



PROMOTION OF HOLISTIC CARE AMONG TARTU NURSING STUDENTS

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<p>Abstract</p> <p>The Bachelors thesis was implemented as a project work as a cooperation with Tartu Tervishoiu Kõrgkool. The purpose of the project was to implement a "Promotion of holistic care" seminar week with Tartu nursing students and mediate the knowledge of holistic care to participants through interactive teaching. Main focus was on observing how students perceptions changed during the seminar week. The aim was to widen the views of the nursing students and to make them more conscious and sensitive concerning empowerment and holistic care of the patient. The students perception change was examined with the help of reflective diaries wrote by participants.</p> <p>From 23 registered students 16 participated on the seminar week held in Tartu 19th -23rd of March 2007. The seminar week lasted five days, containing approximately 2 hours of lectures per day. Seminar weeks main topic was holistic care, containing lectures about holistic care, empowerment, communication and encountering the patient with bottom-up approach.</p> <p>Qualitative method was used in this Bachelors thesis. Reflective diaries were used as the source of data, written by participants. Reflective diaries were analysed using inductive content analysis.</p> <p>The research showed how the students perceptions about holistic care had changed during the seminar week. Perceptions about holistic care before the seminar week and after the seminar week differed. The students reported positive change on their perception and they wanted to implement obtained knowledge in their future working life.</p> <p>The nursing students felt that the lessons were useful and educative. More this kind of seminar weeks were wished in the future.</p>		
Keywords Seminar week, Holistic care, Empowerment, Interactive teaching, Tartu		
Miscellaneous "Promotion of holistic care"-seminar weeks lecture material are on a separate booklet		

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Tiivistelmä <p>Opinnäytetyö toteutettiin projektityönä yhteistyössä Tartun terveydenhoito-oppilaitoksen kanssa. Projektin tarkoitus oli toteuttaa ”Holistisen hoitotyön edistäminen” seminaariviikko Tartun hoitotyön opiskelijoille, välittäen tietoa holistisesta hoitotyöstä interaktiivisen opetuksen avulla. Projektin pääpaino oli tarkkailla opiskelijoiden holistisen hoitotyön käsityksen muutosta seminaariviikon kuluessa. Tavoitteena oli laajentaa hoitotyön opiskelijoiden käsitystä holistisesta hoitotyöstä ja antaa heille välineitä kohdata potilas holistisesti. Opiskelijoiden käsityksien muutosta tutkittiin reflektoitujen päiväkirjojen avulla, joita opiskelijat kirjoittivat seminaariviikon kuluessa.</p> <p>23:sta rekisteröityneestä opiskelijasta 16 osallistui seminaariviikolle, joka pidettiin Tartossa 19-23 maaliskuuta 2007. Seminaariviikko kesti viisi päivää, sisältäen suunnilleen 2 tuntia opetusta päivää kohden. Seminaariviikon päätteeksi oli holistinen hoitotyö; luennot sisälsivät tietoa holistisesta hoitotyöstä, potilaan valtuuttamisesta, kommunikaatiosta ja potilaan kohtaamisesta.</p> <p>Kvalitatiivista metodologiaa käytettiin tässä opinnäytetyössä. Oppilaiden kirjoittamat reflektoidut päiväkirjat olivat tutkimuksen tiedonlähteenä. Ne analysoitiin käyttämällä induktiivista sisällönanalyysia.</p> <p>Tutkimus osoitti seminaariviikon vaikuttaneen oppilaiden käsitykseen holistisesta hoitotyöstä. Oppilaiden käsitykset holistisesta hoitotyöstä olivat erilaiset ennen seminaariviikkoa kuin ne olivat seminaariviikon jälkeen. Opiskelijat raportoivat positiivisia muutoksia heidän käsityksessään holistisesta hoitotyöstä ja he halusivat toteuttaa seminaariviikon aikana oppimiaan tietoja tulevassa hoitotyössään.</p> <p>Hoitotyön opiskelijat kokivat seminaariviikon hyödylliseksi ja opettavaksi. He toivoivat, että tulevaisuudessa vastaavia seminaariviikkoja olisi enemmän.</p>		
Avainsanat (asiasanat) Seminaariviikko, Holistinen hoitotyö, Potilaan valtuuttaminen, Interaktiivinen opetus, Tartto		
Muut tiedot ” Holistisen hoitotyön edistäminen”- seminaariviikon luentomateriaalit ovat ohessa erillisenä liitteenä		

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1. INTRODUCTION

Since today's trend in health care is humanistic characterization, a human being is seen in a world as a holistic wholeness; conscious, free and responsible cultural being (Sarvimäki & Stenbock-Hult, 1996). In health care this means that patient is a part of his environment, family, work, and society, not a disconnected individual. Health and well-being of an individual are not only dependent of the person but are attached to his environment and other people. Thus the patient's environment, family and friends should be recognized in the care and caring environment.

For nurse to recognise the patient as a holistic wholeness is important. By seeing the patients as a whole ables the nurse to work towards patients well-being, not only to treat the current problem. The holistic care focuses on finding the underlying cause of the symptoms and making life style changes that are conducive to health. Seeing the connections between patients condition, the environment patient lives in and the people around the patient, ables the nurse to recognise the deeper meanings and problems the patient might have.

Essential part of holistic care is to see the patient as an active participant in their health care and recovery. The relationship between the patient and the nurse is cooperative and approving. They work as a team and the emphasis is on the patients personal responsibility. The patient is the person who knows ones body best and the patient should be listened.

The thesis was implemented as a project work in a cooperation with Tartu Tervishoiu Kõrgkool. The project was chosen as a structure of the work because it is a mode of study that is aimed towards common objects and results a concrete product (Koppinen & Pollari, 1993).

The purpose of this project was to implement a "Promotion of holistic care" seminar week with Tartu nursing students. The main goal of the seminar week was to mediate the knowledge of holistic care to Tartu nursing

students. The intention was to widen the views of the nursing students and to make them more conscious and sensitive concerning holistic care of a patient. Offering eye-opening experiences to the nursing students was the essential point of the project, and these experiences were delivered through interactive teaching lectures and games.

Small, qualitative study was connected to this project, studying how the students views and perceptions about holistic care changed during the seminar week. This study was done through reflective diaries, which were analysed using inductive content analysis method.

The principal idea of having a partner organization abroad was born while one of the authors had her practical placement in Estonia. She noticed in Estonia holistic care differed from Finnish one. By offering interactive seminar week "Promotion of holistic care" to future nurses, concept of holistic care were challenged and widened from Finnish and Estonian point of view. By learning together how patient can be recognised and cared holistically, new ways of caring the patient were hoped to emerge.

The seminar week materials are on its own booklet "Promotion of holistic care- seminar week, lecture materials" besides the thesis.

2. THEORETICAL BASIS

When authors were planning the seminar week topics, certain areas had to be chosen. Because the main task of the seminar week was to mediate knowledge about holistic care, authors had to consider what they would include to holistic care. Authors thought what would be the most essential aspects of holistic care; what are the essential parts which had to taught. Certain areas, for example empowerment and communication rose to be the most important subcategories. Empowerment is essential part of holistic care, because in empowerment patient is seen as a controller of ones own life. In holistic care patient is seen as a wholeness and without

empowerment and the idea that patient is controller of ones own destiny and life, holistic care could hardly exist. And without communication applying holistic care would be really difficult and hard. Without any communication, nursing could not exist properly.

2.1 HOLISTIC CARE

Holistic care considers the patient as a whole, including his physical, mental, emotional, spiritual, social, environmental and cultural needs. In health care this means that patient is a part of his environment, family, work, and society, not a disconnected individual. Health and well-being of an individual are not only dependent of the person but are attached to his environment and other people. In holistic care, nurse & doctor works with patients to identify and treat not just the symptoms of their complaints, but the root causes of illness. These often lie in unexpected "connections" with various facets of a person's emotional and physical state (Montgomery-Dossey, Keegan & Guzzetta. 2004, 8-12).

Therefore, in holistic care, nurse forms a union, a team, with the patient, in where two unique persons encounter, are equally in interaction, working toward the same goals (Sarvimäki et al. 1996). In that kind of relationship the patient is an active operator, the person who knows his own status best, and whose ideas, thoughts and opinions are valuable resources for the nurse in planning and implementing the care. In implementing holistic care the nurse is able to empower the patient to make an effort for his recovery and healing, and the patient is able to develop and breed (Mäkelä, Ruokonen & Tuomikoski, 2001).

When the care is realized in client-centred, holistic manner as described above, patient's willingness and positivism towards the care rises. This kind of approach is likely give rehabilitative and motivating feedback for the patient, because after all, no other person can know what is best for us than we ourselves.

2.1.1 EMPOWERMENT

Empowerment is client-centred way of guiding and helping the patient in his/her problem. During the last decades, health promotion has been placed high in National Health Service agendas. It has been suggested that nurses have a leading role to play in the health promotion movement (Kendall, 1998). World Health Organisation defines that empowerment is 'the process of enabling people to increase control over and to improve their health'. It means that the empowered develop confidence in their own capacities.

Page & Czuba (1999) suggest that "empowerment is a multi-dimensional social process that helps people gain control over their own lives. It is a process that fosters power in people, for use in their own lives, their communities, and in their society, by acting on issues that they define as important." Obtaining holistic care approach, nurse must to be aware of what is empowerment. Often, the nurses are in a unique position in developing relationships with patients, promote their health and to empower them. This is why authors saw the empowerment- subject important.

According to Lovemore & Dann (2002) empowerment can sometimes be difficult to obtain in caring relationship because of the hierarchic structure of the nursing profession. Difficulties in building empowerment relationship should be taken in consideration. By educating future nurses about empowerment and how to openly build up empowerment relationship enhances the possibility to obtain positive empowerment relationship.

