Nursing Care and the Activities of Living
Second Edition

Edited by
Ian Peate

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Nursing Care and the Activities of Living
Dedication

This book is dedicated to all the student nurses who do make a difference.
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Introduction

There has been much change in the spheres of health and social care provision as well as nurse education since the first edition of this text was published. Lord Darzi, the author of a government publication, sets a new foundation for a health service that empowers staff and provides patients with choice in England (Department of Health [DH], 2008). The initiative ensures that health care will be provided on a personalised basis, and that it will be fair, will include the most effective treatments provided within a safe system and will help patients to stay healthy.

All four chief nursing officers of the UK have provided nurses with their vision that is based on the report Modernising Nursing Careers (DH, 2006), which sets the direction for modernising nursing careers. The priorities contained within the report centre on the careers of registered nurses; however, it is noted in this publication that nurses do not work in isolation and nursing teams often include more than registered nurses. As well as the proposed changes in nursing careers, it must be acknowledged that there will be changes in the careers of other professional groups. This report accepts that careers can and do take different forms: there are some nurses who will choose to climb an upward ladder of increasing responsibility and as such reap higher rewards; others will choose a more lateral career trajectory, moving within and between care groups and settings. This book takes into account the changes and proposals made in the two key initiatives described above.

The text has been written for students in order to help them find their way through the many clinical issues they may face on a daily basis when nursing adults on wards, in clinics and in the community setting. The overarching aim of this text is to reflect the central tenet that underpins the Code of Professional Conduct (Nursing and Midwifery Council, 2008) – that is, to provide safe and effective care in order to protect the public.

The book encourages students to provide care that is safe and effective; it will also help them assimilate knowledge gained and apply it to the skills needed by the nurse when providing patient care. The information in the book is offered in order to assist students whilst on clinical placement and also takes into account the fact that they have academic work to produce for their educational institution; therefore, it is laid out in a format that is easy to use. We do not intend that the reader reads the text from cover to cover but envisage that students will dip in and out of it when clinical issues or concerns emerge.

The text embraces the concepts associated with the Roper, Logan and Tierney’s Activities of Living Model for Nursing Roper et al.’s (1996) with the intention of guiding and steering students through their learning and caring when they work with and for their patients. This model of nursing is used in a number of clinical areas in the UK, Republic of
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Ireland, Australia and some European countries; we believe the framework that it uses is a valuable framework for the delivery of care.

The chapters will examine and focus upon an activity of living; however, it must be noted that each activity will impinge on another and that they are all interrelated. Many of the chapters will explore various nursing skills associated with the particular activity of living that the student will encounter when in clinical practice. We hope that the information offered here will encourage the student to explore further, to delve deeper into the issues discussed and to reflect on their practice.

The chapters will provide the reader with a practical focus underpinning the theory of nursing - the art and science of caring. Throughout the text the reader is reminded that the nurse is accountable for his or her actions and omissions at all times, and because of this, care must be delivered in such a way that it is evidence based.

In this edition we have made a number of other changes; for example, every chapter explicitly states what its aims are; we have called these learning opportunities and have done this in an attempt to encourage learning. There are also pre- and post-chapter quizzes for each chapter.

A glossary of terms regarding the terminology used in each chapter will be provided; this will help students find their way through the intricacies related to nursing and medical terminology. An appendix called ‘Normal Values’ is also supplied to help students understand ‘abnormal/altered’ blood and biochemical results.

The chapters

Chapter 1 places the text into context, providing the reader with an insight into the opportunities and challenges that nurses face in the twenty-first century. The roles and responsibilities of the nurse are outlined in this chapter. The Nursing and Midwifery Council is cited and reference is made to its core function of setting standards and ensuring that they are maintained in order to safeguard the health and well-being of the public. Professional nurse regulation, the nursing register and the nurse’s duty of care are discussed. The chapter concludes by reminding the reader that the best interests of the patient must always come first.

