

A Concept of Nursing Practice

by

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Administrators, Supervisors and Teachers Carry the Major Responsibility for Nursing Practice.

A salient factor in both nursing service and nursing education is nursing practice. Nursing educators are responsible for teaching students the components of quality nursing practice, and nurses in service are responsible for providing quality nursing practice in health agencies. With this common concern for nursing practice, it seems clear that both groups should be in agreement about the meaning of quality nursing, for what is practised should be taught and what is taught should be practised.

However, one of the principal problems confronting our profession today stems from a lack of agreement about nursing practice. As a result of this lack of agreement, frictions have developed between the nurses in education and service which preclude constructive working relations. These frictions have tended to produce isolating barriers between the two groups, barriers which have often resulted in one group developing its own objectives for practice, and the other group a different set of objectives.

A major cause of these existing frictions arises from the fact that there are differences in the status awarded to the nurses in the two groups. In some countries, nurses in service positions are given greater prestige than those in education. Often this prestige value is established by the doctors who may be more concerned with the care of patients than with the education of nurses. In settings where the doctor-nurse hierarchy has long been a tradition, nurses may find the rewards offered by doctors more pleasant and more profitable than those offered by their own professional colleagues.

In other countries, nurses in education have greater professional status than those in service. In these countries, nurses in education are, in general, better educated, have positions which offer greater job satisfaction, and receive higher salaries than do their counterparts in service positions. The higher the academic rank, the greater the prestige. Thus, in these settings, rewards may be based on academic procedure rather than on direct contribution to patient care.

There is a growing awareness today that nurses should not be limited by the boundaries which surround the words *education* and *service*, that their segregation handicaps the progress of each group and the progress of nursing as a whole. Nursing leaders are beginning to advocate that rather than prejudicial competitiveness, there should be a united front, a co-operative endeavour for the improvement of nursing practice.

Essential to the development of co-operative endeavour is the recognition by management that a similar educational background for nurses in service and in education should be required, and that the working conditions, salaries and reward systems should be commensurate. Both groups need opportunities for job satisfaction and for personal and professional growth.

There is evidence that when more equal roles are awarded to nurses in service and in education, they are able to work together more comfortably, and in consequence, plan for the promotion of their common goal: the improvement of nursing practice.

More and more, instructors are beginning to accept the realistic fact that in order to teach nursing effec-

tively, they must leave the protective security of the classroom and participate actively in nursing practice, that they must study patients as well as books about patients and that they can teach well only that which they are able to do well.

Likewise, administrators and supervisors are beginning to recognise that they too must be capable of expert clinical practice if they are to promote it (expert clinical practice) in the areas where they work. It is not enough to be proficient only in the use of the principles of administration and supervision. In other words, the knowledge, skills and attitudes which enable nurses to practise quality nursing are inherent parts of effective administration, supervision and teaching.

With the increasing interest of both groups in nursing practice, the corrosive and vitiating barriers between education and service are being broken down and windows opened for significant communication. Nurses in education are developing more interest in service, and nurses in service are developing more interest in education. With shared interest, real progress can be made in working for the accomplishment of common objectives.

Responsibility Must be Based on Established Objectives.

There are five common objectives which seem basic to the development of a unified concept of nursing practice:

- (1) The establishment and maintenance of standards for nursing practice.

In all health agencies where students are provided learning experiences, it seems clear that both

the personnel in education and in service must be concerned with the formulation of standards for nursing practice and with the methods selected for maintaining these accepted standards. There cannot be two separate standards for practice, for two standards can only result in mass confusion and inevitable conflict. Therefore, committees responsible for the setting up of standards should include representatives from both education and service, and both groups should share the responsibility for maintaining the accepted standards for practice.

(2) Development of formal and informal education programmes.

If the standards for nursing practice are established by nurses from education and service, then it follows that both groups should participate in the education of all personnel who contribute to nursing practice. Supervisors and head nurses should play an active role in the education of student nurses, and instructors should contribute to the educational programmes planned for all levels of personnel involved with the promotion of health, prevention of disease and the care of sick people in all community health agencies.

(3) Promotion of effective relations within the health team.

As the leaders in education and service begin to work together more harmoniously, they will be able, through their own behaviour, to encourage more effective relations between other members of the health team. If the leaders do not work well together, they cannot expect the members of their teams to do so. As the English writer, Chaucer, so succinctly put it, "If gold rusts, what will iron do?"

