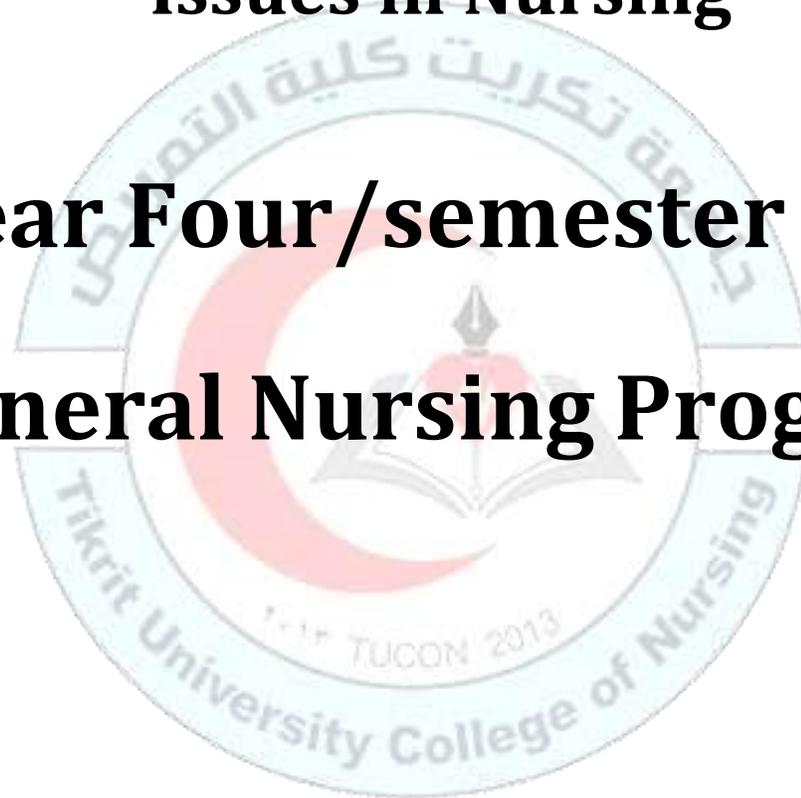# University of Tikrit

College of Nursing

Professional perspectives and Issues in Nursing

Year Four/semester One

General Nursing Program

STUDENT GUIDLINES

Introduction

Welcome to the Fourth Year-Semester One in the General Nursing Program:

Course :Professional perspectives and Issues, is one of the Nursing course for the general nursing curriculum. The syllabus attached is designed to provide each student with an explanation to the course content. Unite objective are required reading materials for the course.

Instructions for use of Student's Course Books

- Each Class Session identifies the content that will be covered in that class and the activities expected by the students.
- During the Class Session, ask for explanations of term that are not clear.
- You are advised to participate in class room discussion.
- You are advised to complete she study Questions given at the end of each unit that will help you to fully understand the course material.
- You are advised to complete the laboratory requirements for this course.

Professional perspectives and Issues in Nursing

1. **Course Title:** Professional perspectives and Issues
2. **Course Number:** (408)
3. **Credit Hours:** (2) credits.
4. **Course Calendar:** (2) hours weekly of 15 week.
5. **Placement:** Fourth year/ First semester.
6. **Instructors:** Nursing faculty members.

7. Course Description :

This course presents concepts underlying professional nursing practice and assists the students in developing their own roles as professional nurses. The content of the course builds on the students' previous knowledge and experiences in nursing. It provides a scholarly perspective to enable students moving from a nursing technical and practical point of view to a professional view.

8. Course Goals:

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

- Understand the professional nursing practice.
- Interpret socialization issues to professional nursing.
- Discuss the client_s individual, family, and community systems.
- Identify the ethical dimension of nursing and health care.
- Understand concepts of change, complexity, and chaos.
- Apply the computer science in nursing practice.
- Predict the future perspectives in nursing.

- Realize different models related to nursing practice.
- Use nursing models in solving nursing problems.
- Apply health teaching in nursing practice.

9. Course Outline:

Unit 1: Professional nursing practice: (2) hrs.

- Nursing as a profession.
- Dimensions of nursing practice
- Characteristics of a profession

Unit 2: Socialization to professional nursing: (2) hrs.

- Socialization.
- Issues in socialization.
- Professional associations.

Unit 3: Client systems.   (4) hrs.

- General systems theory.
- Systems theory and the individual.
- Family systems.
- Community/ population- focused systems.

Unit 4: Ethical dimensions of nursing and health care.   (4) hrs.

- Subject matters of ethics.
- Values.
- Moral concepts in nursing practice.
- Ethical nursing principles.

- Application of ethics to nursing practice.
- Research on nursing ethics.

Unit 5: Computer science in nursing practice.   (4) hrs.

- Computer in health care delivery and nursing.
- Computer in clinical practice.
- Computer for professional growth/ networking.
- Computer in nursing administration.
- Computer in nursing research.
- Computer in professional and patient's education.
- Computer and the role of the nurse.

Unit 6: Change, complexity and chaos.   (4) hrs.

- Concept of change.
- Elements of change.
- Planned change.
- Unplanned change.
- Concepts of Chaos and complexity.
- Intervention of complexity and chaos in the change.

Unit 7: Future perspectives.   (2) hrs.

- Changing demography.
- Health care costs.
- Technology.
- Health promotion.
- Shift to community.

Unit 8: Nursing models: **(4) hrs.**

- Nursing models and their use in practice.

- Conceptual models and theories.

- Nursing conceptual models.

- Models of Roger, Orem, Roy, and Neuman.

Unit 9: Health teaching in nursing practice: **(4) hrs.**

- Mandates for health teaching.

- Assessment of learning abilities.

  -Health status.

  -Health values.

  -Cognitive, psychological and psychomotor abilities.

  - Planning health teaching.

  - Teaching strategies

  - Evaluation of teaching and learning.

  - Demonstration of health teaching.

10. Learning Resources:

Black board, overhead projector, handout, and data show.

11. Teaching Strategies:

Lectures, group discussion, demonstration, field visit, role playing, brain storming, and group work.

12. Student Evaluation:

1st theory exam. 15%

2nd theory exam. 15%

Class Activities   20%

Final theory exam.   50%

Total   100%

Guidelines for writing the paper

- Write a 100- 150 word paper explaining one of the above concept. Give illustration where required.
- Contents of the student course book is not allowed to used.
- Use at least three references from the library.
- You are free to use any other resources for completion of this paper.
- A list of references should be provided as policy.
- Type the report, Font style: Time New Roman, size,14.
- Use A4 Plain paper to print the report.
- Copy- paste strategy will never accepted.
- The paper is due as per the teacher's request.

Criteria for evaluation of Written Paper

SN	Criteria	Marks
1.	Introduction	1
2.	Contents with illustration	5
3.	Conclusion	1
4.	Tile page	1
5.	References/Resources used	1
6.	Organization ,Neatness, Language	1
Total		10

Curriculum Committee Members

- Ass .Prof: Dr. Radhwan Hussein Ibrahim .Dean, Chairperson

- Mr. Mohammed Yahiya Ahmed, MSC. Nursing Education.

Prepared by:

- Mr. Mohammed Yahiya Ahmed, MSC. Nursing Education.

Date prepared: September,2013

Unit 1: Professional nursing practice:

- Nursing as a profession.

- Dimensions of nursing practice

- Characteristics of a profession

Learning objectives

At the end of this part, the student should be able to:

1. Define Concepts.
2. Identify criteria of profession
3. Describe the personal qualities of a nurse.
4. Discuss the Roles of a Professional nurse.
5. Discuss the Dimensions of Nursing Practice .
6. Identify the Characteristics of a Profession.
7. Numerate Characteristics of Nursing

Nursing as a profession.

- **Profession**, is a calling that requires special knowledge, skill and preparation.
- **Profession :** An occupation that requires advanced knowledge and skills and that it grows out of society's needs for special services.
- A professional nurse , is a person who has completed a basic nursing education program and is licensed in his country to practice professional nursing.

Criteria of Profession

1. To provide a needed service to the society.
2. To advance knowledge in its field.
3. To protect its members and make it possible to practice effectively.

Personal Qualities of a Nurse:

1. Must have a Bachelor of Science degree in nursing.
2. Must be physically and mentally fit.
3. Must have a license to practice nursing in the country.

Roles of a Professional

1. Caregiver/ Care provider

- the traditional and most essential role
- functions as nurturer, comforter, provider
- ―mothering actions‖ of the nurse

- provides direct care and promotes comfort of client
- activities involves knowledge and sensitivity to what matters and what is important to clients
- show concern for client welfare and acceptance of the client as a person

2. Teacher

- provides information and helps the client to learn or acquire new knowledge and technical skills
- encourages compliance with prescribed therapy.
- promotes healthy lifestyles
- interprets information to the client

3. Counselor

- helps client to recognize and cope with stressful psychologic or social problems; to develop an improve interpersonal relationships and to promote personal growth
- provides emotional, intellectual to and psychologic support
- focuses on helping a client to develop new attitudes, feelings and behaviors rather than promoting intellectual growth.
- encourages the client to look at alternative behaviors recognize the choices and develop a sense of control.

4. Change agent

- initiate changes or assist clients to make modifications in themselves or in the system of care.

5. Client advocate

- involves concern for and actions in behalf of the client to bring about a change.
- promotes what is best for the client, ensuring that the client's needs are met and protecting the client's right.
- provides explanation in clients language and support clients decisions.

6. Manager

- makes decisions, coordinates activities of others, allocate resource
- evaluate care and personnel
- plans, give direction, develop staff, monitors operations, give the rewards fairly and represents both staff and administrations as needed.

7. Researcher

- participates in identifying significant researchable problems
- participates in scientific investigation and must be a consumer of research findings
- must be aware of the research process, language of research, a sensitive to issues related to protecting the rights of human subjects.

