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**A GUIDE TO**

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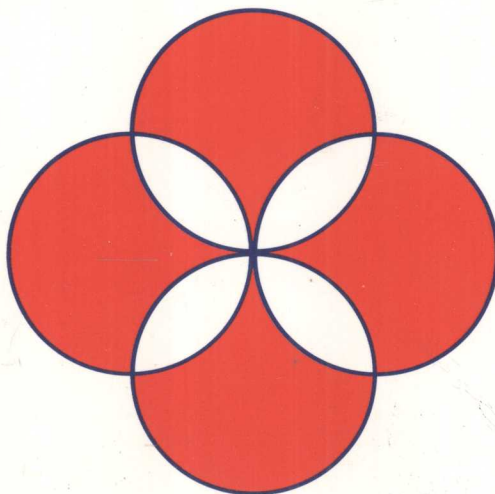
# **THE PRACTICE OF NURSING**

**USING THE NURSING PROCESS**

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**Professor Baroness McFarlane of Llandaff  
and George Castledine**

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# **A Guide to The Practice of Nursing using the Nursing Process**

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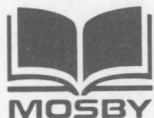
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## **The C.V. Mosby Company**

London · St Louis · Toronto 1982



A TRADITION OF PUBLISHING EXCELLENCE

The C.V. Mosby Company  
11830 Westline Industrial Drive, St. Louis, Missouri 63146

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**British Library Cataloguing in Publication Data**

McFarlane of Llandaff, Jean Kennedy McFarlane,  
*Baroness*

A guide to the practice of nursing using the  
nursing process.

I. Nursing

I. Title II. Castledine, George

610.73 RT41

ISBN 0-8016-3278-1

**Library of Congress Cataloguing in Publication Data**

McFarlane of Llandaff, Jean Kennedy McFarlane,  
*Baroness*, 1926-

A guide to the practice of nursing using the  
nursing process.

Bibliography: p.

Includes index.

I. Nursing. I. Castledine, George. II. Title

[DNLM: 1. Nursing process. 2. Patient care  
planning. WY 100 M478g]

RT41.M474 610.73 82-7837

ISBN 0-8016-3278-1 AACR2

9 8 7 6 5

Printed in the United States of America

A Guide to  
**The Practice of Nursing using the  
Nursing Process**



2000年6月12日



Dedicated to the staff and students in the Department of  
Nursing, University of Manchester, and to the patients and  
staff of the Manchester Royal Infirmary



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# Preface

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In 1973, the Department of Nursing in the University of Manchester held a staff seminar on the 'nursing process'. Since then, the use of this systematic approach to the planning of nursing care has become an important element in its educational and clinical work. Planning nursing care by use of the nursing process was first introduced in the course leading to the Diploma in Advanced Nursing Studies for experienced registered nurses. It was then gradually introduced into the undergraduate (Bachelor of Nursing) programme. Increasing familiarity with the process has led to its use as a basis for identifying curriculum content and in assessing the clinical competence of students. These educational uses would be little more than academic exercises unless the department had found a clinical setting in which it could test the validity of the approach in practice. This it has been able to do, by creating joint appointments between the department and the National Health Service. In 1976, two members of staff were appointed as clinical lecturers, that is they worked half time as a ward sister or charge nurse at Manchester Royal Infirmary and half time as lecturers in the Department of Nursing. Thus, between them they carried out the work of one lecturer and one ward sister. The first appointments were in an acute traumatic surgery unit.

After three years the posts were transferred to a newly opened geriatric assessment unit. A further joint appointment has recently been established in midwifery. In these first joint appointments it has been possible to develop and test the use of the nursing process.

The department is often asked for an account of the work it has done in this respect. Articles by Ashworth, Castledine and McFarlane (1978) and Ashworth and Castledine (1980) have described it. This book is an attempt to describe the approach used in greater detail. It is written at a simple level and is intended for students entering the nursing profession, or for trained nurses who have not previously used the nursing process. The more one uses the 'process', however, the more profound its implications become for clinical practice, the management of patient care, education and research.

In Part I we outline the system of values and beliefs we have about the nature of the nursing function, since it is these which determine the content of nursing care plans; the stages in the nursing process are then outlined. In Part II a description is given of the way in which the process has been used in the clinical unit associated with the Department of Nursing in the University of Manchester.

We would like to acknowledge the University of Manchester, Department of Medical Illustration, for the excellent photographs used in the book.



2000年6月2日

## Authors' Note

For the sake of verisimilitude we have included names of doctors, nursing staff, patients and patients' relatives and friends on several of the charts and care notes. These are entirely fictitious names and do not refer to actual people, living or dead.



