

# Individualized Nursing Care

## What is an INDIVIDUAL?

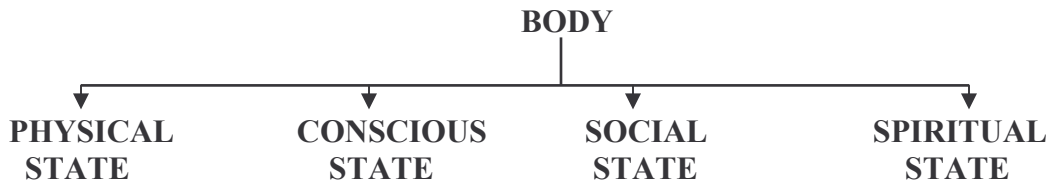
Characteristic of one particular PERSON or thing

(Oxford English Dictionary)

## What is a PERSON?

One's BODY

(Oxford English Dictionary)



Carl Rogers (1967) defined the individual as having:

*“One basic tendency and striving – to actualize, maintain and enhance the experience organism.....The organism woven through struggle and pain towards enhancement and growth.”*

## Maslow's Hierarchy of Needs (1954).

The individual has to build a pyramid from his basic needs to reach the peak of SELF-ACTUALIZATION.

## Our nursing tradition:

We tend to follow the biomedical model of nursing

## Beliefs and values of the BIOMEDICAL MODEL

1. Human beings are seen as biological beings, made up of cells, which then make tissues, which then make organs, which then make systems.
2. All of the above interact and communicate with each other to achieve harmony or balance, a state called, HOMEOSTASIS.
3. Emphasis is on biological homeostasis and the physical signs and manifestations of it.
4. The physical working parts of the person are of prime importance.

## Advantages of Biomedical Model

1. Familiar to both Doctor and Nurse (Traditional).
2. Offers direct intervention.
3. Allows better knowledge of A & P.
4. A base model to use it with others.
5. More appropriate in certain areas (eg. E&A or ITU).
6. Less paperwork therefore more time near patient  
(Psychological areas are ignored).

## Disadvantages of the Biomedical Model

1. Patients are not treated as individuals.
2. Usually labeled with diagnosis (or bed number).
3. Relatives are less involved in the treatment.
4. Patients' treatment is set up from past experience or similar cases and not as the actual individuals.

5. The model's emphasis on high technology leads to loss of human care.
6. According to Hall (1983), Nurses become PHYSICIANS' ASSISTANTS.
7. Nursing is mainly task oriented (routinisation).

### **Individualised Patient Care**

Individualised Care is an extremely complex concept.

(Riitta 2002)

According to Roper et al (1986) a person's individuality can manifest itself in many different ways and one should consider:

1. How a person carries out the activities of living (AL).
2. How often the person carries out the AL.
3. Where the person carries out the AL.
4. Why the person carries out the AL in a particular way.
5. What the person knows about the AL.
6. What the person believes about the AL.
7. The attitude the person has to the AL

### **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

Individual nursing is based on identifying specific AL needs, through the *Nursing Process*, with the main aim of transforming dependency levels of an individual to an independent one.

Hence *individualised* nursing has a great momentum towards the concept of self care, patients' decision making in care, and specific nursing tasks.

In other words the process of *routinisation* of work in a ward on all patients is totally abolished.

“To be treated as an individual is not only the right of patients, it is the right of nurses too! Sadly, however, there is a lot of routinised care in nursing”  
(Continuing Nurse Education Programme 1988).

The person is therefore seen as a WHOLE

**(BODY, MIND & SPIRIT)**

This perspective acts as a catalyst for nurse to care for patients through a HOLISTIC way.

The Nursing process of ASSESSING, PLANNING, IMPLIMENTING, & EVALUATING, is a systematic approach to the provision of INDIVIDUALISED nursing care.  
(Tierney 1984)

Hence this nursing approach treats patients as INDIVIDUALS by identifying their specific problems.

(Mitchell 1984)

The nursing process also demands that care be INDIVIDUALLY planned for the patient, respecting his/her wishes where feasible.

(Rowden 1984)

*“The message behind the nursing process is simple. It is essentially about each nurse taking INDIVIDUAL responsibility for the care given to each patient and thinking intelligently and systematically about that care.”*

(Rowden 1984)

Individualised patient care as an aim for nursing practice is now an established nursing policy in the UK.

(DoH, 1991, 1993)

According to Rowden (1984) many studies published by the Royal College of Nursing show that individual care can affect outcome for the patient.

### **Characteristics of Individualised patient care**

1. The patient is a unique individual who must be respected.
2. A one-to-one relationship between the nurse and patient which features elements of continuity of care.
3. The patient is regarded as a ‘potentially active expert’ who participates in the care process according to his/her ability and wishes.
4. Physical, psychological, emotional, spiritual, and cultural needs are addressed without jeopardising patients’ privacy.
5. Nurses may involve the family and friends of the patient in assessing and managing care.

6. Nurses respond to patients' needs and wants as a priority.
7. Nurses are well informed about patient care and those with the greater knowledge of a patient would contribute to multidisciplinary decision making.
8. Nurses review and evaluate their practices together.

(Schober 1998)

### **Patient participation & Nursing Care**

Individualised care is the fundamental principle for achieving this aim.

(Schober 1998)

*“Each patient has a right to be a partner in his own care planning and receive relevant information, support and encouragement from the nurse which will permit him to make informed choices and become involved in his own care”*

(RCN, 1987, page 9)

### **How much are we prepared to accept the above statement?**

Henderson (1979) suggests that the nurse who values nursing and its 'personal, individualized and human character' gives 'holistic rather than disease-centered care'.

## **ARE WE READY TO CHANGE?**

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