I. CONCEPT OF MAN, HEALTH, AND ILLNESSES

CONCEPT OF MAN

Man – unified, whole, a holistic being, an atomistic being, a thinking being has ability to communicate, man is like some other man, we are all composed o cells and we tend to imitate

MAJOR ATTRIBUTES OF MAN

1. Capacity to think and conceptualize on the abstract level
2. Family formation
3. Tendency to seek and maintain a territory
4. Use of verbal gesture, as a language, the means to developing and maintain culture

MAJOR ATTRIBUTES OF HUMAN BEING

1. Brain – capacity to think and conceptualize on the abstract level
2. Body Shape – to help survive hot and cold climate
3. Walking upright
4. Family formation
5. The tendency to seek and maintain territory
6. Social life
7. Clothing
8. Ability to use language

APPROACHES IN STUDYING MAN

1. Atomistic Approach

→ Cells, tissues, organs and body structure

2. Holistic Approach *(Rogers)*

→ All the living organism are interacting unified whole that are more than the sum of his parts

3. System

a) Closed

→ Totally close from the other system

→ does not allow stimuli to enter its system nor to allow from within to out from its system boundaries

b) Open

→ All forms of stimuli can enter inside its system boundaries *(input)* and allow anything from within to go out of its system boundaries *(output)*

→ All living system are open system since their survival depends on the constant exchange of energy

Subordinate System – smaller, dependent system that operates within or under a larger system, contributing to its overall function

Superordinate System – overarching or larger system that encompasses multiple subordinate system, providing structure and direction for its interactions

NURSING CONCEPTS OF MAN

1. Man as a Biological Being – driven by instinct to survive, reproduce and thrive, born to live, and destined to die

2. Psychological Being – *Man is like other man*

3. Social Being – *Man is like some other man*

4. Biopsychosocial and Spiritual Being *(Roy)* **–** who is a constant contact with the environment

5. Man is Unique – different genetics and life experiences

6. Man is an Open System

7. Man in unified whole composed of parts, interdependent with each other *(Rogers)*

8. Man is composed of parts which are greater than different from the sum of all his parts *(Rogers)*

9. Man composed of subsystems and supra-systems *(Rogers)*

10. Man is an individual with vital reparative processes to deal with diseases a desirous of health *(Nightingale)*

11. Man is unity who can be viewed as functioning biology, symbolically and socially who initiates and performs self-care activities on own behalf *(Orem)*

12. Men is a whole, independent being who has 14 fundamental needs *(Henderson)*

THE BASIC NEED OF MAN

→ Each individual has a unique characteristic, but certain needs are common to all people.

→ A need is something that is desirable, useful or necessary.

→ Human needs are physiologic or psychologic conditions that an individual must meet to achieve a state of health or wellbeing.

→ Maslow ranks basic human needs according to what is crucial for survival.

ACCORDING TO MASLOW'S HIERARCHY OF BASIC HUMAN NEEDS:

1) Physiologic Needs:

→ includes oxygen, fluids, nutrition, body temperature, elimination, rest and sleep, and sex (sex is not necessary for individual to survive, but it is necessary for the survival of mankind.

2) Safety and Security Needs:

→ includes physical safety, psychological safety and the need for shelter and freedom from harm and danger.

→

3) Love and Belongingness Needs:

→ includes the need to love and to be loved, the need to care and be cared for, the need for affection; to associate or to belong, and the need to establish fruitful and meaningful relationship with people, institution, & organization

4) Self-Esteem Needs:

→ includes self-worth, self- identity, self-respect and body image

5) Self-Actualization Needs:

→ includes the need to learn, create, and understand or comprehend; the need for harmonious relationships; the need for beauty or aesthetics; the need to be self-fulfilled and the need for spiritual fulfillment

CHARACTERISTICS OF BASIC HUMAN NEED

1. Needs are universal
2. Needs may be met in different ways
3. Needs may be stimulated by external and internal factors
4. Priorities may be altered
5. Needs may be deferred

SELF - ACTUALIZATION

→ A self-actualized person is basically a mentally healthy person.

→ ***It is the essence of mental health:***

a. Positive attitude towards himself
b. Has introspection
c. Has the same self- concept to others
d. Has self-acceptance

e. Has sense of identity
f. Changes and grows throughout life
g. Acts in unified manner

TWO EEDS FOR MENTALLY HEALTHY PERSONS
(William Glasser)
a. The need to love and to be loved
b. The need to feel that one is worthwhile to self and to others

CONCEPT OF HEALTH

Health – Is the presence or absence of disease
- → It is a complete state of physical, mental, and social well-being
- → Ability to maintain normal roles
- → Developmental and behavioral potential is realized to fullest extent possible
- → Striving toward optimal functioning
- → Personal definitions of health (Individual perception of health)
- → Some individuals believe they are healthy even though they have physical impairments that some would consider an illness.
- → Is an ongoing process

Wellness – state of well-being
- → Holistic state of being in which an individual actively pursues physical, mental emotional, social and spiritual health striving for balance and optimal functioning
- → It involved making conscious choices and adapting behaviors that promote overall well-being and quality of life
- → You are the only one who can know your wellness

Well-Being – subjective perception of vitality and feeling well.
- → Can be described objectively, experienced measure, can be plotted on a continuum

OLOF – Optimum Level of Functioning

BASIC CONCEPTS OF WELLNESS

1. Environmental – ability to promote health measure that improves standard of living, influences food, water and air.
- → Good health by occupying pleasant, stimulating environments that support wellbeing

2. Spiritual – belief in some force that gives life meaning and purpose, person own morals, values and ethics
- → Expanding our sense of purpose and meaning in life

3. Intellectual – ability to learn, use information effectively, striving for continued growth, learning to deal with new challenges
- → Recognizing creative abilities and finding ways to expand knowledge and skills

4. Occupational – ability to achieve balance between work and leisure
- → Personal satisfaction and enrichment derived from one's work

5. Social – interact successfully, develop and maintain intimacy, develop respect, and tolerance for others
- → Developing a sense of connection, belonging and a well-develops support system

6. Emotional – ability to manage stress, to transform express emotion
- → Coping effectively with life and creating satisfying relationship

7. Physical – carry out daily tasks, achieve fitness, maintain nutrition, avoid abusing substances, practice positive lifestyle habits
- → Recognizing the need for physical activity, diet, sleep and nutrition

8. Financial – satisfaction with current and future financial situations

Tobacco – Tobaccosis
Silicon – silicosis
Inhaling Dust – Asbestosis

DETERMINANTS/FACTORS AFFECTING HEALTH

1. Physiological – physical functioning f the body

2. Heredity – genetic predisposition

3. Age – increases susceptibility to certain diseases

4. Environment – the physical environment can increase the likelihood of certain disease

5. Lifestyle – habits, activities, behaviors have positive and negative effect on health

6. Socioeconomic Conditions

7. Health and Family Welfare Services

DIMENSIONS OF HEALTH

1. **Physical Dimension** – the bodily aspect of health, genetic, developmental level, race, sex, physiological appearance
2. **Mental Dimension**
3. **Emotional Dimension**
4. **Social Dimension**
5. **Spiritual Dimension**

INTERNAL VARIABLES	EXTERNAL VARIABLES
1. Biologic Dimension - Genetic makeup • Gender • Age • Developmental level **2. Psychologic Dimension** Mind–body interactions • Self-concept **3. Cognitive Dimension** • Lifestyle choices refer to a person's general way of living, including conditions and individual patterns of behavior influenced by social and personal factors • Spiritual and religious beliefs	**1. Environment** • Geographic location • Hazards and contamination **2. Standards of Living** • Reflect occupation, income, and education • Related to health, morbidity, and mortality **3. Family and Cultural Beliefs** • Pass on patterns of daily living • How a person perceives, experiences, and copes with illness **4. Social Support Networks** • Family, friends, and/or confidant

MODELS OF HEALTH AND WELLNESS

1, Clinical Model - Provides narrowest interpretation of health
- → People viewed as physiologic systems
- → Health identified by absence of disease or injury
- → State of not being "sick"
- → Opposite of health is disease or injury

2. Role Performance Model - Able to fulfill societal roles
- → Viewed as healthy even if clinically ill, if still able to fulfill roles
- → Sick or has the inability to perform one's role

3. Adaptive Model - Creative process
- → Disease is a failure in adaptation or maladaptation
- → Extreme good health refers to a person's flexible adaptation to the environment
- → Focus is stability, with ability to grow and change.

4. Eudaimonistic Model - Comprehensive view of health
- → Actualization or realization of a person's potential
- → Illness is a condition that prevents self-actualization
- → Human potential through goal-directed behavior and competent self-care
- → Satisfying relationships with others
- → Maintaining structural integrity and harmony with social and physical environments
- → Health is the expansion of consciousness

5. Agent-Host-Environment Model - Each factor constantly interacts with the others.
- → When in balance, health is maintained.
- → When not in balance, disease occurs.

6. Health Promotion Model *(Nola Pender)*
- → **"**Multidimensional nature of person interacting with theory environment as they pursue health";
- → incorporates characteristics and experiences and behavior-specific knowledge and beliefs, to motivate health-promoting behavior

7. Transtheoretical Model *(Stages of Change)*
- → is based on the theory that individuals follow a circular rather than linear path as they flow through a series of stages to modify behavior

a. **Pre-Contemplation** – not ready
- Not considering change, unaware of a problem or not intending to change behavior in the near future.

b. **Contemplation** – getting ready
- Thinking about changing behavior, weighing the pros and cons of change.

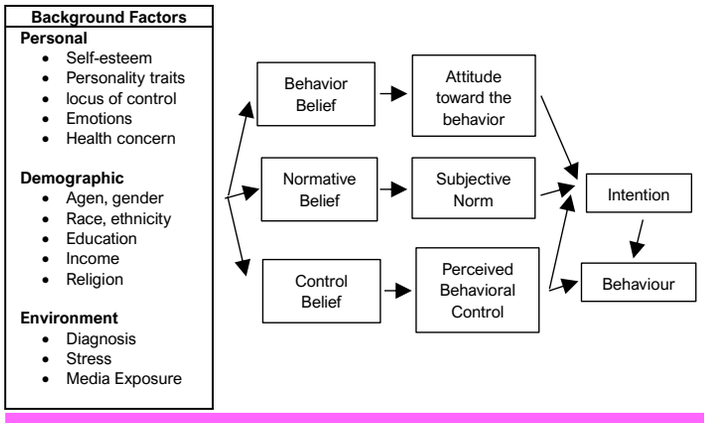
c. **Preparation with plan** – ready
- Making concrete plans to change behavior, taking small steps towards action

d. **Action** – moving forward
- actively engaging in the new behavior.

e. **Maintenance** – managing and preventing drift
- Sustaining the new behavior over time, preventing relapse.

f. **Termination** – when appropriate

8. Theory of Reasoned Action
- → a theory in social psychology that explains how a person's attitudes and intentions influence their behavior



9. Theory of Planned Behavior
- → extends TRA by adding "perceived behavioral control," meaning the belief in one's ability to perform the behavior, as a key factor influencing intention and ultimately, behavior

10. The Social Cognitive Theory
- → focuses on the impact of an individual's social environment, expectation, observations as well as their self-efficacy

11. Health Belief Model
- → health determines whether an individual is likely to participate in disease prevention and health promotion activities

a. Health Locus of Control Model

i. Internal
- Health status is under their own or others' control.

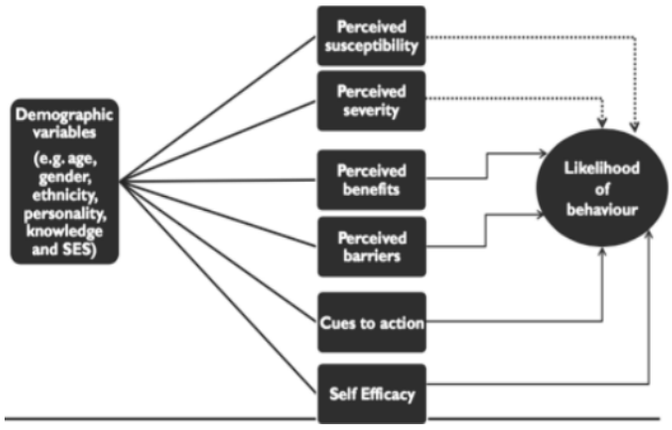
ii. External
- Health is largely controlled by outside sources.

b. Rosenstock's and Strecher's Health Belief Model

i. Individual Perceptions
- Perceived susceptibility
- Perceived seriousness
- Perceived threat

ii. Modifying Factors
- Demographic variables
- Sociopsychological variables
- Structural variables
- Cues to action

iii. Likelihood of Action
- Perceived benefits of the action
- Perceived barriers to action
- Sources to evaluate options, plan interventions
- Guide to Community Preventive Services
- Guide to Clinical Preventive Services



a. **Perceived Susceptibility –** individual's assessment of his or her chances of getting the disease
- → **INV**: use self-monitoring, simulation and personalization/ tailoring strategies to help individuals develop accurate perceptions of own risk

b. **Perceived Severity –** individual's judgement as to the seriousness of the effect of contracting the health condition

→ **INV**: use systematic, desensitization, vicarious reinforcement, and biofeedback technique to help individuals develop a realistic perception of the consequences of a condition and recommended action

c. **Perceived Benefits –** individual's evaluation of the positive things that will happen as a result of enacting the health behavior
→ **INV**: use gain-framed appeal and positive reinforcement/reward mechanism to portray the potential benefits of adopting healthy behavior

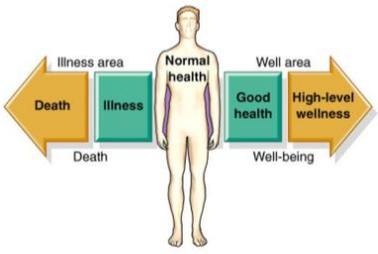
d. **Perceived Barriers –** individual's opinion regarding the difficulty or cost of adopting the new behavior
→ **INV:** teach problem solving and decision-making strategies to overcome the perceived barrier of enacting healthy behavior

e. **Cue to Action –** consist both internal and external prompts that will trigger an individual to take action
→ **INV:** enjoy reminder and suggestion strategies as an external prompt to performing the target behavior

f. **Self-Efficacy -** individual's belief in their ability to successfully perform a specific behavior to achieve a desired outcome.
→ **INV**: mastery experiences, vicarious experiences, verbal persuasion, physiological and emotional states

12. Health-Illness Continuum

→ Measures the person's perceived level of wellness
→ Health and illness or disease is at opposite ends of the health continuum
→ The person moves back and forth within this continuum day by day
→ How a person perceives themselves and how others see them affects the placement of the person in the continuum



a. **Dunn's High Level Wellness Grid**
i. High-level wellness in a favorable environment
ii. Emergent high-level wellness in an unfavorable environment
iii. Protected poor health in a favorable environment
iv. Poor health in an unfavorable environment

b. **Illness-Wellness Continuum**
→ Arrows pointing in opposite directions and joined at a neutral point
→ Some feel real concepts are more complex than on the continuum

HEALTH CARE ADHERENCE

Adherence

→ The extent to which an individual's behavior coincides with medical or health advice
→ Upon recognizing non-adherence:
- 1. Establish why client not following the regimen
- 2. Demonstrate caring
- 3. Encourage healthy behaviors through positive reinforcement
- 4. Use aids to reinforce teaching
- 5. Establish therapeutic relationship of freedom, mutual understanding, and mutual responsibility with client and support persons

FACTORS INFLUENCING ADHERENCE

1. Client motivation to become well
2. Degree of necessary lifestyle change
3. Perceived severity of the health care problem
4. Value placed on reducing the threat pf illness
5. Ability to understand and perform specific behaviors
6. Degree of inconvenience of the illness itself or of the regimens
7. Beliefs that the prescribed therapy or regimen will or will not help
8. Complexity, side effects, and duration of the proposed therapy
9. Cultural heritage, beliefs, or practices that support or conflict with the regimen
10. Degree of satisfaction and quality and type of relationship with the health care providers.
11. Overall cost of therapy

CONCEPT OF ILLNESS

Illness

→ A highly personal state because only the person can say he or she is ill.
→ The person's physical, emotional, intellectual, social, developmental, or spiritual functioning is diminished.
→ Not synonymous with disease
→ A person's subjective experience of their symptoms that the person will bring to the doctor.

a. **Acute Illness**
→ Characterized by symptoms of relatively short duration
→ Symptoms appear abruptly, subside quickly
→ May or may not require intervention by health care professionals
→ Most people return to normal level of wellness.

b. **Chronic Illness**
→ Usually, slow onset and lasts for 6 months or longer
→ Often has periods of remission (symptoms disappear) and exacerbation (symptoms reappear)
→ Care includes promoting independence, sense of control, and wellness.
→ Client must learn how to live with physical limitations and discomfort.

Sickness

→ It is the social & cultural conceptions of illness
→ It covers what is considered a disorder suitable for medical treatment

Disease

→ Is an alteration in body function or underlying pathology
→ Reduction of capacities or shortening of normal life span
→ The practitioner's perspective and is seen in terms of a theory of disorder.

ILLNESS BEHAVIOR

1. Coping Mechanism *(coping with illness)*

→ All processes to attenuate, compensate or master actual or expected disease burden emotionally, cognitively or behaviorally

a. Depressive Coping
→ Pitying oneself, brooding, withdrawing from others

b. Active Coping
→ Seeking information, problem-solving efforts, deciding to fight

c. Distraction/Self Affirmation
→ Encourages oneself, seeking success, distancing oneself

d. Religiousness
→ Accepting as fate, searching for meaning, consoling oneself with religion

e. Minimizing Importance
→ Denying, dissimulating impact, wishful thinking

2. Talcott Parson's Four Aspects of Sick Role

a. Right to not be held responsible for their condition
b. Right to be excused from certain social roles and tasks
c. Obligation to try to get well as quickly as possible
d. Obligation to seek competent help

3. Five Stages described by Schumann *(1979)*

a. Stage 1: Symptom Experiences
→ Believes something is wrong
→ Physical experience, cognitive aspect, and emotional response

b. Stage 2: Assumption of the Sick Role
→ Accepts the sick role and seeks confirmation

c. Stage 3: Medical Care Contact
→ Seeks advice of a health professional
→ Validation, explanation, and reassurance

d. Stage 4: Dependent Client Role
→ Becomes dependent on professional for help
→ Complicated by role obligation

e. Stage 5: Recovery or Rehabilitation
→ Relinquishes dependent role
→ Resumes former roles and responsibilities

EFFECT ON ILLNESS

1. Impact on the client

→ Behavioral and emotional changes
→ Self-concept and body image changes
→ Loss of autonomy
→ Lifestyle changes

2. Impact on the family

→ Depends on: which family member is ill; seriousness and length of illness and the cultural and social customs of family
→ Role changes
→ Task reassignments
→ Increased demands on time
→ Stress due to anxiety about outcomes
→ Conflict about unaccustomed responsibilities
→ Financial problems
→ Loneliness as result of separation or loss
→ Change in social customs

LEVELS OF PREVENTION

Prevention

→ The goals of medicine are to promote health, to preserve health, to restore health when it is impaired, and to minimize suffering and distress.
→ These goals are embodied in the word "prevention ".
→ Prevention are actions aimed at eradicating, eliminating or minimizing the impact of disease and disability, or if none of these are feasible, retarding the progress of the disease and disability.
→ The concept of prevention is best defined in the context of levels, traditionally called:
  ○ Primary
  ○ Secondary
  ○ Tertiary prevention
  ○ Primordial prevention *(was later added)*

Successful prevention depends upon:

1. a knowledge of causation
2. dynamics of transmission
3. identification of risk factors and risk groups
4. availability of prophylactic or early detection and treatment measures
5. an organization for applying these measures to appropriate persons or groups, and
6. continuous evaluation of and development of procedures applied

***Preventable Causes of Disease** in Human Beings*

1. Biological factors
2. Behavioral Factors
3. Environmental factors
4. Immunologic factors
5. Nutritional factors
6. Genetic factors
7. Services and Social factors
8. Spiritual factors

Natural History of the Disease

→ Disease evolves overtime from pre- pathogenesis to pathogenesis to its termination, recovery, disability, death

LEAVELL AND CLARK'S LEVELS OF PREVENTION

1. Pre-disease Stage – *primary*

→ Health promotion and specific protection

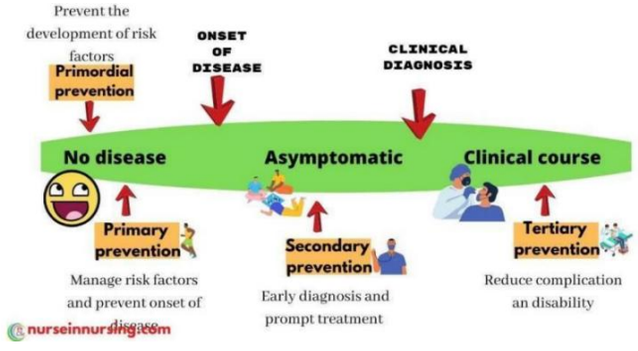
2. Latent Disease Stage – *secondary*

→ Pre-symptomatic diagnosis and treatment

3. Symptomatic Disease Stage – *tertiary*

→ Disability limitation for early symptomatic disease and rehabilitation for late symptomatic disease

LEVELS OF PREVENTION



1. Primordial Prevention

→ Primordial prevention consists of actions and measures that inhibit the emergence of risk factors in the form of environmental, economic, social, and behavioral conditions and cultural patterns of living etc.

