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# UNIT 4 NURSING CARE SYSTEMS

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## 4.0 OBJECTIVES

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After studying this unit, you should be able to:

- explain the concept of nursing practice as holistic approach;
- describe the various systems of nursing care;
- discuss the alternative therapies;
- explain the role of a nurse in various systems of nursing care;
- discuss various roles of nurses in different health care settings; and
- describe various alternative/complementary therapies used for holistic nursing care.

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## 4.1 INTRODUCTION

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In previous units we have discussed the concepts of nursing and importance of quality movement in nursing practice. We know that nursing is an occupation, an important discipline of the health care system and an evolving profession whose product is *quality care accessible* to everyone at *affordable cost*. In order to practice professionally each nurse should know what nursing is, what is its goal/product. How, where, by whom, and to whom the product is delivered. In this unit you will learn about quality nursing practice through holistic approach and using various systems of nursing care.

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## 4.2 QUALITY NURSING PRACTICE: HOLISTIC APPROACH

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The transformation of health care into a competitive business industry has created many opportunities for nursing profession. Nurses are in constant and direct contact with the clients making the nursing department a built-in marketing force for the health care industry. Nurses being the care providers and consumers' advocates, they must market their services to promote their clients' wants and needs. An informed/educated client as a purchaser of health care, focuses on its **quality access** and **cost**.

The definition of nursing given by Henderson includes all the components of holistic nursing care. She has defined:

To assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. It is likewise her function to help the individual gain independence as rapidly as possible.

A holistic nurse practitioner must always remember that s/he is always accountable to one self, the profession and society (including clients). In order to render quality to one's services, a nurse should be aware what quality nursing practice is in a nut shell.

### Quality Nursing Practice

- Depends upon a strong educational foundation and administrative support.
- Produces **quality care accessible** to all at an affordable **cost**
- Its tool is Nursing process which is a holistic caring process consisting of assessment and identification of clients needs, problems, patterns/abilities; planning; prioritizing; implementing and evaluating care.
- It is based upon scientific, psycho-socio-cultural knowledge, i.e. Concepts, theories and models. Man, environment, health and nursing are the main paradigms
- Settings may be related to public sector or private sector, community-based or institutionalised, catering to rural or urban populations.
- May be carried out interdependently or independently.
- Its important domains are: (i) primary level, i.e. preventive-promotive care, (ii) secondary level, i.e. curative – remedial – restorative care, and (iii) Tertiary level, i.e. rehabilitative – sustenal – palliative care.
- Requires various roles by the practitioners such as care giver, teacher, counsellor, advocate, leader, manager, team member, coordinator and expert/specialist.
- Demands numerous functions right from promotion and maintenance of wellness, prevention of illness, early diagnosis, management of acute, chronic and terminal illness/disorders from pre-conception till death.
- May be generalised practice or requiring specialisation:
  - i) according to life-cycle: neonatal nursing, child nursing, adult nursing, maternity and geriatric nursing;
  - ii) according to the setting: nurse-clinician, community health nursing, psychiatric nursing, school health nursing, out patient, emergency and disaster nursing critical care nursing;
  - iii) according to body systems/diseases: coronary care nursing, cardiothoracic nursing, oncology, ophthalmic nursing, neurosurgical nursing;
  - iv) according to special therapies/interventions: chemotherapy, stoma care, infection control nursing, operation room nursing, dialysis nursing;
  - v) according to roles: nurse manager, nurse educator/counsellor, nurse-coordinator.
- Delivered through methods/systems for nursing care such as case method (private duty), functional assignment system, team nursing, primary nursing, total patient care, case management and progressive patient care system.

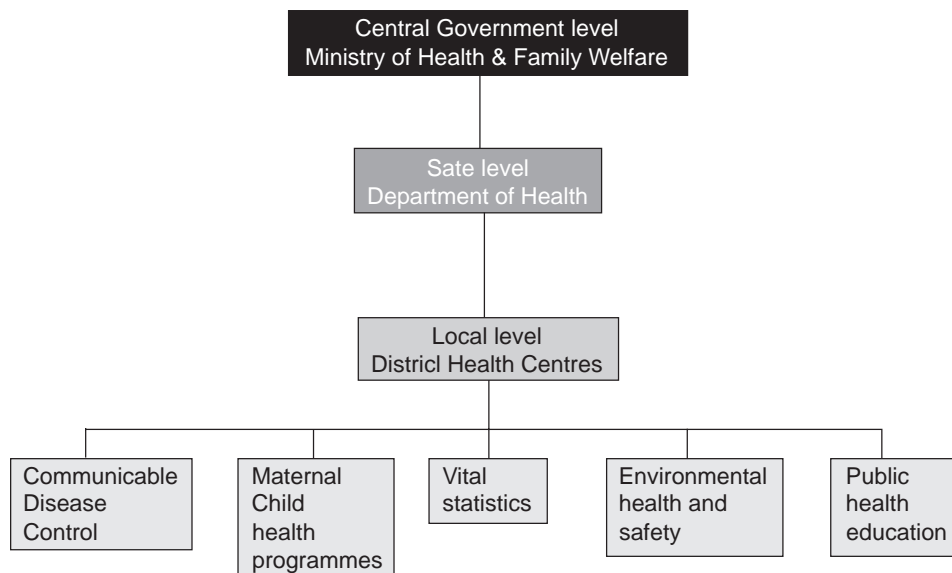
## 4.2.1 Health Care Settings for Holistic Nursing Practice

*Health Care Delivery System* is a mechanism for providing services that meet the health related needs of individuals. The Indian health care delivery system is currently facing a few crucial challenges:

- Health care providers are seeking cost effective ways to deliver an ever increasing range of services to the diverse needs of consumers.
- Consumers are demanding greater *accessibility to quality* health care services at affordable costs.
- Nursing is still striving not only to establish itself as a reputed profession but also as a major component of Indian health care delivery system.
- Nursing need to be theoretically and practically equipped with use of technological advances, biomedical research and state-of-the-art clinical equipment and facilities.

The nurses should be prepared to work within health care delivery system that is complex, involving myriad providers such as organization, institutions, groups and individuals, consumers and settings. Health care services in India are delivered by both the public and private sectors.

**Public sectors** are financed with tax money. So these agencies are accountable to the public to provide cost-effective quality care. The public sector includes official or governmental agencies.



**Fig. 4.1: The outline of public sector health care delivery system**

**Private Sector** of the health care delivery system primarily comprises independent providers who are reimbursed on a fee-for-service basis, i.e. the recipient (patient) directly pays the provider for services as they are provided.

The variety of settings in which health care is delivered and the roles of nurses in these settings are given below:

**Hospital:** Hospitals provide variety of services such as assessment and treatment of patients (acute and chronic) in OPDs and in-patient areas

- Acute inpatient services
- Emergency care services
- Ambulatory care services
- Critical/intensive care
- Rehabilitative care
- Surgical interventions
- Special therapies
- Counselling services

Nurses' roles in hospital are of care giver, client/family educator, coordinator of care with other health care providers, manager of her ward/unit/area, specialist in various diagnostic and therapeutic specialities within the hospitals. Nurses carry out initial and on-going assessment, maintain client's safety, carry out promotive, therapeutic, supportive and palliative interventions. They are also responsible for recording and reporting in the hospital.

**Extended Care/Long Term Care Facilities:** Intermediate and long term care for people with chronic illnesses or those who are unable to care for themselves, e.g. in nursing homes and special clinics. Restorative care is provided until client is ready for discharge.

Nurses' roles in extended care facilities are same as in the hospital. They plan and coordinate care, provide family support, teaching, counselling and rehabilitative services and prepare the client for self-care.

**Home Health Care Agencies:** Curative, rehabilitative and supportive services are provided at home by many health care agencies. Nurses provide skilled nursing care, referral, first aid, health promotion services during regular home visiting.

**Hospices/Institutions for Terminal Illnesses:** These facilities are available in major cities to care for individuals with terminal illnesses. Main goal of these institutions is to improve the quality of life until death.

Nurses provide pain control, promote comfort and relieve symptoms by administering medicines or by using alternative/complementary therapies, e.g. message, healing touch, relaxation, yoga, meditation and naturopathy. Nurses assist/arrange for spiritual counselling prepare patients for death and support grieving families. In many hospices residential facilities are available for family members.

