



UBC School of Nursing

Framework for Nursing Practice

Nursing is a practice profession involving application of knowledge from a variety of sources into specific clinical situations. The knowledge necessary for nursing practice can be thought of in relation to the four core nursing concepts: client, health, environment and nursing.

CLIENT

The client of nursing is the specific focus of nursing's assessment, planning, intervention and evaluation. Depending on the context of nursing practice or the demands of a particular situation, the client of nursing may be an individual, a family, a community, or a population. The conceptualization of each type of client creates a framework for the entry issue, the orientation and the goal of nursing practice. The manner in which the nurse systematically gathers, interprets and acts on information relative to the client is articulated in distinct assessment frameworks for each of these clients.

Systematic nursing assessment of the individual as client is a prominent focus of basic nursing education. The UBC School of Nursing Framework for Nursing Practice is therefore most fully developed in relation to the individual client, and this aspect serves as a core clinical competency throughout the basic baccalaureate program. However, regardless of the context of practice, nursing practice also draws upon systematic assessment in relation to family, community, or population as client. A central tenet of assessment in any context is the need to attend to the interplay occurring at and between the intrapersonal, interpersonal and contextual levels in order to provide client-centered, compassionate and coordinated care based on respect for the preferences, values, and needs of the client whomever they may be (Kitson, et al, 2013). These aspects of assessment are introduced within this document and will continue to be developed through knowledge integrated into learning experiences throughout the program.

HEALTH

Health is an ever-changing and evolving multi-faceted dimension of human experience. It is in the nature of individuals, families, communities or populations to strive for optimal health, which can be conceptualized as the best possible level of wellness or functioning that is achievable for them at any particular time. Health is influenced by a range of determinants originating within individuals, groups and societies as well as in the environment.

ENVIRONMENT

Environment refers to the internal dimensions and external surroundings that affect the health of the client of nursing. It involves a number of contexts in which the client exists: familial, social, cultural,

physical, global, historical. It may also involve the community resources available, the geographical and political issues that affect health status, and the health care system to which the client has access.

Environment also refers to those factors that may influence or affect the commitment to client-centred, quality care. Of particular note is the link between quality client care and systems factors within the health care milieu that influence how systems engage both its nursing workforce and clients around resource allocation to support the provision of high quality care (Kitson et al., 2013).

NURSING

Nursing is distinguished by the attributes, characteristics and actions of the nurse on behalf of the client. The goal of nursing is to assist individuals, families, communities and populations to achieve optimal health. Depending on the nature of the health or illness issues by which the client and nurse enter a relationship with one another, nursing care can be promotive, preventive, curative, rehabilitative, and/or supportive in nature. Central to nursing is the relationship between the nurse and the recipient of care whereby caring is seen as more than doing things to people. It is a series of interactions mediated through relationships and a commitment to client-centered care which emphasizes engagement with and focus on the other person, and to see their concerns and self-care needs as priorities in care (Kitson, et al., 2013).

The nurse engages in a systematic process of reasoning throughout the provision of nursing care. This process is traditionally referred to as the “nursing process.” It is comprised of a sequential and cyclical set of intellectual operations, which are assessment (including diagnosis), planning, implementation, and evaluation.

Nursing practice occurs in the context of human communication and interaction between nurses, clients and others involved in health care. The nurse and client each bring unique forms of knowledge, experience and meaning to the context of nursing care. The nurse applies knowledge from a variety of sources to each unique client encounter through a process of systematic reasoning guided by a philosophy of nursing practice and a framework for systematic assessment and interpretation of information. In this process, the nurse uses critical thinking approaches to review and interpret empirical knowledge, raise questions in relation to individual contexts, validate information, and propose approaches to client care. The effective and appropriate application of evidence-based knowledge to unique client contexts requires the nurse’s expert opinion using the processes of systematic data gathering (e.g. assessment), cue and pattern recognition, logical inference, diagnostic reasoning, and clinical decision-making (Kozier et al, 2018).