2.1.2 COMMUNICATION

When thinking about nursing, communication rises as a big part of it, whether it is verbal or non-verbal. Without communication, nursing could hardly exist. Communication is the sharing of knowledge by a number of means. You can communicate verbally or non-verbally. Communication is

needed to sharing information, expressing needs, understanding each other and making social connections/relationships. Communication is always two-way process (McCabe, Timmins & Campling, 2006).

According to Riley (2000) communication is a life-long learning process for the nurse. Nurses provide education that helps clients change life-long habits. Nurses serve as client advocates and as members of interdisciplinary teams who may have different ideas about priorities for care. Despite the complexity of technology and the multiple demands on a nurse's time, it is in the timate moments of connection that can make all the difference in the quality of care and meaning for the client and the nurse. As nurses refine their communications skills and build their confidence, they can move from novice to expert.

To obtain holistic picture about the patient, communication is needed. It's not enough nurse knows the communication is important, nurse should also know which way to communicate in which situation. Situation sensitivity is essential asset for nurse.

2.2 INTERACTIVE TEACHING

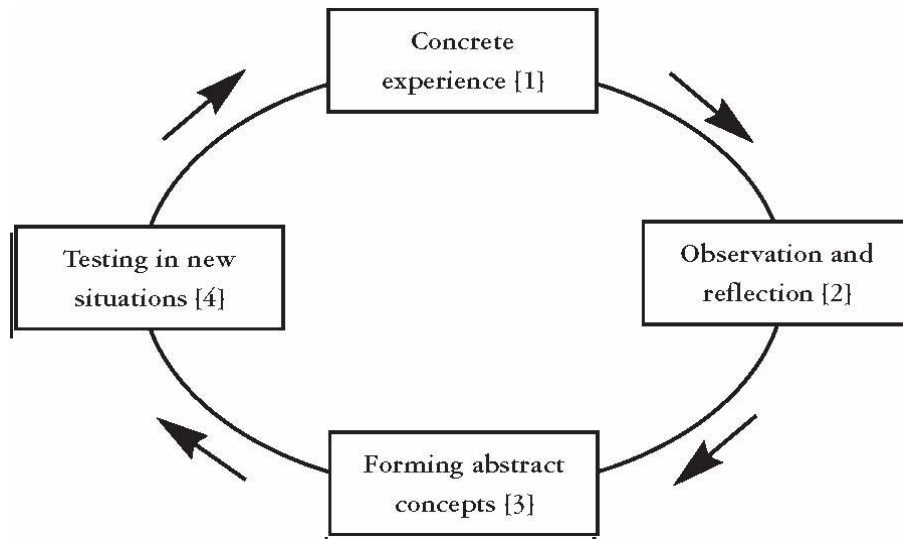
The interactive teaching method was chosen because in it the learner is the active reflector and aims to continuous development of the self. The learner is approached with respective attitude, valuing the individual's uniqueness and creating the conditions for active self-regulation and reflective learning.

Interactive teaching is a method which makes the whole study group to participate in discussions and tasks. The teacher is not an authority, rather a leader. According to Steinert & Snell, interactive learning increases interchange between teachers and students, promotes active learning and increases students' satisfaction to the teaching (Steinert & Snell, 1999). Interactive teaching method also heightens attention and increases the knowledge retention (Costa, van Resnburg & Rushton, 2007).

Authors used interactive teaching in the workshops implemented during the seminar week. A workshop is a training session which may be several days in length. In workshops problem-solving, hands-on training and the involvement of the participants is emphasized. In interactive teaching openness, dynamics, group discussions and collective processing are central features. Compared to traditional or group teaching in interactive teaching the student is noticed as an independently thinking, autonomous, willing person who should be given the responsibility of one's own actions and learning. With interactive teaching the student will gain at least the knowledge that traditional teaching offers, but moreover these, the student's social skills and growth of personality are supported (Sahlberg & Sharan, 2002).

Findings in study 'The assessment of student nurse learning styles using the Kolb Learning Styles Inventory' (Cavanagh, Hogan & Ramgopal, 1995.) declares that there is the need for using a variety of delivery styles with students, with an emphasis on participation and experiential learning. The experimental learning model by Kolb (picture 1.) defines that learning is progressing cyclic process, where alteration and extension occur in person's experiences (Kupias, 2001). According to this model, learning can be separated in to four stages.

First of all, concrete experience is an essential part of experimental learning, but experience merely does not secure that learning takes place. Therefore, observation, reflection and reasoning of a phenomenon must occur, following by forming abstract concept and testing them in new situations. Kolb also suggests that throughout the experimental cycle, understanding a phenomenon has its major role in learning.



Picture 1. The experimental learning model by Kolb.

Although books and journals were reviewed, no earlier studies were found that include direct holistic care promotion among Tartu students with the help of interactive teaching. However, there were many holistic care promotion activities which aimed to educate midwives (Lokko & Paavonsalo, 2004) and refugee women (Niittynen & Salenius, 2003) with the help of teaching. The evidence seems to suggest that these teaching lessons have been effective and came to the need.

3. HISTORY OF HOLISTIC CARE

This thesis handles holistic care in Estonia, but there was no available literature on this topic from Estonian standpoint. Just to understand of the development of holistic care authors decided, instead, to review the history of holistic care in Finnish health environment.

The Assembly of the Finnish Nurses Association published in *Sairaanhoitaja* –magazine (8/2005) an article "Nurse's work is changing", where the history of Finnish nursing was reviewed. It described how formation of nurse's work has connection to prevailing values and attitudes in society. In 1940's Finland lived in agricultural society and nurse's work was well valued. At that time, the nurse became nurse by strong calling

that had its foundation in Christianity. The entrance examination to nursing academy required the person to be cultivated, energetic, hard-working, empathetic, practical, friendly, humble, flexible and religious. Moreover these, the nurse should have been single. The caring itself based on the nurse's experience and Christian conviction, and the core of nurse's work was in good physical care and paying attention to the patient's religious needs. In 1950's and 60's the vocational nature of nursing changed due to constructional transformation in health care field. Now the educational knowledge and skills were valued and instead of relying on Christianity, the nursing profession based on medical know-how. A good nurse was clinical and effective.

In 1980's the nurse's work was about to change towards holistic nursing care. The professionalism consisted of good holistic care of the patient, alleviating the suffering. At the same time also own-patient-system was developing and the aim was to provide patients with individual care plans in which planning the patients had right to participate. During the economical depression in 1990's the nurse's were required to be primarily effective and economical. However, at the same time the base of nursing profession was changing to its own discipline, nursing science. Also values and ethical questions were at the question.

On the other hand, a bachelor's thesis "Nurses' Awareness of Culture and its Significance in Providing Holistic Care" (Benson, 1999) presents that holistic care is merely a nursing concept, and not often used in practice due to factors such as lack of time and resources.

Nowadays the multi-professional cooperation is emphasized widely, while at the same time the nurse should acquire a strong professional identity. Today's challenge is broadening the nurse's work description, making applying of holistic care easier. Broadening enables nurse education, creation of new working manners and strengthening the nurse's profession.

Virginia Henderson, an American nurse, researcher, theorist, and author,

defined nursing as "assisting individuals to gain independence in relation to the performance of activities contributing to health or its recovery" (Henderson, 1966). Her famous definition of nursing was one of the first statements clearly delineating nursing from medicine: "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) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible" (Henderson, 1966).

Henderson was one of the first nurses to point out that nursing does not consist of merely following physician's orders. *Sairaanhoitaja*-magazine (6-7/2007) published an article "Nursing Knowledge – what is it?" by Sirkka Lauri, and described their studies about nursing care that have been published in Finland in 1990's and in the beginning of 21st century to show, that Virginia Henderson's views of the nursing care are still timely. The foundation of nursing care is in the physiological and biological as much as in psychological and social dimensions of the person, just as Henderson described in 1960's. However, the requirements of the working life have changed and thus nurses are expected to manage their own work in the patient care and to take responsibility of the outcomes of their nursing care. Sirkka Lauri describes that in 21st century, the core of professionalism lays in the nurse's ability to help and support the patient in their acute situation, teach and guide the patient and give adequately information on the treatments and self-care and support the patient to understand the possible changes in his own health status.

4. PURPOSE AND AIMS OF THE PROJECT

The main purpose of the seminar week was to mediate the knowledge of holistic care to Tartu nursing students and observe how students' perceptions changed during the seminar week. The aim was to widen the

views of the nursing students and to make them more conscious and sensitive concerning empowerment and holistic care of a patient. Offering new and teaching experiences to the nursing students had been an essential point in the project, and these experiences were wished to deliver through interactive teaching lectures.

During the seminar week students were asked to keep reflective diaries, where they wrote their thoughts about the seminars. Based on these diaries, authors examined how students perceptions changed during the seminar week and did the teaching have any kind of effect. In this project the product were the reflective diaries and a small qualitative study done based on the diaries.

The main research questions were:

- what are the students perception about holistic care before the project?
- what are the students perception about holistic care during the project?
- what are the students perception about holistic care after the project?
- what are the students experiences about interactive teaching?

The instruction of keeping the reflective diary (Appendix 1.) was made based on these research questions to ensure that reflective diaries would provide information needed.

5. IMPLEMENTATION OF THE PROJECT

The operational part of this project was implemented in Tartu Tervishoiu Kõrgkool at 19th-23rd March 2007. 23 participants had registered to the seminar week in the beginning of February, on which 18 attended to the seminar week itself. Two of the participants quit after first day counting 16

participants for the whole seminar week. They got 0,5 ECTS for their participation. The lectures counted 0,25 ECTS and the reflective diary that was returned two weeks after the seminar week counted 0,25 ECTS. The participants were asked to send an introduction letter by e-mail prior the seminar week.