**Outpatient Settings:** Treatment of illness, physical check-up, diagnostic testing, follow ups, dietary consultation and simple surgical procedures are the main services provided in the out-patient settings. These include clinic, physician's offices, ambulatory (mobile) treatment centres, diagnostic centres. Day-care centres are also attached to many outpatient departments such as oncology clinics (for chemo and radiotherapy), family planning clinics, ophthalmology clinics/ambulatory services. Nurses have additional roles such as physicians' assistants (check vital signs, weight-height) prepare clients for diagnostic tests/physical examination, assist with diagnostic tests, give first aid. Expanded roles of nurses in these settings are of teacher-counsellor, primary care provider, e.g. in diabetic care clinics, stoma clinics. They also perform physical and mental status examination, provide dietary consultation, are members of life support team for ambulance services and maintain records/census.

**Schools:** School based clinics may be government or privately funded. They provide physical and mental health services, conduct health education/exhibitions/surveys in school.

Nurses may be employed by the school (school health nurse) or appointed by the government (part of community health project) or private institution. The nurse coordinates health promotion and disease prevention activities, treats minor illnesses such as fever, minor injuries, insect bites, fainting etc. She also provides health education to children and parents, adolescent education/counselling and conducts surveys.

**Industrial Clinics:** Health and safety of industrial workers are the main goals of industrial clinics. These may be part of industrial set up in collaboration with governmental/private hospitals.

Nurses in these settings coordinate health promotion and disease prevention activities, e.g. pneumoconiosis, tuberculosis testing. They treat minor illnesses and coordinate with government/private sectors for provision of immunization and health check-up to industrial workers. Expanded functions include executive check-up, health education on accident prevention/nutrition/hygiene, maintenance of health records.

**Community Health Centres:** Professional nursing services are provided in these centres. These may be rural/urban primary health centres, sub centres and domicilliary services.

Nurses promote health and wellness of individuals, families, and community assigned to them. Identify and refer patients with health problems to secondary or tertiary care centres. CHN has the responsibility of treating minor ailments, prescription of selected medicines,

maternal and child health, health education, immunization, family welfare and communicable diseases control programmes. Community health nurse utilizes primary health care guidelines with special emphasis on preventive and promotive domains of care.

**Other Settings:** Disaster management, endemic control cells etc. are other settings that carry out rescue and transport services, emergency services, general and specialised service (such as rehabilitation/adoption) for victims of natural and man-made calamities. These organizations create awareness through mass-media or by arranging workshops on how to be ready for disasters.

Nurses coordinate with medical teams, Red-cross in providing rescue and emergency treatment (life support) to victims at disaster site, in ambulances, camps and hospitals. Nurses use triage to assess, categorize and treat victims as per their condition.

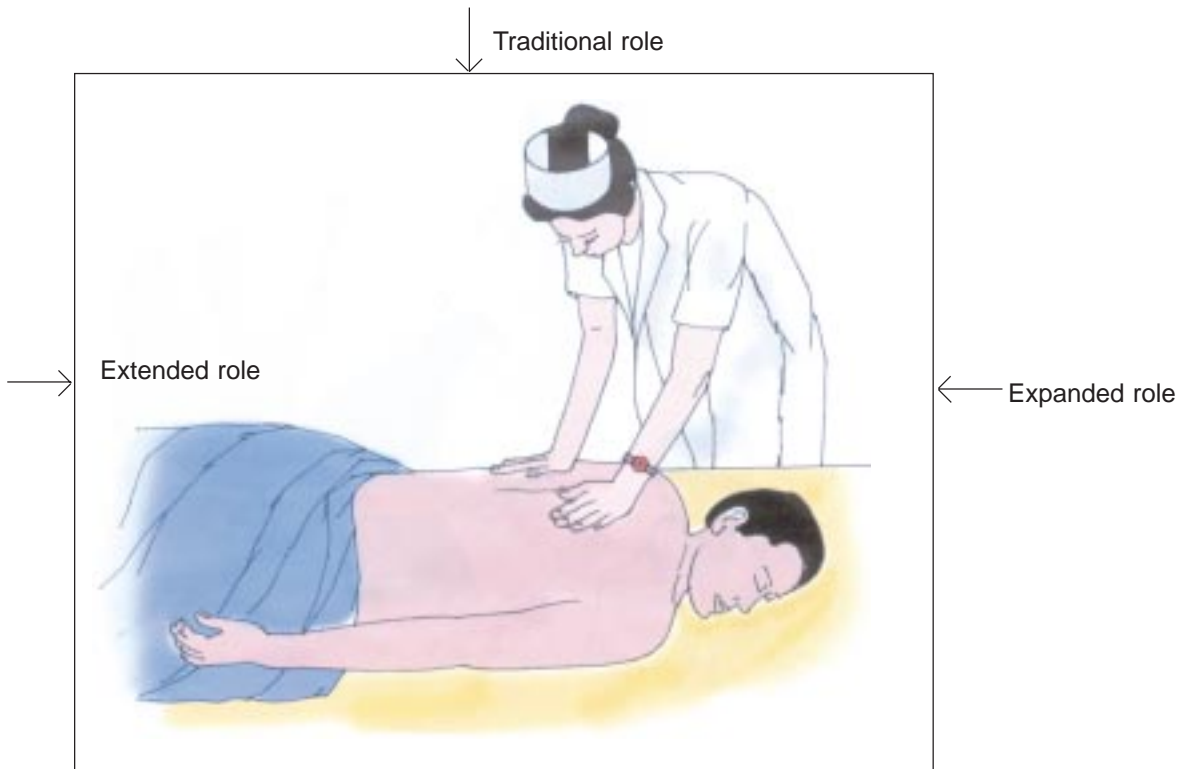
**Managed Care Organizations** are recently upcoming facilities that help the third party payers and business firms (such as insurance companies) in cost-effective health care management of their clients. Nurses serve as case managers and maintain clients' records.

#### 4.2.2 Nursing Roles

In order to be able to work effectively nurse practitioners must be aware of their roles, and functions while placed in variety of settings and utilizing different systems. These roles may be categorized into 3 type:

- Traditional roles as caregiver and nurturer to sick
- Extended roles as teacher-counsellor, advocate, manager, expert, team leader/member, coordinator
- Expanded roles as nurse practitioners:
  - Generalists or specialists:
  - interdependent practitioners
  - independent practitioners

These roles of nurses are discussed in detail in Unit 1 of Block 1.



**Fig.4.2: Caring is the essence of all nursing roles**

**Check Your Progress 1**

- 1) State whether the following statements are true or false?
  - a) An informed/educated customer as a purchaser of health care only focuses on its cost. (T/F)
  - b) Nursing process is a holistic caring process. (T/F)
  - c) Nursing Practice does not depend upon educational background. (T/F)
  - d) Nursing practice is based upon concepts and theories of nursing. (T/F)
  - e) Strength, will or knowledge of the sick or well person means his self care deficits. (T/F)
  
- 2) Three main domains of nursing care are:
  - a) .....
  - b) .....
  - c) .....
  
- 3) Fill in the blanks:
  - a) Improving nutritional status of the patient before surgery is an example of ..... care.
  - b) Teaching deep breathing to avoid respiratory complications is an example of ..... care.
  - c) Administering anticoagulants to treat embolism is an example of ..... care.
  - d) Exercising the limbs of a paralysed patient is an example of ..... care.

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### 4.3 SYSTEMS OF NURSING CARE

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As it has evolved over a period, **nursing is still focused on caring**. Rapid technologic advances, knowledge explosion, emphasis on quality – cost effectiveness – accessibility of health care and demand for alternative health care modalities present many challenges for nursing profession. How are nurses responding to these challenges?

- By continuing to advance nursing education and inculcating attributes of quality improvement, accountability and holism in young nurses.
- By collaborating with other health care providers and sections of society.
- By redefining roles and functions of nurses and preparing, placing and utilizing them adequately in various health care settings in the community hospital.
- By reshaping organizational (administrative) policies and developing such systems of nursing care delivery as best suited to clients needs.

In Section 4.2 we have deliberated upon quality-centered holistic nursing care **where** and **by whom** it is delivered. Now, let us discuss **how** it can be delivered, i.e. the systems or methods of nursing care delivery.

A system may be defined as a composite whole made up of integrated or joined and interrelated parts. Although each component of the system has its specific function, yet all of them work harmoniously for common outcome/s. As our body is made up of different systems, each system having many organs/parts e.g. respiratory system that is made up of nasal cavity, larynx, trachea, bronchi-bronchioles and lungs. Each of these have specific functions such as conduction of air, filtering, protection, inspiration and expiration but the common outcome of the whole system is respiration or exchange of gases. Similarly, main outcome of nursing (product) is quality care for which various systems comprised of different parts/sections have to fit and function harmoniously. Nursing care system should be an open system – flexible yet organised. Following figure schematically shows how an ideal nursing care system produces quality care.

