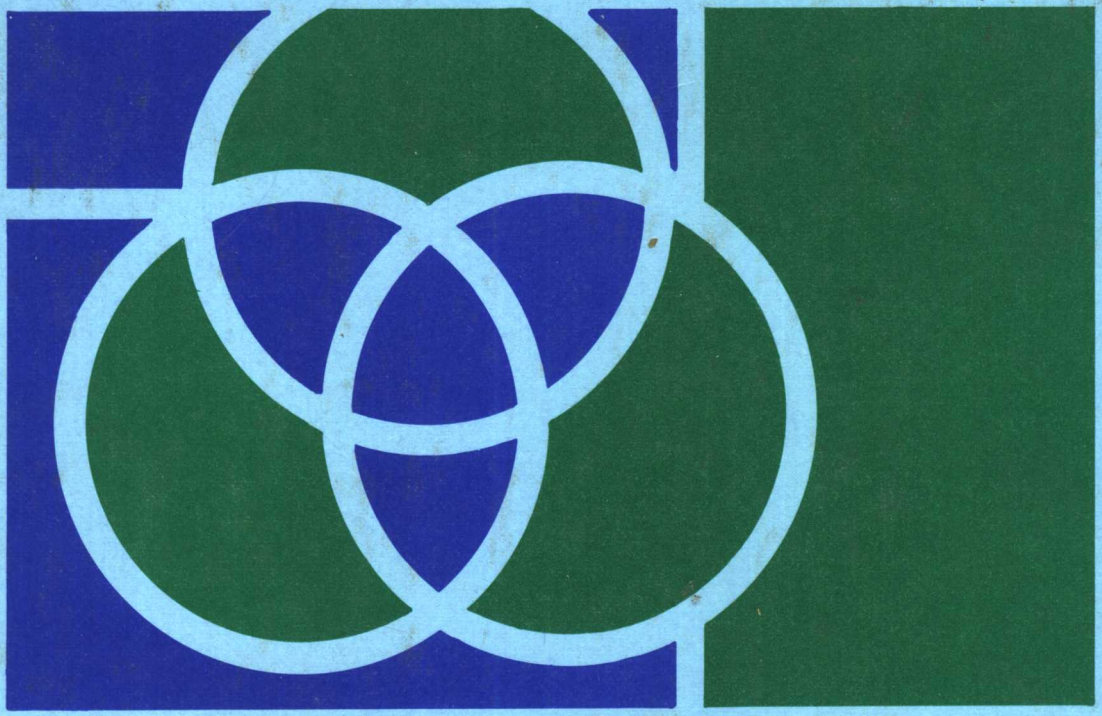

# Fundamentals of nursing practice

## CONCEPTS, ROLES, AND FUNCTIONS

BOWER AND BEVIS

# Fundamentals of nursing practice
## *concepts, roles, and functions*

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with **391** illustrations

**The C. V. Mosby Company**

ST. LOUIS • TORONTO • LONDON 1979

Acknowledgment is made to the International Transactional Analysis Association for permission to reprint the Drama Triangle from Karpman, S. B.: Fairy tales and script drama analysis, Trans. Anal. Bull. 7:39, 1968.



Printed in the United States of America

The C. V. Mosby Company
11830 Westline Industrial Drive, St. Louis, Missouri 63141

**Library of Congress Cataloging in Publication Data**

Bower, Fay Louise.
Fundamentals of nursing practice.

Includes bibliographical references and index.
1. Nursing—Philosophy. 2. Nurses. I. Bevis, Em Olivia, joint author. II. Title.
RT84.5.B68 610'.73 77-26885
ISBN 0-8016-0732-9

GW/VH/VH 9 8 7 6 5 4 3 2 1

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**To Jenny and Michael,**
my grandchildren,
who have brought me new horizons,
new joy, new satisfactions,
and new vitality.