Dimensions of Nursing Practice

The Four Dimensions of Nursing Practice are as follows:

1. **Nursing Practice** (Practice, Ethics, Resource Utilization).

a. **practice**
   - Independence.
   - No charge activities required.
   - Leadership, Charge Nurse/Unit Level.
   - Leadership at Service, Service Line, or Medical Center Level; looking for organized processes or systems.

b. **Ethics**
   - Assumes responsibility for Individual judgments/actions.
   - Serves as resource in identifying ethical issues.
   - Leadership in anticipating risks, resolving ethical issues and dilemmas, analyzing trends, and taking appropriate action.

c. **Resource Utilization**

   - Effectively plans/directs flow of patient care and nursing resources.
   - Identifies potential problems involving resources or pt safety and takes action to avert.
   - Manages and analyzes resources, evaluates options and takes actions that impact organization outcomes beyond the unit/practice area.

2. **Professional Role-Leadership** (Education/Career Development, Performance).

a. **Education/Career Development**

- Seeks knowledge for indiv competency (indiveduc plan/reads health care literature).
- Participates in educational activities to enhance role performance at the unit/team level.
- Implements educational plan to meet changing needs of program/ service.

b. **Performance**

- Incorporates feedback into personal development (self-assessment).
- Self-evaluation and evaluation of others.
- Self-evaluation and evaluation of program or service effectiveness (recommending/implementing changes.

3. **Collaboration** (Collegiality, Collaboration) and **,**

   a. **Collegiality**

   - Attends/participates in staff meetings and in-services.
   - Educates colleagues, preceptor and mentoring roles.
   - Coaches in team building: active involvement in group accomplishments; sharing expertise outside of the facility.

   b. **Collaboration**

- Team participation, interpersonal skills, develops collaborative plans of care.
- Uses group process to identify, analyze, and resolve care problems
- Leadership and decision-making role in use of group process for interdisciplinary problem-solving beyond unit/practice setting.

4. Scientific Inquiry (Quality of Care, Research).

a. Quality of Care

- Use QI findings to guide OWN practice (NOT the RN providing quality care).

- Participates in QI activities (data collection, analysis, recommendations, etc) at the Unit level.

- Initiates/Leads QI activities at the program, service, and/or facility level.

b. Research

- Awareness of research; uses to validate/change own practice.

- Uses research to validate or change Work group/Team practice.

- Demonstrates leadership in collaboration with others in research activities, across programs/services, to validate & improve practice

Characteristics of a Profession

1. A basic profession requires an extended education of its members, as well as a basic liberal foundation.
2. A profession has a theoretical body of knowledge leading to defined skills, abilities and norms.
3. A profession provides a specific service.
4. Members of a profession have autonomy in decision-making and practice.
5. The profession has a code of ethics for practice.

Characteristics of Nursing:

1. Nursing is caring.
2. Nursing involves close personal contact with the recipient of care.
3. Nursing is concerned with services that take humans into account as physiological, psychological, and sociological organisms.
4. Nursing is committed to promoting individual, family, community, and national health goals in its best manner possible.
5. Nursing is committed to personalized services for all persons without regard to color, creed, social or economic status.
6. Nursing is committed to involvement in ethical, legal, and political issues in the delivery of health care.

Unit 2: Socialization to professional nursing:

- Socialization.

- Issues in socialization.

- Professional associations.

Learning objectives

At the end of this part, the student should be able to:

1. Define Concepts

2. Describe the means of Socialization.

3. Discuss the process Nursing Socialization.

4. List the characteristics of long-life process of nursing socialization.

5. Identify and explain the standards of professional association.

Socialization

- The professional socialization of nurses has been the subject of discussion for several years. This term refers to the process through which novice practitioners are merged into the profession to become professional practitioners.

- Within this system newcomers are instructed in the ways and attitudes of the organization and gradually adopt the attitudes, values and unspoken messages within the organization.

- A central concept, which in its widest application refers to all those complex and multi-faceted processes and interactions that transform the human organism into an active participating member of a society.

- Socialization is the noun form of the verb 'socialize.' Socialize means:

  1. To place under group or government control; especially, to regulate according to socialist principles.
  2. To convert from an antisocial to a social attitude; make friendly, cooperative, or sociable.
  3. To convert or adapt to the needs of a social group.
  4. To take part in social activities.

Professional Socialization

1. Gaining an identity in nursing.
2. Internalizing the values and norms of the profession.
3. Becoming equipped with a process for continued learning.
4. Gaining a process for accommodation to changing ideas and knowledge.

Socialization of the Nurse

- Role development or socialization involves exposure to new ideas about nursing, health, wellness, illness, and caring for clients and challenging of old ideas.
- Fact VS Myth.
- **A lifelong process shaped by:**
    1. Nursing Curriculum.
    2. Organization.
    3. Nursing program attended.
    4. Process of gaining knowledge, skills, and behaviors.
    5. Involves a change in attitudes and values.

- Nurses who graduate from a nursing program and enter the workforce undergo a process of professional socialization in the development of their nursing practice role.
- Making the transition from graduate nurse to professional nurse poses issues and challenges for the new graduate nurse.
- This application to practice not only encompasses new clinical skills and techniques but also includes coping with issues of relationships with patients and families, and an organizational structure that may be new to them.
- Internship programs are the predominant means of facilitating the transition.

Professional Associations

National Associations

- **American Association of Colleges of Nursing**

"The American Association of Colleges of Nursing (AACN) is the national voice for America's baccalaureate- and higher-degree nursing education programs.

AACN's educational, research, governmental advocacy, data collection, publications, and other programs work to establish quality standards for bachelor's- and graduate-degree nursing education, assist deans and directors to implement those standards, influence the nursing profession to improve health care, and promote public support of baccalaureate and graduate education, research, and practice in nursing— the nation's largest health care profession."

- **American Association of Critical Care Nurses**

"AACN is the largest specialty nursing organization in the world, representing the nurses who are charged with the responsibility of caring for acutely and critically ill patients.

The association is dedicated to providing members with the knowledge and resources necessary to provide optimal care to critically ill patients."

- **American Nursing Informatics Association (ANIA)**

ANIA's purpose is to provide professional networking opportunities for nurses working in healthcare informatics and a forum for the advancement of nursing and nursing professionals in informatics.

- **National Coalition of Ethnic Minority Nurse Associations**

"Advocates for equity and justice in nursing and health care for ethnic minority populations.

Promotes the professional and educational advancement of ethnic nurses. Fosters education of consumers, health care professionals and policy makers on the health issues of ethnic minority populations.

Develops ethnic minority nurse leaders in the areas of health policy, practice, education and research."

- **National Institute of Nursing Research**

The mission of NINR is to promote and improve the health of individuals, families, communities, and populations.

NINR supports and conducts clinical and basic research and research training on health and illness across the lifespan.

The research focus encompasses health promotion and disease prevention, quality of life, health disparities, and end-of-life.

NINR seeks to extend nursing science by integrating the biological and behavioral sciences, employing new technologies to research questions, improving research methods, and developing the scientists of the future.

- **National League for Nursing**

Dedicated to excellence in nursing education, the National League for Nursing is the preferred membership organization for nurse faculty and leaders in nursing education.

NLN members include nurse educators, education agencies, health care agencies, and interested members of the public.

The NLN offers faculty development programs, networking opportunities, testing and assessment, nursing research grants, and public policy initiatives to a lot of institutional members.

- **National Student Nurses' Association**

the National Student Nurses' Association mentors the professional development of future nurses and facilitates their entrance into the profession by providing educational resources, leadership opportunities, and career guidance."

- **Nursing World ANA**

The American Nurses Association is the only full-service professional organization representing the registered nurses (RNs) .

 The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the economic and general welfare of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the

- **Sigma Theta Tau Honor Society of Nursing**

The Honor Society of Nursing, Sigma Theta Tau International provides leadership and scholarship in practice, education and research to enhance the health of all people.

It support the learning and professional development of the members who strive to improve nursing care worldwide.

- **State Boards of Nursing - Contact Information**

"Boards of Nursing are state governmental agencies that are responsible for the regulation of nursing practice in each respective state.

Boards of Nursing are authorized to enforce the Nurse Practice Act, develop administrative rules/regulations and other responsibilities per the Nurse Practice Act.

Unit 3: Client systems.

- General systems theory.

- Systems theory and the individual.

- Family systems.

- Community/ population- focused systems.

Learning Objectives

At the end of this part, the student should be able to:

1. Define Concepts.

2. Describe the qualities of system.

3. Identify and discuss the use of system theory in nursing.

4. Describe the terms of system theory.

5. Describe the Paradigms of family System Theory.

6. Identify the purposes of Community/ population- focused systems.

General systems theory

- A system may be defined as any set of two or more interdependent parts which has a relatively high degree of closure, connectivity, and stability

- Any pair of persons or objects can be considered as a potential system since at some level of specificity it can usually be demonstrated that "everything is related to everything else."

Qualities of system

1. **Connectivity** :

   - The degree of internal interdependence of a system , is reflected by exchanges occurring between the parts making up a system.

   - If two or more parts of a system are highly interdependent, they must engage in a large number of interactions. If no interactions occur between the parts of a system, they are not interdependent and therefore they do not make up a system.

   - Direct measurement and comparison of interactions is extremely difficult in most situations, however.

2. **Closure**

   - It is a similar concept with the same measure of interactions in the numerator, i.e. the number of interactions which occur among the parts of the system. In this case, however, the denominator is a measure of all interactions in which any component of the system

is involved, including interactions with components outside the system.

- Put another way, system closure is the number of interactions which both begin and end within the system divided by the number of interactions which either begin or end within the system.
- As with connectivity, the value of closure may vary from 0.0 to 1.0, the former for a totally open system in which all interactions occur with components outside the system and the latter for a totally closed system engaging in no interactions with outside components.