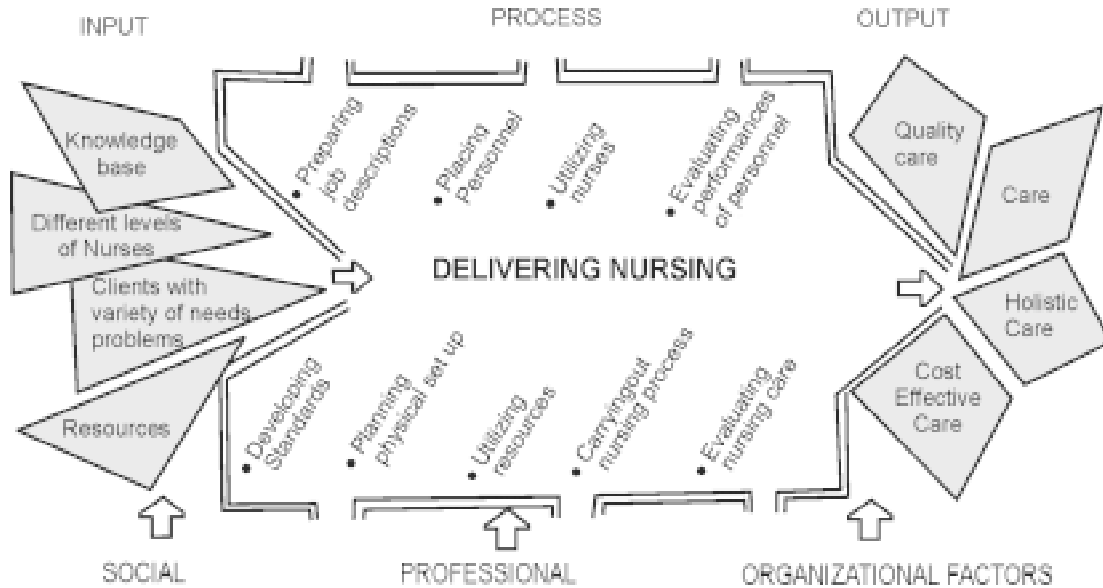


Fig.4.3: Schematic representation of an Open Nursing Care delivery System

So far, various nursing care systems or models have been developed and implemented due to the influence of various **societal, political, professional and organizational** factors.

- These systems utilize different nursing care concepts, theories, nursing roles and functions.
- These are adapted as such or with modifications according to the clients’ health needs, organizational structure, facilities and availability of nursing manpower.
- None of these systems has ever claimed to be perfect or the best. Some of these, although developed in early years of nursing history, are used even today and are being perfected to fit into the current health care delivery system.

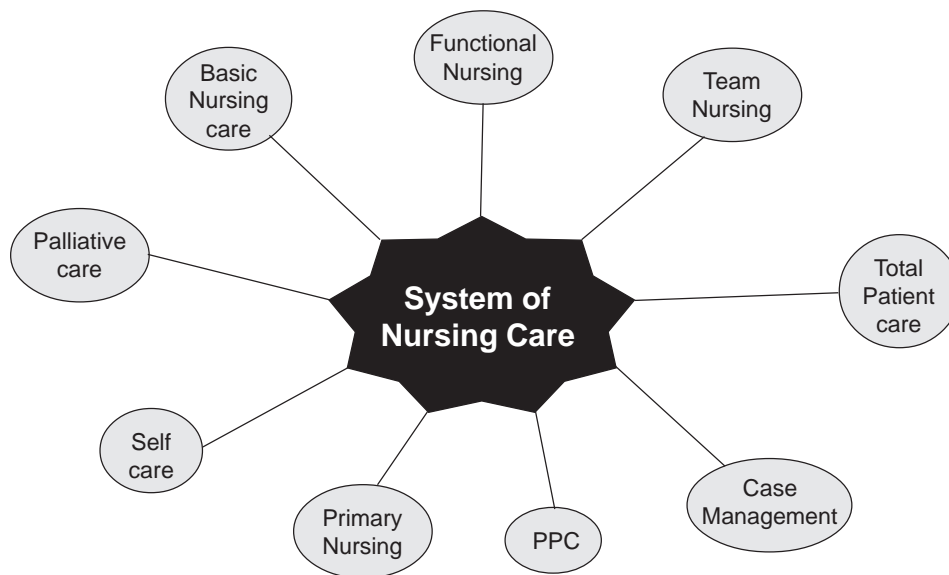


Fig.4.4: System of Nursing Care

### 4.3.1 Basic Nursing Care Concept

Basic nursing services has its roots in fundamental human needs. This domain of nursing is derived from the common needs of the people. In normal health, basic needs can be met by the individual unaided, but the need for nursing assistance arises when the person lacks the strength, knowledge or will to meet the basic needs for daily living, e.g. a patient had difficulty in swallowing food due to an esophageal problem, nursing assistance is required to help him get adequate nourishment.



Based on the needs of patients, Virginia Henderson identified fourteen Basic Nursing care components. This is given in the following Table 1.3.

Table 4.1: Basic Care Components and the Basic Needs of Patients		
Sl. No.	Basic Nursing Care Components	Needs
1.	Helping patient with respiration	Assist or provide conditions that will enable the patient to: Breathe normally
2.	Helping patient with eating and drinking	Eat and drink adequately
3. 4.	Helping patient with elimination Helping patient maintain desirable posture in walking, sitting and lying; and helping him with moving from one position to another	Eliminate body wastes Move and maintain desirable posture
5.	Helping patient rest and sleep	Sleep and rest
6.	Helping patient with selection of clothing, with dressing and undressing	Select suitable clothes—dress and undress
7.	Helping patient maintain body temperature within normal range clothing	Maintain body temperature within normal range by adjusting and modifying the environment.
8.	Helping patient keep body clean and well-groomed and protect integument	Keep the body clean and well groomed and protect the integument
9.	Helping patient avoid dangers in the environment; and protecting others from any potential danger from the patient, such as infection or violence	Avoid dangers in the environment and avoid injuring others
10.	Helping patient communicate with others—to express his needs and fears, feelings.	Communicate with others in expressing emotions, needs, others
11.	Helping patient practice his religion or conform to his concept or right and wrong	Worship according to one's faith
12. 13.	Helping patient with work, or productive occupation Helping patient with recreational activities	Work in such a way that there is a sense of accomplishment Play, or participate in various forms of recreation
14.	Helping patient learn	Learn, discover, or satisfy the curiosity that leads to “normal” development and health and use the available health facilities

According to the basic nursing care concept, the nurse should be an expert on planning and delivering basic nursing care. These aspects of nursing care have to be initiated and controlled by the nurse. The unique function of the nurse is to provide basic nursing care.

Now you need to review the chief characteristics of basic nursing care concept:

- holistic approach is used to identify nursing care needs
  - physical needs
  - mental and social needs
  - spiritual needs



- nursing care is based on a helping relationship
- it is the unique function of the nurse to provide basic nursing care
- this aspect of patient care has to be initiated and controlled by the nurse

The chief characteristics of basic care concept are presented in Fig. 4.5:

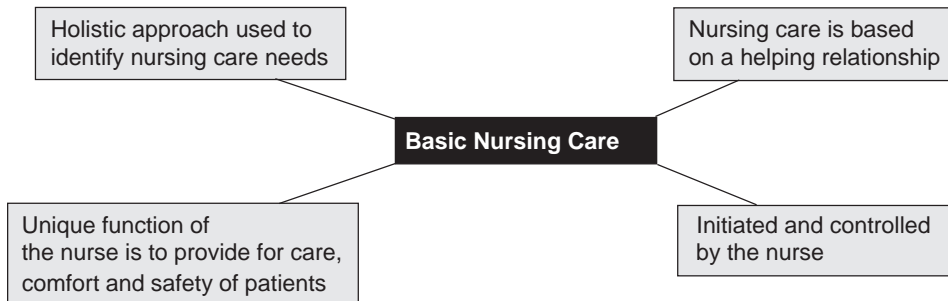


Fig. 4.5: Characteristics of Basic Nursing Care

### 4.3.3 Functional Nursing

#### Features

This system emerged in 1930s in U.S.A.

- A number of Licensed Practice Nurses (LPNS) and nurse aides were employed to compensate for less number of registered nurses (R.N.S.) who demanded increased salaries.
- Completion of routines and tasks is given more importance.

**Nursing Concept/Approach:** Basic nursing care concept (task or work oriented), no specific nursing role, less scope for utilization of holistic nursing process.

#### Challenges and Issues

Lack of individualised and coordinated care. Patient as a person is neglected although routines were carried out very efficiently.

- Patients get confused as so many nurses attend to them, e.g. head nurse, medicine nurse, dressing nurse, temperature nurse, etc.
- Communication gaps may occur because of many nurses involved in doing a specific type of task.
- In the modern context this method is good for long-term care settings/hospices with improved coordination, care-planning and communication.