**FAY LOUISE BOWER**

**To Julian,**
whose honesty,
grace, strength, beauty, love,
and caring bless my life.

**EM OLIVIA BEVIS**

How can I bear so much reality,
dying,
crying,
day in and day out.
I cannot shut my eyes,
close my ears,
board up my heart,
hide it all away in some back closet
like an idiot child, kept apart.
There are things I can do . . .
exchange a little of me with another human,
help people grow, change in healthy ways.
I can touch and hold people who hurt,
laugh and cry with those who want to share.
I can make suffering less lonely
and dying more peaceful.
I can care
and make that caring real
and full of love and trust.

**Em Olivia Bevis**

# Preface

A new spirit infuses nursing today. It pervades every aspect of the nurse's activity and is now a force for expanding and changing the image of nursing. This new spirit is characterized by:

- A new sense of *importance*, *pride*, and *worthiness*, created by the realization that nurses make up more than one half of the health care providers
- New *autonomy*, demonstrated by relationships with other health care professions, resulting in new roles and functions
- New *accountability* in which nurses make independent professional and client care decisions and stand accountable for those decisions
- New *commitment* to quality care, evidenced in nursing audit, peer review, and increasingly clear statements of standards, certification, and educational directions
- A new sense of *caring* about each other and about clients so that nursing actions are less mechanical and more openly compassionate
- New *exercise of power* and assertiveness, politically, socially, and professionally, as nurses participate in national, state, and local health policy making and legislation

This book reflects the new spirit as it presents concepts, processes, and skills truly *fundamental* to all levels of nursing today. The organization and approaches used in this book are based on the following premises:

**1.** Nursing has moved toward humanism and existentialism during the latter quarter of the twentieth century. Exposure to these philosophies and the principles they engender has influenced the way nurses view their responsibilities and their clients. Because of this trend, humanistic existentialism is the perspective of this book.

**2.** Nurses' roles and functions are the modes of delivery of client care, while nursing concepts are the underlying cognitive structures. Logically, one learns the behaviors of a profession by learning the roles and functions necessary to the practice of that profession. Therefore, the organization of this book is based on concepts, roles, and functions.

**3.** Nursing faces many problems that are the consequence of historical development, problems exaggerated by social and technological changes. Because problem prevention and solution depend on recognition of the impact of these factors, this book confronts and discusses past, present, and future problems in nursing and health care.

**4.** Certain concepts, roles, and functions are common to all levels of nursing practice, whether the nurse is an associate, diploma, or baccalaureate graduate. This does not mean all levels of nursing are the same; it simply means

there is a common core of knowledge and skill for all nursing and that the various levels differ in their scope, complexity, and setting of practice. This text presents that common core of knowledge and skill.

**5.** Nursing's scientific base is developed and taught dualistically, dividing humans into psyche and soma in ways that reduce nursing's effectiveness. Nursing's art is holistic, treating the client as an ecological system—an organism irreducible in its interrelatedness. This book's thrust is toward presenting nursing's concepts, roles, and functions in practical use in ways that exhibit the holism of nursing's translation of its science into artistic practice.

The text consists of 14 chapters, the first four laying the foundation of the book. Chapter 5 presents the nursing process and the roles and function framework, followed by a chapter discussing each role. Chapter 14 concludes the text by looking at changing and expanding roles and raising issues about the future and its impact on nursing.

To present the best material possible, several experts contributed to this book. The authors acknowledge with pride and affection the joy of working with these contributors. It was a long tedious effort and, almost without exception, the contributors were willing to work, polish, and revise as we strived to make a book out of a mountain of material. We are especially grateful to:


- Our friends who stuck with us when our time went to writing instead of to them
- Our secretaries and typists, who rescued us time and again when we were behind schedule
- Our colleagues who helped, advised, and supported us
- Our students who read, critiqued, prodded, brought in resources, and provided inspiration and sometimes resuscitation
- Our families, who for 2 years seldom received a whole uninterrupted day from us because we had to "go write"
- All the "plastic palaces" and short-order houses that fed us because cooking was too time consuming
- Our husbands, who cooked (when we did not send out for food), cleaned, shopped, and generally, in true egalitarianism, took over our share of maintenance activities.


