ALKAN HEALTH SCIENCE BUSINESS AND TECHNOLOGY COLLEGE

DEPARTMENT Of NURSING

- Introduction to professional Nursing ethics for 2nd year nursing students

October 2021

Introduction

- **Course Title**: Introduction to professional Nursing ethics
- **Credit Hours: 2** (Theory 2)
- **Category:** BSc nursing students
- **Instructional hour:** 32 lecture contact hour

Course description

- This course is designed to assist students to make a **transition in to professional nursing at the baccalaureate level.** Students will be introduced in the working definitions of

✓ health, illness, clients, nursing,

✓ nursing process

✓ the role of nurses

✓ Ethical principles of nursing

✓ Concept of health promotion and wellness;

✓ communication techniques; the nurse client relationship

✓ theories of human behavior will assist students to further study the role of the baccalaureate nurses.

Course description….

- Besides the course enables students to acquire knowledge and appreciation of the emergence of nursing as profession. Emerging common and relevant nursing theories in Ethiopia from international perspective will be discussed. Students discuss the rights and responsibilities of nurses and patients, and debate ethical and legal issues related to nursing

Course objectives

Specific objective: After completing this course, the students will be able to:-

- Acquire basic understanding about the Nursing profession and its underlying principles
- Identify the client need using as a strategy nursing
- Promote Effective communication system that enables to foster health promotion wellness and development

Course contents:

Unit I

- Foundation of modern nursing

Unit II: Philosophy of nursing theory

- Over review of theory
- Relationship of theory to practice and research
- Concepts Important to nursing (system, needs, health belief, Developmental stress (adaptation theory).
- Nursing theory (self-care, adaptation)

Course contents…

Unit III: Health, illness and Health care system

- Health and illness
- Models of health and illness
- Health-illness continuum
- Wellness
- Holistic view of health

Health –care delivery system

- Hospital care
- Home based care
- Ambulatory care

Unit IV:

- Ethics-legal aspects to nursing
- Ethics issue in nursing
- Normal value and ethics
- Ethical principles
- Ethical philosophy
- Analysis of Ethical Dilemma
- Legal issue in nursing
- Torts and curious

Unit IV….

- Sources of low
- Standardized of care
- Patient bill of right
- Informed consent

Unit V: the communication process

Unit VI: The nursing process in human health and function

Teaching Methods:

- Interactive lecture
- Discussions
- Group work or individual work

Assessment Methods

1. continuous Assessment (60%)

- Class activity
- Quizzes
- Individual or group assignment
- Presentation
- Mid exam

2.Final Examination……40%

Attendance criteria

- ✓ As per legislation, attendance should be 100%. But to say incomplete attendance , the student must be cover at list 85% of the course
- ✓ If the student does not attend 85 he or she will not sit for examination and become subjected to **repeat the course.**

References

- Packer Marlyn, Nursing theory & practice.
- Alli good Martha Rolle – Nursing theory utilization and adoption.
- Potter, Perry (1995). Basic Nursing Theory and Practice; 3rd ed. Mosby.
- Manual of Nursing Association
- Leahy M. Julia & Kizilay (1998). Foundations of Nursing Practice; A Nursing Process Approach. W.B. Saunders Company.
- Aiken, D. Tonia, Catalano T. Joseph (1996). Legal, ethical and Political Issues in Nursing. F.A. David
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CHAPTER ONE
INTRODUCTION TO NURSING

Objectives

- Discuss the historical development of nursing
- Explain the professional growth within nursing
- Identify the critical attribution of professionalism in nursing
- Describe the nursing development in Ethiopia

Definition of Nursing

Different people have defined nursing differently

According to dictionary definition

- **Nurse –** is a person who cares for the sick, wounded or weaken, especially one who makes a profession of it.
- A person trained to provide care for the sick.
- **Nursing-** is the process or profession of caring for patients as a nurse

- The act of utilizing the environment of the patient to assist him in his recovery." (nightingale, 1860)
  - Nightingale considered a clean, well-ventilated, and quite environment essential for recovery.
- The unique function of the nurse is to assist the individual, sick or well in the performance of those activities contributing to health or its recovery. (or to peaceful death, (Henderson 1966).

- Nursing is a dynamic caring and helping relation-ship in which the nurse assists the client to achieve and obtain optimal health. (CNA, 1987).

- Nursing is the diagnosis and treatment of human responses to actual or potential health problems." (ANA, 1980).
- Nursing is an art and science that deals with prevention of disease, care of the sick and treatment of the patient, and is also deals with teaching and rehabilitation of patient (MOH).

- Certain themes are common to many of these definitions:
  - Nursing is caring
  - Nursing is an art
  - Nursing is a science
  - Nursing is client centered
  - Nursing is holistic
  - Nursing is concerned with health promotion, health maintenance, and health restoration.
  - Nursing is a helping profession.

1.2. Historical Development of Nursing

- It is difficult to trace the exact origin of the nursing profession.
- moral action is the historical basis for the creation, evolution and practice of nursing.

1.2.1 Nursing in ancient civilization

- The early record of ancient civilization offers little information about those who care for the sick.
- During this time beliefs, about the cause of disease were embedded in ***superstition*** and ***magic*** and thus treatment often involved magical cures.

- Ancient Egyptians developed community planning and strict hygienic rules to control communicable diseases.
- In the Babylonian civilization, there were references to tasks and practices traditionally provided by nurses.
  - Nurses are mentioned occasionally in old Testament as women who provide care for infant, for the sick and dying and as midwives who assisted during pregnancy and delivery

- In ancient Rome, care of the sick and injuries was advanced in Mythology and reality.
  - Although medicine as a science was developed there was little evidence of establishing a foundation for nursing.
  - The ancient Greeks gods were believed to have special healing power.

- In 460 BC Hippocrates born and credited with being the Father of medicine.
- He proved that illness had natural cause and not to be of a **religious or magical** cause.
- Hippocrates first proposed such concepts as physical assessment, medical Ethics, patient – centered care and observation and reporting.
- He emphasized the importance of patient care that contributed a lot for the groundwork of nursing..

1.2.2. Nursing in the Middle Ages

- During this time, **monasticism and other religious** groups offered the only opportunities for men and women to pursue careers in nursing.
- It was the Christian value of"love the neighbor as the self" that had a significant impact on the development of western nursing.
- The principle of caring was established with Christ’s parable of Good Samaritan providing care for a tired and injured stranger (visitors….)

- In the third and fourth centuries several wealthy matrons of Roman empire, including Marcella, Fabiola and Paula, converted to Christianity and used their wealth to provide house of care and healing (**the fore runner of hospital)** for the poor, the sick and homeless.
  - Women were not the sole providers of nursing service in the third century in Rome.
  - There was an organization of men called the parabloani Brotherhood.
  - This group of men provided care to the sick and dying from the great plague in Alexandria.

1.2.3 Dark Age of Nursing

- In this period Monasteries were closed and the work of women in religious order was nearly ended.
- women who cared for the sick during this time were prisoners or prostitutes who had little or no training in nursing.
- Because of this, nursing was considered as the most minimal of all tasks, and had little acceptance.

1.2.4. The development of modern Nursing

- In the half of eighteenth century **Florence nightingale** the founder of modern nursing changed the form and direction of nursing and succeeded in establishing it as a respected profession.
- She was born to wealthy and intellectual family in may 12, 1820.
- In spite of opposition from her family and restrictive societal code for affluent young English woman to be a nurse

- Nightingale believed she was "called” by **God to help others and to improve the wellbeing of mankind**.
- In 1847 she received three month's training at Kaiserwerth.

– In 1853 she studied in Paris with sister of charity, after which she returned to England to assume the position of super intendment of a charity hospital.
– Nightingale worked to free nursing from the bonds of the church.

- She saw nursing as a separate profession from the church, yet she began her career as the result of the mystic experience.
- During the Crimean war, Florence nightingale was asked to recruit a contingent of female nurses.
- The Jamaica nurse **Mary Grant** was the first nurse recruited to provide care to the sick and injured in the Crimean war.
- The achievements of Florence nightingale in the war were so outstanding that she was recognized by the queen of England who awarded her **the Order of Merit.**

- When she returned to England she established the nightingale school of nursing, which was opened in 1860.
- The school served as a model for other training schools.
- Its graduates traveled to other counties to manage hospitals and nursing training programs.

1.2.5. History of Nursing Ethiopia

- In ancient Ethiopia illness was considered to be punishment from **sins or magic.**
- Most people had a medicine man or women called "Hakims" or wegasha" who performed rituals, using various plants and herbs to heal the sick.
- The religious people were also providing care for the sick or injured in the monks‘ hospital in Debrelibanos.

- In late 19th century before nurses training started, foreign nurses were practicing in the health care delivery system of Ethiopia.
- In 1917 Sister Karin Holmer came as trained nurse to Ethiopia.
- In 1908, Emperor Menelik II established the 1st Governmental public health services, now known as **ministry of public health** which is established.
- In 1909, the first hospital Menelik II was built in Ethiopia.
- Later on his Imperial majesty Hailesilassie established different Hospitals in deferent regions including Addis Ababa.

- The first clinic was established at the hot spring at Eilet near Messwa in which sick people used to come for bathing.
- The Dejasmatch Balcha Hospital was established in 1948 under the agreement with Soviet Red Cross, Ethiopian government provided the building.
- The Princes Tsehai memorial Hospital was opened in 1951, as a tribute initially from the British people now known as Army Hospital.

Training of Medical personnel

- Before the Italian occupation the only training in the public health personnel consisted of **auxiliary medical training** in several hospitals and missions.
- The growth of hospitals made it necessary to start the training of Ethiopians to assist in staffing hospitals and clinics.
- As a first step training, facilities for medical auxiliary personnel were made available in the Menelik II Hospital
- For some years government and mission hospitals had been engaged in training dressers and other nursing orderlies

Ethiopian Nurses

- Princess Tsehai, the emperor youngest daughter was the first graduated national nurse from Ormand street hospital London.
- In 1948 the Ethiopian Red cross nursing school established by his Imperial majesty in the private Hospital Bet-Saida which later changed to Haleslassie I Hospital.
- Then during the Derg regime, this hospital is changed its name to Yekatit 12 hospital,which still exists

- In 1950, the school of nursing was established at Empress Zewditu memorial hospital for male and female nurses.
- In March 1953, the first eight nurses from Ethiopian Red Cross of nursing and nine from Empress Zewditu memorial hospital were graduated.

- In 1951, two school of Nursing was established: one at the princess Tsehai memorial only for female nurses
- and the other one was in Nekemt at the Teferie Mekonnen Hospital.
- In 1959 the post basic training started at princess Tsehai memorial hospital for midwifery nursing and four nurses graduated in 1960.
- In 1954 the Gonder Health College and training center opened and gave training to community nurses.
- In 1958 fifteen (15) community nurses graduated from this center.

1.3. Nursing as a developing profession

1.3.1. Profession and professionalism

– Nursing is a profession.

– A profession is generally distinguished from other kinds of occupation by:

a) Its requirement of prolonged specialized training acquiring a body of knowledge pertinent to the role to be performed and

b) An orientation of the individual to ward service, either to community or organization.

1.3.2. Criteria of a profession

- Professional status is achieved when an occupation involves practice
  - A profession carries great individual responsibility and based up on theoretical Knowledge.
  - The privilege to practice is granted only after the individual was completed a standardized program of highly specialized education ‘and has demonstrated an ability to meet the standards for practice.

– The body of specialized knowledge is continually developed and Evaluated through research.

• The members are self organized and collectively assume the responsibility of establishing standards for education and practice

Role of the professional nurse

1. Care provider: caring /comforting involve knowledge and sensitivity to what matter and what is important to the client.

2. **Communicator / Helper**: Effective communication is an essential element of all helping profession, including nursing. It helps the client to explain the internal feeling.

3. **Teacher/educator**: teacher refers to activities by which the teacher helps the student to learn. The client also need education based on the case.

4. **Counselor**: counseling is a process of helping a client to recognized and cope with stressful psychological or social problem, to develop improved interpersonal relation ships and promote personal growth.

5. **Client advocate:** An advocate pleads the cause of others or argues or pleads for a cause or proposal

Role of the professional nurse….

6. **Change agent**: a change agent is a person or group who initiates changes or who assists others in making modification in them selves or in the system.

7. **Leader:** leader ship is defined as mutual process of inter personal influence through which the nurse helps a client make decision in establishing and achieving goals to improve the client well being.

8. **Manager:** management defines manager as who plans, gives direction, developing staff, monitoring operations, giving rewards fairly and representing both staff member and administration as needed.

9. **Researcher**: majority of researchers in nursing are prepared at doctoral and post doctoral level. Although an increasing number of clinicians and nurses with masters degree are beginning to practice it.

