医学高职高专“十二五”规划教材

供护理、助产等专业使用

涉外护用英语

SHEWAI HUYONG YINGYU





主编 李 荣

郑州大学出版社

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Nursing Process



How can the nurse carry out this activity in a systematic and efficient manner? Nursing has been called a science and the scientific approach to life has become a dominant feature in our society. The scientific method aims to add to our knowledge of the world by using the following tried and tested sequence of events:

(1) Identifying the problem to be investigated.

(2) Collecting relevant information.

(3) Proposing a solution to the problem.

(4) Testing the solution.

(5) Abstracting general principles.

(6) Applying to new situation and identifying new problems.

It may be useful here to look at the research method as a variation on the theme that is of current relevance to the nursing profession. This involves:

(1) Defining the problem.

(2) Studying the literature.

(3) Planning the method of investigation.

(4) Testing the proposed method(pilot study).

(5) Collecting the data(information).

(6) Analysing the data(interpret the data).

(7) Drawing conclusions from the data.

(8) Recording, reporting, and communicating to others.

Comparing this with the scientific method, how do they differ? The problem-solving approach has led to the nursing process in which the nurse must identify a specific problem, record accurately all details and observations that pertain to the stated problem, as well as outline

clearly a plan of approach to solve the problem. Accepting that the patient's needs and difficulties are problems, the nursing process can now be described. This process not only provides a description of the work of the nurse, but also provides a framework and a system of terminology in which the activity of nursing can be discussed overtly. A five-stage process of nursing has been identified, which consists of the following steps: assessing the patient's needs, collecting information about the patient, planning care, implementation, and evaluation.

Assessing the patient's needs, difficulties and problems

They are separated here in the hope that this stage will be seen as a decision-making activity rather than a mere collecting process. Here, on the basis of the relevant information collected systematically, two decisions are made. The first decision is to identify what the problems and the patient's requirements are. The second is to identify which requirements are more urgent or more important than others. Here the needs, difficulties and problems are placed in a hierarchy of importance. In adopting the interpersonal approach to nursing, it is necessary for the nurse and the patient to make these decisions together wherever possible.

Collecting information about the patients and their situations

This involves obtaining as much information as possible about the person as an individual and the needs, difficulties and problems that they may have. The nurse should attempt to be aware of their habit, preference, physiological function, social relationship, feeling and thought and past in so far as patients or others are willing and able to impart these information. Furthermore, the patients' signs and symptoms complement this picture in that people, when classified as patients, have some actual or potential disturbance of health state, which brings them into contact with the nurse.

Planning care

Now that the patient's needs and difficulties have been identified, the nurse should draw up a plan of action. This involves stating the need and difficulty and aim or goal with respect to these needs. In other words, the nurse should ask what state in the patient do the nurse and patient want to achieve realistically. These goals set the criterion or measure that will help determine how far these needs have been met or the patient has been helped with the difficulties. The resources that are available to help the patient, such as equipment, manpower and environment, should be assessed.

Finally, the nurse can state what she will do. The nurse here commits herself to some action to help remedy each difficulty or meet each need.

Implementation

This involves carrying out activities and procedures, coordinating them with the plans to

other professionals, gaining the assistance and cooperation of the patient and communicating all this information to others. This will be concerned particularly with interpersonal aspects of these nursing actions.

Evaluation

Here the nurse sees how far the patient has been helped by her activities by comparing the state of the patient with the goal set in the plan. Inherent in this is an assessment of how effective and efficient the nurse's performance is. As a result of evaluation, some needs and difficulties may disappear or emerge, or the hierarchy of importance may change. This process may be carried out either subjectively or objectively and by one person or a team of people.

The above process remains the same whichever speciality the nurse works in. The only difference is that the people who are the subject of the application of the process can differ markedly. They may be very young or elderly, they may suffer from physical disorder or mental disorder, or they may have disorders specific to men or women. Whatever the situation, it is the predominant needs, problems or difficulties that change, not the nursing process.