**Fay Louise Bower**
**Em Olivia Bevis**

## ■ GLOSSARY

**adaptation:** adjusting or accommodating to the external and internal environment; coping with the stresses of life.

**ambiguous:** having two or more meanings.

**caring:** process having four stages, each dependent on the successful attainment of the prior stage. Caring relationships move along a continuum of increasing self-revelation, trust, respect, attentiveness, honesty, responsibility, confidence, insight, sexuality, inclusiveness, personal revelation, and expansiveness.

**client:** individual, group, family, community, agency that receives nursing services.

**community:** social and sometimes geographical or political unit organized to achieve mutual goals.

**concepts:** ideas or things grouped or categorized by common characteristics. Concepts have a hierarchy. Examples: Legs are things that hold up items (chair legs, sofa legs, table legs, and people legs). Feet are something at the base of an item (stairways, ducks, people). Legs and feet are subconcepts in the larger categories of anatomical or support systems.

**conceptual constructs:** a group of concepts knit together in a meaningful way.

**coping:** being able to handle whatever is happening; adapting.

**discount:** reduce in value; perceive as unimportant.

**dualism:** possession of two parts: psyche and soma.

**ecology:** study of life systems and their interrelatedness and mutual interdependence.

***enculturation:*** teaching the mores and folkways of a society; the process of becoming socially acceptable to the group or conforming to group expectations.

**family:** group of people who have kinship that is consanguinal, affinal, or fictive.

**functional:** workable, usable, operational.

**generative:** creating a new thought, idea, or entity.

**health:** progressively positive adaptive responses to stresses in the internal and external ecological systems. Health is a positive level of wellness that is cyclic, varying its levels of wellness according to conditions, circumstances, and environmental factors. Health is a state of being perceived by the individual and is the ability to mobilize energy to establish goals and make consistent progress toward meeting those goals with a minimum cost in time and energy to self and others. It is doing this while feeling good about oneself and doing positive things to facilitate others in feeling good about themselves or, at the least, producing minimum negative effects on others.

***holism:*** of unity and wholeness; total interdependency, inseparability of parts; for example, an ecological system.

**homeostasis:** balance between the stress of life and the client's ability to adapt, always shifting and changing.

**hypochondriacal:** having many health complaints, usually unfounded.

**nursing:** a process. Its purpose is to promote optimal health through protective, nurturative, and generative activities. These activities are carried out with people in three client systems: the intrapersonal system, the interpersonal system, and the community system.

**nurtrative:** caring for and about; sustaining.

**operational:** functional; able to be used.

**organismic:** having many parts that function as a unit; having wholeness or integrity.

**perception:** personal interpretation of data.

**protective:** keeping from harm.

**stress:** body's response to stressors.

**stressors:** "wear and tear" of life.

**syndrome:** group of symptoms usually appearing simultaneously.

**temporary:** of a transient nature.

**wellness:** progressively positive coping responses to stress, in the internal or external ecological systems, through adaptations within the client or alterations in the environment. See health.

# Contents

# CHAPTER 1

# Nursing

## *what it is and how it evolved*

**EM OLIVIA BEVIS**

Nursing is inseparably linked to concepts of wellness and illness. To define nursing clearly, one must first establish a philosophical context for that definition. The philosophy from which a definition of nursing is derived is formed by the perception nurses have of human beings and of health. What are people like? What is their nature, their natural bent? What is health, or wellness? How can nursing help people achieve their health goals? These questions must be considered before a definition of nursing can be offered. This chapter considers these questions and offers a survey of historical views and current assumptions so that the definition of nursing used in this book will have the strength of tradition, heritage, and logic and thus will be useful and meaningful.