The seminar weeks topics included the main category; holistic care and subcategories; empowerment, encountering the patient with bottom-up approach, communication and cooperation with the patient. The preliminary plan included five seminar days and average two hour lectures each day. Seminar weeks week programme can be found from page 14. Teaching methods were piloted on 5th March, before the seminar week with nursing students of Jyväskylä University of Applied sciences group SNP6S. The group was introduced with a lecture of theoretical background of holistic care. SNP6S gave good and structural feedback to the authors and the final plan for the seminar week was modified using the feedback received from group SNP6S.

Monday 19th	Tuesday 20th	Wednesday 21st	Thursday 22nd	Friday 23rd
Aims of the day:	Aims of the day:	Aims of the day:	Aims of the day:	Aims of the day:
Introduction of the seminar week and getting to know each other	Getting acquainted with the theoretical background of holistic care.	Explain what empowerment is; think why communication is important in nurse-patient cooperation.	Getting more practical view to holistic care.	Ethics. Summing up the week and discuss the topics that are left unclear.
Ice-breaking	Holistic care	Communication, empowerment	Encountering patient	Summary Diplomas
Reflective diaries	Reflective diaries	Reflective diaries	Reflective diaries	1 hour
3 hours	2hours	3 hours	2 hours	Farewell party

5.1 PROGRAMME ON MONDAY

The topic and aim of Monday: To get to know each other, introduction of the seminar week

The seminar week started with introduction of the programme and getting acquainted with each other. Getting acquainted was done with a game, which also acted as an ice-breaker. The participants were provided with small paper and pen and each of them, including the authors, wrote down with few words what kind of nurses they would like to be in the future. The papers were collected into a basket and mixed there. Then each one picked one paper. After that they read the paper and went to the other participants asking questions related to the answer in the paper, trying to

find out for whom the paper belonged to. When one found the correct person he/she gave the paper to him/her. After everyone had got their own paper back one by one everyone introduced themselves and told what was written in the paper. They also told which year they are studying on and why did they choose nursing as a career.

The seminar weeks programme was presented briefly and expectations and wishes for the week were listened. In addition, the participants were provided with the instructions on keeping reflective diaries that was to be sent to the authors after the seminar week (Appendix 1.). Also participants agreement on our Bachelors thesis study was requested (Appendix 2.). All 18 of them gave their agreement on study. There was 15 minutes separated in the end of each day for the participants to reflect and write down their influences of the daily lecture.

Participants started to write their reflective diary already on Monday to get the idea what they knew about holistic care before our lectures.

5.2 PROGRAMME ON TUESDAY

The topic of Tuesday: Holistic care

The aim of Tuesday: Getting acquainted with the theoretical background of holistic care.

On Tuesday the programme continued with holistic care – lecture. The participants were separated into four four-person group and each group received one of the patient cases below:

Patient case I

The patient is 35-year-old mentally ill patient. He has suffered from schizophrenia since he was 20. He had stopped taking his medication and therefore got an acute psychotic period. You are admitting the patient to

involuntary care in psychiatric ward. How would you encounter and care this patient and what are your priorities?

Patient case II

The patient is 26-year-old pregnant woman, who has got contractions although she is only on 27th week pregnant. The patient is worried and fears for her child. How would you encounter and care this patient and what are your priorities?

Patient case III

The patient is 16-year-old boy, who has got a sexually transmitted disease. You will meet the patient in counselling hour. How would you encounter and care this patient and what are your priorities?

Patient case IV

The patient is an Afghan refugee woman who is seeking help for her stomach ache. She comes to your counselling hour and seems lost and confused as she does not speak Estonian language very well. How would you encounter and care this patient and what are your priorities?

The students were asked to think in a group that how would they encounter and care this patient, and tell their thoughts aloud to the other groups. When each group was presented their opinions the students were asked to brainstorm concept holistic care.

In addition to the brainstorming the participants were introduced with Roper, Tierney & Logan's Activities of Daily Living and Finnish care plan in showing the participants how holistic care can be planned and what it should include (Appendix 4.).

The participants were also told that the Finnish law (The Law on Patient's Rights. The Finnish law (785/1992, 857/2004)) states that patient must be clarified by health care professional all of those aspects that affects one's health i.e. health status, the meaning of the care, different choices of care and other aspects that has its influence on the decision about the care. According to the law the clarification needs to be given so that it is understandable for the patient and has no jargon in it. Sarvimäki & Stenbock-Hult define in their book *Hoito, huolenpito ja opetus* (1996) that health care professional should be able to offer the patient with information, teaching, health education and counselling as a part of the care.

After this the groups were asked to consider if they would change something in the manner they wanted to treat their case-patients in the beginning. Every group had something they would change after learning the Roper, Tierney & Logan model. The care of the patient got more holistic and patient-oriented.

The aim of this exercise was to widen the views of the students to realise that the patient is much more than a "problem": the patient is a holistic person with body and mind.

In the end of the lecture there was 15 minutes time for the participants to write their reflective diaries.

5.3 PROGRAMME ON WEDNESDAY

The topic of Wednesday: Communication and empowerment

The aim of Wednesday: To show how important communication is in nursing and how many ways there is to communicate. Getting acquainted with the term empowerment.

The subjects of Wednesday were communication and empowerment. These subjects were chosen because they are the important base of holistic care nursing. According to McCabe and Timmins (2006, 12) the communication of information and feelings between the nurse and the patient is an integral part of how nurses do their job. Clear and effective communication makes the caring relationship open and fruitful.

First the participants were separated in pairs and given a paper each. In one paper it said that the person should tell about her last holiday to her partner in her usual way of talking. In her partner's paper it said that she should try to avoid non-verbal gestures such as nodding, smiling and interested facial expressions. Also, she should sit in a way that avoids an 'open posture' (arms and legs crossed, not facing the person). After five minutes the exercise was stopped and asked the story-tellers feedback.

After this we tried together found out what is communication, what kind of forms of communication there are and how our own personality affects on communication. Patient cases, power point presentation (Appendix 5.) and Mynon R. Chartiers model of interpersonal communication (Appendix 6.) were used as a teaching aid (Scammel, 1993). Idea was to get student notice how their way of communicating affects on patient relationship and results obtained.

For many of the students, communication lesson was teaching and interesting. They had not thought so much how the way of communicating affects on nurse-patient relationship. Mostly the body languages effect surprised them.

Next subject was empowerment. Firstly, concept of empowerment was explained briefly. After that empowerment was taught by comparing traditional and empowerment approach with the help of Funells model and useful pictures (Appendix 7.). Funells model were discussed through, comparing how the two different styles of counselling, traditional and

empowerment, differed from each other. The situation was also considered from the patients point of view.

In the end of the lecture there was 15 minutes time for the participants to write their reflective diaries.

5.4 PROGRAMME ON THURSDAY

The topic of Thursday: Encountering the patient

The aim of Thursday: To get more practical view of holistic care and to show that interaction between patient and nurse is essential in holistic care.

The topic of Thursday was encountering the patient. The message wanted to deliver was client-centred care always requires an interactive relationship between two persons. This knowledge was transmitted to the participants in different games in which the participants were challenged to show how they encounter the patients and to realise what is important when encountering patients.

In the beginning of the day a fist-game was played just to make the participants aware of their own behaviour; patience and impatience. The participants were separated in to pairs and told that other one of the pair should close her fist and the other should open it by any means. The trick of this exercise was to notice whether people use force or words in opening the fist. They can either struggle it open or just ask the other person to open her fist. This exercise revealed the aggression that each of us carries inside.

After the ice-breaking game the participants were separated in to two eight peoples group. They were told that in the next boat-game they have to choose 10 people whom they would save from the sinking boat and why (Appendix 8.). They had five minutes time to choose whom to save and after that we discussed the results and why they chose these persons.

After both groups had told their solutions, there were space for open conversation about the feelings, observations and ideas that the play arose in participants.

This exercise showed if the participants have some kind of prejudices towards patients from different backgrounds. We also discussed how would they encounter this type of patient in the health care settings. Lecturers wanted to make them aware of their own manners when encountering a patient.

In the end of the lecture there was 15 minutes time for the participants to write their reflective diaries.

5.5 PROGRAMME ON FRIDAY

The topic of Friday: Ethical discussion and summering up the week

The aim of Friday: To widen the views of the students of ethics in nursing and the rights of the patient

The last day of the seminar week was for ethical discussion and summering up. The participants were made aware of the Ethical guidelines approved by Nurses by Assembly of the Finnish Nurses Association (Appendix 9.) with the help of transparents.

With the help of Ethical guidelines they were asked to think what ethical aspects they should consider when treating two given example patients and how to plan the care of the patient (Appendix 10.). Assignment roused lots of discussion about ethics in nursing and the situations seen in the working life. Everybody agreed that sometimes ethical guidelines does not come true in everyday working life.

At the end of the class the participants were reminded of the deadline for reflective diaries. Invitation to the farewell party was also given.

6. DATA COLLECTION

The data were collected using reflective diaries. Using reflective diary as a collecting method of data was chosen because it gives the writer freedom of expressing themselves as they feel. From reflective diary one can notice the persons path of thoughts and the change what is happening during the specific time-line. The answering instructions should be clear and simple to ensure that researcher will receive the information he needs from reflective diaries (Bell, 1995). Participants also should understand what is studied and why. Burns and Sinfield (2004) suggest that learning logs can be introduced as a reflective learning tool in any programme of study. Simply said, the diary is where the students engage in focused, concise and analytical reviews of their own practices, processes and learning.