### 4.3.4 Team Nursing

#### Features

This method of nursing care was introduced in the early 1950s.

Team nursing is based on the belief that nursing personnel with different levels of competencies can make an effective contribution to total nursing care. The overall aim is to provide a range of nursing to the individual patient in an efficient and effective way.

A nursing team made up of professional nurses, nursing auxiliaries, and nursing aids. They can work together cooperatively under a well-qualified team leader to provide a range of nursing services which may vary from the very simple to the most complex nursing functions.

A typical nursing team in a ward may include the head nurse, staff nurses, nurse auxiliaries, nursing aids and nursing students.

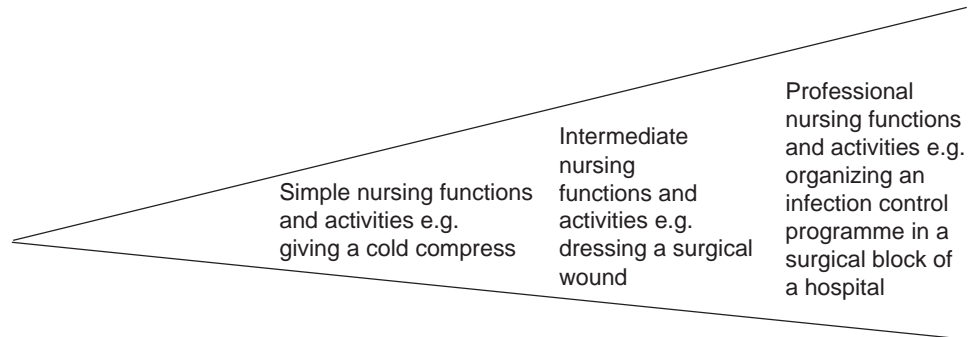
Team nursing recognizes that within the scope of nursing, there is a differentiation of functions. The spectrum of nursing functions include:

- **Simple nursing functions**, which require little knowledge, skills and judgement, can be performed by nursing aids who receive on-the-job training.

- **Intermediate nursing functions** of a technical, routine, repetitive type can be carried out by technically-trained nursing personnel.
- **Professional functions** are complex nursing functions, which require expert knowledge, skills and judgement can be performed by a nurse with professional nursing education background.

Team conference is the main aspect of this system. There is better coordination, supervision and efficiency. Potential for high quality care.

The spectrum of nursing functions is shown in the Fig. 4.6.



**Fig. 4.6: Spectrum of Nursing Functions**

Effective team work has the following essential characteristics:

- commonly agreed goals
- clear division of labour
- adequate resources, human and material
- supportive and cooperative interpersonal relationships
- open, honest communication
- provision for evaluation and improvement.

#### **Nursing Concept/Approach**

Basic nursing care (need-based or problem-oriented), self care concept is also used depending upon various stages of illness. Good scope for utilization of nursing process by the team.

#### **Challenges and Issues**

No direct care may be given by the team leader.

- Individual members may not have comprehensive knowledge about the patient as a whole due to lack of communication.
- Team members may become too much dependent on the leader for decision-making and may lack autonomy.
- Nursing care may become fragmented.
- Good system for critical care, special units, operation theatre, emergency and disaster settings where expert decision-making, planning and delegation by the leader, along with coordination, communication and flexibility in decision-making among the members can produce excellent results.

### **4.3.5 Total Patient Care**

#### **Features**

Most widely used method in hospitals since past twenty five years.

- A registered nurse is assigned a group of four to six patients in the ward or private rooms depending on the condition of patients. Patient assignment is restricted to one shift.

- Nursing care is focused on the total person rather than on tasks or procedures.
- Nurse has greater sense of control, greater autonomy and involvement in patients outcomes.
- Nurse clinicians roles are best suitable for the system.
- Nurse learns to be accountable for quality of care, evaluation and improvement. S/he gets opportunity to make decision autonomously or in consultation with specialist.

### Nursing Concepts/Approach

Patient centered approach (problem-oriented or need-based) with incorporation of self-care abilities/deficits. Like primary nursing, this method of patient assignment has a scope for comprehensive/holistic care.

Abdellah (1960) has identified Twenty-one Nursing Problems based on the health needs of the patients as given below:

**Table 4.2: Twenty-one Nursing Problems**

1. To maintain good hygiene and physical comfort.
2. To promote optimal activity: exercise, rest and sleep.
3. To promote safety through prevention of accident, injury or other trauma and through the prevention of the spread of infection.
4. To maintain good body mechanisms and prevent and correct deformity.
5. To facilitate the maintenance of oxygen supply to all body cells.
6. To facilitate the maintenance of nutrition of all body cells.
7. To facilitate the maintenance of elimination.
8. To facilitate the maintenance of fluid and electrolyte balance.
9. To recognize the physiological responses of the body to disease condition—pathological, physiological and compensatory.
10. To facilitate the maintenance of sensory functions.
11. To facilitate the maintenance of regulatory mechanism and functions.
12. To identify and accept positive and negative expressions, feelings and reactions.
13. To identify and accept interrelatedness of emotions and organic illness.
14. To facilitate the maintenance of effective verbal and non-verbal communication.
15. To promote the development of productive interpersonal relationships.
16. To facilitate progress toward achievement of personal spiritual goals.
17. To create and/or maintain therapeutic environment.
18. To facilitate awareness of self as an individual with varying physical, emotional and developmental needs.
19. To accept the optimum possible goals in the light of limitations, physical and emotional.
20. To use community resources as an aid in resolving problems arising from illness.
21. To understand the role of social problems as influencing factors in the cause of illness.

The twenty-one nursing problems focus on physical, biological, social and psychological needs of the patient. The problems are identified according to the condition of the patient, and his self-help ability. Self-help ability of the patient refers to the ability of the patient to meet his health care needs. These abilities vary in accordance with the physical, mental and social capacities of the patient.

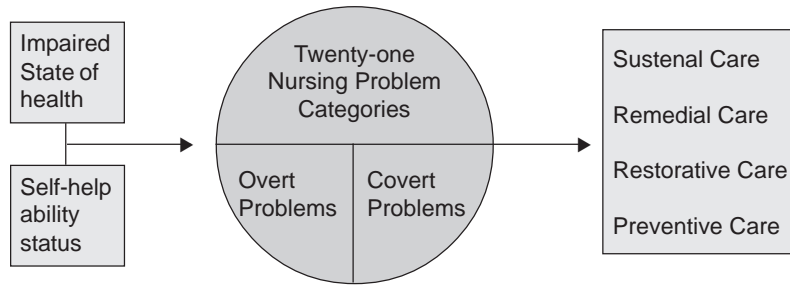
### Challenges and Issues

Main challenge in this method is to ensure competence of each nurse who is responsible for total care of patients.

- Nurse may feel overworked if most of her assigned patients are sick.
- S/he may tend to ‘neglect’ the needs of patient when the other patients ‘problem’ or ‘need’ demands more time.

- Need for overall supervision and guidance by the head nurse, especially while developing care plans and giving-taking over. Very good system for general ward and private rooms.

A schematic diagram of patient-centred concept of nursing is presented below:



**Fig. 4.7: Schematic diagram of patient-centred concept of nursing**

After studying patient-centred concept of nursing, you will note the main elements of this concept. They are:

- impaired state of health of individuals of families lead to nursing problems,
- nursing problems arise when individuals or families need nursing assistance with meeting health care needs,
- twenty-one nursing problem categories are listed for identifying problems,
- nursing problems may be covert or overt,
- nursing care is individualized and personalized,
- self-help abilities and self-help deficits of individuals and families have to be considered in identifying nursing problems,
- four broad categories of nursing care are:
  - sustenal care
  - remedial care
  - restorative care
  - preventive care

### 4.3.6 Case Management

#### Features

Currently used method of patient care:

- The case manager (Registered nurse or social worker with managerial qualification) is assigned responsibility of following a patient’s care and progress from the diagnostic phase through hospitalization, rehabilitation and back to home care.
- Case manager develops a critical pathway for care and treatment that include specific timelines and standard protocols. For example, case manager for cardiac surgery patients assists them go through diagnostic procedures, pre-operative preparations, surgical interventions (hospitalization), family counselling, post-operative care and rehabilitation.
- The case manager identifies costly delays in diagnosis, hospital days and discusses these with doctors and patients.
- Case managers are **employed** by third party payers (e.g. insurance companies) by the hospital authorities (e.g. for heart surgeries, renal transplant, reconstructive surgeries, etc.), by clubs, industrialists and associations or by individuals, e.g. geriatric, family or private patients case managers.