→ It is the prevention of the emergence or development of risk factors in countries or population groups in which they have not yet appeared

→ For example, many adult health problems (e.g., obesity, hypertension) have their early origins in childhood, because this is the time when lifestyles are formed (for example, smoking, eating patterns, physical exercise).

→ In primordial prevention, efforts are directed towards discouraging children from adopting harmful lifestyles

→ The main intervention in primordial prevention is through individual and mass education

2. Primary Prevention

→ Primary prevention can be defined as the action taken prior to the onset of disease, which removes the possibility that the disease will ever occur.

→ It signifies intervention in the pre-pathogenesis phase of a disease or health problem.

→ Primary prevention may be accomplished by measures of "Health promotion" and "specific protection"

→ It includes the concept of "positive health", a concept that encourages achievement and maintenance of "an acceptable level of health that will enable every individual to lead a socially and economically productive life".

→ Primary prevention may be accomplished by measures designed to promote general health and well-being, and quality of life of people or by specific protective measures.

→ Intervening before health effect occur, through measures such as vaccination, altering risky behaviors (poor eating habit, tobacco use) and banning substances known to be associated with disease or health condition

a. Health Promotion

- Health promotion is "the process of enabling people to increase control over the determinants of health and thereby improve their health".
- Health promotion is the process of adoption of healthy behavior and a positive attitude for maintaining a healthy lifestyle. Health promotional activities are environmental modification, health education, nutritional intervention, lifestyle and behavioral changes.
- Health promotion does not provide full protection to health. Targeting specific group and specific diseases also important in prevention measures.
    - Health education, marriage counseling, genetic screening, good standard of nutrition, regular exercise, adequate healthy balanced diet, no to smoking

b. Specific Prevention

- provides protection against specific disease and group.
- Specific protection achieved by immunization, chemoprophylaxis, environmental modification, use of specific nutrition and supplements, the safety of food, drugs and control of environmental hazards.
    - Specific immunization, attention to personal hygiene, use of environmental sanitation, protection against occupational diseases or illnesses, protection from accidents, use of specific nutrients, protection from carcinogens, avoidance of allergens

Approaches for Primary Prevention

The World Health Organization has recommended the following approaches for the primary prevention of chronic diseases where the risk factors are established:

a. Population *(mass)* Strategy

- "Population strategy" is directed at the whole population irrespective of individual risk levels.
- For example, studies have shown that even a small reduction in the average blood pressure or serum cholesterol of a population would produce a large reduction in the incidence of cardiovascular disease
- The population approach is directed towards socio-economic, behavioral and lifestyle changes

b. High-Risk Strategy

- The high -risk strategy aims to bring preventive care to individuals at special risk.
- This requires detection of individuals at high risk by the optimum use of clinical methods.

3. Secondary Prevention

→ It is defined as "the action which halts the progress of a disease at its incipient stage and prevents complications."

→ The specific interventions are: early diagnosis (e.g. screening tests, and case finding programs….) and adequate treatment.

→ Secondary prevention attempts to arrest the disease process, restore health by seeking out unrecognized disease and treating it before irreversible pathological changes take place, and reverse communicability of infectious diseases.

→ It protects others from in the community from acquiring the infection and thus provide at once secondary prevention for the infected ones and primary prevention for their potential contacts.

a. Early Diagnosis and Prompt Treatment

Objectives of Secondary Prevention

1. Completely cure or cease the progression of the disease.
2. Preventing the spread of disease by providing treatment to known cases.
3. Prevent complication
4. Reduces the degree of disability by shortening the period.

- WHO Expert Committee in 1973 defined early detection of health disorders as "the detection of disturbances of homoeostatic and compensatory mechanism while biochemical, morphological and functional changes are still reversible."
- The earlier the disease is diagnosed, and treated the better it is for prognosis of the case and in the prevention of the occurrence of other secondary cases.
    - Mass screening test *(mammography)*, Papanicolau smear test *(Pap's smear test),* regular blood pressure reading, prevent spread od communicable disease, prevent complication and sequelae, shorten period of disability

b. Disability Limitation *(goal of secondary prevention)*

- Adequate treatment to arrest disease process and prevent complication and sequelae
- Provision of facilities to limit disability and prevent death

4. Tertiary Prevention

→ It is used when the disease process has advanced beyond its early stages.

→ It is defined as "all the measures available to reduce or limit impairments and disabilities, and to promote the patients' adjustment to irremediable conditions."

→ Intervention that should be accomplished in the stage of tertiary prevention are disability limitation, and rehabilitation.

→ managing disease post diagnosis to slow or stop disease progression through measures such as chemotherapy, rehabilitation, and screening for complications.

→ Occurs after a disease or disability has occurred and the recovery process has begun.
→ Intent is to halt the disease or injury process and assist the person in obtaining an optimal health status.
→ To establish a high-level wellness. To maximize use of remaining capacities

a. **Restoration and Rehabilitation**
- Work therapy in hospital, use of shelter colony, cardiac stroke rehabilitation program, Chronic disease management
- support groups that allow members to share strategies for living well vocational rehabilitation programs to retrain workers for new jobs when they have recovered as much as possible

b. Disability Limitation
- **Impairment** - is "any loss or abnormality of psychological, physiological or anatomical structure or function."
- **Disability** is "any restriction or lack of ability to perform an activity in the manner or within the range considered normal for the human being."
- **Handicap** - is termed as "a disadvantage for a given individual, resulting from an impairment or disability that limits or prevents the fulfillment of a role in the community that is normal (depending on age, sex, and social and cultural factors) for that individual."

c. Rehabilitation
→ Rehabilitation is "the combined and coordinated use of medical, social, educational, and vocational measures for training and retraining the individual to the highest possible level of functional ability."

CONTROL

Control - The term disease control describes ongoing operations aimed at reducing:
1. The incidence of disease
2. The duration of disease and consequently the risk of transmission
3. The effects of infection, including both the physical and psychosocial complications
4. The financial burden to the community.

Control Activities - focus on primary prevention or secondary prevention, but most programs combine both

Control -> elimination -> eradication

Disease Elimination - Between control and eradication, an intermediate goal has been described, called "regional elimination"
→ The term "elimination" is used to describe interruption of transmission of disease, as for example, elimination of measles, polio and diphtheria from large geographic regions or areas
→ Regional elimination is now seen as an important precursor of eradication

Disease Eradication - Eradication literally means to "tear out by roots".
→ It is the process of "termination of all transmission of infection by extermination of the infectious agent through surveillance and containment".
→ Eradication is an absolute process, an "all or none" phenomenon, restricted to termination of an infection from the whole world. It implies that disease will no longer occur in a population.
→ To-date, only one disease has been eradicated, that is smallpox.

Disease Monitoring - Monitoring is "the performance and analysis of routine measurements aimed at detecting changes in the environment or health status of population" (Thus we have monitoring of air pollution, water quality, growth and nutritional status, etc).
→ It also refers to ongoing measurement of performance of a health service or a health professional, or of the extent to which patients comply with or adhere to advice from health professionals.

Disease Surveillance - Surveillance means to watch over with great attention, authority and often with suspicion
→ Surveillance is defined as "the continuous scrutiny (inspection) of the factors that determine the occurrence and distribution of disease and other conditions of ill-health ".

Objectives Of Surveillance
1. to provide information about new and changing trends in the health status of a population, e.g., morbidity, mortality, nutritional status or other indicators and environmental hazards, health practices and other factors that may affect health
2. to provide feed-back which may be expected to modify the policy and the system itself and lead to redefinition of objectives, and 3. provide timely warning of public health disasters so that interventions can be mobilized.

Evaluation Of Control - Evaluation is the process by which results are compared with the intended objectives, or more simply the assessment of how well a program is performing.
→ Evaluation should always be considered during the planning and implementation stages of a program or activity.
→ Evaluation may be crucial in identifying the health benefits derived (impact on morbidity, mortality, sequelae, patient satisfaction).
→ Evaluation can be useful in identifying performance difficulties.
→ Evaluation studies may also be carried out to generate information for other purposes, e.g., to attract attention to a problem, extension of control activities, training and patient management, etc.

CONTROL OF INFECTIOUS DISEASES (THE 4C'S)

1. Cases
→ Diagnosis
→ Notification
→ Isolation (standard, strict, protective)
→ Disinfection
→ Treatment
→ Follow up
→ Release

2. Contacts
→ Observation

3. Carriers
→ Detection

4. Community
→ Epidemiological
→ Investigation
→ Containment

Missing: Stages of disease?? Incubation period such things

II. HEALTH CARE DELIVERY SYSTEMS

Health Care Delivery System - refers to the totality of services provided by all health disciples

→ An organized plan of health services
→ *Handled by DOH (Teodor Herbosa – head of the department of sec.)*
→ the network of health facilities and personnel which carries out the task of rendering health care to the people
→ The types of health care services by health care delivery systems are categorized by type and level of prevention:

1. Primary prevention
→ Health promotion
→ Disease Prevention
○ *Chemoprophylaxis – medicine to avoid tetanus*

2. Secondary prevention
→ Diagnosis
→ Treatment/curative

3. Tertiary prevention
→ Rehabilitation
→ Health Restoration
→ Palliative Care
○ *Chemotherapy – for cancer patient*

HEALTH CARE SERVICES

Health Care Services

→ Defined as multiple services rendered to individuals, families or communities by agents of health service or professions of the purpose of promoting, monitoring and restoring health
○ **Health promotion**
○ **Preventive**
○ **Curative**
○ **Rehabilitative**
○ **Palliative**

Goals of Healthy People 2020

1. Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death;
2. Achieve health equity, eliminate disparities, and improve the health of all groups;
3. Create social and physical environments that promote good health for all; and
4. Promote quality of life, healthy development, and healthy behaviors across all life stages

Goals of Healthy People 2030

1. Attain healthy, thriving lives and well-being, free of preventable disease, disability, injury and premature death.
2. Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
3. Create social, physical, and economic environments that promote attaining full potential for health and well-being for all.
4. Promote healthy development, healthy behaviors and well-being across all life stages.
5. Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

The Nurse and Client Work Together as Partners to:

- Promote health
- Prevent diseases/illness
- Alleviate suffering
- Restore health

1. Health Promotion

→ Process of enabling people to improve and have greater control over their health
→ Makes it possible for people to increase control over the determinants of health thereby improve their health

Program for Health Promotion

a. Health Risk Appraisal and Wellness Assessment

- Screening tool that helps individuals identify and understand their health risk and monitor status over time.
  - Demographic characteristics, Lifestyle behaviors, Emotional health, Physical health, Current and previous health conditions, Preventive screenings, Readiness to change behaviors to improve health

b. Lifestyle and Behavior Change

- Requires the participation of the individuals and is geared toward enhancing the quality of life and extending life span

c. Environmental Control Program

- Have been developed in response to the continuing increase of contaminants of human origin that have been introduced into our environment

d. Information Dissemination

- the most basic type of health promotion program making use of variety of media to offer information to the public
- A useful strategy to increase level of knowledge and awareness of individual and groups about health habits

2. Disease Prevention

→ Activities designed to protect persons from disease and its consequences
→ Behavior motivated wit a desire to actively avoid illness, detect it early, or maintain functioning within the constraints of illness
→ The practice of preventive care focuses on helping patients maintain their health instead of merely treating diseases and illnesses as they arise.

a. Primary Prevention
b. Secondary Prevention
c. Tertiary Prevention

3. Curative

→ refers to a specific style of medical treatment and therapies provided to a patient with the main intent being to improve or eliminate symptoms that the patient is experiencing and to cure the patients overall medical problems
→ Practice when you treat the disease after the pathological process has started
→ It strives to reduce pain, improve function, and help the quality of life for patients

4. Rehabilitative

→ activity or a series of activities to return the former patients into the community, so that they can take part again as the useful members of society for themselves and for the community as much as possible according to their ability
→ Period of minimal care and increasing physical activity necessary to restore patients to functional health and allow their return to duty or useful and productive life

5. Palliative – active total care of patient whose disease is not responsive to curative treatments

→ Control of pain, of other symptoms, and of psychological, social and religious problems is paramount

→ It offers support system to help patient live as actively as possible until death

LEVELS OF HEALTH CARE FACILITIES

Tertiary
– National Health Services
↑
Secondary
– Regional Health Services, District Health Services, Rural (Local Hospital) Services
↑
Primary
– Rural Health Unit, Barangay Health Station

Primary Level

→ Address adequate and proper nutrition, weight control and exercise, and stress reduction. Its emphasis is on the important role clients play in maintaining their own health and encourage them to maintain the highest level of wellness they can achieve.

Secondary Level

→ Includes Hospitals (Emergency care, Intensive care, Around-the-clock care)

→ Health promotion services are focused on early detection and routine screening.

Tertiary Level

→ Focuses on the restoration to previous level of health or highest level possible, given current health status. Rehabilitation is needed in order for the client to function adequately in the physical, mental, social, economic, and vocational areas of their lives

→ Palliative care is focused on providing comfort and treatment

→ End-of-life care is conducted in many settings including the home

TYPES OF HEALTH CARE AGENCIES AND SERVICES

A. Hospital

→ Can be private or public

→ Private hospitals can be for profit or non-profit

→ Many different types and classifications

→ General hospitals treat a wide variety of illnesses and ages

→ **Joint Commission on the Accreditation of Healthcare Organizations (JCAHO)** – helps hospitals maintain quality of care, establishes guidelines for the operation of hospitals, conducts inspection to ensure that standards are being met

→ Gives acute inpatient services, outpatient and/or ambulatory care

→ Emergency department

→ Hospice care

1. Public Health

→ local health departments develop programs to meet the health needs of the people, providing necessary nursing and staff to carry out these programs continue evaluating the effectiveness of the program, and monitoring changing needs

2. Physicians' Offices

→ family practice physicians, specialist, etc.

→ Does routine health screening, illness diagnosis and treatment

3. Ambulatory Care Centers

→ diagnostic treatment facilities,

→ Cater minor surgery

4. Occupational Health Clinics

→ run by companies for employees

→ Focused on health promotion activities for employees

5. Specialty Hospitals

→ Caters to specific conditions, age groups or other ways of grouping patient

→ Examples – Cancer Hospital

- Psychiatric Hospital
- Pediatric Hospital
- Rehabilitation Hospital

6. Subacute care facilities

→ This is a variation of inpatient care

→ deals with technically complex treatments

B. Ambulatory Care Centers

→ Also called "outpatient service" – they often provide diagnostic and treatment services that were previously performed in hospitals

→ Surgical clinic (surgicenters) outpatient surgery

→ Urgent care centers

→ Outpatient clinics

→ Optical centers

→ Genetic counseling centers (fertility clinics)

1. Occupational Health Clinic

→ Industrial clinic as a setting for employee health care

→ Worker safety has always been a concern of occupational nurses

→ Run by companies for employees

→ Focused on health promotion activities for employees

2. Long Term Care Facilities

→ Formerly called nursing homes

→ For independent living, rehabilitation or custodial care

→ Assisted, skilled, extended care facilities

→ Insurance criteria, treatment needs, and nursing care requirements must all be assessed before admittance

3. Home Health Care

→ Became more common in late 1980s – now an area of tremendous growth

→ Nurse or other skilled professional visit patient's patient in his/her home to provide treatment/education

4. Rehabilitation Centers

→ Usually, independent community center or special units

→ restore client's health and recuperate

→ helps free client of drug and alcohol dependence

→ also applied to all illness and injuries

5. Day Care Centers

→ Day care for infants and children
- Provide care for children and infants while parents' work

→ Day Care for Adults
- Provides care and nutrition for adult who cannot be left at home but do not be in an institution
- Nurses employes in the center may provide medication treatment and counseling

6. Hospice Care
- → Care for dying in home or facility
- → Improve or maintain quality of life until death
- → Ongoing assessment of needs of client and family

7. Mental Health Services
- → Counseling centers
- → Psychiatric clinics and hospital
- → Chemical abuse treatment centers
- → Physical abuse treatment centers, dealing with child abuse, spouse abuse and elderly abuse

8. Retirement and Assisted Living Centers
- → For clients unable to stay at home, but do not require hospital or nursing home

9. Crisis Center
- → Emergency services for life crises
- → Counseling and support

10. Rural Care
- → Services for rural residents
- → Office of Rural Health Programs in each province or municipality

11. Mutual Support and Self-Help Groups
- → Health problems
- → Life crises

12. Government Agencies

PROVIDERS OF CARE

1. Nurse
- → Licensed
- → Assesses client's health status, identifies health problems and develops and coordinates care
- → Licensed practical nurse (LPN) provides direct client care under the direct supervision of an RN, physician and other health care professional
- → They can pursue a variety of practice specialties

2. Physicians
- → Responsible for medical diagnosis, treatment of disease and injury
- → **Hospitalist** - physicians who specializes in the care of clients on the hospital
- → **Intensivists** - hospitalist who specializes in critical care

3. Case Manager
- → Ensures that clients receive sound and appropriate care in the best setting
- → Filled in by member of the health care team who is most involved in client's care

4. Dentist
- → Diagnose and treat mouth, jaw and dental problems
- → Actively involved in preventive measures to maintain healthy oral structures

5. Pharmacist
- → Prepares and dispenses pharmaceuticals in the hospital and community setting

6. Dietitian or Nutritionist
- → Dietitian has knowledge about diets required to maintain health, treat disease while a nutritionist has knowledge about nutrition and food; works in community.

