Assessment 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, and the aspect that has attracted the preponderance of nursing theoretical attention. The UBC School of Nursing Assessment 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. 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.

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.

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, cue and pattern recognition, logical inference, diagnostic reasoning, and clinical decision-making.

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.

Systematic Assessment Frameworks for Nursing

Individual as Client

In the UBC School of Nursing Assessment 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 a common set of eight distinct but interrelated basic human needs. Each of these needs contributes to motivating human behavior in different ways at different points within the lifecycle and in different life contexts, and therefore understanding each of the eight 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, the eight needs that make up the human system are conceptualized as the needs for: Safety, Elimination, Energy Balance, Self-Worth, Oxygenation, Nutrition, Connection, and Purpose. These 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 of these needs require maintenance of an ongoing level of need satisfaction in order for immediate physiological survival; others represent a significant threat to optimal health only when they are chronically unmet over time. Individuals strive to meet these basic 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. 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 his or her ability to meet these basic human 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 his or her 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 behaviors that an individual is using to try to meet his or her needs, the nurse attempts to ensure that the client's attempts to meet one need are not jeopardizing his or her ability to meet other needs, and that the system of needs 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. General knowledge about basic human needs provides an important general and theoretical background to understanding individuals. Using objective and subjective data, the nurse can draw general conclusions 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.

Individual Client Systematic Assessment Framework

Each need is understood as an abstraction representing something that is universal about being human. Nurses understand all persons as inherently striving toward meeting that need, each in his / her own way, regardless of whether or not we have direct evidence of that striving. Although we never see the need directly, we come to know an individual's need-related goals by understanding each person's unique ways of striving toward need satisfaction. 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 these universal needs. In order to guide assessment so that we can begin to understand the individualized goals for each client, possible areas for 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 he or she will use 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.

NEED (Understood as Human Universal)	Examples of Individualized Need-Related GOALS	Examples of Possible Foci for ASSESSMENT
SAFETY This need represents the need of all persons for protection against harm, and for safety and security. It is reflected in the capacity to maintain the integrity of the person in a changing and complex environment	• Protection form harm • Predicting and controlling for health risk factors • Managing anxiety and fear • Obtaining adequate income and housing • Optimal functioning of the system's senses • Freedom from physical discomfort • Wound healing • Feeling safe	• Sensory fun and satisfaction • Fear and anxiety • Emotional comfort • Physical comfort/freedom from pain • Cultural safety • Judgment and insight • Protection from predictable harm • Skin and physiological system integrity • Hygiene
ELIMINATION This need represents the requirement for collection and removal of waste from the human system	• Prevention of metabolic and respiratory waste product buildup • Comfortable and effective bowel and bladder function • Avoidance of fatigue • Sufficient energy levels to sustain activity • Capacity for restful sleep	• Removal of waste from urinary tract, gastrointestinal system, skin and lungs • Physiological indicators of metabolic function •
ENERGY BALANCE This need represents the requirement for balancing energy in order to preserve stamina, regeneration, and to participate in meaningful activity	• Avoidance of fatigue • Sufficient energy levels to sustain activity • Capacity for restful sleep	• Energy level • Sleep patterns • Barriers to sleep (emotional tension or physical discomfort) • Rest and relaxation strategies • Physical activity

SELF-WORTH This need has to do with the essential requirement that we all have for self-understanding and valuing of the self	• Positive personal identity • Feelings of self-esteem • Positive body image • Ability to engage in meaningful interactions with others • Comfort with sexual identity • Self-awareness • Sense of accomplishment	• Role satisfaction • Subjective indicators of feelings of worthiness • Feelings of satisfaction with accomplishments • Sense of personhood • Issues related to procreation/sexuality/sexual activity • Threats to dignity • Insight
OXIGENATION This need represents the requirement of intake and circulation of adequate levels of O_2.	• Physiological indicators of O_2 and CO_2 • Integrity of circulatory system • Comfort with breathing	• Physiological indicators of O_2 and CO_2 • Integrity of circulatory system • Indicators of adequate tissue oxygenation • Lung capacity • Vital signs
NUTRITION This need has to do with adequate levels of food and fluid to nourish and hydrate the body	• Adequate intake to maintain optima physiological functioning • Absorption and uptake of nutritional elements • Hydration • Satisfaction of hunger and thirst	• 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 and drinking • Comfort/enjoyment with eating and drinking
CONNECTION This need reflects the human requirement to create and sustain meaningful relationships throughout the lifespan.	• Meaningful, trusting, respectful and supportive interpersonal relationships • Meaningful participation in family, community and/or society • Relationship with some higher power, creative force, divine being, or infinite source of energy	• Social support • Interpersonal relationships • Capacity for emotional attachment, intimacy, affection • Issues related to procreation/sexuality/sexual activity • Issues related to dependence and