#### Nursing Concepts and Approach

No direct care by the manager whose main roles are of teaching, advocacy and coordinating with health care providers. Case manager (nurse) ensures quality care that is holistic (Considering patient as a biopsychosocial and spiritual being) and assisting the patient attain self care status according to his/her potential.

#### Challenges and Issues

There may be opposition from physicians who may see it as a threat on their historic rights of autonomy in decision-making.

*Features*

- This system of nursing care was very popular till the beginning of 20th century
- Simple and primitive system
- Clients used to 'hire' or appoint nurses to take care of sick patients at home or in the hospital. Payments were based upon a mutual agreement between the parties.
- Provided one-to-one relationships. Nurse looked after all basic needs, e.g. hygiene, comfort, nutrition, elimination, recreation. Clients felt satisfied.

*Nursing Concept/Approach*

Basic Nursing Care (client-centered, need-based). Role of care-giver/physician's assistant.

*Challenges and Issues*

Lack of standards, lack of coordination and supervision. Nurses were poorly paid and there were chances of manipulation from both parties. Nurses have less chances of self-development as professionals.

In today's context, this system is good for home care agencies who act as mediators for proper placement and payment of nurses who are unemployed, retired or want to work on part-time basis.

**4.3.7 Progressive Patient Care****Features**

This system began to take shape in the 1950s with the aim to organise hospital and nursing services in such a way that the patient receives optimal care according to his/her changing health needs.

- Under progressive patient care (PPC) system, medical/surgical care is delivered in various areas or units according to the changing condition or health status of the patient. The set up, policies, and staff allocation is also organized accordingly.
- Principal elements of PPC are:
  - i) **Intensive care or critical care:** Patients who require close monitoring and intensive care round the clock, e.g. patients with acute myocardial infarction, fatal dysrhythmias, those who need artificial ventilation, patients with major burns, premature neonates, immediate post or cardiothoracic, renal transplant, neurosurgery patients will their condition is stable. These units have 9-15 number of beds, life-saving equipment and skilled personnel for assessment, revival, restoration and maintenance of vital functions of acutely ill patients. Nursing approach in these units is patient-centered.
  - ii) **Intermediate care:** Critically ill patients are shifted to intermediate care units when their vital signs and general condition stabilizes, e.g. cardiac care ward, chest ward, renal ward.
  - iii) **Convalescent and Self Care:** Although rehabilitation programme begins from acute care setting, yet patients in these areas/centres participate actively to achieve complete or partial self-care status. Patients are taught administration of drugs, life style modification, exercises, ambulation, self-administration of insulin, checking pulse, blood glucose and dietary management.
  - iv) **Long-term care:** Chronically ill, disabled and helpless patients are cared for in these units/centres. Nurses and other therapists help the patients and family members (residents) coping, ambulation, physical therapy, occupational therapy along with activities of daily living. Patients and family who need long-term care are, cancer patients, paralysed and patients with ostomies.
  - v) **Home care:** Some hospital/centres have home care services. A hospital based home care package provides staff, equipment and supplies for care of patient at home, e.g. paralysed patients, post-operative, mentally retarded/spastic patient and patient on long chemotherapy (tuberculosis).

- vi) **Ambulatory care:** Ambulatory patients visit hospital/centre for follow up, diagnostic, curative rehabilitative and preventive services. These areas are outpatient departments, clinics, diagnostic centres, day care centres, etc.
- Benefits of Progressive Patient Care are:
  - i) Patient receives specialized attention when they need it.
  - ii) Patient gets assistance in making adjustment to hospital, home and community.
  - iii) Nursing personnel can make effective use of special skills and capabilities.
  - iv) Quantity of nursing services can be increased by use of semi-skilled staff.
  - v) Quality nursing can be improved.
  - vi) Hospital can make efficient use of highly skilled personnel and expensive high-tech equipment.
  - vii) Hospital can maintain continuity of care.

### **Nursing Concepts and Approach**

PPC system is based upon self-care concept where all nursing systems, i.e. wholly compensatory (acute care), partially compensatory (intermediate care), supportive educative (in all units/areas and especially long term, home care and OPDS). Assist the patient attain SELFCARE while continuity of care is maintained.

### **Challenges and Issues**

Main challenges to make this system most effective are:

- i) To improve quality of nursing practice in all its dimensions such as structure (resources), process (nursing care) and outcomes (patient satisfaction and nurses performance).
- ii) Proper orientation, education and psychological preparation of client when they are shifted from one unit to another.

### **4.3.8 Primary Nursing**

Primary nursing concept was envisaged to promote individualized nursing care and to make qualified, registered nurses assume responsibilities for nursing care provided to patients.

Under traditional system of nursing, in a typical hospital ward, the patient is not assigned to nurse for the care that is provided to him during his hospitalization. Nurses carry out nursing functions and no nurse is specifically assigned to assume responsibility for care of patient on a 24-hour basis during hospitalization. Under this system it was difficult to promote accountability for nursing care provided to a patient. Primary nursing concept was developed as a solution to this problem.

### **Features**

Started in 1960s, became popular in 1980s.

- One registered nurse is responsible for patient care over 24 hour period 7 days a week from the time the patient is admitted to the hospital till the discharge.
- Primary nurse is assigned the total care of a patient by the head nurse or nursing coordination for initiating and updating the nursing care plan.
- An associated nurse works with the same patient on other shifts and on the primary nurses' 'day off'. The associate nurse carries out the plan established by the primary nurse.
- Nurses mostly find greater job satisfaction because they have more autonomy and control over the care giver. They can enjoy extended and expanded roles alongwith traditional role of care giver.

### **Nursing Concept/Approach**

Individualised (problem-oriented/need-based) patient-centred approach, and self care models can be incorporated in this system. Primary nurse can utilize nursing process for holistic assessment and care of clients.

### Challenges and Issues

More nurses are required for this method of care delivery and it is more expensive than other methods.

- Level of expertise and commitment may vary from nurse to nurse which may affect quality of patient care.
- Associate nurse may find it difficult to follow the plans made by another if there is disagreement or when patient's condition changes.
- Nurses may become possessive of their patients and may not delegate responsibilities when transferred from primary care setting to other settings.
- Primary Nursing Care System is good for long-term care, rehabilitation units, nursing clinics, geriatric, psychiatric, burn care settings where patients and family members can establish good rapport with the primary nurse. Need for nursing care standards and protocols for quality assurance.

### 4.3.9 Self-care Concept

#### Features

Orem (1971) developed this concept of nursing which focuses on the individual and his self-care needs. According to Orem, the special concern of nursing profession is man's need for self-care action in order to sustain life and health, recover from disease or injury, and cope with their effects.

Self-care is the practice of activities that individuals personally initiate and perform on their own behalf to maintain life, health and well-being.

Nursing assistance is required to overcome self-care limitations of individuals, families, and communities. There are five methods or techniques of helping:

- Acting for or doing for another.
- Guiding another.
- Supporting another
- Providing an environment that promotes personal health and development.
- Teaching another.

According to this concept, there are three basic types of nursing systems as follows:

- Wholly compensatory nursing system.
- Partly compensatory nursing system.
- Supportive-educative system.

Orem's self-care concept is discussed in detail in unit 3 of Block 1.

#### Nursing Concept/Appraisal

Basic nursing care (need-based or problem-oriented), utilization of nursing process by the individual nurse or team of nurses.

#### Challenges and Issues

The major area of concern or problem in self-care concept is the individual's capabilities regarding complete and effective self-care or dependent care the source of this problem is any state or factor that imposes limitations on self-care or dependent care.

### 4.3.10 Palliative Care Concept

The concept of palliative care grew out of pain relief and comfort measures for cancer patients. Since AIDS is a fatal disease with many curable manifestations, the distinction between active, curative treatment and palliation is blurred. As a result definitions of palliative care, define this medical care service as a more holistic one, that begins earlier in the course of a chronic, fatal medical condition.

**Palliative care is defined by the 'World Health Organization (WHO) as "the active total care of patients whose disease is not responsive to curative treatment. Control of**



**pain or other symptoms, and of psychological, social and spiritual problems, is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families ... palliative care affirms life and regards dying as a normal process ... neither hastens nor postpones death ... provides relief from pain and other distressing symptoms ... integrates the psychological and spiritual aspects of care ... offers a support system to help family cope during the patient's illness and in their own bereavement."**

Proper delivery of palliative care to the bedside not only is a public health strategy but also promotes the expression of the patient's wants, needs, and thoughts, helps all to accept the reality of death; and encourages each person to find spiritual meaning in his or her life. Palliative care can reverse the mechanization of death, achieve therapeutic consensus among patient, family and health professionals, minimize suffering induced by unwanted or futile therapies, balance a scientific outlook with the need to help a specific individual, enhance quality of life, humane the process of dying, and reconcile interpersonal differences. Palliative medicine matches perfectly with the hospice philosophy.

