deeds. For the professional nurse

however, accountability means that the nurse is responsible, professionally and legally for the type and quality of nursing care provided. The nurse is accountable for keeping abreast of technical skills and the knowledge required for performing nursing care. A nurse is accountable to self, the client, the profession, the employer, and society. For example, if a nurse injects a drug into the wrong site, she will be accountable to the client who received the drug, the physician who ordered it, the nursing service that set standards of expected performance, and society that demands professional excellence. To be accountable, the nurse acts according to the Code of Ethics. Thus, when an error occurs, the nurse reports it, and initiates care to prevent further injury.

The nursing profession in most parts of the world regulates accountability through the process of nursing audits, and setting of standards of practice. In summary professional accountability serve the following purposes:

- Evaluates new professional practices, and assesses existing ones: Maintains standards of healthcare;
- Facilitates personal reflection, ethical thought, and personal growth on
- the part of the health professionals and
- Provides basis for ethical decision-making.

In Nigeria nursing area, accountability has not received the attention it deserves. This analysis is not confined to nursing alone, it is a general public problem that thrives because clients hardly exercise their rights. Human Rights issues are now topical, and the general population is becoming enlightened about their rights. Human Rights, Accountability and Standards of Nursing practice how feature prominently in nursing curricula and in practice manuals. Nurses are now more knowledgeable about nursing Standards, Nursing Audit and Human Rights than a decade ago. There is a general political will towards the implementation of these concepts.

3.3.7 Code of ethics

In all human cultures, there are ethical codes that govern interactions between people and the environment-physical, psychological, social and spiritual. Most cultures inculcate into their offspring values and ethical behavious characteristic of their groups. So at the professional level, the values and codes of ethics of the profession must be internalized. Many countries have developed their Codes of Nursing Ethics, guided by the Code of Nursing Ethics from the International Council of Nurses (ICN).

Write on a sheet of paper one Ethical statement in your culture. Compare it with the Ethical Principles below. Is there one with similarity in meaning or characteristic?

Nursing operates under a code of ethics, which defines the principles by which nurses function. In addition nurses incorporate their own values and ethics into practice. The discussion on ethics will be brief here, as a Unit solely on Ethics will be discussed in *Foundation of Nursing.* It is being mentioned here as a requirement for professionalism. Only the ethical principles will be highlighted.

High on the list of ethical principles is: Respect for autonomy, followed by normal efficiency; beneficence; and justice. The secondary principles include veracity, confidentiality and fidelity.

Check the definitions of these primary Ethical principles from your 'Test' Potter and Perry 1993 p. 278.

Which other profession would use the ethical principles in their professional discourse?

3.3.8 Professional organizations

Members of a professional group are required to form formal professional associations that are to deal with issues of concern to those practicing in the profession. In Nigeria, there is the National Association of Nigeria Nurse and Midwives (NANNM). The mandate is to improve the standards of nursing education of nursing practice; foster a higher standard for nursing, and to promote the professional development, general and economic welfare of nurses and midwives. NANNM is affiliated to the International Council of Nurses (ICN) whose aims are to promote National Association of Nurses, Improve standards of nursing practice, seek a higher status for nurses, and provide an international power base for nurses.

Some specialty areas such as preoperative, Orthopedic, Intensive Care, Public Health, Ophthalonse, Association of Nigeria Nurse Educators, also formed Associations that seek to improve the standards of practice, expand nursing roles, and foster the welfare of nurses within the specialty areas. In addition, some of these professional organizations present education pro- grams and public journals. The Nigeria Nurse, Nigerian Nurse-Educator Journal, are examples of publications.

4.0 Conclusion

As any occupation of discipline approaches professional status, there occur important internal and structural changes and changes in the relation of the practitioners to society at large. A useful way of discussing these changes is by reference to the criteria of professionalization. The traditional focus of nursing is service to society. The elements of professionalization have greatly influenced the direction and development of nursing, and invariably the quality of service to society.

5.0 Summary

You have learnt from this Unit the definition of the concept profession as shared by many professional occupations. The basic characteristics shared by professions are highlighted. Professionalization in an occupation is a gradual and continuing process. You have learnt the process of professionalization in Nursing and how this has influenced the direction of, and quality of care. How professionalism is influencing nursing in Nigeria was discussed.

6.0 Answers to Exercises

Exercise 1: List five occupations that are of professional status applying the definitions/constructs.
Answer: May include any five of the professions listed: Physiotherapy, Pharmacy, social work, survey, teaching, accountancy, engineering, law, medicine.
Exercise 2: Can you find similarities in the two sets of characteristics of a profession and an occupation? Try to match them.
Answer: They both contain similar primary characteristics.
Exercise 4: Check the definitions of these primary Ethical principles from your 'Test' Potter and Perry 1993, p.278. Which other profession would use the ethical principles in their professional discourse?

Answer: Law

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8.0 Tutor Marked Assignment

1. Define 'profession'
2. Enumerate the six basic characteristics of a profession.
3. Discuss the role education plays in the professionalization of nursing generally and Nigeria in particular.

Unit 8: The Role of the Nurse: Teacher, Counsellor, Caregiver, Manager and Researcher

Table of content

1.0 Introduction

The last two units examined the nature of nursing as a science and as an art and as a profession. By this, the foundation you require for the assumption of your role as a nurse has been laid.

A nurse is anyone who has undergone the prescribed type and length of training and certified by the Nursing and Midwifery Council of Nigeria to practice nursing. A nurse may be prepared as a generalist or a specialist as midwifery, psychiatry or community health nursing. Nursing then is primarily assisting the (sick or well) in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he would have done unaided if he had the necessary strength, will or knowledge (Henderson, 1966).

There has been changing scene in nursing practice with the polyvalent care provider adaptation in response to changes in the society, thus the need for expanded nurse's role beyond patient care in the hospital environment. In addition to scientific and professional knowledge, nurses are acquiring skills for community mobilization, co-ordination of resources (managerial role), and education to enhance care practice and research.

The decision to shift nursing focus from curative care, medically circum- scribed and hospital based orientation and be involved in all aspects of decision-making was taken at the International Council of Nursing in 1983. Against this background, this unit will examine the

role of the nurse as a teacher, counselor, caregiver, manager and researcher.

You will be expected to observe nurses in your receptor area playing these roles while you can also role play the same as part of your clinical demonstration.

2.0 Objectives

At the end of this unit, you will be able to:

- Describe the changing roles of the nurses and effects on health care delivery.
- Discuss the managerial process required by a nurse manager. Comprehend the polyvalent role of a nurse in a changing society.

3.0 Main content

3.1 The nurse as a teacher

A nurse offers her services to a client and assists the individual in the performance of those activities leading to healthy living through teaching and observation.

A nurse as a teacher at both hospital and community level explains the concept and facts about health and illness to clients, demonstrates procedures such as self care activities (wound dressing, treatment of pressure areas, changing of position, etc); reinforces learning or client behavior and evaluate progress in learning. The ultimate goal is to provide knowledge that will lead to change of attitude and practice. The nurse-teacher may be formal or informal in her teaching. It may be planned or unplanned (as it depends on wherever it is required).

Appropriate methods matching clients' capabilities with needs and incorporating other resources such as the family in the process. Health education is a major activity when a nurse truly demonstrates the teaching role. As a role model in hygiene and interpersonal relationship, she/he instructs on self-care, teaching, in areas of ante-natal care, exercise, administration of insulin and urine testing by diabetic patients. Health behavior and risks are identified and preventive measures are packaged to help clients.

Nurses should understand the culture and values of the people to foster and j promote cooperation and understanding. As she teaches, she also listens and, observes the effect on the client to establish therapeutic nurse-patient relationship.

EXERCISE 1

1. What are the 3 main activities of a nurse-teacher?
2. What does a nurse teacher intends to achieve afterwards?

3.2 The nurse as a counsellor

The nurse is faced daily with issues that have psychological influence on her clients. A nurse counselor puts herself in the place of the client (empathic), creates a conducive atmosphere to discuss thereby getting into root cause of the expressed problem, dissolve doubts and fears which are the underlying issue that may affect clients recovery.

A nurse counselor sees beyond her client's expression; observes clients' attitudes, looks, involves the relation in the care of the client and establish healthful relationship. Health is perceived in bio-psycho-social realms where as physical care provides health to the physical and social areas, psychological/mental health is often neglected. Couple will require counseling on marital harmony, family planning, identifying the predominate symptoms of a maladaptive lifestyle and re-integrating a psychiatric patient to the life in the community. A nurse counselor ought to be sensitive to his/her clients needs, commend him/her when there is an improvement and encourage her to keep it up. The ultimate aim is to assist client to willingly accept treatment for an identified problem in order to recover early and live a healthy life. The nurse counselor also keeps records.

EXERCISE 2

1. List 4 qualities of a nurse counsellor.
2. Now go back to 3.1 and 3.2 to see (of any) the difference(s) in the identified role. Discuss with your colleagues.

3.3 The nurse as a care giver

This is the conventional role of a nurse as expressed in the definition of nursing by Henderson (1966), (see Units 2 and 5). Nursing as demonstrated by Florence Nightingale (1860) is the act of caring not only for the sick, but also the well. The commitment of a nurse to patients care is total (physical, mental, social) well being thereby providing holistic care.

A nurse helps the client regain health through the healing process, addresses the needs of client, restore emotional and social well being, sets goals for client and family for care. Even at the primary health care level, the nurse as a care giver cuddles a child, 'lay hands or touch' as in

nursing a sick child or adult with fever, immunization, ante-natal care, care during labour and after delivery.

A nurse care giver possesses scientific knowledge with which she uses her judgment in assessing clients needs, plan appropriate nursing care, implement and evaluate in order to make decisions. The nurse as a caregiver is health oriented, continuity of care through referral among other health and social agencies is also included. She is available in the 3 (three) tiers of health care primary, secondary and tertiary. Nurses shifting period covering the 24 hours provides closest contact with a multidimensional role in the maintenance and promotion of health, prevention and curing of disease, rehabilitation and advocate better nursing care for the clients/patients.

3.4 The nurse as a manager

The nurse manager co-ordinates the activities of nursing as well as other members of healthcare working with her in the provision of total clients care. The tools employed include planning, organizing, directing, coordinating, budgeting and the reporting. The nurse in the performance of her daily professional work employs these tools unknowingly. For example, a nurse on morning shift organizes the daily schedule, monitors and supervises them and report at the end of the shit to ensure continued care by the incoming nurse. The nurse manager plans her time, resources (human and materials), engages everyone around her in one thing or the other and supervises them to ensure the ultimate interest of the client.

The utilization of the management process by a nurse makes her an adviser to the community, individual client, interactions with various organizations, consultations on perceived needs, evaluation of task performed based on set goals and objectives, and professing solutions to identified problems.

3.5 The nurse as a researcher

Nursing has moved from being task oriented to knowledge oriented. Research is a quest for new knowledge pertinent to an identified area of interest through application of the scientific process. Nursing has embraced research in her practice thus becoming self-regulatory and self-determining.

A nurse researcher identifies, investigates, and analyzes clients/patients problems/needs. She sets out plan for care, implement and then evaluate. Findings are communicated in writing and applied to a whole group or class of clients. The process of research helps the nurse to provide care

on a one-to-one basis focusing on every patient as an individual requiring an individualized care (see Nursing process in Unit 17).
NOTE: A nurse researcher is a participant observer. A nurse researcher through her holistic approach coupled with the research skills uses an interdisciplinary team in providing comprehensive care to the clients.

EXERCISE 4

1. List the 5 steps required by a nurse researcher.
2. Quickly recap the identified changing roles of a nurse discussed in this unit.

4.0 Conclusion

The nursing role is multidimensional in spite of her expected role of maintenance and promotion of health, prevention and curing of diseases and rehabilitation, the nurse still functions as an advocate interceding for patients to obtain health services from various community health agencies.

The nurse interprets patient's needs to his family in order to carry them along as well as articulating the services of all disciplines in the health care. The decision making *of* a nurse helps her to employ different skills for effective care. The scope and range of nursing responsibilities become enlarged, specialties in nursing as depicted by the changing roles of nurses will assist greatly, support new and promising methods of delivering health care ser- vices more effectively.

5.0 Summary

What you have learned in this unit concerns the role of the nurse as a teacher, counselor, caregiver, manager and researcher. I believe it has served to further your interest in nursing while you are set to assume the polyvalent care giving role expected of you.

6.0 References

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7.0 Tutor Marked Assignment

1. Briefly discuss (not more than half a page) the 5 roles of a nurse in a changing society.
2. Identify and comment briefly on the managerial skills/process required by a nurse in-charge of the outpatient department of Christofell Specialist Hospital, Ejule.

Unit 9: History of Healthcare in Nigeria

Table of contents

1.0 Introduction

In the last few units, you have acquired knowledge about Nursing as an art, as a science and as a profession, in order for you to identify health care delivery, where care is provided. For a long time, gaps, fragmentation and inaccessibility to all persons have characterized our health care system in Nigeria. The concern about delivery of equitable and quality health care to all persons in Nigeria is traceable to the history of the national development.

Health care in Nigeria spanned from pre-colonial era made up of traditional native healers and diviners. Colonial manned by the British which was the beginning of orthodox practice of health care and the post independence period with lots of improvement and challenges to the care providers and users.

As of today, Nigeria has a population of about *140* million with more than half (75%) in the rural areas with less infrastructures such as healthcare "institutions with a common pattern of mortality and morbidity. It is this inequality in the Health State that Primary Health care accepted as key to Health for All by the year *2000AD* that the Alma-Ata Declaration of 1978 is addressing.

This unit presents to you the history of health care in Nigeria spanning from the pre-colonial to the present period. There is no doubt that you will find this very interesting as in the word of the great Pan Africanist Late Marcus Garvey "a people without history of its past is like a tree without roots." To know this is to appreciate it as a health care provider.

2.0 Objectives

At the end of this unit, you will be able to:

- Trace the history of health care in Nigeria with the major events. Identify and analyze significant developmental changes in the history of
- health care in Nigeria.
- Identify and highlight landmarks events in the history of health care in Nigeria.

3.0 Main contents

3.1 Pre-colonial, (colonial and post independence periods)

The historical perspective of the evolution of healthcare in Nigeria covers three periods namely:

- Pre-colonial period
- Colonial period, and
- Post-independence

3.1.1 Pre-colonial Period

This is the period before the advent of colonial government in Nigeria. The Nigerian indigenous and traditional healthcare providers, diviners, soothsayers, men/women birth attendants, etc dominated the health care system.

EXERCISE 1

1. Can you remember being told of a traditional/native healer in your area?
2. What activities do they perform?

Across the country then, the following traditional/native healers abound:

Wombai	In the Hausa region as armies and Red Cross.
Gozan	In the Nupe dominated areas as Barbar surgeons
Adahunse/alawo	In the Yoruba land
Dibia	In the Igbo land.
Abia ibok	In the Efik and Ibibio

They engaged in circumcision, deliveries of babies at home, provided local security, treatment of diseases, appeasing 'gods' on behalf of the people (add *your* views on Exercise 1).

Because of their Community-based approach, they were accessible and affordable while services were paid *for* in cash or kind.

3.1.2 Colonial period

This period spans through mid 17th century up to October 1 1960 when Nigeria got her independence. There was the infiltration of Western oriented (modem) health care, which is traceable to the arrival of European traders who established mercantile houses.

The British colonial government provided military establishments with their health care personnel who provided segmented health services for the expatriates and privileged few Nigerians.

The period also gave rise to the missionaries e.g. Cathedral Church of England, Methodist, Roman "Catholics, Baptist to develop a health care system that will take care of people at the grass root and the less privilege. With the integration of the Anny with the colonial government, public health services originated and government offered to treat the local civil servants and their relatives.

3.1.3 Post independence period

This period spans from 1960 till date with lots of changing phases. The regionalized health services established in 1954 remained in operation after independence till 1967 when states were created leading to state ministries of Health/Zonal arrangement.

The 3rd National Development plan during the regime of General Yakubu Gowon (rtd.) brought about some reforms into Health planning between 1975-1980. The Basic Health Services Scheme (BHSS) was designed to provide comprehensive health care that was community based with emphasis on prevention, ensure community mobilization and participation in providing health services. The period also embarked on the development of health manpower to man the existing healthcare facilities.

The Federal Government implemented the BHSS by providing 1 General Hospital, 4 Primary Health Centers, 28 Clinics, and 4 Mobile Clinics in each Local Government Area of the country to provide equality in health *for* all. The period also brought about the zoning of the country to six geo-political areas *for* the implementation of Primary Health Care. Schools of Health Technology were established nationwide to train and retrain personnel.

Today, we have 36 States and FCT Abuja in the country with State Ministries of Health, the Federal Ministry of Health oversees all *level* while the Local Government Operates Health on a departmental *level.*

EXERCISE 2

List the 6 major events/landmarks in healthcare from pre- colonial period to post independence period.

3.2 Health care planning in Nigeria

Attempt to plan for the development of health services in Nigeria started in 1946 with the emergence of a 10- year National Development Plan for Health! (1946-1956). The proponents of the plan were expatriate officials. It included 24 major scheme designed to extend the work of existing government departments. The scheme was not without its fault as it lacked proper in coordination. However, it was a modest, realistic, well thought out plan for its time and purpose while it served as the basis for subsequent health plans.

In 1978, The World Health Organization (WHO) in Russia declared Health I for All by the year 2000 AD and beyond with Primary Health Care as the key. (A full discussion on this comes up in the 2nd semester). This plan globally accepted by the member countries required the support of the rest of health system, wide coverage (grass roots), reasonably cheap, and affordable 'by the people and the country. The present health care in Nigeria is the reflection of the 4th National Development Health Plan Policy.

Today, health care planning operates at 3 levels

- Federal (tertiary)
- State (secondary)
- Local (primary)

While Health ministries exist at the Federal and State levels, it is on depart- mental level at the Local Government. Policies are issued out by the Federal Ministry of Health passed on to the State Ministries and later to the Local Government for implementation.

The monitoring and evaluation of healthcare in each implementing Local Government is at six levels.

- Home level
- Community level
- Health facility level

- Local government level
- State government level
- National (federal) government level.

Information is also relayed from bottom to top and vice versa e.g.

Fig. I: The hierarchical order of information flow

3.3 Health care financing in Nigeria

Health care financing is dependent on the level of care and care providers. Traditional and spiritual may not attach specific cost; beneficiaries do pay in cash or kind. However, with the orthodox, it used to be FREE till about 2 decades ago when certain token is charged on the services provided as revolving scheme.

The World Health Organization required that 5% of each country budget should be for Health since Health is on the concurrent list. With increasing population, (75% in the rural areas), urbanization and other compelling factors, Nigerian government had to seek financial assistance from International Agencies, Non-governmental Organizations, to finance health care. Example of these Include, UNICEF, WHO, US AID, UNDP, Rotary International, Leprosy Associations.

The National Health Insurance Scheme was recently inaugurated to assist the government in supplementing the required budget line for health care. However, the peculiarities of some chronic diseases like AIDS, tuberculosis, leprosy, onchocerciasis, demand external support to run. The government, non-government, private organizations and missions are involved considering the prognosis of these chronic diseases. These are diseases of public health importance and have adverse effect on the economy, productivity and future of the nation.

EXERCISE 3

Mention 3 other ways *to* finance our health care in Nigeria.

4.0 Conclusion

This unit has traced the history of healthcare in Nigeria, covering the pre-colonial, colonial and post independence periods. Fragmented efforts have for years characterized the approach to healthcare in Nigeria until 1978 when WHO at the Alma-Ata Declaration introduced Primary Health Care as the target for the attainment of health for all by the year 2000 AD. Each period developed within the framework of what was on ground thus giving an impression of improvement upon the past. It also provides the support and care needful towards solving some immediate problems that usually proved inadequate to achieve long-term goals.

The present set up as prescribed in the National Health Policy provides a comprehensive coverage with primary health care serving as the main thrust of the implementation strategy.

5.0 Summary

The history of health care in Nigeria has been the subject of our discussion in this unit. We traced the history *from* the pre-colonial to the post independence with emphasis on major events at each stage with significant landmarks. Students' assessment questions form part of the interactive session in order that they may comprehend what has been taught.

6.0 Reference/suggested readings

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7.0 Tutor Marked Assignment

1. List and discuss five reasons why there is preference for traditional healthcare above others, in spite of global developments.
2. Highlight the major landmarks/events at each stage of the history of healthcare in Nigeria.

Unit 10: Structure of Healthcare in Nigeria

Table of contents

1.0 Introduction

In the last unit, we examined the history of healthcare in Nigeria from the pre-colonial to the post-colonial era with various events and landmarks associated with it.

In the past, health structures were based on the available health care provider thus it was not uncommon for people to fall sick and due to diseases which are easily preventable and treatable. Individuals and communities, without an organized structure, lack the essential know ledge on how to keep healthy, recognize dangerous signs in the individual and how to mobilize resources to solve health problems.

The present structure provides a picture of effective health care wherein even at the local (primary) level good linkage with the people right from their doorsteps through secondary and tertiary levels is available.

This unit places before you the structure of healthcare in Nigeria in relation to the type and characteristics, levels and factors affecting it, component and personnel in the health care. You will be expected to identify the type of health care structure in your area and the activities carried out there.