Nursing practice is grounded in the nurse’s unique capacity to use a systematic reasoning process to understand the individual as client. What distinguishes nursing practice at the family, community and population levels is the nurse’s capacity to appreciate the individuals within those groups in a particular way as well as to understand those larger and more complex systems within which individuals are embedded. Whether the specific client of nursing is the individual, the family, the community, the

population, or any combination of these at any particular time, nursing is distinguished by the capacity to reason systematically using the nursing process, draw upon knowledge that is shared with other disciplines as well as that which is unique to nursing, and apply a conceptual orientation to understanding the uniqueness of each client of nursing. The nurse practices within the parameters of professional standards and a code of ethics.

FRAMEWORK FOR NURSING

INDIVIDUAL AS CLIENT

In the UBC School of Nursing Framework for Nursing Practice, the individual is viewed as a biological, psychological, social, cultural, sexual and spiritual being. In order to provide a systematic way of conceptualizing the integrity and interrelatedness of each of these dimensions, this Framework represents the complexity of the human person as being comprised of distinct fundamental and interrelated basic human needs. Each of these fundamental needs contributes to motivating human behaviour in different ways at different points within the lifecycle and in different life contexts, and therefore understanding each of these needs individually and in interaction creates an organizing structure by which an infinite range of human health and illness experiences can be systematically interpreted and understood. In this Framework, fundamental needs that make up the human system are conceptualized as: Quality and Safety, Mobility, Comfort (including pain management), Elimination, Personal Cleansing and Dressing, Energy Balance/Rest and sleep, Self-Worth, Expressing Sexuality, Oxygenation/Respiration, Temperature Control, Nutrition (Eating and Drinking), Connection, Communication and Education, Purpose, Respect and Choice. These fundamental needs operate in constant interaction with one another, and may at various times rise to prominence in an individual's focus of attention or concern. Some may require intervention to support immediate physiological survival; others represent a significant threat to optimal health when they are chronically unmet. Individuals strive to meet their fundamental needs through use of diverse strategies.

Nurses recognize that the individual's ability to meet any or all of these needs can be actually or potentially compromised by various health situations, including illnesses, life transitions, or other life events. Fundamental needs that are unmet represent a specific focus of analysis and intervention for nurses because they may lead to a range of untoward client outcomes, including sub-optimal health, disease, illness, or in some instances, death. An individual client's capacity to strive toward optimal health is determined by their ability to meet these basic human care needs; thus, the nurse's focus of attention is on assisting the client to meet each need as fully and meaningfully as possible, and in a manner which does not interfere with their ability to concurrently meet other needs. The nurse and the client together define and negotiate strategies for reaching satisfaction of each of the needs and moving toward optimal health. By attending to the external and internal factors influencing need satisfaction, and to the behaviours that an individual is using to try to meet their fundamental needs, the nurse attempts to ensure that the client's attempts to meet one need are not jeopardizing their ability to meet

other fundamental needs, and that the whole human system remains in balance. In so doing, the nurse supports the individual toward reaching optimal health.

Basic human needs are universal in that they are understood to characterize what is fundamental to all persons, regardless of life stage or health status. However, nursing recognizes that individuals are sensate, interpretive beings with unique and distinctive goals related to each of the needs. Knowledge about basic human needs provides an important general and theoretical background to understanding individuals. Using objective and subjective data, the nurse can draw conclusions or make inferences about basic human needs. However, individualized nursing care inherently requires an understanding of the particular need-related goals that each individual holds in order to determine whether needs are being fully met and to evaluate the individual's status in relation to what constitutes optimal health for that person. This individualized understanding arises from both the objective and the subjective information that a nurse acquires and interprets in the context of the nurse-client relationship, an understanding of the unique internal and external environmental context relevant to that individual, and an appreciation for the full range of determinants of health that may be influential upon the need-satisfaction and/or optimal health of the person at any point in time. Thus, nursing assessment and care rests upon the ability of the nurse to connect with the client and through that connection be able to meet or help the client themselves meet their fundamental needs (Kitson et al., 2013).

UBC Needs Framework for Nursing Practice

Set within the context of nurses' commitment to care for the patient (and their significant others), individual fundamental human needs form the basis for the UBC Needs Framework for Nursing Practice. The physical and psychosocial dimensions of fundamental needs are mediated through the relationship or each encounter between the nurse and the client. Characteristics of this encounter are based on the clinical knowledge, skill, judgment, attitude and competence of the nurse, and the ability of the nurse and client to set mutual goals to address the specific needs of the client. Also essential is the ability of the nurse to demonstrate empathy, respect, and compassion, and the ability to model consistency, continuity, and safety when interacting with the client and/or significant other (Kitson, et al., 2013; 2014).