7. Emergency Medical Personnel
- → Providers are associated with ambulance or emergency medical services agencies that provide first responder care in the community
- → Emergency medical technicians are trained to assess, treat and transport clients experiencing a medical emergency accident or trauma

8. Occupational Therapist
- → Assists clients wkth impaired function to gain the skills to perform activities of daily living (ADL)
- → Teaches skills that are therapeutic and at the same time fulfilling

9. Physical Therapist
- → Assists clients with musculoskeletal problems
- → Assess client mobility and strength providing therapeutic measures
- → Teach new skills

10. Paramedical Technologist

a. Laboratory Technologist
- → examines specimens that provide exact information that facilitates medical diagnosis and prescription of therapeutic regimen

b. Radiologic Technologist
- → assist with a variety of x-ray film procedures

c. Nuclear Medicine Technologist
- → uses radioactive substances to provide diagnostic information and can administer radioactive materials as part of a therapeutic regimen

11. Alternative (complementary) care provider
- → Practices not commonly part of Western medicine

12. Physician Assistant
- → Performs certain tasks under direction of physician
- → May have similar job description to NP

13. Podiatrist
- → Diagnoses, treats food and ankle conditions

14. Social Worker
- → Counsel's clients and support persons regarding finances, marital difficulties, adoption of children
- → Familiar with public and private resources available according to their socio-economic qualification

15. Respiratory Therapist
- → Skilled in therapeutic measures used in the care of clients with respiratory problems
- → Administers pulmonary function tests

16. Spiritual Support Personnel
- → Chaplains, pastors, rabbis, priests, and other religious or spiritual advisers
- → Mostly volunteer persons

17. Unlicensed Assistive Personnel (UAP)
- → Serves as part of the health care team who attends to the spiritual needs of clients
- → The nurse is often instrumental in identifying the clients desire for spirituals support

FRAMEWORKS OF CARE

1. Managed Care
- → Aims to provide cost-effective, quality care that focuses on decreased costs and improved outcomes for groups of clients

2. Case Management
- → Involves interdisciplinary teams that assume collaborative responsibility for planning, assessing needs, implementing and evaluating care for groups of clients
- → Range of models for integrating health care services

Critical Pathways
- plan or tool that specifies inter professional assessment, interventions, treatments and outcomes for health-related conditions across a time line

4. Case Method
- → referred to as total care
- → client-centered method where one nurse is assigned to and is responsible for comprehensive care of a group of clients during an 8- or 12- hr. shift

5. Functional Method
- → focuses on the job be accomplished
- → task oriented approach
- → bases on a production and efficiency model

6. Team Nursing
- → delivery of nursing care by a group of providers led by a professional nurse
- → RN's, LPN

Primary Nursing
- method of providing comprehensive and individualized and consistent care
- one nurse responsible for overseeing total care of client(s) 24/7 even if care is not all delivered personally
- technical knowledge and management

HEALTHCARE IN THE PHILIPPINES

Department of Health
- → *shall be responsible for the ff:*
  - formulation and development of national health policies guidelines, standard and manual of operations for health services and programs
- → high standard
- → private and public health care
- → doctors and nursing staff in public hospitals are highly proficient
- → is administered by **Philhealth** – a government owned corporation

FACTORS AFFECTING HEALTH CARE DELIVERY

1. Increasing Number of Older Adults
- → substantial home management, nursing support, services required
- → community involvement

2. Advances in Technology
- → new procedures, medications
- → bedside charting and computers
- → costly

3. Economics
- → health spending predicted to increase
- → cost increases, mostly in outpatient and prescriptions

4. Women's Health Issues
- → until recently, only reproductive focus
- → need for research that examines women equally to men
- → increases emphasis on psychosocial aspect of women's health

5. Uneven Distribution of Services
- → increased specialization due to fragmentation and higher cost and care
- → lowest number of nurses in remote or rural locations

6. Access to Health Insurance
- → those without insurance diagnosed later in illnesses
- → those with greatest need for care often least able to pay for it

7. The Homeless and the Poor
- → general poor health exacerbated
- → lack of convenient, timely transportation

8. Health Insurance and Data Privacy Act
- → regulations to protect privacy of individuals including electronic records
- → clients provided with notice

9. Demographic Changes
- → increasing alternative family structures
- → cultural, ethnic diversity

10. Managed Care
- → health care system whose goals are to provide cost-effective, quality care with decreased costs and improved outcomes for groups of patients
- → costumer satisfaction
- → preventive services

FINANCING HEALTH CARE UNIVERSAL HEALTH CARE (UHC) LAW IN THE PHILIPPINES

Primary Health Care (PHC)
- → was first introduced through the Alma Ata Declaration of 1978, which emphasizes that addressing health needs should be people-centered and multi-sectoral in approach

Republic Act 11223 – more commonly known as the **UHC Law**
- → *this piece of legislation*
  1. seeks to revitalize health care through a whole-of-system, whole-of-government, whole-of-society, people-centered approach
  2. recognizes that health systems are naturally complex, dynamic and adaptive
  3. acknowledges that improving health system performance requires sustainable, wholesale changes

FILIPINO CULTURE, VALUES AND PRACTICES RELEVANT TO HEALTHCARE

Culture

→ defined as the set of learned behaviors, beliefs, attitudes, values and ideas that are characteristics of a particular society or population (Ember, 1999)

→ **UNESCO** – *"set of distinctive spiritual, material, intellectual, and emotional features of society or a social group, and that it compasses, in addition to art and literature, lifestyle, ways of living together, value systems, traditions and belief"*

Culturally Responsive Care

→ centered on client's cultural perspective
→ integrates client's values and beliefs into plan of care
→ develops self-awareness of nurse's own culture, attitudes and beliefs
→ examine nurse's biases and assumptions about different cultures
→ nurse gains knowledge and skills to create environment where trust can develop

→ *Culturally responsive care* is providing care within the context in which client lives by addressing situations in which health problems may arise.

1. Apply knowledge of social, cultural factors that affect nursing, health care across multiple contexts
2. Use relevant data sources and best evidence in providing culturally competent care
3. Promote achievement of safe and quality outcomes of care for diverse populations
4. Advocate for social justice including commitment to the health of vulnerable populations and the elimination of health disparities
5. Participate in continuous cultural competency development.

Transcultural Nursing

→ providing care within differences and similarities of beliefs, values, and patterns of cultures

HEALTH DISPARITIES

Health Disparities

→ Differences in care experienced by one population compared with another population
→ More often due to substandard quality of care or inadequate access to care
→ There should be Health Equity among Filipinos.

Health Equity - is the highest possible standard of health for all people, especially those at greatest risk for poor health.

FILIPINO IMMIGRATION

Acculturation – process of incorporating traits from another culture

→ comes to adapt the practices of another culture

Assimilation – process of inclusion wherein the individual develops new cultural identity

Enculturation – individuals become socialized into their own culture by adopting its norms and values

→ occurs through different ways of observation and social interaction
→ starting from one's birth, cultural rules, values and expectations are taught by the family, peers, school, workplace and society

HEALTH TRADITIONS MODEL

Health Traditions - includes customs, beliefs, practices that have existed for many generations without changing

→ predicated on concept of holistic health
→ describes what people do to maintain, protect, and restore health
→ describes health as balance of person-body, mind, and spirit
  a. Body – is the all-physical aspects
  b. Mind – is the cognitive and emotional processes
  c. Spirit – dwells on both positive, negative learned practices inherent on dreams, symbols, stories protecting forces, metaphysical/native forces
→ According to this model, the nine facets is represented by:
  1. Traditional methods of maintaining physical, mental, and spiritual health
  2. Traditional methods of protecting physical, mental, and spiritual health
  3. Traditional methods of restoring physical, mental, and spiritual health

HEALTH BELIEFS AND PRACTICES

1. Magico-religious

→ Health and illness is controlled by supernatural forces
→ May believe illness is result of "being bad" or opposing God's will
→ Getting well also dependent on God's will.
→ Some cultures believe magic can cause illness

2. Scientific or biomedical

→ Life is controlled by physical and biomechanical processes manipulated by humans
→ Illness is caused by germs, bacteria, or breakdown of the body
→ It is a belief that pills, treatments, or surgery will cure disease

3. Holistic

→ Forces of nature must be maintained in balance or harmony.
→ Human life is one aspect of nature.
→ When natural balance is disturbed, illness results.

4. Folk medicine

→ Beliefs and practices relating to illness prevention and healing that is derive from cultural traditions rather than modern medicine
→ Thought to be more humanistic than biomedical health care
→ Consultation and treatment take place in the community.

FILIPINO FAMILY PATTERNS

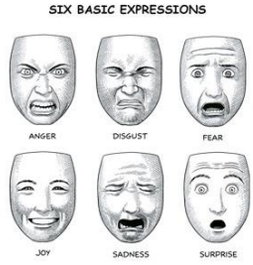
Variables shaped by culture

1. Authority figure in family
2. Value placed on children, older adults
3. Gender-role behavior
4. Extent of family's involvement in hospitalized client's care
5. Needs of the extended family
6. Naming systems or the family and given name

FILIPINO COMMUNICATION STYLES

Nonverbal Communication

→ Meaning to the client
→ Meaning in client's culture
→ Use of:
  1. Silence
  2. Touch
  3. Eye movement
  4. Facial expressions
  5. Body posture



FILIPINO ORIENTATION TO SPACE

- → **Intimate Zone** – 0-50 cm
- → **Personal Zone** - 0.5-1 m
- → **Social Zone** – 1-4 m
- → **Public Zone** – 4m or more
- → Be aware of client's response to movement toward client
  - Explain procedure first
  - When possible, await permission and obtain consent
- → Personalizing space
  - Unless medically contraindicated
  - Identify objects of personal significance

FILIPINO NUTRITIONAL PATTERNS

1. Staple Foods

- → How food is prepared
- → How food is served

2. Food-Related Cultural Behaviors

- → Whether to breastfeed or bottle-feed
- → Food as remedy for illness

3. Religious Practice and Diet

CONVEYING CULTURAL SENSITIVITY

1. Spend time with client and convey genuine desire to learn their values and beliefs
2. Address by last name
3. Introduce self by full name
4. Be authentic and honest about the culture
5. Use language that is culturally sensitive
6. Consider what client thinks about his or her health problem, illness, and treatment
7. Ask about anything you do not understand
8. Show respect for client's values, beliefs, and practices
9. Show respect for client's support people
10. Obtain client's trust

CULTURE

Albularyo – "the herbalist" is the general practitioner and the primary dispenser of healthcare

- → Traditional folk doctors
- → Use of medical herbs
- → Common folk diagnosis is that patient become sick due to supernatural "illness-causer"
  - Duwende (dwarf)
  - Nuno, a lamang-lupa (creature from the earth or underground or under the soil
  - Tikbalang kapre
- → Forms of prayer
  - Such as bulong (whisper)
  - "orasyon" while treating patients
- → Also practice rituals to drive away evil spirits
  - Performance of the kanyaw (cutting and bleeding chicken)
  - Then draining their blood on particular perimeters of the house
  - The slaughter of pigs to search for the right type of liver that would reveal the cause of an illness
  - Sacrificial offerings are also sometime used during treatments

Babaylan – woman mystic, who is a specialist in the field of culture religion, medicine (Filipino Shaman)

- → In ancient Filipino society, the babaylans are believed to be a woman who had been possessed by a spirit, or a woman who had encountered life-altering experiences
- → Communicating, appeasing, harnessing the spirit of the dead and the spirit of nature
- → Believed to have spirit guides
- → Interact with the spirit and deities (anito/Diwata)
- → Arts of healing -+Herbalism
- → Sorcery (incantation, talisman, potions_
- → Leader in their community

Manghihilot (Hilot) – folk massage therapists – folk chiropractor

- → Uses massaging techniques to treat sprains, fractures and other similar conditions that affect the skeletal system and the muscular system

Magpapaanak – the other hilot; the folk midwife who does prenatal visit and checkups to pregnant mothers

- → Normally, a woman, she delivers babies during childbirth and often performs the ritual called *suob* (form of aroma therapy" performed while placed under a cloak)

Manghuhula – occult practitioner who specializes a fortune-telling through card reading and/or palmistry

Mangtatawas – This occult practitioner is someone who is engaged in pagtatawas.

- → Pagtatawas is a ritual where an affliction or psychological disorder is diagnosed by interpreting the form produced in a basin of water as molten wax drip from a lighted candle.
- → The mangtatawas (literally "user of tawas") determines the cause and nature of illnesses through the use of potassium alum, locally known in the Philippines as tawas
- → The other materials used in the diagnostic procedure are candles, eggs, mirrors, plain paper, and paper used for rolling cigarettes

Mananambal - This occultist s Filipin practitioner of traditional medicine: who is also capable of performing sorcery

- → S/he treats both natural and supernatural maladies

Mangkukulam – filipino/tagalog version of a witch or sorcerer who does kulam (curse), recites spells and mixes potions.

- → Uses the equivalent of a voodoo doll
- → Pagan remedy against a curse from this occult practitioner is by finding him/her and giving bribes or finding more powerful mangkukulam to cast a counter spell

Mambabarang – Filipino/Cebuano term for a sorcerer whose expertise is the use of fungus beetles and other insects to send his/her spells to a victim

PRACTICES

Mystical Theory - There are unfulfilled obligations from ancestors then this could result in mystical experiences and behaviors

- → It also goes as far to say that during sleep the soul can be lost or if you are having nightmares then they are often the result of consuming a heavy meal and it could eventually lead to death

Personalistic Theory - Evil spirits or witches seeking retribution or social punishment can cause illness.

- → This theory can be protected by wearing religious objects or using holy oils

Naturalistic Theory - stress, infection, food and drugs, and natural events such as thunder, lightning, and drafts are all causes of illness

Birthing and Postpartum Beliefs and Rituals

There are not as many rituals performed while a women is pregnant, but more so belief's regarding what is healthy and what could be bad for the fetus.

- → A lot of beliefs are centered around food and diet (taking vitamins could deform the fetus and therefore many women do not take any vitamins while they are pregnant.
- → Spirits and bad luck. (funerals are often avoided while pregnant because there's a belief that the spirits of the dead possibly affecting the baby)
- → Many women also do not like to have very many people in the delivery room. In America. it is common for the husband to be in the delivery room. Many, Filipino women however prefer to have their mothers in the room and not their husband

Postpartum - Encouraged to eat hot soups around the time of breast feeding because it is believed to promote milk production

- → For the first month after the baby is born, the only place that the mother and baby are supposed to go is to the doctor
- → In order to ward off evil spirits, a rosary, garlic, ginger, turmeric Kalawag) or salt is placed near the baby's crib or to ward off evil spirit away
- → Oil prepared by folk healers (ritual)

Death and Dying Beliefs and Rituals

- → Death and dying beliefs are largely based of Catholic views

- → common for women to grieve openly while men are often very reserved.
- → Most women are expected to cry, swoon, and hug the casket of the dead person.
- → believed that by showing more emotion the more respect you are showing.
- → This also goes along with the belief that in order to show that the person was very loved, a lot of money is spent on the services.
- → Grieving is also a long process that people are expected to lake a long time on. (women who have lost a child, it is common to see the women wear black dresses for the rest of their lives.)

Other Health Practices

- → Share medications; take medications if they have been e effective for others
- → Stoicism
- → Use of traditional home remedies (plants. Herbs etc)
- → Sick individuals assume dependent role and allows family to make decisions
- → Pregnant women seek the aid of "hilot" (local housewife)
- → Belief in witch doctors (mangagamot)
- → Readily accept Western medicine but may also use folk healers

Add Senior Citizen Act

HISTORY OF NURSING

Intuitive Nursing – from Prehistoric Times up to the early Christian Era
- Untaught and instinctive
- Nursing performed out of compassion
- Nursing belonged to women

a. Babylonia - Code of Hammurabi – law on medical practice

1. Primitive Times (4000 – 3000 BC)
→ Illness and diseases were a punishment from the Gods
→ Tribal witch doctors treated illness with ceremonies
→ Herbs and plants used as medicines (morphine and digitalis)
→ Trepanation or trephining
→ Sickness was due to
- Witchcraft
- Ghost
- Deities
- Superstitions and magic

Primitive Societies – nomadic; solidarity for mutual protection; belied in the power of Gods/ evil spirit; black and white magic; Ingenious technique of health practices
- *Med and Surg Treatments* – massage, fomentation, trephining, bone setting amputation, hot and cold baths

2. Prehistoric Times
→ making hole in the skull (Trephining) to take evil out
→ hitting the aching body part
→ herbs to induce vomiting to relieve abdominal pain
→ Shaman
→ Black Magic – to make people sick
→ White magic – to cure illness
→ Hypnosis charms
→ Incantation
→ Trephination

3. Ancient Period
→ People struggled for survival

Ancient Civilization – existed variety of approaches in dealing with common community health problems
- India – sewage system
- Bury waste
- Aztecs, Egyptian – clean water supply
- Water purification system
- Nomadic life
- Plants and herbs to heal
- Health care; trial and error

4. Egyptian Civilization (ca 3000 BC) *(nfluences pf ancient cultures on public health)*
→ Built irrigation canal and granaries for storage of food
→ Practice of prophylaxis by the medicine man and high priest
→ Emphasis on personal hygiene, cleanliness within and outside of the body
→ *Sanitation measures* – removal of refuse and crude fumigation in times of epidemics
→ by River Nile – healthiest and most advanced
→ Priest physicians – belief in evil spirits
→ Imhotep – surgeon, architect, priest, scribe, magician, embalming, dentistry
→ Records preserved in papyrus (diseases, drugs, birth control)
→ Women assisted "priest-physician" as priestess/midwives/wet nurses
→ Dissection – forbidden
→ Hence no further progress

5. Romans (ca. 50 BC)
→ Contributed to the field of sanitation (building of Aqueducts, purification of water supply
→ Appointing of public health medical officers
→ Establishment of hospitals which emphasized both preventive and curative aspects of care

6. Hebrews (ca. 2400 BC)
→ Founders of public hygiene
→ Moses "father of sanitation" – Divinely Motivated Servant of God
→ Mosaic Health Code – pertained to every aspect of individual, family and community hygiene
→ **Mosaic Code –** isolation, hygiene, rest and sleep, hrs of work, disposal of exreta, disinfection, regulation to check animals before slaughtering/eating
→ **Bible –** do not eat meat past the 3rd day
→ King gave health power to priest physician
→ **Priest Physician –** took the role of health inspector
→ **Houses of hospitality –** fore runners of inns, hotels, hospitals

7. Greeks (ca 600 BC)
→ **Hippocrates** – "father of medicine"
- Exponent of the science of preventive medicine
- Introduced the philosophy of the interrelationship between physical and mental health ("a healthy mind dwells in a healthy body")

Apollo (Son of God)	**God of health**
Asculapus (Son of Apollo)	God of healing
Epigone (Asculapus' Wife)	Soother
Hygeia (Daugther of Apollo)	Goddess of health
Temples	Became social, intellectual, and medical centers
Hippocrates (400 BC)	Father of medicine - brought out medicine from magic to science - stressed on equilibrium of body, mind and environment -diagnosis, fresh air, cleanliness, fresh air, music and word - Hippocrates oath
Aristotle	Differentiated arteries from veins

Apprentice Nursing – from the founding of the religious order in the 11th century up to 1836 with the establishment of the Kaiserwerth Institute for training of Deaconesses
→ Period of "on the job training"
→ Nursing performed without any formal education and by people who were directed by more experienced nurses

1. Early Christian Period (1st century) (1-476 CE)
→ Order of Deaconesses – organized visiting of the sick
→ Called visiting nurses – forerunner of CHN
→ Endeavored to practice the corporal works of mercy feeding the hungry, caring for the sick, burying the dead)
→ Development of charitable acts
→ Women began practicing nursing (deaconesses)
→ Order of widows and orders of virgins – first organized public health nurses
→ **Phoebe** a friend of St Paul and the first deaconess and visiting nurse
→ **Fabiola –** founded first public hospitals and personally cared for sick And injured

2. Roman Matrons
→ Women of high rank, with freedom
→ Gave their wealth to charity and nursing
→ Organized groups and funded monasteries and hospitals
→ Important roman matrons

- **Fabiola –** made the first public hospitals and later hospice for strangers
- **Marcella –** converted her luxurious home into a monastery, did instructions, charitable work and prayers
- **St Paula –** built monasteries and hospitals. Taught nursing as an Art rather than service

The influence of Christianity – personal responsibility for corporal and spiritual welfare of others

Crusades – series of holy war between the Christian and the Muslim

SOCIETAL ATTITUDES

Societal Attitudes - Dramatic change in response to societal needs, influences

→ Struggle for autonomy and professionalization
→ **Women's Role**
1. Care and nurturing of other family members
2. Subservient, dependent role in community
→ Before mid-1800s, woman's place is in the home
→ **Victorian era**
- Women should be wives and mothers,
- Positive image of Florence nightingale
- Doctor's handmaiden
- Nurse as heroine, sex object, surrogate mother, tyrannical mother
- 1990s Tri-Council for Nursing to improve image

RELIGION

a. Christian parable of the Good Samaritan
b. Roman Empire - Conversion to Christianity
→Houses of care and healing (Fabiola)

c. Crusades - Knights Hospitallers
→ Knights of Saint Lazarus

d. Medieval - Alexian Brothers
→ Deaconess groups suppressed

e. 1800s
→ Order of Deaconesses reinstituted 1836

WAR

a. Crimean War - Florence Nightingale
→ American Civil War
→ Harriet Tubman
→ Sojourner Truth
→ Dorothea Dix

b. World War I - Harsh environments and new injuries

→ Progress in the field of surgery

c. World War II
→ Acute shortage of caregivers
→ Cadet Nurse Corps

d. Vietnam War
→ Youngest group of medical personnel to serve in wartime

INTUITIVE NURSING

BELIEFS AND PRACTICES OF PREHISTORIC MAN

1. Prehistoric man was Nomad;
2. Nursing was a function that belonged to women;
3. Illness was caused by black magic or voodoo;
4. The medicine man is called "Shaman" who does "trephining"
5. Nomadic style to agrarian society to urban community;
6. Developed means of communication and the beginning of a body of scientific knowledge;
7. Nursing remains to be the duty of slaves, wives, sisters of mothers.
8. The care of the sick was still closely related to religion, superstition, and
9. Use of astrology and numerology in medical practice;
10. Birth of three great religious ideologies – Judaism, Christianity, and Islam.

APPRENTICE NURSING

IMPORTANT NURSING PERONAGES

1. St. Clare – took vows of poverty, obedience service, and chastity, gave nursing care to the sick and afflicted;

2. St. Elizabeth of Hungary – the "Patroness of Nurses"
→ she fed the sick with her own hands and made their beds, she provided for orphans and fed 300-900 persons daily at her gate. She built hospitals for the sick and needy;

3. St. Catherine of Siena – the first "Lady with a Lamp",
→ the 25th child of humbled Italian parents.
→ She pledged her life to service at the age of seven and was referred to as little saint.
→ She was a hospital nurse, prophetess, researcher and a reformer of society and the church

THE 16TH CENTURY NURSING

→ Hospitals were established for the care of the sick but the hospital were gloomy, cheerless, airless, and unsanitary;
→ People entered hospitals under compulsion or as last resort;
→ Little employment and education was only for the rich and titled;

a. St. Vincent de Paul - organized a group called "Le Cherite" and the community of the "Sisters of Charity"
- Doing God's work through caring for the sick, the poor, the orphaned, and the widowed.'

b. Louise de Gras (nee Marillac) - was the first superior and co-founder.