2.0 Objectives

At the end of this unit, you will be able to:

- Describe the three (3) levels of healthcare in Nigeria
- Explain the four (4) types of healthcare with their characteristics Identify and describe the components of effective healthcare.

3.0 Main content

3.1 Types and characteristics of healthcare

The delivery of health care differs from country to country, however the basic approach is the same depending on the service providers and users.

There are 4 types of health care system with their peculiar characteristics:

3.1.1 Orthodox healthcare

Most recognized and modem method of prevention and cure of diseases have based its actions on scientific medicaments and surgery. It is borrowed from the civilized countries and accepted locally in the communities.

In this category, doctors, nurses, pharmacist, community health workers are the service providers with divergent approach at all levels.

3.1.2 Traditional care

Mainly local, it involves the use of herbs and concoctions by traditional healers. Knowledge is often passed down through generation through apprenticeship. Healing is achieved through incantations and consultation to appease the gods. These groups of health service providers are available in every nook and crany with utmost dedication, cheap service and 'mad' rush by all and sundry.

Today, traditional healers have been given recognition so as to check their operation and excesses. A collaborative effort between the

orthodox and traditional is in place e.g. traditional birth attendants (TBA).

3.1.3 Homeopathic care

This is a method of treating diseases by using minute (small) doses of drugs, which in maximum dose would produce symptoms of the disease. You may ask what do people stand to gain in this type of care? However, this method is not widely practiced like others, as it is not accepted by all.

3.1.4 Spiritual healing

A method of care using spiritual means such as Holy water, prayers and recitation of religious books. Clergymen who convert part of their worship centres to nursing homes to provide succour to patients which have defied 'medical cure', often practice it. Faith is the most important ingredient for spiritual healing on the 'spiritual being' consulted.

There is a combination of spiritual healing with orthodox care in some situations.

EXERCISE 1

Briefly recap the four types of health care with their characteristics.

3.2 Levels of healthcare in Nigeria

Levels imply steps. There are 3 levels of healthcare in Nigeria. Nigeria operates a mixed economy, therefore health services are provided by government and non-governmental organizations. The levels of health care includes:

- primary level
- secondary level
- tertiary level.

3.2.1 Primary level

This is the point at which the sick person normally makes the first contact with the health services (health institution/facility). In a rural area, it may be the health centre, dispensary or basic health unit. The primary level of health care is embedded in the Primary Health Care (PHC) aimed at providing universally accessible health care to individuals and families through their full participation at a cost that they can afford.

The responsibility at the Primary level is that of the Local Government Areas while there exists some form of inter-collaboration of services of primary with secondary and tertiary levels. Examples of health facilities that operate Primary level of health care include health centres, dispensaries, district health units, nursing homes, clinic, and child welfare units, among others.

3.2.2 Secondary level

This is the intermediate level of health care, which is the responsibility of the state governments. It provides mutually supportive referral sub-system to the primary care level. It is involved in curative and promotive services. The health institution under the secondary level includes General Hospitals, Cottage Hospitals, and Comprehensive Health Centers. The providers of services here are Doctors (specialists/general), Nurses, Midwives, Pharmacists, Laboratory Staff, x-ray technologist /technicians, etc.

The State's Ministry of Health, which promulgates and enforces rules in the hospitals, provides financial assistance, consultation and other services, manages the secondary level of care.

3.2.3 Tertiary level

This is the top most level of care, which provides referral base for all cases, sent from primary and secondary levels. Health institutions involved in tertiary level of health care are Specialist and Teaching Hospitals. It provides mutually supportive referral sub-systems to the secondary care level and specialist with rehabilitative care as well as training for capacity building.

The tertiary level of health care is the responsibility of the Federal Government because of the huge financial commitment of the activities involved such as specialist services, huge technology, advanced diagnostic procedures and counseling. The Federal Ministry of Health controls the Tertiary level of health care in Nigeria through:

- Legislation
- Policy making
- Standard setting
- Health manpower training
- Provision of teaching committee
- Providing assistance to state and local governments.

EXERCISE 2

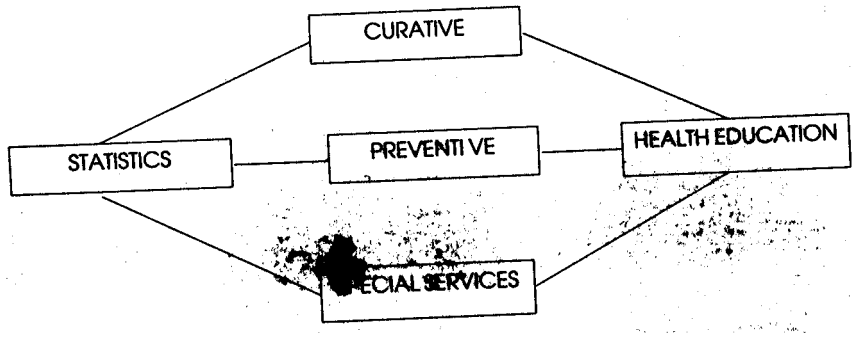
List the 3 levels ofhe8lth care and the corresponding health institution/ activities.

3.3 Components of healthcare

EXERCISE 3

What are the activities involved in an observed health care set up? Write at least 3 out here.

Every health care setting is expected to provide the following services. Curative, preventive, health education, statistics and special.
Look at this sketch and guess what is done at each segment.
Now let us examine each component:



3.3.1 Preventive

- Designed to maintain and protect the health of the population
- Includes personal protection such as immunization, environmental sanitation, and control of specific diseases.
- Directed towards the entire population.
- Services are in most cases augmented by the government and made free. Non-governmental organizations (NGO) often support.

NOTE: While a sick person will readily seek medical care (curative), a healthy person will be difficult to persuade to take precautionary measures against their health.

3.3.2 Curative services

- This deals with care of the sick members of the population.
- Value of curative services is generally appreciated by all.
- It is in greatest demand by the public.

- Lots of resources are committed to it in the planning of health care to give maximum benefit to the population.

3.3.3 Special services

These include services designed to cope with the needs of specific groups and problems. It has the following among others: mothers/children, tuberculosis, leprosy, mental illness, blindness, sexually transmitted diseases, rehabilitation, and counselling.

3.3.4 Statistics

- Essential for proper management and evaluation of the health services.
- It involves data collection, analysis for the purpose of improved service utilization.
- Information/data are collected at every health institution.

3.3.5 Health education

- Service designed to alter attitudes, behaviors and lifestyle in matters concerning health.
- Aim at changing the perception and behavior of an individual.
- Areas of concentration include diet, exercise, use of alcohol and personal hygiene.
- The ultimate goal of health education is to help the individual to make appropriate use of the health care and participate in making rational decisions about the operations of the healthcare institutions within his community.

Relax! You will have an in-depth study on Health Education Next Semester. Now, go back to exercise 3 and observe your jottings. Did the activities you wrote down tally with the discussed components? If no, please revisit Table of content 3.3 and get the true picture before you proceed.

3.4 Personnel in healthcare in Nigeria

EXERCISE 4

1. a) List 6 categories of health care personnel's that you know.
b) Where are they found in the level of health care?
c) What are their roles?

If in doubt go back to 3.2 and check with your colleague if need be to compare notes.

3.5 Constraints of healthcare structure in Nigeria

The following constraints do affect the operations of health care structure

- Conflict of interest between individual health professional/government
- instituted bodies e.g. Family Support Programme handling immunization program.
- Power conflict among health care providers. Professional opposition/suppression by another member team.
- Finance to implement health care activities.
- Lack of sufficient materials for practice such as vehicles.
- Community attitudes which may be that of hostility, passive resistance, indifference, active support and self reliance.
- Political situation in the country
- Inadequate training and staff development
- Low morale on the part of the service providers.

4.0 Conclusion

The present structure of health care system has a global outlook and is expected to be understood by all. There has to be intra and inter-sectoral collaboration among various healthcare and other socio-economic groups that contribute to health. The three levels of care should be sustained, equipped with staff and infrastructures so that effective services can be offered for the overall benefit of all.

5.0 Summary

This unit has provided you with the general information about the structure of health care in Nigeria. The types, levels, components, personnel and constraints were discussed.

6.0 References and suggested readings

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Lucas and Guiles (1989) *A Short Textbook of Preventive Medicure for the Tropics.* 2nd Edition ELBS

Onuigbo W.B. (1993) "Approaches to Health Care", Paper Presented at the Proceeding of The Conference on the Role of the Health Services and Investigative Medicine in Nigeria Health Care Delivery; University of Nigeria, Enugu Campus.

7.0 Tutor-marked assignment

1. Briefly highlight the types of healthcare structures, stating their specific characteristics
2. The healthcare structure has been organized into 3 levels. Comment on each level in not less than half of a page.

Unit 11: Concept of Primary Healthcare

Table of content

1.0 Introduction

In the last few units you have learnt about the health care system in Nigeria. You are already aware of the concept of primary health care, which is the cornerstone to health care in Nigeria.

The key to attaining health for all by the year 2000 AD and beyond i.e. PHC was declared in Alma-Ata in September 1978 is the Primary Health Care (PHC)

Primary Healthcare forms an integral part of the National Healthcare Plan. Its central function, main focus is the overall social and economic development of the community. It is the first level of contact of individuals, the family and the community with healthcare.

Primary Health Care represents in full the global consensus among members nations that "the people have the right to participate individually and collectively in the planning and implementation of their health care, and lead socially and economically productive lives at the highest possible level.

In this Unit, you will be expected to form your concepts of primary health- care as we examine its definition, Alma-Ata Declaration, components, principles as well as levels of care in primary healthcare.

2.0 Objectives

At the end of this Unit, you will be able to:

- Explain your concept of Primary Health Care.
- Discuss the implications of the Alma-Ata Declaration of 1978 on all member nations.
- List the principles of Primary Health Care

3.0 Main content

3.1 Definitions of primary healthcare

Primary Health Care is an essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community and country can afford. It forms an integral part both of the country's health system of which it is the nucleus and of the overall social and economic development of the community. (WHO, 1978).

Primary health care is the hub of the health system. Around it are arranged the other levels of the system whose actions converge on primary health care in order to support it and to permit it to provide essential health care on a continuing basis.

Primary healthcare is an essential health care that people need, has a wide coverage, is reasonably cheap, it is affordable by the people and the country, provided that people themselves participate actively in it, and contribute to it in labour and in kind. For these reasons, the concepts of Primary health care should be the driving force behind the determination of developmental efforts in all community policies.

EXERCISE 1

1. Explain the underlined words in the first paragraph:
   essential:
   universally accessible:
   acceptable: full participation:
2. What is your concept of Primary Healthcare?

3.2 The Alma-Ata Declaration on Primary Health-Care

The Declaration of Alma-Ata, adopted on 12 September, 1978 by the International Conference on Primary Health Care, which was jointly sponsored and organized by World Health Organization and with the backing of the Government of the Soviet Union, clearly stated that Primary Health Care is the key to attaining the target of health for all by the year 2000 as part of overall development and in the spirit of social justice.

The declaration called on all government to formulate National Policies, strategies and plans of action to launch and sustain primary health care (PHC) as part of a comprehensive national health system and in coordination with other sectors. The declaration also called for urgent and effective action to develop and implement PHC throughout the world, and particularly in developing countries, because the health status of hundreds of millions of people in the world was at that time (as it is today) unacceptable.

The declaration went on further to state that an acceptable level of health for all by the year 2000 could not be achieved by the health sector alone. It can only be attained through political will and the coordinated efforts of the health sectors and relevant activities of other social and economic development sectors (such as Education, Agriculture and Rural Development, Housing, Industry, Works, Information and Culture and Communication etc).

The declaration urges governments, World Health Organization, UNICEF and other international organizations as well as multi lateral and bilateral agencies, all health workers and the whole world community to support national and International commitment to primary healthcare and to channel increased technical and financial support to it particularly in developing countries.

3.3 Principles of primary health care

The fundamental principles of primary health care include the following:

- Absolute responsibility of the government for the health of the people. The right and duty of people (individually and collectively) to participate in their health activities.
- Emphasis on preventive measures well integrated with curative, rehabilitative and environmental measures.
- Equitable distribution and accessibility of health services.
- Application of appropriate technology through well-defined health programs integrated into a countrywide health system.
- The social orientation of health workers of all categories to serve people.
- A multi-sectoral approach.

3.4 Components of Primary Health Care

Primary healthcare activities vary from place to place according to political, economic, and social and culture patterns. It includes the following:

- Education concerning prevailing health problems and the methods of preventing and controlling them.

- Promotion of food supply and proper nutrition;
- An adequate supply of safe water and basic sanitation;
- Material and child health care (MCH) including family planning; Immunization against the major infections diseases; .Prevention and control of locally endemic diseases;
- Appropriate treatment of common diseases and injures;
- Provision of essential drugs;
- Mental health promotion.

(You will have in-depth studies on the components of primary health in the next unit (Unit 12)

EXERCISE 3

The primary health care concept is not intended to represent second best medicine acceptable only to the rural poor or the dwellers of urban slums. It is an essential care for all. It is not a stopgap solution to be replaced by something better at a later stage.

Primary health care is intended to be a permanent feature of all health services; the quality of care should steadily improve and at all times be appropriate to the resources and the needs of the community. Primary health- care is not to function independently or in isolation but in collaboration with the referral and specialist services. A poor PHC services results in cases of advanced diseases, which could have been prevented by early detection at the primary level.

5.0 Summary

We have examined the concept of Primary Health Care in this Unit from the perspective of definition, Alma-Ata declaration of 1978 and its implications to the member nations, principles and components. The Unit that follows will build up this foundation by discussing the components of Primary health care.

6.0 References and suggested readings

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Mojekwu U. (1993) "The Role of the Nurse on a Health System based on Primary Health Care". Conference presentation at FHST, Enugu.

Savage A.S.O. (1986) "Primary Health Care:. The unifying theme for Health Care System", Paper to NANNM Oyo State on Community Mobilization for PHC.
Guide to the Integration and Strengthening 0/ PHC Components in the Basic Nursing r *Education Curriculum,* University of Ibadan, 1994.
Mahler (1978) *Action/or Change in Nursing.* WHO production on Primary Health Care.

7.0 Questions

1. What is Primary Health Care?
2. Highlight precisely five implications of Alma-Ata Declaration of Primary Healthcare on member nations.

Unit 12: Components of Primary Healthcare

Table of contents

1.0 Introduction

You have been introduced to the concept of primary healthcare and its global acceptance as the key to attaining health for All by the year 2000 AD and beyond, it is now time to consider the components of primary health care (PHC).

The components of PHC represent the working strategies based on care that is promotive, protective, preventive, restorative and rehabilitative to every citizen of the society. As a long term policy, the government is obliged to provide care for all to enable them achieve social and economical, productive lives within the available resources.

In this Unit, you will identify the components of Primary Health Care (PHC), and be able to discuss their relevance and actions.

2.0 Objectives

At the end of this Unit, you will be able to:

- Recall the components of primary healthcare.
- Discuss the promotive and protective activities (strategies) of primary
- health care.

- Identify the various service deliveries at the primary health care level.

3.0 Main content

3.1 Health education concerning prevailing health problems

EXERCISE 1

What is health? What is Education?

Now merge the 2 word together and produce a meaning (your own understanding) of the word *health education).*

Hear this!

> Health is human effectiveness. The qualifying factor for living is effectiveness, because the healthier we are, the greater our potential for effectiveness. WHO defines health as "a state of complete, physical and social well being and not merely absence of disease".
>
> Health education is a process by which individuals or group of persons learn to *prevent* diseases, *promote* and *maintain* as well as *restore* their health through voluntary adaptation of health behaviors and life style.

Consider the underlined words in relation to Exercise 1:

Learn	(education)
To prevent	
To promote	(health)
To maintain	
To restore	

Education is a tool/activity to help people identify their needs/problems. The overall essence is behavior modification and changes that will encourage people to value health as a worthwhile asset.

EXERCISE 2

Recall those activities you were taught on personal hygiene in your secondary school, how helpful are they to enable you maintain healthy life?

An in-depth study on Health education comes up in the next Unit to cover the whys, hows, methods, benefits and settings for health education. You will find it very interesting.

3.2 Promotion of food supply and proper nutrition

This is one of the promotive and preventive activities of primary healthcare. It prescribes the required diet for effectiveness in life.

EXERCISE 3

What is the importance of food to health?

The commitment of PHC to promotion of food supply and proper nutrition is in realization of the fact that a child who is undernourished will be susceptible to diseases. When he/she falls sick, then recovery is delayed with poor prognoses. (Tips to Exercise 3).

The goal (aim) of ' this activity/strategy is for everyone to achieve self-sustaining optimal levels of function and well being.

- As a mother, what advice are you given at the antenatal clinic on food? Do you know of anyone who is either diabetic, hypertensive or has ulcer?
- What kind of food is he/she asked to take or to avoid?

A balanced diet comprising basic nutrients such as carbohydrate 50%, Protein 15-20%, Fats and Oils 30-35%, Minerals, Water and few additives is essential for consumption by every individual to achieve optimum health.

3.3 Provision of adequate safe water and basic sanitation

EXERCISE 4

a) Mention 4 sources of water in your area.
b) What are the characteristics of potable water?
c) What are the likely water borne diseases that you know or have heard of?
d) How do you dispose your refuse?

Your answers are the focus of PHC in the provision of potable water and basic c sanitation to assist in combating (preventing, controlling) water borne diseases such as cholera, which can kill any victim in a short time.

You will also recall during the regime of Generals Buhari/the late Idiagbon (rtd.) when 'War Against Indiscipline' was made a policy to improve and raise the Nigerian concept of discipline sanitation. Every Nigerian (consciously or unconsciously) participates in the weekly environmental sanitation. This is appropriate to protect the citizenry from communicable diseases due to filthy environment.

As appropriate intersect oral arrangement with other government agencies like Ministry of Water Resources, Environment and Housing, Education Justice, Non governmental Organization (NGO) is put in place by the PHC policy makers in order to achieve this activity at all levels.

3.4 Material and child healthcare including family planning

EXERCISE 5

a) What is maternal health care?
b) What is child health care?
c) What then is maternal and child health care?

Maternal (mother) and child (baby) health is a concept of care which takes J into consideration the relationship of the mother and her new born infant in their total environment in planning care. The man (husband) and father is not left out, because it is the total atmosphere of the family (man, woman, children) with its strengths and problems that determine the health statute to be enjoyed by the mother and new born.

In PHC, this activity also includes family planning.

What is family planning? Is your own family planned? How? Why?
Family planning educates couples about their family life in respect to:

a. preventing unwanted pregnancies
b. securing desired pregnancies
c. spacing of pregnancies and
d. limiting the size of the family in the interest of family health and socio-economic status.

PHC fully integrates family planning into its operations with varying methods available for men and women as temporary and permanent applications. This is available in all PHC centres.

Culture and religious beliefs are part of the barriers to family planning service hence whatever method your client chooses should be compatible with their culture and religion.

The operation of family planning within the National Population Policy was formulated in 1989 to support world Health Organization stand in 1969 "that the aim of maternal and child health care is to ensure lifelong health". (Recount the identified components before proceeding!)

3.5 Immunization against the major infections

EXERCISE 6

a) Have you ever been immunized?
b) If yes, against what diseases and when?
c) Did you obtain an immunization card?
d) Did you complete the immunization schedules for yourself and child?
e) Mention the diseases which children are generally immunized against.

Immunization is a preventive measure, which provides immunity (security) : against six (6) major childhood killer diseases. It includes childhood tuberculosis, whooping cough, tetanus, poliomyelitis, diphtheria and measles, which threaten the existence of children in their first year of life.

Everyone, at one time or the other (normal and epidemic schedules), takes immunization. PHC provides routine immunization schedules for pregnant women (tetanus) and children (other listed above) and every body during outbreaks, overseas trips and as occasion demands (national immunization Days (NID). See the table below:

	Immunization Schedule	**Method of Prevention**	**Remarks**
1.	Childhood tuberculosis	B.C.G. Vaccination	At birth
2.	Whooping cough	DPT Vaccination (Tripe vaccine)	3 doses from 6 weeks of life
3.	Tetanus	Tetanus toxoid vaccine	During pregnancy and injuries
4.	Poliomyelitis	Polio vaccine	As in No.2 on NPI schedule
5.	Diphtheria	DPT vaccination	As in No.2
6.	Measles	Measles vaccine	9 month of life

3.6 Prevention and control of locally endemic and epidemic diseases

- An endemic disease occurs within an area, locality or region e.g. malaria
- An epidemic disease occurs suddenly. Spreads rapidly within a com- munity at the same time e.g. cholera, meningitis.

PHC provides opportunity to prevent locally endemic and epidemic diseases. Some of these include malaria fever, Vitamin A deficiencies, onchoserchiasis, meningitis, cholera among others. "By this art of protection, the economy of the country is preserved while the "victims" are kept from becoming lifelong dependants of others.

3.7 Appropriate treatment of common diseases and injuries

Treatment for common diseases and injuries are provided for malaria fever, cough, catarrh, headache, at the primary level of health care while difficult ones are referred to the secondary and tertiary levels for management.

3.8 Provision of essential drugs and supplies

Essential drugs required for day to day care of clients at PHC centres such as paracetamol, chloroquine, aspirin, vitamin drugs, tablets as well as antibiotics capsules are provided for service users. Other supplies such as cold rooms, carriers, ice packs are also provided to keep the vaccines active.