The focus of hospice care is palliative care, not curative treatment. A client entering a hospice has reached the terminal illness and the client, family and physician have agreed that no further treatment could reverse the disease process. An attempt is made to provide care that ensures death with dignity in the client's home.

Hospice nurses work in institutional and community settings. They are committed to the philosophy and objectives of the facilities for which they work. They provide care and support for the client and family during the terminal phase and at the time of death and continue to offer bereavement counselling and follow-up to the family after the client's death.

**Check Your Progress 2**

- 1) Three basic types of nursing care concepts based on basic needs, patients' problem and ability to manage health care are:
  - a) .....
  - b) .....
  - c) .....
- 2) Fill in the blanks:
  - a) A comatose patient with history of poisoning manifesting altered breathing pattern and unstable BP is admitted in .....unit.
  - b) A patient with acute peptic ulcer, in stable condition is admitted in ..... unit.
  - c) A patient with type II diabetes mellitus leading an active life needs care in .....
  - d) A patient with amputation of right leg recovering from surgical operation has to be taught ambulation in ..... type of setting.
- 3) State whether following statements are true or false
  - a) A nurse checks the BP of all the patients in her unit. This is an example of primary nursing. (T/F)
  - b) Team nursing depends upon effective communication, coordination and supervision of care by the leader. (T/F)
  - c) The chief disadvantage of team nursing is fragmentation of care due to division of work. (T/F)
  - d) Primary nurse is accountable to quality care. (T/F)
  - e) Total patient care is accomplished by functional assignment system and not by patient assignment. (T/F)
  - f) Concept of palliative care grew out of pain relief and comfort measures for cancer patients. (T/F)
  - g) The focus of hospice care is curative care not palliative care. (T/F)

4) Name the types of self-care system.

.....

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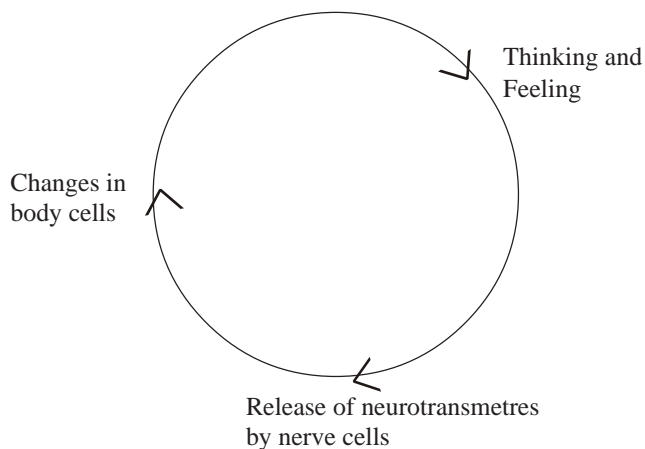
## 4.4 ALTERNATIVE AND COMPLEMENTARY THERAPIES

From the previous discussions on nursing and quality practice it is clear that nursing in its broadest sense is truly holistic in nature. Standing at the professional crossroads many nurses are being swept away into high-tech, low touch, fast paced, short staffing life. Yet many nurses care about their patients and want to make a difference in their lives. The goal of holistic nursing is to enhance healing of the whole person from birth to death. The holistic nurse is an instrument of healing and a facilitator in the healing process. Holistic nursing recognizes holism as inter-relationships of the bio-psychosocial-spiritual dimensions of the person and the individual as a unitary whole in mutual relation with the environment and *LIFE FORCE*. Holistic nurses honour the patient's subjective experience about health, health beliefs, and values.

Western society has adopted alternative and complementary (A/C) therapies as practiced in many cultures of the world (use of faith, rituals, touch, herbs, movements). These (A/C) therapies do not contradict the traditional medical practice but complement them.

### 4.4.1 Traditional Medical Model Vs Holistic Care Model

Traditional medical model is founded on the belief that the mind, body and spirit are separate entities, focusing mainly on curing the body. However, neuro psychoimmunology, a new field of science is investigating how the brain transmits signals along the nerves to enhance the body's normal immune functioning:



**Fig. 4.8: Transmission of signal to the body**

Person's feelings and thinking processes can affect their state of health. Their faith, beliefs, rituals can be utilized to promote health (sense of well being). Nurse as a holistic practitioner helps the client call forth his or her inner resources (will, defence mechanisms, immunity) for healing. In order to accomplish this, the nurse must develop:

- i) Knowledge base
- ii) Respect for individuality and culturally based health beliefs of clients
- iii) As a Role model – demonstrating self confidence, emotional stability and positive health behaviour
- iv) A focus – sense of direction and specific goals.

“Nature alone cures ..... and what nursing has to do is to put the patient in the best condition for nature to act upon him”. These are the words of Florence Nightingale who

stressed on the importance of environment, i.e. fresh air, light, warmth and cleanliness; these properties act on the patients' internal environment to enhance healing. According to her, nursing is guiding or helping the patient to utilize the healing power of nature as best as he or she can. Alternative/complementary therapies are noninvasive, natural and simple. These are classified under following category.

**Mind-Body: Self regulatory therapies**

- meditation
- relaxation
- biofeedback
- imagery
- hypnosis
- art, music, dance, humor, pet therapies
- cognitive therapy

**Body movement : Manipulation therapies**

- Movement and exercise
- Yoga
- Tai chi
- Chiropractic
- Breathing exercises

**Energetic-touch or manual th**

- Therapeutic touch
- Therapeutic message
- Healing touch
- Shiatsu acupressure
- Reflexology
- Acupressure

**Spiritual therapies**

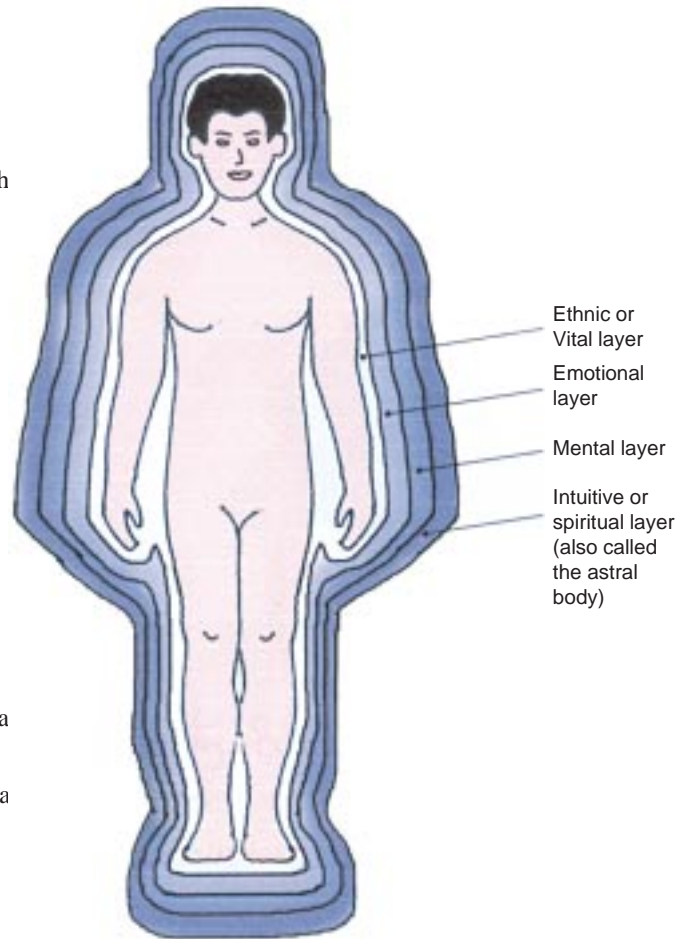
- faith healing
- healing prayer
- laying on of hands
- shamanism

**Nutritional therapies**

- foods and folk lore
- antioxidants and free ra
- macrobiotic diet

**Other systems of medical pra**

- Ayurveda
- Homeopathy
- Oriental medicine
- Naturopathic medicine
- Herbal medicine
- Acupuncture
- Aromatherapy
- Colour therapy
- Magnetic therapy



**Fig. 4.9: Energy zones of a holistic human being**

Refer Unit 5 of this block for details of these systems of medical practices.

These are the methods by which an individual can consciously control some functions of the sympathetic nervous system, e.g. heart rate, respiratory rate, blood pressure, muscle tone, etc.

Therapeutic benefits of these methods are stress relief, relaxation of body and mind, reduced level of lactic acid, decreased oxygen consumption and slowed heart rate due to decreased work load on heart; decreased blood pressure, improved functioning of immune system, relief from discomfort and altering behaviours.