1.3.5. Nursing Education

1. **Practical Nurse Education:**

- The first formal education in **practical nursing was started in 1892.**
- The duration of training was 3 months and students were called **attendants.**
- The curricula of practical nursing includes child and elderly care, cooking and care of the sick at home

2. **Licensed practical nursing:**

- These programs usually last one year and provide both classroom and clinical experiences.
- At the end, the graduate takes national council licensing examination to obtain a license as a practical or vocational(professional) nurse.
- In Ethiopia the international licensed examination was given up to 1977.
- Later on national was given and stopped 1997.

3. **Registered nursing**:

- In the United States, registered nurses is provided in three types of programs, Diploma, Associate degree, and baccalaureate programs
- In Canada, the 2-years,3- years or more diploma and baccalaureate programs prepare registered nurses.

4. Diploma:

These programs may last two or more years and are often associated with colleges or universities.

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- In Ethiopia the diploma Programme required 8th grade and stayed for 4 years, then the requirement was changed to 10th-12th grade and staying 2-3 years.

5. Associate degree: In 1980 as a solution to the acute shortage of nurses that came about because of World War II.

– Associated degree programs are offered in united state in junior colleges as well as in college and universities.

6. **Baccalaureate degree:** this program were established in universities in both united state and Canada in the early 1900s.

– In Ethiopia this Programme was started in Jimma university in1993.later on the Programme continued in Dilla, Alemaya and Gondar

7. **Masters programs: -** master's programs generally take from 11/12 to 2 years to complete. The Programme has been proposed in September, 2005 in Ethiopia

8. Doctoral programs: doctor of nursing science (DNS) began in the 1960s in united state.

9. Continuing education: - to formalize experiences designed to enlarge the knowledge or skills of practitioners.

10. In service education; - it is designed to up date the knowledge or skills of employees.

1.3.6. Socialization in Nursing

- Socialization is a process by which a person learns the way of **a group or society** in order to become a functioning participant
- The process of **internalization and development of an occupation identity** is known as professional socialization.
- Professional socialization in nursing is believed to occur largely, but not entirely during the periods students are in basic nursing programs.

- It continues after graduation when they enter nursing practice
- In Nursing, formal socialization includes **lessons the faculty intends to teach-** such as how to plan nursing care, how to perform a physical examination on healthy child, or how to communicate with psychiatric patient.
- Informal socialization includes lessons that occur incidentally

- such as over hearing a nurse teach a young mother how to care for her premature infant, participating in the students nurse association or sitting in on nursing ethics committee meeting part of professional socialization in simply absorbing the culture of nursing.
- This requires that students spend enough time with nurses in working setting for adequate exposure to the nursing culture to occur.

- Most nurses agree that informal socialization is often more power full and memorable than formal socialization
- Socialization is much more than the transmission of knowledge and skills.
- It serves to develop common nursing consciousness and is the key to keeping the profession vital and dynamic.

During socialization the nurse should:

- Value her/his own beliefs and practice while respecting the belief and practice of others.
- Respect the culture and religious beliefs of individuals.
- Become aware of the client's culture as described by the client and know client's cultural values, beliefs, and behavior.
- Know what is right or wrong
- The socialization process therefore involves changes in perception, knowledge, skill, attitudes, and values.

- There are five levels of proficiency the nurse passes as the nurse progress and acquires the knowledge, skill, attitudes, and values of nursing.

Stage 1 Novice: A novice may be a nursing student/any nurse entering a clinical setting where that person has **no experience** and governed by structured rules and protocols.

Stage 2 Advanced beginner: can demonstrate marginally accepted performance.

- The beginner has had experience with enough real situations to be a ware of meaningful aspect of situation.

Stage 3 Competent: the nurse who has been on the job in similar situation for 2or 3 years manifests Competence.

- Competence develops when the nurse consciously and deliberately plans nursing care and coordinates multiple complex care demands.

- The major components of competency include observation, interpretation, planning, action and evaluation.

Stage 4 proficient: The proficient nurse perceives a situation as a whole rather than just its individual aspects.

- The nurse focuses on **long-term goals** and is oriented to ward managing the nursing care of a client rather than performing specific task.
- **Stage 5 Expert:** The expert nurse not only relies on rules, guidelines, or maxims but also uses her/his understanding of situation to an appropriate action.

Organization socialization

- Organization socialization is the process by which an individual comes to appreciate the values, abilities, expected behaviors and social knowledge essential for assuming an organizational role and for participating as an organization member.
- The organization seeks through socialization to achieve high levels of individual performance with positive impact on group and organization out put.

- Each organization is an on going social system that has evolved a unique set of values, ideas, frictions, conflicts, friend ships coalitions.
- It is the goal of orientation to enable the new person to enter this new system intelligently and to cope successfully
- Socialization includes an introduction to group norms, the values and modes of behavior that are respected.

- Group norms are established as nurse’s attempt a potentially explosive conflict of interest" the two conflicting interests are

1. A desire for companion ship and peer recognition and
2. A human desire for autonomy and individuality group norm can be positive (supportive), negative (obstructing) or neutral (ineffectual)

1.3.7. International and national nursing association

- Associations are organizations of persons with **common interests.**
- As the number of nurses increased the activities and problem in connection with work also increased
- A professional association is an association of practitioners who judge one another and who banded together to perform social function's which they can not perform in their separate capacities as individual.

Nursing Association

– The nursing association must perform the following five functions for the preservation and development of its profession

1. Defining and regulating the profession through *setting* and *enforcing standard of education* and of education and practice for generalist and specialist.
2. Developing the knowledge base for practice in its broadest and narrowest components.

3. Transmitting values norms, knowledge, and skill to nursing students, new graduates and members of the profession for application in practice.
4. Communicating and advocating the value and contribution of field to several publics and constituencies
5. Attending to social and general welfare of their member.

INTERNATIONAL COUNCIL OF NURSES (ICN) IN 1899

- Great Britain, the United States, and Canada were among the founding members.
- The Council is a federation of national Nurses' association, Such as the ANA and CAN.
- In 1993, 111 national Nurses Associations representing 1.4 Million Nurses worldwide were affiliated with the ICN.

The Objectives of ICN are:

1. To improve the standards and states of Nursing
2. To promote the development of strong National Nurses' Association
3. To serve as the authoritative voice for Nurses and the nursing profession worldwide.

Ethiopian Nurses Association (ENA)

- established 6th may, 1952
- Her Royal excellence princess Tenagnework Hailesilassie was the patron of the association.
- There were 15 member when 1st constituted & increased to 80, including some international nurses at 1965.

- The Ethiopian Nurses Association becomes a member of ICN in May 1957.
- In 1958, the first ENA publication was started, in the form of pamphlet.
- Signed an agreement with CAN in March 11, 1990 EC

- The association has 18(eighteen) branches in different region and schools. Publish ``voice of nursing "magazine every 6(six) months.

The aim of ENA

1. Discuss and solve problems affecting nurses.
2. Setting higher standards in nursing

Ethiopian nursing counsel

- Established in 1954.
- It was responsible for setting examination for nurses , licensing nurses and midwives, registering nurses, and monitoring standard of care.
- It acted as the official liaison between the ministry of public health and the ENA.

– The function of Ethiopian nursing council were

1. To study nursing needs
2. Participating in health planning
3. To develop nursing policies
4. Making accreditations regarding nursing, midwifery and auxiliary nursing.

5. Responsible for recommending disciplinary action against nursing personnel
6. To advise on ethical issue concerning nurses and nursing practice
7. Responsible for licensing nurses for revoking (removable) such as licenses as result of malpractices.
8. Promoted the training of nursing personnel.

CHAPTER TWO

PHILOSOPHY OF NURSING THEORY

Learning Objectives

- Define belief, value and philosophy.
- Discuss the impact of beliefs and values on nurses' professional practice.
- Explain the importance of a philosophy of nursing.
- Explain the importance of theory to the nursing profession

Make in small group

1. what is belief
2. What is value
3. Is value and belief is different or the same why?
4. Discuss the impact of beliefs and values on nurses' professional practice

2.1. Beliefs, values and philosophy of Nursing

2.1.1. Beliefs

- A belief represents the **intellectual acceptance of something as true or correct**.
- Beliefs are exhibited through attitudes and behaviors
- Beliefs are generally transmitted from generation to generation.

- In nursing, it is important to know and understand one's beliefs because the practice of nursing frequently challenges nurses' beliefs.
- Effective nurses recognize the need to adopt **nonjudgmental** attitudes toward patients' beliefs.
- Beliefs are the convictions that we generally hold to be true, usually **without actual proof or evidence**

2.1.2. Values

- Values are the social principles, ideals, or standards held by an individual, class, or group that give meaning and direction to life.
- A value is an abstract representation of what is right, worthwhile, or desirable
- Values reflect what people consider desirable and consist of the subjective assignment of worth to behavior.

- In general Values are a culture’s standard for discerning what is good and just in society. Values are deeply embedded and critical for transmitting and teaching a culture’s beliefs.
- Individuals in a society have specific beliefs, but they also share collective values.

Cont..

- A belief will develop into a value when the person's commitment to it grows and they see it as being important. It is possible to categorize beliefs into different types of values – examples include **values that relate to happiness, wealth, career success or family**.

Cont..

- To illustrate the difference, Americans commonly believe in the American Dream—that anyone who works hard enough will be successful and wealthy. Underlying this belief is the American value that wealth is good and important.

- Values often suggest how people should behave, but they don’t accurately reflect how people do behave. Values portray an **ideal culture**, the standards society would like to embrace and live up to. But ideal culture differs from **real culture**, the way society actually is, based on what occurs and exists

- In an ideal culture, there would be no traffic accidents, murders, poverty, or racial tension. But in real culture, police officers, lawmakers, educators, and social workers constantly strive to prevent or repair those accidents, crimes, and injustices.

Beliefs and values in nursing practice

- Just as *beliefs influence nursing practice*, values also *influence how nurses practice their profession*, often without their conscious awareness.
- Nursing is a behavioral manifestation of the nurse's value system.
- Values influence behavior and that people with unclear values *lack direction, persistence, and decision-making skill*.

Types of Values

1. **Personal Values:** Most people drive some values from the society in which they live. Eg: self worth, sense of humor, honesty, humanity, fairness and love.
2. **Professional values:** are reflections of personal values.

– Acquired during socialization into nursing. Some of the important values of nursing are:

- ✓ Strong commitment to service
- ✓ Belief in the dignity and worth of each person
- ✓ Commitment to education
- ✓ Autonomy

Values Clarification

- Nurses as well as people in other helping professions need to understand their values.
- This is the first step in *self-awareness, which is important in maintaining a nonjudgmental approach to patients.*
- value clarification for nurses in professional practice

✓ Provides a basis for understanding how and why we react and respond in decision-making situations.

✓ Enables us to acknowledge similarities and differences in values when interacting with others *which ultimately promotes more effective communication and care*

✓ Enables nurses to be more effective in facilitating the nursing process with others

Impact of institutional values on nurses

- Nurses need to be conscious of both the spoken and unspoken values in their work settings
- Nurses should identify congruencies between personal values and those of the institution, *because accepting employment implies committing to the value system of the organization*.

PHILOSOPHY

- Philosophy is defined as the study of the fundamental nature of knowledge, reality and existence especially when considered as an academic discipline.
- A more literal translation, based on the Greek root words, means the “love of wisdom”.
- It is a set of beliefs and attitudes that direct the behavior of individuals to the achievement of a goal.
- Everyone has a personal philosophy of life, which is unique from all others.
- People develop personal philosophies as they mature

Philosophies of Nursing

- Philosophies of nursing are statements of **beliefs about nursing**
- and it is expressions of values in nursing that are used as bases for thinking and acting.
- Most philosophies of nursing are built on a foundation of beliefs about people, environment, health, and nursing
- Every nurse has a philosophy of a set of beliefs upon which is the base to nursing action

- Nurses' personal philosophies interact directly with their philosophies of nursing and influence professional behaviors.
- An important point about philosophies of nursing is that they are dynamic and change over time.
- Developing a philosophy of nursing is not merely an academic exercise required by accrediting bodies

A metaparadigm A metaparadigm is the most general statement of discipline and functions as a framework.

The nursing metaparadigm consist of four main interrelated concepts: person, health, environment, and nursing.

1. The person (Patient) is the recipient of nursing care and may include individuals, patients, groups, families, and communities

2. The Environment (or situation) is defined as the internal and external surrounds that affect the client. It includes all positive or negative conditions that affect the patient, the physical environment, such as families, friends, and significant others, and the setting for where they go for their healthcare.