Nursing must be defined with reference to the significant factors in its past and some of the significant issues of its present. Any definition of nursing offered here will be incomplete and unfinished, because nursing is still evolving. Nursing theories are arising from many sources, and researchers are testing and further developing these theories. Unity is increasing among nurses about their roles and functions. This chapter attempts to weave nursing's past and present and nurses' perception of people and health into a logical definition of nursing today. It does not propose to offer a definition of nursing for the future.

## ■ CONSTRUCT OF NURSING

A functional definition of nursing must be devised from three basic conceptual constructs. The first is a construct about humanity: the client, the key to the target systems of individual, family, and community. The second is about health, the goal of nursing services. The third is about nursing, its roles and functions and its operational definition. How nursing perceives and interrelates these three constructs provides the framework for all aspects of nursing.

Society, the context of nursing, is made up of individuals, grouped as families and woven into communities. How people group themselves and operate as communities is directly related to the construct of individuals.

## ■ People—the primary target system for nursing

### Evolution of dualism

Until the Middle Ages, humankind was conceived as a unified organism: total, whole, and immutably a part of the environment. Few disputed people's oneness with nature, their interdependence with the environment, their close reflection of the earth and the sea. People lived by the tides, farmed by the seasons, and regulated life by the moon.

During the Renaissance, people began to look for rationales for the phenomena of life. To have a rationale is to have a science; science must have reason and order. Order is con-

trived by organizing categories for things so that they can be classified, observed, and studied in bits and pieces small enough for the mind to grasp, understand, and remember. Accordingly, scientists studied human beings in parts. In early science these parts were referred to as humors. The humors were water, air, and blood. Through years of refinement of science, people were considered to have two parts: the mind (psyche) and the body (soma). This division, labeled *dualism*, was further divided into smaller specific parts; thus dualism (the psyche-soma division) evolved into a vast fragmentation of human beings and their environment. Physicians, focusing on curing, had few problems with dualistic perceptions of people. Nurses, unaware of some of the problems that would evolve, chose medicine's mode of viewing people (dualism) and divided nursing practice accordingly. Nurses treated people as psyche and soma—different, separate, and distinct parts. Individuals were perceived by nurses as having a medical aspect, a surgical aspect, a community health aspect, a neurological aspect, an obstetrical aspect, an orthopedic aspect, and other pieces and parts that could be isolated and treated.

### Integration of the parts

In the care of people, nurses came to see that dualism shortchanged the patient. One could cure a disease without curing the patient, and one could nurse the disease without nursing the patient. For instance, many ulcers were "cured," but the patients were sent again into their same environment without new coping skills, only to return through the "revolving door" with another health crisis. Along with insulin, weight loss was prescribed for patients with diabetes without examining the cultural implications of that weight loss. Thinness in some cultures is interpreted as being poor, in others as being unloved. Without helping the identified patient and other client systems (family and community) to interface their needs with the problems presented by the disease portion of their health problem, the client's problems continued to exist.

The next evolution of a view of people was an "integrated" perception. Integrated perceptions of human nature logically lead to integrated definitions of nursing. In these integrated definitions, nurses take ideas generated in the dualistic definitions and interweave them into a definition of nursing based on a concept that individuals are the sum of their parts. They define nursing as assisting individuals to fulfill such needs as nutrition, mobility, reproduction, elimination, circulation, respiration, hormonal balance, and neurological integrity. These basic "threads" are woven together as "strands," and regardless of the nursing problem being confronted in education or practice, those threads are used as the categories by which the individual is assessed, provided with a nursing diagnosis, and given nursing care.

### Holism

The idea of holism is basic to all three constructs being examined here—people, health, and nursing.