3.9 Promotion of mental health

Mental health as an activity of PHC seeks to promote satisfying relationships with others in order to maintain structural integrity and harmony with the environment. Counseling especially in the area of nutrition, stress management and future prospect is important to promote this activity in PHC.

EXERCISE 7

Now recount all the identified components of Primary Health care at a glance.

(If you miss any, flip back into your notes…. 3.1 – 3.9).

4.0 Conclusion

Primary healthcare is basic health care based on the needs of the people in the community. The PHC also forms an integral part of the country's health systems of which it is the nucleus and of the overall socio economic development of the community. The outlined components are the rallying operations (strategies) for PHC, which aim at promoting, prevention, curative and rehabilitation.

5.0 Summary

This Unit has presented to you the components of Primary healthcare, which by now you should be able to recount at a glance. The activities and benefits of each were also discussed. The Unit that follows focus on Man and His environment which is important to achieving primary health care.

6.0 References

Alade I. (2000) A *Handbook on Health Promotion for Bethesda Bible Institute,* CC, Ilorin. Okoye P.A. (1994) Lectures on *Mental Health and Psychiatric Nursing,* UNEC, Enugu. Okafor N. (1994) Unpublished handbook on Material and child Health, UNEC, Enugu. Jimoh A.A. (2000) *Lectures on Health Education Strategies for Primary Health Care UN AD,* (Ilorin, Campus).
Royle and Walish (1998) *Watson-Medical and Surgical Nursing and Nursing and Related Physiology,* MC. Grow-Hill Book Co. USA.
National Health Policy, FMOH, 1989.

7.0 Tutor-Marked Assignment

1. The overall aim of primary healthcare is to provide a comprehensive healthcare system that is promotive, protective, preventive, restorative and rehabilitative. '
   Discuss the components of primary healthcare using the underlined words.

Unit 13: Human Environment

Table of content

1.0 Introduction

In the last ten modules we have been examining the structure and management of healthcare delivery for meeting the health needs of man within his environment. This unit will discuss human environment in totality.

Human beings are constantly interacting with their environment. The environment influences human beings and vice versa. The relationship between human beings and the environment is a dynamic one, never static. The environment greatly influences the quality of life one enjoys. People need the environment that they can constantly manipulate so that they can develop their potentials. An environment that stifles may result in abnormal personality. The importance of the environment has been demonstrated in an account of creation. The Garden of Eden provided an environment that was physically pleasing with soil that supported all plants and animals in sym- biotic relationship. Adam and Eve provided social supports to each other and were spiritual in harmony with God. Everything was beautiful and peaceful. From this scenario, it could be deduced that the environment assumed the three dimensions of the

physical, the psychosocial and the spiritual, the three being inter-related and inter-dependent. Any disruption in one area would affect the other areas. Adam and Eve's problems started with social disharmony, which affected the other two parameters. One could see the concepts of adjustment and adaptation at work.

What started millions of years ago in terms of equilibrium among the elements in the universe remain with us till today. This Unit will discuss the importance of a conducive environment in the promotion and maintenance of good health. The presentation will start with definitions and end with the discussion of Nursing responsibility towards the provision of a healthy and safe environment.

2.0 Objectives

At the end of this Unit, each learner should be able to:

- Define 'environment'
- Describe briefly the components of the environment
- Describe at least two ways by which the environment could affect Man's health
- List at least three professional activities of the nurse that would support a safe environment for a client.

3.0 Main content

3.1 Definitions of the environment

The environment may be defined as the aggregate of human beings, things, conditions or influences surrounding human beings. It is all of the many physical socio-cultural, socio-economic, and physical and psychosocial factors that influence or affect the lives and survival or people. The promotion and maintenance of a wholesome environment is a major concern of most world governments including Nigeria. A principle concerning human beings and their environment implies that any environmental condition that interferes with the well being, is a threat to the human organism when he is no longer able to cope with it sufficiently well. Some people tolerate their environment better than others do. Also each individual may experience variations in ability to tolerate certain conditions depending on other factors in the situation. Concern for the physical as well as the sociological environment is glpbal in nature. Nigeria is part of the global movement to make the world a safer place to live in. There is an Agency in Nigeria, specifically responsible for monitoring the environment and implementing measures that would make it safe, the Federal Environmental Protection Agency (FEPA).

EXERCISE 1

i. Do you have your dictionary with you? Check the definition of 'environment' Note the key words in terms of the biological, social and physical.
ii. Name 2 major life threatening environmental hazards in Nigerian cities. Are these problems present in the village?
iii. Name 2 intervention strategies of governments at the various administrative levels.

Here are some examples that violate a wholesome environment. The human organism enjoys optimum functioning when the air breathed is sufficiently free of physical and chemical pollutants so that irritation to the tissue is absent or at least negligible. But exhaust fumes from vehicles on our roads cause so much irritation to the eye and respiratory tissues. The noise emanating from music sheds and shops and every residence endanger our hearing mechanism. In recent years, Nigeria and the world population growths, and rural urban migration are leading to unprecedented congestion. Everywhere is being built up with temporary sheds, which often become permanent. Human welfare is being compromised due to lack of access to nature and beauty. All these should be of concern to nursing. An instability at the physical level can eventually affect the totality of well-being.

3.2 Types of environment

The environment can be classified into two major types: External and Internal. The External Environment consists of:

- biological environment, which considers all living things such as plants, bacteria. etc.
- social environment, this is unique to human beings. It is concerned with the relationship between human beings and their environment.
- physical environment consists of non-living portions of the environment such as air, water and land.

3.3 Effects of environment on well-being

Now that the types of environment are identified, you will now proceed to learn how each type affects the well-being of individuals.

3.3.1 Physical environment

The type of physical environment in which a person lives can lead to an

increased incidence or certain health problems. For example, people living in urban areas with heavy industries are exposed to smoke and air pollution. People who live in rural areas are less likely to have this type of health concern, but they may experience other problems such as snake bites, contaminated water supply, and decreased access to healthcare.

The environment may restrict daily activity. The hustle and bustle in our cities has restricted the daily activities of many older adults. This has a negative consequence on the conditions of bones and joints. Women in their post- menopausal years are known to suffer from osteoporosis a result of long-term reduced physical activity.

Here is a new word -*osteoporosis.* Check the meaning from your English Dictionary as well as from the Medical/Nurses' Dictionary.

The environment in which one works and the type of physical activity engaged in, in terms of occupation, affect individual well being. Those who work in coal mines, cement factories, flourmills, tobacco factories are subjected to environments that make them prone to lung disease. Those who work in rice paddies (wet land in which rice is grown) are known to be more prone to guinea worm infection. In short, what you should learn from the discussion is that the environment affects the lifestyle of the inhabitants.

EXERCISE 2

Look around you and identify at least two environmental lifestyles that may have negative effective on the individual. What solutions would suggest?”

(Discuss your idea with your tutor). "

3.3.2 Socio-cultural, environmental

Each culture defines health and illness in a manner that reflects its previous experience. You will recall from the course that culture was defined as the sum of traditions, practices, beliefs and values developed by a group of people and passed on most often by the family from generation to generation. Cultural factors determine which health behaviors people perceive as 'normal or abnormal'. Cultural influence also determines whether or not a person seeks health care, and how a person seeks such care. Health practices are also based on cultural beliefs. Let us look at one or two examples.

You must have heard or read about female circumcision being practiced by some cultural groups in Nigeria. The reason proffered is that it would deter sexual promiscuity as the girls grow up. While there is virtue in discouraging promiscuity, the method being employed has left many women grossly incapacitated for life. What a price to pay for being born into such a cultural environment!. Take another cultural practice that forbids meat and eggs to be fed to children because the children will grow up stealing. While the rationale appears to be morally acceptable but the child is being deprived the right to good health through good nutrition from being born into a particular r socio-cultural environment.

EXERCISE 3

Find out from your community 2 other cultural practices that might have implications for the well-being of the people.

3.3.3 Socio-economic environment

In many countries of the world, economic status is a major determinant of the quality of the physical and psychosocial environment available to individuals. We see that persons in the low-income group tend to congregate in the crowded inner city slums, where cleanliness and sanitation are poor, air is polluted by stench from public drains and refuse mountains. All these endanger well-being and often lead to high incidence of communicable and infectious diseases. The picture is more dismal when the people in these areas are outside the health care system because they could not afford the cost of healthcare.

On the other hand, people of high socio-economic status could afford to locate themselves in healthy environments; and could afford good medical care.

But, in spite of the problems of adjustment and adaptation, human beings continue to find solutions to problems created by his environment.

3.3.4 Spiritual/religious environment

Spirituality refers to person's b:eliefs about a divine or a higher power or force, and related practices. Religion is an organized system of worship often directed towards the divine being, power or force. Spirituality and religion can affect a person's views of and actions towards health, illness and health care. For example, some religious groups regard illness as a form of punishment from God, and therefore refuse medical treatment or prevented care from being given. Some religious groups ban the use of drugs and alcohol for whatever reason. Being born and socialized into

this type of environment means denying oneself or cause to be denied the rights to health care.

Conditions or circumstances in the external environment can be classified as life supporting or as hazardous. On the agents essential to survival are air, water, nutrients and shelter. Other agents favoring survival include people and a variety of other living organisms, from microorganisms to highly complicated multicellular organisms of both plant and animal origin. Even essential agents may be harmful when exposure is excessive or unbalanced. As an example, oxygen is required for survival. However, continued high concentrations of oxygen damage the respiratory membrane, and can cause blindness in newborn babies.

You have learnt about the external environment and some of the adverse effects it could have on health. The next emphasis is on the internal environment. By the end of this section you would have come to appreciate the inter-relatedness and interdependency of the external and internal environment; and that Man is not so easily dissected.

3.4 The internal environment

The environment listed in 3.3 above lies outside the body and is in contact with the skin, mucous, membrane, and the sense organs. The internal environment is made up of the fluid surrounding the cells and carrying material to and from them.

Similar to the dependence of health on stability within the external environment, health is also dependent on the maintenance of relative stability of the physical and chemical characteristic of the fluid comprising the internal environment. Survival of the cells and maintenance of their functions are dependent on conditions in the cell's immediate fluid environment. It is from this environment that the cell obtains a continued supply of nutrients and into which it discharges its wastes. For all cells, this immediate environment is a pool of water in which a variety of substances such as sodium chloride and glucose are dissolved. For a unicellular organism such as the amoeba, the fluid environment is a pond or puddle of water.

Human beings and other multi-cellular organisms, the fluid environment consists of blood, lymph, and interstitial fluid form the immediate environment of the cells. These fluids are known as the internal environment. The fluids composing the internal environment not only serve individual cells as such, but are the medium by which all body cells are united and affected by the activities of all other cells within the entire organism.

The physiological process which maintains most of the steady states is termed homeostasis, which implies variations within limits as long as the individual is capable of making appropriate adaptations to change.

3.4.1 Maintenance of homeostasis

The maintenance of homeostasis depends on a variety of elements. Substance required by cells must be available in adequate quantities. Material supplies include water, oxygen, and a variety of nutrients, including sources of calories, tissue-building materials, electrolytes and regulators not synthesized or present in the body. The intake, storage and elimination of excess supply are regulated so that the level of each substance is maintained within well-defined limits.

3.4.2 Structure supporting homeostasis I

The healthy organism is capable of responding to disturbances in such a manner that damage is prevented or repaired. The kinds of structures that fulfill this function include the following:

- Structure where required substances are absorbed from the external environment and when necessary, modified so that they can enter the internal environment. For example, Oxygen is absorbed into the blood unchanged., The air from which oxygen is taken however, requires conditioning. Nutrients usually require reduction to simpler forms before they can be absorbed and provision for the elimination of indigestible sub- stances is also necessary.

- Materials enter or leave the external environment through semi-permeable membranes that separate the internal from the external environment. These semi-permeable membranes act to protect the internal environment from too rapid a change or from the entrance of potentially harmful or unusable particles.

- Structures to transport materials from point of entry to cells and from cells to points of elimination or exit such as the heart and blood vessels.

- Structures that store or eliminate excesses of intake and by-products of metabolism. For example, glucose is stored as glycogen in the liver and muscles, much of the excess is stored as fat. Excess sodium is normally excreted in the urine.

- Structures that make movement in the external environment possible. They enable the individual to seek food and water, to

alter the environment to suit his needs, to overcome or avoid danger and to find a partner.

- Structures that reproduce themselves to replace worm-out cells, to repair injury or to produce a new organism.

- Structures that protect the organism from injury.

- Finally, structures that regulate and integrate the activities of all individual cells and aggregates of cells so that the organism functions as a whole.

3.4.3 Conditions of homeostasis

Conditions that must be maintained within limits include:

- Osmolality
- Blood pressure
- Level of glucose in the blood
- Cation-anion balance and concentration,
- Hydrogen ion concentration, and
- Body temperature

Conditions in the external environment must be within the limits to which human beings can adapt. For example, the capacity to adapt to extremes of temperature, high altitude, water and food supply, and physical trauma is limited. However human beings are able to live in some hostile environments by adapting them to their needs.

This section now completes the discussion on the environment, you now have a picture of what a conducive or an ideal environment consist of the substrates and the structure that would support healthy living. We now proceed to examine the role nursing plays with regard to the patient's environment.

EXERCISE 4

1) Review the sections on external and internal environment.
2) Study your physical environment.
3) Identify 3 elements that support a safe environment.
4) Identify 2 elements that would promote a health problem.

3.5 Nurses responsibility towards promoting a safe environment

As earlier mentioned, a safe environment is one in which basic needs are achieved, physical hazards are reduced, transmission of pathogen and parasites is reduced, sanitation is maintained and pollution controlled.

Nursing care directed at health maintenance and illness prevention involves promoting the clients' safety in the community or within the health care environment, and is just as essential as meeting other physiological and psychosocial needs. Protection and safety are basic to survival, and these needs continue throughout life.

Safety in the home reduces the risk of accidents and illnesses, and the subsequent need for healthcare services. Safety is positively correlated to health promotion.

A safe environment is essential to maintaining and restoring health. Nurses are the first line of defense against environmental hazards.

Management of the environment is possibly the nurses most nearly independent function Florence Nightingale recognized the significance of the natural environment in the care of the sick when she wrote. "The thing which strikes the experienced observer most forcibly is this, that symptoms or suffering generally considered to be inevitable and incident to the disease are very often not symptoms of disease at all, but of something quite different-of the want of fresh air, or of light, or of warmth or of quiet, or of cleanliness, or of punctuality and care to the administration of diet, of each or all of these". To this should be added the people. Nurses, physicians, paramedical personnel, family friends, and others who enter and leave the environment of the patient in the course of a day.

The nurse will concern herself with many additional environmental factors as she takes action to promote a healthy environment for her clients. First, the nurse must set exemplary examples by her personal behavior. The practice of washing hands thoroughly whenever indicated in order to control the spread of infection. The nurse knows that oxygen supports combustion, so she takes appropriate measures to decrease the likelihood of fire in the room of someone receiving oxygen therapy. Public education directed towards safe environment both in the healthcare institutions and homes watching electrical cords and connections, medications, house cleaning solutions and so on.

Water supply, good ventilation and clean air, balanced food, personal hygiene and environmental sanitation are all concerns of nursing. Florence Nightingale in her treatise on what nursing should do, wrote: "nursing ought to signify the proper use of fresh air, light, warmth, cleanliness, quite, and the proper selection and administration of diet-all at the least expense of vital power to the patient." All these are vital elements in the external environment that are necessary for homeostasis in the internal environment.

In subsequent Units you will be introduced to how nurses should identify and meet basic human needs both in theory and in practice.

4.0 Conclusion

Environment is all of the many physical and psychosocial factors that influence or affect the life and survival of the individual. Environment is subdivided into external and internal. External environment lies outside the body and is in contact with the skin, mueous membrane and the sense organs. The internal environment is made up of the fluid surrounding the cells and carrying to and from them. Similar to the dependence of health on the stability within the external environment, health is also dependent on the maintenance of relative stability of the physical and chemical characteristics of the fluid comprising the internal environment. For human beings and other multi-cellular organisms, blood, lymph and interstitial fluid form the immediate environment of the cells. Materials utilized in the internal environment come from the external environment through specialized structures.

Therefore, the quality and state of the external environment determine the state of the internal environment. For man to be in a health state, there should be equilibrium between the external and internal environment. Hence a safe external environment determines the quality of the internal environment. Conditions in the external environment must be within the limits to which an individual can adapt to.

Management of the environment for positive clients' health is possibly the most nearly independent function of the nurse. Florence nightingale recognized the importance of the natural environment in the care of the sick and in the prevention of illness.

5.0 Summary

You have just concluded the study Unit on the human being and his environment. The Unit started with an introduction, which gave an overview of the concept Environment.

How human beings and their environment are constantly interacting and influencing each other, how the relationship is dynamic and how human beings manipulate their environment to meet their needs.

The major types of environment external and internal were analyzed, showing the characteristics of each, and how each compliments the other to support health and general welfare.

The concept of homeostasis as a mechanism for internal environment regulation was discussed, finally the role of nursing in providing and protecting the environment was discussed.

6.0 Answers to exercises

Exercise 1: (ii) Name 2 major life threatening environmental hazards in Nigerian cities. Are these problems present in the village? (iii) Name 2 - intervention strategies of governments at the various administrative levels.

> *Answers:* (ii) a. Garbage (refuse) disposal; b. Air pollution -from open refuse dumps carbon monoxide fumes from vehicles.
> iii) a. Designated environmental cleaning days; b. Health Education on the importance of a cleaner environment.

Exercise 3: Find out from your community 2 other cultural practices that might have implications for the well-being of the people.

Suggestions: Tribal marks/tattooing for group identity; Wife-sharing. polygamy (both expose individuals to the risk of contacting HIV/AIDS)

7.0 References and suggested reading

Bircher, A.U. (1972 "Mankind in crisis: an application of clinical process to population environmental issues" *Nursing Forum* 11:10-33,1.

Jamann, J.S. (May 1971) "Health is a function of ecology: *Am. J. Nursing* 71:970-973.

Potter, P.A. and Perry A.G. (1993) *Fundamentals of Nursing: Concepts, Process and Practice,* St. Louis: M. Mosby Year Book.

Nightingale, Florence (1860) *Notes on Nursing: What It is and What It Is Not.* New edition, revised and enlarged, London; Harrison and Sons.p.56

8.0 Tutor Marked Assignment

1. Define *environment.*
2. State how environment is classified.
3. Discuss briefly how a type of external environment in which a person lives can lead to an increased incidence of a certain health problem. Illustrate your answer with an example.

Unit 14: Cultural and Societal Influence on Nursing

Table of content

1.0 Introduction

Having understood human beings and their environment, you are welcome to this Unit in which you will be learning about cultural and societal influences on nursing. In the previous Unit, constant references were made to the relationship of nursing to the environment -physical, psychological, social and spiritual. You also learnt about nursing being a social service, one that responds to human needs. Needs are not static, because the environment is not constant. The environment impinges on the human being and the reverse also occurs. Often times, changes are the result of adaptation to the environment.

The range of human behaviour is dramatic and diverse and through many thousands of years, the human being has survived because of the remarkable ability to adapt to a variety of problems and situations. Human beings have demonstrated concern for their welfare, health, and for their very existence. The responsibility of nursing is to assist human beings in their adaptation bid through promotive, preventive and restorative nursing activities.

One major way by which the human being copes is through his/her cultural practices -his norms, values, mores, understanding and the likes- that he shares with others in his group. This is man's culture.

This Unit will discuss how Nursing is influenced by culture and society. You will learn the meaning of the care concepts, identify the major influential factors, and how Nursing responds to a few factors. You are expected to actively participate through your responses to exercises utilizing your experiences in human society. The exercises are to assist you in self-evaluation as you study the text of the Unit. A tutor-marked assignment will come at the end. You are expected to explore this topic through further reading and interaction with your facilitator.

Please read the objectives that are to be achieved by the end of Unit study. Are the objectives clear? Get in touch with your facilitator if you need clarification.

2.0 Objectives

By the end of this unit, you should be able to:

- Define culture, society.
- Explain the relationship between culture and nursing.
- Explain the relationship between society and nursing.

3.0 Main Content

3.1 Definitions

This section defines culture and society.

3.1.1 *Culture*

You must have come across the term 'culture' during your social studies at High School. Do you still remember how the social studies teacher defined it?

If you don't remember the school definition, you then need to check your dictionary. Culture refers to people in a group who share certain common values, artifact languages and understandings. Culture is every thing that an individual learns from groups of which he is a part and that he transmits to succeeding generations. It is what all have in common. It includes under- standings, values and mutual expectations. It is made up of certain ways of acting, thinking, feeling and communicating. We are born into a culture that teaches us over a period of time what to eat, what to wear, how to get along and communicate with others, how to rear our

children, how to care for our health among others. Culture is a fundamental concept to the anthropologist.

3.1.2 Society

What is it? Do you belong to a society? You must have come across this word in your social studies. However a common definition is that society is an organized group working together or periodically meeting because of common interests, beliefs or professions. Or a voluntary association of individuals for common ends.

EXERCISE 1

List two activities you do that have been passed to you through culture. Can they be related to the discussion on culture? Read the paragraph again.