3. **Stability**
- Stability refers to the relative length of time the system exists or recurs in substantially the same form.
- Since most systems are in continual change and evolution the interpretation of stability is subject to considerable variation depending upon the needs of the particular observer.

System theory
- System theory is the trans-disciplinary study of the abstract organization of phenomena, independent of their substance, type, or spatial or temporal scale of existence.
- It investigates both the principles common to all complex entities, and the (usually mathematical) models which can be used to describe them.
- A system can be said to consist of four things.

6. **Objects**, the parts, elements, or variables within the system. These may be physical or abstract or both, depending on the nature of the system.
7. **Attributes**, the qualities or properties of the system and its objects.
8. A system had internal relationships among its objects.
9. Systems exist in an environment.

- A system, then, is a set of things that affect one another within an environment and form a larger pattern that is different from any of the parts.
- The fundamental systems-interactive paradigm of organizational analysis features the continual stages of input, throughput (processing), and output, which demonstrate the concept of openness/closeness.
- Openness increases its likelihood to survive and prosper.

Systems Theory Terms

1. **Problem**
   - A problem can be a question looking for an answer, a situation (such as an existing information system) that isn't working properly and needs improving, or a new opportunity or idea that is worthy of further consideration.
   - In other words, when we speak of a "problem" in systems analysis and design, we don't necessarily mean that there is something wrong.

We mean that there is a situation that needs to be understood and a solution to be determined.

2. **System**
   - A system is a set of related components that work together in a particular environment to perform whatever functions are required to achieve the system's objective.

3. **Goal Seeking**
   - A system is goal-seeking by definition. When the definition of a system says that a system's components work together to achieve a common objective it means that the system seeks to complete a goal.
   - For example, the objective of the digestive system is ensure that food is digested, with some byproducts going into the related circulatory system to nurture the body and other byproducts being expelled. The objective of a payroll system is likely to be to produce complete, correct and timely output in the form of cheques, reports, and updated history files.
   - It is important to be able to identify the objectives of any existing or new system to be able to understand it and evaluate its effectiveness. In an information system, the components include people, procedures, data, software, and hardware. Paper artifacts are part of this, such as manuals, forms, and reports.

4. **Input**

   Every system has input.

5. **Output**

> Every system has output. It is fair to say that a system may be evaluated by determining if its output results in the achievement of its objective.

6. **Feedback**

- To be effective and efficient a system needs a feedback mechanism that can ascertain whether the outputs of the system are what they should be. If not. a system should have the ability to adjust its inputs or processes to improve the outputs.
- An ideal system is self-regulating. The feedback mechanism in an information system may be automated or may be manual.

7. **Entropy**

- Entropy is a measure of the degree of disorder in a system.
- It is a familiar term in thermodynamics, when considering chemical systems, and is also relevant to information systems.
- The concept of entropy says that any system will tend towards disorder. Knowing that, we can put checks in place to monitor the correctness of the output of a system.

8. **Internal Environment**

- A system operates in an environment with both internal and external components.
- Its internal environment it that part of its environment over which it has some control. If some aspect of the internal environment is causing some difficulty for the system, that aspect can be altered.

9. External Environment

- A system's external environment is that part of its environment over which it has no control, but it still affects the requirements of the system.

10. Subsystem

- A system is usually composed of self-contained but interrelated systems that are called subsystems.
- It is important to be able to recognize these subsystems, because understanding this interdependence is vital to developing a complete system.

11. Super-system

- A system composed of two or more systems may be called a super-system of those systems.
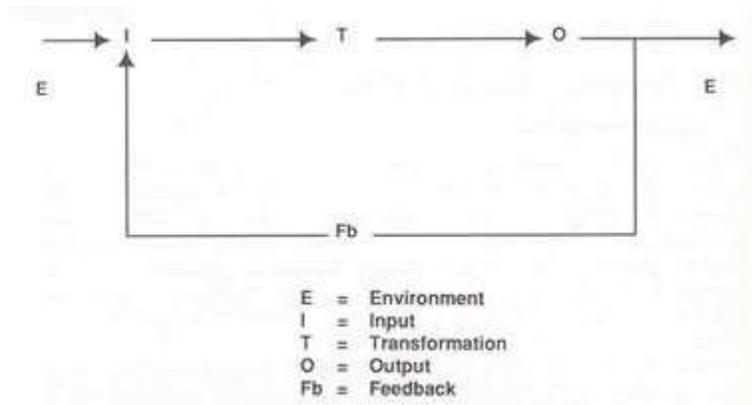
12. System Boundary

- A system boundary may be thought of as the point at which data flows (perhaps as output) from one system to another (perhaps as input). The degree to which data is free to flow from one system to another is known as the permeability of the boundary.
- A permeable boundary allows data to flow freely, resulting in an open system.
- An impermeable boundary is one which strictly controls (or even restricts) the acceptance or dispensing of data, resulting in a closed system.

13. Interdependence

- One of the most important concepts in Systems Theory is the notion of interdependence between systems (or subsystems).
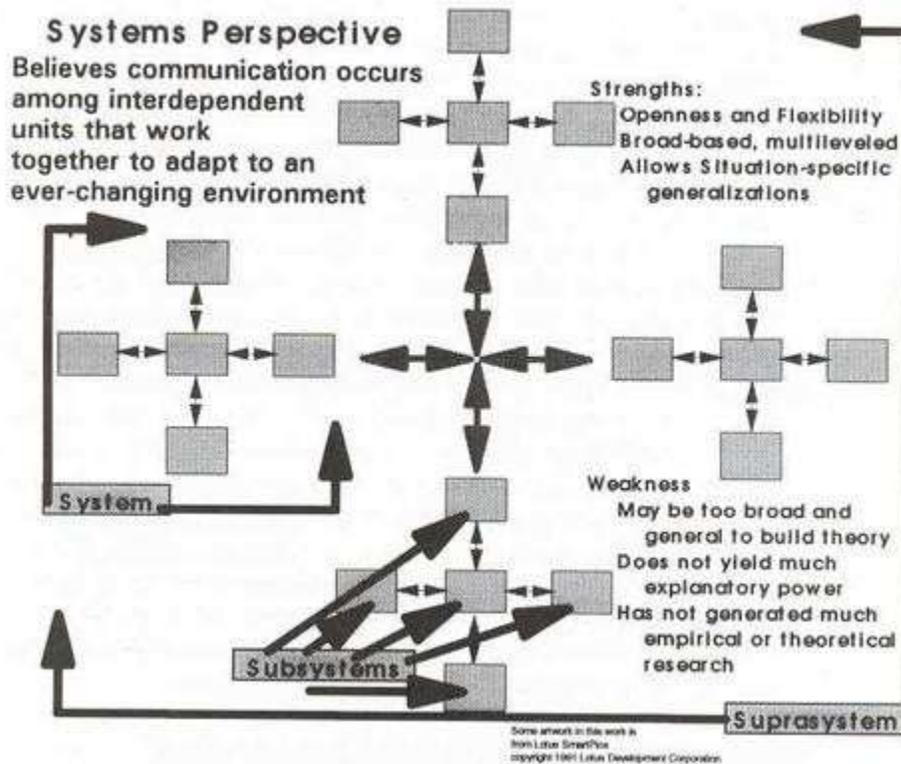
- Systems rarely exist in isolation.

Conceptual Model

E = Environment
I = Input
T = Transformation
O = Output
Fb = Feedback

Simple System Model.

Source: Littlejohn (1999)

Systems Perspective
Believes communication occurs among interdependent units that work together to adapt to an ever-changing environment

Strengths:
Openness and Flexibility
Broad-based, multileveled
Allows Situation-specific generalizations

System

Subsystems

Weakness
May be too broad and general to build theory
Does not yield much explanatory power
Has not generated much empirical or theoretical research

Suprasystem

Some artwork in this work is from Lotus SmartPics
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Elaborated system perspective model.

Family systems

- Families are **SYSTEMS** of interconnected and interdependent individuals.
- To understand the individual, we must understand the family system of that individual. People cannot be understood in isolation from one another.
- As members of a family system every member is interconnected.

Family Systems Theory

Paradigms of family System Theory

- The family is a structure of related parts or subsystems. Each action or change affects every other person in the family.
- The family structure has elements that can only be seen in its interactions. Individual make up a family system. This family system is a complex whole that cannot be understood by examining members separately.
- **Family Roles:** Patterns of interaction become ingrained habits that make change difficult.
- **Family Rules:** Each family has certain rules that are self-regulating and peculiar to itself. The family is a purposeful system; it has a goal. Usually the goal is to remain intact as a family.
- **Boundaries:** For families to function well, subsystems must maintain boundaries.

- **Adaptation:** Despite resistance to change each family system constantly adapts to maintain itself in response to its members and environment.
- **Systems change through the family life cycle**. Changes in family systems are caused by both nominative (predictable life cycle changes) and non-normative (crisis) stresses.

Community/ population- focused systems.

- Public health practice focuses on the prevention of disease and disability as a means of promoting the health of communities and their constituent members.
- The Healthy People 2010 agenda is a strategic public health plan that strives to promote the health of communities and community members.

A community-based Practice

Aims

- Reduce illness caused and exacerbated by homelessness, unstable accommodation, increased vulnerability and the experience of asylum;
- Promote health and wellness in groups who often lack the motivation and support to achieve these aims.

Meaning of Community Based practice

1. **Focuses on entire populations and sub-populations that have similar health concerns or characteristics.**

- Population-based interventions include everyone who is in the ‒population-of interest‖ or the ‒population-at-risk.‖

2. **Is guided by an assessment of population health status that is determined through a community health assessment process.**

- Priorities and plans are set as a result of an analysis of health status (risks, problems, assets, etc.) within populations.