In an enlightened progressive society there must be an awareness of the vulnerability of some adults to abuse or neglect. Chapter 2 provides the reader with an understanding of the complex term ‘vulnerability’ and the issues associated with safeguarding vulnerable adults; a definition of ‘vulnerable adult’ is also provided. Four important ethical concepts related to the practice setting are described and discussed. There are many ways in which the violation of an individual’s human and civil rights can occur, and this chapter discusses a number of them. The nurse needs to know about the ways in which an adult may be abused as well as understand who can perpetrate abuse.

Chapter 3 introduces the complexities associated with assessing individual needs and presents the reader with some of the building blocks that underpin a safe, effective nursing practice. Here the nursing process and an introduction to nursing models are discussed. Practical examples are given that will help the reader begin to assess, plan, implement and evaluate care. The chapter explains how the complex activity of assessment is carried out and how to then plan care by setting goals that are patient-centred.
and realistic. Having provided care in association with care plans or care pathways, the important aspect of measuring and evaluating interventions is discussed. The chapter encourages the reader to adapt and adopt assessment strategies to a variety of care settings.

When patients access and use care or are the recipients of care provision, they should be assured it is carried out in a safe and effective manner. Chapter 4 considers the important issue of safety and draws on current thinking on risk management. Key specific areas are highlighted, which include drug administration, prevention of falls, infection prevention and control. The important issue of hand washing is described, and it is reiterated how important this simple yet often overlooked activity is to protect patients and staff. Ways in which to minimise risks related to these areas are explored. Maintaining a safe environment does not only depend on the infrastructure, but also on the equipment and materials used as well as the nurse's understanding of crucial issues. This chapter notes that all health care personnel, irrespective of the setting, are responsible for maintaining a safe environment.

Chapter 5 provides much practical advice to those who are new to nursing practice. This chapter is key to all other chapters; it points out that if the nurse is unable to communicate effectively with his or her patient then the patient is at risk of substandard, if not dangerous, care interventions. The art and science of nursing depends on nurses communicating in an effective manner with all patients, families and co-workers; nurses communicate continually in a variety of ways. This chapter also acknowledges the fact that in this age of increased technology and high-level skills, communication (verbal and non-verbal) is just as important and should be given careful consideration.

Eating and drinking are complex activities of living. Chapter 6 is dedicated to these very important fundamental activities. Contemporary thinking related to nutrition and nutritional assessment is described in detail, giving the reader a thorough insight into these activities of living that are responsible for sustaining life.

By understanding the complex principles discussed in this chapter, the reader will be able to deliver the care required for those patients who have particular care needs in order to maintain their eating and drinking needs as well as preventing any potential problems from becoming actual problems. The roles of the nurse and the multidisciplinary team are explained in detail. Chapter 6 specifically describes some of the practical aspects associated with eating and drinking.

Urinary and faecal elimination are discussed in Chapter 7. An overview of the gastrointestinal and renal tracts is offered, with the aim of explaining how eliminatory needs can be addressed and met. There are a number of common conditions discussed in this chapter; these are conditions that the nurse may come across on a regular basis. This chapter also draws on the assessment aspect of nursing and, in particular, provides the reader with advice concerning practical nursing interventions.

Stoma care and urinary catheterisation are described, with hints and tips provided to help the novice nurse begin to manage these aspects of essential care. The chapter encourages the reader to consider the patient in a holistic way and, as such, reflects on the physical, psychological and social elements of care.

Chapter 8 considers the activity of breathing and begins by guiding the reader through the essential anatomy and physiology of the respiratory system and an understanding of what is vital if the nurse is to assist and support those who may have actual or potential
breathing problems. The chapter draws on the content of other chapters to explain how to communicate with a breathless patient and how to assess the complex activity of breathing.

Common respiratory diseases are described, and the nursing care needed to help the patient is outlined. There are also practical examples regarding specimen collection and the importance of documenting findings.