3.2 Culture and nursing

From the two definitions one can conclude that society is the context in which culture takes place. We all belong to different societies in which different cultures are practiced. Nurses may come from different cultures from their clients; and this may have serious implications for the nurse-client interactions. Nursing and nurses are to render service to the clients according to the identified needs.

Sometimes problems arise when the cultural backgrounds differ. For example, a mother with a malnourished toddler refuses to give the child eggs because of her cultural belief that the child will grow up to become a thief. The nurse on the other hand sees the egg as an effective intervention for the malnutrition. The nurse gets annoyed with the mother and totally ignores mother and child. Would you consider the nurse to be culturally sensitive or ethnocentric? The answer is that she is ethnocentric she feels her culture is superior to that of the other woman. With this attitude, she has disrupted her focus of nursing. Therefore, it is necessary for the nurse to acquire an appreciation for cultural differences. By so doing, the nurse will be in a better position to understand his/her clients/patients. The nurse does this by making concerted and conscientious efforts to study different cultures and sub-cultures. Where will the nurse get the knowledge from? These days the curricula of schools of nursing have 'culture' as part of social science studies. Libraries have lots of literature on culture.

EXERCISE 2

1) Check the meaning of the word "ethnocentric"
2) Visit a Library and write 3 titles of books on Culture. Read one and discuss the summary with your Tutor.
3) State 2 ways by which the reading has improved your understanding of culture.

A study of culture requires an accepting, non-judgmental and objective attitude. Cultural differences require that the nurse conscientiously observe and listen. The study of man places reliance on the holistic approach. This means looking at man as a whole from all views and in the context of his total environment and considering every part as related to every other part. This approach is best accomplished through the use of an inter-disciplinary team, which takes advantage of the knowledge and skills of various specialists. Holistic approach utilized in nursing is the concept of meeting the-clients physiological needs, promoting psychological development, fostering socio- cultural relationships and supporting the fulfillment of spiritual aspirations.

3.2. 1 Comprehensive nursing care

Total nursing care, team nursing and comprehensive nursing are all concepts of care that were derived from the study of culture. These concepts will be discussed in the next course, *Foundations of Nursing.*
The study of culture provides information that would assist nurses to render services that are relevant. Man is a very complex creature living in increasingly complex societies. Nursing must continue to render needs-relevant services through the study of cultures, as it is common knowledge that cultural factors exert strong influences on health and illness and attitudes towards them.

3.3 Society and nursing

Historically, nursing developments are closely tied to changes in society. Nursing responds to societal needs and forces in its environment influence society. Some of the forces also originate from society. Contemporary nursing education, practice, and research are outgrowths of economic, technological demographic, sociological and political issues.

Let us examine each issue briefly and the influence each has on nursing and how nursing is responding.

3.3.1 Demographic changes

Demographic changes affect all segments of the population. Changes that have influenced health care include;

- Rural urban population shift.
- Decrease in life span of young adults.
- Higher incidence of chronic long-term diseases, (HIV/AIDS)
- Increased incidence of deaths from trauma (road accidents), violence, prostate cancer, and breast cancer.

Nursing responds to these changes by exploring new methods of providing care, developing new curricula with appropriate emphasis; education of those affected families and communities.

3.3.2 Consumerism

Consumers, being more conscious of their rights want value for the expenses incurred on their health. Consumers are becoming more knowledgeable, therefore demanding quality care. Health care consumers are more aware of their rights as clients, and the nurse supports these rights in the role of client advocates.

3.3.3 Health promotion

There is now a greater emphasis on health promotion and prevention of illness. Targets are set for eradication of communicable diseases such as measles and poliomyelitis in children, guinea worm in adults and HIV/AIDS prevention programs.

Nurses are vanguards of many health promotion programs, Health promotion activities are normal activity of Nigerian nurses.

3.3.4 Human rights movement

Human rights movement is changing the way society views the rights of all it members. They are calling attention to those who had been sidetracked.

Nurses are responding by respecting all clients as individuals with a right to good care and with basic human rights. Nurses advocate the rights of all clients and also of those with special needs.

3.3.5 Technological advances

In recent years, scientific and technological advances have affected almost every aspect of life. Health care has changed in many ways, including the use of new equipment, new diagnostic treatment measures and new drugs.

Nursing has adapted and will continue to respond to these changes with continuing education, in-service programs and other educational approaches such as new curricular developments. Nursing is also concerned with the human side of technological advances. Society as a whole seems to accept technological advances in health care, but clients often experience problems related to them.

As health care technology becomes more complex and sophisticated, nurses must help clients to adjust to the use of technology in care.

3.3.6 Partnership in nursing care delivery

Clients are demanding participation in decisions that affect their health. Nursing is responding by utilizing the holistic approach and objectives directed care. Clients and nurses derive the objectives from collaborative need identification.

EXERCISE 3

I want you to look back into the past 5 years and list the changes you have noted in the Nigeria society under the following headings:
Economic; Political; Demographic; Technological;
Sociological. Consult Potter and Perry for more information.

4.0 Conclusion

You have learnt about cultural and societal influence on nursing. Culture and Society determine the scope and range of nursing responsibilities at any point in time. It can be concluded that nurses appreciation of culture goes a long way in determining a healing interaction between the nurse and the client.

5.0 Summary

The focus of this Unit was to examine the cultural and societal influence on nursing. The concepts of culture and society were defined. The importance of knowledge of culture in nurse-client interactions was highlighted. Society was described as the context in which culture is

expressed. The scope and direction of nursing is determined by societal needs. Nursing being a service profession takes its cue from society.

6.0 References

Lafargue, J.P. (Jan-Feb. 1972) "Role of Prejudice in Rejection of Health Care", *Nursing Res.* 21:53-58

Potter, P.A and Perry A.G. (1998) *Fundamentals of Nursing: Concepts process and Practices*, St. Louis; Mosby Year Book Inc.

Spector, Re(1991) *Cultural Diversity in Health and Illness,* ed 3 Conn: Appleton and Lange. Weiss, M.O. (Jan, 1971) "Cultural Shock", *Nursing Outlook,* 19:40-43.

7.0 Tutor Marked Assignment

1. State four definitions of *culture* and one of *society.*
2. Explain why it is important for the nurse to have an appreciation of *culture.*
3. List four societal factors that influence nursing.
4. Describe briefly how nursing responds to any two of the societal factors listed in 4.

Unit 15: Concepts, Principles, Theories and Models in Nursing

Table of content

1.0 Introduction

In this unit you will be learning about the definition of *concept, principle, theory, framework* and *model* in nursing. It is important to note that as the profession emerged over the years, nursing continues to identify its own unique body of knowledge. In identifying this body of knowledge various concepts, models and theories specific to nursing were developed.

2.0 Objectives

At the end of the Unit you will be able to:

- Define concept, theme and model.
- Identify the characteristics of each.
- Identify the relationship between concept, theory and model.
- Describe a model in health
- List at list five goals of nursing model.

3.0 Main content

Many nurses use these terms without much understanding so it is important to discuss it. Are you familiar with these words? These words would have been used in earlier Units too. The words will be defined and examples in nursing given. Let us examine each one:

3.1 Definition of concept

The first definition is that *concepts* are vehicles of thought that involve images: abstract, notions similar to definition of ideas. Second definition says, it is a complex mental formulation of an object, property or even that is derived from individual perception and experience.

Is the use of the word new to you? Concepts are also used in chemistry, physics and even in other subject matters.

EXERCISE 1

Think of other subject areas you are familiar with. Write two examples of concept that you know.

Since the discussion in the Unit includes theory let us add a third definition that links concepts and theory, third definition is that concepts are words that describe objects' properties, or events and are the basic components of theory. Note that the use of the word concept is not new in nursing and that is has been part of the historical background of nursing. It has been in use for over fifty years. Concepts can be classified into categories for better understanding.

3.1.1 Categories of concepts

Empirical: These are the concepts that can be easily observed in the real world. Examples of empirical concepts are boat, cups, drinking glasses table, male, female etc.

Inferential concepts: These are concepts that are indirectly observable. Examples are pain, blood pressure.

Abstract concepts: These are the concepts that are not observable such as health stress, man to represent all humans, needs, empathy adaptation, and stimuli. It may be difficult to classify some, what you should note is that the more abstract the concept the more difficult it is to understand its meaning.

EXERCISE 2

In your own words define concept and give two examples of each category.

The next thing to learn is for you to list some of the characteristics of concepts.

3.1.2 Characteristics of concepts

Concepts create images abstract in nature. They can have different meanings and interpretations.

- Individual perception, previous learning and experience, especially the abstract ones, affect the concepts.
- Concepts must be sufficiently described to ensure that the image one attempts to project is clear.
- A concept can be in association or related with another to increase clarity.

3.1.3 Nursing concepts that determine practice

In our discussion on philosophy some concepts where mentioned for writing good philosophy. Nursing philosophy, as you remember influences nursing practice. The following concepts are significant in nursing and nurses must understand them.

- The human or individual
- Society/environment
- Health
- Nursing

These have been discussed in other units. Amongst these concepts the core of the practice of nursing is the individual, it is from the client that the other nursing concepts arise. Without any of these concepts nursing cannot evolve either as a science or professional practice. Below is a figure on interrelation- ship among the concepts, Study the figure, note the double direction of the arrows, which show the interrelationships.

3.2 Theory

The next aspect of the discussion is on theories. Theories are also not new in Nursing. They have been provided and used since the period of Florence Nightingale. The theories in Nursing are either borrowed, adopted or theories by nurse theorists. Within nursing and many disciplines, the meaning of theory varies and this is due to the search for

truth and clarity. Before defining the word it is important to examine the evolution of the word.

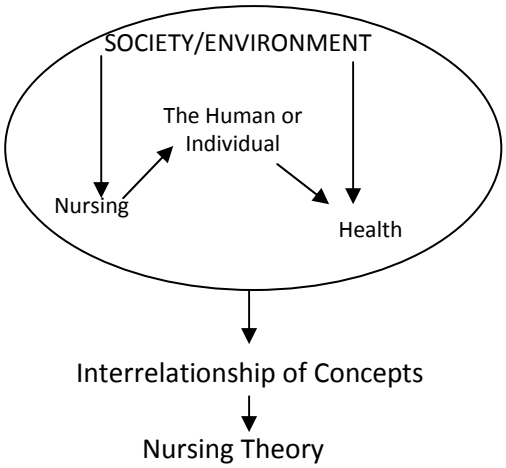

Fig. 1: Concepts essential to practice

Theory is derived from the Greek word 'theoria' signifying a "vision". You will be familiar with theories in other science disciplines like mathematics, physics and chemistry.

EXERCISE 3

In your own words define theory and give two examples of theory that you have used in the past.

3.2.1 Definition

Within the context of nursing Kerlinger views theories as a set of interrelated concepts that give a systematic view of phenomena (an observable fact even) that is explanatory and predictive in nature. It can also be defined as a systematic way of looking at the world in order to describe explain, predict or control it.

What are the common elements in these definitions?

3.2.2 Elements

Theories are comprised of concepts (see Fig. 1).

- They can describe, explain, predict.
- They are testable
- They are needed by all disciplines
- They are needed for research
- They are needed for practice

As mentioned earlier use of theories had been since the inception of Nursing as a profession. It is worth noting that the first group of theories used in nursing were theories from other disciplines like physical science e.g. gas laws, developmental theories from social science Maslow's theory from motivational theory in management and so on.

What does this mean? It means that in nursing you will find some borrowed theories, some adopted and as the nursing discipline matured nursing theories by nurse theorists emerged. Examples are Orem (1971) *Self-Care Theory*, Henderson (1955) *Theory*, Peplau (1951).

NOTE: Theories are not laws or facts.

EXERCISE 4

Define theory within the context of nursing. List 4 elements of theory list two nursing theories and two from other disciplines, but used in nursing.

Having done the above exercise let us discuss why we need to know about theories in nursing.

3.2.3 Purpose/function of theories

Theories serve the following purposes:

- To develop the body of knowledge in nursing.
- To describe, explain, predict and control events.
- To analyze client care situations.
- To communicate in coherent and meaningful ways.

Nursing theories do describe and explain the human condition in terms of environment and illness but are limited in their ability to predict or control a nursing situation. This is also true for sociological and psychological the ones.

More detailed discussions on theories in nursing will be provided in the next unit. Let us look at what models are and their uses in nursing.

3.3 Models

As a child you probably played with models of cars, teddies, dolls and so on. Also in your science classes in school you used models of various body parts and other models.

EXERCISE 5

Define models in your own words and list four examples of models that you had used in the past.

3.3.1 Definitions of models

Models can be referred to as representations of the interaction among and between concepts showing patterns of these interactions. A miniature representation of a real object but it also has all component parts and the way the parts interrelate is the same.

A model can also be viewed as a theoretical way of understanding a concept or idea, Health and illness are complex abstract concepts as already high- lighted to you in the earlier discussion in other units. Model of a health illness continuum can be drawn to facilitate the understanding and the relationship. between these concepts. For example health belief model, health-illness continuum model, below demonstrates the relationship between these" various complex concepts.

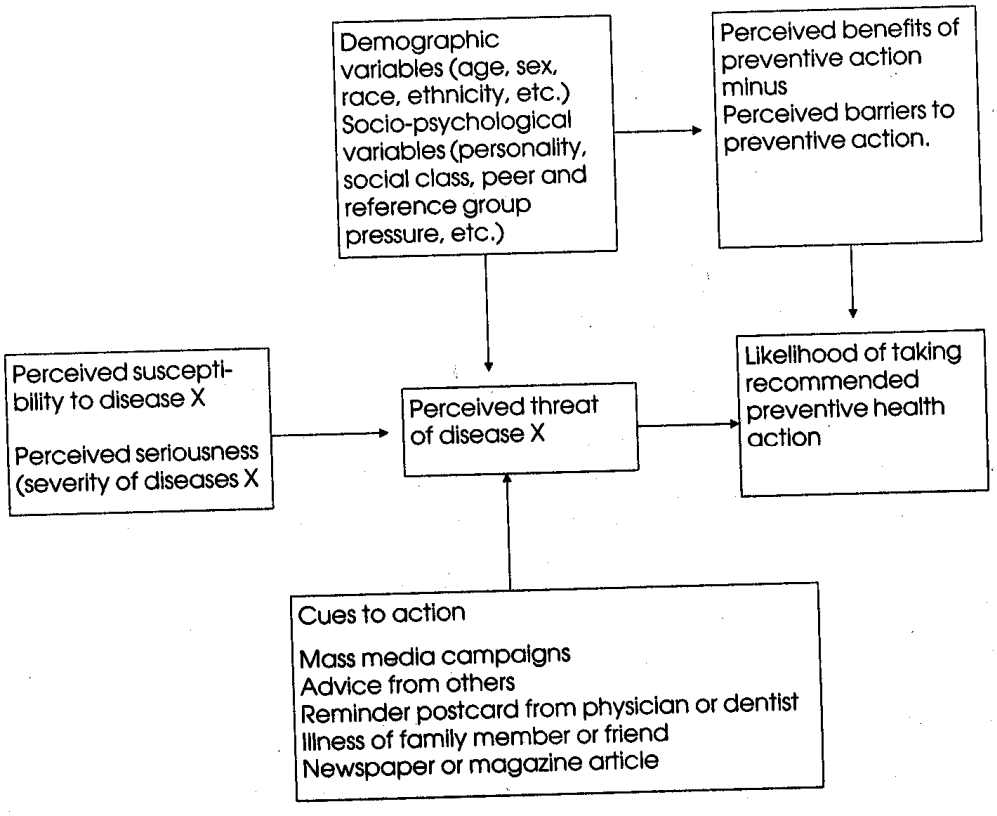

Fig. 2: Health Belief Model

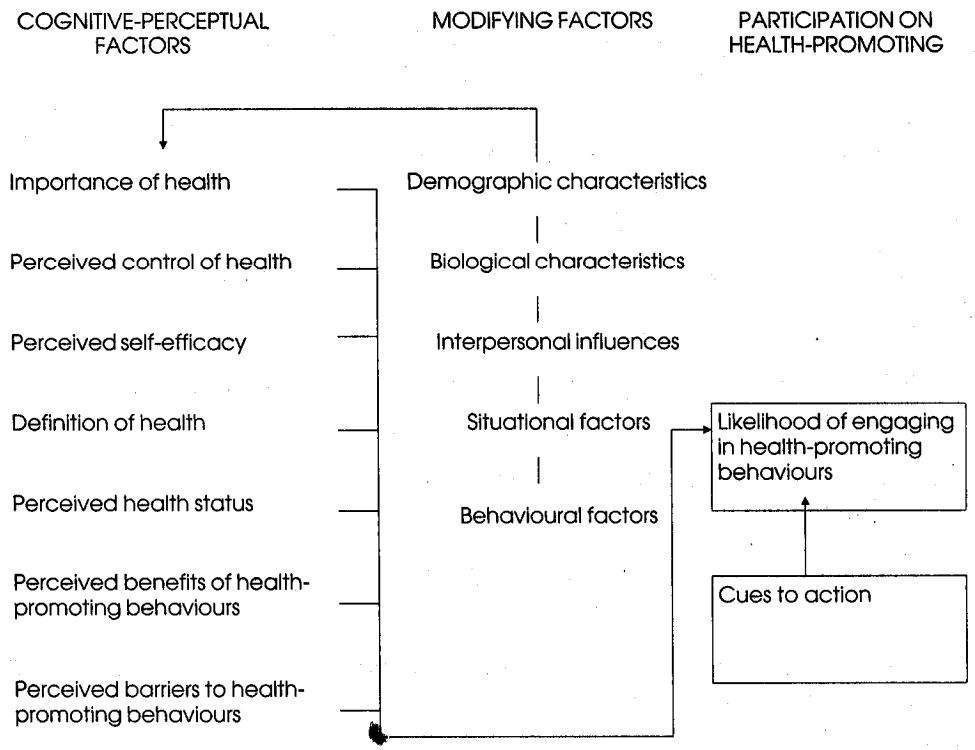

Fig 3: Health promotion model

From Pender NJ: *Health Promotion in Nursing Practice,* ed 2, Norwalk, Conn, 1987, Appleton & Lange.

You will learn more about these models in other courses in the program. Meanwhile read Potter and Perry (pages 39 to 43). Note the concepts and how they are related in the model.

3.3.2 Purpose of models

- To understand the relationship between concepts and client attitude and reaction.
- To understand client health behavior.
- To allow nurses to understand and predict client health behavior including how they use health services and comply with therapy
- Used to provide knowledge to improve practice.
- Guide research and curricula and identify domain of nursing.

This unit will not be complete without talking about conceptual and theoretical models in nursing practice. One of these models will be used in discussion on nursing process in the next unit.

3.3.3 Conceptual and theoretical models

Models have been explained, theories and concepts discussed so you probably will agree that conceptual and theoretical nursing models are used to provide knowledge to improve practice, guide research and curricula and identify the domains and goals of nursing practice. Concepts make up theories so in essence theoretical models will consist of concepts. Below are the goals of theoretical model as highlighted in Potter and Perry (1993).

Goals of theoretical nursing model

- Guide research to establish empirical knowledge base for nursing. Identify area to be studied.
- Identify research techniques and tools that will be used to validate nursing interventions
- Identify nature of contribution that research will make to advancement of know ledge.
- Formulate legislation governing nursing practice. Research and education.
- Formulate regulations interpreting nurse practice acts so that nurses and others better understand laws.
- Develop curriculum plans for nursing education.
- Establish criteria for measuring quality of nursing care education and
- research.
- Prepare job descriptions used by employers and nurses.
- Guide development of nursing care delivery system.
- Provide knowledge to improve nursing administration, practice education and research.
- Provide systematic structure and rationale for nursing activities.
- Identify domain and goals of nursing.

At your level conceptual framework cannot be explained in great detail but references will be made to these discussion in other units.

4.0 Conclusion

It is worth noting that nursing knowledge is interrelated and interdependent that no knowledge should be compartmentalized or forgotten after completion. References will always be made to theories at all points of nursing practice and research.

5.0 Summary

We have been discussing concepts, theories, and models in Nursing. They have all been defined, their purposes and examples given. Conceptual or theoretical models and their goals in nursing are highlighted.

6.0 References

George, J.B. (1990) *Nursing Theories: The Base for Professional Nursing Practice* 3rd Edition Practice-Hall International line.
Potter, P.A and Perry, A.G.-(1993) *Fundamental Concepts Process and Practice3rd* Edition Mosby Year Book.
Oosthuizen, Ann UNISA (2000) *Nursing Dynamics Study Guide of Department of Advance Nursing Science*, University of South Africa, Pretoria.

7.0 Tutor Marked Assignment

1. What do you understand by:
   - Concepts
   - Theories
   - Models
2. Describe five elements of a theory
3. Highlight 5 purposes of model
4. List 5 goals of theoretical nursing model.

Unit 16: Theories in Nursing

Table of content

1.0 Introduction

Theory and Nursing have been defined and discussed in the earlier Unit. The focus of this Unit will be on historical development of theories in Nursing. Nursing theorists and their theories and some other theories from other disciplines commonly used in Nursing.

As you are aware that nursing is a relatively young profession and the body of knowledge continues to be developed through theory building, research to test it and through utilization in practice to improve care. The process of theory development is complex for this level but simply it starts with identification of the concepts which should be clearly defined and related concepts put together to form propositions. The detailed process will be discussed in other courses. It is important to note that theory development is the backbone of the nursing profession.

