

Application and Documentation of Theory in Nursing Management: A Tool for Quality Care and Identification of Clear Nursing Role among the Health Care Team

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Abstract

This paper discusses the need to encourage the use of theory in Nursing management for quality and holistic care and documentation of such care for identification of the specific role of the nurses among the health care team that have participated in the care of such patient.

- *Vital to the nursing professional practice is the wiliness of the nurse to document every care/activities carried out on a patient for identification of his/her role and for future record purposes/research*
- *One of the problems facing the nursing professional today in our environment is identification of our role among health care delivery team which the use of theory just like the nursing process and documentation can be used for such identification.*
- *Application of theory in nursing care management of our client/patient will enhance quality nursing care practice and give holistic care to the client/patient. Florence Nightingale the mother of modern nursing uses theory and collect data for documentation and use which help her to achieve the standard of the modern nursing we are practicing today.*

Keywords: *Application, Theory, Nursing Management, Identification, Clear Nursing role, Health Care.*

Introduction

One of the reason of my chosen this topic is to remind ourselves at the high point or level of the nursing profession the important of the use of theory and documentation of client/patients in our clinical areas therefore at the end of this scientific workshop those of us in the clinical area will be able to implement various theories in managing our clients/patients

Theory is a formal set of ideas that is intended to explain why something happens or exist (Oxford Advance Learner Dictionary 2010)

Theories and nursing care plan are necessary tools for holistic client/patient nursing care. Therefore, one cannot be a competent and proficient nurse or Midwife unless he/she understands the concepts of the use of theories and nursing care plan for clients in the two areas. He will then therefore be able to meet the total needs of his/her clients physically, mentally and psychologically.

Nursing is –the profession of performing the function of a nurse-Bailliere’s Nursing dictionary (2009) A process of providing services that are essential to or helpful in the promotion, maintenance and restoration of health and wellbeing. While a nurse is a person who is qualified in the art and science of nursing and meets certain prescribe standards of education and clinical competence, and is registered with the nursing and midwifery council of her(or his)country. Bailliere’s nurses dictionary for nurses and health care workers (2009)

Documentation- in terms of job identification of the nurses from other health team workers, implementation of theory if well documented will show all the nurse has done to the patient that is clearly nursing care activities in nature, this will go a long way in identifying our role as nurses in patient care if only our nurses will change their attitude toward the implementation in their nursing practice.

Theories in nursing/midwifery practice

Theory is derived from the Greek word “Theoria” signifying a “Vision”. With the concept of nursing Herlinger views theories as a set of interrelated concepts that give a systematic view of phenomena they are observable fact of event that are explanatory and predictive in nature it can also be define as a systematic way of looking at the world in order to describe, explain, predict or control it.

Brief historical development of theories

According to Potter and Perry (1993) a review of the last 120years has witnessed a demonstration of a growing body of knowledge in Nursing. The genesis need for theory in nursing can be traced to the mother of modern nursing Florence Nightingale (1860) who advocate for professional knowledge. Her practice was based on taking care of the environment while nature is allowed to look after the physiological processes in the clients. After her demise nursing lost the tempo and drive instilled by Nightingale until the mid-1950s. This was due to the 2nd world war and economic recession.

The drive for theory development was emphasized in the 1960 to 70s Nursing was further defined as a process rather than an end, an interaction, rather than content contents and a relationship between two human being rather than an interaction between unrelated nurse and patient. IN 1965 also American nurses association (ANA) position paper emphasized that the goal for nursing was theory development. In the USA, federal support was given for degrees in nursing. Series of symposia were also organized for theory development by National League for nurses between 1960 and 1970.

Elements of theories

- They can be describe, explain and predictive
- They are testable
- They are needed by all disciplines
- They are needed for research
- They are needed for practice

Basic characteristic of theories

Some of the characteristic of theories as an interrelated concepts are

- They are interrelating concepts to create a different view of the phenomena
- Theories must be logical in nature. This involves orderly reasoning and the inter-relationship between the concepts must be sequential
- Theories should be relatively simple yet generalizable
- Theories can be utilized by the practitioner to guide and improve practice
- Theories must be consistent with other theories

Role of theories in nursing/midwifery

- It is utilized in designing models for nursing practice
- It guides nursing practice either in health promotion maintenance or restoration
- It guides future direction for research for improvement of care
- It assists to identify domains and goals of nursing practice

Application of theories

The following nursing models are imperative in application of theory in Nursing/midwifery:

Theory of florence nightingale/ her life brief history date of last revision: january 31, 2012