Administrators, teachers and supervisors establish the quality of behaviour which they expect of others; they serve as the models whom staff nurses, student nurses and auxiliary personnel tend to follow. If an instructor is rude to a head nurse, she in essence gives permission to the head nurse to be rude to the porter, and in turn for the porter to be rude to patients. Rudeness does not produce effective behaviour. Nursing leaders are

responsible for helping all personnel recognise and utilise those behaviours which are most effective in their personal and professional life. Two fundamental components necessary for the development of effective behaviours are well-defined job descriptions and clear channels of communication. Individuals need to know what their job is and to whom they can go for guidance.

(4) Evaluation of nursing practice.

If there is agreement regarding the objectives of nursing practice, then the same basic structural system for evaluation can be used for individuals in both education and service. The criteria for measuring a nursing procedure must inevitably be the same, regardless of who performs the procedure. Furthermore, the essential purpose of evaluation—a method for educating individuals—is the same for both auxiliary personnel and nurses. Evaluation, if it is to serve a really useful purpose, cannot be seen as simply a process for offering judgments; rather it is a method for helping people develop effective behaviours. The difference between these two concepts—judgement and guidance—is the difference between ineffective and effective evaluation.

(5) Development of research programmes

Research is the critical or scientific method by which nursing practice can be tested and measured. Much of our current nursing practice is based upon empirical evidence and logical argumentation, rather than upon established scientific knowledge. Nursing can advance only to the extent that the research method is applied to all of the fields of knowledge and activities which are an integral part of nursing practice. Therefore, nurses from both education and service should participate in nursing research.

Correlation of Activities Between Hospitals and Community Agencies is Essential for Continuity in Nursing Practice

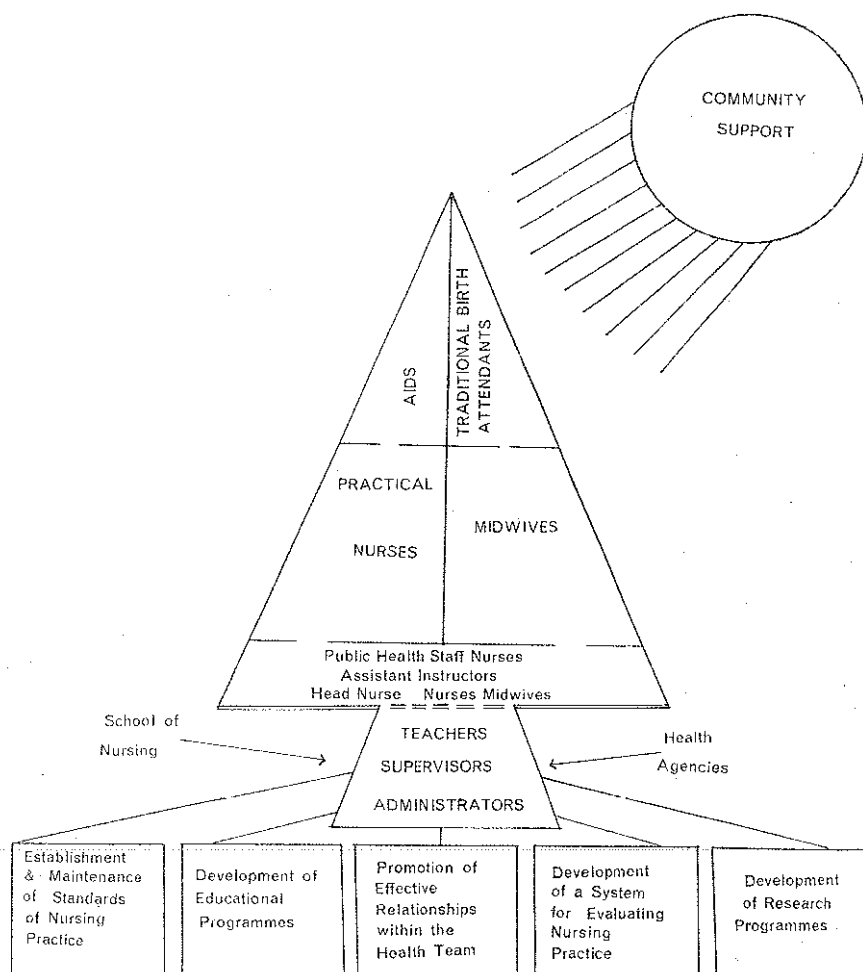
In the diagram of the tree which represents a concept of nursing (see page 77), the five objectives for nursing practice represent the

roots which nourish the trunk of the tree. Administrators, supervisors and teachers form the trunk of the tree. Thus, administrators, both from nursing education and nursing service, and supervisors and teachers constitute the leadership in nursing. These leaders come not only from hospitals and schools of nursing, but from all health agencies where nurses perform a nursing role.