3. **Considers the broad determinants of health.**

- Broad determinants of health focus on the entire range of factors that determine health, rather than just personal health risks or disease. Broad health determinants as described by the Public Health Agency of Canada include:
  a. Income and social status.
  b. Social support networks.
  c. Education and literacy.
  d. Employment/working conditions.
  e. Social environments.
  f. Physical environments.
  g. Personal health practices and coping skills.
  h. Healthy child development.
  i. Biology and genetics endowment.
  j. Health services.
  k. Gender, and
  l. Culture.

4. **Considers all levels of prevention, with a focus on primary prevention.**

- Primary prevention activities solve problems before they exist.

- This kind of practice keeps the problems from occurring in the first place and seeks to reduce health and social inequality.
- Primary prevention activities focus on resilience and protective factors with the hope of reducing the number of, and exposure to, risk factors.

5. **Considers all levels of practice by including a community focus, a systems focus, and an individual/family focus.**
   - Community-focused practice is aimed at entire populations within a community or sometimes toward target groups within those populations.
   - Systems-focused practice does not deal directly with individuals and community but with systems that have an impact on health such as policies, laws, organizations, and power structures.
   - Individual/family focused practice is aimed at developing positive attitudes, beliefs, and behaviors in individual.
   - This practice level targets individuals alone or as part of a family, class, or group.

Unit 4: Ethical dimensions of nursing and health care.   (4) hrs.

- Subject matters of ethics.

- Values.

- Moral concepts in nursing practice.

- Ethical nursing principles.

- Application of ethics to nursing practice.

- Research on nursing ethics.

Learning Objectives

At the end of this chapter, the student should be able to:

6. Define Concepts.

7. Identify the three areas of Ethics.

8. Describe the influence of Values on ethical decision making**.**

9. Discuss the Primary Nursing Values.

10. Identify the characteristics of Moral concepts in Nursing Practice.

11. List the indicators of Moral concepts in Nursing Practice.

12. Outline the primary and basic ethical principles .

13. Describe Applying the Ethics of Caring to Practice.

14. Discuss the Ethics in nursing research.

Ethics is one of the four traditional branches or areas of philosophy (along with logic, metaphysics and epistemology).

- Ethics itself is frequently thought of as having three areas, although the boundaries between them are not completely distinct:
  1. **normative ethics.**
  2. **applied ethics.**
  3. **meta-ethics**

Normative (: a normative statement, or question, or theory, concerns how things should be, how they ought to be, rather than how they actually are. The opposite of ―normative‖ is: **descriptive**: a descriptive statement, or question, or theory, concerns how things actually *are*, not how they ought to be.

Normative ethics

Normative ethics: the branch of ethics that attempts to discover general rules or principles of moral behavior; it tries to answer general questions about how we should behave, how we ought to act.

Examples

- If doing x will benefit someone without harming anyone else, then it is morally right for you to do x.
- If doing x violates someone‘s moral rights, then it is immoral for you to do x.

Applied ethics: the branch of ethics that asks relatively concrete questions about the morality of specific actions and policies; branches of applied ethics include:

15. **Medical ethics** (abortion, euthanasia, human cloning, genetic engineering, fair distribution of prescription drugs and medical treatment…).

16. **Business ethics** (corporate responsibility, moral rights and obligations of employees, diversity and discrimination).

17. **Sexual ethics** (homosexuality, adultery, prostitution)

Meta-ethics: the branch of ethics that tries to answer questions about **the nature of morality itself**. It doesn't ask or make judgments about what types of action are moral and immoral; rather, it asks questions like:

- Does morality depend on what we believe about it, or is it independent of our beliefs?

- Does morality depend on what God commands?

- Are moral judgments (statements attributing morality or immorality to a given act, e.g. ―Murder is immoral‖; ‒Charity is morally good‖) capable of being true or false?

- How can we justify moral claims? How should we justify them?

- What is the meaning of words like ―good,‖ ‒bad,‖ ―moral,‖ ―evil,‖, etc.?

Think of meta-ethics as trying to take a position *above* normative and applied ethics, looking down on them and trying to explain the nature of the judgments made within those areas. (―meta‖ means *above* or *about*)

Values

Values defined as "Important and lasting beliefs or ideals shared by the members of a culture about what is good or bad and desirable or undesirable".

Values have major influence on a person's behavior and attitude and serve as broad guidelines in all situations. Some common nursing values are fairness, innovation and community involvement.

Values influence ethical decision making in three ways:

1. Values frame a problem and people view a problem on the basis of the values they bring to the situation.
2. Values supply alternatives that humans consider as possible problem resolutions and are determined on the basis of the values they apply to their potential actions; and ,
3. Values directing judgment or reasoning in resolving a problem are framed by what they wish to uphold or promote.

Primary Nursing Values

1. Providing safe, compassionate, competent and ethical care
Nurses provide safe, compassionate, competent and ethical care.

2. Promoting health and well-being
Nurses work with people to enable them to attain their highest possible level of health and well-being.

3. Promoting and respecting informed decision-making, Nurses recognize, respect and promote a person's right to be informed and make decisions.

4. Preserving dignity

Nurses recognize and respect the intrinsic worth of each person.

5. Maintaining privacy and confidentiality

Nurses recognize the importance of privacy and confidentiality and safeguard personal, family and community information obtained in the context of a professional relationship.

6. Promoting justice

Nurses uphold principles of justice by safeguarding human rights, equity and fairness and by promoting the public good.

7. Being accountable

Nurses are accountable for their actions and answerable for their practice.

Nurses in all domains of practice bear the ethical responsibilities identified under each of the seven primary nursing values. These ethical responsibility statements, which appear in the full text of the code, are intended to help nurses apply the code.

Moral concepts in Nursing Practice

- Taylor stated that modern society requires moral competence of its nurses, charging them to be aware of moral competence in order to work through ethical issues encountered in their practice.
- Nurses who have skills in moral competence can be:
    a. trusted to act in ways that advance the interest of patients.

b. They can be accountable for the practice to themselves, the patients, the care giving team and society.

c. They also act as effective patient advocates and mediate ethical conflict among patients, significant others, health care team members, and other interested parties.

Foundation of moral competence

Moral competence in nursing practice requires familiarity with and commitment to nursing values.

Indicators of moral competence in nursing practice.

1. loving kindness.
2. Compassion.
3. sympathetic joy.
4. Equanimity.
5. Responsibility.
6. Discipline.
7. honesty, and respect for human values, dignity and rights.

Ethical principles

- Ethical principles provide criteria on which to base judgments in relation to ethical theories.

- The ethical principles provide a foundation for nursing practice. Ethical principles are defined as basis for nurse's decisions on consideration of consequences and of universal moral principles when making clinical

judgments. The most fundamental of these principles is the respect for persons.

The primary and basic ethical principles are the following:

I: Respect for Persons

- According to the American Nurses Association (ANA), the most fundamental principle of professional behavior is the respect for persons.
- This principle not only applies to the clinical settings but to all life's situations.
- This principle emphasizes that all people should treat others as a worthy individual. In nursing practice this principle should be simplified.
- Thus, respect for persons generally means respecting a client's autonomy.

II: Respect for autonomy.

- Respecting a client's rights, values and choices is synonymous to respecting a person's autonomy. Informed consent is a method that promotes and respects a person's autonomy.
- For a client to make an autonomous decision and action, he or she must be offered enough information and options to make up his or her mind free of coercion or external and internal influences. In clinical settings, this is promoted by proving informed consent to the client.

III: Non-maleficence.

Non-maleficence means duty to do no harm. This is promoted by doing the following nursing interventions:

- Avoiding deliberate harm, risk of harm that occurs during the performance of nursing actions.
- Considering the degree of risk permissible.
- Determining whether the use of technological advances provides benefits that outweigh risks.

IV: Beneficence.

Beneficence is doing or active promotion of good. This is done by:

- Providing health benefits to the clients.
- Balancing the benefits and risks of harm.
- Considering how a client can be best helped.

V: Justice

Justice is the promotion of equity or fairness in every situation a nurse encounters. The following nursing implications promote justice:

- Ensuring fair allocation of resources. (example: appropriate staffing or mix of staff to all clients)
- Determining the order in which clients should be treated. (example: priority treatments for the clients in pain)

Ethical principles include

- Beneficence - to do good.

- Non-maleficence - to do no harm.

- Respect for Autonomy.

- Fairness.

- Truthfulness.

- Justice.

The secondary ethical principles that can be incorporated with the primary principles when interpreting ethical issues and making clinical decisions are the following:

- **Veracity** , duty to tell the truth

- **Confidentiality ,**duty to respect privileged information

- **Fidelity** , duty to keep promises

Applying the Ethics of Caring to Practice

1. The nurse, in all professional relationships practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

   - Respect for human dignity.

   - Relationships to patients.

   - The nature of health problems.

   - The right to self-determination.

- Relationships with colleagues and others

2. The nurse's primary commitment is to the patient, whether an individual, family, group, or community.

3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.(Privacy, Confidentiality, Protection of participants in research, Standards and review mechanisms, Addressing impaired practice).

4. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.

5. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.

Ethics in research

1. Confidentiality

- Confidentiality refers to what happens to the data.
- t is an extension of the concept of privacy and as such is governed by the Privacy Act.
- Having consented to an initial invasion of privacy by supplying information research participants have the right to maintain control over any further release of those data.
- Participants/subjects should be able to trust that strict confidentiality will be maintained during the collection, storage and use of the data.

- They should know who, if anyone other than the researcher, will have access to the data, and for what purposes.
- The researcher needs to think through in advance the implications of guarantees given to participants, so as to be sure that these can be honored.
- Use of photographs should be specifically negotiated.
- Anonymity refers to the protection given to individuals or organizations against them being identifiable in the data and the report.