Viewing the individual as a whole is not a new concept. It existed long before dualism. Eastern philosophy, Jewish theology, and early physicians believed in the unity of the person and the wholeness and interrelatedness of the parts. Modern emphasis on holism began with Jan Smuts,[35] a South African biologist who rekindled interest in the nature of life systems. Looking for a way to express his ideas about wholeness and unity of parts, he coined the word "holism" from the Greek word ολος, meaning "whole." Dr. Smuts believed that the determining factors in nature are wholes, organisms that are irreducible. They are not the sums of their parts. One cannot study only the relationship of the parts to each other; indeed, one must study the entire organism within its context or environment. Dr. Smuts emphasized that living things are organic; that is, they are constitutional wholes, whose parts are

mutually dependent and intrinsically and systematically coordinated. He stated that it is a law of nature that living things are a coherent system constituting a complex group of subunits that work together as one. (Systems theory as it relates to nursing is presented in Chapter 3). The whole person is a system, with subsystems that operate as an entire unit.

Nurses, along with ecologists and others, are attempting to reunite man's perception of the person into a meaningful whole that interacts with the environment. In reality, humans are organismic, united wholes made of parts, but whose parts taken separately are entirely different from the whole. The difference occurs because the interrelationship, interdependence, and mutual inclusiveness of the parts make the whole different from the sum of its parts. A person's integrity is such that he or she is dependent on the environment and responds to all stimuli as a total being. Any concept of people on which a valid, relevant *nursing* definition is based must perceive the individual as a holistic organism, constantly responding to the environment and attempting to cope with that environment in ways that preserve vital functions and promote growth.

The view of individuals as organismic units (holism) and the perspectives through which people are studied propose categories of life systems, not physiological, biological, or social systems. For example, the holistic individual can be perceived as a system of maturation, adaptation, learning, problem solving, communication, and change. These and scores of other categories seek a way to view individuals so that their life processes are considered as a whole and not as artificial divisions that destroy their unity.

The way people are perceived by nurses is reflected in the jargon used to describe people. Nurses who refer to persons as psychological and biological are dualistic in their view of people. Nurses who refer to clients as bio-psycho-social are integrated in their view. Nurses who refer to humans as *man* (or people) are holistic in their view. Holism and health are discussed in a later section of this chapter.

## ■ Health: the wellness-illness cycle

### Concepts of wellness and illness

The concepts of wellness and illness are complex. Dictionary definitions of the terms are lengthy and not too useful, attesting to the difficulty of succinctly describing these states as they relate to health. In Webster's unabridged dictionary, *wellness* is defined as "being in health, sound in body and mind; free of or recovered from sickness, disease, ailment, or infirmity. Being in a good or sound condition." Under *health* one finds "*whole* [italics added], healthy; more at whole. The condition of an organism or one of its parts in which it performs its vital functions normally or properly. The state of being sound in body or mind . . . the condition of an organism with respect to the performance of its vital functions especially as evaluated subjectively or nonprofessionally."

On the other hand, *ill* is defined as "affected with some ailment; indisposed, not being in good health, ailing, unwell, sick, unsound, failing, upset, disordered." *Sick* is defined as "affected with disease, not well or healthy, ill, ailing, indisposed."

These definitions clearly depict health and illness as states of being that are directly related to an individual's ability to function "normally." "Normal" refers to a general average of the population.

This book portrays health and illness as directions and relative states of being, in a circle. They are not described as pure states or as something one has or does not have, but as levels of functioning and as goals, directions, and self-perceptions. One is never in a state of perfect health or perfect sickness; one moves toward higher levels of health, stands still, or moves toward illness.

Classical definitions of health and wellness are surveyed to provide the historical evolu-

tion of definitions adopted for this book.

In 1946 the World Health Organization (WHO) defined health as "a state of complete physical, mental, and social well being, not merely the absence of disease or infirmity." Since this definition uses the word "complete," it makes health an ideal, a goal to be reached. Like the fabled city of gold, El Dorado, it is hard to envision but much to be desired. The WHO definition was a milestone and has served well the purposes of the health care system. Treating health as an attainable goal, the World Health Organization has mounted massive health programs.