At start, there were 23 enrolled students, 18 participated to the seminar week on the first day, but finally 16 of them participated actively on the seminar week and returned their reflective diaries. The reflective diaries were basically open for student's own reflection, but some guiding questions (Appendix 1.) were given to ensure the quality of the received information. The students were asked to reflect if the holistic care topic was familiar to them before. They were asked what their thoughts about holistic care before the seminar week were, and did the week change their views of this subject? Other guiding questions were:
 What kind of learning experiences I have had during this week? How could I use this learned knowledge in my work? How essential these topics are for my future career? How you experienced interactive teaching? Was there any surprising information you have not thought about? Was there anything new, old, useful or unnecessary?

Therefore, the received diaries were sort of open or unrestricted questionnaires where the respondent was allowed to answer in his own words. The main emphasis of the questions was on participants'

perceptions about the holistic care before, during and after the seminar week. They were also requested to share their experiences about interactive teaching. No minimum page numbers were given, because primary stress was on students own experiences and freedom of expression. Return date of the reflective diaries was two weeks after the seminar week. The length of the returned diaries varied between one and two pages, but there were even few longer diaries. The research material gotten was 27 pages long.

7. DATA ANALYSIS

Reflective diaries were analysed using inductive content analysis. Content analysis is more focused on students' experiences and perception changes than diagrams and pictures, it is a method where reports content is systemically analysed; this is why the content analysis was proper for this study.

According to Burns & Grove (1993, 597) content analysis classifies the words in a text and places them into a few categories chosen because of their importance for the research. The main purpose of the analysis is to organize the data into a meaningful framework that describes the phenomenon examined in the research. Content analysis enables to find similarities among the research data and make it more understandable and clear to the researcher and also to the reader. Main focus is on understanding the content and messages underlying it.

According to Patton (2001, 20) the qualitative results are longer than the quantitative ones, they are more detailed and differ in content; analysis is more difficult because the answers are not systematic or standardized. The reflective diaries give the possibility to examine the world as seen by the respondent. The characteristics and the rules of analysing the examined issue are identified by the researchers.

Inductive content analysis was used for categorizing and analysing of the data. In inductive methodology specific examples are first examined to recognize a common characteristic and then used to develop a generalization or rule. This type of analysis is based on the research data, concerning the aims and purposes of the study (Bell, 1995).

Total of 27 pages of research material were received from seminar participants. Reflective diaries were read through several times and mainly used words were underlined. After reading the material several times through, main components of the research material started to figure out. Reflective diaries content were then divided in three parts that were perceptions before the seminar week, during the seminar week and after the seminar week. Interactive teaching had categories on its own such as method, English discussions, cooperation and topics. From every category subcategories were made according to the prevalence of same type of words or associations.

Subcategories were different in every category because of the changing situation and the learning happening in students. Three of the actual categories received from data analysis were transferred in the form of quantitative statistics for clearer presentation of the results.

8. RESULTS

Three main categories were made according to the reflective diaries content. First category was “The students perceptions on holistic care before the seminar week”. The subcategories were “did not know anything”, “thought was something else” and “ knows what it is but needs more information”. These subcategories were formed according to the content of the reflective diaries analysed using inductive content analysis.

In category “the students perceptions on holistic care before the seminar week” eight participants did not know anything about the topic;

“When I chose to be in this project, I didn’t know what that holistic care means.”

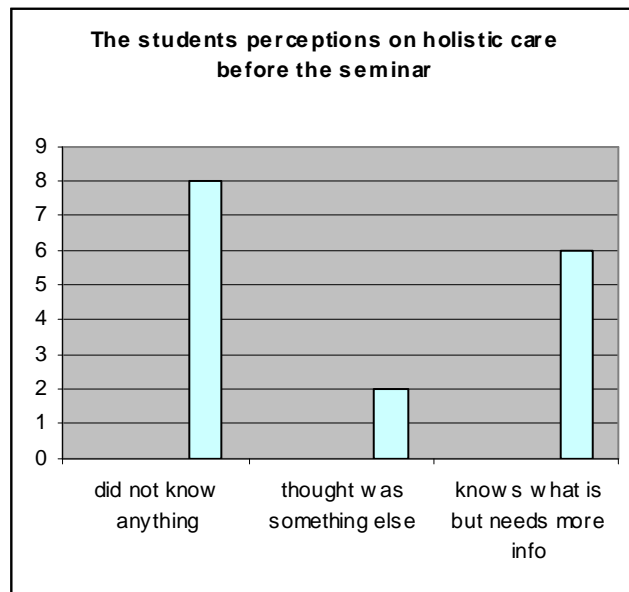
"I have to say that I did not know much about holistic care before the seminars and therefore I am very grateful to you to learn more about it."

two thought it was something else;

"At first I thought that holistic care is the same as the palliative care. I totally confused these two words."

and six knows what it is but needs more info (see picture 2.)

"The subject is familiar to me before, but nice to hear more about it."



Picture 2.

The second category was "The students perception on holistic care during the seminar week" . Subcategories in this were "realised that it is familiar topic", "changed her opinions" and "learned to express herself better". In this category five realised that it is actually familiar topic;

“At the first seminar day I don’t know what the holistic care mean but at Tuesday’s lecture, when you give us the review about the holistic care and talk about this, then I understand, that I didn’t know holistic care concept, but actually the explanation wasn’t new. We have learned it in our nursing field lectures.”

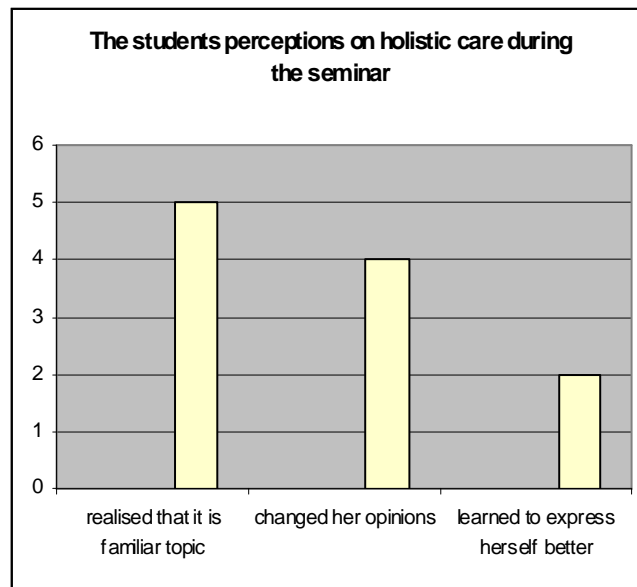
four changed her opinion concerning holistic care;

“Before I didn’t think holistic care is something important. Now I think differently.”

and two persons learned to express herself better (see picture 3.);

“After this week I’m not so afraid of expressing myself.”

Picture 3.



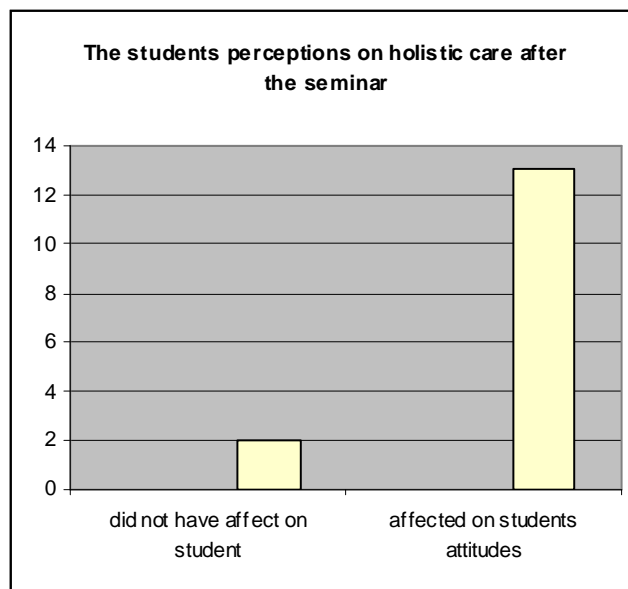
The third category was “The students’ perception on holistic care after the seminar week” . Here the subcategories were “did not have affect on student” and “ affected on students attitudes”. Two students said the seminar did not have effect on her;

“Teaching did not changed my views of this subject, because I already thought like that. But it was good reminding.”

and 13 students said it affected on students attitudes (see picture 4.);

“If I retrospect to my practices, I know that I haven’t use holistic care to every patient, but after this seminar week I try to correct myself because it make me think more about this and how useful its actually is.”

“I have always thought that I’m very good listener and that I speak a lot and am caring, but after this seminar I think a little differently. I think that I should pay more attention to every patient.”



Picture 4.

The study also measured what were the students experiences about interactive teaching. The sixteen reflective diaries confirm the fact that interactive teaching method is a very effective and well-liked technique among the students. Many stated that interactive teaching enabled them to participate in discussions and express their opinions. Five students reported that this was actually the first time to experience interactive teaching and learning where pictures, discussions and games were used, and that they would be willing to study further with this method. The students wrote in their diaries that the method was new for them but also

that it was useful and helped them to outline the information received. They reported that in their lectures usually the lecturer is the only one who is allowed to speak, and that the discussions that occurred during the seminar week were very welcome change for normal studying styles.

"I'd like to say this seminar was very interesting for me and absolutely different from our other seminars because in this seminar we can discuss and express our opinions."

"The holistic care seminar week gave me a lot of opportunities to express my thoughts, to talk in English and discuss about different problems. It was good, because usually we just sit and listen to the lecturer."

"What I liked most is that you used a lot of new learning techniques. Which I liked most was the role games and team works."