2. Protection from risk and injury

- Researchers have a responsibility to ensure that their participants/subjects are not directly or indirectly harmed in the course of the research.
- Safety must encompass physical and non-physical wellbeing (psychological, cultural, social, financial and spiritual).
- Qualitative research requires very careful monitoring in the respect. Because the scope of open ended interviewing is not definable in advance the researcher is unable predict what painful experiences or memories may be triggered by the questioning.
- When questioning in sensitive areas the researcher must set the limits for what is ethical.
- Possible strategies for debriefing and providing additional support for participants should be rehearsed in case they are needed.

- In clinical settings it should be the concern of caregivers, as well as the researcher, to ensure that services to non-participants are not diminished in anyway because of the demands of the research.

3. Quality

- To protect the public most organizations now have review committees to assess the ethical implications of research proposals with which they are in any way involved.
- It is essential that there be a nurse member, as well as lay members, on all such committees reviewing nursing research.
- Nurse researchers need to be self-monitoring also with respect to checking that their level of professional and technical competence is compatible with designing and undertaking good research of the type planned.
- Implementation of poorly planned or designed research is unethical.
- Where possible beginning researchers should work as part of a team. In team research the principal researcher has responsibility for ensuring that others in the team are competent, and have the information they need in order to act in an ethical manner.
- There should be inbuilt checks and balances.
- Researchers who have to work alone should establish informal mentorship or supervision.

Publication and dissemination of findings

- This last phase of the research process also has ethical aspects.
- First and foremost is the need for honesty in reporting. T
- he researcher has an obligation to publish both the process and the findings, so that the former can be subjected to peer scrutiny and the latter will add to the pool of nursing knowledge.
- Prior to publication participants/subjects should be given an opportunity to confirm that they are faithfully represented in what is being published and, if anonymity has been promised, that this has been retained.
- Any prior agreement with a supporting agency in relation to publication should be similarly honored.
- Responsibility extends beyond publication in so much as researchers have an obligation to.
- Counter any misinterpretation or misuse of their research.

3. **Summary and Conclusion**
   - Nursing research relies on collaboration and partnerships based on mutual trust. When that trust is breached the damage is irreversible.
   - Honesty, openness, respect and sensitivity to others provide the cornerstones for ethical research.
   - It is important that all nursing research is undertaken from a clear ethical stance, with ethical concerns identified at the outset and

agreed strategies for dealing with negotiated and renegotiated on an ongoing basis throughout the project.

- Researchers' habits of critique and reflection provide one safeguard; external review is another. Ethical concerns in research, particularly qualitatively research, often do not have straight forward solutions.

Unit 5: Computer science in nursing practice.   **(4) hrs.**

- Computer in health care delivery and nursing.

- Computer in clinical practice.

- Computer for professional growth/ networking.

- Computer in nursing administration.

Computer in nursing research.

- Computer in professional and patient's education.

- Computer and the role of the nurse.

Learning Objectives

At the end of this unit, the student should be able to:

1. Describe the electronic medical record system.
2. Identify the levels of Electronic Health Care Record.

Electronic Medical Records Systems

- An Electronic Medical Record (EMR) is a medical record in digital format.
- Electronic Medical Record keeping facilitates access of patient data by nurses at any given location, building automated checks for drug and allergy interactions, clinical notes and laboratory reports.
- The term Electronic Medical Record can be expanded to include systems which keep track of other relevant medical information. Although an EMR system has the potential for invasion of a patient's medical privacy.
- EMRs can serve a great purpose when monitored effectively (Mandl et.al, 2001).

Classifications of the levels of Electronic Health Care Record (EHCR)

1. The Automated Medical Record: which is a paper-based record with some computer-generated documents.

2. The Computerized Medical Record (CMR): which makes the documents of level 1 electronically available.

3. The Electronic Medical Record (EMR): which restructures and optimizes the documents of the previous levels ensuring inter-operability of all documentation systems.

4.The Electronic Patient Record (EPR): which is a patient-centered record with information from multiple institutions and,

 5.The Electronic Health Record (EHR): that adds general health-related information to the EPR that is not necessarily related to a disease.

- The development of standards for EMR interoperability is vital because of the fact that without interoperable EMRs, practicing nurses, physicians, pharmacies and health care institutions cannot share patient information, which is necessary for timely patient-centered care.

Unit 6: Change, complexity and chaos. **(4) hrs.**

- Concept of change.

- Elements of change.

- Planned change.

- Unplanned change.

- Concepts of Chaos and complexity.

- Intervention of complexity and chaos in the change.

Learning Objectives

At the end of this part, the student should be able to:

1. Define Concepts

2. Describe the concepts of change

3. Discuss the steps of change.

4. Identify the elements of change.

5. List the characteristics of planned change.

6. Describe Chaos theory.

7. Describe the application of complexity and chaos theory in nursing practice.

Concept of change

Change is defined as "Any variation or alteration; a passing from one state or form to another".

- A change concept is a general notion or approach to change that has been found to be useful in developing specific ideas for changes that lead to improvement.
- Creatively combining these change concepts with knowledge about specific subjects can help generate ideas for tests of change.
- After generating ideas, run Plan-Do-Study-Act (PDSA) cycles to test a change or group of changes on a small scale to see if they result in improvement. If they do, expand the tests and gradually incorporate larger and larger samples until you are confident that the changes should be adopted more widely.

Elements of Change

In order to succeed, we need to understand the three most important elements in changing a behavior:

1. **Readiness to change** :availability of resources and knowledge to successfully make a change.
2. **Barriers to change** : anything preventing people from changing.
3. **Expect relapse** : What might trigger a return to a former behavior.

Planned change

- Change is a planned process. A planned action to make things different is defined as change intervention.

- A change agent is a person (or persons), who acts as a catalyst and assumes the responsibility for managing the change process.

- Planned change occurs when leaders in the organization recognize the need for a major change and proactively organize a plan to accomplish the change.

- Planned change occurs with successful implementation of a Strategic Plan, plan for reorganization, or other implementation of a change of this magnitude.‖

characteristics of A planned change

1. A planned change is qualitative in nature. A change in the frequency or in the technique of change points out only a quantitative change. Qualitative change takes place only when the clients develop the desire to change, go through personal introspection, and modify their behavior in meaningful ways.

2. Every planned change has a direction. The change has a basic purpose and rationale.

3. The means used for bringing about the change influence the quality and direction of change.

4. In any change process, the adoption rates vary.

Steps in Planned Change

Planned change requires managers to follow an eight-step process for successful implementations, which is illustrated in Figure below.

1. **Recognize the need for change**

   - Recognition of the need for change may occur at the top management level or in peripheral parts of the organization.
   - The change may be due to either internal or external forces.

2. **Develop the goals of the change**

   - Remember that before any action is taken, it is necessary to determine why the change is necessary.
   - Both problems and opportunities must be evaluated. Then it is important to define the needed changes in terms of products, technology, structure, and culture.

3. **Select a change agent**

   - The change agent is the person who takes leadership responsibility to implement planned change.
   - The change agent must be alert to things that need revamping, open to good ideas, and supportive of the implementation of those ideas into actual practice.

4. Diagnose the current climate

- In this step, the change agent sets about gathering data about the climate of the organization in order to help employees prepare for change.
- Preparing people for change requires direct and forceful feedback about the negatives of the present situation, as compared to the desired future state, and sensitizing people to the forces of change that exist in their environment.

5. Select an implementation method

- This step requires a decision on the best way to bring about the change.
- Managers can make themselves more sensitive to pressures for change by using networks of people and organizations with different perspectives and views, visiting other organizations exposed to new ideas, and using external standards of performance, such as competitor's progress.

6. Develop a plan

- This phase determines the when, where, and how of the plan.

The plan is like a road map.

- It notes specific events and activities that must be timed and integrated to produce the change. It also delegates responsibility for each of the goals and objectives.

7. Implement the plan

- After all the questions have been answered, the plan is put into operation. Once a change has begun, initial excitement can dissipate in the face of everyday problems.
- Managers can maintain the momentum for change by providing resources, developing new competencies and skills, reinforcing new behaviors, and building a support system for those initiating the change.

8. Follow the plan and evaluate it

- During this step, managers must compare the actual results to the goals established in Step 4.
- It is important to determine whether the goals were met; a complete follow-up and evaluation of the results aids this determination. Change should produce positive results and not be undertaken for its own sake.
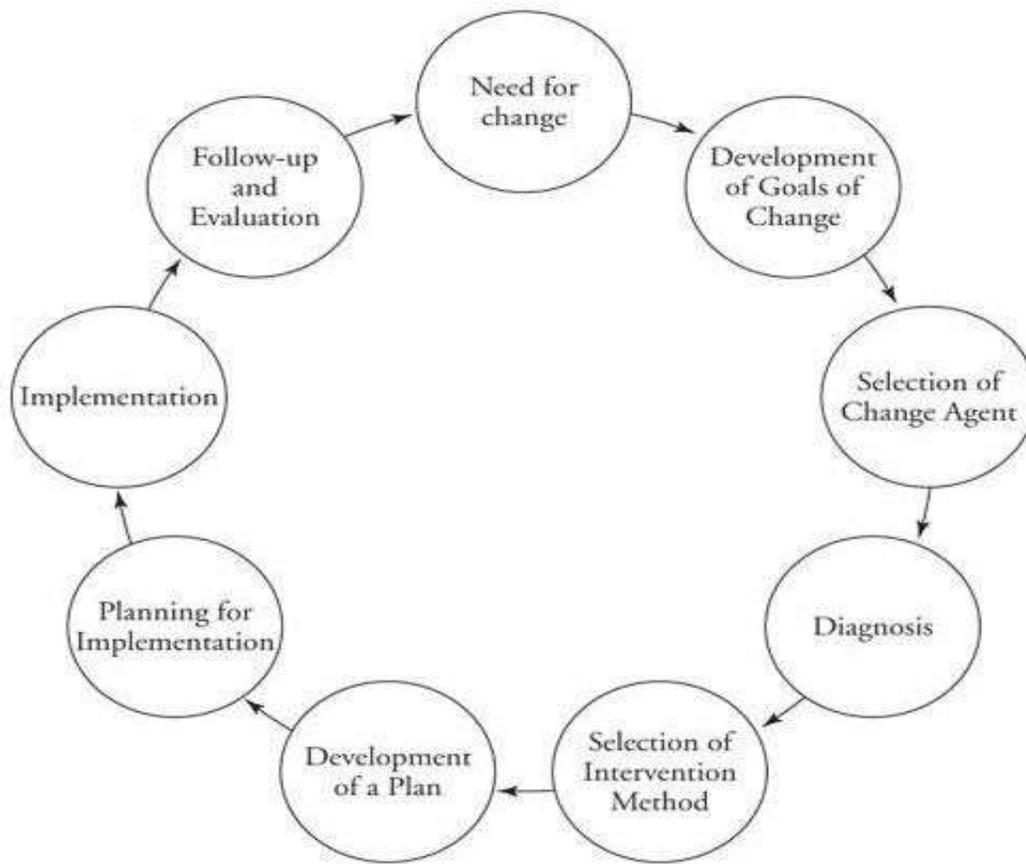
Figure 1 Stages of planned change.