Each need is understood as an abstraction representing something that is universal about being human. Nurses understand all persons as inherently striving toward meeting their fundamental needs, each in his or her own way, regardless of whether or not we have direct evidence of that striving. The nurse understands that the needs of the client will be influenced by the illness state; however, the nurse must be able to see the client as a whole person (not just the condition or disease) and maintain that image during each clinical encounter (Feo & Kitson, 2016; Kitson et al., 2014). Through focused interactions with others, we come to know an individual's need-related goals by understanding each person's unique ways of striving toward need satisfaction. The emphasis of nursing assessment and care is on client-centeredness. This approach situates clients at the forefront of their health and care and ensures that they retain control over their own choices, helps them make informed decisions, and supports a partnership between individuals, families, nurses and other health care service providers (B.C. Ministry of Health, 2015).

The goals listed below are examples of what some individuals might value; by understanding individual goals we come to appreciate the uniqueness of each individual client in relation to meeting their fundamental needs. In order to guide assessment so that we can begin to understand the individualized goals for each client, possible areas for focused assessment are also listed below. As the nurse develops sophistication with assessment and integrates an increasing body of substantive knowledge in to the process of gathering client data, the strategies used for assessment become refined, and the foci for assessment will be adapted to individual contexts of practice and diverse client populations. In learning to use a framework, nursing students begin with a common (and sometimes prescriptive) set of foci for assessment under the guidance of their teachers and mentors. As they develop in their competence with assessment, they will apply increasingly complex clinical reasoning to this process over time and grow in their capacity to identify relevant assessment strategies across clinical contexts.

UBC School of Nursing

NEEDS ASSESSMENT FRAMEWORK FOR NURSING PRACTICE

10 NEED DOMAINS	Examples of mutually identified GOALS	Examples of Possible Foci for ASSESSMENT – CLIENT EXPERIENCE
<p>SAFETY & PREVENTION</p> <p>All persons have a right to protection against harm, and for safety and security. It is reflected in the nurse's capacity to maintain the integrity of the person in a changing and complex environment and to engage clients as active participants in their care.</p>	<ul style="list-style-type: none"> • Protection from physical, psychosocial and environmental harm • Prevention of medication errors • Predicting and controlling for health risk factors • Managing anxiety and fear • Optimal functioning of the system's senses • Freedom from physical discomfort • Wound healing • Feeling safe • Freedom from infection 	<ul style="list-style-type: none"> • Sensory function and satisfaction • Fear and anxiety • Emotional comfort • Physical comfort/freedom from pain • Cultural safety • Judgment and insight • Protection from predictable harm • Medication • Infection Control • Environmental hazards • Quality of care – including appropriate staffing levels and other systems factors affecting care delivery
<p>COMMUNICATION & CONNECTION</p> <p>This reflects the human requirement to create and sustain meaningful relationships throughout the lifespan.</p> <p>In the context of health care it represents the requirement for the development of respectful, trusting nurse-client relationships.</p>	<ul style="list-style-type: none"> • Meaningful, trusting, respectful and supportive interpersonal relationships • Clear, easy to understand Information about their own conditions, treatment and care • Collaboration; partners in care • Autonomy • Feelings of love/being loved • Feelings of belonging, social connection, inclusion • Meaningful participation in family, community and/or society • Relationship with some higher power, creative force, divine being, or infinite source of energy 	<ul style="list-style-type: none"> • Literacy • Language of choice • Feeling respected. • Individualized care • Personhood • Self-determination • Ability to participate in care decisions that affect them • Social support • Capacity for emotional attachment, intimacy, affection • Issues related to dependence and interdependence • Sociocultural identity • Spirituality