In 1959 Dunn differentiated between good health and wellness. "Wellness," stated Dunn, "is an ever changing growth toward fulfillment of an individual's potential."[9] Dunn's concept of wellness has some similarity to Maslow's concept of self-actualization.[18] Wellness and self-actualization are the products of a person's interacting with internal and external environments in such a way as to experience growth toward his or her greatest potentialities. In contrast to his concept of wellness, Dunn defines good health as a state of being, a passive adaptability to the environment. Dunn's definitions become meaningful and workable if one can join him in viewing wellness as a direction that enables progression toward ever higher potentials of functioning.[10]

Western civilization holds the philosophical view that struggle and pain are necessary to strength, to growth, to adaptation, and to life. The philosophy of Hegel and Nietzsche proposed that struggle is the indispensable accompaniment of progress.[11] They believed that in hardship and struggle people grow more adaptive and that nature willed discord so that humans might be impelled to a new exertion of their powers and the continued development of their natural capacities. This philosophy gave rise to a wide variety of historically revolutionary ideas, among them Darwin's *(On the Origin of Species)* and Marx's *(Das Kapital)*. Dunn's concept of adaptability to one's environment as health and Darwin's of adaptability as a criterion for survival of the fittest and subsequent evolution have the same philosophical origin. For Dunn, wellness is a dynamic state and is considered individually for each person according to that person's peculiar needs, happiness, hardships, abilities, disabilities, problems, and potentials.

Many other writers on health and disease, notably Dubos,[8] have expanded Dunn's observations or evolved similar descriptions. Dubos also supports health or wellness as a direction. Wellness, being a direction rather than a state of being, can be represented by a compass (Fig. 1-1). The compass has wellness-sickness as the north-south axis, with the needle ever swinging, telling the individual his or her current position and where he or she is heading, but never that a destination has been reached. There is no fixed destination, just a clear direction toward wellness.

Since wellness and sickness are not states of being but dynamic directional concepts, they are difficult to define and to describe. Definitions of dynamic concepts attempt to fix them at a given time, making them seem static and failing to depict their fluid nature. To describe a river without noting its dynamic directional process of flowing to the sea would omit the essence of the river. Some of the river's water arrives at the sea, but the river itself continues to flow. One can sit on its banks every day and verify its flowing, its ever-changing nature, and the fact that the same water flows by a given point only once. Wellness-health-wholeness is a way of living and being for people. At times wellness is experienced as having been achieved (Maslow calls this "peak experience"), but these times are transient and short-lived. The wellness impetus in people (for the most part) flows, shifts, adapts, and changes—flowing like the river toward wellness, with wellness being relatively defined for each individual.

Health can also be a matter of perspective.

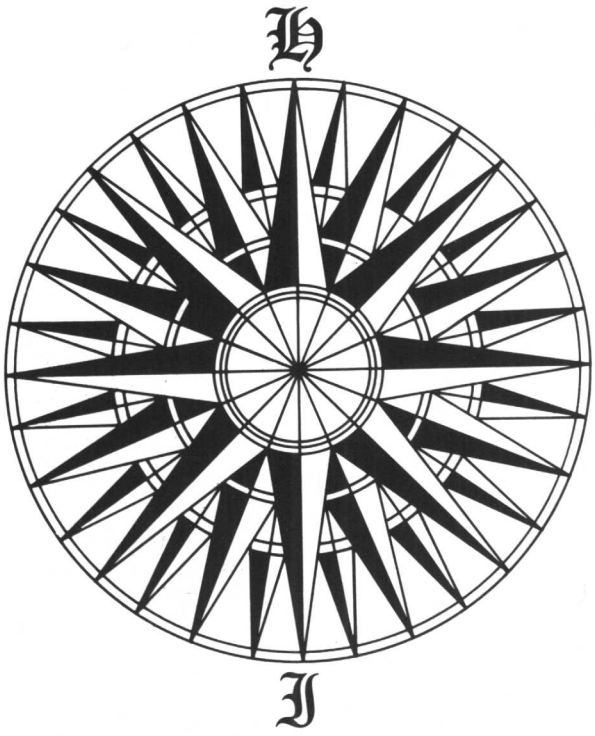


**Fig. 1-1.** Health-illness compass. (From Bevis, E. O.: Curriculum building in nursing: a process, ed. 2, St. Louis, 1978, The C. V. Mosby Co.)