Unplanned change

Unplanned change usually occurs because of a major, sudden surprise to the organization. This causes its members to respond in a highly reactive and disorganized fashion.‖

Chaos and Complexity

Chaos

- The first concept comes from Chaos, which is defined *as* "the irregular, unpredictable behavior of deterministic, non-linear dynamical systems."Chaos is fast replacing bureaucracy as the new science of organizations.

- The relevant generalization here is that we live in an uncertain and turbulent environment and, even with massive amounts of available information, it has become increasingly difficult for us to choose appropriate organizational survival behaviors.

- No one seems to disagree with the assertion that human systems exhibit chaotic behavior. However, management theorists have yet to acknowledge that the deterministic element of chaos can be beneficial in forming viable survival strategies. They have focused almost exclusively on preparing the organization to react quickly to changes in the external environment.

Chaos Theory

- According to one definition, "Chaos theory is the qualitative study of unstable periodic behavior in deterministic nonlinear dynamical systems."

- With this definition, we can draw several conclusions about the characteristics of chaos.

4. that the system is dynamical, means that it changes over time.

5. that the behavior of the system is aperiodic and unstable means that it does not repeat itself.

6. although chaotic behavior is complex, it can have simple causes.

7. because the system is nonlinear, it is, as we have already seen, sensitive to initial conditions. (Nonlinearity means that the output of the system is not proportional to the input and that the system does not conform to the principle of additively, i.e., it may involve synergistic reactions in which the whole is not equal to the sum of its parts.

8. because the system is deterministic, chaotic behavior is not random even though its

What is Chaos Management

The translation of Chaos Theory into management practice is, at best, a loose analogy that has been built upon three generalizations of scientific concepts:

1. Chaos.
2. Complexity Theory, and
3. Complex Adaptive Systems.

It has always been somewhat problematic to apply a scientific theory - one that was intended to explain natural phenomena - to explain the affairs of human organizational systems. The relatively new science of chaos is one such application that has made inroads into the realm of management and organizational behavior.

What is Complexity

- The second concept comes from Complexity Theory, which states that *"*critically interacting components self-organize to form potentially evolving structures exhibiting a hierarchy of emergent system properties."
- A system normally has two choices of operational modes: stability or instability.

  = In the stable mode, a disturbance will eventually converge back toward the systems initial conditions.

  = In the unstable mode, a disturbance will cause a progressive divergence away from initial conditions. Self-organizing systems operate in a third mode - between stability and instability - where optimal system performance can be achieved in a turbulent environment. This transition zone is known as **the edge of chaos**, "a region of bounded instability" in which there is "unpredictability of specific behavior within a predictable general structure of behavior."

Intervention of complexity and chaos in the change.

- Complexity theory has much to offer the nursing profession. It provides a framework that is far more realistic and holistic than the mechanistic, reductionist paradigm that permeates the allopathic medical system.

- Complexity theory readily acknowledges the impact of the multitude of factors influencing health while accepting the uniqueness of each nursing interaction.
- It gives credence to the potential of a unique nursing intervention to have a profound effect on an individual client .
- Complexity concepts such as patterns, dynamical systems, non-linearity, sensitivity to initial conditions or the butterfly effect, disproportional effect, phase space, attractors, basin of attraction, fractals, self-similarity, dissipative structures, bifurcation, the edge of chaos, and self -organizing systems seem foreign to nursing. Yet the abstract application of these ideas will help to synchronize our profession with the emerging scientific worldview.

Unit 7: Future perspectives.   **(2) hrs.**

- Changing demography.
- Health care costs.
- Technology.
- Shift to community.

Learning Objectives

At the end of this unit, the student should be able to:

1. Discuss the effects of the following factors on nursing practice:
   - Changing demography.
   - Health care costs.
   - Technology.
   - Shift to community.

Changing demography.

Demographics

Future demographic changes will alter the face of health care. The population aged 65 or older will increase dramatically, while the number of 20- to 64-year-olds will grow more slowly. In addition, providing care to a more culturally diverse population will challenge traditional health care delivery mechanisms.

Increasing costs
- The proportion of income spent on health in virtually all developed countries has progressively increased.
- As spending on healthcare systems has increased, there has been a parallel increase in concerns about value for money in healthcare, leading to new considerations of cost effectiveness and definitions of value, which are reflected across Arab.
- The largest rises in healthcare spending are in those countries that are the most wealthy, suggesting that healthcare growth is driven by the costs of newer drugs and medical technologies available in richer countries and the demand for the highest levels of treatment in these countries.

Cost-effectiveness and value for money
- Value-for-money concerns are prevalent throughout healthcare systems.
- There is an increasing emphasis on determining the level of benefit at which interventions are effective enough to justify funding,

as attention is increasingly focused on how to gain the most possible value from the healthcare purchasing budget.

Technology

- Innovative health technologies can provide a real solution to growing healthcare costs by delivering greater cost-efficiency and economic productivity.

- Innovative use of simple technologies which are used outside of Iraq may offer one way to increase cost-efficiency.

- e-Health also offers opportunities for personalized, tailored healthcare and the scalability of large public health interventions which could increase cost-efficiency.

- Technological advances can also increase cost pressures and it is important to resist the driving up of costs through ever-more complicated and expensive technological treatments.

Shift to community

- To effectively shift care out of hospitals and re-provide these services in the community, a whole-system approach is needed.

- Hospital restructuring cannot happen in isolation but must go hand-in-hand with reinvestment strategies.

- Otherwise, there is a possibility of creating a transition gap in service provision.

- Internationally, there is much focus on integration and co-ordinate care as a means to improve continuity, reduce fragmentation within the health and social care systems and deliver good patient outcomes.

- Nurses play a pivotal role in supporting and promoting better coordinated care. Where integrated care models have been successful, there is evidence to show that close collaboration between local authorities, commissioners, service providers and frontline staff have been instrumental in that success.

Problems to shift to community care

1. a lack of strategic workforce planning and limited resources earmarked for community nursing.
2. Inadequate education preparation and training for community nurses.
3. Insufficient training being made available for nurses who are transferred from hospital setting to the community.
4. Cuts to district nursing community specialist practitioner posts, leading to an increase in workload pressures and rising wait times to access community services.
5. Short-sighted community service cuts, which do not save money in the medium to long term.

Unit 8: Nursing models:

- Nursing models and their use in practice.
- Nursing conceptual models.
- Models of Roger, Orem, Roy, and Neuman.

Learning Objectives

At the end of this unit, the student should be able to:

1. Identify the Importance of nursing theories in clinical practice:
2. Discuss the common concepts of Nursing Theory.
3. Discuss the Models of the following Nursing Theories:
   - Roger.
   - Orem.
   - Roy, and ,
   - Neuman.
4. Identify the concepts of the following Nursing Theories:

   - Roger.
   - Orem.
   - Roy, and ,
   - Neuman.

Theories and models of nursing practice

Importance of nursing theories in clinical practice:

1. Nursing theories provide a framework for thought in which to examine situations. As new situations are encountered, this framework provides a structure for organization, analysis, and decision making.

2. Nursing theories provide a structure for communicating with other nurses and with other members of the health care team.

3. Nursing theories assist the discipline of nursing in clarifying beliefs, values, and goals, and they help to define the unique contribution of nursing in the care of clients.

4. When the focus of nursing's contribution is clear, then greater professional autonomy and, ultimately, control of certain aspects of practice are achieved.

5. Nursing theory is necessary for the continued development and evolution of the discipline of nursing.

6. Because the world of health care changes virtually on a daily basis, nursing needs to continue to expand its knowledge base to proactively respond to changes in societal needs.

7. Knowledge for nursing practice is developed through nursing research that, in turn, is used to either test existing theories or generate new theories.

Nursing Practice

Common concept in nursing Theories:

Four concepts common in nursing theory that influence and determine nursing practice are:

1. The person (patient).

2. **Health**

3. Environment ,and

4. Nursing

Nursing conceptual models

- There is a reciprocal relationship between conceptual models of nursing and nursing practice .Conceptual models influence clinical nursing practice by:

    1. Specifying standards for and purposes of practice.
    2. Identifying relevant clinical problems.
    3. Settings for practice.
    4. legitimate recipients of nursing care, and the content for the nursing process.
    5. Suggesting methods for delivery of nursing services, and by providing frameworks for clinical information systems.