DARK PERIOD OF NURSING

→ Extends from the 17th to the 19th century from the period of reformation until the U.S. Civil War;
→ **Martin Luther** destroyed the unity of Christian faith;
→ Wrath of Protestantism;
→ In England, hundreds of hospitals were closed – no provision for the sick, no one to care for the sick;
→ Nursing became the work of the least desirable women – women who took bribe from patients, stole the patient's food, and used alcohol as tranquilizer.
→ Worked seven days a week, slept in cubbyhole near the hospital ward or patient and ate scraps of food when they could not find them.

SEVERAL LEADERS WHO BRING ABOUT REFORMS

1. John Howard – a prison reformer, helped improve the living conditions in prison, gave prisoners renewed hope;

2. Mother Mary Aikenhand – established the Irish Sisters of Charity to bring back into nursing the dedication of early Christian era;

3. Pastor Theodore Fliedner and Frederika Munster Fliedner – established the Institute for the Training of Deaconesses at Kaiserwerth, Germany which is the first training school for nurses.
→ Requirements:
a. character reference from clergyman;
b. health certificate
c. consent from nearest relatives

PERIOD OF EDUCATED NURSING

FACTS ABOUT FLORENCE NIGHTINGALE

1. The Mother of Modern Nursing;
2. Born on May 12, 1820 in Florence, Italy;
3. She developed her self-appointed goal: "To change the profile of nursing";
4. Compiled notes of her visits to hospital, her observation of the sanitary facilities, and social problems of the places she visited;
5. Noted the need for preventive medicine and good nursing;
6. Entered the Deaconesses School at Kaiserworth at 31 despite her family's resistance;
7. Advocated for care of those afflicted with diseases caused by lack of hygienic practices
8. Upgraded the practice of nursing and made nursing an honorable profession for gentlewomen;
9. Led the nurses that took care during the Crimean War.

OTHER IMPORTANT PERSONS/GROUPS/EVENTS

1. Linda Richards – first graduate nurse in the US;

2. Dr. William Halstead – designed the first rubber gloves;

3. Caroline Hampton Robb – first nurse to wear rubber gloves while working as operating room nurse;

4. Establishment of nursing organizations;

5. Isabel Hampton Robb – first principal of John Hopkins Hospital School of Nursing;

6. Clara Louise Maas – engaged in medical research on yellow fever. She died of yellow fever;

7. Development of private duty nursing, settlement house nursing (forerunner of PHN), school nursing, government service of nurses, and prenatal and maternal health nursing;

AGE OF SPECIALIZATION

→ began first decade of the 20th century
→ Preparation of a standard curriculum based on educational objectives for school of nursing

Edith Cavell – the "Mata Hari", served the wounded soldier during World War II (both English and Russian soldiers)
→ She was an English nurse.
→ She has monument in Russia as a recognition of her services.

PERIOD OF CONTEMPORARY NURSING

→ Covers the period after World War II to the present;
→ This is a period of scientific and technological developments as well as social changes.

FAMOUS NURSING LEADERS

1. Harriet Tubman (1820–1913)
→ was known as "the Moses of her people" for her work with the underground railroad.
→ During the civil war she nursed the sick and suffering of her own race.

2. Sojourner Truth (1797–1883)
→ an abolitionist, underground railroad agent, preacher, and women's rights advocate, was a nurse for more than 4 years during the civil war and worked as a nurse and counselor for the freedmen's relief association after the war.

3. Dorothea Dix (1802–1887)
→ was the union's superintendent of female nurses during the civil war.

4. Florence Nightingale (1820-1910)
→ Considered the Founder of Modern Nursing
→ was influential in developing nursing education, practice, and administration.
→ Her publication, notes on nursing: what it is, and what it is not, first published in England in 1859 and in the united states in 1860, was intended for all women.

5. Clara Barton (1821–1912)
→ a volunteer nurse in the American Civil War.
→ She organized the American Red Cross, which linked with the International Red Cross when the U.S.
→ Congress ratified the Geneva Convention in 1882.

6. Linda Richards (1841–1930)
→ was America's First Trained Nurse.

7. Mary Mahoney (1845–1926)
→ was the first African American trained nurse.
→ She worked for acceptance and equal opportunity.

8. Lillian Wald (1867–1940)
→ founded the Henry Street Settlement and Visiting Nurse Service (circa 1893), which provided nursing and social services and organized educational and cultural activities.
→ She is considered the founder of Public Health Nursing.

9. Lavinia L. Dock (1858–1956)
→ Nursing leader and suffragist
→ was active in the protest movement for women's rights that resulted in the constitutional amendment in 1920 that allowed women to vote.
→ She passed legislation to allow nurses control their own profession which is a precursor to the National League of Nursing

10. Margaret Sanger (1879–1966)
→ Nurse activist
→ is considered the founder of Planned Parenthood,
→ was imprisoned for opening the first birth control information clinic in Baltimore in 1916.

11. Mary Breckinridge (1881–1965)
→ is a nurse who practiced midwifery in England, Australia, and New Zealand, founded the Frontier Nursing Service in Kentucky in 1925 to provide family-centered primary health care to rural populations.
→ Started one of the first midwifery training schools in U.S.

MEN IN NURSING

→ Schools of nursing for men in U.S. from late 1880s to 1969

American Assembly for Men in Nursing (AAMN)
→ Originally National Male Nurses Association
→ Recruitment, retention by changing image of male nurses

Barriers for Men in Nursing
- Nursing portrays an image of femininity
- Belief that only homosexual men are nurses
- Suspicion surrounding intimate touch

1. Luther Christman
- → Discrimination because of gender
- → First man to be a dean at a university school of nursing
- → Throughout his nursing career that spanned 65years, L. Christman was a champion for improving professional nursing practice and elevating the educational level of nursing profession

2. St. Camillus De Lellis
- → the patron saint for nurses.
- → In fact, he's one of the first male nurses of the profession.
- → After struggling with gambling and aggression during his service as a soldier, St. Camillus returned to the hospital which dismissed him earlier and became its director.
- → He provided care for the dying and sick, particularly those who struggled with alcoholism.
- → He also attended to the needs of the wounded soldiers of the battle and instituted the Nursing Orders of Ministers.
- → St. Camillus was able to establish a hospital for alcoholics and to develop the first ambulance service.
- → The use of the present sign of the Red Cross was attributed to St. Camillus de Lellis.

HISTORY OF NURSING IN THE PHILIPPINES

EARLY BELIEFS AND PRACTICES

Shrouded with mysticism and superstitions
- → belief about causation of disease;
- → driven away by persons with powers;
- → gods of healing, priest physician (word doctors), herb doctors or Herbolarios

EARLY CARE OF THE SICK
- → Subscribed to superstitious beliefs and practices such as: Herbmen or "Herbicheros"
- → Bewitched / "Mangkukulam" or "Mangangaway"; "Pamao", ""Nonos"
- → Midwife assisted childbirth
- → "Witches"
- → Use of gunpowder

DURING SPANISH REGIME
- → The religious orders exerted their efforts to care for the sick by building hospitals in the different parts of the Philippines.
- → Woman are not given a role in the society yet men did
- → Priests acts the leaders of the church that essentially brought christianity in which the
- → Filipinos were educated and what they wanted to know
- → **Practicante Infermero** - assistants of the priest, practitioners and incharge of the infirmary

The earliest* HOSPITALS *established were the following:

1. Hospital Real de Manila (1577) - mainly to care for the spanish king's soldiers but also admitted spanish civilians, founded by Gov. Franciso Desande

2. San Lazaro Hospital (1578) - founded by Brother Juan Clemente, was administered for many years by the Hospitallers of San Juan de Dios and is built for the patients with leprosy (communicable disease, skin contact)

3. Hospital de Indio (1586) - established by the Franciscan Orde and the service in general supported by alms and contributions from charitable persons

4. Hospital de Aguas Santas (1590) – established in Laguna near a medicinal Hotspring and the founder was Brother Jay Bautista

5. San Juan de Dios Hospital (1596) – was founded by the Brotherhood for Mesericordia and administered by Hospitalers of San Juan de Dios, this support was offers to alms, rents and contributions, they render general health service to the public

- → In this time, the context of nursing is manifested through simple nutrition, wound care and taking care of the ill member of the family
- → The certain practices when taking care of sick individuals, entails interventions like babaylan (considered not eligible to take care of the sick) or a priest physician

DURING THE PHILIPPINE REVOLUTION

The prominent persons involved in nursing works were:

1. Josephine Bracken - wife of Jose Rizal and installed a field hospital in an estate house in Terejos wherein she provided nursing care to the wounded Filipinos during the war

2. Rosa Sevilla de Alvero - converted their house into quarters for Filipino soldiers during the Filipino American war (1899)

3. Doña Hilaria de Aguinaldo - wife of Emilio Aguinaldo who organized the Red Cross under the inspiration of Apolinario Mabini

4. Doña Maria Agoncillo de Aguinaldo - 2nd wife of Aguinaldo who organized a nursing care to Filipino soldiers during the revolution

5. Melchora Aquino – "Tandang Sora", she nursed Filipino soldiers and gave them shelters and food

6. Kapitan Salome- she was a revolutionary leader in Nueva Ecija and provided nursing care to the Filipino soldiers who were not in combat

7. Agueda Kahabagan - another revolutionary leader and provided nursing services to her troops

8. Trinidad Tecson – "Ina ng Biac na Bato, she stayed in the hospital at biak na bato and care for wounded soldiers

- → Filipino Red Cross was established to raise war funds for the provision of nursing care members:
  1. at least 14 years old
  2. as officer, 25 years old
  3. of sound reputation

HOSPITALS AND SCHOOL OF NURSING

1. Iloilo Mission Hospital School of Nursing (Iloilo City, 1906) – In March 1944, 22 nurses graduated. run by the Baptist Foreign Missions Society of America;
- → Ms. Rose Nicolet was first superintendent for nurses;
- → Ms. Flora Ernst took over in 1942; April 1944 took the first Nurses Board Examination at Iloilo Mission Hospital;

2. St. Paul's Hospital School of Nursing (Manila, 1907)
- → opened as training school for nurses in 1908

3. Philippine General Hospital School of Nursing (1907)

4. Philippine General Hospital School of Nursing (1907)

5. St. Luke's Hospital School of Nursing (Quezon City, 1907)

6. Mary Johnston Hospital and School of Nursing (Manila,1907)

7. Philippine Christian Mission Institute Schools of Nursing – operated three schools of nursing
  a. Sallie Long Read Memorial Hospital School of Nursing in Laoag,Ilocos Norte, (1903)

b. Mary Chiles Hospital School of Nursing, Manila (1911),
c. Frank Dunn Memorial Hospital in Vigan, Ilocos Sur, (1912)

8. San Juan de Dios Hospital School of Nursing (Manila, 1913)

9. Emmanuel Hospital School of Nursing (Capiz, 1913)

10. Southern Islands Hospital School of Nursing in Cebu (1918)

OTHER SCHOOLS OF NURSING:
1. Zamboanga General Hospital (1921)
2. Chinese General Hospital (1921)
3. Baguio General Hospital (1923)
4. Manila Sanitarium and Hospital (1930)
5. St. Paul's School of Nursing in Iloilo (1946)
6. North General Hospital (1946)
7. Siliman University (1947)

THE FIRST COLLEGES OF NURSING:
1. University of Sto. Tomas College of Nursing (1946)
2. Manila Central University College of Nursing (1947)
3. University of the Philippines College of Nursing (1948)

EARLY INSTITUTIONS FOR CHILD WELFARE

1. Hospicio de San Jose (Manila, 1782)

2. Asylum of San Jose (Cebu)

3. Asylum of Looban (Manila)

4. Colegio de Santa Isabel (Naga City) – took care of poor girls

5. Gota de Leche (Manila) – milk station to promote health in infants through proper feeding

6. Liga Nacional Filipiniana para la Protection de la Primera Infancia – child welfare legislation

7. Public Welfare Board – campaign on child hygiene,

FILIPINO NURSING LEADERS

1. Anastacia Giron-Tupas – first Filipino nurse to hold the position of Chief Nurse Superintendent, Founder of the Philippine Nurses Association

2. Cesaria Tan – first Filipino to receive a Master's degree in nursing abroad

3. Socorro Sirilan – pioneered in Hospital Social Service in San Lazaro Hospital where she was the Chief Nurse

4. Rosa Militar – a pioneer in school health education

5. Sor Ricarda Mendoza – a pioneer in nursing education

6. Socorro Diaz – first editor of the PNA magazine called "The Message"

7. Conchita Ruiz – first full-time editor of the newly named PNA magazine "The Filipino Nurse"

8. Loreto Tupaz – "Dean of the Philippine Nursing; Florence Nightingale of Iloilo

THE NURSING PROFESSION

NURSING: AN AND A SCIENCE

1. The unique function of the nurse is to assist the individuals ***(Henderson)***
2. humanistic science ***(Rogers)***
3. theoretical system of knowledge ***(Roy)***
4. helping or assisting service to persons (infants, children, adult) who are wholly or partly dependent ***(Orem)***
5. helping profession ***(King)***
6. unique profession ***(Neuman)***

→ Nursing is a caring profession.
→ Nursing – what it is today?
→ Metaparadigm or Four Concepts of Nursing and Caring: *Person, Environment, Health and Nursing*

7. The act of utilizing the environment of the patient ***(Nightingale).***

8. external regulatory force ***(Johnson)***

9. caring means that persons, events, projects, and things matter to people ***(Benner)***

10. Care is an essential human need, necessary for the health and survival of all individuals ***(Leininger)***

11. Caring – healing is communicated ***(Watson) –*** transpersonal caring

→ ***Caring involves five processes:***
- Knowing
- Being with
- Doing for
- Enabling
- Maintaining belief

→ ***Caring in nursing practice involves:***
- Providing presence
- Comforting
- Listening
- Knowing the client
- Spiritual caring
- Family care

CRITERIA OF A PROFESSION

1. Profession
→ Occupation that requires extensive education
→ Special knowledge, skill, and preparation

2. Professionalism
→ Professional character, spirit, methods

3. Professionalization
→ Process of becoming professional

4. Specialized education
→ Hospital diploma, associate degree, baccalaureate degree, master's degree, and doctoral degree

5. Body of knowledge
→ Nursing conceptual frameworks

6. Service orientation
→ Altruism and service to others
→ Guided by rules, policies, ethics

7. Ongoing research
→ Contemporary practice-related issues

8. Code of ethics
- → Integrity
- → Member expected to do what is considered right regardless of personal cost

9. Autonomy
- → Self-regulating
- → Setting standards for members
- → Independence at work, responsibility, accountability for one's actions

10. Professional organization
- → For governance

NURSING: AS A PROFESSION

Nursing: As A Profession
- → An organization of an occupation group.
  It implies that the quality of work done by its members is of greater importance.
  It serves all of society.
  Altruistic rather than materialistic.
  Nursing is a profession that possesses the following primary characteristics:
  1. Education
  2. Theory
  3. Service
  4. Autonomy
  5. Code of Ethics
  6. Caring

A Professional Person
1. Concerned with quality.
2. Self-directed.
3. Able to make independent and sound judgment.
4. Dedicated to the improvement of human life.
5. Committed to the spirit of inquiry.

What is Professional Nursing?
- → An art and a science

What is a Professional Nurse?
- → The one who has acquired the art and a science

QUALIFICATIONS AND ABILITIES OF A PROFESSIONAL NURSE

1. Has faith in the fundamental values that underlie the democratic way of life.
2. Has sense of responsibility for understanding those with whom he/she works or associates with.
3. Has faith in the reality of spiritual and aesthetic values and awareness of the value and the pleasure of self-development through the pursuit of some aesthetic interests.
4. Has the basic knowledge, skills and attitudes. Critical thinking is securing, appraising, and organizing evidence.
5. Has skill in using written and spoken language.
6. Appreciates and understands the importance of good health.
7. Has emotional balance.
8. Likes hard works and possesses a capacity for it.
9. Appreciates high standards of workmanship.
10. Accepts and tries to understand people of all sorts regardless of race, religion, and color.
11. Knows nursing so thoroughly.

PERSONAL QUALIFICATION OF A NURSE

- → Has philosophy of Life
- → Has good Personality

How to develop one's personality?
1. warmth of manner; 2. a ready smile; 3. sincere laugh; 4. genuine interest in others: 5. complete sincerity; 6. sympathetic grooming

COMPONENTS OF THE PERSONALITY OF A NURSE

1. Personal Appearance - self-respect is the basis upon which personal appearance is established.
- → The components are:
  - Posture
  - Grooming
  - Dress and Uniform

2. Character - refers to moral values and beliefs.
- → It is what a person is inside.
- → It is the development in proportion to emotional and intellectual growth.
- → Charity is the greatest virtue

3. Attitude - Manner of acting, thinking, or feeling by one's response toward another person, situation or experience.
- → Personality is shaped by one's attitude.
- → It is based on opinions, viewpoints or feelings.
- → A result of responses to specific Eight Be – Attitudes of a Nurse:
  - Acceptance
  - Helpfulness
  - Friendliness
  - Firmness
  - Permissiveness
  - Limit Setting
  - Sincerity
  - Competence

4. Charm
- → To influence the senses or the mind by some quality or attraction; delight.
- → Innate in one who has depth of feeling and an outgoing manner.
- → Maybe cultivated by a desire to serve and a deep love for fellow human beings.
- → To acquire charm, one needs to cultivate the following:
  - Voice
  - Manner
  - Heart
  - Intelligence
  - Poise – the requirements for development of poise are: calmness/composure and control of temper

Poise of a Nurse - nurse is able to work and maintain grace under pressure.
- → The requirements for development of poise are as follows:
- → **A. Calmness and composure**
  - Face reality
  - Avoid emotional flare-ups
- → **B. Control of temper**
  - Think before acting
  - Avoid verbal and physical aggressiveness

THE NURSE'S UNIFORM

1. Wear it with respect and dignity together with the cap. It is part of the nurse's public image.
2. Wear the uniform only during working hours.
3. It should not be worn with jewelries, except a school pin or name plate.
4. Must be spotlessly clean, well-fitting and in good repair.
5. Should provide for maximum comfort
6. Should be worn in the line of duty.
7. Modification is not permitted.

ATTRIBUTES OF NURSE'S CHARACTER

1. Honesty is demonstrated in terms of truthfulness, honor, and integrity.

→ Evidences of honesty can be observed in terms of care of materials, recognition of authority, obedience to rules, regulation and authority, and use of time.

2. Loyalty – the feeling of confidence, trust and affection

3. Tolerance – recognition of the rights of others

4. Judgment – "good sense", one's ability to use intellectual capacity to form sound opinions

5. Reliability – dependability, use of sound judgment.

6. Motivation – a positive force to the fulfilment of desires or drives.

7. Resourcefulness - ability to deal promptly and effectively.

8. Moderation – maintaining harmony and balance among all the elements of one's character and in one's relationship with others

BENNER'S STAGES OF CLINICAL COMPETENCE

Stage 1 Novice: This would be a nursing student in his or her first year of clinical education; behavior in the clinical setting is very limited and inflexible.

→ Novices have a very limited ability to predict what might happen in a particular patient situation.

→ Signs and symptoms, such as change in mental status, can only be recognized after a novice nurse has had experience with patients with similar symptoms.

Stage 2 Advanced Beginner: Those are the new grads in their first jobs; nurses have had more experiences that enable them to recognize recurrent, meaningful components of a situation.

→ They have the knowledge and the know-how but not enough indepth experience.

Stage 3 Competent: These nurses lack the speed and flexibility of proficient nurses, but they have some mastery and can rely on advance planning and organizational skills.

→ Competent nurses recognize patterns and nature of clinical situations more quickly and accurately than advanced beginners.

Stage 4 Proficient: At this level, nurses are capable to see situations as "wholes" rather than parts.

→ Proficient nurses learn from experience what events typically occur and are able to modify plans in response to different events.

Stage 5 Expert: Nurses who are able to recognize demands and resources in situations and attain their goals.

→ These nurses know what needs to be done.

→ They no longer rely solely on rules to guide their actions under certain situations.

→ They have an intuitive grasp of the situation based on their deep knowledge and experience.

→ Focus is on the most relevant problems and not irrelevant ones.

