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The conditioning of individualization in nursing care

Individualization is defined as the essence of rationally understood nursing care, or in other words, its content. Nowadays, with progressing individualization in various types of disciplines of social and caring character (e.g. in psychology, pedagogy, not to exclude medicine), it is hard to imagine that a different approach might be assumed. What is more, this individualized approach towards a human being (the patient) is bound to be "executed" by the very receivers of nursing or medical care. Generally speaking, the patient is entitled to such a form of care while the nurse's duty is to provide him with it. It lies within the scope of responsibilities that contemporary nursing faces along with its interests and the nurse's professional capabilities. Nursing must be here understood in terms of the field of science where the process of nursing goes beyond providing aid to doctors or performing simple tasks of hygienic character (3). In Polish nursing, the idea of individualization, in its relatively narrow sense, has so far been identified with the process of nursing. The broader perspective of the issue makes it sensible to include the other two, equally important issues: Primary Nursing and "the nursing theory". In worldwide nursing it is commonly accepted that this triad is an indispensable condition for providing individualized care.

The aim of the work is to show and discuss briefly the interrelations that develop between the process of nursing, Primary Nursing and the "nursing theories". It is assumed that they are the three variables that condition providing individualized care to a single individual or a particular group of people, or in other words, it is the type of care that meets their subjective requirements.

INDIVIDUALIZATION – THE BASIS

It is commonly assumed that individualization in relation to a person consists in pinpointing those characteristic features that single him out from other people. The ability to use the individualized approach to the life and health of a person (or a group of people) is an essential value, a kind of philosophy of care. However, and it must be stressed, this is not a discovery of nursing. This assumption is fairly important, as it opens the possibilities to draw on certain sources of individualization that lie beyond nursing, such as medicine, psychology or pedagogy. Taking such a broader view, from a slightly different angle, is necessary not only to confirm the value of the individual approach to a person, but also to gain a better understanding of the principles of such type of care.

Medicine, psychology and other social and caring sciences make rational investment in the recognition of the condition of an individual or a group of people by sharing the view that it is this condition that constitutes the initial point for further systematic activities that can lead to a desired end. Such an approach guarantees, if not unanimity, then at least an approximation to the expectations of the receivers of care within activities concerning health (medicine – the medical treatment), psychotherapy (psychology – the process affecting the mental life of patients) or teaching/education (the process of teaching and educating – pedagogy).

INDIVIDUALIZATION – THE CONDITIONING FACTORS

The nursing process, Primary Nursing and “nursing theories” are the three basic factors that condition individualization of nursing care. The way the three issues are reflected in nurses’ consciousness varies to a degree, while it is quite proportional as far as the written sources are concerned. It is worth mentioning that what is, in most cases, customarily described in nursing as “nursing theory”, is from the scientific perspective closer to the conceptual model or even to the structure of notions. However, the systematic contribution that is made by particular theoreticians of nursing can lead to an assumption that the disproportion between the scientific and customary understanding of the term “theory” is diminishing.

The nursing process was started in America in the mid-60s. It is a proposition of the system of care which utilizes the conscious application of the diagnosis of the biological, mental and social condition of a single individual or a group of people and undertakes purposeful and systematic activities whose aim is to maintain or alter the present condition. It consists in: a) the systematic collecting of data about the patient and his environment and their analysis for the nursing diagnosis, b) designing the nursing plan with focus on a particular patient, c) implementing the plan according to the findings that have a direct or indirect connection with the diagnosed condition, d) making an assessment of the achieved results in relation to the expected aims (2).

Primary Nursing is an English term that has not been translated into Polish. It denotes a clearly specified organizational solution known in nursing since the beginning of the 70s and successfully practised in most countries in the world. In Poland, there have been only a few short and rather superficial publications on the subject where the first ones, which at the same time are the most thorough, came out in the years 1994–1995 (1). Theoreticians and practitioners of Primary Nursing all agree that there are a lot of conditions that must be fulfilled for the system to be fully implemented in practice, where one of the most crucial ones is that of the nurse’s independence in care delivery (5).