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# Contents

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## **PART I :     Nursing and the Nursing Process in Principle**

Introduction	1
1 The Nature and Characteristics of Nursing	3
2 The Elements of Nursing – a Conceptual Framework	9
3 The Process of Planning Nursing Care – the Nursing Process	13
Elements of a nursing care planning system	13
Stages in the nursing process	14

## **PART II:     The Practice of Nursing using the Nursing Process**

Introduction	31
4 Data Collection in Practice	33
First stage nursing history	33
Second stage nursing history	37
5 The Skills of Data Collection in Practice	53
Interviewing	53
Observation	58
Listening	60
Completing the nursing history	62
The short-stay patient	68
6 Assessment in Practice	71
Identifying problems	71
Actual and potential problems	73
Referring problems	74
Patient's nursing problems <i>versus</i> medical diagnosis	74
Statement of problems	75
7 Planning in Practice	77
Expected outcomes	77
The nursing care plan	80
Types of care plan	82
The daily care plan	82
The standard care plan	87



8	Implementation in Practice	89
	Nursing actions	89
	Organisation of nursing care	89
	Primary nursing	98
	Termination of relationships	101
	Interruptions in primary nursing	104
	The multidisciplinary team and the nursing process	105
	Transfer	106
9	Evaluation in Practice	113
	Evaluation by objectives or expected outcomes	113
	Short-term or on-going evaluation	114
	Points to consider when writing care plans and progress reports	116
	Patient-centred ward conferences	125
	Daily report sessions	127
	Nurse performance evaluation	127
	Overcoming some common problems of using the nursing process	130
APPENDIX I :	An Actual Care Study using the Nursing Process	135
APPENDIX II :	Assessment of Confusion	151
APPENDIX III :	Student Exercises	153
APPENDIX IV :	United Kingdom Reading List on the Nursing Process	159
REFERENCES		165
INDEX		166

# NURSING AND THE NURSING PROCESS IN PRINCIPLE

## Introduction

The practice of nursing is shaped by the values and ideas which nurses and others hold of their own function. Nursing is such a complex activity that it is virtually impossible to find a simple definition for so wide a range of actions. It is necessary, however, if nursing actions are to be integrated and goal-directed, to give some thought to its nature and characteristics; what it is and what it is not. This is done by setting out a series of statements about nursing and giving an analysis of the elements which are in any nursing situation. At the end of Part I, the process of planning nursing care is outlined and then, in Part II, the practicalities of care planning are dealt with.



# The Nature and Characteristics of Nursing

Before setting out to make a systematic plan of nursing care for an individual (or community) there is a need to clarify what is meant by nursing, that is, what one is planning. The word 'nursing' has different derivations and meanings in different languages, and in some languages there is no word for it. Although there may be a common core of function, in different cultures the role and functions of the nurse vary widely. As the Report of the Committee on Nursing (DHSS, 1972) indicated, there are public and professional images of the work of the nurse which are sometimes at variance with the reality of nursing as it is practised.

In our own society, nursing is part of a health-care system within a welfare state; it is a complex human activity which defies a simple definition. It is perhaps best described by a series of statements about its properties which contribute to our understanding of its nature:

1. Nursing and health care in our society owe much to their historical antecedents — to Christian and philanthropic foundations and provisions through the Poor Law and local government. The present health-care system is part of a complex of inter-related provisions by the state which includes social security and education. Provisions are made through insurance and taxation, and the initial vision of the National Health Service (which has been eroded with the passage of time) was that services should be free at the time of use.

*Nursing is culturally and economically determined.*

2. Within a complex health service, having functions ranging from organ transplant to farm management in hospitals for the mentally handicapped, there is a great range of specialisation in roles. Within this system nursing has a far more specialised role than it may have, for instance, in a Third World country, where such differentiation of health-care roles would be inappropriate. In our society the nursing and medical roles are differentiated but there is a degree of overlap.

*In a complex society, nursing is differentiated and specialised as a health-care role.*

#### 4 Nursing and the Nursing Process in Principle

3. By derivation, the word to 'nurse' means to 'nourish', as when a mother feeds a baby. Some fundamental insights into the nature of nursing are given in this origin which demonstrates its distinction from the medical role.

*The root meaning of the word to 'nurse' is to 'nourish'.*

4. By extension, nursing has to do with meeting other basic human needs for life and health such as fluids, shelter, sleep and rest, love, belonging, etc. These can be categorised as physiological, psychological, and social needs.

*Nursing has to do with meeting basic human needs for life and health.*

5. These basic human needs are normally met by the individual carrying out 'activities of daily living' or 'self-care' (Henderson, 1966; Orem, 1980).

*Basic human needs are normally met by the activities of daily living or self-care.*

6. The infant being fed by its mother is by reason of age unable to get nourishment for himself, i.e. there is a deficiency in the ability of the baby to meet its own nutritional needs as an adult could. Nursing has to do with meeting deficiencies in the abilities of people to meet their own basic physiological or psychosocial needs. There are deficits in the ability to carry out self-care.