9. DISCUSSION

The statistic shows that the seminar week had a substantial impact on the students' opinions and knowledge on holistic care. Majority of the students knew nothing on the seminar topic beforehand, but many understood that the topic was familiar when the first seminar day was over. Some had confused holistic care with palliative care or thought the term holistic had something to do with empathy.

The seminar week topics included many aspects of holistic care, but especially communication rouse opinions and thoughts in the respondents' minds. Majority reported that they had not realized before how important factor the communication, and more importantly non-verbal communication, actually are in encountering and working with the patient, and that it is also important factor in interaction between the medical staff. Some wrote that it would be extremely essential to review the Roper Tierney Logan-model of Activities of Living in third or fourth year of studies because in that level the students have enough experience to analyse their own behaviour with the patient. Many reported that during the

seminar week they ended up in evaluating their own way of caring patients and found out that they are not always good nurses in the perspective of holistic care.

Few persons felt also that during the seminar week they learned to express themselves better, because they were able to talk freely.

Only two students stated that the seminar week did not affect on their perceptions on holistic care, whereas the majority reported that the seminar week changed their thinking or behaviour in positive way. However, many of them had a fear that they will not be able to apply as good and holistic care as they wished because of the climate at the workplace, the busyness, lack of money or other negative factors at work. One responder said that holistic patient care is easy to forget at work.

The language of the seminar week, English, was difficult for some of the respondents. Few reported that they did not always understand the topic under discussion, but majority thanked that the seminar was a unique situation to use this foreign language. From authors point of view the students became more open and more willing to speak in English while the seminar week proceeded.

Nowadays holistic care is coming more and more relevant and important in nursing. It is essential to notice the patient as a co-worker and a total human being with her emotions and feelings. Without the holistic view, nursing would lack the core of its action; to help the person in need. This why the nursing students are in prominent place; they are the ones to conduct this important way of nursing in the future. They are the ones who can decide what nursing is all about in becoming years.

The sixteen reflective diaries that have been analysed in this thesis confirm the fact that interactive teaching is a very effective and well-liked method among the students. Many students reported that this was in fact the first time to experience interactive teaching and learning where pictures, discussions and games were used, and that they would be willing

to study further with this method.

Learning by doing is an old phrase but it is most essential when discussing teaching techniques. The reality is that students should not be treated as passive receivers anymore but rather as active participators. There is the need for using a variety of delivery styles with students, with an emphasis on participation and experiential learning. Could we borrow the idea from nursing science and say that there is a need for holistic teaching?

The advantage of interactive teaching is that it can be used with a variety of learners starting from children and adolescents ending in adults and elderly; moreover the pictures and role games can be used with underprivileged people such as illiterates and immigrants that do not yet be familiar with the language.

The authors of this thesis recommends further projects among foreign partner organizations. The participants of holistic care-seminar gave positive feedback on the interchange of experiences that occurred during the study sessions. The experimental teaching method enabled the students to express themselves in a more open way, and participation in discussions forced the students to think through the topics discussed. The discussions did not only enable cultural growth but acted also as an exchange of ideas, manners and visions.

9.1 RELIABILITY AND VALIDITY

The main thing which has to be considered when reliability and validity are to be examined is the idea of “error”. Error could appear at any stage of the research process and can alter the outcomes of the study in a negative way, causing that data can not be used properly. As big is the error, it reflects more negatively over the results. Error affects both reliability and validity and can damage the whole study. Every researcher tries to avoid errors in order to increase the credibility of the results.

According to Bell (1996) reliability is the extent to which a test or

procedure produces similar results under constant conditions on all occasions. This part is difficult to estimate in qualitative research, because qualitative research often deals with situational phenomena's and qualitative data, which can be changed during time passes by. For example, questions which asks for opinions may produce different answer on one occasion but a different answer on another.

When considering reliability of this research, reliability is difficult to estimate. Research data is based on participants feelings, learning, understanding and background education. If similar seminar week would be done again, results would most certainly be different. The obtained results would also depend on would the seminar week be held on the same participants or the new ones.

Authors tried to ensure reliability of the study by asking the participants identical questions with the same content in order to establish the consistency of the answers. When reflective diaries with the same guiding questions were given to all the participants, the authors expected to find out how the opinions of the participants differed from the same question examined, and this way to increase the reliability of the study. There were also two researcher reading and analysing data to minimize the possible comprehensions and hazards. Reflective diaries were also given on Monday to ensure the reliability of the students perceptions before the seminar week and lectures.

Validity tells us whether an item measures or describes what it is supposed to measure or describe. If an item is unreliable, then it must also lack validity, but a reliable item is not necessarily also valid. It could produce the same or similar responses on all occasions, but not be measuring what it is supposed to measure (Bell, 1996).

Authors decided to use only content analysis and data was collected through reflective diaries. In order to increase validity of the study and to show the real opinion of the participants, the authors decided to use guiding questions, which gave the possibility to the participants to express freely their opinion about the examined issue. Close-ended questions

were avoided, because they give ready answers and it might additionally decrease the validity of the study. Validity of the study was also increased by carefully planning the reflective diary- instruction and considering are the questions proper for our research; do they really measure what we liked them to measure.

9.2 ETHICAL CONSIDERATIONS

Ethical considerations are related to few principles, which are; voluntary participation on the study, confidentiality and protection of the personality of the informants. On the first day of the seminar week participants got informal letter where permission was asked to use their reflective diaries as a source of data (Appendix 2.). All 16 participants gave their permission to use reflective diaries as a research data. Data was analysed anonymously and the participants privacy was secured. The authors avoided using some certain expressions which would thread the anonymity of the participants. Expressions which gave information about the participants status, study years or gender were not shown in the results. The data which was obtained was used only by the researchers and for the research purposes only.

In the beginning of the Bachelors thesis agreement was done with the partner organization (Appendix 3.) and details agreed. Partner organization got beforehand seminar weeks programme and plan and was aware of the content of the lectures.

During the seminar week, cultural sensitivity was something authors had to consider about. How to teach the seminar week participants with culturally sensitive manner? And how to ensure everything was understood correctly. To ensure this, we used as simple English as possible and often translated difficult words in Estonia. During the week authors also asked the participants to be open and tell if there were something they did not understood or something which did not feel right somehow.

9.3 FUTURE DEVELOPMENT

The authors of this project recommends further projects among foreign partner organizations. The participants of holistic care-seminar week gave positive feedback on the interchange of experiences that occurred during the study sessions. The experimental teaching method enabled the students to express themselves in a more open way, and participation in discussions forced the students to think through the topics discussed. The discussions did not only enable cultural growth but acted also as an exchange of ideas, manners and visions.

Estonia is a country located close to Finland but yet they are different culturally, mainly due to historical facts, and can learn a lot from each other. Jyväskylä University of Applied Sciences, School of Health and Social Studies has now good connections to Tartu Tervishoiu Kõrgkool, and therefore future projects between these two organisations would be easy to apply. The authors of this thesis believe that this interaction and cooperation is beneficiary for both.

If similar kind of project is implemented, the facilitators might like to consider even longer lectures with fewer topics. In this particular project could have been concentrated on fewer topics more specifically. A topic that could be studied in future is how holistic care is realised in practice in these countries.

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APPENDIX 1. Instructions for reflective diary

Project week;
 Holistic care-promotion
 19-23.3.2007

DEAR STUDENTS

One part of this seminar week is writing a reflective diary. Your reflective diaries are equal to 0,25 credits. We hope you would write down your own thoughts about the daily subjects before, during and after the seminar week and think what you have learned.

For example these aspects you can consider

- Is holistic care topic familiar to me before?
- What are my thoughts about holistic care before teaching?
- What kind of learning experiences I have had during this week?
- Have teaching changed my views of this subject?
- How could I use this learned knowledge in my work?
- How essential these topics are for my future career?
- How you experienced interactive teaching?
- Was there any surprising information you have not thought about?
- Was there anything new, old, useful or unnecessary?

You can reflect this week and your experiences freely!

You can return the written work to C6870@jamk.fi or
C6352@jamk.fi

Last return date is Sunday 1.4.2007

APPENDIX 2. Agreement on study

Seminar week;
 Holistic care promotion
 19-23.3.2007

Dear nursing student!

We are approaching you concerning our thesis "Promotion of holistic care among Tartu nursing students". We are two nursing students from Jyväskylä University of Applied Sciences, Finland and we come to hold you a seminar week about holistic care of the patient. This seminar week is important part of our Bachelor's thesis and we would be happy of your active participation.

Our Bachelors thesis is "Promotion of holistic care among Tartu nursing students" and our aim is to study your perceptions about holistic care before, during and after the seminar week. We also analyse your experiences about our interactive teaching.

Our main source of data would be your reflective diaries. From these reflective diaries we would analyse the learning experiences and your perceptions about the subject before, during and after the seminar week. All information is handled anonymously and respecting your privacy.

Head of nursing programme of our school, Pirkko Hautala, has accepted our Bachelors thesis topic and co-operation agreement has been done between us and Coordinator of nursing, Reet Urban. Our mentors from our school are Senior Lecturer Irmeli Katainen and Senior Lecturer Marjatta Markkanen. All participating sources are aware of our Bachelors thesis and its topic.

If you have anything to ask, do not hesitate to ask us.