Implementing Primary Nursing in practice results in the patient remaining in the care of one team of nurses throughout the hospitalization period while the very care is based on the principles of the nursing process. The decisions concerning the care for particular patients are made by a single nurse, the Primary Nurse. In other words, Primary Nursing is an organizational system with the nursing process imbedded in it.

The idea of the nurses’ work organization in the system of Primary Nursing originates in the U.S., the cradle of contemporary nursing, and is, in essence, similar to the solutions used in Poland by doctors who care for hospitalized patients (the doctor ‘in charge’ of a group of patients, aided by assistants, students and/or doctor trainees; the doctor on duty, who takes over the responsibilities of the doctor ‘in charge’ during his absence) – 4. In most countries in the world where nursing (including nursing care) is approached in a definitely rational way, Primary Nursing is considered to be the fundamental organizational structure while the process of care delivery is its essence, or in other words, the content of care.

Nursing theories is one of the subjects attracting greater and greater interest nowadays. Without going in detail into the semantic or theoretical considerations (the broad and narrow definitions of the term, the alternate use of such terms as the cognitive model, the conceptual

model, theory) nursing theories, in general, try to determine, explain and predict the character of nursing as well as which kind of nursing care can (or should) be delivered for the sake of the object of care (6,7).

Since 1860, which is the time when the first theoretical foundations were formulated by F. Nightingale, the precursor of modern, secular nursing, nurses (e.g. H. Peplau, V. Henderson, D. Orem, B. Neuman, C. Roy, M. Leininger and many others) have put forward various theoretical propositions. All those theories introduce a new scope of content, including the new terminology. They expand nursing with new areas of knowledge about the man, his environment and problems he experiences in illness, handicap or hospitalization period. They create new possibilities, extending beyond the mere practice, to investigate and understand the behaviour of the individuals who are healthy, in risk of illness, or ill, and suggest the type of aid (professional, other than professional or self-care) that would suit his/her conscious or unconscious needs, considering the person's own possibilities.

It is assumed that if the process of care for an individual person or a group of people is supported on the principles of a selected "nursing theory", it is then possible to influence the character of care in a rational way, without increased expenditure. It means that it is possible to deliver the care directed on, for example, satisfying the biopsychosocial needs of the object of care (according to the theoretical principles by V. Henderson), investing in self-care activities (D. Orem), reinforcing the abilities to manage the stress caused by inner and/or outer factors (B. Neuman), etc.

The theories provide 'support' for the practical nursing activities. Also, they create the rational foundations to support the accepted method of learning about the object of care. Based on the knowledge, the nurse can easily predict the differences which will appear already at the level of collecting the data that is necessary to make the nurse's diagnosis (nursing process) in agreement with the theoretical principles (F. Nightingale, D. Orem, B. Neuman). It can be safely stated that the essence of the collected data, being primary in relation to the remaining stages and phases of the nursing process, will impose the character determined by a particular theory. It is thus clear that nursing theories constitute the theoretical foundations for practice, whereas the nursing process is a kind of art in itself, the implementation of the theory in practice. In other words, the theory is the content while the nursing process is the way to apply this content. The integration of the theory and process forms the basis of professional nursing practice. One cannot exist without the other. It is impossible to provide nursing care without using the theoretical knowledge, without transforming it for the practical needs. The most crucial thing is that the nursing theories which are ascribed to the nursing process cause the individualized nursing to be closely connected with science. Only then can they be applied in Primary Nursing.