2.0 Objectives

At the end of this Unit the learner will be able to:

- Identify the historical development of theories in Nursing.
- Identify at least five nursing theories.
- Discuss briefly five nursing theories, and one other theory used in Nursing.
- List at least four characteristics of a theory.
- Discuss the role of theory in Nursing.

3.0 Main content

3.1 Historical development

The development of theories in nursing and some of the theorist would have been briefly mentioned in the Unit on Historical Development of Nursing. You would have come across same theorist with Florence Nightingale being in the forefront.

A review of the last 120 years according to Potter and Perry (1993) has witnessed a demonstration of the development of a growing body of knowledge in Nursing. The genesis and need for theory in nursing can be traced to the mother of nursing Nightingale (1860) who advocated for professional knowledge. Her practice was based on taking care of the environment while nature is allowed to look after the physiological processes in clients. After her demise nursing lost the tempo and drive instilled by Nightingale until the mid 1950s. This was due to the 2nd World War and economic recession.

Information from the history of nursing and nursing education claimed that nursing education in higher institution started in 1912 in Columbia University in the United States. These scholars were equipped with knowledge of research and theory development. They started to promote nursing research in nursing education and practice. These scholars from the Columbia University Teachers' college launched the nursing research journal in 1952.

Among these scholars were Peplau, Henderson, Hall, Abdellah King, Roger etc.

The drive for theory development was emphasized in the 1960 to 70s. Nursing was further defined as a process rather than an end, an interaction, rather than content and a relationship between two human being rather than an interaction between unrelated nurse and patient. In 1965 also American Nurses Association (ANA) position paper emphasized that the goal for nursing was theory development. In the USA, federal support was given for degrees in Nursing. Series of symposia were also organized for theory development by National League for Nurses between 1960 and 1970.

3.2 Nursing theories in perspective

Below is a table of the summary of Nursing theories in chronological order and applicability in nursing practice. It is totally beyond this Unit to discuss each of the theory in great details but each will be briefly discussed. The theory will be further discussed and used in major

nursing courses like medical/surgical nursing, nursing research, community health nursing etc.

Table 1: Summary of Nursing Theories

Theorist	Goal of Nursing	Framework for Practice
Nightingale (1860)	To facilitate "the body's reparative processes" by manipulating client's environment (Torres, 1986)	Client's environment is manipulate to include appropriate noise, nutrition, hygiene, light, comfort, socialization, and hope.
Peplau (1952)	To develop interaction between nurse and client (Peplau, 1952)	Nursing is significant, therapeutic, interpersonal process (Peplau, 1952). Nurses participate in structuring health care systems to facilitate natural ongoing tendency of humans to develop interpersonal relationships (Marriner-Tomey, 1989).
Henderson (1955	To work interdependently with other health care workers (Marriner-Tomey, 1989), assisting client to gain independence as quickly as possible (Henderson, 1964). To help client gain lacking strength(Torres, 1986)	Nurses help client to perform Henderson's 14 basic needs (Henderson, 1966).
Adbella (1960)	To provide service to individuals, families, and society. To be kind and caring but also intelligent, competent, and technically well prepared to provide this service (Marriner-Tomey, 1989)	This theory involves Abdella's 21 nursing problems (Abdellah et al 1960).
Orlando (1961)	To respond to client's behaviour in terms of immediate needs. To interact with client to meet immediate needs by identifying client behavior, reaction of nurse, and nursing action to be taken (Torres, 1986, Chinn, Jacobs, 1987)	Three elements, including client behavior, nurse reaction, and nurse action, compose nursing situation (Orlando, 1961).
Hall (1962)	To provide care and comfort to client during disease process (Torres, 1986)	The client is composed of the following overlapping parts: person (core), pathologic state and treatment (cure), and body (care) Nurse is care giver (Chinn, Jacobs, 1987; Marriner-Tomey, 1989).
Wiedenbach (1964)	To assist individuals in overcoming obstacles that interfere with the ability to meet demands or needs brought about by condition, environment, situation, or time (Torres, 1986)	Nursing as practice is related to individuals who need help because of behavioral stimulus. Clinical nursing has the following components: philosophy, purpose, practice, and art (Chinn, Jacobs, 1987).
Levine (1966)	To use conservation activities aimed at optimal use of client's resources	This adaptation model of human as integral whole is based on "four conservation principles of nursing" (Levine, 1973).
Johnson (1968)	To reduce stress so that client can move more easily through recovery process	This basic needs framework focuses on seven categories of behavior. Individual's goal is to achieve behavioral balance and steady state by adjustment and adaptation to certain forces (Johnson, 1980; Torres. 1986).

Theorist	Goal of Nursing	Framework for Practice
Rogers (1970)	To maintain and promote health, prevent illness, and care for the rehabilitate ill and disabled client through "humanistic science of nursing" (Rogers, 1970).	"Unitary man" evolves along life process. Client continuously changes and coexists with environment.
Orem (1971)	To care for and help client attain total self-care	This is self-care deficit theory. Nursing care becomes necessary when client is unable to fulfill biological, psychological, developmental, or social needs (Orem, 1985)
King (1971)	To use communication to help client re-establish positive adaptation to environment	Nursing process is defined as dynamic interpersonal process between nurse, client, and health care system.
Travelbee (1971)	To assist individual or family to prevent or cope with illness, regain health, find meaning in illness, or maintain maximal degree of health (Marriner-Tomey, 1989)	Interpersonal process is viewed as human-to-human relationship formed during illness and "experience of suffering."
Neuman (1972)	To assist individuals, families and groups to attain and maintain maximal degree of health (Marriner-Tomey, 1989)	Stress reduction is goal of systems model of nursing practice (Torres, 1986). Nursing actions are in primary, secondary, or tertiary level of prevention.
Roy (1979)	To identify types of demands placed on client, assess adaptation to demands, and help client adapt.	This adaptation model is based on the physiological, psychological, sociological, and dependence independence adaptive modes (Roy, 1980).
Patterson and Zderad (1976)	To respond to human needs and build humanistic nursing science (Patterson, Zderad, 1976; Chinn, Jacobs, 1987)	Humanistic nursing requires participants to be aware of their 'uniqueness' and 'commonality' with others (Chinn, Jacobs, 1987)
Leininger (1978)	To provide care consistent with nursing emerging science and knowledge with caring as central focus (Chinn, Jacobs, 1987)	With this trans-cultural care theory, caring is central and unifying domain for nursing knowledge and practice (Leininger, 1980)
Watson (1979)	To promote health, restore client to health, and prevent illness (Marriner-Tomey, 1989)	This theory involves philosophy and science of caring, caring is interpersonal process comprising interventions that result in meeting human needs (?Torres, 1986).
Parse (1981)	To focus on man as living unity and man's qualitative participation with health experience (Parse, 1981) (Nursing as science and art (Marriner-Tomey, 1989)	Man continually interact with environment and participates in maintenance of health (Marriner-Tomey, 1989). Health is continual, open process rather than state of well-being or absence of disease (Parse 1981; Marriner-Tomey, 1989; Chinn, Jacobs, 1987).

Source: Potter and Perry (1993)

3.3 Highlight of some theories

Hear we will examine some of the nursing theories briefly for this level of the course. Note the basic contribution of each. The discussion will be in the following order as highlighted by Potter & Perry (1993).

- Nightingale theory
- Peplau' s theory
- Henderson's theory
- Abdellah' s theory
- Orlando's theory
- Lenine's theory
- Johnson's theory
- Roger's theory
- Orem' s theory
- King's theory
- Newman's theory
- Roy's
- Watson's

Nightingale's theory

Contemporary authors are beginning to explore Florence Nightingale's work as a potential theoretical and conceptual model for nursing. Nightingale's concept of environment as the focus of nursing care and her view that nurses need not know all about the disease process are early attempts to differentiate between nursing and medicine.

Nightingale did not view nursing as limited merely to the administration of medication and treatments but rather as oriented towards providing fresh air, light, warmth, cleanliness, quite and adequate nutrition. Through observation and data collection, she linked the client's health status with environmental factors and, as a result, initiated improved hygiene and sanitary conditions during the Crimean war.

Torres (1986) notes that Nightingale provided basic concepts and propositions that could be validated and used for practice in nursing. Nightingale's "descriptive theory" provides nurses with a way to think about nursing or a frame of reference that focuses on patients and environment. Nightingale's letters and writings direct the nurse to act on the behalf of the client. Her principles encompass the areas of practice, research, and education. Most importantly, her concepts and principles

shaped and delineated nursing practice. Nightingale taught and used the nursing process, noting that "vital observation (assessment) ...is not for the sake of piling up miscellaneous information of curious facts, but for the sake of saving lives and increasing health and comfort".

Peplau's theory

Hildegard Peplau's theory (1952) focused on the individual nurse, and interactive process. The result is the nurse-client relationship. According to this theory the client is an individual with a felt need, and nursing is an interpersonal and therapeutic process. Nursing goal is to educate the client and family and to help the client reach mature personality development. Therefore the nurse strives to develop a nurse-client relationship in which the nurse serves as a resource person, counselor, and surrogate.

When the client seeks help, the nurse first discusses the nature of the problem and explains the services available. As the nurse-client relationship develops, the nurse and client mutually define the problems and potential solutions. The client gains from this relationship by using available services to meet, needs, and nurses assist the client in reducing anxiety related to the health care problem. Peplau' s theory is unique in that the collaborative nurse-client relationship creates a "maturing force" through which interpersonal effectiveness assists in meeting the client's needs. When the original needs have been resolved, new needs may emerge. The nurse-client interpersonal relationship is characterized by the following overlapping phases: orientation identification, explanation, and resolution.

Peplau's theory and ideas were developed to provide a design for the practice of psychiatric nursing but it is used in nursing generally. Nursing research on anxiety, empathy, behavioral tools, and tools to evaluate verbal response resulted from Peplau's conceptual model.

Henderson's theory

Virginia Henderson's nursing theory (1955) involves basic needs of the whole person. Henderson (1964) defines nursing as assisting the individual sick or well in the performance of those activities contributing to health or its recovery...that he would perform unaided if he had the necessary strength, will, or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible.

The following needs, often called Henderson's 14 basic needs, provide a framework for nursing care and during this period are still applicable today.

- Breathe normally.
- Eat and drink adequately.
- Eliminate by all avenues of elimination
- Move and maintain a desirable position.
- Sleep and rest.
- Select suitable clothing; dress and undress.
- Maintain body temperature within normal range.
- Keep the body clean and well groomed.
- Avoid dangers in the environment.
- Communicate with others.
- Worship according to faith
- Work at something that provides a sense of accomplishment.
- Play or participate in various forms of recreation.
- Learn, discover, or satisfy the curiosity that leads to normal development and health.

Abdellah's theory

The nursing theory developed by Faye Abdellah et al (1960) emphasizes delivering nursing care for the whole person to meet the physical, emotional, intellectual, social, and spiritual needs of the client and family. When using this approach, the nurse needs knowledge and skills in interpersonal relations, psychology, growth and development, communication, and sociology, as well as knowledge of the basic sciences and specific nursing skills. The nurse is a problem solver and decision-maker. The nurse formulates an individualized view of the client's needs, which may occur in following areas.

- Comfort. Hygiene, and safety
- Physiological balance
- Psychological and social factors
- Sociological and community factors

In these four areas, Abdellah et al (1960) identified the following specific client needs, which are often referred to as Abdellah' s 21 nursing problems.

- To maintain good hygiene and physical comfort
- To achieve optimal activity, exercise, rest, and sleep
- To prevent accident, injury, or other trauma and prevent the spread of
- infection
- To maintain good body mechanics and prevent and correct deformities To facilitate the supply of oxygen to all body cells
- To facilitate the maintenance of nutrition to all body cells
- To facilitate the maintenance of elimination

- To facilitate the maintenance of fluid and electrolyte balance.
- To recognize the physiological responses of the body to disease conditions-pathological, physiological, and compensatory
- To facilitate the maintenance of regulatory mechanisms and functions
- To facilitate the maintenance of sensory function
- To identify and accept positive and negative expressions, feelings, and reactions.
- To facilitate the maintenance of effective verbal and nonverbal communication.
- To facilitate the development of productive interpersonal relationship To facilitate progress toward achievement of personal spiritual goals
- To create and/or maintain a therapeutic environment of personal spiritual goals
- To create and/or maintain a therapeutic environment
- To facilitate awareness of the self as an individual with varying physical, emotional, and developmental needs.
- To accept the optimum possible goals in light of limitations-physical and emotional
- To use community resources as an aid in resolving problems arising from illness
- To understand the role of social problems as influencing factors in the cause illness

Orlando's theory

Idea Orlando (1961) viewed the client is an individual with a need that, when met, diminished distress increased adequacy, or enhanced well-being. Orlando's theory focused on nurses' reactions to client behaviour in term of the client's immediate needs. Orlando's theory contain three concepts for professional action, and nurse actions-compose the nursing situation. After nurses thoroughly assess the client's needs, they recognize the impact of that need on the client's level of health and then act automatically or deliberately to meet the need, which ultimately reduces the client distress.

Levine's theory

Myra Levine's nursing theory, formulated in 1966 and published in 1973, views the client as an integrated being who interacts with and adapts to the i environment. Levine believes that nursing intervention is a conservation activity, with conservation of energy as a primary concern. Health is viewed in terms of the conservation of energy in the following areas, which Levine calls the four conservation principles of nursing.

- Conservation of client energy
- Conservation of structural integrity
- Conservation of personal integrity
- Conservation of social integrity

With this approach, nursing care involves conservation activities aimed at the optimal use of the client's resources. Each principle will be discussed in medical surgical Nursing.

Johnson's theory

Dorothy Johnson's theory of nursing (1968) focuses on how the client adapts to illness and how actual or potential stress can affect the ability to adapt. The goal of nursing is to reduce stress so that the client can move more easily through recovery. Johnson's theory focuses on basic needs in terms of the following categories of behavior:

- Security-seeking behavior
- Nurturance-seeking behavior
- Master of oneself and one's environment according to internalized standards of excellence
- Taking in nourishment in societally and culturally acceptable ways Ridding the body of waste in socially and culturally acceptable ways Sexual and role-identity behaviour
- Self-protective behavior

According to Johnson, the nurse assesses the client's needs in these categories of behavior, called behavioral subsystems. Under normal conditions the client functions effectively in the environment. When stress disrupts normal adaptation, however, behavior becomes erratic and less purposeful. The nurse identifies this inability to adapt and provides nursing care to resolve problems in meeting the client's needs.

Rogers' theory

In her theory, Martha Rogers (1979) considers man (unitary human being) as an energy field coexisting within the universe. Man is in continuous interaction with the environment. In addition, man is a unified whole, possessing personal integrity and manifesting characteristics that are more than the sum of the parts. Unitary man is a "four dimensional energy field identified by pattern and manifesting characteristics that are specific to the whole and which cannot be predicted from the knowledge of parts" The four dimensions used in Rogers' theory-energy fields, openness, pattern and organization, are used to derive principles about how human beings develop. Roger's views nursing primarily as a science and is committed to nursing research. Nursing therefore incorporates knowledge of the basic science and physiology, as well as nursing knowledge:

The science of nursing aims to provide a body of abstract knowledge growing out of scientific research and logical analysis capable of being translated into nursing practice. Nursing body of scientific knowledge is a new product specific to nursing… Nursing is a humanistic science. Reflect on knowledge from basic sciences.

Orem's theory

Dorothea Orem (1971) developed a definition of nursing that emphasizes the client's self-care needs. Orem describes her philosophy of nursing in the following way:

Nursing has as a special concern man's needs for self-care action and the provision and management of it on a continuous basis in order to sustain life and health, recover from disease or injury, and cope with their effects. Self-care is a requirement of every person-man, woman, and child. When self-care is not maintained, illness, disease, or death will occur. Nurses sometimes manage and maintain required self-care continually for persons who are totally incapacitated. In other instances, nurses help persons to maintain required self-care by performing some but not all care measures, by supervising others who assist patients, and by instructing and guiding individuals as they gradually move toward self-care.

Thus the goal of Orem' s theory is helping the client perform self-care.
According to Orem, nursing care is necessary when the client is unable to fulfill biological, psychological, developmental, or social needs. The nurse determines why a client is unable to meet these needs, what must be done to enable the client to meet them, and how much self-care the client is able to perform.

King's theory

Imogene King's theory (1971) focused on the interpersonal relationship between client and nurse. The nurse-client relationship is the vehicle for the nursing process, which is a dynamic interpersonal process in which the nurse and client are affected by each other's behavior, as well as by the health care system (King, 1971). The nurse's goal is to use communication to assist the client in reestablishing or maintaining a positive adaptation to the environment.

Neuman's theory

Betty Neuman (1972) defined a total-person model incorporating the holistic concept and an open-systems approach. To Neuman, the person is a dynamic composite of physiological, socio-cultural, and developmental variables that function as an open system. As an open system, the person interacts with, adjusts to, and is adjusted by the environment, which is viewed as a stressor. Stressors disrupt the system.

Neuman's model included intra-personal, inter- personal, and extra-personal stressors. Intra-personal stressors are forces occurring within the person; interpersonal stressors such as role expectations occur between persons, and extra-personal stressors such as financial circumstances occur outside the person.

Neuman believes that nursing is concerned with the whole person. The goal of nursing is to assist individuals, families, and groups in attaining and maintaining a maximal level of total wellness (Neuman, Young, 1977). The nurse assesses, manages, and evaluates client symptoms. Nursing focuses on the variables affecting the client's response to the stressor. Nursing actions are in the primary, secondary, and tertiary level of prevention. Primary prevention focuses on strengthening a line of defense through the identification of actual or potential risk factors associated with stressors. Secondary prevention strengthens internal defenses and resources by establishing priorities and treatment plans for identified symptoms, and tertiary prevention focuses on re-adaptation. The principal goal in tertiary prevention is to strengthen resistance to stressors through client education and to assist in preventing a recurrence of the stress response.

Roy's theory

Sister Callista Roy's adaptation theory (Roy, 1979; Roy, 1980) viewed the client as an adaptive system. According to Roy's model, the goal of nursing is to help the person adapt to changes in physiological needs, self-concept, role function, and interdependent relations during health and illness. The need for nursing care arises when the client cannot adapt to internal and external environmental demands. All individuals must adapt to the following demands:

- Meeting basic physiological needs
- Developing a positive self-concept
- Performing social roles
- Achieving a balance between dependence and independence.

The nurse determines what demands are causing problems for a client and assesses how well the client is adapting to .them. Nursing care is then directed at helping the client adapt.

Watson's theory

Watson's philosophy of caring (1979) attempts to define the outcome of nursing activity in regard to the outcome of nursing activity in regard to the humanistic aspects of life. The action of nursing is directed at understanding the interrelationship between health, illness, and human behavior. Nursing is concerned with promoting and restoring health and preventing illness.

Watson's model is designed around the caring process, which she defines as 10 "curative" factors. Each factor describes the caring process of how a client attains or maintains health or dies peacefully. Caring represents all of the factors the nurse uses to deliver health care to the client.

The basic focus in all these theories is meeting needs of clear or assisting clients to overcome health problems within the health-illness continuum. The importance of providing holistic care in a scientific manner is also emphasized.

EXERCISE 1

Now in your own words describe each of the theories and list the common point amongst them.

3.4 Theories from other disciplines

Now let us examine other common theories used in Nursing but from other discipline. Among them are developmental theories from psychology, Maslow's hierarchy of human need, which is a motivational theory.

Table 2: Summary of Development According to Stage Theorists

FREUD'S PSYCHOSEXUAL THEORY

Stages and Ages	Characteristics of Stages	Theory Addendum
Oral–sensory (birth to 12–18 months infancy).	Activities involving mouth such as sucking, biting, and chewing are chief source of pleasure.	Child deprived of sufficient sucking might attempt to satisfy this need later in life through activities such as gum chewing, smoking, and overeating.
Anal-muscular (12–18 months 3 yr.) toddler hood)	Sensual gratification is derived from retention and expulsion of feces. Smearing is common activity.	External conflicts may be encountered when toilet training is attempted and later result in behaviors such as constipation, tardiness, or stinginess.
Phallic-locomotion (3-6yr.) pre-school)	Manipulation of genitalia results in pleasurable sensations. Masturbation begins and sexual curiosity becomes evident.	Emergence of Oedipus and Electra complexes for males and females respectively, occurs. Brashness, bashfulness, and timidity may be expressions of fixation at this stage.
Latency (6 yr. to puberty) school-age)	This is tranquil period when Freud believed sexual drives were dormant; however, child may engage in erogenous activities with same-sex peers.	Child's use of coping and defense mechanisms emerge at this time; and sexual interest may be sublimated through vigorous play and skill acquisition.
Genital (puberty through adulthood) adolescence and adult-hood)	Genitalia become center of sexual tension and pleasure. Sexual hormone production stimulates development of heterosexual relationships.	This is time of biological upheaval, when immature emotional interactions often occur in early phase. In time, ability to give and receive mature love develops.