The historical division of nurses into hospital nurses and public health nurses has tended to segregate adversely these two groups of nurses, one from the other. In reality, a hospital is a public health agency, just as a public health centre is a public health agency. The concepts which have been labelled public health concepts are as vital to nursing practice in hospitals as they are in public health centres. Both hospitals and public health centres are concerned with the promotion of health, the prevention of disease and the cure of the sick. It has been said many times before, but perhaps it is good for us to repeat certain familiar observations, lest we forget them: Patients come to the hospital from the community and when they leave the hospital they return to the community. Their life experiences in the community will influence their behaviour in the hospital, and the experience which they have in the hospital will in turn influence their behaviour when they return to the community.

It seems self-evident, therefore, that the goal of hospital nurses and public health nurses should be to encourage interdigitation of their nursing activities. This interdigitation can only take place if public health nurses and hospital nurses from both service and education work together for the accomplishment of common objectives.

Perhaps a crucial area which could be used to promote interdigitation of the activities of public health nurses and hospital nurses, and the accomplishment of common objectives, is the hospital out-patient department. Someone once described the out-patient department as the umbilical cord between the hospital and the community. The out-patient



department offers an excellent locale for opening effective channels of communication between the nurses in the hospital and in the community. Perhaps experience in public health centres should be a requirement for all nurses who work in hospital out-patient departments. If out-patient nurses are conversant with the community, student nurses may well gain their initial public health concepts in the out-patient department. As a long-term goal, all nurses should be conversant with hospital activities and with community health activities.

The Groups Furthest from the Trunk of the Tree Need the Most Guidance

If we are to develop co-ordination of activities and the accomplishment of established objectives, administrators, supervisors and teachers must set up methods and procedures which will enable them to offer support to all personnel. Obviously, it is impossible for the leaders to participate directly and continuously in all of the activi-

ties carried out by head nurses, nurse midwives, practical nurses, aids and traditional birth attendants. A planned system for the delegation of responsibility is essential. Delegation of responsibility implies faith in the individuals involved, and, if it is to be effective, must provide them with a prescribed system for guidance and support. Scheduled meetings with the hospital head nurses, public health staff nurses and assistant instructors would enable the leaders to keep informed about existing situations and to offer a kind of continuous in-service education to this group. In turn, the head nurses, public health nurses, nurse midwives and assistant instructors could meet periodically with the practical nurses, aids and traditional birth attendants and offer them support and education. In essence, this delegation of responsibility can work satisfactorily only if there is a co-ordinated system for a planned programme. It is not fair to condemn the activities performed by auxiliary personnel unless the leaders have

provided them with opportunities for learning methods necessary for the appropriate performance of the activities.

Successful Nursing Practice Requires the Support of the Community

With the great variety of personnel involved in health agencies today, the public is inevitably confused about the roles of the various members. In some places, both the medical group and the public tend to add up the work of the members, and the average constitutes their concept of nursing. Many nurses who have spent years in gaining an education resent being classified in the same category as practical nurses who have had a more limited education. However, it is a fact that patients, families and the medical staff do have many more contacts with auxiliary personnel than they have with nurses, so it is not surprising that attitudes about nursing are based on the performance of auxiliary personnel.

Before a clarification of roles can be offered to the public, nurses themselves must first develop a clear functional pattern for all workers. The community cannot be expected to support expensive educational programmes for nurses unless they have proof that the costs of these programmes lead to the preparation of practitioners who will make a real contribution to the health of the community. Nurses cannot invoke community respect and patronage without demonstrating their worth as practitioners of nursing. Too often nurses carry on their functions behind the scenes, sometimes doing simple administration activities which might be performed more economically and more efficiently by auxiliary personnel. If nurses are to gain the respect of patients, colleagues, and the community, they must maintain a place in the centre of the health stage, be constantly alert to the priority needs of patients, and offer guidance to the auxiliary workers in meeting these priority needs.

It also seems important for nurses to remember that families and visitors of patients are citizens of the community, and their reactions to the hospitable or inhospitable climate of a health

agency will influence the degree of interest and support they will offer to the health agencies.

Conclusion

If we are to approach this concept of nursing, certain preliminary information is necessary:

(1) We need to know the health problems of the society, and how nursing personnel can contribute to the alleviation or solution of these problems.

(2) We need to know what the existing nursing potential is, and how this potential could be increased through more effective administrative practices and through in-service education. In other words, are we using the staff we *do have* to the best advantage? If we are not, then before we call for more personnel, we should concentrate on developing the contributions of the present group.