Nursing practice, in turn, provides data that can be used to determine the credibility of the conceptual models Sources of data from clinical practice for credibility determination include evaluations of nursing interventions, the recipient's perspective of nursing care and quality assurance reviews.

Models of Roger, Orem, Roy, and Neuman

M o d e l s o f N u r s i n g

- A model, as an abstraction of reality, provides a way to visualize reality to simplify thinking.

- A conceptual model shows how various concepts are interrelated and applies theories to predict or evaluate consequences of alternative actions.
- A conceptual model "gives direction to the search for relevant questions about the phenomena of central interest to a discipline and suggests solutions to practical problems".
- Four concepts are generally considered central to the discipline of nursing: the person who receives nursing care (the patient or client); the environment (society); nursing (goals, roles, functions); and health.

Martha Rogers

- **Rogers 1970:** to maintain and promote health, prevent illness, and care for and rehabilitate ill and disabled client through "humanistic science of nursing".
- Martha Rogers' development of the Science of Unitary Human Beings has become an influential nursing theory in the United States.

Unitary Human Beings Important Terms:
Wholeness
in which the human being is regarded as a unified whole which is more than and different from the sum of the parts.

Openness

Where the individual and the environment are continuously changing matter and energy with each other.

Unidirectionality

Where the life process exists a long an irreversible space time continuum.

Pattern and Organization

Which identified individuals and reflects their innovative wholeness .

Sentience and Thought

Which state that of all life, human beings are the only ones capable of abstraction and imagery, language and thought, sensation and emotion.

Dorothea Orem

Orem1971: This is self-care deficit theory. Nursing care becomes necessary when client is unable to fulfill biological, psychological, developmental, or social needs.

Orem's general theory of nursing in three related parts:-

- Theory of self-care
- Theory of self-care deficit
- Theory of nursing system

A . T h e o r y o f S e l f C a r e

This theory Includes:

- **Self-care** : practice of activities that individual initiates and perform on their own behalf in maintaining life ,health and well-being.
- **Self-care agency** : is a human ability which is "the ability for engaging in self-care" ,conditioned by age developmental state, life experience sociocultural orientation health and available resources.
- **Therapeutic self-care demand** , "totality of self-care actions to be performed for some duration in order to meet self-care requisites by using valid methods and related sets of operations and actions".
- **Self-care requisites** : action directed towards provision of self-care.

B : T h e o r y o f s e l f - c a r e d e f i c i t

- Specifies when nursing is needed .
- Nursing is required when an adult (or in the case of a dependent, the parent) is incapable or limited in the provision of continuous effective self-care. Orem identifies 5 methods of helping:
    1. Acting for and doing for others.
    2. Guiding others.
    3. Supporting another.
    4. Providing an environment promoting personal development in relation to meet future demands.
    5. Teaching another.

C. Theory of Nursing Systems

- Describes how the patient's self-care needs will be met by the nurse, the patient, or both.
- Identifies 3 classifications of nursing system to meet the self-care requisites of the patient:-
  1. Wholly compensatory system.
  2. Partly compensatory system.
  3. Supportive – educative system
- Design and elements of nursing system define,
- Scope of nursing responsibility in health care situations.
- General and specific roles of nurses and patients.
- A technology is systematized information about a process or a method for affecting some desired result through deliberate practical endeavor, with or without use of materials or instruments

Sister Callista Roy

Roy 1979: This adaptation model is based on the physiological, psychological, sociological and dependence-independence adaptive modes.

Major Concepts

- Adaptation : goal of nursing .
- Person : adaptive system .
- Environment : stimuli .
- Health : outcome of adaptation .

- Nursing- promoting adaptation and health.

Explicit a s s u m p t i o n s

- The person is a bio-psycho-social being.
- The person is in constant interaction with a changing environment.
- To cope with a changing world, person uses both innate and acquired mechanisms which are biological, psychological and social in origin.
- Health and illness are inevitable dimensions of the person's life.
- To respond positively to environmental changes, the person must adapt.
- The person's adaptation is a function of the stimulus he is exposed to and his adaptation level .
- The person's adaptation level is such that it comprises a zone indicating the range of stimulation that will lead to a positive response.
- The person has 4 modes of adaptation: physiologic needs, self-concept, role function and inter-dependence.
- "Nursing accepts the humanistic approach of valuing other persons' opinions, and viewpoints" Interpersonal relations are an integral part of nursing
- There is a dynamic objective for existence with ultimate goal of achieving dignity and integrity.

Implicit assumptions

- A person can be reduced to parts for study and care.

- Nursing is based on causality.

- Patient's values and opinions are to be considered and respected.

- A state of adaptation frees an individual's energy to respond to other stimuli.

Betty Neuman theory

Neuman 1972: Stress reduction is goal of system model of nursing practice.

- The Neuman systems model was first published in 1972 as a teaching approach to patient problems.

- The Neuman systems model focuses on the wellness of the client system in relation to environmental stressors and reactions to stressors.

Stressors are categorized as follows:

1. **Intrapersonal stressors**: Those that occur within

2. **Interpersonal stressors**: Those that occur between individuals

3. **Extra-personal stressors:** Those that occur outside the person (Neuman, 1995).

Nursing interventions focus on retaining or maintaining system stability on three preventive levels:

1. **Primary prevention:** Protecting the normal line of defense and strengthening the flexible line of defense.

2. **Secondary prevention:** Strengthening internal lines of resistance, reducing the reaction, and increasing resistance factors.

3. **Tertiary prevention:** Readapting, stabilizing, and protecting the reconstitution (adaptation to a stressor)or return to wellness following treatment.

The Neuman systems model is consistent with the characteristics of the totality paradigm.

Unit 9: Health teaching in nursing practice: **(4) hrs.**

- Mandates for health teaching.
- Assessment of learning abilities.

  -Health status.

  -Health values.

  -Cognitive, psychological and psychomotor abilities.

  - Planning health teaching.
  - Teaching strategies
  - Evaluation of teaching and learning.
  - Demonstration of health teaching.

Learning Objectives

At the end of this unit, the student should be able to:

1. Define concepts

2. Identify the importance of health education on community health.

3. Identify the criteria of assessment the client's learning abilities.

4. Describe the steps of planning health teaching.

5. Outline the procedure of planning client education.

6. Discuss the teaching strategies.

7. Discuss the process of evaluation teaching and learning.

8. Identify the purposes of learning documentation.

Health teaching (Health Education)

Health education is a process that informs, motivates and helps people to adopt and maintain healthy practices and lifestyles, advocates environmental changes as needed to facilitate this goal.

Health education is an approach for teaching patients and families to deal with past, present, and future health problems. This knowledge enable them to make informed decisions , to cope more effectively with temporary or long term alterations in health and lifestyle, and to assume greater responsibility for health.

Learning is defined as a process resulting in some modification of relatively permanent of the behavior, i.e. Way of thinking, feeling, doing of the learner.

Planning health teaching.

Steps of planning

1. Assess the learners.
2. Formulate objectives.
3. Select and organize content.
4. Choose the appropriate teaching methods.
5. Design assignment.
6. Decide how to evaluate learning.

Assessment of learning abilities

Health Education- Assessment Guide

The Patient Family Education Assessment Guide provides a format for making a systematic assessment of the patient's and family's learning needs. In addition, some of the data in the Guide will be useful when planning the actual teaching learning activities.

Demographic Data: The top part of the Guide contains identifying information about the patient, the nurse, and the sources of the data used in the Guide.
Location refers to the place where the patient is located ,hospital ward, out-patient clinic, or home.

Physiological Data: Most of the physiological information can be obtained from the medical record or from an interview of the patient. The brief history of the present illness should include why the patient is in the hospital or seeking health care.

The Patient:

- The patient section provides a social and psychological view of the patient.

- The information in this section can indicate support for or barriers to learning.

- Educational background indicates the types of learning materials that

can be used, self-concept and reaction to stress indicate ability to
cope with the illness and the learning, and physical limitations which
are sensory also indicate the type of learning

materials that can be used. If the patient has known others with this
same problem

they may or may not have an accurate picture of the illness and this
should be explored.

Family Profile

- As is stated on the Guide, the family profile is a word picture of the
  family members living in the patient's home.

- It is well established that patients who have the support of family
  members in the learning process will have better and longer lasting
  outcomes. Therefore, it is imperative that the family members be
  included in the teaching learning situation as much as possible.

- This section provides information about the family which indicates
  their potential for supporting the patient and the learning needs they
  may have.