Chapter 9 details the needs of the patient from a personal cleansing and dressing perspective. The chapter will take the reader through this important activity in detail and focuses on helping patients maintain their personal hygiene according to their own personal preferences and practices. Important cultural perspectives are discussed. Maintaining hygiene is crucially important for the physical, psychological, emotional and social well-being of the individual. Many people refer to this activity as an element of ‘basic’ care provision; however, it undermines the importance of the activity and the significance that it has for patients who may be unable to meet their own hygiene needs. The chapter concludes with a plea for this aspect of nursing to receive the recognition it rightly deserves, as it is an important component of essential patient care.

All activities of living are linked with mobility. Chapter 10 explains the association of movement and mobility with health and well-being of the patient and the nurse. The chapter draws upon ergonomics to explain how it is the musculoskeletal system that provides movement and how mobility is an intrinsic aspect of living.

An evidence-based approach is used to help the reader understand the principles of safe manual handling and encourages the nurse to appreciate the fundamental aspects associated with the musculoskeletal system and how it operates in order to assist and promote the activity of mobility. The chapter provides a fundamental understanding of spinal anatomy and then describes how back injury can occur. It goes on to explore how ergonomics are used to promote safe systems at work, promoting effective mobility. The chapter clearly explains the dangers to both the nurse and the patient if unsafe practice is adopted.

Maintaining body temperature is the theme of Chapter 11. The chapter begins by explaining the dynamics associated with thermoregulation and the role of the nurse in ensuring that the patient’s body temperature is maintained as is appropriate. For all forms of life, this chapter explains, temperature is a fundamental issue and human beings are no exception to this. If a patient has too high a temperature then it will place the patient in danger, and on the other hand, if the patient has too low a temperature then it can be just as detrimental to the patient’s health and well-being.

In order to help the nurse assess a patient’s temperature effectively so that appropriate actions are taken if there is an anomaly in the findings, the various body temperature sites and different techniques associated with assessing temperature at these sites are detailed.

Chapter 12 considers working patterns and leisure interests and the importance of these when admitting or assessing a patient. It then goes on to explain that a holistic assessment must include an assessment of working and leisure activities, encouraging the reader to address such issues as they are vital if due consideration is to be given to the ‘whole’ patient. A number of important issues are acknowledged and discussed in this chapter, which will help the nurse offer a holistic approach to care giving. A socio-economic approach is used, but the chapter also includes the psychological and social
implications that work, leisure and unemployment can have on an individual’s health and well-being.

In Chapter 13 the complex issue of sexuality is considered. Sexuality as an activity of living can often be neglected by nurses as it can have the potential to cause embarrassment and anxiety for both the nurse and the patient. Sex and sexuality are central to what humans are, and because of this, nurses are in danger of disregarding a major aspect of the patient’s being if they ignore the patient’s sexuality and any issues surrounding their sexual health needs. Chapter 13 provides an insight into this complex activity of living.

Sleeping and resting are discussed in Chapter 14, which provides the reader with an understanding of the pathophysiology related to sleep. There are pointers offered that will enable the nurse to help a patient sleep and rest. This activity of living is often neglected by health care professionals, and the important issue about sleep deprivation and the effects it will have on an individual’s quality of life is raised.

Finally, the last chapter, Chapter 15, considers death and dying. The chapter provides practical advice to the nurse who may be facing for the first time the death of a patient to whom he or she was providing care. Death and dying can be an upsetting event for all concerned – patient, family and nurse – as this chapter points out. The chapter considers the care of a person facing death and loss. The psychological, physical, spiritual, religious needs and social support are also considered; there is a discussion concerning religious and cultural needs after death. After reading this informative chapter the nurse should have gained more insight into this sometimes a ‘taboo’ subject and may be able to offer closer, more effective support to the patient and those near to him or her.

Terms used in the text

There are a number of different terms used in this text and it is important from the outset to define some of these terms. Different terms can mean a number of different things to different people. There are, for example, a number of terms that can be used to describe people who come into contact with health and social care providers. Using any term can lead to labeling and stereotyping.