→ Analytical tools are used only when they have no experience with an event, or when events don't occur as expected

ROLES AND FUNCTIONS OF NURSE

1. Caregiver - Assist client physically and psychologically while preserving client's dignity

2. Communicator - Identify client problems and communicate them to other members of the health care team

3. Teacher - Help clients learn about health and health care procedures to restore or maintain health

4. Client advocate - Represent, protect the client's needs and wishes

5. Counselor - Help client to recognize and cope with stressful psychological or social problems, develop improved relationships, and promote personal growth

6. Change agent - Assist clients to make modifications in behavior

7. Leader - Influence others to work together to accomplish specific goal(s)

8. Manager - Manage care of individuals, families, and communities

→ Delegate nursing activities

9. Case Manager - Work with or act as primary nurse to oversee care of specific caseload

10. Research Consumer - Use research to improve client care

RECIPIENTS OF NURSING CARE

1. Consumer

2. Patient - Person waiting for, undergoing medical treatment and care

3. Client - Person who engages in advice, services of another who is qualified to provide service

→ Increasingly used over patient

SPAN OF NURSING PRACTICE

1. Promotion of Health and Wellness

→ Individual and community activities to enhance health lifestyles

2. Prevention of Illness

→ Immunizations

→ Prenatal and infant care

→ Prevention of STIs

3. Restoring Health

→ Direct care to ill person

→ Diagnostic and assessment procedures

→ Consulting other health care professionals

→ Teaching clients recovery activities

→ Rehabilitating clients to optimal functional level

4. Care for the Dying

→ Comforting people of all ages

→ In homes, hospitals, extended care facilities, and hospices

SPAN OF NURSING PRACTICE

1. Acute care hospitals
2. Clients' homes
3. Community agencies
4. Ambulatory clinics
5. Long-term care facilities
6. Nursing practice centers
7. Health maintenance organizations (HMOs)

NURSING EDUCATION

→ Controlled by Philippine board of nursing and professional organizations
→ Originally taught knowledge and skills for hospital practice
→ Now more varied practice settings, critical thinking, health promotion and maintenance

1. Baccalaureate Degree
→ BSN completion programs
→ Generally, more autonomy, responsibility, career advancement

2. Graduate Nursing Programs
→ Licensure as registered nurse
→ Baccalaureate degree
→ Evidence of scholastic ability
→ Letters of recommendation
  - A. Master's degree (MAN, MSN)
  - B. Doctoral programs (PhD)

3. Continuing Education
→ Formalized experiences designed to enhance knowledge, skills of practicing professionals
→ Responsibility of all practicing nurses
→ require a number of CPD units to renew license
→ In-service education program may be offered by employer

CAREER PATH FOR NURSES

1. Certified Dialysis Nurse - assist individuals who have severe problems with their kidneys.
→ It is one of the fastest-growing specialties.

2. Certified Legal Nurse Consultant - uses their expertise to consult on medical lawsuits, offering information about the healthcare system.

3. Nurse Midwife - delivers babies and provides healthcare before, during, and after birth for mother and child.
→ They conduct gynecological exams, deliver prenatal and postnatal care, and provide family planning information.

4. Nurse Anesthetist - provides patients with anesthesia for surgery and can assist in caring for individuals during their time in the operating room.

5. Nurse Educator - combines a passion for teaching with clinical expertise to design, evaluate, and implement education programs for nurses in schools, universities, and colleges.

6. Nurse Care Managers - monitors patient progress, suggests alternative treatments, and evaluates care.

7. Nurse practitioners (NPs) - provide primary and specialty care, often working in collaboration with doctors. Some states in the US allow NPs to maintain their own clinics.

8. Nurse Researchers - create reports based on analysis and research gathered in the nursing field.
→ They aim to improve medical and healthcare services.

9. Informatics Nurses - provide healthcare data to doctors, nurses, patients, and other healthcare providers, along with providing training on updated applications.

10. Pediatric Nurses - specializing in endocrinology help children with diseases and disorders affecting the endocrine system, along with educating patients and their parents about sexual development and growth issues.

11. Travel Nurses - provide healthcare services to medical facilities and hospitals with short-term needs.

12. Chief Nursing Officers - provide strategic planning help, administrative leadership, and senior management expertise in healthcare organizations.

13. Nursing Administrators - provide management support and specialized human resources within medical facilities.
→ They also recruit, train, and hire staff, along with handling various business aspects within healthcare organizations.

14. Critical Care Nurses - work in hospital intensive care units, often collaborating with teams to provide the best possible care.

15. Diabetes Nurses - work with individuals with diabetes, providing patient education, including fitness and nutrition information.

16. Family Nurse Practitioner - takes care of most of a person's ailments throughout their lives.
→ They examine patients, diagnose illnesses, and prescribe treatments.

17. Health Policy Nurses - work with patients on a social level, creating policies to promote a healthier population, analyzing laws and suggesting new policies where necessary.

18. Medical-surgical Nurses - perform several jobs, including caring for and monitoring adult patients, working with medications, and assisting in surgeries.

19. Nurse Attorneys - typically remain in high demand since few attorneys have medical knowledge of nurses.
→ These professionals work in various settings, including hospital legal departments and litigation firms.

20. Pain Management Nurses - examine patients and helps determine the cause of the pain before consulting with other nurses and doctors to decide on the correct course of treatment.

21. Peri anesthesia Nurses - works with individuals coming out of anesthesia.

22. Trauma Nurses- work in emergency rooms and urgent care centers.

23. Orthopedic Nurses - offer care for patients suffering from musculoskeletal ailments, such as joint replacement or arthritis.

24. Neonatal Nurses - work with premature babies, typically within intensive care.

25. Pediatric nurses - work with children in intensive care or clinical settings to provide specialized care.

26. Geriatric Nurses - work with elderly patients in nursing homes or hospitals, handling these patients' specific challenges, such as dementia, arthritis, and heart or lung problems.

27. Public Health Nurses - care for entire populations, generally focusing on preventative medicine by educating patients about health issues and how to make improvements.

28. Oncology Nurses - provide specialist care for cancer patients in clinical care centers, homes, or hospitals by administering chemotherapy and other treatments.

29. Clinical Nurses - treat and diagnose patients with serious health conditions in hospitals and clinics.

NURSING LAWS

LAW IN NURSING

Knowledge of laws needed to:

→ Ensure that the nurse's decisions and actions are consistent with current legal principles
→ Protect the nurse from liability

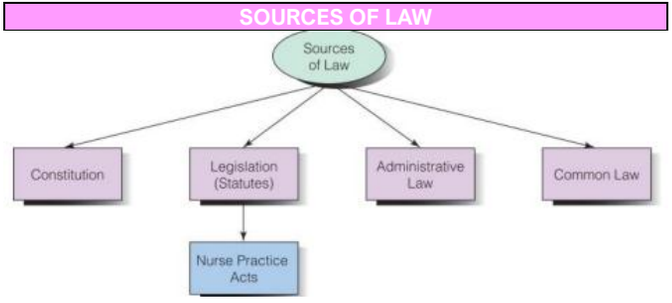
Law

→ The sum of total rules and regulations by which a society is governed
→ Created by people
→ Exists to regulate all persons

Law in Nursing

→ Serves as a framework for establishing which nursing actions in the care of clients are legal
→ Differentiates nurse's responsibilities from those of other health professionals
→ Helps establish boundaries of independent nursing action
→ Assists in maintaining standard of nursing practice by making nurses accountable under the law

SOURCES OF LAW



1. Constitutional Law

→ Legal rights, responsibilities
→ Foundation for system of justice

2. Legislation (Statutory Law)

→ When federal and state laws conflict, federal supersedes.

3. Administrative Law

→ Agency given authority to create rules and regulations to enforce statutory laws

4. Common Law

→ Stare decisis, referred to as "following precedent"

TYPES OF LAW

1. Public Law - Criminal law

2. Private (civil) Law - Contract law; Tort law

TABLE 4–1 Selected Categories of Laws Affecting Nurses

Category	Examples
Constitutional	Due process Equal protection
Statutory (legislative)	Nurse practice acts Good Samaritan acts Child and adult abuse laws Living wills Sexual harassment laws Americans with Disabilities Act
Criminal (public)	Homicide, manslaughter Theft Arson Active euthanasia Sexual assault Illegal possession of controlled drugs
Contracts (private/civil)	Nurse and client Nurse and employer Nurse and insurance Client and agency
Torts (private/civil)	Professional negligence/malpractice Libel and slander Invasion of privacy Assault and battery False imprisonment Abandonment

KINDS OF LEGAL ACTIONS

1. Civil Actions

→ Deal with relationships among individuals in society
→ Torts and contracts such as:
  - Nurse and client o Nurse and employer
  - Professional negligence
  - Libel and slander
→ If found guilty, usually pay money

2. Criminal Actions

→ Dispute between individual and society as a whole
→ Example: Someone commits a crime, society brings him to trial.
  - If found guilty, may lose money, be jailed, executed, nurse can lose license
→ **Litigation** is the action of a lawsuit.

THE CIVIL JUDICIAL PROCESS

The Civil Judicial Process - Complaint filed by the plaintiff who claims rights have been infringed on by defendant(s)

→ Written response (answer) made by defendants
→ Both parties engage in pretrial activities known as discovery.
→ Trial wherein all facts presented to judge or jury
→ Judge renders decision or jury renders verdict.

NURSES AS WITNESS

→ Advised that any nurse who is asked to testify seek advice of an attorney
→ Expert witness o Special training, experience, or skill in relevant area and allowed by court to offer opinion on a related issue

REGULATION OF NURSING PRACTICE

→ Defining scope of nursing practice, licensing requirements, and standards of care for the purpose of protecting the public

Credentialing - is the process of determining and maintaining competence in nursing practice

Licensure Examination - is the legal permit that government agency grants to individuals to engage in profession and use title

Certification - A voluntary practice validating an individual has met minimum standards of competence in a specialty area

→ Conducted by specialty nursing organizations

Accreditation/Approval of Basic Nursing Education Programs

→ Ensures school prepares nurses to meet minimum standards
→ School legally must be approved or accredited by state board of nursing.

STANDARD OF CARE

1. Internal Standards - Job description

→ Education
→ Expertise
→ Institutional policies and procedures

2. External Standards - Nurse practice acts

→ Professional organizations
→ Nursing specialty-practice organizations

CONTRACTUAL ARRANGEMENT IN NURSING

1. Contract - Agreement between two or more competent persons on sufficient remuneration to do or not do some lawful act

→ Written or oral

2. Implied Contract - Not explicitly agreed to but the law considers to exist

LEGAL ROLES OF NURSES

1. Provider of Service - Entails Liability which means being legally responsible for one's obligations and actions

→ Contractual obligations which contains the nurse's duty to render care

2. Employee or Contractor for Service - Contractual relationships vary among practice settings.

→ *Respondeat superior* meaning "Let the master answer" Employer assumes responsibility for employee

→ Nurse still held liable as individual in situations of inappropriate behavior

3. Citizen - Apply to clients and nurses

→ Right

→ Privilege or fundamental power to which individual entitled unless revoked by law or voluntarily given up

→ Responsibility means an obligation associated with a right

ASPECTS OF NURSING PRACTICE

1. Formalized decision-making process - Wages

→ Conditions, benefits of employment

2. Strike - Organized work stoppage by group of employees to express a grievance, enforce demand for change in conditions of employment, solve management dispute

3. As Client Advocates - Right to informed consent or refusal

→ Identify, report violent behavior and neglect of vulnerable clients

→ Duty to report nurse suspected of chemical impairment

INFORMED CONSENT

PURPOSE OF INFORMED CONSENT

Informed Consent

→ Provides client with complete information prior to obtaining agreement by client to accept a course of treatment or procedure

→ The informed consent is the record of the informed consent, not the informed consent itself.

ESSENTIAL ELEMENTS OF INFORMED CONSENT

→ Consent must be voluntary.

→ Consent must be given by client or individual with capacity to understand.

→ Must be given enough information to be the ultimate decision maker

→ Client must not feel coerced.

Express Consent - refers to oral or written agreement

Implied Consent - is the individual's nonverbal behavior indicates agreement.

→ Used in medical emergency when a person cannot express content because of physical condition

→ Cultural perspective needs to be considered.

→ Link between literacy, health, and client safety

Exceptions

<u>Except in specific circumstances, the following individuals cannot provide informed consent:</u>

1. A minor, person 18 years or younger
2. The unconscious or person injured in such as way that they are unable to consent
3. A mentally ill person judged by professionals to be incompetent

→ Important to consider the problem of illiteracy and other language barriers

→ The consent must be read to the client or an interpreter appropriately used to be certain client understands.

NURSE'S ROLE

1. Client gave consent voluntarily.
2. Signature is authentic.
3. Client appears competent to give consent.
4. Client has right to refuse even after signing consent form.
5. Documentation important aspect

VIOLENCE, ABUSE, NEGLECT

→ Includes domestic violence, child abuse, abuse of older adults, and sexual abuse

→ Nurses are mandated reporters.

- 1. Required by law to report suspected abuse, neglect, or exploitation
- 2. Detect cases at an early stage, protect children, and facilitate provision of services

1. Clients with Disabilities - Prohibits discrimination on the basis of disability

→ Purpose to

- Provide national mandate
- Provide enforceable standards
- Ensure government role in enforcing standards

2. Controlled Substances - Distribution and use regulated by law

→ Narcotics, depressants, stimulants, hallucinogens, etc.

→ Misuse leads to criminal penalties.

3. Sexual Harassment

→ Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature

→ Violation of individual's rights

→ Can be from male or female

→ Does not have to be from opposite sex

→ Follow institution for reporting

4. The Impaired Nurse - Inability to perform essential job functions due to:

- a. Chemical dependency on drugs
- b. Alcoholism
- c. Mental illness

→ Peers have responsibility to report suspicions to protect patients and to obtain treatment quickly for affected peers.

→ Board of Nursing may petition reinstatement of full licensure

→ Intervention Project for Nurses

- a. Counseling
- b. Participation in support groups
- c. Periodic progress reports

5. Abortions - A woman has the right to control her own body.

→ A woman can abort a fetus in early stages of pregnancy.

→ Nurses have the right to refuse to participate in an abortion. - (PROLIFE)

6. Social media - Inappropriate use leads to loss of jobs, discipline from board of nursing

→ Standards of professionalism the same online as in any other circumstance

→ Do not take photos, videos of clients on personal devices

→ Maintain professional boundaries

→ Do not transmit individually identifiable client information

DEATH AND RELATED ISSUES

→ Legal issues are prescribed by the laws of the region.
→ Legal issues are prescribed by the health care institutions.
→ Nurses have support in understanding and providing appropriate care to clients facing death.

1. Advance Health Care Directives - Allow persons to specify aspects of care they wish to receive if unable to make decisions.
- → Two kinds of health care directives
  - 1. Living will
  - 2. Health care proxy (durable power of attorney for health care)

2. Autopsy - Postmortem examination performed only in certain cases
- → When death is sudden
- → When death occurs within 48 hours of admission to hospital

3. Certification Of Death - Is the formal determination (pronouncement) of death

4. Do-Not-Resuscitate Orders - Generally written when client or proxy wishes for no resuscitation
- → Values and choices given highest priority
- → DNR explicitly discussed with client, family, and designated decision maker, and health care team
- → DNR clearly documented, reviewed, and updated
- → Other care should not be withdrawn.

5. Euthanasia - Painlessly putting to death people suffering from incurable or distressing disease

6. Organ Donation - In the US, people 18 years or older may make gift
- → Almost always a greater need for transplantation than organs are available
- → If no valid donor document, must discuss with survivors

CRIMES AND TORTS

1. Crime - Is an act committed in violation of public (criminal) law that is punishable by a fine or imprisonment
- → Does not have to be intended in order to be a crime.
- → Example: Accidentally administering an additional and lethal dose of a narcotic to relieve discomfort

a. **Felony** - Serious nature (e.g., murder)
- Punishable by term in prison
- Manslaughter or second-degree murder

b. **Misdemeanor** - is less serious.
- Example: A nurse who slaps a client's face
- It is punishable by a fine or short-term jail sentence, or both

2. Tort - Civil wrong against a person or a person's property
- → Based on fault:
  - Something done incorrectly
  - Something omitted

a. Unintentional Torts
- **Negligence** - is a misconduct or practice below standard expected of ordinary, reasonable, prudent person.
  - It places another person at risk for harm and it applies to anyone.
  - **Gross negligence** - Extreme lack of knowledge, decision making, or skill that should have been known that put others at risk for harm

→ **Malpractice** - Negligence that occurs while the person is performing as a professional
- Applies to physicians, dentists, lawyers, and generally includes nurses
- Elements present to prove malpractice
  - 1) Duty
  - 2) Breach of duty
  - 3) Foreseeability
  - 4) Causation
  - 5) Harm or injury
  - 6) Damages
- **Res ipsa loquitur** is a latin term for "the thing speaks for itself."
- Measures to prevent malpractice
  - 1) Check and recheck medications to prevent medication error
  - 2) Check side rails before leaving a client to promote client safety
  - 3) Do not ignore a client's complaint a. Failure to observe and take appropriate action
  - 4) Right client to prevent mistaken identity

2. Intentional Torts - are wrongful acts done on purpose.
- The person does not need to actually mean harm, but the other person ends up hurt anyway, such as in a prank.
- Or, the person can definitely mean harm, such as domestic violence cases.

a. Assault - is an attempt or threat to touch another person unjustifiably

b. Battery - refers to willful touching of person (including clothes or something carried) that may or may not cause harm

c. False Imprisonment - is the unjustifiable detention of a person without legal warrant to confine the person

d. Invasion of Privacy - is a direct wrong of a personal nature such as unnecessary discussions, gossip

e. Defamation - refers to communications that are false,
- **a. Libel** - is defamation by means of print, writing, or pictures
- **b. Slander** - is defamation by spoken word

PRIVACY OF CLIENT'S HEALTH INFORMATION

Health Insurance Portability & Accountability Act of 1996 (HIPAA)
- → Includes four specific areas:
  - 1. Electronic transfer of information among organizations
  - 2. Standardized numbers for identifying providers, employers, and health plans
  - 3. Security rule
  - 4. Privacy rule

LOSS OF CLIENT PROPERTY

→ Nurses are expected to take reasonable precaution to safeguard a client's property.
→ Nurses can be held liable for its loss or damage.

UNPROFESSIONAL CONDUCT OF A NURSE

1. Incompetence or gross negligence
2. Conviction for practicing without a license
3. Falsification of client's records
4. Illegally obtaining, using, or possessing controlled substances
5. Need to retain professional boundaries
6. Violation of professional ethical codes
7. Breach of confidentiality
8. Fraud
9. Refusing to care for clients of specific socioeconomic or cultural origins

THE GOOD SAMARITAN ACT

The Good Samaritan Act - Protect health care providers providing assistance at an emergency scene against claims of malpractice

Guidelines for nurses who choose to render emergency care include:

1. Limit actions to those normally considered first aid, if possible
2. Do not perform actions which the nurse does not know how to perform
3. Offer assistance but do not insist
4. Have someone call or go for additional help
5. Do not leave the scene until the injured person leaves or another qualified person take over
6. Do not accept compensation

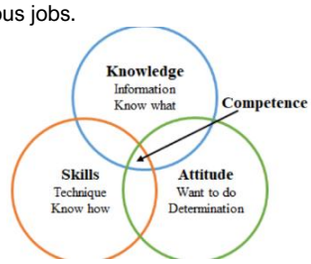
CARRYING OUT A PHYSICIAN'S ORDER

→ Nurses expected to analyze procedures and medications ordered by the physician
→ Seek clarification for ambiguous or seemingly erroneous orders
→ Categories nurses should question

1. Any order a client question
2. Any order if the client's condition changed
3. Verbal orders to avoid miscommunication. a. Question and record.
4. Any order that is illegible, unclear, or incomplete

PROVIDING COMPETENT NURSING CARE

1. Provide care within the legal boundaries.
2. Nurses need to be familiar with various jobs.
3. Care to protect clients from harm.
4. Anticipate sources for injury.
5. Educate clients about hazards.
6. Implement measures to prevent injury.
7. Clients need to be assessed and monitored appropriately.
8. Communicate with clients with sincere concern



DOCUMENTATION

Documentation - Medical chart is a legal document.

