

# Facilitating Emerging Nursing Agency in Undergraduate Nursing Students

*by*

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# Developing a Disciplinary Focus: Learning to “Think Nursing”

## *Learning the central focus of the discipline*

- Clear purpose for practice and nursing education
- Reinforces patient-centered care
- Overarching framework for practice within which theories from other disciplines find their place in *complementing* the focus of nursing



# Barriers to a Nursing Focus

- Health care system focused on a medically-dependent orientation
  - Glamour and stresses of complex & changing technology
  - Equating tasks performed with outcomes attained
  - Limited valuing of the processes needed for critical thinking
  - Poor documentation of nursing care
- Faculties' reluctance to *study* the theory
  - Unrealized challenges in helping students learning a nursing perspective
  - Feelings of inadequacy about nursing theory
  - Pressures to “cover content”
  - Not required for accreditation
  - Doctorates in other disciplines undermine valuing nursing's own theories



# Theoretical SCDNT Thread

## SCDNT Philosophy and Values

- Collaboration and interpersonal communication
- Respect for persons and own meanings of life
  - Respect for the patient's readiness for self-care & goals related to health
  - Freedom of patients to learn and choose (or *not*)
- Love as an attribute of mature persons:
  - care,
  - responsibility,
  - respect, and
  - knowing the person (including oneself)
- Sharing nursing expertise vs. nurse-dominated care



# Building Clarity about Nursing Agency

- Use of stories to glean theoretical meaning (D. Smith, 2006)
- Graduate student assignments
  - *Best of Nursing* stories
  - Application of a theory to a practice situation
- Sharing these stories with students and RNs



# Self-Care Agency

- A Three-Tier Construct (Orem, 2001; Fawcett, 2005; Gast, Denyes, Campbell, Hartweg, Schott-Baer, & Isenberg, 1989)
  - Foundational Capabilities & Dispositions
  - Power Components
  - Self-Care Operations
    - Estimative self-care operations
    - Transitional self-care operations
    - Productive self-care operations



# Diagnostic & Prescriptive Nursing Operations

- Facilitating students' analysis of self-care agency based on understanding self-care operations
- Focusing on knowing, judging/deciding, & acting capabilities and limitations
  - Theoretical concepts from nursing and other disciplines interpreted for how they enhance or develop self-care agency or dependent-care agency



- How well does it illustrate key concepts from SCDNT?
  - Faithful to SCDNT
  - Level of complexity of theory (build slowly across curriculum)
- Who is the target audience?
  - Faculty: Include “classic” sources
  - Students: check fog index; may require “translation”



# Challenges for Learning the SCDNT

- Out-of-print resources or resources developed for other purposes
- Development of introductory theory modules
- Use of literature to add depth and specialty application of SCDNT to modules



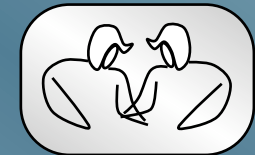
# Criteria for Selecting Support Literature

- Clearly illustrates key concepts from the SCDNT, and
- Is faithful to self-care theory, and
- Integrates the theory throughout.
- Or – provides insight into ideas integral to Orem's theory



# Examples of Self-Care Literature

- Articles for novices:
  - Self-care limitations after AMI (Beach, Smith, Luthringer, Utz, Ahrens, & Whitmire, 1996)
  - Self-care requirements for activity and rest (Allison, 2007)
- Specialty articles:
  - Theory of dependent-care with parents of toddlers (Arndt & Horodynski, 2004)
  - Orem's SCDNT with pediatric asthma (Cox & Taylor, 2005)



# Usefulness of Literature that may or may not use Orem's SCDNT

- Qualitative research – the “voice of the patient”
  - Health deviation: COPD (Odencrants, Ehnfors, & Grobe, 2005, 2007)
  - Empowerment (Hage & Lorensen, 2001)



# Diagnostic Operations - Determining Self-Care Deficits

- Introduction to Nursing Operations (case study)\*
- Primary Resource (Taylor, 1991)
- Accepted “format”:
  - Patient problem
  - Self-care limitation(s)
  - Supporting data
- Sample self-care deficits\*
- Excerpts from nursing system designed by student\*

\*Refer to handout.



# Questions?





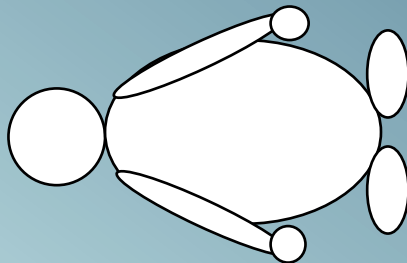
# Overview Assessment-Pocket Card

## SUBJECTIVE DATA

**BCF's:** ♦Age ♦ Gender ♦Occupation ♦ What does health mean to you? ♦Who & what do you think will help you recover? ♦How can I help with your recovery? ♦Do you have any special cultural or religious practices that could help your recovery while you are in the hospital? ♦What is it like to be a patient? ♦How has being in the hospital affected your life? ♦How has it affected your family and friends? ♦ How do you learn best? ♦Who should be included in discharge information when you are ready to go home from the hospital?