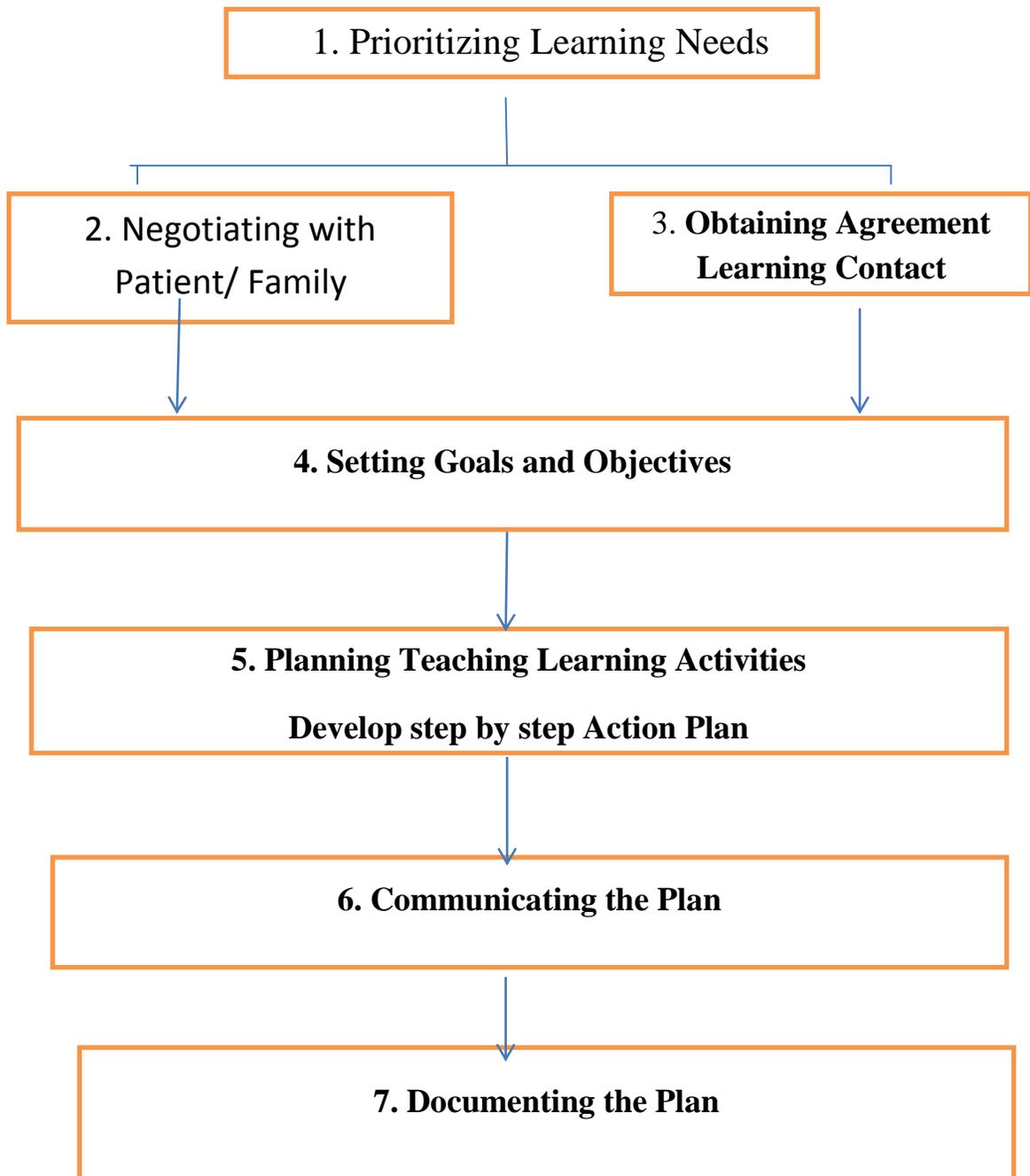**Resources Available to the Patient**

- By identifying the resources available to the patient, the nurse can
  determine the extent to which a patient needs to learn certain
  behaviours.

- For example, if the patient's bedroom is on the second floor of the

house, the patient will need to learn to climb the stairs or the family will need to make some arrangements for the patient to be cared for on the ground floor. Similarly, stating that the patient needs to learn to use certain kinds of equipment which he/she cannot afford does not make much sense.

Factors Affecting Change

- It is important for the nurse to make a judgment about those factors which will help the patient make a change (positive) and those factors which will interfere (negative) with the patient making a change.

- An example of a positive factor would be a supportive husband and an example of a negative factor would be a patient's denial that there was anything wrong.

Procedure of planning teaching education

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┌─────────────────────────────────────┐
│    1. Prioritizing Learning Needs    │
└─────────────────────────────────────┘

┌──────────────────────┐      ┌──────────────────────┐
│  2. Negotiating with │      │ 3. Obtaining Agreement│
│    Patient/ Family    │      │   Learning Contact    │
└──────────────────────┘      └──────────────────────┘

┌─────────────────────────────────────┐
│    4. Setting Goals and Objectives   │
└─────────────────────────────────────┘

┌─────────────────────────────────────┐
│ 5. Planning Teaching Learning Activities │
│                                          │
│   Develop step by step Action Plan       │
└─────────────────────────────────────┘

┌─────────────────────────────────────┐
│      6. Communicating the Plan       │
└─────────────────────────────────────┘

┌─────────────────────────────────────┐
│      7. Documenting the Plan         │
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Planning teaching learning activities.

It is always ideal to have a written plan that includes the following:

1. **Subject***: (what is to be taught") .

2. **Intended audience**(Who is your audience?)

3. Date Time and Place .

4. Goal statement &Specific objectives .

5. **Activities:** Identify the activities to accomplish the objectives.

6. **Teaching learning methods***: Identify how the content will be presented; Using a variety of methods addresses unique needs of the learners and makes the teaching more interesting. Include and combine such methods as lectures, discussions, demonstrations, role playing, and films.

7. **Assignments:** Readings, presentations, papers, practice experience, and demonstrations are among many possible ways to reinforce and synthesize the learning.

8. **Course out-line of topics and dates.**

9. **Evaluation method and criteria***: Results of pre and post testing, return demonstrations, learner's behaviour changes or actions taken, and other criteria can be used to determine whether objectives have been met. Criteria need to be clearly defined to indicate satisfactory performance.

Teaching strategies

1. Individual teaching

- Often called one-to-one teaching, individual instruction is ideal for continued assessment of the learner and technical skill training.

- It promotes sharing of confidential information and problems, tailoring of teaching plan, learning by person hindered by a low literacy level, Physical impairment cultural barriers, anxiety, or depression. For e.g. Initial diabetic teaching, diet teaching, skill training, a client learning to self-administer injection insulin etc.

 Advantages:

1. An active learner role that builds motivation and flexibility.

2. The teacher can respond to the learner's problems and needs in a timely fashion.

3. The teacher can help the learner to build problem solving skills.

 Disadvantages

- Lack of sharing with and support from other patients and their families.
- Time consuming for the staff time for instruction.

II: Group Teaching

• Group teaching is carried out with several patients or family members, who have similar learning needs.

• Small group of 2-5 clients may be able to offer some of the advantages of individual teaching.

• Medium sized groups of 6-30 clients, may be effectively used for prenatal care, paediatric care, safety, diabetes.

• Large group of 30 or more clients are appropriate for lectures and films but should be interspersed with small group experiences or discussion.

Advantages of group teaching are

1. It is economical of time and resources.

2. It helps clients learn from one another through their own experiences.

3. It fosters positive attitude development.

Disadvantages of group teaching are:

1. Lack of individual attention,

2. Teaching content may not address specific needs of client and families.

3. A medium to large group is not appropriate for skill training.

4. Patient who are physiologically or emotionally unstable are poor candidate for group teaching.

III: Case Method

- Providing an opportunity for clients to apply what they learn in the classroom to real-life experiences has proven to be an effective way of both disseminating and integrating knowledge.

- The case method is an instructional strategy that engages clients in active discussion about issues and problems inherent in practical application. It can highlight fundamental dilemmas or critical issues and provide a format for role playing ambiguous or controversial scenarios.

- Course content cases can come from a variety of sources. Many educators have transformed current events or problems reported through print or broadcast media into critical learning experiences that illuminate the complexity of finding solutions to critical social problems.

- The case study approach works well in cooperative learning or role playing environments to stimulate critical thinking and awareness of multiple perspectives.

IV: Integrating Technology

- Today, educators realize that computer literacy is an important part of a client's education. Integrating technology into a course when appropriate is proving to be valuable for enhancing and extending the learning experience for faculty and students.

- Many educator have found electronic mail to be a useful way to promote client / client or educator/ client communication between class meetings.

Evaluating teaching and learning

Evaluation, the last phase of the teaching process, is the ongoing appraisal of the patient's learning progress during and after teaching. The goal of evaluation is to find out if the patient has learned what you taught.

Here are some ways you can evaluate learning:

- Observe return demonstrations to see whether the patient has learned the necessary psychomotor skills for a task.
- Ask the patient to restate instructions in his or her own words.
- Ask the patient questions to see whether there are areas of instruction that need reinforcing or re-teaching.
- Give simple written tests or questionnaires before, during, and after teaching to measure cognitive learning.
- Talk with the patient's family and other health care team members to get their opinions on how well the patient is performing tasks he or she has been taught.
- Assess physiological measurements, such as weight and blood pressure, to see whether the patient has been able to follow a modified diet plan, participate in prescribed exercise, or take antihypertensive medication.

- Review the patient's own record of self-monitored blood glucose levels, blood pressure, or daily weights.
- Ask the patient to problem solve in a hypothetical situation.

Documenting patient teaching

- documentation of patient teaching should take place throughout the entire teaching process.
- Documentation is done for several purposes.
    1. Documentation promotes communication about the patient's progress in learning among all health care team members.
    2. Good documentation helps maintain continuity of care and avoids duplication of teaching.
    3. It legally protect the nursing staff as well as the clients.
- Documentation of patient teaching can be done via flow-charts, checklists, care plans, traditional progress notes, or computerized documentation.
- Whatever the method, the information must become a part of the patient's permanent medical record.

What to document

- The patient's learning needs.
- The patient's preferred learning style and readiness to learn.
- The patient's current knowledge about his or her condition and health care management.
- Learning objectives and goals as determined by both you and the

patient.

- Information and skills you have taught.
- Teaching methods you have used, such as demonstration, brochures, and videos.
- Objective reports of patient and family responses to teaching.
- Evaluation of what the patient has learned and how learning was observed to occur.

How to document

- Record the patient's name on every page of your documentation.
- Include the time and date on all entries.
- Sign each entry.
- Write in black or blue ink, for legal and reproduction purposes.
- Write legibly.
- Be accurate and truthful when discussing facts and events.
- Be objective-don't show personal bias or let others influence what you write.
- Be specific.
- Be concise-record information succinctly, without compromising accuracy.
- Be comprehensive-include all pertinent information.
- Record events in chronological order.

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