10 NEED DOMAINS	Examples of mutually identified GOALS	Examples of Possible Foci for ASSESSMENT – CLIENT EXPERIENCE
<ul style="list-style-type: none"> • EDUCATION - This represents the requirement for information and understanding. It is directly linked to key components of client-centered care: self-management, shared and informed decision-making and an enhanced experience of health and health care. • RESPECTING CHOICE - This reflects the importance of client engagement in their own care and the ability to make decisions free of judgement. 	<ul style="list-style-type: none"> • Priority learning needs • Strengths focus • S.M.A.R.T goals • Being informed about their condition(s), treatment and care. • Encouraged and supported to participate in own care decisions • Advocacy • Open communication • Trusting, respectful relationships with HCP • Support (e.g. family member) 	<ul style="list-style-type: none"> • Cognitive Function • Comprehension/literacy/language • Learning style/preferences/readiness • Support system • Available resources • Referral • Relevant history • Individual context • Individual perspective • Choices; priorities • Available resources • Support network
<p>SELF-WORTH, DIGNITY, PRIVACY - This addresses the essential requirement that we all have to be understood and valued by self and others: to preserve dignity and respect privacy/confidentiality.</p> <ul style="list-style-type: none"> • SEXUALITY • PURPOSE – This reflects the innate human striving for a sense of meaning in life. 	<ul style="list-style-type: none"> • Positive personal identity • Feelings of self-esteem • Positive body image • Ability to engage in meaningful interactions with others • Active participant in own care • Self-awareness • Sense of accomplishment • Reproduction • Gender identity • Meaningful sexual or intimate relationship(s) • Feelings of satisfaction with accomplishments • Having meaningful work • Making meaning of life's events and challenges 	<ul style="list-style-type: none"> • Role satisfaction • Subjective indicators of feelings of worthiness • Feelings of satisfaction with accomplishments • Sense of personhood • Threats to dignity • Insight • Issues related to procreation/sexuality/sexual activity/gender identity • Function of reproductive system • Growth & development • Human developmental stages and tasks • Occupation/activities • Family/relationships • Spirituality • Creativity

10 NEED DOMAINS	Examples of mutually identified GOALS	Examples of Possible Foci for ASSESSMENT – CLIENT EXPERIENCE
	<ul style="list-style-type: none"> • Spiritual meaning • Creating a legacy of one's life 	<ul style="list-style-type: none"> • Generativity
OXYGENATION/RESPIRATION This represents the requirement of intake and circulation of adequate levels of O ₂ .	<ul style="list-style-type: none"> • Adequate levels of oxygenation to sustain body system functioning • Comfort with breathing 	<ul style="list-style-type: none"> • Physiological indicators of O₂ and CO₂ status • Integrity of circulatory system • Indicators of adequate tissue oxygenation • Lung capacity • Vital signs
MOBILITY/ACTIVITY The ability to maintain motor function with or without assistance.	<ul style="list-style-type: none"> • Freedom from injury • Ease of mobility • Comfort 	<ul style="list-style-type: none"> • Falls risk • Body alignment • Function • Activities of daily living • Mobility aids
ELIMINATION This represents the requirement for collection and removal of waste from the human system.	<ul style="list-style-type: none"> • Toileting needs are met • Alternate methods of elimination • Prevention of metabolic and respiratory waste product buildup • Comfortable and effective bowel and bladder function 	<ul style="list-style-type: none"> • Removal of waste from urinary tract, gastrointestinal system, skin and lungs • Physiological indicators of metabolic function
NUTRITION & HYDRATION This represents the requirement for adequate levels of food and fluid to nourish and hydrate the body. <ul style="list-style-type: none"> • TEMPERATURE CONTROL 	<ul style="list-style-type: none"> • Adequate intake to maintain optimal physiological functioning • Absorption and uptake of nutritional elements • Hydration • Satisfaction of hunger and thirst • Optimal dental function • Adequate fluid intake • Protection from extreme (hot/cold) temperature exposure causing harm • Comfort 	<ul style="list-style-type: none"> • Access to appropriate food and fluid • Dietary preferences • Physiological indicators of nutritional status • Ability to chew, swallow, digest effectively • Appropriate intake to maintain healthy body weight • Patterns of eating & drinking • Comfort/enjoyment with eating and drinking • Core body temperature • Thermoregulation • Hydration • Infection • Safety factors (e.g. exposure risks)