Principles of these techniques are: **Self regulation, focusing and quiet environment.**

- i) **Meditation** is quieting the mind by focusing one's attention. A sense of oneness with self, universe and Greater Power is felt. Nurses can teach this modality to clients by using verbal cues, counting the clients inhalations and exhalations while focusing on breathing, an inspirational word, phrase or prayer.
- ii) **Relaxation** is the therapeutic form of meditation. One technique of relaxation is progressive muscle relaxation (PMR). The client focuses on skeletal muscles and alternatively contracts and relaxes them. Nurses in all settings can learn and teach relaxation response to clients.
- iii) **Imagery** is a type of thinking using one's senses to evoke the imagination. Nurses can create guided imagery for clients who are capable of hearing and following nurse's suggestions of meaningfully positive, physiological images. Patient with fracture can be shown stages of bone healing with the help of a chart/model and asked to imagine these stages happening in his own body. Imagery can also be used for distracting the clients' attention from pain and negative emotions, for decision making (quitting smoking) and for altering behaviours.
- iv) **Biofeedback** is measuring physiological responses such as skin temperature, blood pressure, electrical activity in muscles, brain and heart before and after the relaxation therapy. The individual receives and interpretation of these responses and taught how to manipulate these responses through mental activity. Biofeedback sittings are used to restore lost sensation, relax tense muscles, relieve tension and migraine headaches, reduce bruxism (grinding of teeth) and relief from backache.
- v) **Therapeutic hypnosis** combined with imagery and guided suggestions induce altered state of consciousness (a trance). Suggestions can be phrased directly as "your eyes are slowly closing and you are feeling sleepy" or indirectly as "you are feeling yourself floating on clouds". Hypnosis is an effective adjunct for pain reduction, anxiety, insomnia and diversion.
- vi) **Hobbies and diversion therapies** also affect the mind and body therapeutically. Aristotle advocated a process referred to as "psychocatharsis" whereby a musical experience could raise the soul to ecstasy, and individual who suffered from uncontrollable emotions would return to the normal state of mind. Subsequent empirical studies have demonstrated that various types of musical experiences can produce changes in respiration, heart rate, blood pressure, myocardial oxygen consumption, gastrointestinal function and anxiety levels. Playing or listening to music, painting or watching someone creating a beautiful piece of art, watching a dance performance, laughing and caring for a pet produce pleasant emotions and distract the mind from unpleasant stimuli. The nurse can help a patient select an appropriate diversional therapy to bring about a desired outcome. Avoid situations that may evoke unpleasant memories and emotions.
- vii) **Cognitive therapy** uses cognitive techniques to help patients cope more effectively by modifying negative irrational thinking. The nurse as a cognitive therapist guides the individual through a process of insight, awareness, and self-discovery. There are three steps in this process.
  - a) **Stop and take a breath:** Release physical tension and become aware that a stress had taken place, you are upset and recognise physical changes occurring in response.
  - b) **Reflect:** Recognize automatic thoughts and the connection between negative thoughts and emotions. Are there any errors in your thinking? Example suicidal thoughts.
  - c) **Choose a more healthful way to respond:** challenge thoughts and beliefs that are irrational negative and unrealistic. Enhance effective coping and problem solving by communicating with the counsellor, seeking advice, setting realistic goals and acting.

The process of cognitive restructuring influences health by preventing and managing stress (disease) positively.

#### 4.4.2 Body Movement: Manipulation Therapies

These therapies use techniques for moving or manipulating body parts to achieve desirable therapeutic benefits.

Principles of manipulation are: motivation, practice, patience and encouragement.

- i) Exercises use therapeutic movements to enhance fitness as a result of increased muscle strength, flexibility, endurance, appetite, blood circulation and cardiovascular–respiratory health. Exercises are also used to improve mental abilities and functional abilities in patients with arthritis. Nurses can guide clients in use of Variety of therapeutic movements according to their needs and capacity e.g. aerobics, anaerobic, dance, brisk walk, range of motion exercises, water exercises, stretching, hand-fingergrip exercises etc.
- ii) Yoga an ancient India meditative exercise uses various postures and movements to enlighten the mind, promote longevity and self realization. Various postures are used to achieve balanced inhalation and exhalation of prana (life force).
- iii) Tai chi consists of a series of sequential smooth dance like movements based on laws of complementary balance or harmony with nature (Yin and Yang). Tai chi is believed to enhance stamina, agility, boosts energy and a sense of well-being.
- iv) Chiropractic therapy utilizes quick thrusts and adjustments of head, back and extremities as chiropractors believe that diseases result from interference along the spinal pathway; therefore manipulation of the spinal column is useful in alleviating a variety of illnesses.
- v) Nurses frequently teach effective breathing exercises to clients who are at a risk of developing respiratory complications, due to surgery, trauma, invasive thoracic procedures, artificial ventilators or altered consciousness. Preoperative teaching of exercises has proved to be effective in preventing post operative complications.

#### 4.4.3 Energetic Touch Healing

These are the most widely used group of complementary techniques work with the body's energy field. Energetic–touch therapies originated from ancient Eastern and Native American philosophies. Practitioners of these therapies believe that each individual has a life force or energy field extending beyond a person's physical body. This energy field consists of layers of energy that can be diminished or affected due to trauma, illness or distress. The energy system can be restored by direct and intentional use of practitioner's hands. Nurses can practice a few of these therapies such as massage, therapeutic touch, healing touch, reiki and reflexology.

Principle of manual therapies is directing or redirecting the energy by use of the hands to enhance balance within the field, enhance blood circulation or inhibit/stimulate various receptors.

- i) **Touch** is the most universal modality. It has several important uses in nursing practice. It is an integral part of assessment, promotes bonding, is an important means of communication, assists in soothing, comforting calming, and keeping the oriented.
- ii) Various **massaging** techniques have also proved to be effective healing therapies. Massage improves blood circulation, prevents pressure sores, tones up muscles and gives refreshing feeling.
- iii) Use pressure on specific points of the body has also been used since ancient times. Nurses can practice and master reflexology and acupressure for relieving different ailments.

#### 4.4.4 Spiritual Healing

Nurse as a holistic practitioner and facilitator of healing must identify and respect the spiritual needs of the clients. To heal is not necessarily to cure. A person can be healed emotionally or spiritually even in the face of terminal illness, crisis and danger.

- Guiding principle of spiritual therapies is that nurse recognises the spiritual need of patients and helps them. RELATE with themselves, fellow beings and God.
- The nurse arranges or facilitates spiritual meeting, counselling, confessions, prayers according to the faith, belief and wish of her clients.

#### 4.4.5 Nutritional Therapies

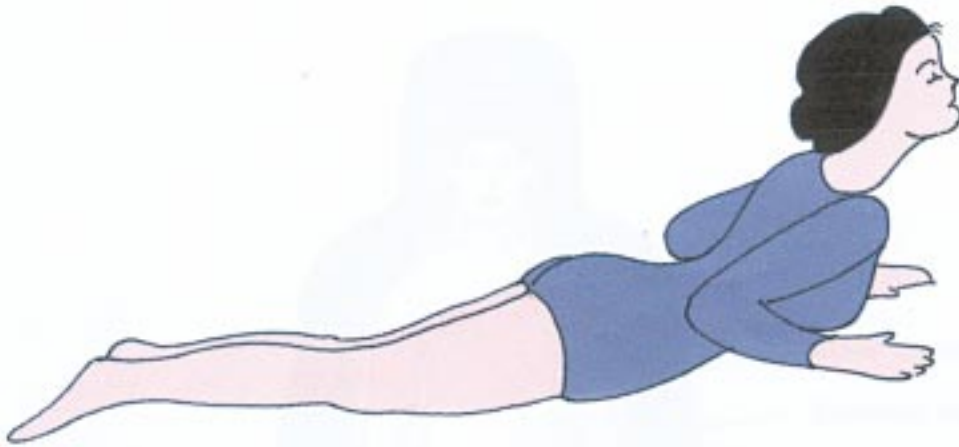
Food has been next to spirituality among many cultures of the world. Food is not only to satisfy the physical need of energy but also used as a ritual in many religions.

- Principles of nutrition are 'Eating to live not living to eat', and balancing of one's diet not according to likes-dislikes but according to health needs.
- Nurses actively participate in teaching, planning, prescribing (and many times cooking) healthy diets along with the dietary consultants. (Refer to BNS-102, Block 5 on Nutritional therapies).

#### 4.4.6 Other Systems of Medical Practice

Nurses should have knowledge about other medical practices that the clients may opt for as alternatives to allopathic medicine. They can guide the clients regarding practitioners/ centres offering these therapies in consultation with the physician-in-charge.