New words

systematic [ˌsisti'mætik] adj. 系统的,体系的;规划的,有计划的
dominant['dɔminənt] adj. 最有力的,权威的;显著的
propose [prə'pəuz] vt. 计划,建议,向……提议
abstract['æbstrækt] vt. 提炼,抽出,提取;摘要
variation[ˌværi'eiʃən] n. 变化,改变;变量
relevance ['relivəns] n. 中肯,适当
literature ['litərətʃə] n. 文献资料;文学作品
pertain [pə'tein] v. (与 to 连用)属于,关于;适合
terminology[ˌtəmi'ɔlədʒi] n. 专门名词,术语(学)
implementation[ˌimplimen'teiʃən] n. 执行,履行;落实
evaluation[iˌvælju'eiʃən] n. 评定(价),估测,推(定)
hierarchy ['haiəra:ki] n. 层次,层级
impart[im'pa:t] vt. 给予(尤指抽象事物)

Exercise

Ⅰ. Answer the following questions according to the text.

1. How do you understand that the scientific approach to life has become a dominant feature in our society?

2. Can we add to the problem, solving approach to the nursing process? How?

3. What is the hierarchy of importance?

Ⅱ. Match the words in Column A with the expressions in Column B.

A	B
1. data	A. the act of carrying out something or putting something into practice
2. interpret	B. facts or information
3. framework	C. most noticeable or important
4. terminology	D. understanding the likely meaning of something
5. implementation	E. a plan, or a system
6. urgent	F. specialized words and expressions used in a particular science, profession or activity
7. preferences	G. appear, come into being
8. remedy	H. a way of curing disease or setting right anything bad
9. emerge	I. a desire or liking for one thing rather than another
10. predominant	J. important, espcaially. which must be dealt with quickly or first

Dialogue

Mary is doing nursing assessment for Mr. O'Neill. Mr. O'Neill has been diagnosed as Alzheimer Stage Ⅲ. (M—Mary, O—Mr. O'Neill).

M: Hello, Mr. O'Neill. Good morning!

O: Good morning? Good evening! Look! Everyone is in the bed.

M: OK, how are you doing? I see you just finished your breakfast. Looks like you have good appetite.

O: OK. I need to go to bathroom. I am in hurry!

M: OK, Mr. O'Neill. I am going to give you a urinal, and pull over the curtain to give you privacy. Is that OK with you?

O: Oh, I think it will work. I am making sure do not spilt it on my bed. That will be a shame. Ha ha!

O: OK. I have done for that part. Thank you very much for helping me.

M: You are very welcome! Mr. O'Neill. Do you have any pain on your leg?

O: Yes. But it is not very much.

M: Can you move your legs up and down for me?

(Mr. O'Neill moved his legs up and down without any difficulty.)

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M: Very good! You stay in the bed to watch television. Here is your nursing call light. If you need help, please push that big red button and your nurse aid will come to see you right away.

M: I will be back for your medication in twenty minutes.

O: OK, see you soon. Then you will take me home for dinner?

M: We will talk about it later.

Related Reading

Ida Jean Orlando

Ida Jean Orlando, a first-generation American of Italian descent was born in 1926. She received her nursing diploma from New York Medical College, Lower Fifth Avenue Hospital, School of Nursing, her BS in public health nursing from St. John's University, Brooklyn, New York, and her MA in mental health nursing from Teachers College, Columbia University, New York. Orlando was an Associate Professor at Yale School of Nursing where she was Director of the Graduate Program in Mental Health Psychiatric Nursing. While at Yale she was project investigator of a National Institute of Mental Health grant entitled Integration of Mental Health Concepts in a Basic Nursing Curriculum. It was from this research that Orlando developed her theory which was published in her 1961 book, the Dynamic Nurse-Patient Relationship. She furthered the development of her theory when at McLean Hospital in Belmont, MA as Director of a Research Project: Two Systems of Nursing in a Psychiatric Hospital. The results of this research are contained in her 1972 book titled the Discipline and Teaching of Nursing Process. Orlando held various positions in the Boston area, was a board member of Harvard Community Health Plan, and served as both a national and international consultant. She, a frequent lecturer, conducted numerous seminars on nursing process. She was married to Robert Pelletier and lived in the Boston area.