		interdependence
		• Sociocultural identity
		• Spirituality
PURPOSE This need reflects the innate human striving for a sense of meaning in life.	• Feelings of satisfaction with accomplishments • Having meaningful work • Making meaning of life's events and challenges • Spiritual meaning • Creating a legacy of one's life	• Human developmental stages and tasks • Occupation/activities • Education • Family/relationships • Spirituality • Creativity • Generativity

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 Individual Assessment Framework for Nursing Practice to facilitate systematic thinking across these client contexts. The specific frameworks will be introduced within the undergraduate curriculum in courses such as NURS 312 (Family Nursing) and NURS 413 (Community and Population Health).

General Definitions of Family, Community and Population as Client

Family as Client: The family is "who they say they are" (Wright & Leahey (2000). 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 a specific group of people, often living in a defined geographical area, who share a common culture, values and norms, 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, 1998, p. 5). Nurses working with community as client recognize that "a community's health is inextricably linked with the health of its constituent members and is often reflected first in individual and family health experiences. Healthful communities and systems that support health, in turn, contribute to opportunities for health for individuals, families, groups and populations" (CHNAC, 2003).

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, "such as community health centres, schools, street clinics, youth centres and nursing outposts, and with diverse partners, to meet the health needs of specific populations" (CHNAC, 2003). They synthesize knowledge "from public health science, primary health care (including the determinants of health), nursing science, and theory and knowledge of the social sciences to promote, protect, and preserve the health of populations" (CHNAC, 2003).

References

Community Health Nurses Association of Canada. (2003). *Canadian community health nursing standards of practice*.

Stanhope, M., & Lancaster, J. (2000). *Community and public health nursing* (5th ed.), St. Louis: Mosby.

World Health Organization. (1998). *Health promotion glossary*. Geneva: Author.

Wright, L. M., & Leahey, M. (2000). *Nurses and families: A guide to family assessment and intervention* (3rd ed). Philadelphia, PA: F.A. Davis Company.

Supporting Reference Documents

The following documents were reviewed and utilized in the development of the Framework for Nursing Practice:

Arnold, E., & Boggs, K. U. (2001). *Interpersonal relationships: Professional communication skills for nurses (4th ed.)*. Toronto: Saunders.

Boyd, M.A. (2002). *Psychiatric nursing: Contemporary practice.* Philadelphia: Lippincott.

Du Gas, B.W., Esson, L., & Ronaldson, S.E. (1999). *Nursing foundations: A Canadian perspective* (2nd ed.). Scarborough: Prentice Hall.

Henderson, V. (1966). *The nature of nursing*. New York: Macmillan.

Kozier,B., Erb, G., Berman, A., & Snyder, S. (2004). *Fundamentals of nursing: Concepts, Processes and Practice* (7th ed.). Pearson Prentice Hall: New Jersey.
Thorne, S. (1995). *The UBC Model for nursing practice: An integrative summary.* Author.

Thorne, S. (1997). *Some values associated with systematic thinking in nursing practice.* Submitted to UBC Undergraduate Programs Committee. Author.

Thorne, S. (2003). Theoretical issues in nursing. In J.C. Ross-Kerr & M.J.Wood, (Eds.), *Canadian Nursing: Issues and Perspectives* (4th ed.) (pp.116-134). Toronto: Mosby*.*

Thorne, S., Jillings, C., Ellis, D., & Perry, J. (1993). A nursing model in action: The University of British Columbia experience. *Journal of Advanced Nursing*, 18, 1259-1266.

Thorne, S., & Perry, J. (2001). Theoretical foundations of nursing practice. In P.A. Potter & A.G. Perry, with, J.C. Ross-Kerr and M.J. Wood (Eds.), *Canadian Fundamentals of Nursing* (2nd ed.) (pp.86-97). Toronto: Mosby.
UBC School of Nursing. (2003). *UBC School of Nursing Beliefs Framework*. Author.

UBC School of Nursing. (n.d.) *Family Framework*. Author.