Summing up, in nursing, just like in any other field, there is a close relationship between practice (in this case: Primary Nursing and the nursing process) and the theory (the nursing theories). Generally speaking, the practice "asks" the theory about the possibilities to apply the most optimum solutions for the needs of individualized care, while the theory looks for the right answers. In relation to the person with unfavourable prognosis, the questions may be formulated both by those who specialize more in theory and in practice. The latter group will, for example, try to determine which of the known theories seems to be more optimum for a selected group of patients. The theoreticians, in turn, will be interested in those states of the objects of care which are most commonly diagnosed by nurses, for example, the issues of needs and how these can be satisfied, the ability to cope with problems related to health and well-being, the difficulties with adapting to a new health or care-related situation, the stress caused by having to be hospitalized and/or undergo certain procedures, etc. In contemporary nursing, including the nursing care, the individualization of care for a single person and/or a group of people cannot be a matter of chance. It constitutes the essence of this care, its philosophy, and that is why it requires conscious and purposeful investing, although such an approach is nothing uncommon among all social and caring sciences. First of all, it requires being more open to experiences and

achievements of world nursing, adopting a more rational attitude towards the three variables: the nursing process, Primary Nursing and the nursing theories. Grasping the relations that develop among the three notions should be the aim in itself.

REFERENCES

1. Blak A.: Primary Nursing. *Nursing* 2000, 1-5, 12, 1994.
2. Górajek J.: The Nursing Process – Introduction. *The Nurse and the Midwife*, 3, 8, 1981.
3. Górajek-Jóźwik J.: Individualized Nursing: the rights of the patient, the duties of the nurse (In) IV Congress of Polish Nurses. Papers. Busko-Zdrój, May 4-5, 1998.
4. Górajek-Jóźwik J.: Primary Nursing – the scope and character of Polish experience. *Alma Mater*, 1 (42), 78, 2002.
5. Manthey M.: The practice of Primary Nursing. Blackwell Scientific Publications, INC. Boston 1980.
6. Poznańska S., Płaszewska-Żywko L.: Selected models of nursing. Jagiellonian University Publications, Kraków 2001.
7. Torres G.: Theoretical Foundations of Nursing. Appleton-Century-Crofts/Norwalk, Connecticut 1986.

SUMMARY

Individualization in nursing consists in rational pinpointing those characteristic features of the person that single him/her out from other people. In Polish nursing, the idea of individualization, in its relatively narrow sense, has so far been identified with the process of nursing. The work has a theoretical character and its aim is to show and discuss briefly the interrelations that develop between the process of nursing, Primary Nursing and “the nursing theories”. It is assumed that they are the three variables that condition providing individualized care to a single individual or a particular group of people, or in other words, it is the type of care that meets their subjective requirements. In contemporary nursing, including the nursing care, the individualization of care for a single person and/or a group of people cannot be a matter of chance. It constitutes the essence of this care, its philosophy, and that is why it requires conscious and purposeful investing, although such an approach is nothing uncommon among all social and caring sciences.

Uwarunkowania indywidualizacji opieki pielęgniarskiej

Indywidualizacja w pielęgniarstwie rozumiana jest jako racjonalne zwracanie uwagi na charakterystyczne cechy człowieka, wyróżniające go spośród innych ludzi. W rodzimym pielęgniarstwie dotychczasowe, stosunkowo wąskie, rozumienie indywidualizacji łączone było z procesem pielęgnowania. Praca ma charakter teoretyczny, a jej celem podstawowym jest ukazanie i zwięźle omówienie związków zachodzących pomiędzy procesem pielęgnowania, *Primary Nursing* i „teoriami pielęgniarstwa”. Przyjmuje się, że są to zmienne, które bezpośrednio wpływają na indywidualizację pielęgnowania pojedynczego człowieka, rodziny, innej grupy społecznej. Opieka zindywidualizowana to taka, która odpowiada subiektywnemu zapotrzebowaniu. We współczesnym pielęgniarstwie, w tym w pielęgnowaniu, indywidualizacja opieki nie może być sprawą przypadku. Jest istotą tej opieki, jej filozofią, dlatego wymaga świadomego i celowego inwestowania w nią, przy czym takie podejście nie jest czymś szczególnym, bowiem jest ono charakterystyczne dla wszystkich nauk społeczno-opiekuńczych.