3. Health

- Health is defined as the degree of wellness or well-being that the client experiences. It may have different meanings for each patient, the clinical setting, and the health care provider

4. Nursing (Goals, Roles Functions)

The attributes, characteristics, and actions of the nurse providing care on behalf of or in conjunction with, the client. There are numerous definitions of nursing, though nursing scholars may have difficulty agreeing on its exact definition, the ultimate goal of nursing theories is to improve patient care.

- The main focal point of nursing out of the four various common concepts is the person (patient).

2.2. Overview of Nursing Theory

- Theories are general concepts used to *explain*, *predict*, *control*, *and understand commonly occurring events*.
- A theory is a set of systematically interrelated concepts or hypothesis that seeks to explain and predict phenomena.
- Nursing theory attempts to describe or explain the phenomenon of nursing.
- Nursing theory differentiates nursing from other disciplines and activities.

There have been three reasons for the interest in theory:

1. Theory development contributes **to knowledge building** and is seen as a means of establishing nursing as a profession
2. The growth and enrichment of theory in and of itself is an important goal of nursing, as a scholarly discipline, to pursue.
3. Theory helps practicing nurses categorize and understand what is going on in nursing practice;

Components of nursing theories

- **Phenomenon**

Is an idea or responses about an event, a situation, a process, a group of events, or a group of situations.

- Nursing theories focus on the phenomena of nursing.
- **Concepts**: are words or phrases that identify, define, and establish structure and boundaries for ideas generated about a particular phenomenon.

Cont…

- **Definitions**: are used to convey the general meaning of the concepts of the theory
- Relational Statements: define the relationships between two or more concepts.
- **Assumptions**: are accepted as truths and are based on values and beliefs.

These are statements that explain the nature of concepts, definitions, purpose, relationships, and structure of a theory.

Purposes of Nursing Theories

- The primary purpose of theory in the profession of nursing is to improve nursing practice by positively influence the health and quality of life of patients.
- Nursing theories aim to define, predict, and demonstrate the phenomenon of nursing.
- to define and describe nursing care
- guide nursing practice
- provide a basis for clinical decision making

Relationship of theory to practice and research

- Professional nursing practice is grounded in a theoretical foundation.
- Theoretical concepts are developed as nursing practice evolves and is examined with respect to existing knowledge.
- When these concepts are scientifically validated in a multitude of practice situations, they provide guidelines for practice by way of conceptual models.

– Conceptual models attempt to explain the nursing paradigm, or overall scheme, which relates the nursing client to the context of

- ✓ environment of care
- ✓ to the health or illness situation
- ✓ and to the practice of nursing.

❖ In a clinical setting, its primary contribution has been the facilitation of reflecting, questioning, and thinking about what nurses do.

2.3. Types of nursing theories

There are different ways to categorize nursing theories. They are classified depending on their function, levels of abstraction, or goal orientation

- grand theory,
- middle-range theory, and
- practice-level theory

Grand Nursing Theories

are abstract, broad in scope, and complex, therefore requiring further research for clarification.

they do not provide guidance for specific nursing interventions but rather provide a general framework and ideas about nursing adaptation, humanistic, caring, self care theories.

Middle-Range Nursing Theories

More limited in scope (as compared to grand theories) and present concepts and propositions at a lower level of abstraction.

- They address a specific phenomenon in nursing

e.G comfort, goal attainment,

Practice-Level Nursing Theories

- Practice nursing theories are situation specific theories that are narrow in scope and focuses on a specific patient population at a specific time.
- Theories developed at this level have a more direct effect on nursing practice as compared to more abstract theories.
- These theories are interrelated with concepts from middle-range theories or grand theories

Nursing theories

1.Florence Nightingale - Environment theory

2. Hildegard Peplau - Interpersonal theory

3. Virginia Henderson - Need Theory

4. Fay Abdella - Twenty One Nursing Problems

5. Ida Jean Orlando - Nursing Process theory

6. Dorothy Johnson - System model

7. Martha Rogers -Unitary Human beings

8. Dorothea Orem - Self-care theory

9. Imogene King - Goal Attainment theory

10.Betty Neuman - System model

Cont..

11. Sister Calista Roy - Adaptation theory
12. Jean Watson - Philosophy and Caring Model
13. Madeleine Leininger -Transcultural nursing
14. Patricia Benner - From Novice to Expert
15. Lydia E. Hall - The Core, Care and Cure
16. Joyce Travelbee - Human-To-Human Relationship Model
17. Margaret Newman - Health As Expanding Consciousness
18. Katharine Kolcaba - Comfort Theory
19. Rosemarie Rizzo Parse - Human Becoming Theory
20. Ernestine Wiedenbach - The Helping Art of Clinical Nursing

Neumann's Health care systems theory

- Neuman Health care systems theory is derived from the systems theory.
- It is an open systems model of two key components: stress and reaction to it.
- Both anoxious and beneficial stressors operate on the system, which attempts to maintain balance or homeostasis.

- Nursing is an interdependent part of the health care system and its surrounding social system.
- Nursing's reciprocal relationship with system subparts contributes to optimal functioning and the evolutionary survival of the whole system.
- The nurse assesses the factors, which influence a person's perceptual field
  - ✓ the meaning a stressor has top the client and the factors in his/her own perceptual field, which influences assessment and giving care.

Roy adaptation Theory

- According to this theory “nursing is the practice of facilitating the adaptation of an individuals four subsystems (physiologic, self concept, role function, interdependence).’
- The nurse attempts to modify or maintain stimuli affecting adaptation within the nursing process.
- Nursing assessment focuses on two units of analysis
  - ✓ the person's system and environmental interaction

  while intervention is concerned with manipulation of parts of the system or environment

Orem's self care nursing Theory

- The model revolves around the concept of self-care.
- Orem describes nursing as “a creative effort of one human being to help another human being”.
- Nursing is a helping system which can be wholly compensatory; that is, the client is unable to achieve self-care

Rogers Model of the science of Unitary Man

- Martha Rogers developed a model based on systems theory.
- Developed her model around four components,
    1. Universe of open systems
    2. Energy fields
    3. Pattern and organization and
    4. Four dimensionality.
- Using this model one can focus on client environment interaction and see the client as functioning interdependently with others and the environment.
- The nurse's **goal is to promote holistic health and environment interaction** in order to maximize client health potential.

Johnson Behavioral Systems Model

- Johnson believes that nursing care is directed towards caring for the whole patient to **facilitate effective and efficient behaviors** necessary to prevent illness.
- Johnson views nursing as being separate from medicine but complementary to the medical role.

- This model emphasizes that both the internal and external environments of the system need to be orderly and predictable to maintain homeostasis.
- If the subsystems are out of balance, tension and disequilibrium result.
- Nursing, as part of the external environment can help the patient return to a state of balance.

CHAPTER THREE

HEALTH ILLNESS AND HEALTH CARE SYSTEM

Learning Objectives

- Define health and illness
- Explain the importance of health models to the profession of nursing
- Discuss the commonly used health models in nursing

3.1. Health and illness

- The WHO defines health as “a state of complete physical, mental, spiritual and social well-being, not merely the absence of disease and infirmity.
- Health and illness is a relative concept, which is perceived differently by different individuals.
- Wellness is not only the absence of disease; therefore, any definition of health should consider the different dimensions influencing health.

Illness: the unique response of a person to a disease

- **Acute Illness** :-Generally has a rapid onset of symptoms and lasts only a relatively short time
  - ❖Examples: appendicitis, pneumonia, diarrhea, common cold
- **Chronic Illness** is a broad term that encompasses many different physical and mental alterations and lasts for long time/life long.
  - ❖Examples: diabetes mellitus, lung disease, arthritis

Characteristics of a Chronic Illness

- It is a permanent change
- It causes, or is caused by, irreversible alterations in normal anatomy and physiology
- It requires special patient education for rehabilitation
- It requires a long period of care or support

Stages of Illness Behavior

- Experiencing symptoms
- Assuming the sick role
- Assuming a dependent role
- Achieving recovery and rehabilitation

3.2. Models of Health and illness

– Health models have been developed to help describing the concepts and relationships involved in health and illness.

a. Host –agent-environment model

– According to this model health is an ever-changing state

– and health and illness depends on interaction of host, agent and environmental factors.

- Agent- any internal or external factor that cause disease or illness.
- Host- the person who may be susceptible to a particular illness or disease.
- Environment- consists of all factors outside of the host

- These factors are constantly in interaction and a combination of factors increases the possibility of illness.
- When the agent, host and environment variables are in equilibrium health is maintained.
- On the other hand when the balance is disrupted disease occurs

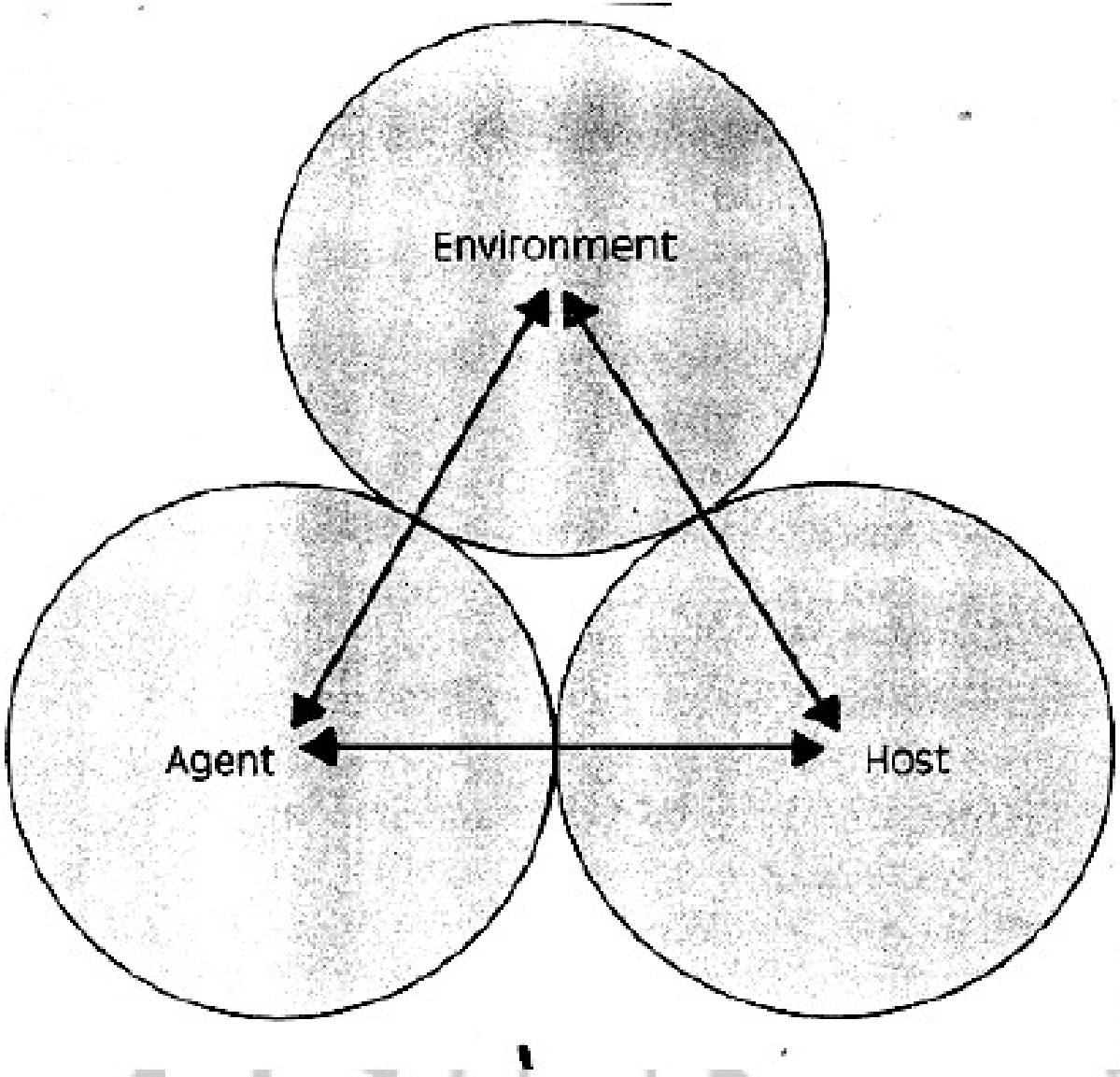


Fig 1. Host –agent-environment model

b. The Health illness continuum model

- **Degree of client wellness that exists at any point in time, ranging from an optimal wellness condition, with available energy at its maximum, to death which represents total energy depletion.**

– According to this model, health is a constantly changing state, *with high level wellness* and death being in the opposite ends of a graduated scale, or continuum.