The goal of nursing is to put the patient in the best condition for nature to act upon him-
Nightingale

- She was Born – 12 May 1820
- founder of modern nursing

- The first nursing theorist
- Also known as The lady with the Lamp
- She explained her environmental theories in her famous book notes on nursing: What it is, what it is not.
- She was the first to propose nursing required specific education and training.
- her contribution during Crimean war is well-known
- She was a statistician, using bar and pie charts, highlighting key point
- International nurses day, May 12 is observed in respect to her contribution to Nursing
- Died – 13 August 1910

Assumptions of nightingale's theory

- Natural laws
 - Mankind can achieve perfection
 - Nursing is a calling
 - Nursing is an art and a science
 - Nursing is achieved through environmental alteration
 - Nursing requires specific educational base
- Nursing is distinct and separate from medicine

Nightingale's canon's major concepts

1. Ventilation and warming
2. Light, noise
3. Cleanliness of rooms/walls
4. Health of houses
5. Bed and bedding
6. Personal cleanliness
7. Variety
8. Chattering hopes and advices
9. Taking food, what food
10. Petty management/observation

Nursing paradigms

- Nightingale's document contains her philosophical assumptions and beliefs regarding all elements found in the metaparadigm of nursing. These can be formed into a conceptual model that has great utility in the practice setting and offers a framework for research conceptualization. (Selanders LC, 2010)

Nursing

- Nursing is different from medicine and the goal of nursing is to place the patient in the best possible condition for natural to act.
- Nursing is the activities that promote health (as outlined in canons) which occur in any caregiving situation. They can be done by anyone.

Person

- People are multidimensional, composed of biological, psychological social and spiritual components

Health

- Health is not only to be well, but to be able to use well every power we have.
- Disease is considered as dys-ease or the absence of comfort.

Environment

- Poor or difficult environments led to poor health and disease
- Environment could be altered to improve conditions so that the natural laws would allow healing to occur.

Application of Nightingale's theory in practice

Patients are to be put in the best condition for nature to act on them, it is the responsibility of nurses to reduce noise, to relieve patients' anxieties, and to help them sleep.

- As per most of the nursing theories environmental adaptation remains the basis of holistic nursing care.

Criticisms

- She emphasized subservience to doctors
- She focused more on physical factors than on psychological needs of patient.
- Florence Nightingale provided a professional model for nursing organization
- She was the first to use a theoretical foundation to nursing
- Her thoughts have influenced nursing significantly

Steps to follow in application of theory:

- Define the theory
- List the steps or stages as stated by the theorist.
- Apply each step or stage to manage patient's problems eg-

Question 1

In the care of a preterm baby there are four principal objectives which are:

1. The establishment and maintenance of temperature.
2. The prevention of infection.
3. The provision of the best environment, chiefly to maintain body temperature.
4. The provision of suitable diet.

Using the Florence Nightingale model how will you manage a preterm baby?

Answer

Management of a preterm baby using the Florence Nightingale theory.

Florence Nightingale theory is known as descriptive theory that provides nurses with a way to think about nursing or way of reference that focuses on patients and environment.

Nightingale letters and writing direct the nurse to act on the behalf of the client, therefore I am going to act on the behalf of this my preterm baby to enable her adapt to a normal life.

Nightingale views nursing as oriented toward providing fresh air, light, warm, cleanliness, quiet and adequate nutrition. Through observation and data collection she links the client's health with environmental factors.

Using the four principal objectives in managing a preterm baby as indicated in the above question I will:

1. ensure aseptic techniques in every procedure carried out in the care of the baby.
2. ensure personal hygiene of the baby by ensuring that the cord stump is not infected, change soil linens regularly, ensure the environmental hygiene, will not allow any staff with influenza infection to attend to the baby, feeding baby on EBM regularly to boost immunity.
3. Clear the baby's airways to avoid mucus obstruction of air passage using suction machine, lie the baby side ways to avoid choke, ensure good ventilation to enable fresh air to circulate in the environment.
4. Keep the environment clean, ensure cross ventilation, and ensure normal room temperature and adequate light system.
5. As a preterm baby the diet she can take is breast milk, so EBM will be given in adequate quantity as demanded by the baby.

With the above steps of care of the baby based on the Nightingale model the preterm baby will receive adequate care to maintain her health.

Her concept of environment as the focus of nursing care and her view that nurses need not know all about the disease process are early attempts to differentiate between nursing and medicine.