Sincerely yours,

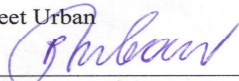
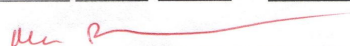
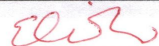
Elina Kataja
 Nursing student
 C6352@jamk.fi

Miia Ropponen
 Nursing student
 C6870@jamk.fi

Yes, my reflective diary can be used as a research data

No, you can not use my reflective diary as a research data

APPENDIX 3. Agreement on co-operation

<input type="checkbox"/>	Semester 2006-2007
School of Health and Social Studies Dissertation Team	
AGREEMENT ON CO-OPERATION IN BACHELOR'S THESIS	
We are students from Jyväskylä Polytechnic, School of Health and Social Care. We ask a permission for to do the implementation of our bachelor's thesis in your organisation.	
The name of the Bachelor's thesis Holistic patient care – promotion among Estonian nursing students	
The Purpose and the aims The purpose of the thesis is widening the views of the students by making them conscious about and aware of holistic patient care and patient-centred encountering by interactive seminars.	
Author(s) commit to Miia Ropponen and Elina Kataja	
Plan for the Bachelor's thesis has been accepted Yes	
Mentor(s) Mrs. Irmeli Katainen and Mrs. Marjatta Markkanen	
The working life connection <input checked="" type="checkbox"/> Implementation of the Bachelor's thesis approved to be done in our organisation and we are committed to (for example tutoring, helping financially with copying or posting) Tartu Tervishoiu Kõrgkool	
Authors are required to give a report on the results of the research <input type="checkbox"/> Implementation of the Bachelor's thesis NOT APPROVED, Reason: <hr/>	
Other Permissions needed <input type="checkbox"/> No <input type="checkbox"/> Yes, what _____	
Date & Place 2006/12.01 Tartu School of Health Care Nooruse 9 Tartu 50411 Estonia	Reet Urban  _____ Signature of the mentor
Date & Place 20 / 1 . 2006  _____ Signature of the authors	 _____ Signature of the authors



Semester 2006-2007

*Sosiaali- ja terveysala
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The School of Social and Health Care

Bachelor in Nursing – programme



**“PROMOTION OF HOLISTIC
CARE”
SEMINAR WEEK
Lecture materials**

**Elina Kataja
Miia Ropponen**

**Bachelor's thesis
October 2007**



JYVÄSKYLÄ UNIVERSITY OF APPLIED SCIENCES
School of Health and Social Studies

THE PROGRAMME OF THE SEMINAR WEEK

MONDAY:

Monday 19th	Tuesday 20th	Wednesday 21st	Thursday 22nd	Friday 23rd
Aims of the day:	Aims of the day:	Aims of the day:	Aims of the day:	Aims of the day:
Introduction of the seminar week and getting to know each other	Getting acquainted with the theoretical background of holistic care.	Explain what empowerment is; think why communication is important in nurse-patient cooperation.	Getting more practical view to holistic care.	Ethics. Summing up the week and discuss the topics that are left unclear.
Ice-breaking	Holistic care	Communication, empowerment	Encountering patient	Summary Diplomas
Reflective diaries	Reflective diaries	Reflective diaries	Reflective diaries	1 hour
3 hours	2hours	3 hours	2 hours	Farewell party

TUESDAY:

APPENDIX 4. Holistic care-lecture material

Model of Living, Model for Nursing by Roper, Tierney & Logan

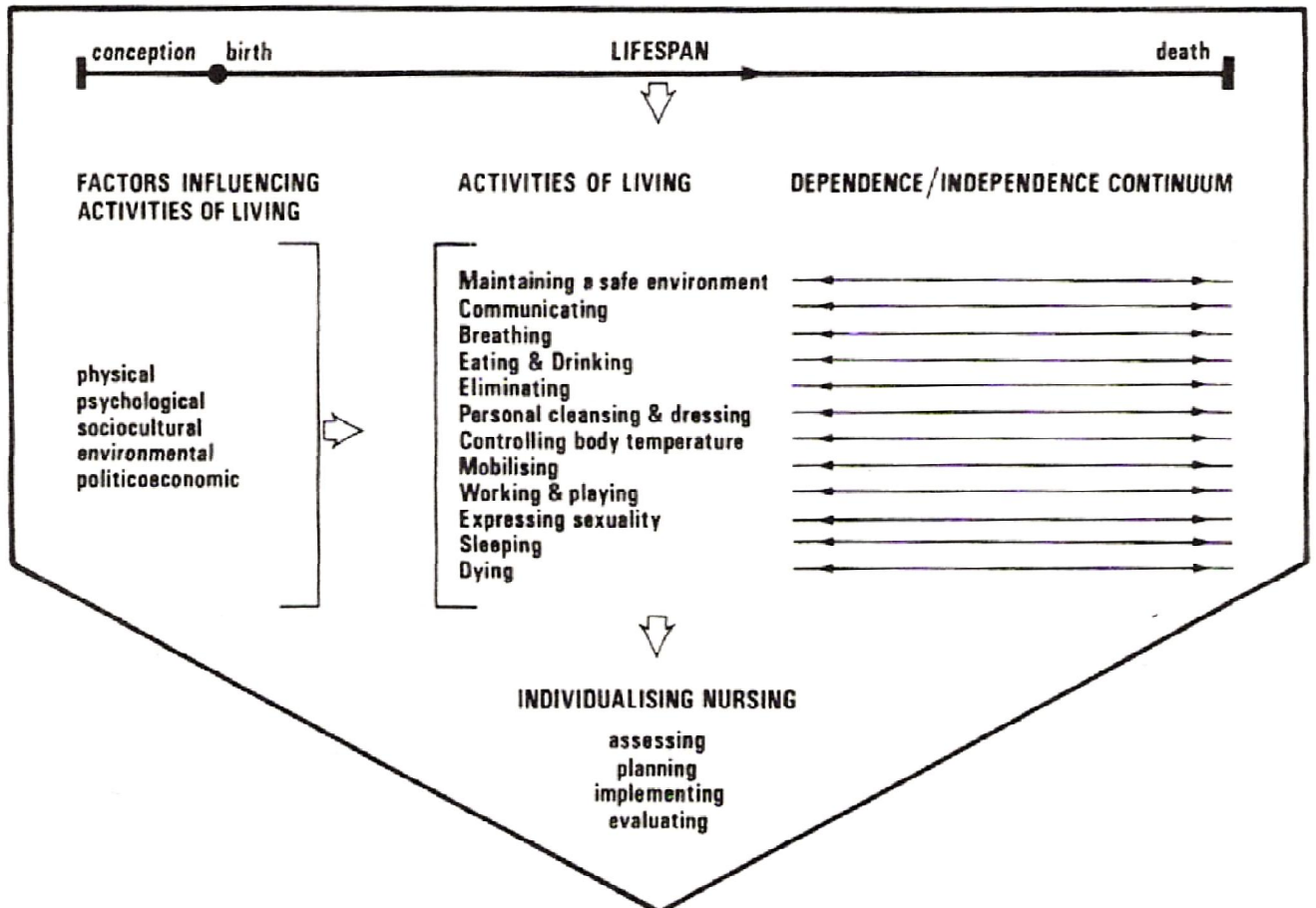


Figure 4.1 The revised (1985) Roper, Logan & Tierney model for nursing (reproduced by permission of Churchill Livingstone)

The ALs

A model of living offers a way of describing what 'living' means and what person usually needs in order to have a proper quality of life. The focus of the model is on twelve activities of living (ALs). On this basis, nursing is viewed as helping people to prevent, alleviate, solve or cope with problems related to their activities of living. For example, the AL of eating and drinking has obvious associations with the AL of eliminating, and a problem with one AL may cause problem with one or more of the others. For example a problem

with mobilising is likely to cause problems with eliminating, personal cleansing and dressing and working and playing.

Another dimension of the ALs is that there are priorities among them which change according to circumstances. For example, immediately after a myocardial infarction the AL of expressing sexuality will have a low priority, but before discharge from hospital it could be of high priority as the patient wants to know is it safe to resume sexual relations. For nurses it is important to be aware that different circumstances create different priorities.

Lifespan

During life there are various stages such as prenatal, infancy, childhood, adolescence, adulthood and old age. Each of these stages is characterised by physical, intellectual, emotional and social developments, which influence the individual's performance of the various ALs. Taking account of the patient's age, i.e. their stage of lifespan, is essential in nursing.

Dependence/independence continuum

Independence can be defined as 'ability to achieve the AL to a personally and socially acceptable standard without help'. Dependence is the opposite: lack of independence or self-sufficiency.

There are stages of the lifespan when a person cannot (or for various reasons, can no longer) perform certain ALs independently. Each person could be said to have a *dependence/independence continuum* for each AL. In this model patient's status of dependence/independence is seen with his stage at lifespan. Newborn babies are dependent on others for help with most of the ALs, but they as they grow they gradually move along the continuum towards the independency of all or most of the ALs. In elderlyhood, however, they usually become more dependent on other people again.

For nurses it is equally a skill to know when a patient is in a state of dependence and when and how the patient's independency can be supported. Independency is also a component of human dignity, and thus a nurse is in position that can either maintain or let down the patient's self-respect.

Factors influencing the ALs

There are many individual differences in the way the ALs are carried out, and because human beings are different in their biological, psychological, sociocultural, environmental

and politicoeconomic factors. These five factors influence each of the ALs and are related to the other components of the model of living.

Individualising nursing

Individualising nursing is accomplished by using the 'process of nursing' which involves four phases: assessing, planning, implementing and evaluating. This is a method of logical thinking, and the patient's individuality in living should be borne in mind in all four phases of the process.

Throughout the process the patient should wherever possible be an active participant: for example, making decisions about continuing to carry out certain activities of living. Encouraging a sense of personal responsibility for health, and protecting autonomy even in illness, increasingly are seen as important principles in modern health care.