– The nurse must be aware that a client may place himself/herself at different points on the continuum at any given time depending on how well he/she believes her/himself to be functioning for his illness

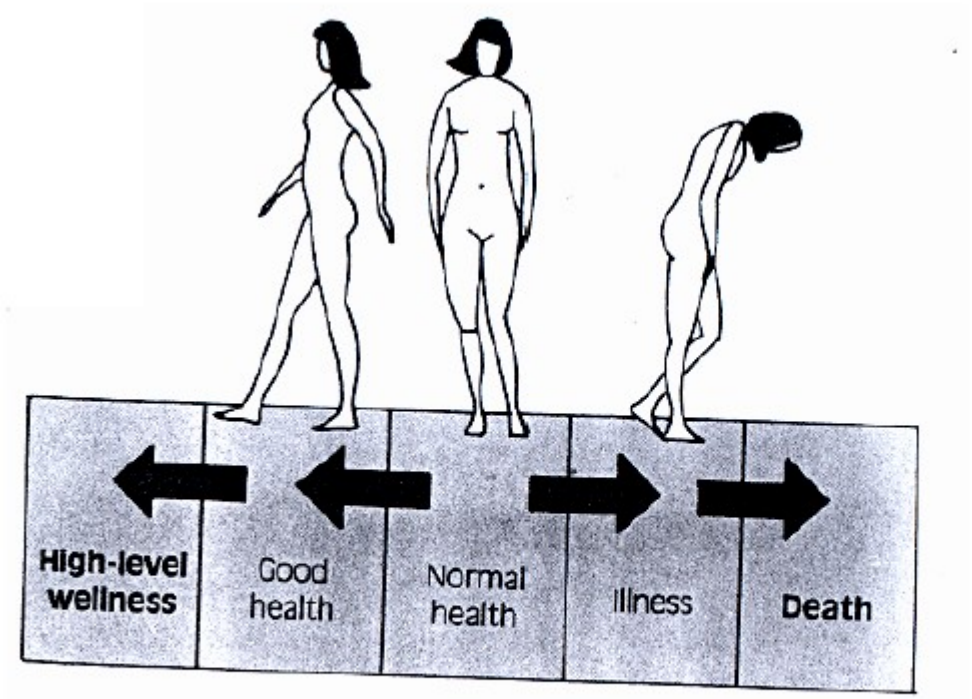


Figure2. The health illness continuum model

C. High-level wellness model

– This model describes high-level wellness as ***functioning to one's maximum potential*** **while** ***maintaining balance*** *and purposeful direction in the environment*.

– The concept of high level of wellness can be applied to the individual, family, community, environment, and society.

– In High-level wellness model human beings are viewed as having five aspects

1. Each individual is functioning as a total personality
2. Each person possess dynamic energy

3. Each person is at peace with inner and outer worlds
4. Each person has a relationship between energy use and self integration
5. Each person has an inner world and an outer world

– These five processes help the person know who and what he/she is.
– This model is holistic, allowing the nurse to care for the total person with regard for all dimensional factors affecting the person's state of being as he/she strives to reach maximum potential.

d. Health Belief Model

- The health belief model is based on what people perceive, or believe, to be true about them in relation to health.
- This model is based on three components:
  - ✓ perceived susceptibility to a disease
  - ✓ perceived seriousness of a disease
  - ✓ perceived value of action.
- This model states that whether or not a person practices a particular health behavior can be understood by knowing two factors:

- ✓ the degree to which the person perceives a personal health threat
- ✓ the perception that a particular health practice will be effective in reducing that threat.

- The perception of a personal health threat is itself influenced by at least three factors:
  - ✓ general health values, which include interest, and concern about health
  - ✓ specific beliefs about vulnerability to a particular health problem
  - ✓ beliefs about the consequence of the health problem.

- The health belief model enable nurses to understand why people practice health behavior
- and also to predict some of the circumstances under which people's health behavior will change

3.3. Factors affecting Health and illness

1.Physical dimension

- ✓ genetic make up
- ✓ age
- ✓ developmental level
- ✓ race and sex

2. Emotional dimension-

how the mind and body interact to affect to body function and to respond to body conditions also influence s health.

Eg. long term stress affects the body systems, anxiety affects health habits and conversely calm acceptance and relaxation can actually change body responses to illness.

3. Intellectual dimension-

- ✓ encompasses cognitive abilities
- ✓ educational background
- ✓ past experiences.

4. **Environmental dimensions-t**he environment has many influences on health and illness
   - ✓Housing sanitation
   - ✓ climate
   - ✓ pollution of air
   - ✓ food and water are aspects of the environmental dimension.
5. **Socio-cultural dimensions-** health practices are strongly influenced by a person's economic level, life style, family and culture.
6. **Spiritual dimensions-** spiritual and religi**ous** beliefs and values are important components of how a person behaves in health and illness.

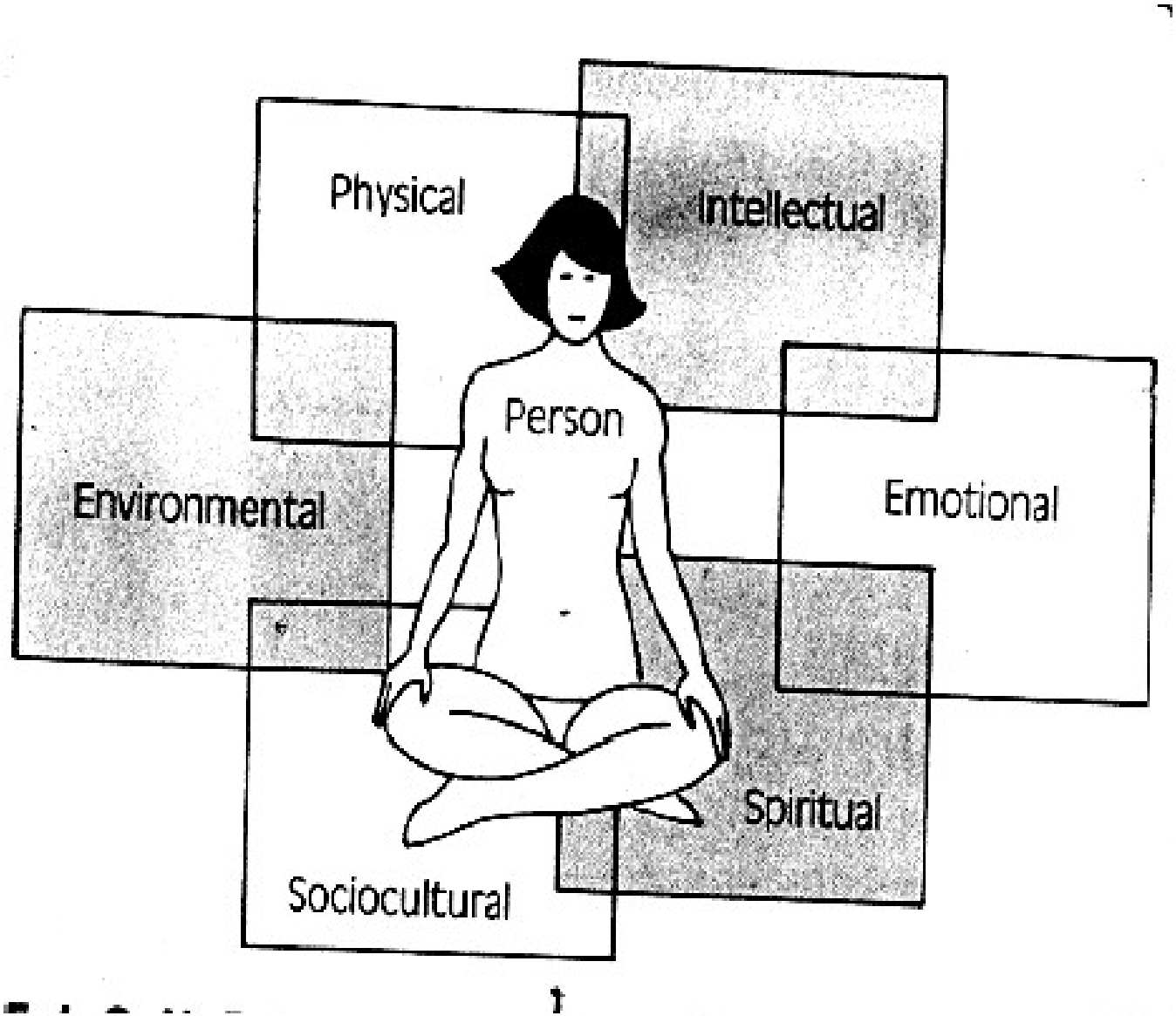


Fig 4. Dimensions of health and illness

3.4. Preventive activities

- **Primary prevention:** is a care directed toward health promotion and specific protection against illness.

  E.g. Immunization, family planning and health education

- **Secondary Prevention:** focuses on health maintenance for clients experiencing health problems on prevention of complication or disabilities.
- E.g. Nursing care for hospitalized clients, early detection and treatment of health problems

Tertiary prevention: is aimed at helping rehabilitate clients and restore them to a maximum level of functioning following an illness.

E.g. teaching a diabetic client how to recognize and prevent complications

- Occupational and physical therapy in burn patients
- Cardiac rehab in post-myocardial infarction patients

CHAPTER FOUR
ETHICO-LEGAL ASPECT OF NURSING

Learning objectives:

At the end of the lesson the learners should be able to:

. Define the term ethics

. Identify types of ethics

. Differentiate common ethical theories

. Identify principles and rules of health care ethics

. Recognize the ethical dilemma and ethical decision making in nursing, including common models for decision making.

- Describe general legal concepts as they apply in Nursing.

. Describe ways standards of care affecting nursing practice

. Identify nursing code of ethics at the International and the national level

. Identify areas of potential liabilities in nursing

. Describe the purpose and essential elements of informed consent.

4.1. Understanding the concept of Ethics

4.1.1. Ethics versus Morality

- Ethics is derived from the Greek word ethos, meaning custom or character. It is a philosophical discipline about moral problems, deals with art of living
- Ethics can be also be defined as the branch of philosophy dealing with standards of conduct and moral judgment.
- It is the study of morality
- The practices or beliefs of a certain group

Moral:

- is **principles** and rules of rights conduct
- It is private or personal.

Types of Ethics

- **Descriptive:** It is the description of the values and beliefs of **various cultural, religious or social groups about health and illness.**
- **Normative:** a study of human activities in a broad sense
  - ✓ to identify human actions that are **right** or **wrong**
  - ✓ and **good** and **bad qualities**.

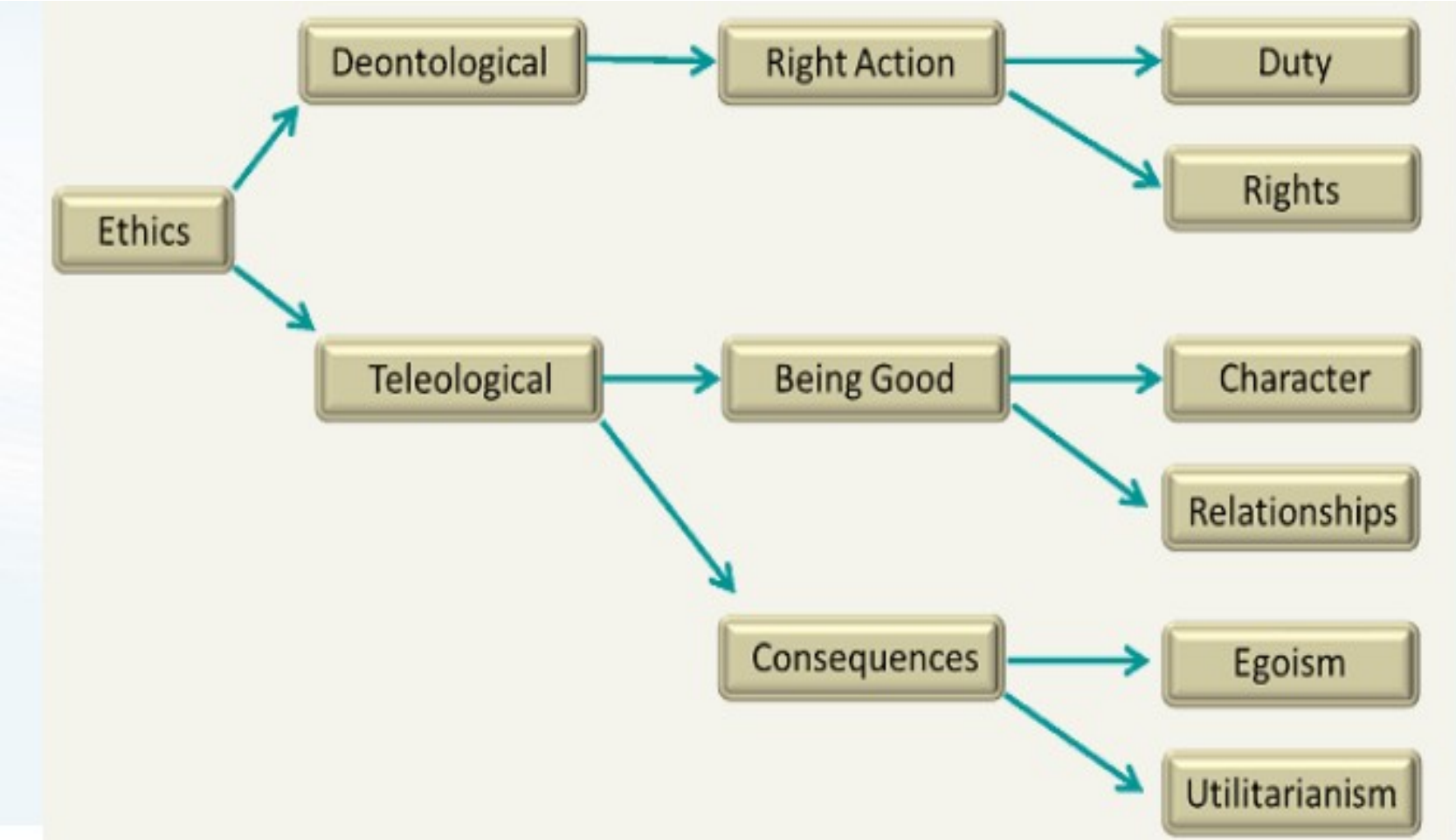
- **Analytical;** analyzes the meaning of moral terms
- **It seeks the reasons why these action or attitudes are either wrong or right.**