Orlando's theory was developed in the late 1950s from observations she recorded between a nurse and a patient. Despite her efforts, she was only able to categorize the records as good or bad nursing. It then dawned on her that both the formulations for "good" and "bad" nursing were contained in the records. From these observations she formulated the deliberative nursing process. The role of the nurse is to find out and meet the patient's immediate need for help. The patient's presenting behavior may be a plea for help, however, the help needed may not be what it appears to be. Therefore, nurses need to use their perception, thoughts about the perception, or the feeling engendered from their thoughts to explore with patients the meaning of their behavior. This process helps the nurse find out the nature of the distress and what help the patient

needs. Orlando's theory remains one the of the most effective practice theories available. The use of her theory keeps the nurse's focus on the patient. The strength of the theory is that it is clear, concise, and easy to use. While providing the overall framework for nursing, the use of her theory does not exclude nurses from using other theories while caring for the patient.

Orlando's theory has a continuing influence on nursing education. However, the faculty using it may be unaware of its origin because it is not identified as the theory being used. Through e-mail communication it was found that the Midwestern State University in Wichita Falls, Texas, was using Orlando's theory for teaching entering nursing students. According to Greene (e-mail communication, June, 2000) she became aware, when taking a doctoral course about nursing theories, that it was Orlando's theory used by its school.

Schmieding successfully used Orlando's theory in two major hospitals for both practice and administration (Lincoln General Hospital, Lincoln, NE and Boston City Hospital, Boston, MA). Schmieding (1990) reported the advantages of adopting Orlando's theory throughout a nursing department. Implementation of Orlando's theory produced substantial benefits. Its using increased effectiveness in meeting patient needs, improved decision-making skills among staff nurses, including determining what constituted nursing versus non-nursing functions, negotiated more effectively in resolving conflict among staff nurses and between staff and physicians, and influenced a more positive nursing identity and unity among staff. Schmieding (1987, 431-440) discussed how specific types of actions facilitate or thwart problem identification and, used Orlando's theory to analyze managerial responses in face-to-face contacts.



Unit 2

Relevant Nursing Theory



There are a number of social sciences and other disciplines which have made important influence on the development of nursing theory, and the four representative ones introduced here are General System Theory, the Theory of Basic Human Needs, Stress Theory, and the Theory of Roles.

In General System Theory, the concept of system is defined as an organic whole with certain features and composed of a number of interrelated, interacting elements. This definition covers a double meaning. Firstly, system is composed of some elements (subsystems), and those elements are interrelating and interacting with each other. Secondly, each element of the system has its own unique structure and function, and when these elements get together as a whole system, they could have overall functions which can not provide by their isolated elements factors. Despite the various forms, the basic attributes of system are the wholeness, relativity, dynamics and level of complexity. The wholeness of system indicates that the integrate function of the system is greater than the sum of the functions of the individual elements. Relativity means that among each elements of system are interrelated and mutual restraint. If any one of the elements change its function or role, it would lead to corresponding change in functions of other factors even the integrate function. Dynamics refers to the system changes over time. The system's movement, development and changing process is a concrete reflection of the dynamic. For example, in order to survive and develop, the system is constantly adjusting its internal structure, and exchanging material, energy and information with the environment. The level of complexity in a system means that, on the one hand, a certain system is composed of a number of subsystems (or elements); on the other hand, the system itself could be a subsystem of other systems as well. For example, a person is composed of organs, but who is also an integral part of a family (as shown in Chart 2-1).