ERIKSON'S PSYCHOSOCIAL THEORY

Stages and Ages	Characteristics of Stages	Theory Addendum
Trust versus mistrust (birth to 1 yr) (infancy) Mode: taking in and getting Virtue: hope	Care giver's satisfaction of infant's basic needs for food and sucking, warmth and comfort, and love and security in consistent and sensitive manner results in trust.	When basic needs of infant are not met or are met inadequately, infant becomes suspicious, fearful, and mistrusting. This is evidenced by poor eating, sleeping, and elimination behaviors.
Autonomy versus doubt and shame (1–3 yr) (toddlerhood) Mode: holding on and letting go Virtue: will	Child develops beginning independence while gaining control over bodily functions of undressing and dressing, walking, talking, feeding self, and toileting. Self-control begins.	If toddler's developing independence is discouraged by parents, child may doubt personal abilities; if child is made to feel bad when attempts to be autonomous fail, child develops shame.
Initiative versus guilt (3–6 yr) (preschool) Mode: Intrusive attack and conquest Virtue: purpose	Child develops initiative when planning and trying out new things. Behavior of child is characterized as vigorous, imaginative, and intrusive. Conscience and identification with same-sex parent develop.	Parental restrictiveness may prevent child from developing initiative. Guilt may arise when child undertakes activities in conflict with those of parents. Child must learn to initiate activities without infringing on rights of others.
Industry versus inferiority (6–12 yr to puberty) (school age) Mode: doing and producing Virtue: competence	Child wins recognition by demonstration of skill and production of things and develops self-esteem through achievements. Children is greatly influenced by teachers and school.	Feelings of inferiority may occur when adults perceive child's attempt to learn how things work through manipulation to be silly or troublesome. Lack of success in school, development of physical skills, and making of friends also contribute to inferiority.
Identity versus role confusion (puberty to 18–21 yr) (adolescence) Virtue: fidelity	Individual develops integrated sense of "self." Peers have major influence over behavior. Major decision is to determine vocational goal.	Failure to develop sense of personal identity may lead to role confusion, which often results in feelings of inadequacy, isolation, and indecisiveness. Psychosocial moratorium provides extra time for making vocational decision.
Intimacy versus isolation (18–21 to 40 yr) (young adulthood) Virtue: love	Task is to develop close and sharing relationships with others, which may include sexual partner.	Individual unsure of self-identity will have difficulty developing intimacy. Person unwilling or unable to share self will be lonely.
Generativity versus self-absorption or stagnation (40–65 yr) (middle adulthood)	Mature adult is concerned with establishing and guiding next generation. Adult looks beyond self and expresses concern for future of world in general.	Self-absorbed adult will be preoccupied with personal well-being and material gains. Preoccupation with self leads to stagnation of life.
Ego integrity versus despair (65 yr to death) (older adulthood) Mode: acceptance Virtue: wisdom	Older adult can look back with sense of satisfaction and acceptance of life and death.	Unsuccessful resolution of this crisis may result in sense of despair in which individual views life as series of misfortunes, disappointments, and failures.

MASLOW'S THEORY OF HUMAN NEED

Stages and Ages	Characteristics of Stages	Theory Addendum
Physiological needs Safety needs Belongingness and love needs Esteem needs Self-actualization	Physiological needs include food, beverages and sleep. Satisfying safety needs allows individual to feel safe and secure. Belongingness allows individual to affiliate with and be accepted by others. Esteem allows individual to gain approval of others. Self-fulfillment potential is recognized.	Theory of motivation depicts individual driven to fulfill potential, capacities, and talents to become unique being. Person moves up and down hierarchy as life situations change.

EXERCISE 2

Study Table 2. *Stages* and *ages* refer to the normal, expected development which can be predicted because it is physiological within limits. Characteristics of stage refer to the normal expectation of the stage of development. *Theory addendum* refer to the various reaction and development in the individual.

After the study, list the phases of development by friend and Erickson. What implication does it have for the nurse.

Before ending this discussion on theories you need to understand the basic characteristics, which are as follows.

3.5 Basic characteristics of a theory

- Theories are interrelating concepts to create a different view of the phenomena in the last Unit theory was defined as interrelated concepts. This interrelatedness between concepts can result in another dimension of view particular phenomena.
- Theories must be logical in nature. This involves orderly reasoning and the inter-relationship between the concepts must be sequential.
- Theories should be relatively simple yet generalizable.
- Theories should he testable.
- Theories should assist to contribute to knowledge through research. Theories can be utilized by the practitioner to guide and improve practice
- Theories must be consistent with other theories.

3.6 Role of theory in nursing

- It is utilized in designing models for nursing practice
- It guides nursing practice either in health promotion maintenance or restoration.

- It guides future direction for research for improvement of care. .It assists in explaining approaches to practice.
- It provides knowledge to improve practice.
- It assists to identify domains and goals of nursing practice.

4.0 Conclusion

In this Unit you have learned about theories in nursing. A brief historical development was given, various nursing theories and theories used in nursing were discussed. The basic characteristics and the role of theory in nursing were highlighted.

Summary

The role of theory in any discipline cannot be over emphasized. The more theories are developed and tested the easier it will be to improve quality of practice. It is the backbone of research for evidence based practice. To improve the knowledge base of any discipline there should be a strong relationship between theory, research and practice. The practical uses of theories will be further demonstrated in other courses as you advance in the program.

6.0 References and suggested reading

Henderson, V. (1964) *The Nature of Nursing.* New York: The Macmillan Company. Nightingale, F. (1860) *Notes on Nursing: What It is and What It is Not.* London: Harrison
and Sons.
Potter, P.A. and Perry, A.G. (1993) *Fundamentals of Nursing: Concepts, Process of Practice* (3rd edn.). Philadelphia: J.B. Lippincolt Co.

7.0 Tutor Marked Assignment

1. Briefly outline the historical development of nursing theories.
2. List 5 nurse theorists.
3. Discuss 5 nursing theories that you are conversant with.
4. Briefly discuss the importance of theory in nursing.

Unit 17: Introduction to Nursing Process as a Framework for Nursing Practice

1.0 Introduction

Now that you have learnt about concepts and theories, models and frame- works, this unit will provide you with information on the process of giving nursing care to client. The framework is called *Nursing Process.* This involves how information is obtained from clients/patients, the diagnosis of nursing problem and how plans are made to either give information to prevent reoccurrence of disease, care and ameliorate the suffering and then identify if the purpose of giving the care has been achieved. It is assumed that you now know that human beings are holistic in nature comprising of physical, physiological, social, emotional and spiritual dimensions (bio psychosocial beings).

When individuals respond to a given thing, condition or incidence, it is usually as a whole person for instance, as the eye sees danger, the whole body gets ready and often the individual runs away from the danger. Also when you are beaten in school for bad behavior it is not only the part that the cane touched that pains but also the whole of you, to the extent of crying. Your physical, physiological, social and emotional being had been disturbed by the beating.

2.0 Objectives

At the end of the unit the student will be able to:

- Define the nursing process and identify the five phases.
- List five benefits of nursing process.
- List five purposes for using nursing process.
- Briefly discuss each phase of the nursing process.

3.0 Main content

The Nursing Process is the underlying scheme that provides order and direction to nursing care. It is the essence of professional nursing practice. It is the tool and methodology of nursing practice and it assists the nurse in arriving at decisions, predicting and evaluating consequences. How is it defined?

3.1 Definition

It can be defined as a deliberate intellectual activity whereby the practice of nursing is approached in an orderly systematic manner.

It is a scientific approach or problem solving approach to nursing practice. It deals with problems specific to nurses and their clients where client may be an individual, family or community. In order to use the nursing process effectively, nurses need to understand and utilize appropriate concepts and theories from biological, physical and behavioral sciences. All these provide the framework. Students of nursing using the nursing process are learning to behave as professional nurses in practice. It is a very important tool for you to learn as a basis for practice. It does not only provide you with the methodology for diagnosing clients' problems, it provides means for evaluating the quality of nursing care given by nurses and assures their account- ability and responsibility to the client/patients. There are many definitions by various authors but let me quote the World Health Organization's (WHO) definition which says:

The nursing process is a term applied to a system of characteristic nursing interventions in the health of individuals, families and/or communities. In detail it involves the use of scientific methods for identifying the health needs of the patient/client/family or community and for using these to select those which can most effectively be met by nursing care; it also includes planning to meet these needs, provide the care and evaluate the results. The nurse in collaboration with other members of the health care team and the individual or groups being served, defines objectives, sets priorities, identifies care to be given and mobilizes resources. He/she then provides the nursing services whether directly or indirectly. Subsequently, he/she evaluates the outcome. The information feedback from evaluation of outcome should initiate desirable change in subsequent interventions in similar nursing care situations. In this way, nursing becomes a dynamic process lending itself to adaptation and improvements.

The process which means something is cyclic has 5 logical steps/phases, which consist of:

- Assessment
- Nursing diagnoses
- Planning
- Implementation
- Evaluation

The list above as said earlier is a forward movement through each discrete phase. It may not always follow but assessment must always begin the process and leads to a nursing diagnosis. Nursing diagnosis is always derived from assessment. However, during diagnosis, planning, implementation and evaluation phases reassessment can lead to immediate changes in each of the, phases. Reassessment may lead to a change in diagnosis, which could lead to a change in planning implementation and evaluation as the process continues (see Fig. 1 above). Practice also provides information. A holistic view during the assessment.

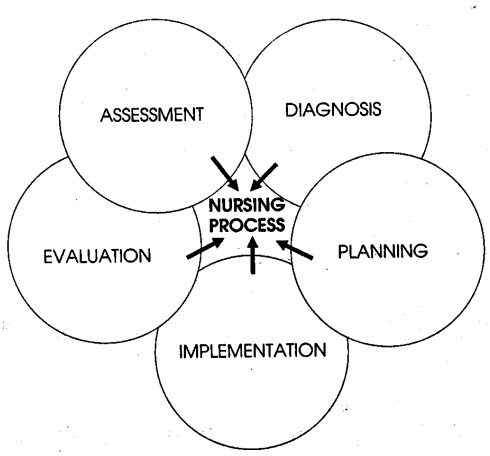

Fig. 1: The nursing process

3.2 Historical development

The use of framework to guide practice started almost as early as the history of modem nursing, as you will discover in the following discussion. A framework for practice is to ensure some standardization and individualization of nursing care to clients. The philosophy of Nursing as earlier discussed include the fact that individuals are unique and each person responds in a unique way to situations including ill health.

Potter and Perry (1998) highlighted that the term *nursing process* was first introduced by Lydia Hall in 1955 although the term had been used in education and practice for 30 years. Hall described the client/nurse relation- ship as "nursing at, to, for: and with the client". While Hall was propounded her approach, other nurses leaders like Dorothy Johnson (1959), Ida Orlando (1961) and Emestine (1963) (See Module on theories) introduced a 3-step nursing process model into nursing education and practice. The common thing in each of the model is the issue of the nurse first identifying or assessing clients' needs. Steps 2 and 3 were different and only Wiedenbach included evaluation as a component.

In 1967 another nurse leader called Lois Knoules presented a process model that she called five D's that is:

1. Discover
2. Delve
3. Decide
4. Do
5. Discriminate

These 5 steps are similar in a way to the current use of the nursing process. In 'Discover' and 'Delve' which are the first 2 phases, the nurse

collects data or information on the health status of the client and then selects a plan of action on how to assist the client to resolve the health problem. (Decide) and the nurse carries it out (Do). In the last phase 'Discriminate' the nurse assesses the client reaction to the nursing care given.

In 1967 the Western Interstate Commission of Higher Education listed the steps in the process as perception, communication, interpretation, interaction and evaluation.

In 1969 Dolores Little and Dories Camevali used four steps in their care plan-Assessment, Planning, Implementation and Evaluation.

In 1973, the concept of nursing diagnosis was introduced and the steps became five, that is, assessment, diagnosis, planning, implementation and evaluation.

Ever since the use of nursing process became an approach in clinical nursing practice for determining nursing care given to individual clients. It is a standard for practice and a requirement for accrediting many schools and practice setting in the United States. In Nigeria currently, only few hospitals are using it even though the Nursing and Midwifery Council has approved it, integrated it in curriculum and is required for licensure. You will be learning more about it as you progress in the course.

These were all attempts in the past by nurse leaders to provide a scientifically I sound process of providing nursing care. Remember nursing is an art and a t science. The art is the skill used and science is the scientific principles or rationale for doing what at a specific time (not trial and error, not intuition not guess work). Nursing actions are based on clinical judgement.

Study the table below to identify the comparison of the nursing process with the other approaches of problem identification. The focus of nursing process is problem identification and resolution. Problem Solving and scientific method are also theoretical approaches used to identify and resolve problems in nursing and other professions.

Table 1: Steps in Problem *Solving,* the Scientific Method and the Nursing

Table 1: Steps in Problem Solving, the Scientific Method and the Nursing

Problem solving	Scientific Method	Nursing Process
Encountering problem	Recognizing problem	Assessing
Collecting data	Collecting data	Formulating nursing diagnosis
Identifying exact nature of problem	Formulating hypothesis	Planning
Determining plan of action	Selecting plan for testing hypothesis	Implementing
Carrying out plan	Testing hypothesis	Evaluating
Carrying out plan evaluating plan in new situation.	Interpreting results	
	Evaluating hypothesis	

As a beginner, you need to know the purpose and advantages for the use of nursing process.

The purposes for using nursing process as a methodology for practice are:

- To identify the client's health needs
- Determine priorities of care, goals and expected outcome.
- Establish a nursing care plan to meet needs.
- Provide nursing interventions to meet needs
- Evaluate the effectiveness of nursing care in achieving client goals.

3.3 Assessment phase

This is the first phase in the nursing process with two sub-phases of data collection and analysis. Reflect on how you used to gather the various chemicals together in your chemistry class before you start analyzing the reactions or results.

3.3.1 Definition

There are many definitions by nursing theorists and writers but it can simply be defined as follows:

Assessment consists of systematic and orderly collection and analysis of data about the health status of the client for the purpose of making nursing diagnosis. As mentioned earlier, nursing diagnosis is derived from assessment. It is imperative that the data is comprehensive enough to provide holistic view and for correct diagnosis to be made, which also results to appropriate planning implementation and evaluation.

Accurate assessment is vital to the process and it is the basis for all other stages of the process. Accurate data is also needed for auditing and

research. Several guidelines for systematic collection of data are available and Nigeria also has one.

3.3.2 Steps in assessment

The steps in assessment as the first phase of nursing process include:

- *Collecting data:* Gathering information about the client/patient.
- *Validating data:* Making sure your information is accurate.
- *Organizing data:* Clustering them into groups of information that help you identify pattern of health or illness.
- *Identifying patterns/testing first impressions:* Making a tentative decision about what a certain pattern of information may mean
- *Reporting and recording data:* Reporting and recording abnormalities to expedite treatment, recording assessment findings to communicate current status (Alfaro-LeFevre 1996).

These steps will only be listed here, without detailed discussion, which will come up in the other units of the programme. As a beginner without knowledge of path physiology, anatomy and physiology details will be confusing at this stage.

The process of assessment itself can be categorized into:

- History taking physical examination
- Review of Records
- Nursing diagnostic procedures.

Skills for effective assessment:

- Communication skills
- Interpersonal skills
- Observation skills
- Recording and reporting skills.

All these must be done in a conducive environment
Details of all these will be provided in later units.

3.4 Nursing diagnosis

This is the second phase of the nursing process. It is derived from assessment.

3.4.1 Definition

There are many definitions by different experts in the field but, first, let us do an exercise.

EXERCISE 1

First check the word "diagnosis" in your English dictionary. Who can use it? Do some individuals only use it?

Answer

Nursing diagnosis is a decisive statement concerning the clients nursing needs. It is based on clients concern and actual or potential (those that may occur in the future if action is not taken now) problems that may be symptoms of physiological disorder or of behavioral, psychological or spiritual problems.

The diagnostic statement is derived from nurses inferences from data gathering during assessment coupled with nursing, Science and humanistic concepts and theories. The diagnoses are ranked in order of priority based on Maslow's hierarchy of need, degree of threat to level of wellness and consideration for clients and family opinion. There is a diagnostic process details of which will be discussed in the next nursing course.

It is worth noting that nursing diagnosis is different from medical diagnosis even though, both are derived from physiological, psychological, socio-cultural, developmental and spiritual dimensions of the client (see Figure 1).

Re-examine Carpenit's and Gordon's. It implies education, capability and licensure. It is something within nurses' jurisdiction to identify and treat. The word diagnosis is also used by other professionals like doctors, lawyers, so don't attribute the work to a particular profession.

Now, let us see how the experts define *nursing diagnosis:*

Abdella (1957)

> “The determination of the nature and extent of nursing problems presented by the individual patients or families receiving nursing care.”

Durand, Prince (1966)

> "A statement of a conclusion resulting from a recognition of a pattern derived from a nursing investigation of the patient".

Gebbie, Lavin (1975)

> "The judgement or conclusion that occurs as a result of nursing assessment.

Bircher (1975)

> "An independent nursing function. ..An evaluation of a client' s personal responses to his human experience throughout the life cycle, be they developmental or accidental crises, illness, hardship, or other stresses."

Aspinall (1976)

> "A process of clinical inference from observed changes in patient's physical or psychological condition; if it is arrived at accurately and intelligently, it will lead to identification of the possible causes of symptomatology" .

Gordon (1976)

> "Actual or potential health problems which nurses, by virtue of their education and experience, are capable and licensed to treat."

Roy (1982)

> "Nursing diagnosis is a concise phrase or term summarizing a cluster of empirical indicators representing patterns of unitary man."

Shoemaker (1984)

> "A nursing diagnosis is a clinical judgement about an individual, family, or community which is derived through a deliberate, systematic process of data collection and analysis. It provides the basis for prescriptions for definitive therapy for which the nurse is accountable. It is expressed concisely and includes the etiology of the condition when known."

Capenito (1987)

> "A nursing diagnosis is a statement that describes the human response (health state or actual/potential altered interaction pattern) of an indi- vidual or group which the nurse can legally identify and for which the nurse can order the definitive interventions to maintain the health state or to reduce, eliminate, or prevent alteration."

Nanda (1990)

> "A nursing diagnosis is a clinical judgement about individual, family, or community responses to actual and potential health problems and life processes. Nursing diagnoses provide the basis for selection of nursing interventions to achieve outcomes for which the nurse is accountable."

Carlson *et al.* (1991)

> "Nursing diagnosis is a summary statement about the health status of a client(s) derived through the assessment process and requiring intervention from the domain of nursing."

Modified from Carlson J.H. et *al., Nursing Diagnosis: A Case-study* Approach, Philadelphia, 1991, Saunders.

3.4.2 Differences between medical diagnosis and nursing diagnosis

Medical	Nursing
It is the identification of a disease condition that the doctor is licensed to treat.	Statement of client actual or potential response to a health problem that the Nurse is licensed and competent to treat.
Goal is to identify and design a treatment plan for curing the disease ort pathological process.	Goal is to identify actual and potential client response to condition and design Individualized care.
Diagnosis is the same throughout illness	Diagnoses are many and changes as client problem are resolved.
It is often not holistic but disease oriented.	It focuses on total person within the context of family and community.

Now study the scenario below:

3.4.3 Advantages of using nursing process

The benefits of using nursing process as a frame work are both for clients and nursing profession.

- Client actively participates in his care.
- Care is comprehensive and individualized.
- Quality of care is provided.
- Encourages efficient use of nursing time and resources.
- Documentation of care is better.
- Nurses demonstrate professional competence, responsibility and accountability.

Now let us briefly examine each phase, the detailed description will be given later in another course.

3.5 Assessment scenario

An 18 year old SS 2 girl came into a health center with complaints *of* vomiting, headache, backache, high temperature, inability *to* eat, sleep and rest. She is also worried about her examination that is coming up soon. Parents live in Abuja. Medical diagnosis after examination was Malaria. On physical examination, temperature was 39°C, p. 84, R22, B/P $^{100}/_{70}$.
Blood sample shows malarial parasite +++

EXERCISE 2

From the above history, think of what actual nursing diagnosis will be and based on the complaints which are physiological and psychological to mention a few. Are your responses like these.

Complaints	**Possible Nursing Diagnosis**
Hot body temperature 390^{o}	Altered body temperature
Headache and bodyache	Altered body comfort-pain
Vomiting, dry lips and mouth	Potential fluid volume deficit
Lack of sleep	Sleep pattern disturbance
Worried.	Anxiety.

Having studied the above table is nursing diagnosis different from medical diagnosis?

There is taxonomy of nursing diagnosis by North American Nursing Diagnosis Association; the organization has been designated from the development, utilization, monitoring, research and a clearing House for new diagnosis. (see appendix).

Diagnosis can be made on individual family or community (see the appendix for examples) Now let us go to the next phase of the process, which is planning

3.6 Planning

3.6.1 Definition

Planning is a universally used concept. It can be defined as the act or process of interpreting the facts of a situation, determining a line of action to be taken in the light of all facts and the objectives sought, detailing the steps to be taken in keeping with the action determined, making provision to establishing checks and balances to see how close performance comes to the plan (Arndt and Huckabay 1988).

Planning is the third phase of the nursing process. To plan is to project into the future what is to be done. The plan for providing nursing care is to determine what can be done to assist the client in preventing illness, maintaining health and reducing problems that have arisen.

It is very important as mentioned earlier to involve the client in everything you do with them for them and to them. Planning involves the mutual setting of goals and objectives, judging priorities and designing methods to resolve actual or potential problems. Planning like other phases has a process. The following are the steps in planning.

