



Comprehensive Care in Public Health Nursing (1)

By

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IN recent years there has been a lot of talk about "comprehensive" medical and nursing care. The concept of comprehensive care is generally accepted as equivalent to "good", or perhaps, "ideal" patient care. But what does it really mean? What is "ideal" medical practice? What is "good" nursing care?

Comprehensive patient care conveys the idea of wholeness or completeness, as though something has been lacking in our care of the patient heretofore. Tremendous advancements in medical science have made possible more accurate diagnosis and effective treatment than ever before. Yet, there has been a growing feeling that the central objective of medical and nursing care, *the patient*, has never been more neglected.

Origin

Due to the rapid development of sciences in the twentieth century, the medical curriculum has become crowded with an overwhelming accumulation of scientific facts giving rise to an elaborate system of specialisation in the practice of medicine. No one person could hope to master them all. The patient tended to lose his identity as a person, as physicians became more interested in the disease. For example, doctors talked about the "appendectomy" in bed no. "X".

Unable to cope with the expanding scope of medical practice, the medical profession delegated to nurses many of the functions which were previously the sole prerogative of the physician. Yet other technical tasks were relegated to many new levels and categories of para-medical workers. The care of the patient was divided among a large number of persons, each intent upon carrying out his assigned task without regard to the patient's total care and individual needs. Furthermore, the demonstrated effectiveness of modern medical science has created an unprecedented demand for medical and nursing care which the professions are hard pressed to deliver. Hospitals have become "big business" and are organised to cope with the masses. Nurses are accused of leaving the bedside when in fact they are caught up in a system not of their own making. They are torn between the patient and the demands of the system. Nurses themselves are the most frustrated by the widening gap between the "ideal" and practice. Trained specifically for the bedside care of patients, nurses, after graduation,

find themselves burdened with too many non-nursing responsibilities. Also, in many hospitals where admissions are unrestricted, or new wards are added without increasing the staff also, the patient load becomes so heavy, that it is physically impossible to do more than meet the immediate essentials. Many nurses adjust to the system, but equally as many, disillusioned and unhappy, leave it at the first opportunity. The system may be efficient and it is designed to get the job done. But there is little satisfaction for all concerned—doctor, nurse, and least of all, the patient, who in the final analysis, really suffers the most.

While the diagnosis and treatment of illness are important, there is need to show more concern for the individual in whom the illness occurs. With the developing behavioural sciences, there is an increasing realisation that psychological and social factors are important influences on the well-being of the patient. Patients having the same diseases and given identical treatment respond in different ways. Some recover rapidly while others slowly, and yet others show no improvement. What emotions and attitudes are often the important factors in the healing process is an obvious phenomenon. So important is the emotional factor considered in the treatment of children, that doctors, for example, frequently include as a standing order, "T.L.C." i.e., "tender loving care". Older people who feel unwanted and a burden to their families have been observed to give up and die for sheer lack of will to live. Others who fear to face the realities of everyday life may choose to linger on in a state of chronic ill-health which serves to protect and relieve them of personal and family responsibilities. Thus, an awareness of the importance of treating the *whole* person has gradually developed a much broader concept of medical and nursing care, which has come to be known as "comprehensive" care.

The acute shortage of nurses has been thought to be largely responsible for nurses being unable to give the kind of nursing care they see as "ideal". Likewise, as previously mentioned, the fact that nurses are occupied with so many administrative and other non-nursing duties, is believed to be another factor in taking nurses away from the bedside. However, important as these factors may be, they do not wholly account for the apparent gap between the "ideal" and actual practice. In a recent research study¹ conducted in a hospital in the United States, wards were set up

with what were considered ideal numbers of nurses. They were also relieved of non-nursing duties in order to have still more time to spend with patients. Other wards used for control were matched as far as possible with the experimental wards, except there was no change made in the number of nursing staff or pattern of work. Findings revealed no difference in the quality of care nor the degree or rate of recovery of patients. Nurses given more time did not know how to use it. The reasons for the negative findings are not clear. It is possible the criteria used to evaluate the quality of nursing care lacked true validity. Another possible reason may have been the complete adjustment of the nurses to the "system". Having so long lacked practice in the art of professional nursing, they were at a loss to know how to use the additional time made available to them. Yet a third reason suggests a possible lack in the basic education of nurses, which either lacked or failed to impart the knowledge and skills essential to practise ideal or comprehensive nursing care.