4.1.2. Common Ethical theories

There are four ethical theories:

1. **Deontology**
2. **Teleology**
3. **Intuitionism**
4. **The ethic of caring**

Ethical theories



Ethical theories

1. **Consequentialist theories** -primarily concerned with the ethical consequences of particular actions
2. **Non-consequentialist theories** -Concerned with the intentions of the person making ethical decisions about particular actions
3. **Agent-centered theories** -more concerned with the overall ethical status of individuals

1. Consequentialist theories (Teleological)

- Teleological is derived from Greek words: telos-purpose or goal and logos-science or study. ➔ 'forward looking' theorists
- Concerned with being good - in other words, with being a good person with good intentions.
- The focus of teleological ethical theories is on what the goal of a given decision is.
- 'Act x is right if x produces good consequences.'

Types of consequentialist theory

a)The Utilitarian Approach

b) The Egoistic Approach

c) The Common Good Approach

Utilitarian approsch

utilitarian believe that the purpose of morality is to make life better by increasing the amount of good things (such as pleasure and happiness)

Actions could be described as good or bad depending upon the amount and degree of pleasure and/or pain they would produce (Jeremy Bentham, 1748-1832)

Cont..

The egoistic approach(ethical egoism)

The ethics of self- interest: an individual often uses utilitarian calculation to produce the greatest amount of good for him or herself

(Thrasymacus, 459-400 BCE; Thomas Hobbes; 1588-1679 and Ayn Rand, 1905-1982)

Cont..

The common good approach

- It suggests that ethical actions are those that benefit all members of the community.
- The best society should be guided by the “general will” of the people which would produce what is best for the people as a whole. (Jean-Jacques Rousseau,1712-1778)

Ex; accessible and affordable public health care system, an effective system of public safety and security, peace among the nations of the world, a just legal and political system, an unpolluted natural environment, and a flourishing economic system

Non consequentialist theories

A. The Duty-Based Approach (Deontology or Rule-based)

B. The Rights Approach

C. The Fairness or Justice Approach

D. The Divine Command Approach

Non consequentialist theories

The duty based approach

- The word deontological is derived from the Greek word deon, meaning 'duty'.
- is a system of ethical decision making that is based on moral rules and unchanging principles.
- It is concerned with right action because it is right thing to do.
- Focus on whether ethical decisions are right or wrong, regardless of the consequences or intentions of those ethical decisions

examples

- Human life has value”;
- “One is always to tell the truth”;
- “Above all in health care, do no harm”;
- “The human person has a right to self-determination”;
- “All persons are of equal value”; and so on.

The rights approach

- Stipulates that the best ethical action protects the ethical
- rights of those who are affected by the action
- It emphasizes the belief that all humans have a right to dignity (John Locke,1632-1704)

The fairness approach

- All free men should be treated alike, just as all slaves should be treated alike (Law Code of Hammurabi, 1750 BCE)
- Ethical principles would be chosen by free and rational people in an initial situation of equality (John Rawls, 1921-2002)

The divine command approach

- Sees what is right as the same as what God commands; ethical standards are the creation of God's will.
- Because God is seen as omnipotent and possessed of free will, God could change what is now considered ethical

4.1.3. Ethical Principles

– Principles are basic ideas **that are starting points for understanding and working through a problem**.

– The major principles of nursing ethics are:

- **Autonomy**
- **Beneficence**
- **Non-maleficence**
- **Justice**
- **others**

Case study

A 49 years old male patient have history of diabetes mellitus came with right foot second finger gangrene to a surgeon. The surgeon decided that the finger should be removed immediately. But the patient refused the procedure.

- Q: What should the physician do?

1. Autonomy

Autonomy is the promotion of independent choice, self determination and freedom of action.

- The autonomous person is respected
- The autonomous person must be able to determine personal goals
- The goals may be explicit or may be less well defined
- The autonomous person has the capacity to decide on a plan of action.
- Respecting the choices and wishes of persons who have the capacity to decide
- Protecting those who lack this capacity.

- **Four factors for violations of patient autonomy**
  - ✓ Nurses may assume that patients have the same values and goals as themselves
  - ✓ Failure to recognize that individuals' thought processes are different
  - ✓ Assumptions about patients' knowledge base
  - ✓ Focus on work rather than caring
- Paternalism: Restricting others autonomy to protect from perceived or anticipated harm.
- It is appropriate when the patient is judged to be incompetent or to have diminished decision-making capacity.

- **Non-compliance:** Unwillingness of the patient to participate in health care activities.
- **Noncompliance may result from two factors:**
  - ✓ When plans seem unreasonable to the patient
  - ✓ Patients may be unable to comply with plans for a variety of reasons including
    - resources
    - lack of knowledge
    - psychological and cultural factors that are not consistent with the proposed plan of care

Informed consent

A legal document signed by a patient having a complete information about the purpose, benefits, risks and other alternatives before he/she receives the care intended.

- It is a body of shared decision making process, not just an agreement.

➢For consent to be valid, it must be:

1. Voluntarily : by the person themselves, free of influence
2. Informed: given all the necessary information
3. Capacity: person must be capable of giving the consent

Autonomy..

- It assures the legal protection of a patient's right to personal autonomy in regard to specific treatments and procedures.
  - Informed consent will be discussed in detail in selected legal facts of nursing practice.
  - Informed consent: needs good communication
  - It is not recommended to seek consent when a patient may be stressed, sedated or in pain and therefore less likely to make a calm and reasoned decision

Many patients may be incompetent to make a decision for themselves. Article 52

Example

- ✓ young children,
- ✓ individuals affected by certain psychiatric or neurological conditions which potentially impair their decision making ability, and those
- ✓ temporarily unconscious or comatose.

- These patients require substitute decision-makers

Case study 2

Example:

Ms X admitted to Adult surgical ward with sever excruciating right flank pain with presumptive diagnosis of Renal Colic. Nurse Y is the duty nurse on that day. The physician who saw her at OPD did not write any order to alleviate the pain.

Q: What should the nurse do?

2. Beneficence

– Beneficence is doing or promoting good.

– Act in “the best interest” of the patient.

- This principle is the basis for all health care providers.

Beneficence

What is Ethiopian Law saying about promoting beneficence?

➔Criminal code article 537, and article 575 (1) & (2)

- The EFDRE criminal code under article 537 clearly states that it is a crime for any medical professional to refuse medical assistance to a patient in need without just cause.
- Moreover, article 575(1) and (2) further promotes giving assistance to those in need.

Cont..

- Under the section entitled “Failure to lend aid to another”, the law strictly states that anyone intentionally leaving a person in imminent danger or in need of health services when he could have lent him or her assistance directly or indirectly without risk to him/her self is punishable under the law (Samaritan law).

3. Non maleficience

- It means to avoid doing harm.
- When working with clients, health care workers must not cause injury or suffering to clients.
- Violation of non-maleficence is the subject of medical malpractice

• Example: Any medical error (either omission or commission) could be considered as non-maleficence

Cont..

Examples:

A nurse provide nursing care equally, fairly, and appropriately for all patients admitted in medical ward in X-hospital. There may be only one or two neurosurgeons and many patients on the waitlist who need the expertise of these neurosurgeons. In this case we need to serve patients while promoting the principle of justice in transparent way. ➔ the rule of first come first serve could be an appropriate rule

Cont..

4. Justice

- Justice is fair, equitable and appropriate treatment.

5. Veracity

Veracity means **telling the truth.** Providing accurate, unbiased, and understandable information

6. Fidelity

- Fidelity means being faithful to one's commitments obligations and promises.

Nurses' commitments to clients include

- ✓ providing safe care
- ✓ maintaining competence in nursing practice.

7. Confidentiality

- keep information obtained in the course of their work private.
- Legally, this requirement applies to HPs and others, who have access to information about patients, and continues after the patient's death

Disclosure of Information

- Disclosure of information is not *necessarily an* actionable breach of confidence.
- Disclosure *may be* allowed, under certain circumstances

✓ when it is requested by the patient , *where it applies* freedom of information can be used by patients to obtain health care information

Conditions to breach confidentiality (article 77)

- **Other health practitioners (**with the patient**'s** consent, and *where the information is relevant to the patient's care)*, Students: to learn
- **Relatives in limited circumstances (e.g., p**arents when it is in the interests of the child);
- **Researchers with ethics committee approval (**and where the approved process is followed);
- The **court;**
- The **media, if the patient has consented;**
- The **police, when the HP has a duty to provide the** information.

4.1.4. Ethical Dilemmas & ethical decision making in Nursing

- A dilemma is a situation in which two or more choices are available & difficult to determine which choice is best
- It is difficult to determine which choice is best and the needs of all these involved cannot be solved by the available alternatives
- needs of all these involved cannot be solved by the available alternatives.
- The alternatives in a dilemma may have favorable and unfavorable features.

Ethical dilemmas encounter in:

1) Resource scarcity
2) Refusal of treatment
3) Disclosure and truth telling
4) End of Life dilemma
5) Disagreement/conflict

Models for Ethical decision-making

- provide mechanisms or structures that help you think through or clarify an ethical issue.

Rationale for the model

- Clinician needs a straight forward method of solving an ethical cases.
- It is not enough to analyze clinical cases only in light of common ethical principles.
- Clinical situations are complex that involve a wide range of medical facts, multiple circumstance and a variety of values

Model I: A guide to moral decision-making

1. Recognizing the moral dimension

- it involves recognizing the decision as one that has moral importance

.2. Who are the interested parties? What are their relationships?

- Carefully Identify who has a stake in the decision in this regard, be imaginative and sympathetic
- Look at the relationships between the parties

3. What values are involved?

- Think through the shared values that are at stake in making this decision.
- Is there a question of trust? Is personal autonomy a consideration?
- Is there a question of fairness? Is any one harmed or helped?
- Consider your own and others personal values & ethical principles

4. Weight the benefits and burdens

- Benefits might include such things as the
  - production of goods (physical, emotional, financial, and social, etc) for various parties,
  - the satisfaction of preferences and acting in accordance with various relevant valves (such as fairness).
- Burdens might include causing physical or emotional pain to various parties imposing financial costs and ignoring relevant values.

5. Look for analogous cases

- Can you think of similar decisions?
- What course of action was taken?
- Was it a good one? How is the present case like that one?

– How is it different?

6. Discuss with relevant other

- The merit of discussion should not be underestimated.
- Gather opinions and ask for the reasons behind those opinions

7. Does this decision according with legal and organizational rules.

- Some decisions are appropriately based on legal considerations.
  - If an option is illegal, one should think very carefully before thanking that option

8. Am I comfortable with this decision?

Question to reflect up on include:

- If I Cary out this decision, would I be comfortable telling my family about it?
- Would I want my children to take my behavior as an example?
- Is this decision one that a wise, informed, virtuous person would make?
- Can I live with this decision?

Model 2: Clinical Ethics grid system/4 component model

- helps to construct a summary of facts that must be considered along with ethical principle.

1. Medical indications:

- What is the patient medical problem?
- History? Diagnosis?
- Is the problem acute? Chronic? Critical? Emergent? Reversible?
- What are the goals of treatment etc?

2. Patient preference:

- Has the patient been informed of benefits and risk, understood, and given consent? etc.
- consideration of respect for the principle of autonomy.