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Roper, Tierney and Logan: Activities of living (examples)

1. EATING AND DRINKING

- Possible limitations and special diets
- Eating habits
- The size and contents of the meals
- Appetite
- Liquids and drink with meal
- Liquid balance: tongue, eyes and skin
- Ability to handle the eating event at home, the need for help
- Swallowing problems and teeth (dentures)
- The use of alcohol
- Special utensils
- The eating position (on stomach, lying on side)
- The guidance for healthy eating habits
- Weight and height

2. BREATHING AND CIRCULATION BREATHING

FEELING OUT OF BREATHE

- Possible diseases: asthma, cardiac and pulmonary diseases
- Allergies
- When the symptoms occur: when exercising, at rest and is it continuous/happens often?
- Medications used: sprays etc.
- Does the patient need equipment e.g. “pep” or “voldyne”
- To follow-up of the O₂-saturation and the possible need of extra oxygen

PAIN

- Where, when, does it occur when breathing e.g. as a “stabbing” pain or feeling of anxiety

COUGH

- Sputums: colour, amount and quality
- Mucus secretion
- How long has it last?
- Does it occur in exercise or rest?
- Possible “cigarette” cough

PROBLEMS IN BREATHING

- Snoring, sleep apnea
- Oxygen and colour of the skin
- Style of breathing: surface breathing or rapid?

SLEEPING POSITION

- elevated position

SMOKING

- How long has smoked?
- How much/day?
- Is s/he ready to quit and try e.g. withdrawal treatment?
- Possible need for support and guidance

CIRCULATION – DISEASES RELATED TO BLOOD VESSELS

- The warmth, colour and swelling of the limbs

PAIN

- When exercising and in rest
- Does need pain relief? What, how often and has it been helpful?
- Equipment used

CONDITION OF THE SKIN

- Wounds and wound care

3. ELIMINATION

DEFECATION AND VOIDING

- Habits and possible problems, independency and need for help

SWEATING

- Possible problems

CATHETERS, STOMA AND CYSTOFIX

- Has s/he adapted to live with e.g. stoma?
- Does s/he cope independently or need help?
- When have taken care of/changed last time?

SECRETING AND SUPPURATING WOUND

- Who, how, how often and where taken care of the wound?
- Is there a bacterial sample? When and where taken? What bacteria?

4. MOBILITY**ABILITY TO MOVE**

- Does s/he move independently or need help?
- How much can move and does pain occur (e.g. rheumatic patients)?
- Exercise/mobility habits
- Cooperation with physiotherapists

NEED FOR GUIDANCE

- Does the patient understand the importance of exercise and its effect to his/her state of health?

EQUIPMENT

- What equipment does the patient use and are they with him at hospital?
- The need of equipment and getting them?
- Cooperation with physiotherapists?

NEED FOR REHABILITATION

- Does the patient feel that s/he needs rehabilitation and what kind of?
- Does the patient get rehabilitation? Where? When?
- Cooperation with physiotherapists

BED-BOUND PATIENT

- How much s/he can do independently and need for help?
- Prevention of ulcers (changing positions, air mattress etc)
- Maintaining ability to function e.g. assisting into the wheelchair
- Cooperation with physiotherapists

5. PERSONAL HYGIENE AND DRESSING**WASHING HABITS**

- Routines and habits e.g. how often shower?
- Cultural aspects and habits e.g. hierarchy?
- Washing soaps, allergies
- Need for help

CONDITION OF THE SKIN

- What is the skin like /dry, flaking off...)

NAILS

- What are the nails like?

MOUTH AND TEETH

- Dentures: does s/he use and are they with the patient?
- The condition of the teeth

CLOTHING

- Allergies
- Ask what the patient wants to wear

6. COMMUNICATION**VISION**

- Does wear glasses, vision with those?
- Ability to see normal
- Is the patient blind?

HEARING

- Is hearing normal?
- Does have hearing device, does hear well with it?

- Is deaf, is sign language needed, a translator needed, can read from lips?

EXPRESSING PAIN

- Gestures and expressions (non-verbal)
- Can verbally express location and character of the pain?
- Is there confusion or restlessness due to pain?

FOREIGNER

- Is translator needed?
- Where to reach translator?
- Habits and manners of different cultures

GUIDANCE

- Does the patient understand the instructions for care e.g. when going home? Is a relative or a carer needed in that situation?
- Are the instructions needed to tell the relatives/the next care place in the phone?

7. TEMPERATURE

IS THERE FEVER OR NORMAL TEMPERATURE?

- How long there has been fever?
- “Always feeling cold” --> what sort of extra clothes?
- Missing feelings of tetraplegic

8. SAFE ENVIRONMENT

IN THE HOSPITAL

- The possibilities for relatives to participate for the planning and implementation of the care
- The mental state of the patient (e.g. dementia) and capability to take care of him/herself
- Considering physical environment (e.g. rising sides up in the bed)

AT HOME

- The form of living and rooms (space)
- Does live alone? Does have a “safety net” of people?
- Home care and nursing care services?

9. WORK AND HOBBIES

WORK

- Is the patient in working life and what is doing?
- Does need sick leave after treatment?
- Is it generally possible for the patient to return to work life? → social services
- Does need the help of social worker in money matters?

HOBBIES

- What hobbies and how does for example a surgery affect on the ability to have hobbies?

10. EXPRESSING SEXUALITY

TAKING CARE OF OWN APPEARANCE

- Shaving
- Make-ups and hair-does

PROBLEMS THE PATIENT IS CONCERNED

- Does the treatment/surgery affect sex life?

NEED FOR INTIMITY

11. SLEEPING AND REST

- The length of night sleep
- Resting times
- The level of alert, activity
- Habits (lightning, ear plugs, evening snack)
- The ways to catch a sleep
- The need for sleeping pills
- Environment

12. THE CONCEPT OF LIFE AND DEATH

- Patient’s concept of death

- Knowledge, acceptance, fear, pain
- Spiritual needs
- Relatives and close friends: communication

Holistic Nursing



Nursing care plan could be done holistically using for example Roper, Tierney & Logan's model of living

A model of living offers a way of describing what 'living' means and what person usually needs in order to have a proper quality of life.

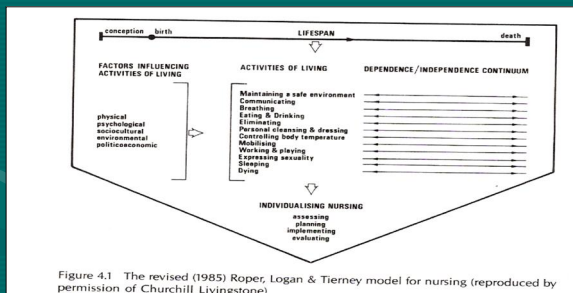


Figure 4.1 The revised (1985) Roper, Logan & Tierney model for nursing (reproduced by permission of Churchill Livingstone)

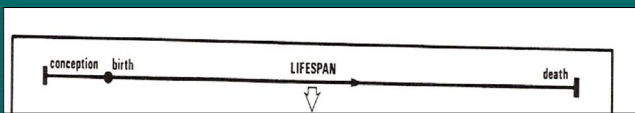
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Activities of living

ACTIVITIES OF LIVING

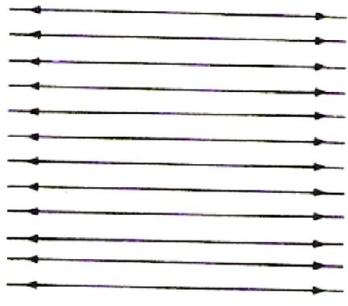
- Maintaining a safe environment
- Communicating
- Breathing
- Eating & Drinking
- Eliminating
- Personal cleansing & dressing
- Controlling body temperature
- Mobilising
- Working & playing
- Expressing sexuality
- Sleeping
- Dying

- The focus of the model is on twelve activities of living (ALs).
- On this basis, nursing is viewed as helping people to prevent, alleviate, solve or cope with problems related to their activities of living.



- During life there are various stages such as prenatal, infancy, childhood, adolescence, adulthood and old age.
- Each of these stages is characterised by physical, intellectual, emotional and social developments, which influence the individual's performance of the various ALs

DEPENDENCE/INDEPENDENCE CONTINUUM



- Independence can be defined as 'ability to achieve the AL to a personally and socially acceptable standard without help'.
- Dependence is the opposite: lack of independence or self-sufficiency.

FACTORS INFLUENCING ACTIVITIES OF LIVING

- Human beings are different in their biological, psychological, sociocultural, environmental and politicoeconomic factors
- Factors such as family, friends, work, race, religion etc.

physical
psychological
sociocultural
environmental
politicoeconomic

INDIVIDUALISING NURSING

assessing
planning
implementing
evaluating

- Individualising nursing is accomplished by using the 'process of nursing' which involves four phases: assessing, planning, implementing and evaluating.
- The patient's individuality in living should be borne in mind
- Throughout the process the patient should wherever possible be an active participant

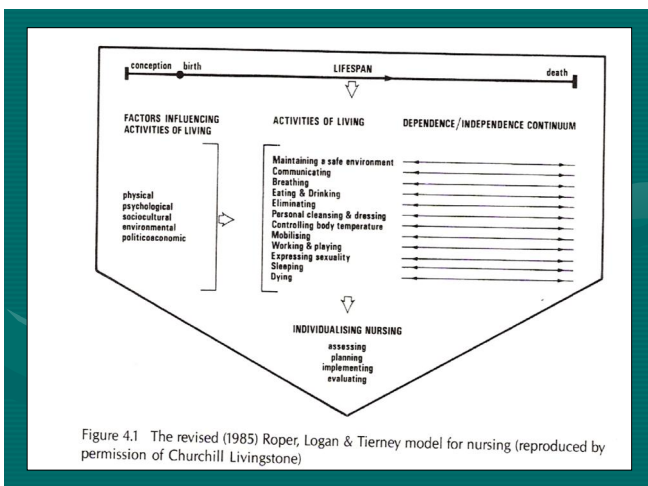


Figure 4.1 The revised (1985) Roper, Logan & Tierney model for nursing (reproduced by permission of Churchill Livingstone)

NURSING PLAN AND EVALUATION

Name	Department	Year	Day	Main goal
Date of birth	"Own nurses"			
Resources	Need of care/Problems	Aim (goal)		Nursing interventi

WEDNESDAY:

APPENDIX 5. Material of communication class

Communication

Seminar week
19-23.3.2007
Wednesday

Definition of communication

- Communication is the sharing of knowledge by a number of means. Communication is needed to sharing information, expressing needs, understanding each other and making social connections/relationships. Communication is always two-way process.