**AIR:** ♦Do you use or have you ever used tobacco? ♦ Have you been exposed to second hand smoke? ♦ Do you have any breathing or circulation problems? ♦How much activity can you perform before you become short of breath? ♦Any recent changes?

**Etc.....**



Head-to-toe Overview Assessment (cues)

## Limitations for Performing Self-care Operations

### KNOWING

1a. Changed functioning that is not understood or new.

1b. Unaware of current needs for self-care resulting from changes in functioning.

*[Continued. . . .]*

### JUDGING & DECIDING

2a. Unfamiliar with a situation, what is needed, resources, or how to seek information.

2b. Lack of specialized/expert knowing or skills.

*[Continued. . . .]*

### ACTING

3a. Unaware or unskilled about how to act on decisions.

3b. Lack of resources for self-care.

3c. Too little energy to explore or carry out self-care.

*[Continued. . . .]*



# Diagnostic Operations – Self-Care Deficits

Structure of nursing diagnosis (Taylor, 1991) – structure suggested as consistent with Orem's SCDNT

- Difficulty in acting to meet self-care requisite because of limitation(s) in SCA
- Difficult in power component to meet self-care requisite
- **Limitation of SCA resulting inability to carry out self-care requisite(s)**
- Problem from inadequacy of self-care (and possibly other factors)
- BCF influencing self-care requisite or SCA
- Self-care action limited because of interfering conditions
- Self(dependent)-care system and its adequacy and patient satisfaction

Considering how to incorporate theory-guided practice in a system guided primarily by medical model. Faculty determined NANDA (or problem) related to self-care limitation(s) aeb supporting data (PES)

## Sample self-care deficits:

- Frustration related to difficulty processing data (1f) aeb worried expressions upon face when waking up & not knowing where she was, wanting to get out of bed and go home, becoming agitated & worried, stating, "I know I didn't fall; now, why can't I go home!"
- Ineffective health maintenance related to lack of resources for self-care (3b), limited support systems needed to sustain self-care (3i), trouble with learning or recall (blindness) (1e) aeb states no money for medication; nobody to drive him to dialysis; wife does not always know how and when to give medication; wife works during the day; and patient is blind.



# Student's analysis of patient related to adequacy self-care operations

1. Risk for ineffective airway clearance R/T difficulty knowing the importance of taking medications even when feeling well and reluctance and inability to quit smoking AEB: COPD, asthma, wheezing lung sounds, coughing, and patient stating that "I have been a smoker for 22 years now and I have had a hard time trying to stop smoking."
3. Decisional conflict: smoking R/T lack of awareness of other methods to stop smoking and also refusal to investigate what actions could and should be done in regards to cessation AEB COPD, asthma, and patient stating "Every time I had tried to quite smoking it has not worked for me. I am ready to quit, but at the same time I am apprehensive about it."
3. Difficulty performing daily activities R/T inadequate energy to sustain investigating and carrying out self-care AEB patient stating that "I have a hard time doing daily things like walking or climbing the stairs without getting short of breath and tired."



# Prescriptive operations inclusive of identified SC limitations

**Decisional conflict: smoking R/T lack of awareness of other methods to stop smoking and also refusal to investigate what actions could and should be done in regards to cessation.**

- \*Assess knowledge and understanding of the choices involved and possible consequences of each. *The decision to quit smoking ultimately belongs to the patient. He or she needed a full understanding of the consequences of quitting or continuing to smoke.* (Knowing, acting) ♣
- \*Acknowledge concerns, values, and beliefs: listen nonjudgmentally. *The nurse needs to avoid imposing his or her values and beliefs about smoking on the patient.* (Knowing, acting) ♣
- \*Spend time with the patient, encouraging expression of feelings. *This demonstrates acceptance of the patient and his or her right to make the decision.* (Acting) ♣
- \*Help plan a course of action for quitting smoking and adapt it as necessary. *When the patient develops the plan, he or she has more ownership in it and interest in making it work.* (Acting, judging & deciding) ♣
- \* Demonstrate respect for decisions and the right to choose. *Respect supports self-esteem and the ability to cope.* (Acting, judging & deciding) ♣
- \*Provide referral to a counselor or other professional as needed. *Counselors or other people trained to assist with smoking cessation can help with decision-making.* (Acting) ♣