Is a person healthy if free from disease? What about people who are clinically disease free but are troubled by low energy levels, vague or even specific aches and pains, or feelings of unrest or depression? Are those people healthy? What of persons who may be clinically diseased but have not yet experienced symptoms that can be clinically diagnosed? They feel good, produce well, and perceive themselves as healthy. Are these people well? In other words, is health an objective state defined by other people (physicians) using tests and tools or is it a subjective state as perceived by individuals about themselves? This dilemma was clearly stated by a patient who had suffered a long debilitating disease and through it all had kept his essential self in good order and had functioned at a maximum capacity, considering the extent of his disease. His doctor entered the hospital room with the results of a new series of studies and stated, "Well, Mr. Evans, you're in pretty bad health." Mr. Evans replied, "Doctor, my health is just as good for me as your health is good for you."

Clients do perceive themselves as being in relative states of health. Perhaps one valid judge of a person's relative place on the wellness-illness cycle is that person. People who do not perceive themselves as needing health care are reluctant clients.

### Holism and health

The definition of health as "being whole" is gaining respect and validity in modern health care philosophy. Treating a person as an orga-

nized whole, an entire unit, a basic total system interrelating with other systems in the environment provides the perspective for a new mode of care. As mentioned earlier, society's traditional approach—dualism—treated the individual as having two parts: an emotional aspect, called psyche, and a physical aspect, called soma. As modern science became more sophisticated, more scientific, and more highly specialized, the original two parts were subdivided into many more parts. People were and continue to be studied in intricate detail in such separate areas as anatomy, sociology, psychology, physiology, biochemistry, neurology, theology, and scores of others. As each field further breaks wholeness into smaller units, the individual becomes an assembly of carefully compartmentalized aspects. Few, if any, sciences study the person as a unitary system, though ecology is beginning to do so. The dualistic approach gives rise to viewing poor health, disease, and disability in a simplistic manner. In the past, scientists looked at a health problem, described it, and gave it a name and a classification. Based on the natural law of cause and effect, a cause was sought and then a carefully planned attack was mounted to eradicate the effect. The belief in a single cause for a particular disease generated many treatments, all aimed at the identified single cause. This approach has been and is effective in controlling disease. Unfortunately, however, in many cases it has provided only for a state of health that is no more than freedom from the particular disease. When one has the specific disease of diabetes, insulin is a life-saving specific treatment. However, this specific treatment copes with only one of the diabetic person's problems. The stresses of life, such as grief, guilt, happiness, vomiting, alcohol intake, upper respiratory tract infections, travel; alterations in exercise, diet, or eating schedule; and an unlimited number of other factors affect metabolism, insulin balance, and the health of the person with diabetes, as do the individual's economic state, family problems, and social pressure.

Approaching illness as a single cause–single effect problem has been effective when treating *disease*. When caring for people, it results in sometimes *curing* the disease but not *restoring* the person to health. It can also lead to quite fallacious or inefficient treatment. Such treatment of disease reminds one of the story of the "little old lady" in Atlanta who rode the city buses day after day. Every block or so she snipped off a piece of lavendar knitting yarn and dropped it out the window. After several days, the bus driver could stand it no longer and asked the woman why she was doing that. She looked at him quite shocked, as if he should naturally know. "To keep away the elephants," she retorted. He looked puzzled and scratched his head. "Madam, there aren't any elephants in Atlanta." "Yes," she proudly smiled, "effective isn't it?" Sometimes the thing being treated is not the problem at all and there is little danger of its ever being the major health problem.