*Nursing has to do with meeting the deficiencies of people in carrying out daily living activities, i.e. with deficits in self-care ability.*

7. A baby cannot meet his own nutritional needs by reason of age — he is not developmentally ready for the task of foraging for food or buying in the market place. Similarly, elderly people may lose the ability to meet their own basic needs. Disease or its treatment may also affect the ability of individuals to meet their own needs, as may ignorance or lack of motivation.

*The deficiencies in ability to meet one's own basic needs with which nursing deals may be caused by developmental immaturity, deterioration in function, disease, disability, diagnostic and therapeutic regimes, ignorance or poor motivation.*

8. The lack of ability in self-care varies in degree. It may be such as to produce total dependence on another, or others, for care. It may demand a minor degree of physical or psychological or social support, or be aided by counselling, teaching or change of environment. One of the skills of nursing is to assess the extent of deficiency in ability for self-care, the extent to which the individual, the family or society may be

able to make good the deficiency, and the extent to which skilled nursing intervention is needed.

*Deficiencies in self-care vary in kind and degree which have to be assessed.*

9. In the mother meeting the nutritional needs of a baby is a picture of mutuality and reciprocity in which the mother assesses needs, provides a secure environment and gives nourishment, while the child indicates need and works in sucking to meet that need. Later in life, as the child is weaned, different criteria for assessment and provision are used and the child develops increasing sophistication and independence in meeting his own need. Nursing takes over, helps or promotes the self-caring activities for another person or a community. The degree of need has constantly to be reassessed and the respective roles of nurse and patient will develop and change as the patient regains ability to maintain a sufficient quantity and quality of self-care. There is always a reciprocal relationship involved and the patient has a right to contribute to the decision-making about his care.

*Nursing is essentially a reciprocal and dynamically changing relationship between patient and nurse. The activities of nursing give help or assistance with a view to promoting and maximising the self-care abilities of the individual or community.*

10. Deficits in ability to meet the basic needs for life and health may be actual or potential. There is a well-defined nursing role in promoting the quality and quantity of self-care requisite for health. This includes not only imparting knowledge about ways of meeting the basic human needs for life and health, but also motivating individuals and societies to utilise that knowledge in health-promoting and disease-preventing activities, i.e. in education for health.

*There is a nursing role in educating for health, i.e. aiding in health promotion and disease prevention.*

11. Nursing is not just an activity directed at the health and well-being of individuals. The health of communities is as vital and the two are intimately related. Nursing is concerned with health promotion, disease prevention and assistance in self-care activities of communities.

*Nursing has to do with the self-caring activities of both individuals and communities and their inter-relationship.*

12. Those factors which may precipitate the need for nursing intervention (deficiencies in self-caring ability caused by developmental immaturity, deterioration of function, disease or therapy, ignorance or lack of motivation) may cause a permanent or progressive state of impairment in the ability to meet basic human needs. Restoration to full self-care



may not be a realistic goal. Even when nursing intervention is consistently required to maintain the daily living activities, it is possible to maximise the contribution of the individual in self-care. In long-term care and in the process of dying it is important that the dignity of the individual should be preserved as far as possible by helping him to maximise his self-care ability and, in the end, to help him to die in a way which expresses his personality and beliefs.

*In some situations where it is not possible to regain full ability in self-care, nursing maintains the self-care function and maximises the contribution of the individual, helping him in the end to die with dignity and expressing his personality.*

## **SUMMARY OF STATEMENTS ABOUT THE NATURE OF NURSING**

1. Nursing is culturally and economically determined.
2. In a complex society, nursing is differentiated and specialised as a health-care role.
3. The root meaning of the word to 'nurse' is to 'nourish'.
4. Nursing has to do with meeting basic human needs for life and health.
5. Basic human needs are normally met by activities of daily living or self-care.
6. Nursing has to do with meeting the deficiencies of people in carrying out daily living activities, i.e. with deficits in self-care ability.
7. The deficiencies in ability to meet one's own basic needs with which nursing deals may be caused by developmental immaturity, deterioration in function, disease, disability, diagnostic and therapeutic regimes, ignorance or poor motivation.
8. Deficiencies in self-care vary in kind and degree which have to be assessed.
9. Nursing is essentially a reciprocal and dynamically changing relationship between patient and nurse. The activities of nursing give help or assistance with a view to promoting and maximising the self-care abilities of the individual or community.
10. There is a nursing role in educating for health, i.e. aiding in health promotion and disease prevention.
11. Nursing has to do with the self-caring activities of both individuals and communities and their inter-relationship.
12. In some situations where it is not possible to regain full ability in self-care, nursing maintains the self-care function and maximises the contribution of the individual, helping him in the end to die with dignity and expressing his personality.