Nightingale did not view nursing as limited merely to the administration of medication and treatments but rather as oriented towards providing fresh air, light, warmth, cleanliness, quiet and adequate nutrition. Through observation and data collection, she linked the client's health status with environmental factors and as a result, initiated improved hygiene and sanitation conditions during the Crimean war there by reducing the mortality rate at barracks Hospital in Sentari Turkey from 42.7% to 2.2% in 6 months (Woodham Smith, 1983).

Torres (1986) notes that Nightingale provided basic concepts and propositions that could be validated and used for practice in nursing. Her descriptive theory provides nurses with a way to think about nursing or a frame of reference that focuses on patients and environment. Her letters and writings direct the nurse to act on behalf of the client. Her principles encompass areas of practice, research and education. Most importantly, her concept and principles shaped and delineated nursing practice. Nightingale taught and used the nursing process, noting that "vital observation (assessment) is not for the sake of piling up miscellaneous information of curious facts but for the sake of saving lives and increasing health and comfort.

Criticisms

- She emphasized subservience to doctors
- She focused more on physical factors than on psychological needs of patient.

Conclusion

- Florence Nightingale provided a professional model for nursing organization
- She was the first to use a theoretical foundation to nursing
- Her thoughts have influenced nursing significantly

Question 2: Using H. Peplaus theory

Mrs Dare a booked case gravida 4 para 3+0 all alive came into your clinic with the history of full term pregnancy and that of labor which she said started about 5 hours ago. Apply H. Peplau's theory in the management of the four stages of labour of Mrs Dare.

Answer

The management of Mrs Dare using Hildegard Peplau's theory are as following:-

R. Peplau is a theory of therapeutic interpersonal relationship between nurse and patient.

It consists of 4 stages which are

1. Orientation stage
2. Identification stage
3. Exploitation and
4. Resolution phase

Mrs Dare has come to the ward with full-term pregnancy and now having labour pain which she said started 5 hours ago. As a midwife for you to give normal adequate care to Mrs Dare she will have to pass through all the four phases of Peplau's theory as stated above.

Phase 1:

Orientation stage: I will admit the patient, take the necessary data eg medical, surgical and obstetrical history, do physical examination do abdominal palpation to ascertain weeks of gestation, listening to the fetal heart and record all findings.

2. Identification phase: I will: do vaginal examination to confirm if in true labour and the stage of labor she is in ie if it is first or second stage of labour, to confirm also the nature of the cervix, membrane, presenting part, and the level of the presenting part. Monitor vital signs.

All these will enable me know if the patient is in true labour and whether the labour is normal through the level of cervical dilatation and I will document all findings. If in true labour and in first stage I will monitor her progress of labour.

The next phase is the exploitation phase:

This phase has to do with second stage of labour so I will: Take the patient to the second stage room, place her on comfortable position of her choice, reassure her, ensure aseptic procedure for conducting delivery, monitor fetal heart rate, ensure normal temperature according to patient wish, ensure normal delivery of alive normal baby from alive normal mother, ensure effective management of third and fourth stage of labour, control bleeding, ensure the mother identify the sex of the baby and keep both of them warm. Baby will be examine later after an hour, birth, oil and kept warm.

Phase 4: The resolution phase:

This phase is within the one hour Lying-in ward in labour room before the patient is transferred into the postnatal ward for further management. Therefore here I will take the vital signs of the patient and record, check for bleeding from the mother per vaginal and check cord of the baby also for bleeding. So if the mother and child are ok I will transfer them to the postnatal ward for further management. This phase therefor is my last phase of care for the patient using the Peplau theory.

PEPLAUS model is a **therapeutic** Interpersonal relationship model: This model according to Peplau is concerned with therapeutic interpersonal relationship, which facilitates the growth of both client and nurse. This therapeutic relationship helps the client progress towards constructive, productive and creative living. According to Peplau, the interpersonal relationship between the nurse and the client promotes self-reliance and independent decision making on the part of the client until he/she assumes full responsibility of self-care. Using the four stages which he listed as—orientation stage, identification stage, exploitation stage and the resolution stage are used as a guide for the care plan.

Conclusion

Theories are patterns that guide the thinking about being and doing of nursing.

The day-to-day experience of nurses is a major source of nursing practice theory.

Nursing theory address the phenomena of interest to nursing, the focus of nursing, the person, or population nursed.

Nursing theory either implicit or explicit direct all avenues of nursing including nursing education and administration.

Nursing theories provide concepts and designs that define the place of nursing in health and illness care. Through theories nurses are offered perspectives for relating with professionals from other disciplines who join with nurses to provide human services.

The major reason for structuring and advancing nursing knowledge is for the sake of nursing practice.

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