3. Quality of life:

- What are the prospects with or with out treatment, for a return to the patient's normal life?
- Quality of life before the problem, during illness/treatment and later
- Principle of beneficence and non-maleficence and respect for autonomy

4. Contextual factors:

- Are there family issues that might influence treatment decisions? Are there financial and economic factor?

4.2. Legal Concepts in Nursing

4.2.1. Functions of Law in Nursing

- ✓ It provides a framework for establishing which nursing actions in the care of client are legal.

What is law?

- **Law**
  - Laws are rules and regulations made by human beings to guide society and regulate human interactions
  - Authored & enforced by formal authorities
  - Hold people Accountable for fulfillment
- **Purpose of Nursing Law**
  - Protect – patient and nurse
  - Scope of practice (define it)

178

4.2.2. Types of law

Criminal Law

- Involves crimes against the state
- Criminal acts are classified as either a felony or misdemeanor

Examples : Murder, Arson, Rape, Burglary, Kidnapping

Cont..

Civil Law

- Involves crimes against the person
- Includes a general category of laws known as torts

Torts are either:

- Intentional (willful)
- Unintentional (accidental)

B. Tort Law:

- It defines and enforces duties and rights among private individuals that are not based on contractual agreements.

  Example of Tort law applicable to nursing

  1. Negligence and malpractice

  2. Invasion of privacy and assault.

- Torts can be classified as:

1.Intentional(action is substantially certain to cause an effect)

- ***Assault-***is the threat of touching without someone's consent
- ***Battery***-is the actual carrying of such threat (lawful touching of a person)
- ***Fraud-***is the willful or purposeful mispresentation of self or an act that may cause harm to a person or property.

2. Un intentional (violation of standard of care)

Negligence-may be an act of commission or omission

*__omission-__failure to do procedure in the right time

*__commission__-doing to the wrong side

Malpractice-`is the act of negligence on the part of the profession

E.g. Omission in charting

- Failure to report pt's condition
- Medication error
- Burning a client

standards of nursing practice

- *A standard of practice is a means which attempts to ensure that its practitioners are competent and safe to practice through the establishment of standard practice*

cont..

- The profession maintains standards in practice in part through appropriate entry

Credentialing:

- Credentialing is the process of determining and maintaining competence-nursing practice. Credentials includes:
- **Licensure**
- **Registration**
- **Certification**
- **Accreditation**

Licensure: It is legal permit a government agency grants to individuals to engage in the practice of a profession and to use particular title.

It generally meets three criteria:

- There is a need to protect the public's safety or welfare.
- The occupation is clearly delineated with a separate, distinct area of work
- There is a proper authority to assume the obligation of the licensing process.

Registration: Is listing of an individual's name and other information on the official roster of a governmental agency.

– use the title “Registered Nurses“

Certification: validating an individual nurses met minimum standards of nursing competence in specialty areas such as pediatrics, mental health and school health Nursing.

Accreditation: is a process by which a voluntary organization or governmental agency appraises and grants accredited status to institutions and/or programs.

Claims Against Nurses

- Inadequate charting.
- Inadequate communication w/ HCP or supervisors about changes in pt condition
- Leaving potentially harmful items within patient reach

Claims Against Nurses

- Unattended pt falls
- Inaccurate counting of operative instruments & sponges
- Misidentifying patients for medications, surgeries & tests

Causes of License Suspension

- Not reporting substandard medical or nursing care
- Providing patient care under the influence of drugs/alcohol
- Giving narcotics w/o order

Pt’s bill of rights

- In 1973 the American Hospital Association published the pt’s bill of rights
- delineates the responsibilities of the hospital and its staff towards the pt and family.
- Promoting 12 specific rights, the bill offers guidance and protection for the pt.

Pt's bill of rights

1.The pt has the right to considerate& respect full care.

2.“ “ obtain complete current information from his care giver concerning his diagnosis, Rx, progress for him self or in behalf of him.

3.“ “ get necessary information for informed consent except in emergency conditions. Also he has the right to know the care giver or Dr by name.

4.“ “refuse the Rx

5.“ “ early consideration of his privacy

6.“ “accept that his communications, records are kept confidential

Pt’s bill of rights

7.“ “accept that with in its capacity ,the hospital make reasonable response to the request of the pt for services (referral).

8.“ “obtain information of relationship to the other HI or educational institution.

9.“ “ be advised if the hospital uses human for research and has the right to refuse such.

Cont…

10.“ “accept reasonable continuity of care ,app .time , where his care is to be

11.“ “ examine and receive the pt bill of right without payment.

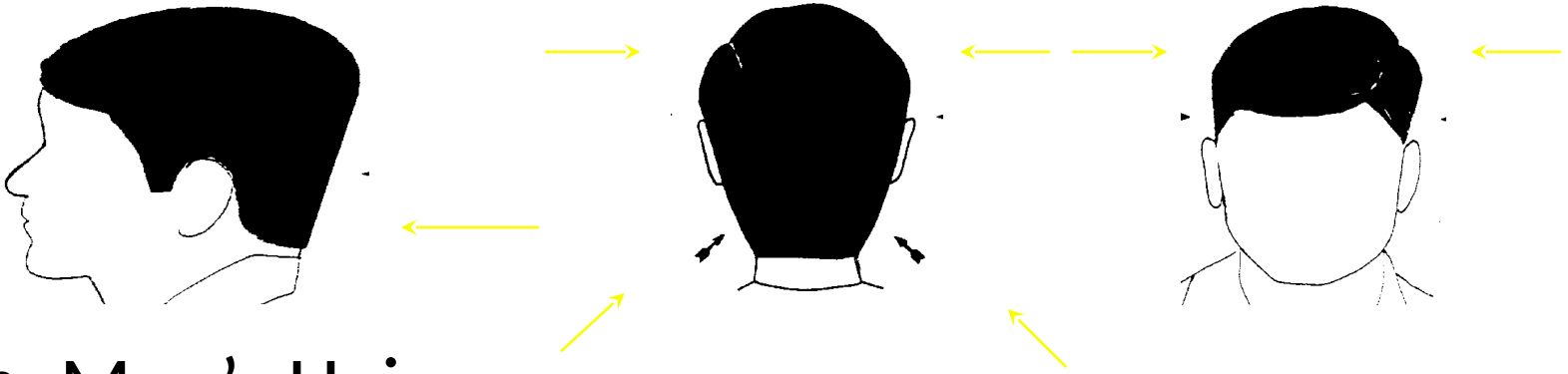
12.“ “know the rules and regulation of the hospital

Professional Appearance

Personal Grooming Standards

- Hair Styles
  - Must Be Clean, Well Groomed, & Neat
  - If Dyed, Must Look Natural
  - Must Not Contain An Excessive Amount Of Grooming Aids

Personal Grooming Standards



- Men's Hair
  - Must Have Tapered Appearance On Both Sides And Back
  - Must Not Touch Ears
  - Maximum Bulk 1 1/4 Inches
  - May Not Exceed 1/4 Inch At Termination Point

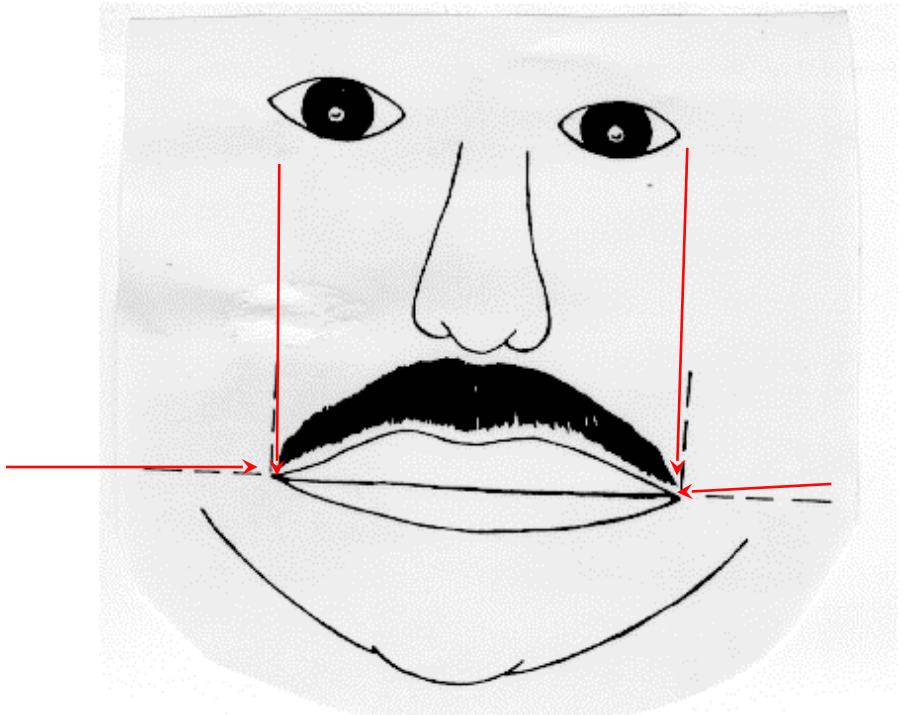
Personal Grooming Standards

- Women's Hair
  - May Not Extend Beyond The Bottom Edge Of The Collar(neck)
  - Must Not Exceed 3 Inches In Bulk Nor Prevent Proper Wear Of Headgear
  - No Ornamentation
  - Plain/conservative Pins, Combs, And Barrettes Similar To Hair Color May Be Worn To Keep Hair In Place

Personal Grooming Standards

- Sideburns
  - Must Be Neatly Trimmed & Tapered
  - End In Straight Line
  - Even Width
  - May Not Extend Beyond Lowest Part Of The Exterior Ear Opening

Personal Grooming Standards



- Mustaches
  - May Not Exceed Below The Line Of The Upper Lip
  - Nor Beyond The Corners Of The Mouth

Personal Grooming Standards

- Beards
  - Only For Health Reasons
  - Recommended By Medical Officer
  - Authorized By Commander
  - Not To Exceed 1/4 Inch

Personal Grooming Standards

- Cosmetics
  - Conservative, Good Taste
- Nail Polish
  - Uniform/conservative In Color
  - In Good Taste
  - No Ornamentation

Personal Grooming Standards

- Jewelry
  - Wristwatches And Rings
    - Maximum Of 3 Rings
  - Bracelets (Only 1)
    - Neat And Conservative
    - Proper Military Image
    - Not Wider Than 1 Inch
    - Must Not Pose Safety Hazard

Personal Grooming Standards

- Jewelry (Continued)
  - Earrings (Women)
    - Small, Conservative, Spherical
    - Diamond, Gold, Silver, White Pearl
    - Pierced Or Clip-on
    - With All Uniform Combinations
    - Must Fit Tightly Against Ear
    - One Earring Per Lobe

Personal Grooming Standards

- Handbags
  - Three Air Force Approved
    - Issue Handbag
    - Optional Leather Or Vinyl Handbag
    - Clutch Style Purse
  - Authorized With All Uniforms

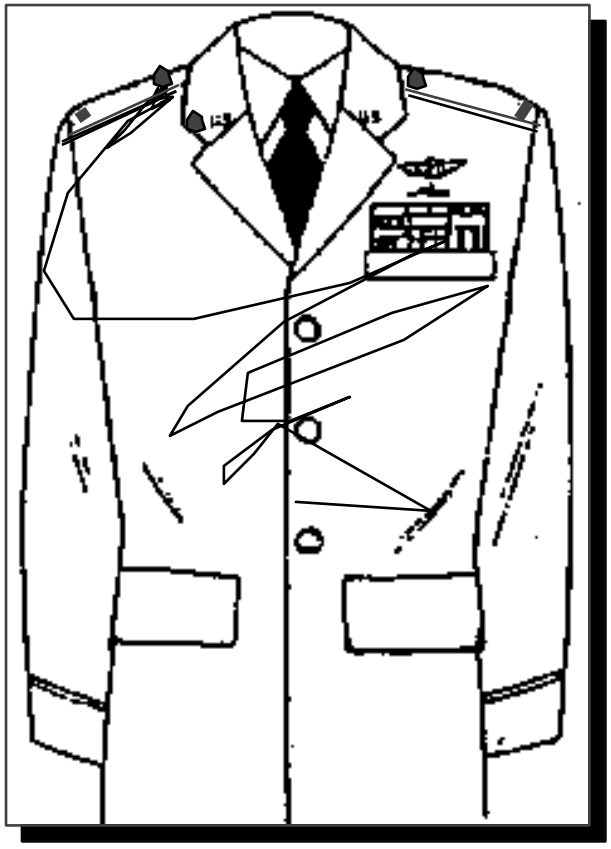
Personal Grooming Standards

- Eyeglasses/Sunglasses
  - Conservative/No Ornamentation
  - Indoors
    - Clear, Slightly Tinted, Photosensitive
  - Outdoors
    - Photosensitive/Conservative Sunglasses
    - No Faddish Style Sunglasses (No Mirrored Lens)