<http://en.wikipedia.org/wiki/Communication>

Forms of communication

- Verbal
 - talking with the patient
 - possibility to communicate with the patient
 - tone of voice
- Writing
 - instructions
 - reports
 - guidance
 - request
 - assessment

- Non-verbal
 - space
 - environment
 - body language
 - touch
 - appearance
 - body movements, facial expression
- Auditory
 - music,
 - tone of voice



Patient case 1.

It was a quiet time in the four-bedded alcove. The patients were talking quietly to each other or listening to their radios. Suddenly a young new housewife appeared, obviously under some strain. With an anxious expression she looked around the bay, muttered something under her breath, and moved quickly from bed to bed, picking up and looking at each chart, and writing on two of them. She then looked around again, went to one woman and said, "Can I just look at your eyes?" She pulled down the lower eyelid and muttered something which sounded like "Humph".

The patient said, "Is everything ok, doctor?"

"Yes", she responded, smiling absently as she wrote on the woman's chart. With a final look around and another muttered word, she left.

The patients looked at each other:

"Who was that?"

"New doctor"

"What do you thin she wanted?"

"I wonder what she wrote on my chart?"

"I wonder why she looked at my eyes?"

The before peaceful ward had reached a high level of anxiety.

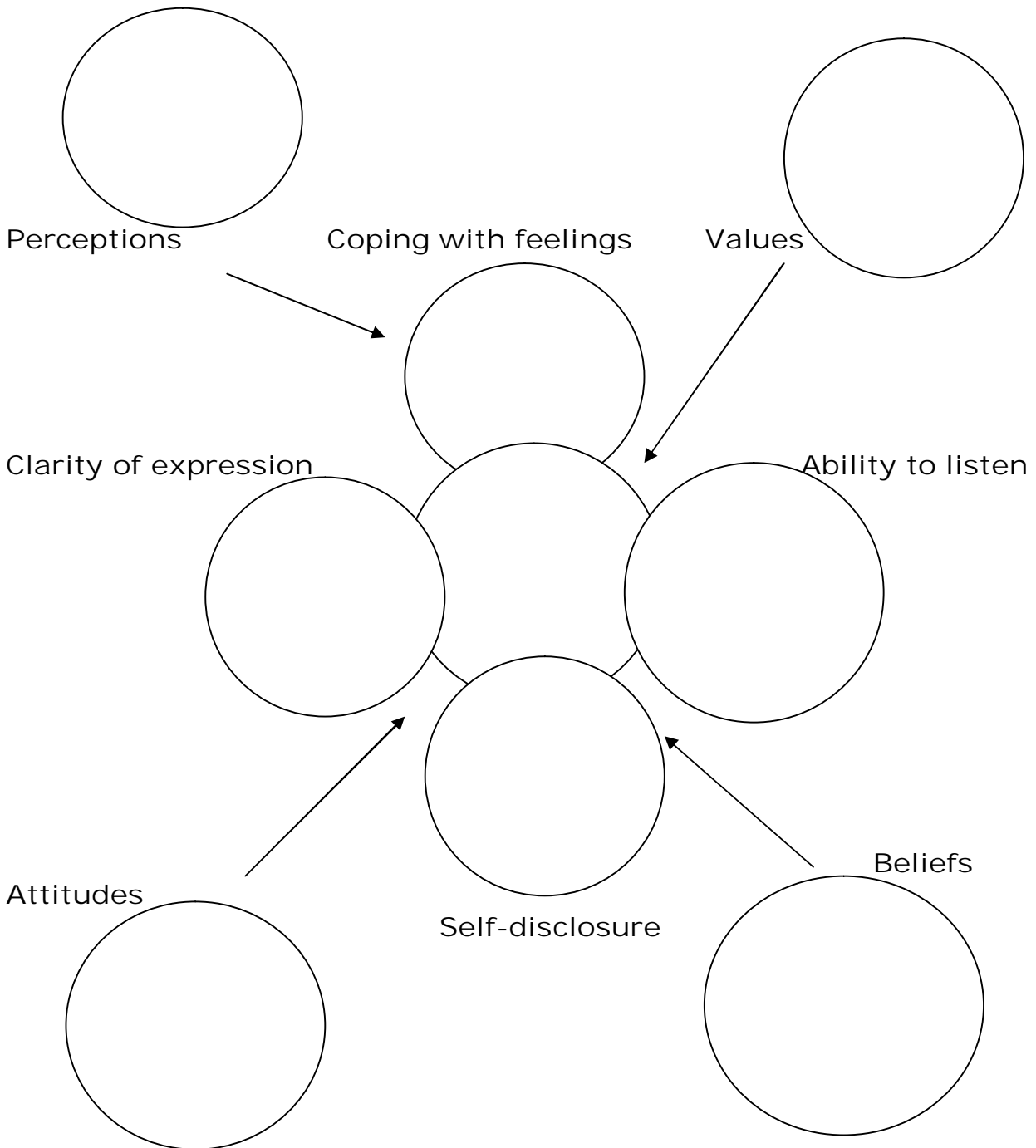
Mynon R. Chartiers model of interpersonal communication

- Self concept:
 - central element of communication
 - build from the values person holds
 - can change during persons life
 - way the person presents him/herself
 - positive self concept – weak self concept
- Ability to listen:
 - persons willingness/ ability to listen other person
 - affected by persons estimate of his/her own importance
 - time management, interest
- Clarity of expressions:
 - thinking clearly and logically
 - speaking clearly and without hurry
 - expressing thoughts in a simple, easily understood manner
- Coping with feelings
 - feelings and emotions of the listener
 - know yourself
 - ability to recognise the rights of others to hold their view
 - accepting different opinions and view without the need of changing them
- Self-disclosure
 - secure of self
 - be able to take criticism
 - open behaviour
 - be vulnerable in the front of others and communicate in the way of revealing something about yourself

References

- Scammell, B. (1993). *Communication skills; essentials of nursing management*. Basingstole, MacMillan.
- McCabe, C., Timmins, F. & Campling, J. (2006). *Communication Skills for Nursing Practice*. Basingstole, Palgrave MacMillan.

APPENDIX 6. Model of interpersonal communication



In the middle is self concept; affected by surrounding aspects.

Mynon R. Chartiers model of five components contributing to effective interpersonal communications. Schammel, B. 1993.

APPENDIX 7. Comparison of traditional and empowerment- approach in counselling diabetes

COMPARISON OF TRADITIONAL AND EMPOWERMENT-APPROACH IN COUNSELLING DIABETES Funell et al. 1991	
TRADITIONAL COUNSELLING	EMPOWERMENTAL COUNSELLING
<ul style="list-style-type: none"> • diabetes is a somatic disease • authoritarianism • health care professional is an expert • no one but health care professionals have the responsibility • aim is compliance • extrinsic motivation = must • lack of compliance = failure 	<ul style="list-style-type: none"> • diabetes is a bio-psychosocial disease = have affect on person's behaviour • democracy • shared expertise • shared responsibility • aim is to support patient's/client's decision making • intrinsic motivation = possibility • unrealised aims are to assist in achieving a better strategy



THURSDAY:

APPENDIX 8. A Boat- game



A BOAT

You are in the sinking boat. Only ten people can fit in the life saving boat and you have to decide whom they will be. Under are the options.

Whom will you save?

- A Latvian woman who is pregnant
- A Russian doctor who is homosexual
- A German man with nazi-tattoo
- An old, Polish lady who is Jewish
- An Iranian woman with two children
- Young, HIV-positive Estonian woman
- An American businessman
- A Finnish boy who has Down syndrome

FRIDAY:

APPENDIX 9. Ethical guidelines of nursing

“the nurse is responsible to her actions, first of all, to the patients who need her help and Care. The nurse protects human life and improves the individual well-being of patients. The nurse encounters her patients as valuable human beings and creates a nursing environment which takes into consideration the values, convictions and traditions of individuals.

The nurse respects the autonomy and self-determination of the patient and gives him an opportunity to participate in decisions concerning his own care. The nurse realizes that all the information given by the patient is confidential and she uses judgment in sharing this information with other people involved in nursing.

The nurse treats the patient as a fellow human being; she listens to the patient and empathizes with him. The relationship between nurse and patient is based upon open interaction and mutual trust.

The nurse exercises impartiality in her work. She treats every patient equally well according to the individual needs of the patient irrespective of the illness, sex, age, creed, language, traditions, race, colour, political opinion or social status of the patient” (Ethical guidelines of nursing. 1996.)

APPENDIX 10. Patient cases to ethical discussion

Patient case 1:

A diabetic Muslim patient is admitted to the ward due to hyperglycaemia. It is time of Ramadan (usuline paastu) and he refuses to take insulin. His family is very worried because of his worsened condition and they want him to take his medicines.

What ethical aspects you as a nurse have to consider when treating this patient?

How would you plan the care of the patient?

Patient case 2:

An old, seriously ill woman has been a bed-patient already for several months. She is very depressed and only waits the death. One day she tells that she will help the death to come and refuses to eat.

As a nurse you know that without eating and drinking the woman will die within week.

What ethical aspects you as a nurse have to consider when treating this patient?

How would you plan the care of the patient?