A term used often in the NHS is ‘patient’, and on a number of occasions this has been used in this text. It has to be acknowledged that not everyone embraces the use of the passive concept associated with this term, and there are a number of reasons for this; for example, it can highlight the medical focus of the relationship between the person and the service.

The term ‘client’ has also been used. Some may suggest that the use of this term can have the potential to emphasise the professional nature of the relationship. ‘Client’ along with ‘consumer’ has its genesis in health care provision during the 1980s and 1990s when market forces and consumerism were at the fore.

Recently the term ‘expert’ has often been used; the stress when using this term is on a participative approach, respecting a person’s capacity to work towards his or her own rehabilitation. Experts are seen to be the equivalent to those experts who provide care, for example, a nurse or doctor. The term ‘expert’ values the views and experiences of the expert - the service user.
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Some people do not like the term ‘service user’ or ‘user’; it could lead to the grouping together of an otherwise diverse community of individuals with very individual needs. The term ‘user’ may bring to mind some negative connotations connected with it. It could, for example, be used to identify those who are involved in the use of illicit substances.

The Nursing and Midwifery Council (2008) has chosen to use the word person for those who are recipients of the services of nurses, midwives or health visitors. Previously the term ‘client’ or ‘patient’ was used.

This text uses a number of terms and aims to promote the care and support of those with health care needs. The terms that have been used here are used to address a diverse range of experiences that may affect any person at any time.

The term ‘carer’ has been used on a number of occasions in this book. This term is used to describe those who look after others, be they ill, healthy or have a disability. ‘Carer’ has many interpretations and may refer to an employed health care provider or someone who provides care that is unpaid. Carers include parents, grandparents and, in a number of instances, siblings who are looking after sick children.

We want this text to whet your appetite and in so doing encourage you to delve deeper. We hope that the text will encourage, motivate and excite you as well as instil in you the yearning, confidence and capability to practise to the best of your ability. What you need to bring is your desire to care with compassion and understanding for those whom you have the privilege to care for.

References


Chapter 1
The Nature of Nursing
Lynn Quinlivan

Learning opportunities

This chapter will help you to:
1. Understand the key functions of the Nursing and Midwifery Council
2. Define key roles associated with nurses as they progress from newly qualified staff nurses to modern matrons
3. Begin to appreciate the importance of professional regulation
4. Describe key themes associated with ‘fitness to practise’
5. Understand terminology associated with the phrase ‘Agenda for Change’
6. Discuss the importance of the Knowledge and Skills Framework

Pre-chapter quiz

1. The Nursing and Midwifery Council has five key functions. What are they?
2. Define ‘fitness to practise’
3. What is the role of a health care assistant?
4. Describe the usual nursing hierarchy for a ward
5. Why is confidentiality important?
6. What does the acronym KSF stand for?
7. What is the significance of the Bolam test?
8. What is the definition of ‘reasonable care’?
9. To whom is the nurse accountable?
10. Describe the difference between responsibility and accountability

Introduction

The central role of a nurse is to deliver high-quality, appropriate care to patients within a variety of care settings. The role of a nurse is dynamic; it is continually evolving in all aspects of health care. This chapter will introduce the reader to the role of the Nursing and Midwifery Council (NMC) and the impact of current UK government policies upon
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the delivery of clinical care within the community, hospitals and the independent sector. It will also outline the hierarchical structure often associated with nursing and the roles and responsibilities of specific nursing posts.

‘The National Health Service is not just a great institution but a unique and very British expression of an ideal that health care is not a privilege to be purchased but a moral right secured for all’ (Department of Health [DH], 2008a).

The Nursing and Midwifery Council

The NMC was established in 2002. It has taken over the responsibility for professional regulation of nurses, midwives and health visitors from the United Kingdom Central Council (UKCC) and the associated four national boards that had been established in 1979.

The NMC’s function is that of a regulatory body. The NMC sets standards of conduct and performance (NMC, 2008a); it also maintains a live register of qualified nurses and midwives.

