Conference Report

The nursing process: revolutionary philosophy or passing phase?

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To Dundee, with a fairly open mind, to observe a seminar about the nursing process. Misgivings arose with the first glance at the front of the programme, which put "Systematic nursing" in bold with "The nursing process" bracketed apologetically below. Were people in high places—the Scottish medical colleges and the Scottish board of the Royal College of Nursing, jointly responsible for the occasion—having doubts?

The chairman, a notoriously diplomatic retired medical luminary, shuffled a bit on the issue and then indicated a preference for the term systematic nursing. The nursing process, it seems, has had a mixed press, and a nose job on the nomenclature might offer a chance to promote new understanding. The first speaker had no such doubts. He was a born again process man, for whom moderates were apologising during the tea break. He made it all sound simple, obvious, inevitable, and, as is the way with enthusiasts, a little suspicious. Sociologists, it seems, have told us that a profession needs a philosophy. A philosophy, it appears, is a framework of beliefs and understandings. . . . And so on, with the unchallenged logic of a lay preacher, to the saving process.

The failings of the profession before the process were paraded in best redemptionist style. Sickness rates, dropout rates, and even the former alarming proneness of nurses to seek postgraduate degrees were all cited as indications of a profession in need of salvation. And with the process, brothers and sisters, all things are possible. Nurses will think, decide, and act. They will know why they do what they do. They will even know what nursing is. There are diagrams to prove it, and papers with titles like "A model for nursing and nursing" to liberate us from the primitive rituals of mass back rubbing and the preliterate tradition of the nursing report. Altogether it was a fine breezy presentation, with plenty in the way of large statistics and bumper sticker wisdom about swamps and alligators to grip and inspire susceptible members of a predominantly middle aged, female, and nursing audience.

The few doctors present, who tended to be elderly, continued to have doubts. A geriatrician from Glasgow was politely sceptical. Yes, individual care and an eye for the activities of daily living were to be encouraged, but they were already to be found within his specialty. So what else did the nursing process offer? In the absence of any scientific evidence of its value it multiplied paperwork, which in turn eroded the time available for nursing care, and it hinted at a destabilising interprofessional rivalry. Patient care might, he thought, be better served by paying nurses a bit more and organising them a bit better, rather than revamping everything they do around an exotic idea that in any case took 20 years to cross the Atlantic.

Speaking of the realities rather than the theory of the nursing process, a ward sister from an orthopaedic ward doing cold surgery gave a modest account of her experience, acknowledging some of the difficulties of the changeover. Consultation helps. Forms

multiply and need revising. Standards of nursing care may not change dramatically, or indeed at all, but people seem to know better what they are doing.

The first horror story of the day came from an Edinburgh surgeon sufficiently self aware to speculate in his opening remarks that he might be serving as a kind of token young fogey. He was angry. A boy had lingered on his ward for four hours with peritonitis while a process oriented nurse had taken the customary pointilliste social and psychosexual history, omitting the while to notice or report on his clinical state. Provocative, anecdotal stuff that in discussion led to a prompt condemnation of the nurse by a predominantly nursing jury. The nursing process was cleared on all charges, but some of us, it should be said, wondered about the role of the doctoring process in all this, and in particular where the houseman had been at the time.

After the break came community aspects. A district nurse illustrated the devastating effect that the nursing process can sometimes have on spoken English: "The initial approach to Mrs Smith's assessment was through informal interview"; "Implementation is sometimes referred to as the action phase of the nursing plan." A senior general practitioner of vast political experience showed that the main topic of the seminar could be dealt with most adroitly by hardly mentioning it all. He did, however, have some words of comfort for the nursing profession: "It's a phase. You'll get through it."

The longest contribution, dauntingly entitled "The wider implications for medicine and nursing," came from a lady in nursing research. Like the first it had a sermonic aspect, but one of scholarly presbyterianism rather than low evangelism. School-marmish sarcasm about the medical contributions apart, it was polite, methodical, exhaustive, and eventually cautiously optimistic about the perfectability, if not of man, at least of nursing. There were pleas for more research, less vain repetition, and an end to conflict, and the thing was graciously rounded off with a quote from the late C P Snow.