Personal Grooming Standards

- Eyeglasses/Sunglasses (Continued)
  - Military Formation
    - Clear, Slightly Tinted, Photosensitive Lenses That Don't Get Extremely Dark

Service Dress Uniform



MALE

New Coat

Trousers

Skirt

Slacks

Tie/Tie Tab

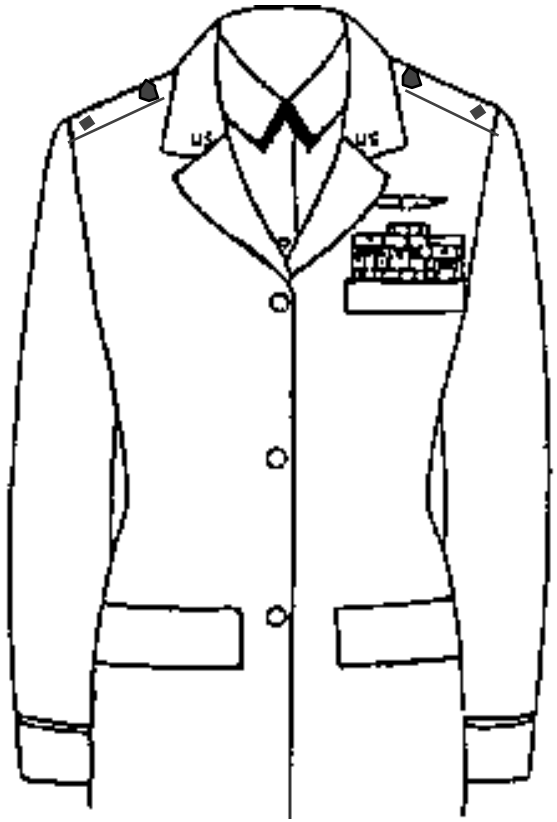
Flight Cap

Rank

Ribbons

Badges

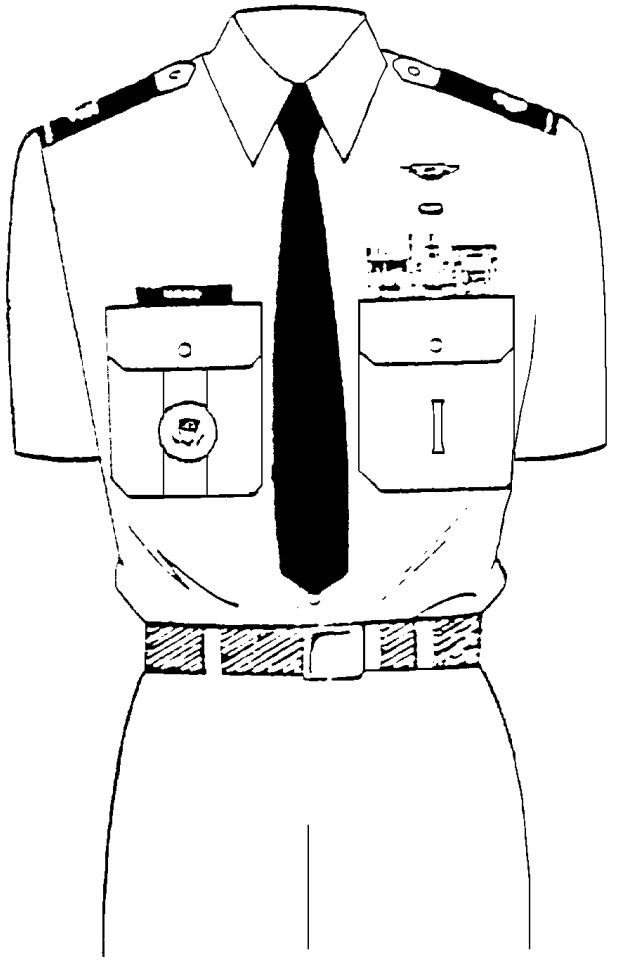
Insignia



FEMALE

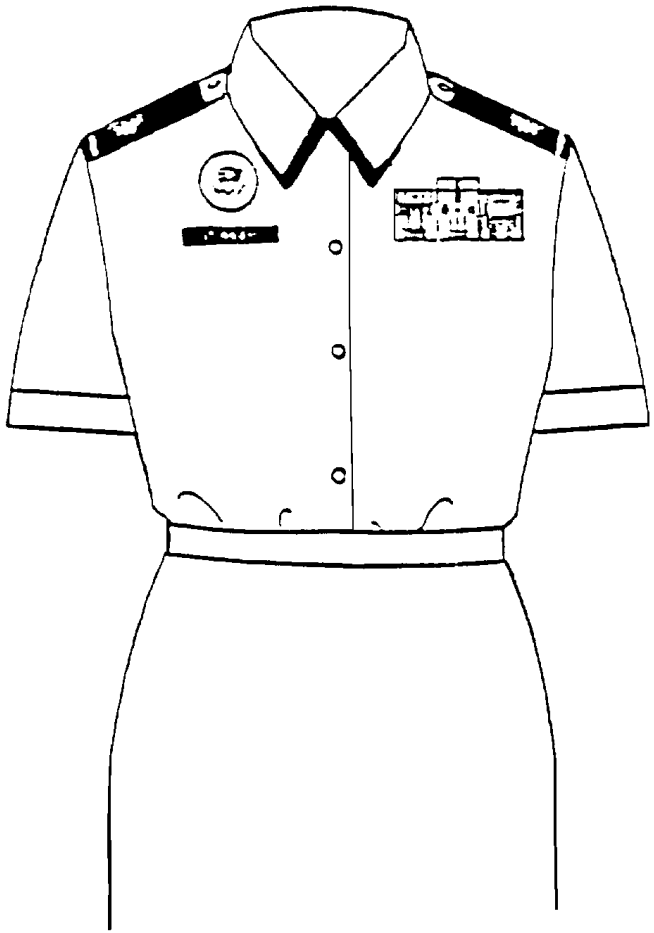
Service Dress Uniform

- Male Short Sleeved Shirt
  - Rank Insignia (Mandatory)
  - Nametag (Mandatory)
  - Ribbons (Optional)
  - Badges (Optional in most cases)
  - Tie (Options)

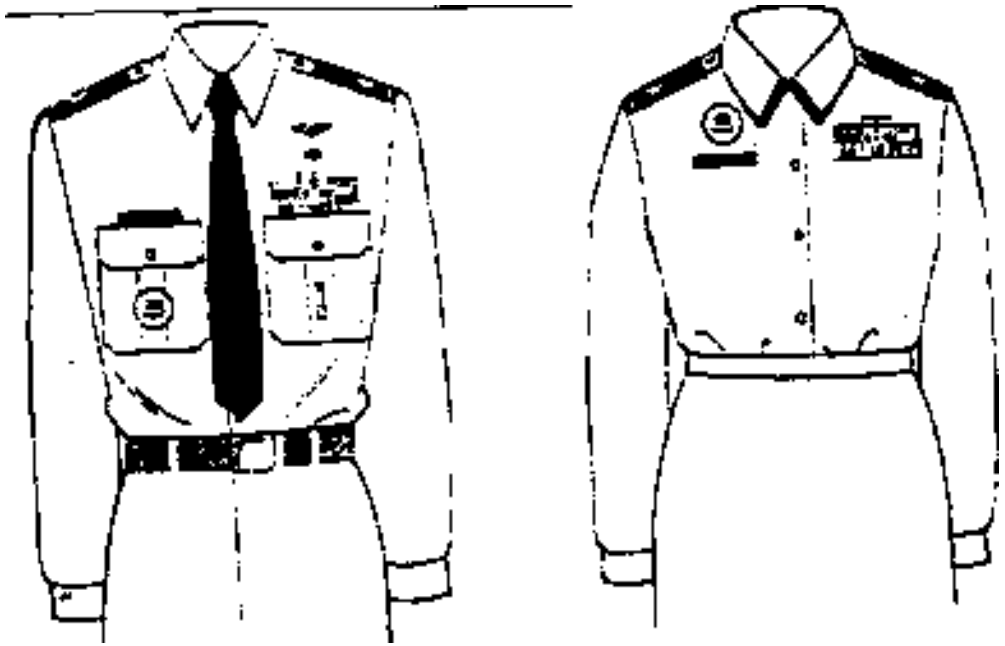


Service Dress Uniform

- Female Convertible Short Sleeved Blouse
  - Rank Insignia (Mandatory)
  - Nametag (Mandatory)
  - Ribbons (Optional)
  - Badges (Optional in most cases)
  - Tie Tab (Optional)



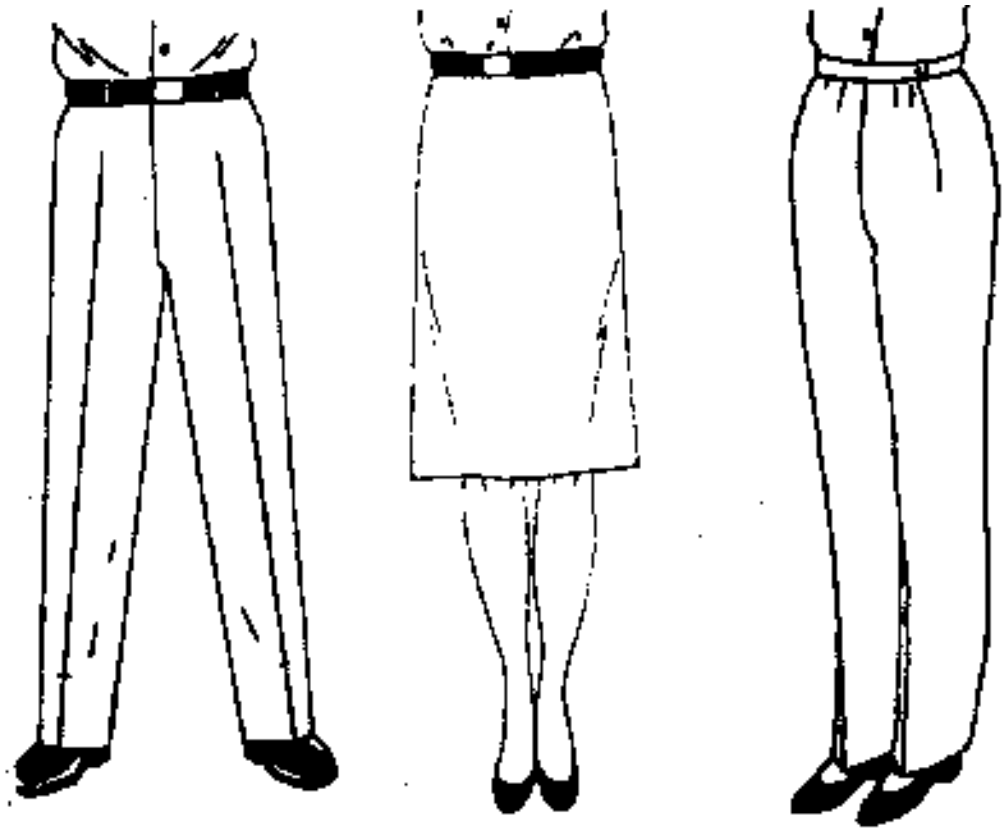
Service Dress Uniform



- Long Sleeved Shirt/Blouse
  - Tie/Tie Tab Mandatory
  - All accouterments same as short sleeved shirt/blouse