- Ayurveda, homeopathy, oriental medicine, use of herbs, acupuncture and aromatherapy have been used since ancient times in India, China and other oriental countries. These therapies use natural products that have minimum side-effects. These have been used for all age groups as adjuncts/alternatives to modern medical treatment.
- Nurses must learn not to contradict patient's faith in alternative medicine but assist them how best to make these effective.



**Cobra**



**Alternate leg stretch**





Half-spinal twist

Fig. 4.10: Different postures used in Yoga

**Check Your Progress 3**

- 1) State whether the following statements are True or False:
  - a) The goal of holistic nursing is to enhance healing of the whole person from birth to death. (T/F)
  - b) The traditional medical model focuses upon healing rather than cure. (T/F)
  - c) Holistic care model focuses upon the belief that person’s thinking and feelings affect their health. (T/F)
  - d) The holistic nurse is a role model for clients. (T/F)
  
- 2) List any six categories of alternative/complementary therapies used by holistic care practitioners.
  - a) .....
  - b) .....
  - c) .....
  - d) .....
  - e) .....
  - f) .....
  
- 3) Fill in the blanks:
  - a) Relaxation is type of ..... therapy.
  - b) ..... is practice of using specific postures and movements to achieve balanced inhalations and exhalations of prana.
  - c) Nurse uses ..... therapies to assess and direct energy into pressure points of bed-ridden patients.
  - d) Ayurveda is an ancient Indian system of ..... medicine.
  
- 4) Match the following columns:

**Column A**

- a) Healing
- b) Reiki
- c) Biopsychosociocultural spiritual dimensions
- d) Controlling asthmatic attack by imagining

**Column B**

- i) Traditional medical practice
- ii) Mind-body: self regulation
- iii) Human being
- iv) Guided imagery
- v) Holistic nursing
- vi) Energetic-touch



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## 4.4 LET US SUM UP

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In this unit we have discussed the relevance of quality nursing practice in today's context. Quality, access and cost effectiveness of health services are the key words on which the modern health care consumers focus upon. We also deliberated upon definitions of nursing and nursing practice from the perspective of a holistic nurse.

Nursing as a profession needs to focus on Quality care. Holistic nursing practitioner must develop a sense of responsibility and accountability of total nursing is nursing process which is a holistic Caring Process. Nursing practice depends upon a strong knowledge base (concepts, principles, theories and models) supported by education and administration.

Nurses practice in various types of institutional and community based settings having different roles and functions which includes: Traditional role, Extended roles, Expanded roles. Three important domains of holistic nursing care are: Primary: Preventive–promotive care, Secondary: Remedial–curative care, Tertiary: Rehabilitative–palliative–restorative. These domains are overlapping, Holistic nursing practice uses important nursing care concepts (Patient centred, Basic nursing care and self care), human resources, settings/ facilities to develop practical and realistic nursing Care Systems. These systems with modifications/restructuring can be utilized effectively to suite general special and changing needs of patients: Case method, Functional and Team nursing, Primary nursing, Total patient care, Case management, Progressive patient care.

These nursing care systems can not be practiced in isolation but in combination to render cost-effective, efficient, holistic quality care.

Holistic nursing focuses on an individual as a biopsychosocio-cultural and religious being (holistic being) the nurse as a facilitator of healing/health (sense of well being, harmony and unity within, with environment and God) also respects the beliefs, values and practices of clients. A holistic nurse utilizes conventional as well as alternative and complementary therapies or modalities to facilitate healing and not just cure from disease. Some of the broad categories of A/C therapies are: Mind-body control: Self-regulatory therapies, Body movement: Manipulation therapies, Energetic touch: manual therapies, Spiritual therapies, Nutritional therapies, Other alternative systems of medical practice.

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## 4.5 KEY WORDS

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<b>Alternative therapies</b>	:	Treatment approaches are not accepted by mainstream conventional medical practices.
<b>Antioxidants and free radicals</b>	:	Antioxidants (such as vitamins, minerals, trace elements, enzymes) that devour free radicals or unstable molecules (e.g. O) that alter genetic code of cells and trigger the development of cancerous changes.
<b>Ayurveda</b>	:	Meaning Science of life is a branch of traditional medicine, practiced in India for more than 400 years. Healing through this system is achieved by activating Chakras (areas of energy concentration in the body) in order to maintain.
<b>Complimentary therapies</b>	:	Treatment approaches that are used in conjunction with conventional medical therapies.
<b>Energy (prana)</b>	:	Balance among Vata (wind/movement), kapha (structure) and pitta Transformative process between vata and kapha.
<b>Holism</b>	:	Consideration of the (biological or physiological) psychological, sociocultural, intellectual and spiritual dimensions of each individual.
<b>Holistic health</b>	:	Sense or state of well being, Harmony and unity within, with the external environment (physical and psychosocial) and with God and not merely absence of disease.

<b>Holistic nurse</b>	:	Believes in and facilitates healing rather than curing. As Instrument of healing, the nurses often employ Alternative/Complementary techniques to promote clients health.
<b>Holistic Nursing</b>	:	The art and science of caring for the whole person
<b>Macrobiotic diet</b>	:	Diet that produces balance between Yin (-ve) and Yang (+ve) effects on health.
<b>Reflexology</b>	:	Ancient art of healing by applying pressure to certain parts of fingers toes and soles of foot stimulates energy movement and produces relaxation, reduces stress and promotes health.

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## 4.7 ANSWERS TO CHECK YOUR PROGRESS

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### Check Your Progress 1

- 1)
  - a) F
  - b) T
  - c) F
  - d) T
  - e) F
- 2)
  - a) Preventive–promotive care
  - b) Remedial–curative care
  - c) Rehabilitational–palliative–restorative care
- 3)
  - a) promotive
  - b) preventive
  - c) remedial/curative
  - d) restorative

### Check Your Progress 2

- 1)
  - a) Basic nursing care concept
  - b) Patient centred care concept
  - c) Self care
- 2)
  - a) critical/intensive care
  - b) intermediate/self care
  - c) out patient department
  - d) rehabilitation unit/long term care
- 3)
  - a) F
  - b) T
  - c) F
  - d) T
  - e) F
  - f) T
  - g) F
- 4) Wholly compensating system; partly cooperating system; supportive educative system.

### Check Your Progress 3

- 1)
  - a) T
  - b) F

- c) T
- d) T
- 2) a) Mind body control
- b) Body movement: Self regulatory therapies
- c) Energetic tough therapies
- d) Spiritual therapies
- e) Nutritional therapies
- f) Other systems of medical practice
- 3) a) Mind body: self regulatory
- b) Yoga
- c) Energetic tough
- e) Alternative
- 4) a) i
- b) vi
- c) v
- d) ii

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## 4.8 FURTHER READINGS

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- Abdellah, Faya G. *et al.*, *Patient Centred Approach to Nursing*, The Macmillan Company, New York, 1960, pp. 1-12.
- Colkath, Jeanne D. and Patricia M. Prawlucki, "Holistic Nursing Care", *The Nursing Clinics of North America*. 36: 1, March (2001).
- Delaune, Sue C. and Patricia K. Ladner, *Fundamentals of Nursing : Standards and Practice*, Delmer Publishers, ITP, U.S.A. pp. 57, 143-160 and 163-182. (1998).
- Dhaulta, Jaiwanti P. (Chief Editor), *Indian Nursing Year Book: 1998-1999*, The Trained Nurses Association of India, New Delhi, pp. 113-122.
- Dossey, Barbara Montgomery, *et al.*, *Holistic Nursing*, Aspen Publication Inc. Rockville, Maryland (1988).
- Ellis, Janice Rider and Celia Love Hortley, *Nursing For Today*, J.B. Lippincott Co. Philadelphia, 9th edn., pp. 450-457 (1992).
- Engel, G. "The Clinical Application of the Biopsychosocial Mode", *Am. Journal of Psychiatry*, 137, pp. 535-544, (1980).
- Henderson, Virginia, *Basic Principles of Nursing Care*, International Council of Nursing, S. Karger, Basel, 1969, p. 4.
- Marram, Gwen D. *et al.*, *Primary Nursing: A Model for Individualized Care*, The C.V. Mosby Co., St. Louis (1974), pp. 16-17.
- Orem, Dorothy E., *Nursing Concepts of Practice*, McGraw Hill Book Co., New York. (1971), pp. 1-66.
- Park, K., *Park's Text Book of Preventive and Social Medicine*, M/s Banarsidas Bhanot Publishers, 1167, Prem Nagar, Jabalpur, 16th ed. pp. 1-8. (2000).