→ Nurses need to provide accurate and complete documentation of the nursing care provided.
→ Failure to document can constitute negligence.
→ Insufficient or inaccurate assessments can hinder proper diagnosis and treatment causing harm to client

THE INCIDENTAL REPORT

The Incident Report - Agency record of an incident or unusual occurrence

→ Make all the facts available to agency personnel
→ Contribute to statistical data about incidents
→ Help health personnel prevent future incidents
→ Filed according to agency policy
→ Information included

1. Identify the client by name, initials, and hospital or identification number
2. Date, time, and place of the incident
3. Description of the facts of the incident. No conclusions or blame included.
4. Incorporation of the client's account of the incident in quotes
5. Identification of all witnesses 6. Identification of any equipment by number and any medication by name and dosage

REPORTING CRIMES, TORTS, AND UNSAFE PRACTICES

→ Practices that endanger client health and safety such as use of alcohol or drug use and theft from client or agency
→ Also known as whistle-blowing
→ Write clear description, factual, complete
→ Be credible Obtain support from trustworthy person
→ Sign your name
→ Report at lowest possible level first
→ Follow through the case

LEGAL RESPONSIBILITIES OF STUDENTS

1. Responsible for own action and liable for their own acts of negligence
2. Lower standards are not applied to nursing students
3. Function within scope of education, job description and nurse practice act
4. Follow procedures and policies
5. Ask for additional help or supervision in situations they feel inadequately prepared
6. If working as an aide, only perform tasks in job description, not from nursing school

PHILIPPINE NURSING ACT OF 2002 (RA 9173)

→ to protect and improve the nursing profession in the country;
→ to improve nursing education;
→ to dignify the existence of nurses

WHAT IS THE SCOPE OF PRACTICE IN THE PHILIPPINES? SECTION 28

A person is deemed to be practicing nursing when he/she :

1. initiates and performs nursing services to individuals, families and communities in any health care setting.
2. provides nursing care during conception, labor, delivery, infancy, childhood, toddler, pre-school, school age, adolescence, adulthood and old age.
3. as independent practitioner, the nurse is primarily responsible for the promotion of health and prevention of illness.
4. as a member of the health team, the nurse collaborates with other health care providers for the curative, preventive and rehabilitative aspects of care, restoration of health, alleviation of suffering, and when recovery is not possible towards a peaceful death

DUTIES OF THE NURSE

1. Provide nursing care through the utilization of the nursing process
2. Establish linkages with community resources and coordination with the health team
3. Provide health education to individuals, families and communities
4. Teach, guide and supervise students in nursing education program
5. Undertake nursing and health human resource development training and research

HOW CAN ONE PRACTICE NURSING IN THE COUNTRY?

1. Passed the written exams given by the Board of Nursing *(section 12)*
2. Registered by reciprocity *(section 20)*
3. Has a special / temporary permit *(section 21)*

WHAT ARE THE BASIC QUALIFICATIONS FOR NURSE LICENSURE EXAMINATION?

C - Citizen of the Philippines
M - Moral Character
B - BSN degree holder

WHAT IS REGISTRATION BY RECIPROCITY?

Nurses who are registered in a foreign country may be issued a certificate of registration/ professional license if these conditions are met:

1. Substantially the same requirements
2. Same privileges to Filipino nurses

WHO MAY BE ISSUED A SPECIAL OR TEMPORARY PERMIT?

1. International specialists or experts
2. Medical mission nurses
3. Exchange professors - effective for the duration of the project, medical mission or employment contract.

POWERS AND DUTIES OF THE BOARD OF NURSING SECTION 9

1. Conduct the licensure examination for nurses
2. Issue, suspend or revoke certificates of registration
3. Maintain the standards of nursing practice
4. Ensure quality nursing education
5. Promulgate Code of Ethics
6. Conduct hearings and investigations

WHAT ARE THE GROUNDS FOR THE REVOCATION & SUSPENSION OF CERTIFICATE OF REGISTRATION/ PROFESSIONAL LICENSE & CANCELLATION OF SPECIAL/TEMPORARY PERMIT? SECTION 23

1. Conviction
2. Malpractice
3. Gross incompetence
4. Fraud or deceit, or false statement

CODE OF ETHICS FOR NURSES

→ It is a written list of a profession's values and standards of conduct
→ It is not legally enforceable as laws but consistent violations indicate an unwillingness by the person to act in a professional manner and license can be suspended or revoked

ARTICLE 1: THE PREAMBLE
Health is a fundamental right of every individual. The Filipino registered nurse, believing in the worth and dignity of each human being, recognizes the primary responsibility to preserve health at all cost. This responsibility encompasses promotion of health, prevention of illness, alleviation of suffering, and restoration of health. However, when the foregoing are not possible, assistance towards a peaceful; death shall be his/her obligation.

ARTICLE II: SECTION 4 ETHICAL PRINCIPLE
→ values, customs and spiritual beliefs held by individual shall be respected
→ individual freedom to make rational and constrained decisions shall be respected
→ personal information acquired in the process of giving nursing care shall be held in strict confidence

Section 5
REGISTERED Nurses must:
1. consider the individuality and totality of patients when they administer care
2. respect the spiritual beliefs and practices of patients regarding diet and treatment
3. uphold the rights of individual
4. take into consideration the culture and values of patients in providing nursing care. However, in the event of conflicts, their welfare and safety must take precedence.

ARTICLE III: REGISTERED NURSES & PRACTICE
Section 6: Ethical Principles
1. Human life is inviolable
2. Quality and excellence in the care of the patients are the goals of nursing practice
3. Accurate documentation of actions and outcomes of delivered care is the hallmark of nursing accountability

Section 7
REGISTERED Nurses must:
1. know the definition and scope of nursing practice
2. aware of their duties and responsibilities
3. acquire and develop the necessary competence in Knowledge, Skills and Attitude
4. for administrator - responsible in improving favorable environment be cognizant that professional programs for specialty certification by the BON quality nursing care and practice meet the optimum standard of safe nursing practice

Section 8
ETHICAL PRINCIPLE
1. registered nurses are the advocates of patients

Section 9
REGISTERED nurse must…
1. respect the "patients bill of rights" in the delivery of nursing care
2. provide the patients or their families with all pertinent information
3. uphold the patients' right when conflicts arises regarding management of their care

Section 10
REGISTERED nurses must…
1. be aware that their actions have professional, ethical, moral and legal dimensions
2. perform their professional duties
3. not allow themselves to be used in advertisement
4. decline any gift, favor or hospitality
5. not demand and receive any commission, fee
6. avoid any abuse of the privilege relationship

Section 11
→ RN is in solidarity with other members of the healthcare team
→ RN maintains collegial and collaborative working relationship

Section 12
REGISTERED nurses must…
1. maintain their professional role/identity acceptable, ethico-legal standards
2. contribute to the professional growth and development
3. actively participate in professional organizations

Section 13
1. preservation of life, respect for human rights and promotion of healthy environment
2. establishment of linkages with the public

Section 14
REGISTERED Nurses must…
→ be conscious of their obligations as citizens take active roles in primary health care
→ actively participate in programs, projects and activities
→ principle of right conduct and proper decorum image that will uplift the nursing profession

Section 15: REGISTERED NURSES AND PROFESSION
1. loyalty to the nursing profession compliance with the by-laws commitment to continual learning
2. contribution to the improvement of the socioeconomic conditions

Section 16
REGISTERED Nurses must…
1. Be member of the accredited professional organization
2. strictly adhere to the nursing standards
3. participate actively in the growth and development of the nursing profession
4. secure equitable socio-economic and work conditions
5. assert for the implementation of labor and work standards

PATIENT'S BILL OF RIGHT

1. The patient has the right to considerate and respectful care.
2. The patient has the right to obtain from his physician complete current information concerning his diagnosis, treatment and prognosis in terms the patient can reasonably expected to understand
3. The patient has the right to receive from his physician information necessary to give informed consent prior to start of any procedure and/or treatment
4. The patient has the right to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of his action.
5. The patient has the right to every consideration of his privacy concerning his own medical care program.
6. The patient has the right to expect that all communications and records pertaining to his care should be treated as confidential
7. The patient has the right to expect that within his capacity a hospital must make reasonable response to request of a patient's services.
8. The patient has the right to obtain information as to any relationship of his hospital to other health care and educational institutions in so far as the care is concerned.
9. The patient has the right to be advised if the hospital proposes to engage in or perform human experimentation affecting his care or treatment.
10. The patient has the right to expect reasonable continuity of care.
11. The patient has the right to examine and receive an explanation of his bill regardless of source of payment.
12. The patient has the right to know what hospital rules and regulations apply to his conduct as patient

"DATA is more valuable than MONEY. If someone takes your money, that's all they have. If you let someone take your data, eventually they will take your money too" From: Privacy Deputy Commissioner Dondi Mapa

REPUBLIC ACT NO. 10173 KNOWN AS DATA PRIVACY ACT OF 2012

Republic Act No. 10173 Known as Data Privacy Act Of 2012 - It is the policy to protect the fundamental right of every individual to privacy while supporting the free flow of information for innovation, growth and national development

→ to ensure that personal data in information and communications systems in the government and in the private sector are secured and protected.

DATA BREACHES

1. An error in viewing student's records in the online system
2. Clinical record of students disclosed to her parents
3. Unsecure disposal of records
4. List of top students/passers
5. Cedula in malls
6. Profiling of customers from a mall
7. Use of USB
8. Personal laptop stolen
9. Use of recycled papers
10. Password hacked/revealed

CLASSIFICATION OF DATA

1. Personal Information - refers to information whether recorded in a material form or not from which the identity of the individual is apparent and can be reasonably and directly ascertained by the entity holding the information.

→ Examples are:
- *Name, Address, Telephone Number*
- *Place of Work, Date of Birth, Place of Birth*
- *Gender, Citizenship*

2. Sensitive Personal Information

→ *Age, Race, Marital status, Religious or political affiliation,*

→ *Health, Education, any proceedings for any offense committed,*

→ *Previous or current health status, Social Security Number, Licenses, Tax returns, Websites visited*

3. Privileged Information - data received within the context of a protected relationship such as:

→ *Husband and wife, Attorney and Client, Priest and Penitent, Doctor and Patient*

NATIONAL PRIVACY COMMISSION (NPC)

National Privacy Commission (NPC) - is a body mandated to administer and implement this law.

→ NPC performs the following functions:
- 1. Rule making
- 2. Advisory
- 3. Public Education
- 4. Compliance and Monitoring
- 5. Investigation and complains
- 6. And Enforcement

REPUBLIC ACT 10912

Republic Act No. 10912 - otherwise known as the *"Continuing Professional Development (CPD) Act of 2016"*

→ is an act which requires CPD as the mandatory requirement for the renewal of Professional Identification Card.

→ To promote and upgrade the practice of professions in the country

Continuing Professional Development or CPD - refers to the inculcation of advanced knowledge, skills and ethical values in a post-licensure specialization or in an inter- or multidisciplinary field of study, for assimilation into professional practice, self-directed research and/or lifelong learning.

CPD Credit Unit - refers to the value of an amount of learning that can be transferred to a qualification achieved from formal, informal or non-formal learning setting, wherein credits can be accumulated to predetermined levels for the award of a qualification.

1. Formal Learning - refers to educational arrangements such as curricular qualifications and teaching-learning requirements that take place in education and training institutions recognized by relevant national authorities, and which lead to diplomas and qualifications.

2. Informal Learning - refers to learning that occurs in daily life assessed, through the recognition, validation and accreditation process, and which can contribute to a qualification.

3. Lifelong Learning refers to learning activities undertaken throughout fife for the development of competencies and qualifications of the professional;

PHILIPPINE PROFESSIONAL NURSING ROADMAP

The Board of Nursing - was created to supervise and regulate the practice of the nursing profession in the Philippines

→ PRC-BON with the help of the Institute of Solidarity in Asia (ISA) crafted the Nursing Roadmap 2030 to guide the profession towards its vision of "Philippine Professional Nursing Care: The Best for the Filipino and Choice of the World".

→ During the process, the pressing need to align the Phil. Nursing Act of 2002 to this roadmap was considered by the Board

→ Additionally, the updating of the Nursing Law to become more relevant and responsive has always been one of the responsibilities of the Board

VISION: Philippine Professional Nursing Care: the BEST for the Filipino and Choice of the World by 2030

MISSION: We, the Filipino nurses responding to the needs of society, are engaged in providing humane and globally competent nursing care

CORE VALUES: Love of God, Caring, Integrity, Excellence, Nationalism

NURSING AS AN ART

Nursing can be called an art because It involves creativity, empathy, and intuition. Soft skills of nurses include compassion, concern and communication, which are connected with the art aspect of nursing

CARING

Caring - means sharing deep and genuine concern about the welfare of another person

- → Clients and families with illness suffer from an impersonal health care system.
- → Nurses can create a more relationship-centered health care system.
- → Caring means that people, relationships, and things matter.
- → Caring practice involves connection, mutual recognition, and involvement between nurse and client.
- → According to Mayerhoff:
  - Caring is helping growth and actualization of another.
  - Caring process develops over time.
  - Supports client's potential and need to grow

MAJOR INGREDIENTS OF CARING

1. Knowing - explicitly and implicitly, knowing that and knowing how, knowing directly, and knowing indirectly.

2. Alternating Rhythm - moving back and forth between a narrower and a wider framework, between action and reflection.

3. Patience - not a passive waiting but participating with the other, giving fully of ourselves.

4. Honesty - positive concept that implies openness, genuineness, and seeing truly

5. Trust - trusting the other to grow in his or her own time and own way.

6. Humility - ready and willing to learn more about other and self and what caring involves.

7. Hope - "an expression of the plentitude of the present, alive with a sense of a possible ".

8. Courage - taking risks, going into the unknown, trusting.

NURSING THEORIES ON CARING

Professional discipline - derived from belief and value system, the nature of service, and area of knowledge development

Focus of nursing - caring in the human health experience

- → "Nurturance"
- → Nurse scholars use literature, research, and nurses' experiences to develop theories and models of caring

1. Culture Care Diversity and Universality (Leininger)

- → Understand different cultures in order to function effectively
- → Action–decision care approaches
  - a. Preservation of client's familiar lifeways
  - b. Accommodations that help clients adapt to or negotiate for satisfying care
  - c. Repatterning nursing care to help client move toward wellness
- → to provide culturally congruent nursing care through "cognitively based assistive, supportive, facilitative, or enabling acts or decisions that are mostly tailor-made to fit with individual, group's, or institution's cultural values, beliefs, and lifeways."

2. Theory of Bureaucratic Caring (Ray)

- → Caring is contextual, influenced by organizational structure.
  - Meaning of caring varies in emergency department, intensive care unit, oncology unit, etc.
  - Role and position of staff members
- → Spiritual-ethical caring influences each branch of bureaucratic system

3. Caring, The Human Mode of Being (Roach)

- → Center of all attributes used to describe nursing
- → All individuals are caring and develop caring abilities by being true to self, being real, and being who they truly are.
- → ***6C's as Broad Framework***

COMPASSION
Awareness of one's relationship to others, sharing their joys, sorrows, pain, and accomplishments. Participation in the experience of another.

COMPETENCE
Having the "knowledge, judgment, skills, energy, experience and motivation required to respond adequately to the demands of one's professional responsibilities" (Roach, 2013, p. 172).

CONFIDENCE
Comfort with self, client, and others that allows one to build trusting relationships.

CONSCIENCE
Morals, ethics, and an informed sense of right and wrong. Awareness of personal responsibility.

COMMITMENT
The deliberate choice to act in accordance with one's desires as well as obligations, resulting in investment of self in a task or cause.

COMPORTMENT
Appropriate bearing, demeanor, dress, and language that are in harmony with a caring presence. Presenting oneself as someone who respects others and demands respect.

4. Nursing As Caring (Boykin and Schoenhofer)

- → Know people and nurture them o Person as whole and complete in the moment
- → Importance of nurse knowing self
- → People are not perfect, but constantly growing and changing.
- → Caring is living in the context of relational responsibilities and possibilities, and it acknowledges the importance of knowing person as person.
- → "Through knowing self as caring person, I am able to be authentic to self, freeing me to truly be with others" (Boykin & Schoenhofer, 2001)

5. Theory of Human Care (Watson)

- → Basis for nursing's role in society
- → Commitment to care of the whole person as well as individuals and groups
  - Transpersonal human caring
  - Metaphysical
- → Each person seeks harmony within mind, body, and soul, actualizing real self.
- → According to Watson (1997), the core of the Theory of Caring is that "humans cannot be treated as objects and that humans cannot be separated from self, other, nature, and the larger workforce." Her theory encompasses the whole world of nursing; with the emphasis placed on the interpersonal process between the care giver and care recipient.
- → The theory is focused on "the centrality of human caring and on the caring-to-caring transpersonal relationship and its healing potential for both the one who is caring and the one who is being cared for" (Watson, 1996).

10 Carative Factors (Watson)

1. Embrace altruistic values and practice loving kindness with self and others
2. Inspire faith and hope and honor others
3. Trust self and others by nurturing individual beliefs, personal growth and practices
4. Nurture a helping, trusting, and caring relationships
5. Forgive and accept positive/negative feelings and authentically listen to another's story

6. Deepen scientific problem-solving methods for caring decision making
7. Balance teaching and learning to address the individual needs, readiness & learning styles
8. Co-create a healing environment for the physical and spiritual self which respects human dignity
9. Minister to basic physical, emotional and spiritual human needs
10. Be open to mystery and allow miracles to enter

6. Theory Of Caring (Swanson)

→ One feels a personal sense of commitment to a valued "other"
→ Five caring processes as nursing interventions
→ Swanson's Theory of Caring is based on the idea that nurses demonstrating they care about patients is as important to patient well-being as the clinical activities provided. It considers and cares for the whole person and is the foundation for better healing and better care.

Process and Definition	Subdimensions
KNOWING Striving to understand an event as it has meaning in the life of the other	Avoiding assumptions Centering on the one cared for Assessing thoroughly Seeing cues Engaging the self of both
BEING WITH Being emotionally present to the other	Being there Conveying ability Sharing feelings Not burdening
DOING FOR Doing for the other as he/she would do for the self if it were at all possible	Comforting Anticipating Performing competently/ skillfully Protecting Preserving dignity
ENABLING Facilitating the other's passage through life transitions and unfamiliar events	Informing/explaining Supporting/allowing Focusing Generating alternatives/ thinking it through Validating/giving feedback
MAINTAINING BELIEF *Sustaining faith in the* other's capacity to get through an event or transition and face a future with meaning	Believing in/holding in esteem Maintaining a hope-filled attitude Offering realistic optimism "Going the distance"

7. Types Of Knowledge In Nursing (Carper)

→ Basic patterns of knowing encouraged nurses to identify the art of nursing work and the importance of understanding the complex nature of nursing practice.

a. **Empirical knowing** - is the science of nursing and is formally expressed through facts, models, theories, and thematic descriptions.

b. **Ethical knowing** - is the moral component which focuses on the ethical components of nursing practice and tries to answer the question of what is right and what is responsible.

c. **Personal knowing** - is the therapeutic use of self which enables the nurse to identify his/her responses, strengths and weaknesses in a situation and to be aware of the individual biases affecting the quality of the nurse-patient relationship.

d. **Aesthetic knowing** - or the art of nursing is achieved through empathy, dynamic adaptation and understanding of the components as a whole as well as the recognition of specific cases rather than holism.

e. **Emancipatory** - knowing as a fifth patterns of knowing is a capacity for man to be aware of the society, culture and political situation of society and to critically reflect on these issues.

CARING ENCOUNTERS

Caring Encounters - Contextual and caring responses are as varied as clients' needs

→ Help create meaningful encounters
→ Caring nursing encounters were "keeping patient's hope alive" and "going the extra mile," while uncaring nursing encounters were "frustration with patients," "being inadequate," and "ignoring the patient."
→ Clients experience:
  - Increased sense of dignity and self-worth
  - Expression of feelings of connectedness

KNOWING THE CLIENT

Be aware of the client's uniqueness in terms of physiological variables:

a. Perception of pain
b. Meaning of diagnosis, surgery
c. Support persons and family - Knowing the client increases possibilities for therapeutic interventions to be perceived as relevant

NURSING PRESENCE

Nursing Presence - Mutuality of understanding between nurse and client

→ Based on transpersonal caring relationship
→ Achieved by nurturing openness and consciousness of self and client
  - Showing authenticity
→ Provision of both emotional and physical presence to client by
  - Responding promptly to clients' needs
  - Presence during end-of life care

EMPOWERING THE CLIENT

Empowering The Client - Mutual respect, trust, confidence in other's abilities and motives

→ Substitutive care, but no more than is needed at the time
→ Environment in which client can function safely, effectively
→ Advocating
→ Mindfulness of professional boundaries

COMPASSION

Compassion - Warm and empathetic

→ Concerned
→ Requires courage and openness
→ Attenuation to spiritual needs
→ Comfort
  - Based on individual's perceptions
  - Giving creative, innovative interventions based on client's preferences

COMPETENCE

Competence - Is the necessary knowledge, judgment, skills, motivation to respond adequately to client's needs

→ Needs thorough understanding of client's condition, treatment, and associated care
→ Needed in the ability of the nurse to assess, plan, implement, and evaluate a plan of care
→ Requires cognitive, affective, technical, and administrative skills of the nurse
  - ***Beneficence*** – all the things you do should be the best for the client
  - ***Non-maleficence*** – all the things you do should not harm the client

MAINTAINING CARING PRACTICE

Maintaining Caring Practice - Emphasis on meeting others' needs (client-centered care)

→ Overcoming obstacles to self-care
  - a. Professional
  - b. Demands of particular work setting
  - c. Personal
    - Poor health habits
    - Unrealistic expectations of self

CARING FOR SELF

Care of self - is central to care of others.
- → It is done by helping oneself grow and self-actualize.
- → Taking time to nurture oneself.