3.6.2 Steps in planning nursing care

Potter and Perry (1991) identified the following as the steps in planning:

1. Setting priority
2. Setting objectives
3. Selecting appropriate nursing interventions
4. Writing a care plan

Let us examine each briefly because a more detailed discussion will be in another unit.

3.6.3 Setting priority

What is priority setting? It is the process of establishing order or sequencing order in the delivery of nursing care. This is based on logic, concept and theory. Also it is based on pressing needs of the client to sustain life.

Note that nursing diagnoses have been identified earlier. The nurse now arranges the diagnoses based on client's needs and well being at that particular time. The decision is often based on the following:

- Actual life threatening nature of condition
- Potential health threatening of condition
- Client's perception of problem
- Nursing Principles, concepts and theories.

Remember the lectures on concept principles and theories? Which of the theories is often used to guide priority setting? Maslow's hierarchy of needs.

EXERCISE 3

Review the lectures on Maslow's theory:

Example:
A person who is ill is brought in by his relation and you observe that:

- He is bleeding slightly from an injury on the arm.
- He is not breathing properly
- Relative tells you he is complaining of hunger.

Based on Maslow's theory, which problem will you tackle first?

Other information that may guide the nurse in setting priority are results of diagnostic examination and changes in client's responses. As highlighted earlier, it is important to plan with our clients and family. In prioritization too, clients must be fully involved. How active they are during the period is dependent on their state of health. In clients that are acutely ill, the nurse takes responsibility for planning and setting priorities. He is gradually encouraged to be independent and take part as his health improves.

3.6.4 Setting objectives

What is an objective? This should not be new to you. Objectives or out-comes are used interchangeably. An objective describes an expected out- come, the behavior, which the client should be able to perform, and the condition under which the behavior is to occur. You will come across the concepts of goal, objective and outcome in other courses where it will be discussed in great detail. The change in time. Let us examine the types of objective based on time frame.

Types of objectives: Short Term-they are objectives that the outcome are expected almost immediately, or within a short period or couple of hours to a day e.g. client temperature will reduce from 40° to 37°c within 2 hours.

Intermediate objectives are those that the expected outcome or changes in client's condition are expected within a few weeks to a month, e.g. client body weight will increase from 50kg-55kg within one month

Long term objectives are changes in clients' condition or human responses as expected within months of care intervention e.g. client will be able to walk with crutches in 3 months. Please note that the way the objective is constructed makes it easy to evaluate at the end of 2 hours, 1month or 3 months. What then are the criteria for stating good objective or. how do you write a good statement that is focusing on the clients and clients problems. Let us exalll1ne the process.

Component of an objective: Each objective must have a performer (client) j an action verb that describes the performance and standard and condition 1 if necessary that is used to measure performance within a time frame e.g. client temperature will reduce from 40°c to 37°c in 2 hours.

The use of appropriate action verb makes the objective measurable e.g. "reduce" There are many verbs, but behavioral ones are better, e.g. identify, illustrate, demonstrate etc.

Guideline for writing objectives:

- It should always begin with "client", "client will", for it to be client centred.
- It must be derived and relevant to the nursing diagnosis.
- It must be stated in behavioral terms, realistic, feasible, measurable, and achievable within a time frame.
- The objectives must be arranged serially based on priority.
- Words that are not open to several interpretations should be used.

You will need to practice setting the objective using examples of assessment of a friend or colleague. Check nursing care plan in any medical surgical textbook. Practice makes perfect. The next step in planning is:

3.6.5 Selecting appropriate nursing interventions

First, what are nursing interventions? Interventions are what the nurse plans to do to help the client or the nurse and client plan to meet the objective already stated which will promote health, prevent illness reduce the suffering or problem that client has brought or assist him in adjusting to situations. Therefore nursing interventions are planned ways based on science, nursing- science, theories, principles that nurse or nurse/client/family's choice to achieve already stated objectives. Since there are many things available to resolve a problem, the most appropriate ones for the nursing diagnoses must be selected. These scientifically based ways of assisting a client resolve health problems, need etc. are performed by nurses but some can be prescribed by other professionals like doctors. The intervention can therefore be within the independent role of the nurse or dependent (prescribed by doctors) or interdependent (Nurse, doctor Dietician). (These are terms you should be familiar with, if not, check them in the nursing text). The number of interventions varies depending on the objectives. These actions too must be sequential e.g. for a client that has fever-Nursing diagnosis-altered body temperature hypothermia (39) related to malarial infection.

Nursing action or intervention will include

- Removing blanket and client clothing
- Exposing and encouraging fluids
- Exposing and fanning-plus giving prescribed analgesic e.g. Panadol.

How quickly the fever goes down depends on each client's responses. What guides the nurses in choosing an action? The following will be a guide.

3.6.6 Guidelines for selecting appropriate nursing intervention/action/strategies

The planned action must be:

- Based on nursing and scientific knowledge
- Safe for the patient
- Within standard and policy stated
- Achievable with the available resources (materials, money and time)
- In line with other therapies.
- Agree with client and clients cultural values and background.

All these are considered when actions are being planned by the nurse e.g. in the process of reducing fever in a woman, exposure-is scientific based-radiation (remember your physics) but her breasts will be covered in the process. She will not be stark naked.

The last phase in planning is writing a Nursing care plan. First, what is a care plan?

3.6.7 Writing a nursing care plan

A care plan can be defined as a written guideline for client care that is organized in such a manner that it provides at a glance care that is being provided and will be provided. It is a blue print of care being given because it contains nursing or independent, dependent and interdependent actions, which are all coordinated by the nurse. It is the basis for implementing and evaluating care given. This blueprint has various formats based on the institution and theory. In Nigeria the format consists of the following headings:

Format of Nursing Care Plan

Nursing Diagnosis	Objective	Intervention
Altered body Temperature Hyperthemia 40°C	Client body temperature will reduce from 40°C to 37°C in 2 hours.	— Expose — Fans — Give cold drinks (if allowed) — Monitor temperature half hourly and report — Give prescribed drugs-panadol, chloroquine etc.

The following headings are used in one way or the other by different institutions.

See examples of care plans in any current medical/surgical text;

- Nursing diagnoses
- Objectives or intended outcome.
- Nursing action/order/intervention
- Scientific principles/rationale
- Evaluation

This will be described in detail in another unit. Examine the example below

Nursing action as you observe from above are stated in Order form e.g. fan' client/monitor. Give prescribed drugs etc. Having planned you now carry out the order and this is now called implementation.

3.7 Implementation

This is the fourth step of the nursing process. According to the English dictionary it means to put into effect according to a definite plan or procedure.

3.7.1 Definition

It refers to the action or actions initiated to accomplish the defined goals and objectives. It is the actual giving of nursing care e.g., exposing and fanning client as stipulated in the nursing care plan. As mentioned earlier client may be a person, a group, family or community. We know that is a biopsychosocial being so nursing action can be towards any of these in a holistic manner.

The relationship between the client and nurse is dependent on the philosophy that the nurse and client have about human beings nurses and clients, interaction between nurses and client. If human beings are considered to be unique, then nursing action should reflect this

uniqueness. Also, this phase draws heavily on intellectual interpersonal and technical skill of the nurse.

Actions for implementation are also prioritised as goals and plans. The nurse or assistant under the supervision of the nurse may carry out actions. The client and family can also carry actions as organized and agreed upon. George (1990) categorizes nursing action into:

- Counseling-teaching
- Providing physical care
- Therapeutic communication {verbal and non-verbal).
- Carrying out delegated medial therapy
- Co-ordination of resources
- Referral to other sources.

Nursing action must be initiated by nurses without direction because the nursing diagnosis is within nursing domain. It is important that nurses are clear about their independent and dependent roles. The implementation phase is completed when the nursing client is satisfied and recording done. Ensure that rights of parties are protected by seeking consent before intervention. Standard and quality is evident in the process of providing care, and its evaluation can be better measured by consumers.

3.8 Evaluation

Fifth and relative last phase of the nursing process because frequently it does not end the process. It may even start another chain of events.

3.8.1 Definition

The appraisal of the client's behavioral changes due to the actions of nurse. What is being evaluated are the objectives not the interventions or nursing actions. Such questions like the following can be asked.

- Were the goals and objectives met?
- Were there identifiable changes in client's behaviour?

If these are not affirmative, why? And what are the actions to be taken. For the objectives not fully achieved a reassessment is needed. Evaluation can be categories into three structure, process and outcome. Structure evaluation relates to appropriateness of equipment to carry out the plan.

Process evaluation focuses on activities of the nurse as she provides care or at the end of it to ascertain the quality of care and standardization.

Outcome evaluation is based on behavioral changes. If you recall the earlier example of high temperature, the objective set was that: Clients temperature will reduce from 39°C to 37°c within 2 hours. To evaluate this objective, temperature will be measured at the end of 2 hours and compared with the goal to ascertain whether objective is fully or partially achieved. The outcome of the measurement should be communicated to the client and a reassessment done if objective is not fully achieved to identify additional scientifically based nursing care to enhance achievement of goals.

Structure and process evaluation are usually carried out by the nurse, other nursing administration or both within an agency. Evaluation can also be summative and formative. Summative evaluation occurs when the condition is being monitored before final the time stated in the objective e.g. within the 2 hours in the case of 1/2 hourly temperature taking.

Describe a personal or friends situation of ill health. List the problems expressed. List steps taken by the nurse, the director and other health care providers. What was the medical diagnosis? What were the actions taken by the nurse?

4.0 Conclusion

The nursing process is tool that all nurses in training must learn to use. For effective use of the process, the nurse needs to apply concepts and theories from nursing, biological, physical and behavioral sciences and humanities in order to provide a rational for clinical judgement. This is just overview of the process, more detailed discussion will be provided as you proceed in the programme. You will learn that the process has not been adopted nationwide in all clinical setting.

5.0 SUMMARY

We have been briefly discussing the basic tool of nursing practice called the nursing process. It was defined and the five steps identified and briefly discussed, the purpose and advantage were highlighted. Below is a summary of the steps of Nursing process.

Summary of Nursing Process

Component	Purpose	Steps
Assessment	To gather, verify, and communicate date about client so database basic is established.	1. Collecting nursing health history. 2. Performing physical examinatio 3. Collecting laboratory date 4. Validating data 5. Clustering data. 6. Documenting data.

Component	Purpose	Steps
Nursing diagnosis	To identify health care needs of client, to formulate nursing diagnoses.	1. Analyzing and interpreting 2. Identifying client problems 3. Formulating nursing diagnosis 4. Documenting nursing diagnosis
Planning	To identify client's goals, to determine priorities of care, to determine nursing strategies to achieve goals of care.	1. Identify client goals 2. Establishing expected outcomes 3. Selecting nursing actions 4. Delegating actions 5. Writing nursing care plan 6. Consulting
Implementation	To complete nursing actions necessary for accomplishing plan.	1. Reassessing client 2. Reviewing and modifying existing care plan. 3. Performing nursing actions
Evaluation	To determine extent to which goals of care have been achieved.	1. Comparing client response to criteria 2. Analyzing reasons for results for results and conclusions 3. Modifying care plan.

6.0 Tutor Marked Assignment

1. a) What do you understand by the nursing process?
b) List four reasons why the process must be learnt by the nurse in training.
c) List 3 benefits of nursing process to the client and 2 to the profession of nursing.
2. a) Compare and contrast 3 differences between medical and nursing diagnosis.
b) Discuss the phases of the nursing process?

Unit 18: Types of Nursing Care' . Delivery

Table of contents

1.0 Introduction

Delivery of nursing care is a means to achieve the goals of a healthcare organization. The effective delivery of nursing care requires efficiency in an organization that promotes high productivity and staff adequately. Clients are usually placed in various categories to help in determining staffing needs based on the kind and amount of care needed. When clients with similar conditions or treatments are grouped together, special equipment needed in the care of these clients may be kept in one department, thus eliminating duplicating; however, there is danger that the clients will become so stereo- typed that their individual needs are ignored. Some of the categories that are being used are based on:

.the amount of care needed, e.g. self-care or manorial care, partial care, or complete or intensive care.
.Age, e.g. pediatric or geriatric.
.diagnosis of condition being treated, e.g. cardiopulmonary or bums. .therapy being given, e.g. dialysis, chemotherapy. .sex, sometimes on religious grounds. .population of clients.

In Nigeria, a combination of these categories is used.
Classification of clients, guides the staffing pattern and the assignment pattern used for nursing care delivery. The philosophy and the goals of the health care organization also influence the staffing and assignment patterns.

Visit a local government and a State government hospital and identify the categories being used in the organization of the care of clients. How do the categories compare to those discussed above?

The discussion that follows will identify the major nursing care delivery patterns commonly used in Nigerian healthcare institutions. You will be required to visit healthcare institutions to discuss the implementation of each pattern of nursing care delivery.

2.0 Objectives

At the end of this Unit, each learner should be able to:

1. Define 'nursing care delivery'.
2. List the major categories used in determining nursing care delivery system.
3. Describe the four common nursing care delivery systems.
4. Recognize the application of each system in client carte settings.
5. Discuss the strengths and weaknesses of any one nursing care delivery system.

~

3.0 Main content)

3.1 Definition of nursing care delivery system

Client care delivery refers to the manner in which nursing care is organized I and provided. It is organized at the Unit level. The type of client care delivery system used in a healthcare organization reflects the organization's philosophy; it also depends on such factors as organizational structure, nurse staffing, client population, and client's health problems and nursing care needs.

EXERCISE 2

i. Define 'nursing care delivery'.
ii. List 3 factors within a healthcare organization that could influence client nursing care delivery.

3.2. Types of client care delivery systems

In this section four systems will be discussed. They are:
.Care management nursing
.Functional nursing
.Team nursing
.Primary nursing

3.2.1 *Case management*

This is the first and oldest approach to client care. It involves a 1 to 1 nurse client ratio, with the one nurse responsible for caring for one client and providing all, the client, care required while on duty. The nurse

responsible for the care reports to a head nurse, charge nurse, or nurse manager. Although this approach to client care is expensive it continues to be used in critical care units and in other life-threatening situations.
Depending on the education or philosophy of the nurse, either task-oriented or client-centred care may be given. The care given by the nurse is not fragmented during the time the nurse is on duty. Staffing for case management considers the acuity of clients and the standards of care that the organization wants the nursing personnel to provide.

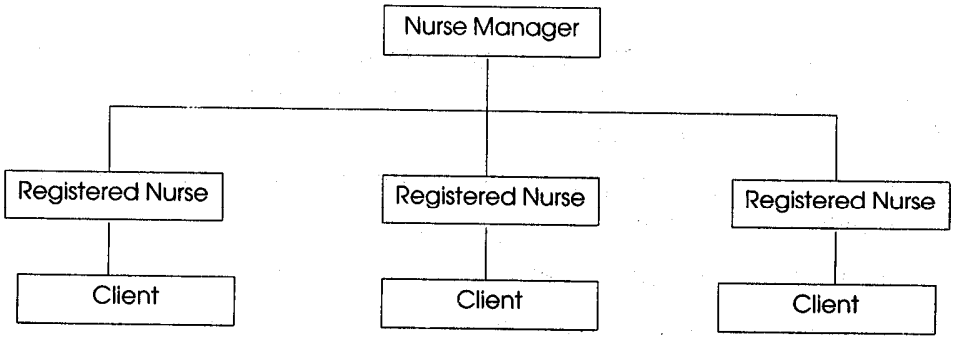

Fig. 1: Structure of Case Management Nursing

3.2.2 Functional nursing

This is fragmented approach to care, and it focuses on tasks and procedures, and emphasizes efficiency, division of labour and rigid control. It reflects a bureaucratic, centralized organizations. Tasks are assigned to various per- sonnel based on complexity and required skill, e.g. nursing aides might bathe clients, while nursing assistants might provide certain treatments, and registered nurses would administer medications. Each staff member is responsible only for assigned tasks while on duty. The charge nurse is responsible for coordinating the activities of the unit, and reports to the nurse manager~ in some cases a nurse manager may act as the charge nurse.

Although functional nursing may be useful during times of critical staff shortages job satisfaction may be reduced and client dissatisfaction may increase because the nurse and the client do not see the effects or impact of the total client care. The nurse sees the client through a series of tasks which the client might consider disturbing.

The diagram below shows the structure of functional Nursing. Note the interaction network between the nursing personnel and the clients.

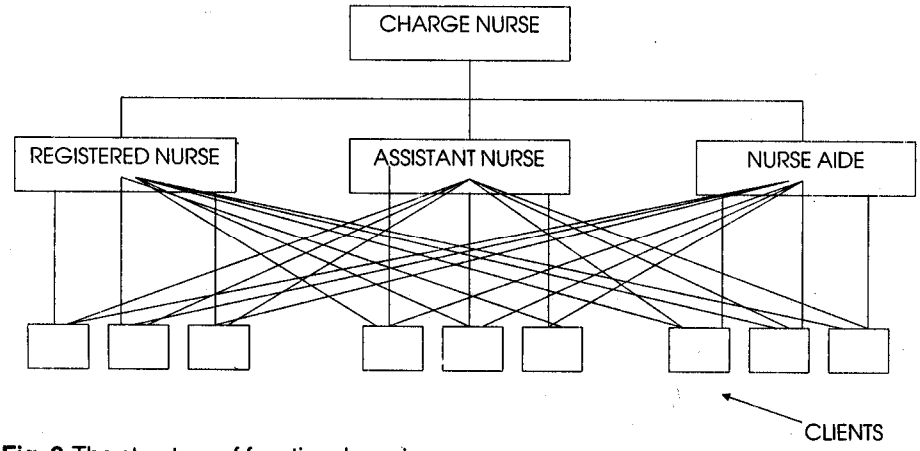

Fig. 2: The structure of functional nursing

Fig. 2: The structure of functional nursing

3.2.3 Team nursing

Team Nursing is a method of assigning client care used when the teams would be composed of nursing caregivers with diversities in education and abilities. **It** is based on the beliefs that:

.every client has the right to receive the best care possible with the available staff and time.
.planning nursing care is basic in providing this care, .all nursing personnel have the right to receive help in doing their job, and .a group of caregivers with the leadership of a professional nurse can provide better client care than those same people working as individuals.
The following concepts guide the practice of team nursing:
.Leadership of the team must be provided by a registered nurse who accepts responsibility for making decisions about priorities of clients' needs and for the planning, supervision, and evaluation of the nursing care. Team leaders should also examine how their philosophy affect their implementation of team nursing; as those who are task-oriented will continue to practice this kind of nursing, while those who are more client-oriented will find team nursing one method of implementing their philosophy.
.Effective communication is needed to ensure continuity in the delivery of planned nursing care.
.The team leader must use all the techniques of leadership/management
.Team members must accept the leadership of the team leader.
.The practice of team nursing should be limited by a fixed procedure.

Team nursing may be used throughout the day, evening and night shifts of any client unit. The size of the unit and the number of registered nurses and other staff members will determine the number and the size of the teams.

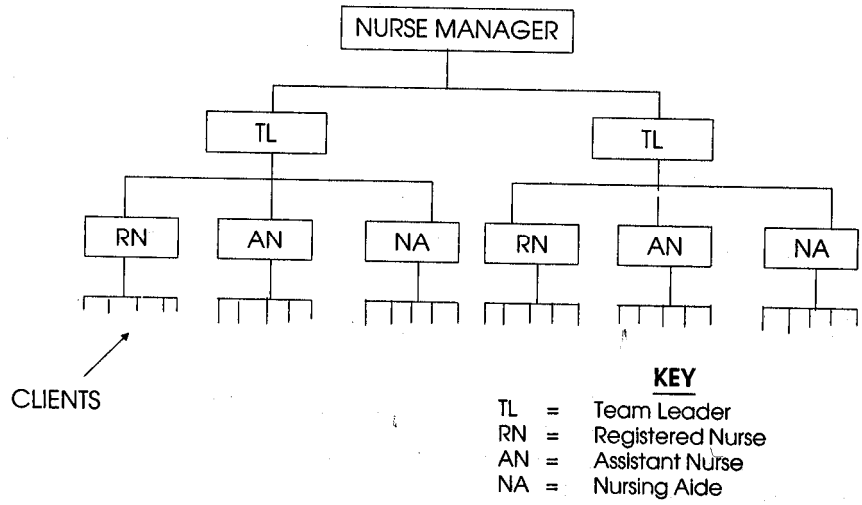

Fig. 3: Structure of Team Nursing

3.2.4 Primary nursing

This is the last type of nursing care delivery for this unit. It is a method of delivering nursing care in which a registered nurse is responsible and accountable for the care of a client 24 hours a day. The responsibility includes assessing, planning, implementing and evaluating the nursing care from the time the client is admitted to the nursing unit until the client is discharged from the unit.

The concept of primary nursing was developed in 1968 under the direction of Marie Manthey at the University of Minnesota Hospitals. It was designed to return the Registered Nurse to the role of giving direct client nursing care, which would improve the quality of nursing care.

The focus of nursing is client-centred, and promotes continuity of care planning, care giving, and evaluation. Changes in the care plans are the responsibility of the Primary Nurse. The primary Nurse usually selects the number of clients she can manage, but in some health care institutions, the head nurse assigns the clients to the Primary Nurse The Primary nurse gives the care while on duty, wl1ile an associate nurse carries on while she is not on duty. Primary nursing gives the opportunity to utilize and synthesize all the cognitive, psychomotor and affective skills needed to assess the patient's status and prescribe nursing care.