Service Dress Uniform

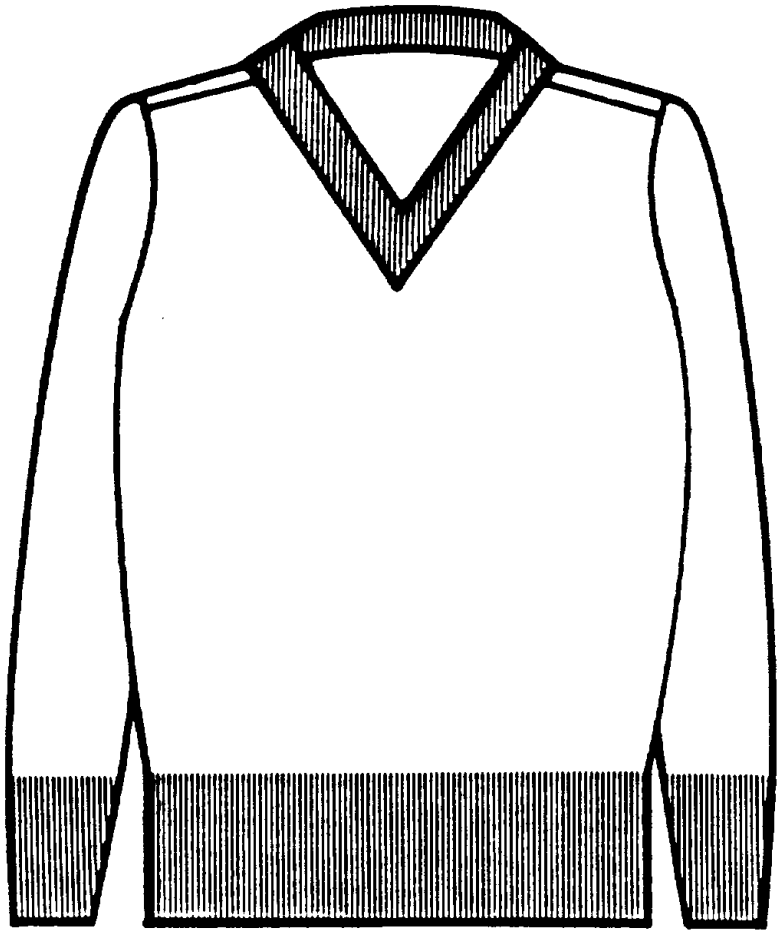
Service Slacks/ Skirts



Male **Female**

Service Dress Uniform

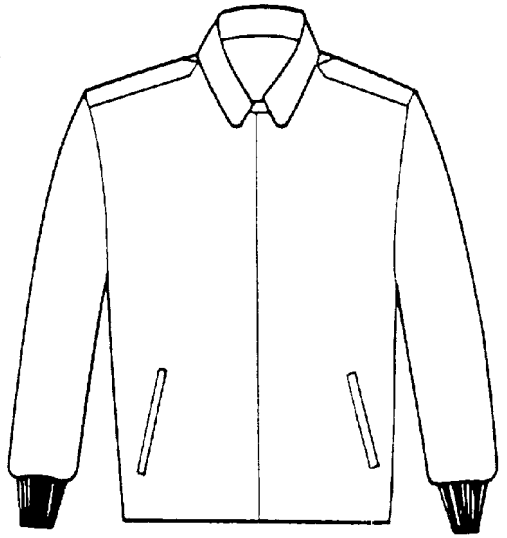
- Pullover Sweater
  - Indoor/Outdoor
  - Officers wear shoulder rank insignia
  - May be worn with or without tie/tie tab.



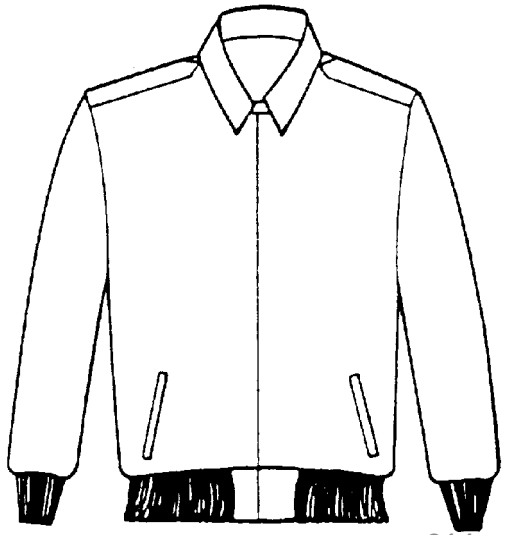
Service Dress Uniform

- Lightweight Blue Jacket
  - Outer Garment Only
  - Must Be Zipped At Least Half Way
  - Rank
  - Females May Wear Either Male Or Female Jacket

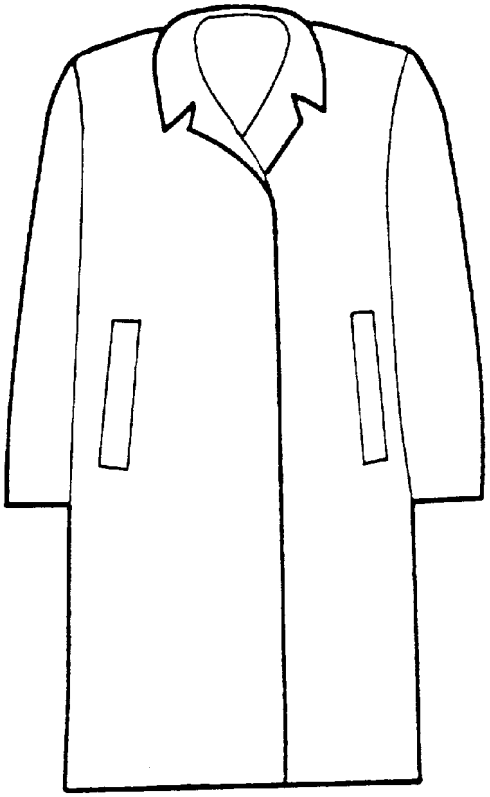
Female



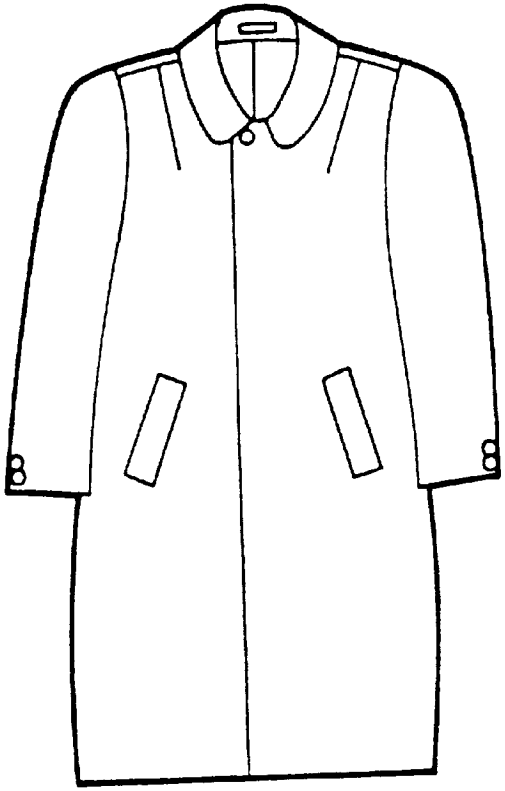
Male



Service Dress Uniform



- All Weather Coat
  - Outer Garment Only
  - May Be Worn With All Uniforms
  - Rank



Male

Female

Service Dress Uniform

- Unauthorized wear of uniforms and insignia
  - Don’t wear the uniform in a situation where there is even a remote possibility it could reflect unfavorably upon the USAF or the U. S. Government

4.6. Health related Legal issues in Ethiopia:

1. **Abortion:**

- The nurse shall not attempt or carry out abortion
- It is mandatory for the nurse to treat a patient who is suffering from the effect of a criminal abortion induced by another if no physician in the health institution.

2.EUTHANASIA

- pennilessly putting to death persons suffering from incurable or distressing diseases.
- It is commonly referred as “mercy killing”

Types of euthanasia

1. **Active euthanasia:** Is a deliberate attempt to end life.
2. **Passive euthanasia:** allowing death by withdrawing or withholding treatment.

- N.B All forms of euthanasia are illegal

3. Death

- note the exact cessation of vital signs and notify the attending physician to pronounce death.
- taking in to consideration religion and cultural aspects.
- assist a medical team in taking out organ from a cadaver provided there is written consent of a patient or relatives

4. Suicide

- A nurse who is taking care of a patient with a suicidal tendency shall remove all items that facilitate suicide
- should not leave a suicidal patient alone

5. Organ Transplantation:

- The nurse shall involve in any organ transplantation procedure
- donor and recipient have clear written agreement, the donor gives informed consent and he/she is not mentally ill at the time of consent.

6. Fertility Matter:

- The nurse shall respect autonomy of the client for contraception and other fertility matter including artificial fertilization

Reporting crimes, torts and unsafe practice

- A nurse may need to report nursing colleagues or other health professionals for practices that endanger the health and safety of a client.

4.2.7. Record Keeping

- **Reporting and Documenting**
- **Reporting:** oral or written account of patient status; between members of health care team.
- Report should be **clear, concise, and comprehensive.**

Documenting: patient record/chart provides written documentation of patient's status and treatment

- **Purpose:** *continuity of care*, *legal document*, *research*, statistics, education, audits

What to document:

- Assessment
- plan of care
- nursing interventions (care, teaching, safety measures)
- outcome of care
- change in status
- health care team communication,

Characteristics of documentation:

- ✓ **Brief**
- ✓ **concise(short)**
- ✓ Comprehensive
- ✓ factual
- ✓ descriptive
- ✓ objective,
- relevant/appropriate
- legally prudent

THE INCIDENT REPORT

- Whenever a patient is injured or has a potential injury there exist a possibility of a lawsuit, such a report must be recorded.
- An incidental report may be written for situations involving a patient, visitors, or employee.

Information to include in incident report

- Identify the client by name and hospitals
- Give date and time of the incident.
  - Avoid any conclusions or blame.
- Identify all witnesses to incident
- Identify any equipment by number and any medication by name and number.
  - Document any circumstance surrounding the incident

WILLS

- A will is a declaration by a person about how the person‘s property or cash is to be disposed/ distributed after death.
- In order for a will to be valid the following conditions must be met:
- The person making the will should be mentally conscious
- The person should not be unduly influenced by any one else.

- A nurse may be required to witness a will.
- A will must be signed in the presence of two witnesses.

CHAPTER FIVE

COMMUNICATION AND INTERPERSONAL RELATIONSHIPS IN NURSING

5.1. Communication

- Communication is a complex process of **sending and receiving verbal and nonverbal** messages.
- Allows for exchange of information, feelings, needs, and preferences

5.1.1. Types of Communication

1. **Verbal** Communication-is an exchange of information using words

   includes both the spoken and the written words

2. **Non verbal communication-** is the exchange of information *without the use of words*.

   – It is communication through gestures, facial expressions, posture, body movement, voice tone, rate of speech, eye contact.

communication model

- comprises six elements:

1. The referent
2. The source-encoder
3. The message
4. The channel
5. The receiver-decoder
6. Feedback



Figure 12-1 A Communication Model

Levels of Communication

Intrapersonal Level

- Intrapersonal communication is the messages one sends to oneself
- including self-talk, or communication with oneself

Interpersonal Level

- Interpersonal communication is the process that occur**s** between two people

✓ either in face-to-face encounters

✓ over the telephone

Group Communication Level

- occurs when three or more people meet in face-to-face encounters or through another communication medium, such as a conference call.

TYPES OF COMMUNICATION

- ✓ therapeutic
- ✓ formal.

- Formal communication, which consists of written messages and the arts, may include
  - ✓ lectures
  - ✓ reports
  - ✓ charting in the client's record
  - ✓ and public speaking.
- Usually, with formal communication, there is one sender transmitting messages to several others

Therapeutic Communication

– therapeutic communication facilitates the establishment of the nurse-client relationship and fulfills the purposes of nursing .

THERAPEUTIC COMMUNICATION CHARACTERISTICS

- Is purposeful and goal-directed
- Has well-defined boundaries
- Is client-focused
- Is nonjudgmental
- Uses well-planned, selected techniques

Establish guidelines for the therapeutic interaction.

- *During* the initial contact with the client, the nurse should share
  - ✓ the nurse's name and affiliation
  - ✓ the reason for or purpose of the interaction,
  - ✓ the expected length of the contact with the client
  - ✓ and the assurance of confidentiality.
  - The client needs to have this basic information.

Therapeutic Communication Techniques

Techniques that allow the client to set the pace

1. **Offering self** Nurse is available, physically and emotionally
2. **Broad openings**
   - Encourages client to choose topic for discussion

   Demonstrates respect for client's thoughts
3. **Silence**
   - Gives client time to reflect .
   - Encourages client to express self .

The Elements of Therapeutic Communication

- **Empathy:** An emotional linkage between two or more people
- **Honesty:** The ability to be truthful, frank, and sincere
- **Validation**: Listening to the client and responding congruently .
- **Caring:** The level of emotional involvement between the nurse and the client

Factors that influence communication

1. Perceptions
2. Values
3. Background
4. Knowledge
5. Roles and relationships
6. Environmental setting

5.3.1. Communication and the Nursing process

- The steps of the nursing process can also be applied in the process of communication

5.3.2. Helping Relationship

- The helping relationship is some times called therapeutic or client nurse relationship.

Phases of a helping relationship

Orientation phase

- An agreement about the relationship is established.
- An orientation to health agency, its facilities and administration routines

Working phase

- Client and nurse work together for the needs of the client
- The nurse as caregiver, teacher and counselor provides what ever the assistance needed to achieve the mutually agreed goal

Termination phase

- Happen at change of shift time
- When the client is discharged
- When the nurse leaves for vacation

Thank you!!!!!!

The end