10 NEED DOMAINS	Examples of mutually identified GOALS	Examples of Possible Foci for ASSESSMENT – CLIENT EXPERIENCE
PERSONAL CARE <ul style="list-style-type: none"> • SELF CARE • HYGIENE • PERSONAL CLEANSING • DRESSING 	<ul style="list-style-type: none"> • Dignity and Self-esteem • Comfort • Prevention of infection • Protection of skin integrity • Improving/maintaining level of function 	<ul style="list-style-type: none"> • Functional assessment – activities of daily living; instrumental activities of daily living • Skin and physiological system integrity • Hygiene • Oral care
COMFORT AND PAIN	<ul style="list-style-type: none"> • Freedom from pain • Freedom from adverse effects • Freedom from adverse events 	<ul style="list-style-type: none"> • Pain assessment • Medication history • Side-effects • Allergies • Medication reconciliation
REST AND SLEEP This represents the requirement for balancing energy through such means as sleep, rest, stress management in order to preserve stamina, regeneration, and to participate in meaningful activity.	<ul style="list-style-type: none"> • Avoidance of fatigue • Sufficient energy levels to sustain activity • Capacity for restful sleep 	<ul style="list-style-type: none"> • Energy level • Sleep patterns • Barriers to sleep (emotional tension or physical discomfort) • Rest and relaxation strategies • Physical activity

FAMILY, COMMUNITY AND POPULATION ASSESSMENT FRAMEWORKS FOR NURSING PRACTICE

Nursing at the family, community and population levels requires that the nurse builds upon understanding systematic assessment at the individual level and expands the same clinical reasoning processes into a broader scope of analysis and influence. At the UBC School of Nursing, we use a range of frameworks in addition to the Assessment Framework for Nursing Practice to facilitate systematic thinking across these client contexts.

GENERAL DEFINITIONS OF FAMILY, COMMUNITY AND POPULATION AS CLIENT

Family as Client: The family is “who they say they are” (Wright & Leahey; 2013). The definition of who is a member of a particular family may be various and dynamic over time to include members who are both present and absent (such as ancestors), and human and non-human (such as pets). When the nurse identifies one or more individuals within a family as client the family itself may also be identified as a distinctive client. Families strive for optimal health of individual members and of the family itself. Family

structures and family processes contribute to the day-to-day functioning of the family, and to the capacity for responding to health or illness situations Likewise, health and illness situations affect family structure and processes. The nurse supports the maintenance and/or development of family processes and structures aimed at the goal of optimal health.

Community as Client: A community is considered to be “a group of people, often living in a defined geographical area, who may share a common culture, values and norms, and are arranged in a social structure according to relationships which the community has developed over a period of time. Members of a community gain their personal and social identity by sharing common beliefs, values and norms which have been developed by the community in the past and may be modified in the future. They exhibit some awareness of their identity as a group, and share common needs and a commitment to meeting them” (WHO, 2004, p. 16). Nurses working with community as client “support the health and well-being of individuals, families, groups, communities, populations and systems” and “Using a capacity building and strength-based approach they provide, coordinate or facilitate direct care and link people to community resources. They view health as a dynamic process of physical, mental, spiritual, and social well-being. Health includes self-determination and a sense of connection to the community” (CHNC, 2011, p.3).

Population as Client: A population is a “collection of individuals who have one or more personal or environmental characteristics in common” (Stanhope & Lancaster, 2000, p. 9). Nurses practice population health promotion in a range of diverse settings including “health centres, homes, school and other community based settings” and with diverse partners, to meet the health needs of specific populations” (CHNC, 2011, p3). “The roles and activities of nurses working with populations continually evolve to meet the health needs of the different population groups. Service delivery is focused on preventative, curative, social and environmental aspects of care; is responsive to community needs; and takes into consideration stewardship of resources for making services efficient and effective” (CHNC, 2011, p. 11). “The practice of community health nursing combines nursing theory and knowledge with home health and primary health care principles. The nursing metaparadigm includes: the person (individuals, families, communities, groups, and populations), health, nursing, environment [culture] and social justice” (CHNC, 2011, p.12).

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References: See also Anything but basic: Nursing challenges in meeting Patient's fundamental care needs - Kitson