The NMC acts as a resource available to registered and non-registered nurses, their employers and the general public, offering advice and guidance on matters pertaining to nursing practice, such as delegation, advocacy and autonomy (NMC, 2008b). In addition to the above, the NMC provides advice and guidance on professional standards and considers allegations relating to an individual’s fitness to practise, which could be a result of lack of competency, professional misconduct or illness.

Registration and professional accountability

The NMC validates programmes of study provided by schools of nursing and departments of nurse education throughout the UK. With regard to pre-registration nursing, the aim is to ensure that the theoretical and practical components of a programme fulfil set criteria for the admission of graduates to the professional register. The NMC’s representatives periodically visit clinical care areas to which student nurses are allocated in order to ensure that the learning experience is appropriate and meaningful and that practice assessors and mentors adequately support student nurses within the clinical care environments (NMC, 2006a).

Following the completion of a period of undergraduate study, such as Diploma of Higher Education in Nursing, the higher education institution formally notifies the NMC that an individual has followed a recognised undergraduate programme of study and is thus eligible to register as a registered nurse. The higher education institution and the registrant complete and sign a declaration that the registrant is of good health and good character. Students who have commenced their pre-registration education after September 2007 are allocated a sign-off mentor for their final clinical placement (NMC, 2006b). The sign-off mentor, who has met additional criteria, must make the final assessment of practice and confirm to the NMC that the required proficiencies for entry to the register have been achieved.
Standards of conduct and performance

The Code (NMC, 2008a) states that the ‘people in your care must be able to trust you with their health and well being’. To justify that trust, you, the nurse, must:

- Make the care of people your first concern, treating them as individuals and respecting their dignity
- Work with others to protect and promote the health and well-being of those in your care, their families and carers, and the wider community
- Provide a high standard of practice and care at all times
- Be open and honest, act with integrity and uphold the reputation of your profession

As a registered nurse you are individually accountable for actions and omissions when practising and must always be able to justify your decisions. Furthermore, you must always act lawfully, whether those laws relate to your professional practice or personal life. If a registered nurse fails to comply with the tenets of the code, it may bring his or her fitness to practise into question and endanger his or her registration.

Maintenance of a register of nurses and midwives

Another key function (defined in law) is to maintain the professional register. The register is central with respect to the NMC’s function in safeguarding the health and well-being of the public (NMC, 2008c).

There is a mandatory requirement that all nurses re-register every 3 years and pay an annual subscription to the NMC. The standards stipulate that all registered practitioners who wish to remain active on the NMC register must have worked as a nurse or midwife for a minimum of 450 hours in the previous 3 years and undertaken a minimum of 35 hours of learning, which is relevant to the nurse’s or midwife’s area of practice. If the NMC requests to see evidence that the above standards have been met, then the nurse or midwife is required to provide proof that continuing professional development has been undertaken and recorded in their personal portfolio. A continuing professional development portfolio may include the following:

- **Details of your workplace**: Here this could include, for example, Band 5 staff nurse working within an adult intensive care unit
- **Your employer’s details**: Details about your place of employment, for example NHS Trust, private hospital; you may wish to include the number of hours that you are contracted to work, if appropriate
- **Your role**: For example, what your role entails and to whom you are responsible. You may find it useful to look at your job description
- **Evidence of professional learning**: Study days such as moving and handling and cardiopulmonary resuscitation must be attended on an annual basis. In addition to these mandatory study days, there is a requirement for practitioners to demonstrate
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evidence of continuing professional learning by attending study sessions relevant to their areas of clinical practice. For example, a district nurse may choose to attend a tissue viability study day and then write a short reflective account which enables him or her to consider how this knowledge can be applied within clinical practice. In the reflection, the date and number of hours must be recorded to ensure that the minimum of 35 hours is reached over 3 years.

- **Life events:** This section may include an aspect of family life that has had some impact on an individual’s working life. For instance, changing jobs or completion of a period of study that has resulted in new and challenging responsibilities.