The primary nurse coordinates the care and thus must be cognizance of available resources. An associate nurse administered care in the absence of a primary nurse. A nurse can be an associate nurse for some clients

while serving as a primary nurse for other clients. The associate nurse must be a registered nurse (RN).

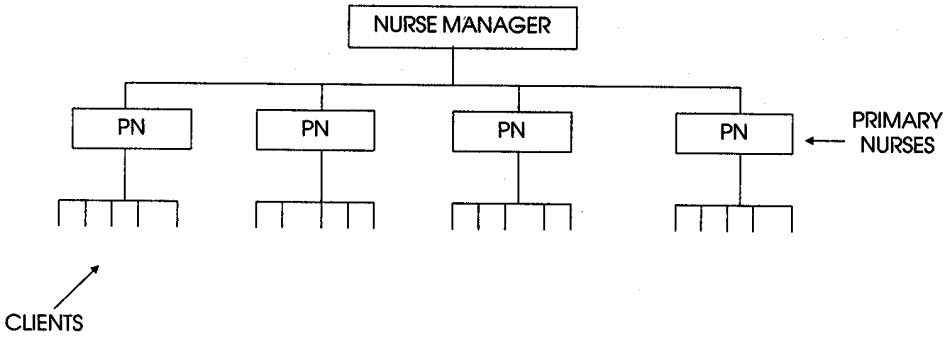

Fig. 4: Structure of primary nursing

3.3 Strengths and weaknesses of nursing care delivery systems

In 3.2, the four common nursing care delivery system were described and illustrated, situations where each could be utilized were mentioned, we now proceed to highlight the strengths and weaknesses of each system.

Types of Client-Care Delivery Systems: Strengths & Weaknesses

Delivery system	Description	Strengths	Weaknesses
Case Management	• Based on hollistic philosophy of nursing • Nurse is responsible for care and observation of specific clients • Involves a 1 to 1 nurse-client ratio	• Improves nurse's responsiveness to clients changing needs. • Improves continuity of care * •May increase nurse's job satisfaction	•Increases personnel cost
Functional Nursing	•Based on task-oriented philosophy of Nursing • Nurse Performs specific tasks according to charge nurses work schedule	• Reduces personnel and care costs • Supports cost controls	• Fragments nursing care •May decrease staff job satisfaction • Decreases humane interaction with clients • Limits continuity of care

Delivery system	Description	Strengths	Weaknesses
Team Nursing	• Based on group philosophy of nursing. Six or seven professional and non-professional personnel work as a team supervised by a team leader	• Supports comprehensive care * May increase job satisfaction • Increases cost effectiveness.	• Decreases personal contact with clients • Limits continuity of care
Primary Nursing	• Based on comprehensive, personal philosophy of Nursing. Nurse is responsible for all aspects of care-from assessing clients condition to coordinating client's care-for specific clients. •Involves a 1 to 4 or 5 nurse client ratio and care method assignments.	• May increase job satisfaction * Improves continuity of care • Allows independent decision making • Supports direct nurse client communication • Encourages discharge planning •Improve equality of care •May increase cost effectiveness when comparing AN, NA's	• Increases personal costs initially • Requires property-trained nurses to carry out system's principles. • Restricts opportunity for evening and night shift nurses to participate

EXERCISE 2

In the light of the information in 3.1 and 3.2 discuss your findings in terms of similarities and differences.

4.0 Conclusion

The philosophy of nursing held by an individual nurse or a health care organization often determines the choice of nursing care delivery system which is also influenced by other factors such as organizational structure, available nursing staff, population of clients and the nursing needs of clients. The ultimate is the utilization of a delivery system that would achieve the goals of nursing care, which is high quality care.

5.0 Summary

This unit has examined four common types of nursing care delivery systems-care management functional, team and primary nursing. Factors that influence choice were highlighted, and, the characteristics and assignment patterns of each discussed and illustrated with diagrams. The strengths and weaknesses of each system were also listed. The ultimate in nursing care is identifying and fulfilling clients' nursing needs at a high quality level, utilizing the most appropriate nursing care delivery system. Nurses should be mindful of extraneous factors that might interfere with the achievement of high quality nursing care, even when a seemingly appropriate delivery system has been chosen. Therefore, nurses must identify these extraneous factors and incorporate them into the total plan.

No nursing care delivery system is stagnant in terms of knowledge, psycho-motor and effective skills. Therefore, nurses must make continuing education as an important aspect of their professional life.

6.0 Further reading and other resources

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Kron, T, and Gray, A, *The- Management of Patient Care: Putting Leadership Skills to Work* Philadelphia, Wiz, Saunders Co. 1987.
Sullivan, E.J. and Decker, P.J., *Effective Management in Nursing.* Reading, Mass: Addition Wesley Publishing Co. 1988.
Sullivan, M.P., *Nursing Leadership and Management: A Study and Learning Tool.* Spring- house Corporation, Pennsylvania, 1990.

7.0 Tutor Marked Assignment

1. a) Define 'client nursing care delivery system'.
b. Discuss briefly four factors that may influence the selection of a type of nursing care delivery system
2. a) List four common types of nursing care delivery system.
b) Describe the strengths and weaknesses of any two under the headings: Delivery system, description, strengths and weakness.

Unit 19: Communication in Nursing

Table of content

1.0 Introduction

The importance of communication for effective nursing care delivery was highlighted in the last unit. Now a full discussion will be provided. A tool that stands out in out day-to-day life is communication. Communication is a process by which messages are transmitted from one person to another person or groups with a view to bringing about changes in behavior. Communication is an expectation and the elements will give you a full picture required. A man perceives, sees and hears largely what he intends or plans to hence ideas; feelings or information when passed must be clearly expressed with appropriate words, information, body gestures and pronunciation.

Nursing activities are interactive. An understanding of communication will assist determine, plan and implement effective and efficient care based on nurse-client relationship.

In this unit, we shall explore the general concept of communication, the steps to health communication for the overall benefit of the sender (nurse) and the receiver (patient).

2.0 Objectives

At the end of this Unit, you will be able to:
.Describe the concept of communication
.Recall the process of communication for daily application in your routine nursing actions.
.Appraise the role of communication in the nurse-client relationship.

3.0 Main content

3.1 Types of communication

EXERCISE 1

1. How many types of communication do you know? Name them.
2. What methods are we employing now for these studies?

Communication is all we do to create understanding in the minds of others, to effect changes, motivate them, give information and entertain. Lets now examine various types/methods of communication.

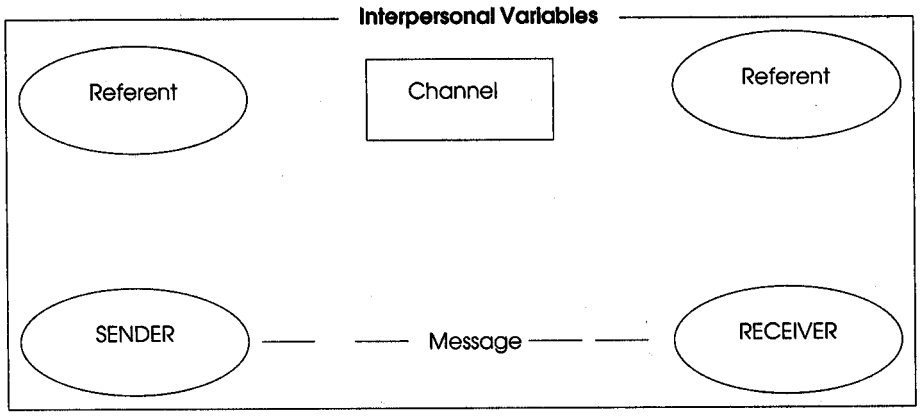
.*Verbal (oral communication):* This includes speaking, speeches, lectures and ward rounds (in the hospital).
.*Non-verbal communication:* This includes facial expressions, gestures physical contact, voice tones, personal appearance, time and space management.
.*Visual communication:* Logos as in billboards advertisement, stickers.
.*Written communication:* Books, letters, ward report, statistics (in-patient), internal memos, newspapers.
.*Unwritten communication:* Covers (a + b)
.*Use of information technology:* This includes computer, telephone, telex, fax, e-mail.

Nursing practice employs various types of communication identified above depending on the patient/client situation.

3.2 The process of communication

The key elements of the communication process are:
.Communicator (sender)
.Message (Channel of Communication)
.Audience (Receiver)

This is S-M-R model of communication, which is used in nursing care. Now examine this sketch showing the process of communication.



Communication between people basically occurs when one person (you or the paper you are reading now) has information he wants to transmit to another (You). Messages are sent either verbally or non-verbally (formally or informally) by one or more recipient sense organs-sight, touch, (Fill in the rest).

The co-stimulus is then sent to the brain where it is perceived (decided and interpreted). The perception results in some types of responses from the receiver. In the process, there could be noise, which could be from the sender, receiver or objects around. Anything that distorts the process of communication is regarded as noise.

EXERCISE 2

1. Create an atmosphere of communication with your next door neighbour.
2. Employ the process of communication and identify sources of noise (if any).
3. Now go into action and report back.

Face to face communication: Offers opportunity for feedback and clarification. The sender (you) must ensure that the message you are sending is clear, concise, no ambiguity with proper medium.

3.3 Principles of communication

The principles of communication to be kept in mind by all health professionals are:
.The Communicators and receiver's perception should be as close as possible (understand needs, views and interests)
.The message must embody the objectives: the language must be simple, accurate, adequate, clear, specific, appropriate, timely and in tune with the mental and socio-economic level of the audience.
.Communication should be two-way: between the sender and the receiver with effective feedback.

.Communication should involve as many sense organs as possible (touch, smell, task, hearing and visual).
.Direct communication is more effective.
3.4 Steps in communication (Nursing)
Effective communication for health care (nursing) involves the transformation of health knowledge into messages which can be readily understood, accepted and put into action by intended audiences. The following steps will assist your communication skills in the practise of nursing.

1. Define clearly what you are trying to promote.
2. Decide exactly your target population e.g. mothers in antenatal in childcare and members of the family.
3. Knowledge about the present health and beliefs of the target audience.
4. Find out if the new behaviour requires new skills.
5. Inquire if the idea you want to communicate has been introduced to the community. If so, what is their response?
6. Investigate the target audience's present source of information about health.
7. Select communication channels and media which are most capable of reaching or influencing target audience e.g.

-Interpersonal channels among the community. ;
-Mass media -radio, TV, newspaper, the internet.
-Small media -posters, cassettes and leaflets, etc.
Media can be mixed so that target audience receives the same message from all channels.

8. Design health messages that are practical, brief, culturally and socially appropriate.
9. Develop your materials and try them out.
10. Repeat and adjust messages at intervals to reinforce because people's health knowledge and behavior change over a time period.

EXERCISE 3

1. List 4 principles of communication.
2. Who are the target audiences for family planning?
3. Health message designed should be…….

(Check 3.3 & 3.4 if in doubt).

3.5 Barriers to communication

Barriers in the process of communication can occur at any setting (nursing inclusive). These can be.

.Physiological	-	Any difficulty in hearing or seeing,
.Psychological	-	Emotional disturbances e.g. neurosis
.Environmental	-	Noise, Invisibility, Congestion
.Cultural	-	Level of knowledge and understanding of beliefs and attitude.

NOTE:
.Always identify barriers (if any) and remove to achieve effective communication.
.Use appropriate methods, e.g. audio for a blind person, video for a person who cannot hear.
.Communicate at a suitable time when there is no distraction.
.Seek to understand the level of knowledge, understanding, belief and attitudes of people while communicating.

3.6. Nurse-patient communication

The objective of nurse-patient communication reveals that communication is the vehicle by which a nurse learns to know her patient, determine her patient's needs and how to meet them.

Communication in nursing falls into 4 categories in relation to the care of the clients. These are reporting, directing, conferring and referring, Communication is not an end to itself, rather a means towards attaining the goal of a therapeutic nurse-patient relationship. Validation is important to convey time feelings and meanings in communication. The Nurse must ensure and validate what the patient requires from her and that the patient is receiving accurate messages from her because information rightly given to patients influences their recovery.

4.0 Conclusion

Communication is an essential element in establishing the nurse-patient relationship lowest death rates in hospitals are traceable to interaction between the nurse and physician and the resulting co-ordinate response to the clients needs. An effective use of communication requires persistent and conscious application of principle outlined to effect the desired change. While communication alone cannot produce well-coordinated and continuous care, a lack of it can very often result in inferior care.

5.0 Summary

In this unit, we have been able to establish communication as an important tool for nurse-patient therapeutic relationship. We examined

the types, process. principles, steps as well as barriers to effective communication in Nursing.

By now, you should have formed your own concept of communication that you require to be able to effectively carry out your nursing practice.

6.0 References/suggested readings

Akande M.T. (1999) Administration and Organization of Health Services in Nigeria: Paper presented to M. Comm H. Students University of (Ilorin)

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proach, Coopers and Lybrand.

Amdt & Huckaby (1980) *Nursing Administration Theory for Practice with a System Approach:* London, St. Louis, The C. V .Mosby Company.

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Pat Bawmen *et al.* (1969) *Interpersonal Communication in the Modem Organization.* Eagle Wood Cliffs Prentice-Hall, N.J.USA.

Potter P.A. and Perry A.G. (1993) *Fundamentals of Nursing: Concepts Process and Practices,* St. Louis; Mosby Year Book Inc. :

Santhosh M, et al. (2000) *Role of Nurse in Primary Healthy Care: Primary Health Care:* : *Primary Health Nursing (PHN) Handbook of the Indira Gandhi National Open University,* New Delhi, Berry Art Press.

7.0 Tutor Marked Assignment

1. Communication is an expectation of information from a sender through a medium to the receiver.
   Outline the barriers to effective communication in nursing practice.
2. What is the concept of nurse patient relationship for holistic Derapeutic care.

Unit 20: Interpersonal Relationship in Nursing

Table of contents

1.0 Introduction

Interpersonal relationship is the heart of nursing practice. It is a form of communication which occurs between two people or within a small group. It is often face to face, healthy and most frequently used in Nursing situation, which allows for problem solving, sharing of ideas, decision making and personal growth.

Interpersonal relationship is a major tool for effective nursing practice as each encounter with clients such as carrying out any procedure requires exchange of information. The nurse's understanding of the communication skills will also assist in relating with other staff members who may have different opinions and experiences. A meaningful interpersonal relationship offers a great deal of help by the nurse to a client.

This unit will examine in detail the interpersonal relationship in nursing with its effect on therapeutic management of clients.

2.0 Objectives

At the end of this Unit, the learner will be able to:
.Describe the concept of interpersonal relationship and its application to nursing care.
.Discuss the phases of a therapeutic helping relationship.
.Explain the variables of interpersonal relationship and the applied models.

3.0 Main content

3.1 Interpersonal relationship

Communication begets relationship. Without it, there is no organization as this is the only means of influencing the behavior of the individual. Interpersonal communication/relationship goes on directly between individuals (nurse and client), either verbal or non-verbal.

Verbal: Words that we hear or see in writing. *Non-verbal:* Sounds, sight, odor and touch.

Pre-verbal: Proceeds the ability to form words e.g. screams in babies. Interpersonal relationship is utilized in nursing activities such as counseling, collecting a blood specimen, taking a medical history, group situations like class room, committee meeting, intra professional dialogue, with physicians, social workers, therapists and even relatives of patients. These help the nurse later to develop an intra-personal thought to develop measures of assisting in the care of the client.

EXERCISE 1

What is the main difference between interpersonal and intrapersonal relationship?

3.2 Variables of interpersonal relationship

There are variables in interpersonal relationship. These include referent, sender, message, channels, receiver and feedback. A careful understanding of these (knowing that communication is complex, involving many verbal and non verbal symbols and messages exchanged between persons) is crucial as any slight change or modification can affect the overall expected result.

Referent: This represents the stimulus, which motivates a person to communicate with another. It may be an object experience, emotion, idea or act. It is what ignites the relationship.

Sender: This is the encoder, the person who initiates the interpersonal relationship. The sender now may be the receiver later

Message: This is the information being sent or expressed by the sender. It must be clear and organized no ,professional jargon while relating with the patient. If symbols are being used, it must be concise and not mixed up.

Channels: This represents the medium through which it is being sent. This can be auditory, visual and tactile sense. Placing a

hand on an individual while relating depicts the use of touch as a channel.

Receiver: This is the decoder, the one to whom the message is sent. But the receiver and sender have so much in common as they can interchange their roles in the relationship processed.

Feedback: This is the message returned to the sender. It helps to reveal whether the meaning of the message is received.

The nurse in interpersonal relationship with client assumes major responsibility unlike in the social relationship when both persons involved assume equal responsibility for seeking openness and clarification.

EXERCISE 2

With your background understanding of communication in Nursing, identify 5 problems that may result during the process of communication.

3.3 Techniques of interpersonal relationship in nursing

Nurses send messages in the verbal and non-verbal modes, which are closely bound together during interpersonal interaction with clients and relations.

During the art of speaking, we express ourselves through movements, tone of voice, facial expressions and general appearance. As the nurse learns the skills of communication, she is also expected to master the techniques, these includes:

.*Clarity and brevity Effective communication should be simple, short and direct. Fewer words spoken result in less confusion. A nurse taking patient history starts with bio-data, what is your name? How old are you?, where do you come from? Because of the variables involved, clarity is required to get the appropriate answer. Using examples can even make an explanation easier to understand. Repetition also makes communication easier. Brevity is best achieved by using words that expresses an idea simply "Tell me where you feel the pain most" Is better than "describe to me the location of the discomfort." This is necessary especially while eliciting information from patient or relation when arriving the hospital.*

.*Vocabulary*
Lack of understanding of the sender's words and phrases by the receiver can make communication unsuccessful thereby affecting relationship. Nurses should avoid professional jargon while relating with patient, as they may become confused and unable to follow instructions. The first expression and outlook can frighten the patient.

.*Denotative and connotative meaning*
Single words do have different meanings. While denotative meaning is one shared by individuals who use a common language,. Connotative meaning is the thought, feelings or ideas that people have about the word. The expression of "The condition is serious" may suggest to families that clients are close to death, but a nurse does not see things that way. When nurses communicate with clients, they should carefully select words that cannot be easily misinterpreted. This is important when explaining conditions, treatment, or purpose of therapies to patients and relatives.

.*Pacing Interpersonal relationship gives credence to pace or speed. Talking rapidly, using awkward pauses and speaking too slowly can convey an unintended message. The nurse should avoid awkward pauses during an explanation instead use proper pacing by thinking about what to say before saying it. The nurse should also observe for non-verbal cues from the client that might suggest confusion or misunderstanding.*
.*Timing and relevance*
The nurse must be sensitive to the appropriate time for discussions. The best time for interaction is when a client expresses an interest in communication. Individual's interest and needs are considered alongside with appropriate timing in order to achieve optional results.
.*Humour*
Humour is a powerful tool in promoting well-being. Laughter helps relieve stress-related tension and pain, increases the nurses effectiveness in providing emotional support to clients, and humanizes the experience of illness. Humour has been shown to stimulate the production of catecholamines and hormones that enhance feelings of well being, Improve pain tolerance, reduce anxiety, facilitate respiratory relaxation, and enhance metabolism.

Nurses can use humour in conversations with clients by cracking jokes, sharing humorous incidents or situations. This procedure quietens a fearful, tense, emotionally grieved and tense patients. Humour opens up a patient to share their griefs and be more self-disclosing. It is an effective approach in helping clients to interact more openly and honestly.

EXERCISE 3

Identify 4 techniques of interpersonal relationship that are non-verbal.

4.0 Conclusion

The nurse uses skills of interpersonal communication to develop a relationship with clients that allows understanding of them as total persons. This helping relationship is therepautic, promoting a psychological climate that brings positive client change and growth. The relationship also focuses on meeting the clients needs. Although the nurse is expected to gain much satisfaction from the relationship in order to carry out her expected role to the client, clients should be the primary recipient and determiners of benefits.

Interpersonal relationship seeks to provide physical and psychological comfort to the client. The nurse's action considers the clients' preferences. A helping relationship between the nurse and client does not just happen it is built with care as the nurse uses therapeutic communication techniques. The characteristics involved in the interaction are trust, empathy, caring, autonomy and mutuality.

5.0 SUMMARY

This unit has examined interpersonal relationship in Nursing with information on variables and techniques of interpersonal relationship.

A full, detailed discussion on communication was done last semester in a course titled Nature of Nursing. See Unit 20 for reference.

6.0 References and suggested reading

Ezenduka, A.M (1994) "Classes of Communication". Unpublished handbook at University of Nigeria, Enugu Campus.

Potter P.A. and Perry A.G. (1993) Fundamentals of Nursing: Concepts, Process of Practice, J.B., Lippincott Co. Philadelphia, 3rd Edition.

Pat Bawmen et.al. (1969) Interpersonal Communication in the Modern Organisation, Engle-Wood Cliffs, Prentice-Hall, N.J. USA.

7.0 Tutor Marked Assignment

1. a) List the six variables of interpersonal relationship
b) Compare and contrast between interpersonal and intra-personal relationship in nurse-patient care.

2. a) List and comment on the importance of the five (5) techniques employed in interpersonal relationship

b) Give five examples of nursing procedures requiring interpersonal relationship.