

Nursing Study units.

Central to the Bsc degree in Nursing Studies are the discreet nursing study units. Their construction is to be visualised as to be consisting of individually conceptualised building blocs which over the four years of the course gradually and ultimately form into one coherent whole .

As knowledge from different areas of ~~study~~ studies constantly feed into them through nursing seminars - a device facilitating integration - their own and unique contribution must be an amalgamation and absorption of such knowledge in relation to nursing's needs and developments. The self-evidence that such needs and developments comprise dynamic characteristics which are both historically and socially determined will receive elaboration and ~~and~~ when appropriate and particularly within a course concerned with the history of nursing, ^{the} ~~during~~ ^{*Sociology of Nursing,*} during the fourth year .

The first of these units, a fundamental course introduces the student to themes, issues, methods and problems concerned with such nursing activities as are both basic and common to all. While subsequent nursing study units will cover specific professional areas, some of which deriving from both staff and students' demands, the core of nursing must be sought within a fundamental course upon which all others are based .

Basic to nursing activities is the maintenance of health, the prevention of disease, and the care of the sick - all of which takes place in a variety of settings. Practising nurses need to be conversant with a functional approach to health, that is to say, they are to support and to direct their clients' ~~varied~~ ~~various~~ varied coping mechanisms irrespective of clearly defined pathology . Therefore their understanding must include knowledge about the complexities of health and disease,

about formal and informal institutions providing health/ illness care, which includes nursing and other hierarchies, about the role and position of clients, and knowledge about systematic working methods.

Fundamental course:

(Areas to be covered) 2 year course ?

A)

Towards the definition of nursing:

as students' stated motivation on entrance to nursing courses is unambiguously towards the provision of individualised nursing care, what nursing claims to be needs analysis:

--common-sense understanding of nursing, lay-population, students', media-, nursing leaders' understanding of nursing, 1850 - present.- critiques of such understanding, the State's understanding of nursing, Acts, Bills, present trends in understanding of nursing;; USA, West Germany, Gt. Britain, Cuba.

Care-cure dichotomy .

Summary and paradoxes:

caring-what doctors do, caring what nurses do; nursing is a 'science'; nursing is to be 'science based'; implications of 'caring' - increasing number of people (nurses) arraigned in front of disciplinary institutions (statutory and courts) because of their infringement of such rules - care as a problematical phenomenon, no clear understanding of what constitutes nursing, yet more training and demands for 'higher' standard of care, notions of standard.

Implications:

what constitutes knowledge-what constitutes ideology -shifting emphasis of knowledge, how to judge competency, self-direction of learning .

B) Health/Illness complexity:

health as a normative value, health as a function, health as ideology, health as absence of disease, the measurement of health.

what is a disease, when is a disease not a disease, the process of diagnosing-medication of social aspects, episodic illness, production of ill-health, health as an individual's responsibility; health/disease-social structure.

notions of primary, secondary, tertiary health.

Summary and paradoxes:

health/illness develops irrespective of recorded pathology; institutions concerned mainly only with 'recognised' pathology; family as bearer of non-recognised pathology. pathology concerned with organs - health/disease with whole patients.

health/disease class related- health responsibility of the individual - yet production of ill-health is social - yet illness is seen as 'episodic'

*Lesly Doyle: Political: Essay of Health
analysis: examination of the
connection between ill health &
capitalist mode of production.*

In defence of the NHS: - res

Institutions with health/illness care delivery -
who does what inside them.
public-private domain .

peoples' homes, health centres, doctors' surgeries, hospitals.
structure of hospitals:

financing, population (15%), ^{people treated in hosp.} who works inside hospitals,
what do they do- power relationships, structure of a
ward, health workers: (administrators, doctors, nurses,
auxillaries, technicians, porters, etc. grades/types/functions.

notions of 'team'; salary differentials, notions of professionalism,
function of professionalism; who cares for the nurse - Health
and Safety Act, unions.

Summary and paradoxes:

85% of 'illness' not treated in hospitals - major cost of
'health' care is in hospitals; patients are defined by doctors-
yet nurses' claim to be partners of doctors, notions of ~~partnership~~
unequal partnership; notions of teams, reasons for conflicts.

(D) Models of nursing: The 'nursing process'

its 'components'; the processes of nursing; notions of: dependence-independence, rehabilitation, comfort, reassurance; critique of nursing process, notion of (patients') needs; what is nursing work.

Summary and implications.

nursing process as an ideology, as a rhetoric, as 'real', negotiations between families, patients, nurses and hospitals, control over patients, doing things for patients, doing things to patients, what do nurses' see as problem patients and their reactions; notions of direct manipulation of one person by another, patients being dependant on medical and nursing services during hospitalisation, problematic between service and disservice, narcissism in people-work, SOCIALIZATION PROCESS AS A NEGATIVE-DENYING CLIENT AND RECEIVERS OF CARE THEIR RECOGNITION.

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Neil Carpenter: Capital flows

(E)

Health-model.

- 1) activities of 'daily living' (Henderson model); problems with model, use of model. developmental aspects of 'living' - pre-natal development, development in childhood, adolescent development, development in early adulthood, development in middle age development in late adulthood, development in old age .

Summary and paradoxes:

'normative' values, deviance, control.

2) breathing:

nature and purpose of breathing, factors influencing, assessing a person's breathing, patients' problems in breathing and nurses' relevant activities.

3) eating and drinking:

nature and purpose of eating and drinking, factors influencing, assessing a person's eating and drinking, patients' problems in relation to eating and drinking and nurses' relevant activities.

4) activity of eliminating:

nature and purpose of eliminating, factors influencing, assessing a person's eliminating, patients' problems in eliminating and nurses' related activities.

5) controlling body temperature:

nature and purpose of controlling body temperature, factors influencing, assessing a patient's body temperature, hypo-hyperthermia (old age), patients' problems in controlling temperature and nurses' relevant activities.

6) activities of mobilising:

nature and purpose of mobilising, factors influencing, assessing a patient's mobilising, patients' problems with mobilising and nurses' relevant activities.

7) activity of expressing sexuality:

nature and purpose of expressing sexuality, factors influencing, assessment of a patient's expression of sexuality, patients' problems and nurses' related activities. (nurses' as sex objects)

8) activity of sleeping and resting:

nature and purpose of sleeping and resting, factors influencing, assessing a patient's sleeping and resting needs and problems patients have with resting and sleeping and nurses' related activities.

9) communication:

nature and purpose of communicating, factors influencing,

assessing a person's communicating, patients' problems and nurses' related activities.

10) dying:

the activity of dying, its nature and purpose, assessing a person's dying, patients' and relatives problems and nurses' relevant activities.