- **Critical incidents and personal reflection:** These are incidents that the nurse has observed and/or taken part which have affected him or her, for instance looking after a patient who subsequently dies. The positive aspects of learning are not always apparent at the time. However, by using a framework such as the Gibbs reflective cycle (1992), an individual can look retrospectively at the incident and analyse his or her subsequent learning (Hogston and Simpson 2002).

**Duty of care**

The concept of duty of care is complex. Here a brief overview is provided; however, it must be remembered that duty of care is always context dependent. *The Code* (NMC, 2008a) applies directly to registered nurse practitioners; however, the principles that it sets out of good practice and duty of care apply to all those directly involved in patient care. Duty of care, according to Lord Atkin (1932), can be seen as:

reasonable care to avoid acts or omissions which you can reasonably foresee would be likely to injure your neighbour.

The definition of what is reasonable originated from the Bolam test in 1957, where the case of *Bolam v Friern Hospital Management Committee* [1957] resulted in the following legal ruling:

The test is the standard of the ordinary skilled man exercising and professing to have that special skill. A man need not possess the highest expert skill at the risk of being found negligent. . . . It is sufficient if he exercises the skill of an ordinary competent man exercising that particular art.

The case of *Wisher v Essex AHA* [1988] is the current standard used to define reasonable care with respect to students and junior staff:

The standard is that of a reasonably competent practitioner and not that of a student or junior.
**Fitness to practise**

Fitness to practise enables a nurse or midwife to practise as a registrant without restriction. Grounds for an individual being considered unfit to practise are identified by the NMC (2008a):

- Misconduct
- Lack of competence
- A conviction or caution (including a finding of guilt by a court martial)
- Physical or mental ill health
- A finding by any other health or social care regulator or licensing body that a nurse’s or midwife’s fitness to practise is impaired

**Nurses and accountability**

Accountability is another complex concept. This section only begins to outline some of the issues associated with accountability.

**The government**

In addition to their responsibilities to the regulatory body of the NMC, nurses are accountable to the ‘stakeholders’, that is, the general public and the government to provide effective, efficient, high-quality care.

Since the inception of the NHS in 1948, much debate has surrounded government funding and target setting. Government targets such as reductions in waiting lists and additional financial resources for certain services such as a winter bed crisis inflame political opinion and debate about the cost-effectiveness and the quality of patient’s provisions. Present-day government initiatives to involve the public in the development of a health care service for the twenty-first century are discussed later in this chapter.

**The general public**

Nurses are accountable for the delivery of appropriate care to patients within a variety of care settings. The level of expertise at which an individual delivers this care will vary, depending upon the education that they have received. In *The Code* (NMC, 2008a), the registered practitioner’s delegation of responsibility to unqualified staff, and the accountability of that registered practitioner, is stated thus:

> The delegation of nursing or midwifery care must always take place in the best interests of the person the nurse or midwife is caring for and the decision to delegate must always be based on an assessment of their individual needs.

Consequently, those involved in patient care should undertake only those tasks for which they have received appropriate education. In the case of delivering fundamental
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nursing care, this may be a part of formal programme of study such as the National Vocational Qualification (NVQ) in health care studies.

The employer

Finally, nurses are accountable to their employer under a contract of employment. Under terms of employment there is an understanding that the nurse will act in a responsible manner when carrying out his or her duties. NHS trusts have their own policies and procedures, which are designed to ensure that patients are protected from harm. The term 'vicarious liability' refers to situations whereby the employer accepts responsibility for the fault of its employees. However, if the employee is found not to have followed accepted procedure or protocol, for example the trust’s drug administration policy, then the trust is not legally liable for the employee's error. Vicarious liability is fraught with legal technicalities and further reading in this area is encouraged.

Nursing hierarchy

Within a clinical setting it is common to find the nursing hierarchy as given in the following subsections, wherein the roles and responsibilities of nurses holding these titles are also described (see Figure 1.1). The titles used here may vary depending on the setting.

Modern matron

The modern matron is responsible for managing, leading and developing care services normally within a clinical directorate, for example community services. The modern