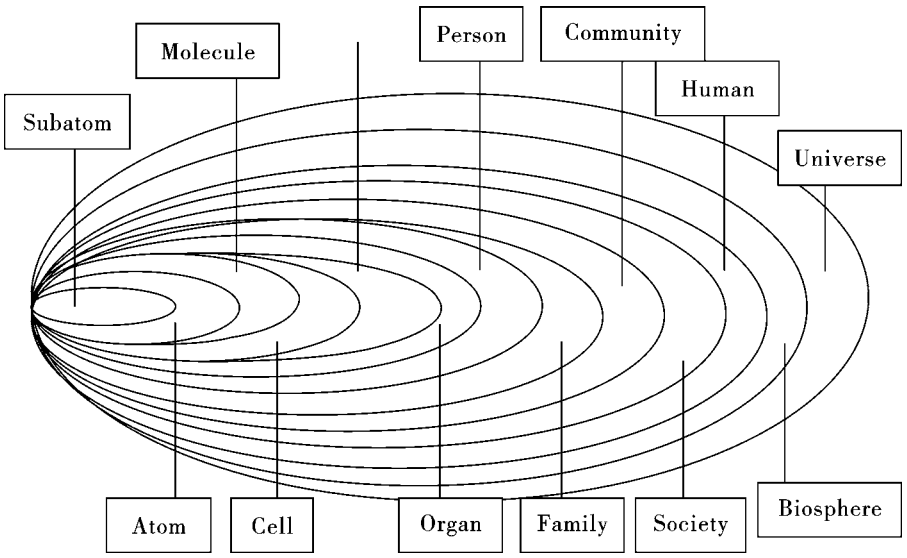


Chart 2-1 General System

On the application in nursing practice, General System Theory cultivates the idea of holistic nursing and provides the framework for nursing theory and model (such as Roy's adaptation model, the Neuman System model and so on). It is the basis for the development of nursing process. Once again, and finally, it provides theoretical support for nursing procedure and nursing managers.

The most common theory in nursing is the Theory of Basic Human Needs (Maslow's hierarchy of needs) proposed by American psychologist Abraham Maslow. He divided the basic needs of human into five levels according to the importance and their occurrence order, and also illustrated the structure of the hierarchy of basic human needs with " a pyramid form" (as shown in Chart 2-2).

The five levels in Maslow's hierarchy of needs involve physical needs, safety needs, love and belonging needs, esteem needs and self-actualization needs. Physiological needs, locate at base of the hierarchy of needs, have the highest priority. Physiological needs—oxygen, food, water, temperature, elimination, sexuality, physical activity, and rest—must be minimally met to maintain life. Safety needs involve trusting others and being free of fear, anxiety, and apprehension. Love and belonging needs include the understanding and acceptance of other in both giving andreceiving love and the sense of belonging to others: friends, peers, families, neighborhoods and communities. Esteem needs are needs to feel good about oneself, to have pride and a sense of accomplishment in what one does, and to believe that others also hold one in high regard. Esteem needs give the individual confidence and independence. The highest level on the hierarchy of needs is self-actualization needs—the needs to reach one's potentials through full development of one's unique capabilities. A few years later, the theory had been modified and

supplemented by Richard Kalish, who added the stimulative needs between the physiological needs and security needs. Stimulative needs include sexuality, exploration, novelty and manipulation. Maslow's Theory has been wildly used in nursing practice. Firstly, it helps nurses identify patients' needs such as physical needs, stimulative needs, safety needs, love and belonging needs, esteem needs and self-actualization needs, which refer to the nursing problems need to be solved by nurses. Secondly, it determines the sequence of nursing plans. It is also a way to help patients meet their basic needs, including to meet the needs of patients directly, to help patients meet their own needs and health education.