The single cause–single effect approach to health care has led to another health care delivery system problem: "after the fact" care. There is a whole area of health care for people who are not ill. One can die without ever having been ill or aged. Even well people have health needs. One cannot approach health care by treating only those who have health complaints.

In health care, cure is only one aspect. Health care, as the words state, cares for health. This means preventing disease, promoting health, maintaining wellness, and facilitating growth toward ever higher levels of wellness. It has been demonstrated that communicable diseases can be almost totally eradicated through immunization. However, for such benefits to be useful they must be brought to clients who have been educated to want them and who have come to value maintaining health and promoting wellness. People change the oil in their cars, lubricate them, have the motors tuned, and check the batteries, not because the cars will not run but so they will continue to run for a long time as effi-

ciently as possible. In some families preventive care, immunizations, nutrition, and good health practices are not valued, not sought, and not well received when offered.

These and many other factors are parts of the *organismic*, or *holistic*, response of the individual to the complexity of factors surrounding health and wellness. A dualistic, single cause–single effect approach to health care has failed to recognize this holistic response of people to stimuli.

Another grave problem with single cause–single treatment is that it has led to systems of health care that focus on single diseases while ignoring countless other real and potential health hazards. In the push to eradicate poliomyelitis in the 1960s, millions of people were inoculated. Volunteer health workers set up immunization centers in churches, schools, and fire stations, while others provided transportation for people to be immunized. Polio has been all but eliminated from the rich nations of the world. The same sort of effort could be used against malnutrition, dental disease, deafness, vision problems, high blood pressure, and heart disease. In a holistic approach to health assessment, such effort could be used to screen millions of people, especially for simple, easy-to-evaluate health problems. Screening people and identifying health problems is only one aspect of health care, but would give clients and health care givers alike a data base for further care.

Although the single cause–single effect approach to health has treated disease while ignoring other important health factors, it has accomplished much. Now nurses must look beyond disease and concentrate on all things relevant to the person; health must be viewed by nurses as having to do with the whole person.

### Health and adaptation

Health and wellness cannot be discussed without a brief survey of adaptation. Darwin introduced the concept of adaptation to modern science. In *On the Origin of Species* he spoke of "natural selection" and stated "Yet of those which do survive, the best *adapted* [italics added] individuals, supposing that there is any variability in a favorable direction, will tend to propagate their kind in larger numbers than the less well *adapted*."[6] Hans Selye[34] brought the word "stress" into modern scientific prominence. Selye named all the "wear and tear" of living "stressors" and the response to that wear and tear "stress." He then stated that human beings respond to those stresses adaptively. He proposed that many health problems and diseases are manifestations of responses to stress. Selye proposed that stress responses occur in groups, classified as local adaptive syndromes and general adaptive syndromes. He further stated that stress responses have three levels: the excitement phase, which is the "fight-flight response"; the resistance phase, which is the mobilization of the body's resources to fight stressors and is often the stage where diseases and nursing problems are manifested; and the exhaustion phase, wherein the client becomes almost totally dependent on others for care. Each phase has specific kinds of nursing interventions designed to inhibit the progress to the next stage and reverse the process. If the stage of exhaustion is not reversed, the client dies.

Many authors speak of homeostasis, or the steady state. The term means simply a balance between the stressors of life and a person's ability to adapt. It refers primarily to a self-perceived as well as scientifically perceived state of relative wellness for the individual, family, group, or community concerned. Children love to walk fences, railroad tracks, and narrow boards. They hold out their arms for balance and walk carefully. Their muscles tense, and they resist the force of the wind and variations in the smoothness of the walkway. They achieve a steady state, while making progress. That steady state can be disrupted by the need to hurry, fatigue from trying to go too far, interference and distractions from outside forces, or inattention from within. Homeostasis, or the steady state, is conceived as