Still the cultures remained apart, despite a well coached last minute effort by a junior hospital doctor who reminded the estranged old sweats of both professions that they had once, at work on the wards in their youth, got on quite well together. It seemed a long time ago.

Discussion inflamed rather than soothed the warring passions. The widespread introduction of an unevaluated concept was deplored by some and defended by others. The question of control and responsibility came up, and paranoia was mentioned more than once. A forthright Glaswegian asked why we had to import ideas on nursing from America, where they do these things so much worse. For a few dangerous moments doctor bashing was in the air. Those who care for the language winced aloud at intervals about the uncouth and perhaps unnecessary jargon. At the end a man called on to sum up an afternoon in which it had been intended to replace conflict by understanding pronounced himself disappointed.

As doctors, bashed and unbashed, retreated gratefully into the twilight and the serried car parks of Ninewells, this one at least wondered what all the fuss had been about. The nursing process, for readers still interested, is in its essentials a modest, praiseworthy,

and long overdue attempt to bring critical intelligence to bear on what nurses do, and a little order into what they write. A profession burdened even in its recent past with much bone headed ritual has recognised that different patients have different needs, and that the activities of daily living form a useful basis for thinking about them. The dear old nursing Kardex ("Good day. Good night. Ate porridge. Moved bowels. Died.") had to go some time to be replaced by a more structured record, and the particular requirements of a predominantly non-academic labour force with a high turnover dictate that the succeeding format now assumes, for obvious reasons, many of the characteristics of military paperwork, simply so that it can be tackled systematically even by lowly minds with blunt pencils. The result, however, is a whole lot better than what went before.

So why are there these agonies of explanation and recrimination? Part of the trouble seems to be that the nursing process has come to mean so many different things to different elements in that loose confederation of warm bodies known collectively and forgivingly as the profession of nursing. For the tiny academic coterie it is a chance to influence events in the direction of research and a precision perhaps not attainable here on earth. For much battered middle management, deracinated and adrift, unintellectual yet in search of

order, it offers the consolations of a philosophy of sorts. It gives the teachers a framework within which to teach, and on the shop floor it tends to direct activities towards individual care and away from the merely routine at the price, it must be recognised, of record keeping responsibilities, which are most threatening to the least literate.

And what does it all mean to doctors? Most likely not much: most are probably unaware of it. Knowing a little about it now, I'm in favour of it. Those of my colleagues at Dundee who took exception to it seemed to be responding not to the nursing process itself, which is essentially laudable and entirely unthreatening, but to a kind of militant tendency within nursing that has mistaken the nursing process for something bigger. This aberration, represented at Dundee by the speaker people were trying to explain away at the interval, sees in the nursing process something like liberation theology or a revolutionary philosophy. I don't think it's there, even if you look closely, but there are steely eyed nurses who think it is, and in their turn some of our more coronary prone colleagues are overreacting.

For both these troubled minorities the next few years are going to be difficult, but let us hope, with that nice, sensible general practitioner, that it's only a phase and they'll get through it.

MATERIA NON MEDICA

Flight into Galilee

"Ye fair green hills of Galilee,
Which circle quiet Nazareth"

These opening lines of an old favourite from the Congregational Hymnary came vividly to mind as we nosed our uneasy way up the jostling crowded main street, Nazareth now a largish, noisy town spreading widely over a grey-brown arid hillside and one or two adjacent valleys, neither fair nor green and least of all quiet. We were, however, allowed 15 minutes to escape from its bustle into the beautiful Church of All Nations, which although only a few yards from the main street maintains a feeling of calm and peace that is in every way most refreshing. After a few minutes inside the church we had only a brief glimpse of the boulder covered shelter that is said to indicate the place of Jesus's boyhood home, and it was time to move on to the next stage of our too brief tour of Galilee.