A. It Can Be Achieved by Healthy Lifestyle, such as:

1. Nutrition - Making good choices in foods eaten
- → Eat regular meals
- → Determine healthy weight

2. Activity and exercise per week - 150 minutes of moderate-intensity or 75 minutes of vigorous aerobic activity
- → Moderate to high intensity muscle strengthening 2 or more day

3. Recreation - Reward yourself
- → Spontaneity
- → Downtime

4. Avoiding Unhealthy Patterns - Thought patterns
- → Identify negative feelings
- → Refocus on positive ●
- → Positive affirmations to self or from others

B. Mind–Body Therapies

1. Guided imagery - Imagination as therapeutic tool
- → Promote relaxation
- → Decrease anxiety
- → Enhance psychological, spiritual insight

2. Meditation - Focusing mind on present
- → Relaxation through deep breathing

3. Storytelling - Communicate life experience for greater understanding
- → Deeper meaning of clinical experiences

4. Music Therapy - Listening, singing, rhythm, body movement
- → Can be effective distraction technique

5. Yoga - Unites body, mind, spirit
- → Improves balance, flexibility, mental alertness, calmness

REFLECTION ON PRACTICE

Reflection - Thinking from a critical point of view
- → Analyzing why one acted in a certain way
- → Assessing the results of one's action
- → Thinking about what happened in a nursing situation
- → Becoming aware of how one feels about oneself
- → Requires discipline, action, openness, trust

Reflective Journaling - Partnership with a mentor or teacher
- → Framework for reflective journaling

PAULINIAN 5 C's

1. Christ-Centeredness - Christ is the center of Paulinian life; he/she follows and imitates Christ, doing everything in reference to Him.

2. Commission - The Paulinian has a mission – a life purpose to spread the Good News; like Christ, he/she actively works "to save" this world, to make it better place to live in.

3. Community - The Paulinian is a responsible family member and citizen, concerned with building communities, promotion of people, justice, and peace, and the protection of the environment.

4. Charism - The Paulinian develops his/her gifts/talents to be put in the service of the community, he/she strives to grow and improve daily, always seeking the better and finer things, and the final good.

5. Charity - Urged on by the love of Christ, the Paulinian is warm, hospitable, and "all to all", especially to the underprivileged.

COMMUNICATION

Communication - Critical nursing skill used to gather data, teach and persuade, express caring and comfort
- → It is an interchange of information, ideas, or feelings between two or more people
- → Purpose of communication process is to:
  - To influence
  - To obtain information
- → Includes verbal and nonverbal methods
- → Includes self-talk

THE COMMUNICATION PROCESS

1. Sender - Is the source or encoder of the message
- → A person or group who wishes to communicate a message to another
- → Encoding o Selecting signs, symbols to transmit

2. Message - The message itself
- → What is said or actually written

3. Receiver - The decoder or the listener
- → Relating message perceived to receiver's storehouse to sort out the meaning

4. Channel - are mediums through which you can send a message to its intended audience.
- → For example, phone calls, text messages, emails, video, radio, and social media

5. Response - or Feedback
- → Message that receiver returns to sender The Communication Process

MODES OF COMMUNICATION

1. Verbal Communication - Uses spoken or written word
- → In Verbal communication, consider the pace and intonation, simplicity, clarity and brevity, timing and relevance, adaptability and credibility and use of humor (consider client's perceptions)

2. Nonverbal Communication - Uses gestures, facial expressions, touch, and other forms
- → Makes up majority of communication
- → Nonverbal communication requires personal appearance. It entails and analysis of the person's posture and gait, facial expressions and gestures while taking into account cultural differences

3. Electronic Communication - Technology such as e-mail
- → E-mail
  - Advantages of Email: fast, efficient, provides record and can improve communication and continuity of care
  - Disadvantages of Email: risk to client confidentiality (HIPAA), socioeconomics, may not enhance communication with all, avoid when information is urgent to client's health, highly confidential, or potentially distressing or confusing like abnormal lab values.

FACTORS INFLUENCING THE COMMUNICATION PROCESS

1. Development - Knowledge of client's stage
- → Varies across life span

2. Gender - Girls seek confirmation, minimize differences, and establish intimacy.
- → Boys establish independence and negotiate status within group.

3. Congruence - Verbal and nonverbal aspects of message match
4. Boundaries - Limits are crucial to nurse–client relationship

5. Values and perceptions - Standards that influence behavior
- → Personal view of an event

6. Personal space - Intimate (touching to 1-1/2 feet)
- → Personal (1-1/2 to 4 feet)
- → Social (4 to 12 feet)
- → Public (12 to 15 feet)

7. Territoriality - Space, things that individual considers as belonging to self

8. Roles and relationships - Between sender and receiver

9. Environment - Most effective communication in comfortable environment
- → Privacy

10. Interpersonal attitudes - Caring and warmth
- → Respect
- → Elderspeak o Similar to baby talk
  - o Patronizing to older adults
- → Acceptance

THERAPEUTIC COMMUNICATION

Therapeutic Communication - Promotes understanding
- → Establishes constructive relationships
- → Entails the use of attentive listening
  - o Listening actively, mindfully
  - o Listen for key themes in communication
- → Visibly tuning in self for others
  - o Manner of being present to another
  - o Five actions (add examples in book)

THE HELPING RELATIONSHIP

Helping relationships - are also referred to as Interpersonal Relationships or Therapeutic Relationships
- → Three basic goals for helping clients
  - o Manage problems in living more effectively b
  - o Become better at helping themselves in their everyday lives
  - o Develop action-oriented prevention mentality in their lives
- → Key to helping relationships are:
  - o a. Development of trust and acceptance
  - o b. Underlying belief that the nurse cares about and wants to help the client
- → Factors influencing helping relationships
  - o a. Age, sex
  - o b. Appearance
  - o c. Diagnosis
  - o d. Education
  - o e. Values

PHASES OF THE HELPING RELATIONSHIP

1. Pre-interaction Phase - Obtain information before first face-to-face meeting such as name, address, age, medical history, and/or social history
- → Anxious feelings in nurse addressed by identifying specific information to be discussed
- → Positive outcomes can evolve.

2. Introductory Phase - Or orientation phase sets tone for rest of the relationship
- → Develop trust and security
- → Getting to know each other
- → Resistive behaviors may be displayed. It can inhibit involvement, cooperation, or change.

3. Working Phase - View each other as unique individuals
- → Once caring develops, empathy increases.
- → Exploring and understanding thoughts and feelings
- → Facilitating and taking action
- → Helping client explore thoughts, feelings, and actions
- → Helping client plan a program of action to meet pre-established goals
- → Exploring and understanding thoughts and feelings
  - o Empathetic listening and responding
    - ▪ **Empathy** is the ability to experience, in the present, a situation as another person did at some time in the past
    - ▪ End result of empathy: a. Comforting and caring for the client b. Helping, healing relationship
    - ▪ Respect
    - ▪ Genuineness
    - ▪ Concreteness
    - ▪ Confronting avoidance empathetically
- → Facilitating and taking action
  - o Client must make decision and take action.
  - o The responsibility belongs to the client.
  - o Nurse collaborates in these decisions, provides support, and may offer options or information.

4. Termination Phase - Nurse and client accept feelings of loss.
- → Client accepts the end of the relationship without feelings of anxiety or dependence.

DEVELOPING HELPING RELATIONSHIP

1. Listen actively
2. Help to identify feelings
3. Put yourself in other's shoes
4. Be honest, genuine, and credible
5. Use ingenuity
6. Be aware of cultural differences
7. Maintain confidentiality
8. Know your role and limitations

GUIDELINES FOR ACTIVE AND EFFECTIVE LISTENING

SOLER (Townsend, 2003)
- → **S** – Sit facing the client
- → **O** – Observe an open posture
- → **L** – Lean towards the client
- → **E** – Establish and maintain intermittent eye contact
- → **R** – Relax

GUIDELINES FOR USE OF TOUCH

1. Touch is one of the nurse's most potent forms of communication
2. Many messages are conveyed
3. Consider cultural factors
4. Be sensitive to other's reaction
5. Be gentle or as firm as needed
6. Deliver in a comforting, non- threatening manner
7. Withheld if needed.
   - **Social Zone** (permission not needed)
   - **Consent Zone** (permission needed)
   - **Vulnerable Zone** (special care needed)
   - **Intimate Zone** (great sensitivity needed)

GROUP COMMUNICATION

Group - Two or more people with shared needs and goals
- → Exists to help people achieve goals that would be unattainable by individual effort alone

Group Dynamics - Communication between any members of a group, affecting the group process

→ Each member has effect on dynamics.
→ For a group to be effective, it must:
  - Maintain a degree of unity, cohesion
  - Develop, modify structure to improve effectiveness
  - Accomplish its goals

TYPES OF HEALTH CARE GROUPS

1. Task groups - Focus is completion of a certain task

→ Leader (chairperson) must be expert in the area of emphasis.
→ Target date for termination usually set

2. Teaching groups - Impart information to participants

→ Nurse must be skilled in teaching–learning process.

3. Self-help groups - Small, voluntary, composed of those who share a similar problem

→ Available for range of problems, such as Alcoholics Anonymous

4. Self-awareness/growth groups - Develop, use interpersonal strengths

→ Improve individual's functioning in group to which they return

5. Therapy groups - Self-understanding

→ Satisfactory ways of handling stress
→ Changing patterns of behavior toward health

6. Work-related social support groups - Buffer high levels of vocational stress

→ Sharing joys of success, frustration of failure without judgment

CONSIDERATIONS IN COMMUNICATION

COMMUNICATING WITH INFANTS

1. Use firm touch and gentle physical contact
2. Hold infants
3. Talk softly

COMMUNICATING WITH TODDLERS AND PRESCHOOLERS

1. Interact with parents first
2. Assume an eye level position with the child
3. Allow touching and examining objects
4. Offer a choice
5. Focus on the child
6. Use simple words and short sentences
7. Use transition objects
8. Keep unfamiliar equipment out until it is needed

COMMUNICATING WITH SCHOOL AGE CHILDREN

1. Allow time to feel comfortable
2. Avoid sudden or rapid advances, broad smiles, staring, or other threatening gestures
3. Talk to parents if the child is initially shy
4. Give opportunity to discuss concerns without the parents present
5. Speak in a quiet, unhurried and confident voice
6. Give correct reason for why something is done or how the equipment work
7. State directions and suggestions specifically and positively
8. Be honest
9. Allow the child to express concerns and fears
10. Use variety of communication techniques

COMMUNICATING WITH ADOLESCENTS

1. Give undivided attention
2. Listen . . . Listen . . . Listen!
3. Be courteous, calm, and open- minded
4. Avoid judgment or criticizing
5. Choose important issues when taking a stand
6. Make expectations clear
7. Respect their privacy and views
8. Praise good points and tolerate differences
9. Encourage expressions of ideas and feelings.

COMMUNICATING WITH ADULTS

1. Check hearing aids. Amplify if necessary
2. Get the client's attention
3. Structure the environment
4. Remember client's deficit
5. Don't expect that communication is the same with others
6. Match body language with speech
7. Supplement and summarize
8. Give time to ask and answer questions
9. Allow to make errors
10. Be a good listener
11. Stick to one topic at a time
12. Involve family member or caregiver whenever possible

COMMUNICATING WITH A PHYSICALLYCHALLENGED CLIENT

1. Listen attentively, be patient, and do not interrupt
2. Ask simple questions
3. Allow time
4. Give visual cues
5. Speak at a time
6. Speak in normal tone
7. Encourage to converse
8. Clarify
9. Collaborate with speech therapist as needed
10. Use communication aids
    a. pad and felt
    b. communication board
    c. call bells or alarms
    d. sign language
    e. use of eye blinks or movement of fingers

COMMUNICATING WITH A COGNITIVELYIMPAIRED CLIENT

1. Reduce environmental distraction
2. Get client's attention
3. Use simple sentences and long explanations
4. One question at a time
5. Allow time to respond
6. Be an attentive listener
7. Include family and friends

COMMUNICATING WITH AN UNRESPONSIVE CLIENT

1. Call client by name
2. Communicate both verbally and by touch
3. Speak to client as though he or she could hear
4. Explain all procedures
5. Provide orientation
6. Avoid talking about client to others in his or her presence
7. Avoid saying things client should not

COMMUNICATING WITH AN AGGRESSIVE CLIENT

1. Keep the door open
2. Bring aggression under control
3. Don't leave the patient alone
4. Adapt a calm, non-confrontational approach
5. Talk and listen to the patient
6. Acknowledge state of agitation
7. Allow ventilation of anger
8. Convey expectation of appropriate behavior

DISTRUPTIVE BEHAVIORS

→ Effective communication is important among health professionals.
→ Problems in communication is the cause of majority of client errors
→ Outrageous behavior is still common in health care facilities
→ Common Disruptive Behaviors are as follows:

1. Incivility - Rudeness, discourtesy, disrespect

2. Lateral Violence - Negative physical, verbal, nonverbal, or emotional behaviors directed at co-workers at same organizational level

3. Bullying - Offensive, abusive, intimidating, insulting behavior or abuse of power
- Recipient feels upset, threatened, humiliated, or vulnerable.
- Occurs repeatedly for at least 6 months

RESPONDING TO DISTRUPTIVE BEHAVIORS

1. Establish expectation of mutual respect
2. Raise awareness of and identify disruptive behaviors
3. Increase communication skills
4. Be as proficient as in clinical skills
5. Provide training in conflict management
6. Establish zero tolerance for disruptive behaviors
7. Model respectful and ethical behavior

BARRIERS TO COMMUNICATION

→ Client's need should be recognized first when this occur
→ **Major barriers**
  - 1. Failure to listen
  - 2. Improperly decoding client's intended message
  - 3. Placing nurse's needs above client's needs

Stereotyping	Agreeing/ Disagreeing	Being Defensive
Challenging	Probing	Testing
Rejecting	Changing topics and subjects	Unwarranted reassurance
Passing judgement	Giving common advice	*Book*

OVERCOMING COMMON BARRIERS TO COMMUNICATION

→ There are many factors that can cause the message you are trying to communicate to become distorted and not perceived by the receiver in the way you intended.
→ It is important to seek feedback that your message is clearly understood.
→ Nurses must be aware of these potential barriers and try to reduce their impact by continually seeking feedback and checking understanding.
→ ***Common Barriers to Communication in Health Care***

1. Jargons - Avoid using medical terminology, complicated, or unfamiliar words.
- When communicating with patients, explain information in plain language that is easy to understand by those without a medical or nursing background.

2. Lack of Attention - Nurses are typically very busy with several tasks to complete for multiple patients.
- It is easy to become focused on the tasks instead of the patient.
- When entering a patient's room, it is helpful to pause, take a deep breath, and mindfully focus on the patient in front of you to give them your full attention.
- Patients should feel as if they are the center of your attention when you are with them, no matter how many other things you have going on.

3. Noise and other distractions - Health care environments can be very noisy with people talking in the room or hallway, the TV blaring, alarms beeping, and pages occurring overhead.
- Create a calm, quiet environment when communicating with patients by closing doors to the hallway, reducing the volume of the TV, or moving to a quieter area, if possible.

4. Light - A room that is too dark or too light can create communication barriers.
- Ensure the lighting is appropriate according to the patient's preference.

5. Hearing and Speech Problems - If your patient has hearing or speech problems, implement strategies to enhance communication.

6. Language Differences - If English is not your patient's primary language, it is important to seek a medical interpreter and to also provide written handouts in the patient's preferred language when possible.

7. Differences in cultural beliefs - The norms of social interaction vary greatly in different cultures, as well as the ways that emotions are expressed.
- For example, the concept of personal space varies among cultures, and some patients are stoic about pain whereas others are more verbally expressive.

8. Psychological barriers - If nurses are feeling stressed and overwhelmed with required tasks, the nonverbal communication associated with their messages, such as lack of eye contact, a hurried pace, or a short tone, can affect how the patient perceives the message.
- If a patient is feeling stressed, they may not be able to "hear" the message or they may perceive it differently than it was intended.
- It is important to be aware of signs of the stress response in ourselves and our patients and implement appropriate strategies to manage the stress response.

9. Physiological barriers - If a patient is in pain, they are less likely to hear and remember what was said, so pain relief should be provided as needed before providing patient education.
- Sedatives and certain types of pain medications often impair the patient's ability to receive and perceive messages, so health care documents cannot be signed by a patient after receiving these types of medications

10. Differences in perception and viewpoints - Everyone has their own beliefs and perspectives and wants to feel "heard."
- When patients feel their beliefs or perspectives are not valued, they often become disengaged from the conversation or the plan of care.
- Nurses should provide health care information in a nonjudgmental manner, even if the patient's perspectives, viewpoints, and beliefs are different from their own.

COMMUNICATION TECHNIQUES IN NURSING

1. Listen compassionately
  - body language, gestures, facial expression
2. Adapt your communication styles across patients
3. Understand non-verbal cues
  - eyes, face, mouth, gestures

THERAPEUTIC COMMUNICATION

→ Nurse uses personal attributes and clinical techniques while working with the client to bring about insight and behavioral change
→ To have an effective therapeutic communication, the Nurse must consider privacy and respect of boundaries, use of touch, and active listening and observation.
  1. Active listening - Careful attention to what the patient is saying
  2. Empathy
  3. Providing information
  4. Clarifying
  5. Focusing the conversation
  6. Exploring
  7. Paraphrasing
  8. Providing leads

4. Silence
5. Recognize positive behaviors
6. Demonstrate acceptance
7. Allow patient to lead the communication
8. Engage with your patient
9. Ask questions
10. Restating - Repeat their words
11. Respectfully challenge ideas
12. Use humor
13. Encourage patient for self-reflection
14. Request patient teach back
15. Offering self
16. Touch
17. Summarizing

NON - THERAPEUTIC COMMUNICATION

1. Asking personal questions
2. Changing the subject
3. Defensive
4. Giving false reassurance
5. Judging people
6. Stereotyping
7. Asking “why” questions
8. Using sympathy
9. Giving defensive response
10. Providing passive or aggressive responses
11. Arguing

PERSONAL SPACE

Proxemics is the study of personal space and provides guidelines for professional communication.

- **Public Zone** - over 10 feet of distance between people and generally avoids physical contact.
- **Social Zone** - four to 10 feet of distance between people. It is used during social interactions and business settings.
- **Personal Zone** - 18 inches to four feet of space and is generally reserved for friends and family.
- **Intimate Zone** - Less than 18 inches is reserved for close relationships but may be invaded when in crowds or playing sports.

→ Nurses usually communicate within the social zone to maintain professional boundaries.
→ However, when assessing patients and performing procedures, nurses often move into a patient’s personal zone.
→ Nurses must be aware of patients’ feelings of psychological discomfort that can occur when invading this zone.
→ Cultural considerations may impact the appropriateness of personal space when providing patient care.

NURSE PHYSICIAN COMMUNICATION (SBAR)

S - Situation of the patient you are calling about; provide your name, health agency, client name, and brief information about the problem.

B - Background: Admitting diagnosis, date of admission, important clinical information that relates to the call.

A - Assessment: The current condition of the client (vital signs, pain scale, level of consciousness, changes in the assessment severity of the problem).

R - Recommendation: Your recommendation for solving the problem, what you need from the healthcare provider.

EMOTIONAL INTELLIGENCE

- Forming work relationships with colleagues
- Displaying maturity in a variety of situations
- Resolving conflicts while taking into consideration the emotions of others
- Being approachable, easygoing

ASSERTIVE COMMUNICATION

- Promotes client safety by minimizing miscommunication with colleagues
- Honest, direct, and appropriate; open to ideas
- Respects rights of others
- "I" statements, not "you" statements
  - "You" statements place blame and put the listener in a defensive position.
  - "I" statements encourage discussion.

NON - ASSERTIVE COMMUNICATION

1. Submissive Communication - Allowing one's own rights to be violated by others

→ Meeting the demands and requests of others without regard to own feelings and needs
→ Believing own feelings are not important
→ Being insecure and trying to maintain self-esteem by avoiding conflict

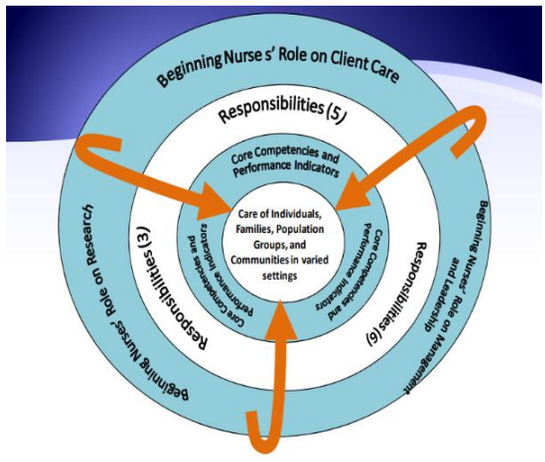
2. Aggressive Communication - Can be blaming and delivered in a rushed manner

→ Becomes ineffective and leads to frustration for the nurse and Physician

NATIONAL NURSING CORE COMPETENCY STANDARD(NNCCS) 2012

Guide in the development of:

- Nursing education program
- Competency-based test framework for nurse licensure examination
- Standard of professional nursing practice
- National career progression program for nursing practice
- Evaluation tools in various practice settings



- These are translated in what is to be recognized as **CORE COMPETENCIES** referred to as technical capacities needed for doing the tasks and roles of every Filipino Professional Nurse.
- **PERFORMANCE INDICATORS** are spelled out for each competency to serve as a guide in evaluating the effectiveness of competencies and this can ensure clients' safety.
- At the innermost circle is the raison d’être (reason for being as nurses). These consist of individuals, families, population groups, and the community as clients. They are the recipients of holistic health care provided by nurses in any work setting.