Definition

To equate "comprehensive" nursing care with "good" or "ideal" nursing care, is not enough. The definition of "good" or "ideal" nursing care is a relative term changing with the knowledge and folklore of the people. It must be constantly evaluated and redefined in the light of new knowledge and scientific principles. If comprehensive nursing care is to be our goal, we need to know what it is and how to do it.

The medical-surgical nursing faculty members at Harris College of Nursing at Front Worth, Texas, U.S.A., after two months of intensive study and discussion formulated the following definition of "comprehensive nursing care":

"Comprehensive nursing care may be defined as that process which, based upon the recognition that each individual has needs that are peculiar to him, attempts to meet the nursing needs of that individual. These may include physical, emotional, spiritual, economic, social and rehabilitative needs. Nursing needs are ascertained through verbal and non-verbal communication with the physician, the patient and/or his family, and with others who can acquaint the nurse with certain aspects necessary for the plan of care."

"Comprehensive nursing care implies that nursing measures will be administered with skill, dispatch, and discriminative judgement. The patient is recognised as a person, as a member of a society, and as a personality in a culture. He has needs and feelings common to others, and comes to the agency in which the nurse functions with certain personal traits and prejudices which influence his recovery."

"In order to ensure the patient full opportunity to return to his normal state of health, provision is made for continuity of care. In the event that the patient has little or no chance to return to his former health state, nursing care will include measures which may help the patient and the family make the best possible adjustment to his limitations. If death seems imminent,

nursing care designed to reduce suffering and make death easier for him and his family will be instituted."

An analysis of this rather lengthy but useful definition clearly reveals the important scientific principles upon which it is based. Patients are people—individuals whom we must first understand before we can diagnose their nursing needs and set-up with their participation, individualised plans for comprehensive nursing care.

Implications of Comprehensive Care for Public Health Nursing

If nursing care in hospitals has concentrated upon the disease at the expense of the patient as a person, no less has public health concentrated on social health needs to the almost complete neglect of the person with a disease. In the early history of public health nursing, nurses functioned in government health services to see that quarantines were maintained for communicable diseases; visiting schools for health education and surveying of health needs of children etc. The health nurse rarely gave actual bedside care except for the purpose of demonstration. Home visits were made for health guidance but their effectiveness was diminished by the fact of unrecognised need. Meanwhile, voluntary agencies of visiting nurses were organised to give bedside care to patients in their homes. These nurses were much better received because they came in response to a felt need. Care of the sick patient provided tangible evidence of the nurse's concern for the individual, thus opening the way for preventive and other health promotional activities. Gradually it was realised that a combination of curative and health services were not only more effective, but eliminated duplication of services making it more economical as well. The service which only talks about health and the prevention of disease, serves no real purpose in the minds of the people who are more anxious for relief from the pressing and immediate problem of disease. For example, in a survey of village leaders' opinions about the services of a Primary Health Centre,³ it was felt that Health Visitor would be much more useful and appreciated by the people if she could give first aid, and assist in the care of the sick in the homes. For this reason the majority welcomed the idea of a nurse being assigned to the Primary Health Centre.

It is true, on the other hand, that demands for curative medicine can exert so much pressure that preventive and health promotional activities are likely to be neglected. However, to ignore the disease which is the primary concern of the patient, results in erecting a barrier between the nurse and the family. Curative and preventive medicine go hand-in-hand. One cannot be effectively practised without the other. The question is rather one of balance and emphasis. In the hospital the emphasis is on the disease, but that does not mean conversely, in the community, the emphasis may be on preventive and health promotional activities, but not to the exclusion of the necessary care of the sick.

(To be concluded)

1. Myrtle K. Adelotte, Merie E. Tener, Wellborn R. Hudson, and W. Richard Simon, *An Investigation of Relation between Nursing Activity and Patient Welfare*, University of Iowa, 1956-60.

2. Jimmie K. Bratton, "A Definition of Comprehensive Nursing Care", *Nursing Outlook*, Vol. 9 No. 8 (Aug. 1961) p. 482.
3. Pauline E. King, "Potential Use of Nurses in Primary Health Centres in Madras State", unpublished Ed. D. dissertation, Teachers College, Columbia University (1960).