It had all been so unexpected and unhoped for when earlier in the afternoon we had crept into the harbour at Haifa. It was a hazy humid day, with Mount Carmel partly shrouded so that even the usually glorious golden dome of the Ba 'Hai temple was enveloped in the general air of depression—added to which it was a Friday afternoon with everything closed down in preparation for the Sabbath. Anyhow, we thought we ought to set foot again in the Holy Land instead of yet another plunge into the idle pool, our intention being to return after a short stroll around the block. Immediately, however, a taxi driver approached with that familiar middle east sales talk and, armed with a little local knowledge, I had no trouble at all in brushing him off: there was nothing I would like better than a trip to Galilee, but it was quite impossible in the time available. I was just as firmly corrected in my assessment: our man had his Mercedes and he would guarantee to take us to Nazareth, Cana of Galilee, the River Jordan, and the Sea of Galilee with reasonable stops at each and be back before the ship sailed at 7 pm. And so, tempted, but with considerable misgivings—what about a crash or even a puncture on one of those lonely roads among the hills of Galilee?—we decided to chance it and an hour later were climbing the winding road out of "quiet Nazareth" on the second stage of our journey.

Cana of Galilee—little more than a village halfway up another barren hillside, but glowing in the afternoon sun—did us proud, even to providing a wedding, and where better? Our Mercedes edged perilously up a tiny narrow street to drop us outside the church and the wedding, and, while we saw neither water nor wine, an authentic jar is preserved inside the church; we emerged thrilled and refreshed.

The next stage of our journey, if a little speedy, was delightful. The hilltops remain barren, but Israeli ingenuity in bringing up fresh water from the Sea of Galilee has spread a fair amount of green in the valleys, and one pine covered hillside was distinctly reminiscent of home. Then came our first glimpse of the Jordan Valley, a hazy green with the grey-blue sea to the north, and when, on the steep winding descent, our driver drew up at the sea level sign Galilee and the Jordan river were still several hundred

feet below. Soon we were beside the water at the official place of John's baptism of Jesus.

Time was now getting short. With less than an hour available we had some 40-50 miles to go, at first flat and winding along the lake side, then briefly in and out of Tiberias, and a steep climb back to sea level and beyond. Then it was as fast as the Mercedes could take us on an excellent semi-motorway, though here I became aware for the first time of the lack of zest in a diesel engine and would have been glad to be back in our 1300. However, our driver's skill matched his promise, and we glided back into the docks at Haifa side by side with the official Jerusalem party with five minutes to spare. Delight in the unexpected and unhoped for, yes indeed, in our lightning raid on Galilee.—C L DAVIDSON, retired consultant physician, Yorkshire.

"Great God, this is an awful place . . ."

To obtain original accounts of polar exploration is not easy, and though some volumes of these early exploits are still fairly plentiful, others must have disappeared for good. So it is particularly heartening to find that *South* by Sir Ernest Shackleton and Cherry-Garrard's *The Worst Journey* have both been recently reprinted. Through the honest narrative of these men unique glimpses may be obtained of Scott's second and final journey and Shackleton's voyage of deliverance in open boats across the South Atlantic.

Each text has its own crescendo. In *The Worst Journey* it is Cherry-Garrard's factual account of five weeks' sledging in the perpetual darkness of the Antarctic winter, and in *South* it is Shackleton's almost laconic account of 16 days of privation in an open boat from Elephant Island to South Georgia. The final tragedy of Scott's last expedition is well known; less well known is the story of Shackleton's salvation of his entire crew from the drifting pack ice and deserted islands of the southern oceans.

Shackleton was 36 at the time of the *Endurance* expedition and—like those of a similar age who participated in the four polar expeditions undertaken between the end of the 19th century and the beginning of the Great War—was little troubled at the time by the rigours of his experiences. Ten years earlier, however, while a lieutenant on the *Discovery*, he had almost died from scurvy, and indeed the younger members of these expeditions usually suffered far more than their older companions.

Cherry-Garrard suffered more chronically after his return: he was for the rest of his life to dwell on and to be depressed by his failure to bring succour to the returning polar party. He was never to forgive himself for not pressing on south from One Ton Depot with his dog teams, though he himself was nursing a sick companion and hampered by blizzard conditions. Indeed, it had never been intended that this party should bring relief, its purpose being to restock intervening depots. In after years he would undoubtedly have felt that he should have pressed on regardless, killing dogs for food as he searched for his friends.

When he finally saw them again they had been dead for eight months, and the poignancy of their story was to touch heart and soul in this country as that particularly radiant year of 1913 led towards the horrors to come.—DAVID SEDDON, medical registrar, London.