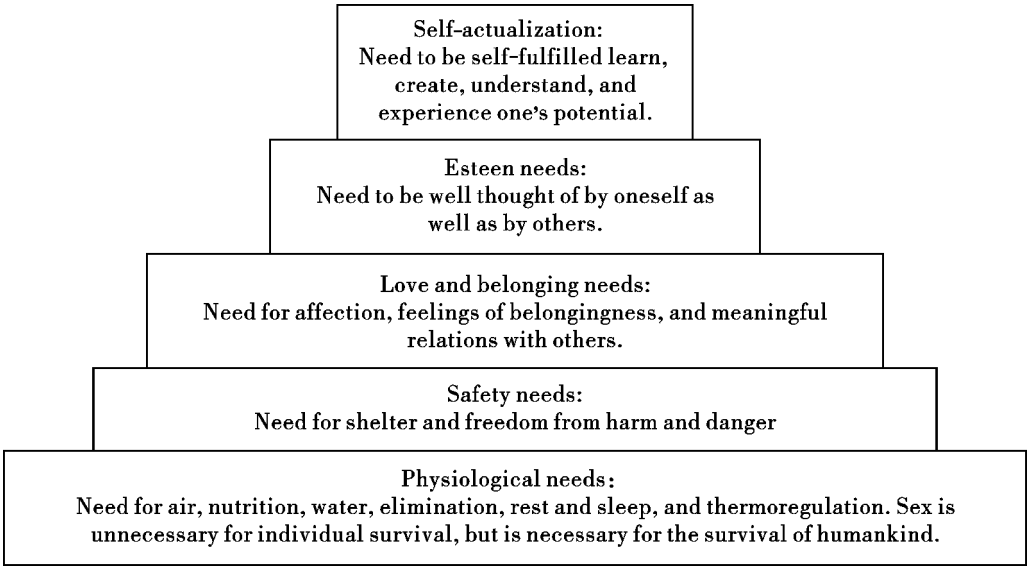


Chart 2-2 Maslow's Hierarchy of Needs

In Stress Theory, stress is a complex concept, different interpretations have been given in different disciplines, but it is generally agreed that it refers to the process of a series of physiological and psychological tension state which appeared after the cognitive evaluation given by an individual to the stimulus of internal and external environment. Stressors refer to any of the internal and external environmental stimulus that can cause an individual's stress response. According to their nature, stressors can be divided into physical stressors, psychological stressors, social stressors and cultural stressors. Canadian psychologist Hans Selye who is also known as "father of stress", considered that stress was the tension and non-specific reactions of human response to environmental stimulus. The non-specific response of human is the adjustment body to the stressors. Selye describes the body response to stress mainly from the physical point of view, and he believes the physiological response to stress includes general adaptation syndrome (GAS) and local adaptation syndrome (LAS). GAS means that when facing constant long-term pressure, the body would produce some common signs and symptoms such as malaise, weight loss, fatigue, pain, insomnia, gastrointestinal disorders and so on. LAS refers to the body's local

reactions to local stressors, such as the emergence of pain and swelling of dysfunction caused by local inflammation. The process of stress response consists of three stages: alarm stage, resistance stage, and exhaustion stage. In nursing practice, nurses use the Stress Theory to observe and forecast not only the patient's psychological and physical response but also themselves' work stress, and take various precautions to manage the stress. Besides, it defines the relationship between stress and disease.

In the Theory of Roles, the word "role" is originally a terminology in the theater and film. In social psychology, it refers to the social expected model behavior produced by the individuals or groups with a certain social status, in their achieving process of the associated rights and obligations with such status. The characteristics of the theory of roles include role complementarity, role expectation, and role's group. The sick role indicates that when a person is sick, his/her original social role would be partial or totally instead by the patient role. Their patient role can be temporary, persistent or permanent, and it is special and unselective. Due to the role switching from other roles to patient roles, patients always suffer maladjustment in their adapting process, such as role deficit, role conflict, role intensification, role disappearance, and abnormal behaviors of sick role. Role deficit means that patients did not accept their patient role, deny their illness, dislike their patient role, and even feel pessimism despair. Role conflict refers to the behavior conflicts caused by the psychological conflicts in patients' role switching adaptation process. Role intensification means that after a period of treatment and nursing care, the patient's ability of social life was restorative or partial restorative. But when they should continue to take the responsibility of their original social role, they began to lack of confidence, fear of losing care, and doubt their own capacity, which expressed as dependence, withdrawal, anxiety, paranoia, disappointment, etc. Role disappearance means that after the patient accept their patient role, for some reason they must turn to their normal role and take the corresponding role suddenly. The abnormal behaviors of sick role refer to the abnormal behaviors produced by the patient who suffered from chronic illness, serious illness, or cancer, and they often feel pessimistic about their patient role, even commit suicide. Nursing role means that the nurse should be compatible with professional social behavior model that changes as society changes. Nurse as a social role, is playing an important role in disease prevention and protecting the health of patients, so they must have the appropriate moral fiber, professional skills and operating techniques. The roles assumed by nurses include care giver, decision maker, planner, communicator, manager and coordinator, rehabilitator, teacher and counselor, advocator and protector, researcher and author, and authority. In the nursing application stage, learning the Theory of Roles helps to understand the sick role and nursing role. It also facilitates patients to fit the sick role, so that they can follow the treatment regimen and nursing procedures. Finally, the role theory has an important guiding significance to nursing education. Nursing education is an important means to help nurses to complete their social roles. With the implementation of holistic nursing model, professional nurses who can take multi-roles are badly needed. In nursing educa-

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