(3) We need to examine how purposefully we are using families for patient care, not only in the hospital but also at home. With support and guidance, family members can be of enormous help, but without that they may only impede the work of the nurses. Often family members have anxieties, not only because of the illness of the patient but because of their concern with meeting new and strange expectations. Unless we attempt to cope with their anxieties, families may be unable to serve their patients well.

(4) We need to analyse the activities being carried out by various levels of nursing personnel and make decisions about the kinds of activities which each group is prepared to do, and can do safely. What is the job of the nurse? What is the job of the practical

nurse, the midwife, the aid, the traditional birth attendant? Lack of clear job descriptions can result in inefficient utilisation of personnel and in dissatisfaction of the nursing personnel in their work.

(5) We need to know the numbers of individuals necessary for each level of nursing and how many of each the society can afford. To prepare more nurses with masters degrees than the economy can support would be absurd. It would be equally absurd to set up university programmes leading to the Bachelor's degree without well-prepared administrators and teachers. On the other hand, to prepare large numbers of auxiliary personnel without an adequate number of qualified nurses to establish and maintain acceptable nursing standards would result in poor patient care. We must strive for a proper balance. Obviously this "proper balance" will vary with different settings. However, it seems essential that we systematically study the proportions needed in the various settings, for only with this information can we set up an intelligent plan for the future.

(6) We need to take a serious look at our expectations of the students we admit to nursing schools. What kinds of behaviour can we require of them, these teenagers who come with such different levels of maturity and from such varied backgrounds? If we are not concerned about the human needs of our students, about their personal welfare, can we insist that they be concerned about the welfare of others?

(7) We need to examine carefully the curricula of existing nursing programmes and determine how well they actually prepare students

to meet the nursing needs of their respective countries. There never will be one universal curriculum applicable to all schools of nursing in all countries. The health problems of various countries and the resources and facilities available for coping with these problems will inevitably be different. Each school of nursing must develop its own unique curriculum, adapted to the specific needs of its own students and its own society. A curriculum appropriate for a school of nursing in South America will never be appropriate for a school of nursing in Africa; a curriculum appropriate for a school in Africa will never be appropriate for a school in South-East Asia.

There are, however, three basic assumptions which are applicable to the curricula of all schools of nursing:

- (a) Adequate food, housing, education and health are essential to the well-being of individuals in all societies.
- (b) The well-being of its individual members influences the welfare of a society as a whole.
- (c) Nurses must possess the specific knowledge, skills and attitudes which will enable them to contribute *as nurses* to the improvement of the well-being of individuals, and to society as a whole.

During your first small-group discussion sessions, you are going to have the opportunity to consider the relevance of these three assumptions to the determination of the nursing abilities needed to meet the nursing needs in your respective countries.

WANTED

Wanted Nursing Tutors with Post-Basic Tutor Course or B.Sc qualifications at School of Nursing, Scudder Memorial Hospital, Ranipet, Madras State. Write to the Dean, School of Nursing

Wanted.—(1) Sister Tutor on Rs. 260-15-320-16-400; must possess post-graduate qualification in teaching and have good knowledge of Hindi and Marathi. (2) Public Health Nurse Tutor on Rs. 140-10-280. (3) Junior Sisters on Rs. 100-8-140-10-240. All the posts carry D.A. admissible, Uniform Allowance Rs. 180/- per annum, free boarding, lodging and benefit of Provident Fund and Pension as per Hospital rules. Apply immediately Hon. Principal Medical Officer, Bai Jerbai Wadia Hospital for Children, Parel, Bombay 12 with copies of certificates and appear for interview at own cost on any working day

Wanted by Holdsworth Memorial Hospital a qualified Sister Tutor; preference will be given to female unmarried Tutors. Public Health Tutor also required. Salary Rs. 210-10-290-15-320, plus uniform allowance Rs. 50 per annum.

The Indian Red Cross Society has instituted a scholarship known as "The Rajkumari Amrit Kaur scholarship" to be awarded once every two years for study and experience in home-care of the physically and mentally handicapped or in paediatric or psychiatric nursing. Those possessing the following qualifications will be eligible for the scholarship:

- (a) Registrable qualification in Nursing or

Nursing from recognized school or college.

- (c) A certificate of physical fitness.
- (d) Fluent knowledge of English.

Only candidates who are assured of being employed in a capacity in which this additional training can be put to use will be considered, e.g., nurses employed in the public health field as Supervisors or in health units or in orthopaedic institutions for children which have a programme of rehabilitation. The selected candidate will be required to serve for at least three years after her return to India, and she will have to give a written undertaking to this effect. Applications furnishing necessary particulars should reach the Secretary-General, Indian Red Cross Society, Red Cross Road, New Delhi, by 31st March