Three Major Nurses Roles

1. Beginning nurses' roles on client care
2. Beginning nurses' roles on management and leadership
3. Beginning nurses' roles on research

COMPLEMENTARY AND ALTERNATIVE MEDICINE

WESTERN AND EASTERN MEDICINE

→ **Western medical practices include**
- Conventional medicine
- Biomedicine
- Allopathic medicine

→ **Eastern medicine**
- greater emphasis on prevention, natural healing

Complementary and Alternative Medicine (CAM)
- → As many as 1,800 other therapies practiced all over the world over thousands of years
- → Based on ancient medical systems
- → Evolution in the U.S. includes Bioelectromagnetic therapy and Chiropractic therapy
  - ***Complementary*** if CAM together with conventional medicine
  - ***Alternative*** if CAM is in place of conventional medicine
  - ***Integrative*** if treatments from conventional medicine or CAM for which there is high-quality evidence of safety and effectiveness

BASIC CONCEPTS OF MAN

1. Holism - Paradigm of whole systems
- → Belief that people are more than physical bodies
- → Combined mental, emotional, spiritual, relationship, and environmental components
- → Interventions are individualized within the entire context of a person's life

2. Humanism - Mind and body are indivisible.
- → People have the power to solve their own problems.
- → People are responsible for the patterns of their lives.
- → Well-being is combination of personal satisfaction and contributions to larger community.

3. Energy - Force that integrates body, mind, and spirit
- → Grounding
- → Connection with the ground
- → Contact with reality
- → Stability, security, independence

4. Balance - Consists of mental, physical, emotional, spiritual, and environmental components
- → Each component has to be balanced.
- → Equilibrium needed among components

5. Spirituality - Includes drive to become all one can
- → Bound to intuition, creativity, motivation
- → Relationship with oneself, others, and a higher power
- → Gives people meaning and purpose in lives
- → Involves significant meaning in all of life, including illness and death

6. Healing Environments - Created by providing knowledge, skills, and support
- → Synthesis of medical-curing and nursing-healing approach
- → Created when time is taken to be with clients in deeply caring ways
- → Nurses need to create their own healing environments.

HEALING MODALITIES

Ethnocentrism - Assumption that one's own culture or ethnic group is superior to others
- → Has prevented Western health practitioners from learning new ways to promote health and prevent illnesses
- → Consumer demand for broader range of options
- → Cultural traditions and healing practices are part of medical mainstream in other cultures.
- → Nurses should inquire about healing modalities client may have used previously.

SYSTEMATIZED HEALTH CARE PRACTICES

1. Ayurveda - Is an Indian system of medicine
- → Belief in state of imbalance among body systems
- → It claims that mentally healthy people has good memory, comprehension, intelligence, reasoning ability;
- → Emotionally healthy people has balanced emotional states, sense of well-being or happiness
- → Physically healthy people has proper functioning of senses, digestion, elimination
- → Dosha (body) type and dosha imbalance
- → Use Herbals for preventive or regenerative purposes and treatment for specific disorders
- → Exercise program
  - Yoga
  - Breathing exercises
  - Meditative techniques

2. Traditional Chinese Medicine - Imbalance or interruption in the flow of qi
- → Mind, body, spirit, and emotion are never separated.
- → Treatments include:
  - a. Acupuncture
  - b. Acupressure
  - c. Herbal medicine
  - d. Massage
  - e. Heat therapy
  - f. Qigong
  - g. T'ai chi

3. Native American Healing - Spirituality and medicine are inseparable.
- → Only healer is the One
- → Healers use medicine objects and ceremonial treatments.
  - Sweat lodge, singing, dancing, and vision quest (includes fasting and solitude)
  - Smudging, drumming, chanting, healing touch, acupuncture, herbs
- → Harmony between mind and body

4. Curanderismo - Cultural healing found in Latin America and Latinos in United States
- → Traditional healing system with Western biomedical beliefs, treatments, and practices
- → Curanderos (men); curanderas (women)
- → Herbalists, midwives, counselors, spine and joint workers, massage therapists
- → Religious rituals, cleansing rites, prayers

BOTANICAL HEALING

- → Used by 80% of the world's population

1. Herbal Medicine - Many prescription drugs derived from plants
- → Most herbal medicines present no danger if taken appropriately but some can cause serious side effects if taken in excess or over a prolonged period.
- → Caution when combining with prescription and over-the-counter medications
- → Caution about becoming dependent on herbal remedies
- → Caution pregnant and breast-feeding women not to take herbs

2. Aromatherapy - Therapeutic use of essential oils extracted from plants to calm, stimulate, improve sleep, change eating habits, or boost immune system

→ Massaged into skin, inhaled, placed in baths, used as compresses, or mixed into ointments
→ Do not ingest because it can be fatal

3. Homeopathy - Self-healing system
→ Law of similars
→ Remedies stimulate self-healing capacity

4. Naturopathy - System of medicine and a way of life wherein the emphasis is on responsibility, health maintenance, and disease prevention
→ Do not provide emergency care or major surgery
→ Uses rarely prescribe drugs to treat clients in private practice and outpatient clinics
→ **Therapy** - Consumption of specific diets or supplements to prevent or treat illnesses such as vitamins, minerals, amino acids, herbs, other botanical and miscellaneous substances
  ○ Not considered medications
  ○ Nurses assess for dietary supplement use and teach about benefits and risks.
→ **Treatment** - Restoration of health and normal body functions
  ○ Customized to client and the primary consideration is least invasive method

NUTRITIONAL THERAPY

Nutritional Therapy - is the promotion of health through personalized nutrition and lifestyle support.
→ It is a whole-body approach to nutrition and lifestyle medicine that addresses the potential underlying causes of ill-health, rather than focusing on symptoms.
→ Includes supplements, vitamins, minerals, enzymes, fish oils
→ **Major concerns**
  ○ Efficacy
  ○ Consistency
  ○ Safety
→ **Not all supplements are harmless**.
  ○ Adverse effects
  ○ May be contaminated with dangerous substances

MANUAL HEALING METHODS

1. Chiropractic - Third largest independent health profession in Western world
→ Practitioners believe health is state of balance, especially of nervous and musculoskeletal systems.
→ Used to reduce or eliminate pain
→ Correct spinal dysfunction
  ○ Reestablish shock absorption, leverage, and range of motion
  ○ Muscles and ligaments strengthened
  ○ Spinal rehabilitative exercises
→ Preventive maintenance to ensure problem does not recur

2. Massage - Scientific manipulation of soft tissue of the body
→ Aids ability of the body to heal itself
→ Aimed at achieving or increasing health and well-being

3. Acupuncture, Acupressure, and Reflexology - Apply pressure or stimulation to specific points on body
→ Treatments rooted in traditional philosophy about qi, or life energy
→ Blocked or congested energy causes pain, frustration, irritability
→ Goal of care
  ○ Recognize and manage disruption before illness or disease occurs

4. Hand-Mediated Biofield Therapies - Includes Therapeutic Touch (TT), Healing Touch (HT), and Reiki
→ Use of hands on or near with intention to heal
→ Goal of care
  ○ Accelerate person's own healing process
→ Facilitate healing of body, mind, emotions, spirit

MIND-BODY THERAPIES

1. Yoga - Ethical models for behavior and mental and physical exercises
→ Producing spiritual enlightenment

2. Hypnotherapy - Application of hypnosis in wide variety of medical and psychological disorders
→ Not a surrender of control but an dvanced form of relaxation

3. Guided Imagery - Imagery refers to two-way communication between conscious and unconscious mind and involves whole body and senses
→ State of focused attention that encourages changes in attitude, behavior, and physiological reactions
→ Helps stop troublesome thoughts

4. Biofeedback - Learn to control certain physiological responses of the body
→ Electronic equipment for visible and audible responses

5. Qi gong and t'ai chi - Breathing and mental exercises combined with body movement
→ Physical fitness
→ Meditation
→ Self-defense

6. Pilates - Stretching for strength and balance

7. Meditation - Relaxing the body and easing the mind

SPIRITUAL THERAPY

Faith and Prayer - Beliefs and expectations about life, ourselves, and others

Belief in a Supreme Being

Prayer - Communication and fellowship with Deity or Creator
→ Self-care strategy
→ Provides comfort o Increases hope
→ Promotes healing, psychological well-being

MISCELLANEOUS THERAPIES

1. Music Therapy - Induces relaxation and provides distraction through quiet, soothing music without words

2. Humor and Laughter - is highly personalized and helpful when:
→ Establishing relationships
→ Relieving tension and anxiety
→ Facilitating learning o
→ Coping with painful feelings
→ Can bring out positive emotions

3. Bioelectromagnetic - Emerging science which studies how living organisms interact with electromagnetic fields
→ Every animal, plant, and mineral has an electromagnetic field which enables organic beings and inorganic objects to communicate and interact
→ Magnetic fields penetrate body, affect functioning of cells, tissues, organs, systems

4. Detoxification - Belief that physical impurities and toxins must be cleared

→ **Types**

- **Hydrotherapy** - Use of water as a healing treatment
  - Uses body's response to heat and cold
  - Used to:
    - Decrease pain and fever
    - Reduce swelling and cramps
    - Induce sleep o Improve physical and mental tone
- **Colonics** - Procedure for washing inner walls of colon by filling it with water or herbal solutions and then draining it
- **Chelation Therapy** - Introduction of chemicals into bloodstream that bind with heavy metals in the body

5. Animal-assisted Therapy - Specifically selected animals used as a treatment modality in health and human service settings

a. Resident animals - Live at long-term health care facilities
- Gravitate to most isolated or depressed clients

b. Companion Animals - Unconditionally loving
- Opportunities for affection
- Achievement of trust
- Responsibility
- Empathy towards others
- Reason to get up in the morning
- Source of reassurance

6. Horticultural Therapy - Adjunct therapy to occupational and physical therapy

→ Gardening, healing garden
→ Stimulates five senses
→ Provides leisure activities
→ Improves motor function
→ Provides sense of achievement
→ Improves self-esteem

CRITICAL THINKING AND CLINICAL REASONING

Clinical Reasoning

→ The concept of clinical reasoning "evolved from the application of decision- making to the health care professions'

→ "Clinical reasoning also guides nurses in assessing, assimilating, retrieving, and/or discarding components of information that affect patient care'

→ Clinical reasoning is often defined in practice-based disciplines, such as nursing and medicine, as the "application of critical thinking to the clinical situation

Critical Thinking

→ The process of "actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by, observation, experience, reflection, reasoning, or communication, as a guide to belief and action."

→ Critical thinking is the process of applying logic and reason to make decisions or solve problems.

→ The ability to think critically will help you make better decisions on your own and collaborate with others when solving problems - both are essential skills for nurses.

→ *Papp et al*. defined critical thinking as "the ability to apply higher-order cognitive skills (such as conceptualization, analysis and evaluation) and the disposition to be deliberate about thinking leading to an appropriate and logical action (Papp et al., 2014)

→ Critical thinking is the process of intentional higher-level thinking to define a client's problem, examine the evidence-based practice in caring for the client, and make choices in the delivery of care

→ Purposeful linear process of evaluating ideas for reasonableness, or selecting most reasonable idea from competing ideas

→ Requires not only cognitive skills but a person's habit of asking questions, to remain well informed, to be honest in facing personal biases and always willing to reconsider and think about issues (Facione, 1990).

- Identifies and challenges assumptions
- Considers what is important in a situation
- Imagines and explores alternatives
- Considers ethical principles
- Applies reasons and logic
- Thus makes informed decision

CRITICAL THINKING COMPETENCIES

- Scientific method
- Problem solving
- Decision making
- Diagnostic reasoning
- Clinical decision making
- Experience

Problem Solving

→ When problem arise, we obtain information and use the information plus what we already know to find a solution, evaluating the solution

→ It is the process of determining client's health status after the nurse assigns meaning to the behaviors, physical signs and symptoms presented by the client

DIAGNOSTIC REASONING AND INTERFERENCE

Diagnostic Reasoning and Inference

→ It is a process of determining client's health status after the nurse assigns meaning to the behaviors, physical signs and symptoms presented by the client

Inference

→ Drawing conclusions from related pieces of evidences *(Smith & Donald 2002)*

CREATIVITY

Creativity

→ Critical thinking cognitively fuels the intellectual artistic activity of creativity.

→ When nurses incorporate creativity, they are able to find unique solutions to unique problems.

→ Creativity is thinking that results in the development of new ideas and products.

→ Creativity in problem solving and decision making is the ability to develop and implement new and better solutions for health care outcomes

Creative Thinking

→ is the combination of knowledge and imagination (Ruggerio, 1991)

→ Creative thinking occurs when the conscious thinking of the left brain and the spontaneous patterning and imaging of the right brain merge

IMPORTANCE OF CRITICAL THINKING

- Nurses' critical thinking has a significant impact on patient care
- Recognizing changes in patient status is essential
- It's essential to an honest and open exchange of ideas
- It enables you to ensure patient safety
- Improvements can be made through critical thinking
- It Contributes to Rational Decision Making

PURPOSE OF CRITICAL THINKING

- Nurses use knowledge from other subjects and field
- Nurses deal with change in stressful environment
- Nurses make important decisions

Clinical Decision Maker

→ Utilizes critical thinking skills and the nursing process◦

→ *Nursing Process*:

- Assessment
- Diagnosis
- Planning
- Implementation
- Evaluation

TWO OTHER CRITICAL THINKING SKILLS ARE INDUCTIVE OR DEDUCTIVE REASONING

1. Inductive Reasoning

→ Using examples and observations to arrive at conclusions

→ Generalizations are formed from a set of facts or observations.

→ Inductive reasoning moves from specific examples (premises) to a generalized conclusion

→ Involves noticing cues, making generalizations, and creating hypotheses.

→ Cues are data that fall outside of expected findings that give the nurse a hint or indication of a patient's potential problem or condition.

→ The nurse organizes these cues into patterns and creates a generalization

→ ***Example***: Inductive reasoning

- After touching several hot flames (premise), we conclude that all flames are hot. A nurse who observes a client who has dry skin, poor turgor, sunken eyes, and dark amber urine and who is determined to be dehydrated (premise) concludes that the presence of those signs in other clients indicates that they are dehydrated

2. Deductive Reasoning

→ by contrast, is reasoning from general premise to the specific conclusion.
→ referred to as "top-down thinking."
→ Deductive reasoning relies on using a general standard or rule to create a strategy

→ ***Example***: Deductive reasoning
- Based on research findings, hospital leaders determine patients recover more quickly if they receive adequate rest.
- The hospital creates a policy for quiet zones at night by initiating no overhead paging, promoting low-speaking voices by staff, and reducing lighting in the hallways.
- The nurse further implements this policy by organizing care for patients that promotes periods of uninterrupted rest at night.

CLINICAL JUDGEMENT

Clinical Judgment

→ It is the result of critical thinking and clinical reasoning using inductive and deductive reasoning
→ It is a decision-making process to ascertain the right nursing action to be implemented at the appropriate time in the client's care,
→ The nurse must first have the knowledge base necessary to practice in the clinical area and then use that knowledge in clinical practice
→ Clinical experience allows the nurse to recognize cues and patterns and begin to reach correct conclusions.
→ "The observed outcome of critical thinking and decision-making
→ It uses nursing knowledge to observe and assess presenting situations, identify a prioritized patient concern, and generate the best possible evidence-based solutions in order to deliver safe patient care.'

TECHNIQUES IN CRITICAL THINKING

1. Critical Analysis

→ Application of a set of questions to a particular situation or idea to determine essential information and ideas and discard unimportant information and ideas

2. Inductive & Deductive Reasoning

→ Generalizations are formed from set of facts and observation
→ From specific to general conclusion
→ From general to the specific conclusion

3. Making Valid Inferences
4. Differentiating Facts from Opinions
5. Evaluating The Credibility of Information Sources
6. Clarifying Concepts
7. Recognizing Assumptions

Critical Analysis - Application of a set of questions to a particular situation or idea to determine essential information &ideas and discard unimportant information and ideas

Inductive Reasoning - Generalizations are formed from set of facts or observations

→ From specific to general conclusion Deductive Reasoning
→ From general to the specific conclusion

TYPES OF STATEMENT

1. **Facts** – Can be verified through investigation
2. **Inferences** – Conclusions drawn from the facts; going beyond facts to make a statement about something not currently known
3. **Judgments** – Evaluation of facts or information that reflects values or other criteria; a type of opinion
4. **Opinions** – Beliefs formed over time; include judgements that may fit facts or be erroneous

APPLYING CRITICAL THINKING TO NURSING PRACTICE

Nursing Process - A systematic, rational method of planning and providing individualized nursing care

→ 5 phases:
- 1. Assessing
- 2. Diagnosing
- 3. Planning
- 4. Implementing
- 5. Evaluating

CRITICAL THINKING SKILLS

Interpretation – understanding the meaning of information or events

Analysis – investigating a course of action based on objective and subjective data

Evaluation – assessing the value of information and its credibility

Explanation – translating complicated and often complex medical information to patients and families in a way they can understand to make decisions about patient care

Self-Regulation – avoiding the impact of unconscious bias with cognitive awareness

PROBLEM SOLVING PROCESS

Problem Solving - A mental activity in which a problem is identified that represents an unsteady state.

→ Nurse obtains information that clarifies the nature of the problem and suggests possible solutions.

Trial & Error - A number of approaches are tried until a solution is found

→ Can be dangerous because the client might suffer harm if an approach is inappropriate

Intuition

→ Relies on a nurse's inner sense
→ Understanding or learning of things without the conscious use of reasoning
→ Known as the sixth sense, hunch, instinct, feeling & suspicion.
→ Some say inappropriate basis for nursing but some say essential aspect of clinical judgement acquired through knowledge and experience

Clinical Judgment - A decision-making process to ascertain the right nursing action to be implemented at the appropriate time in the client's care.

→ Not recommended for novices or students

9 ATTITUDES THAT FOSTER CRITICAL THINKING

1. Independence (individuals think for themselves)
2. Fair-mindedness (no bias)
3. Insight into egocentricity (self-awareness of bias)
4. Intellectual humility (willing to admit they don't know)
5. Intellectual courage to challenge the status quo and rituals (recognizes values beliefs can be false)
6. Integrity (evaluate inconsistencies)
7. Perseverance (resist temptation of fast and easy)
8. Confidence (well-reasoned = trustworthy)

9. Curiosity (value tradition but examine its validity)

COMPONENTS OF CLINICAL REASONING

Cognitive Processes - The thinking processes based on the knowledge of aspects of client care

- → Skills are learned thru reading & applying health related literature

Metacognitive Processes - Include reflective thinking and awareness of the skills learned by the nurse in caring for the client.

- → The nurse reflects on the client's status & thru the use of critical thinking skills determines the most effective plan of care.
- → ***1. Setting Priorities*** - Needs to be dynamic or flexible because clinical environment can change quickly, requiring changes in priorities.
- → ***2. Developing Rationales*** - Nurse transfers nursing knowledge to the clinical situation to justify the plan of care.
- → ***3. Learning How To Act*** - Know how to act & when to respond in a clinical situation by recognizing what is most urgent or significant
- → ***4. Clinical Reasoning-In-Transition*** - Ability to recognize subtle changes in a client's condition overtime.
    - Nurses need to develop a sense of what is most important in each changing clinical situation
- → ***5. Responding To Changes in The Client's Condition*** - Detect changes in the client's condition, recognize a change in priorities, adjust nursing care & alert the primary care provider when appropriate.
- → **6. Reflection** - A key to the success of clinical reasoning
    - The identification of factors that improve client's care and what needs change

CONCEPT MAPPING

Concept Mapping - A technique that uses a graphic depiction of nonlinear and linear relationships to represent critical thinking

- → A.K.A mind mapping
- → Context dependent & can be used to develop analytical skills are quicker than note taking and highlight key ideas
- → Provide opportunity to visualize things your own way
- → Allow focus on concepts and relationships