

UNE NOUVELLE PUBLICATION EN SCIENCES INFIRMIERES

LES PARTICIPANTS aux assemblées du CCUSN ou autres réunions, ont souvent regretté l'absence de communications entre les écoles universitaires de sciences infirmières. A un moment ou l'autre, chacune de nous a exprimé le désir de discuter certains aspects des sciences infirmières avec des collègues des autres parties du pays, d'échanger et de développer certaines idées concernant l'étude et l'enseignement des sciences infirmières dans le cadre universitaire. Aujourd'hui, le besoin de dialogue devient plus urgent, vu la complexité de la recherche en sciences infirmières et les diverses recommandations en vue d'améliorer les services de santé.

A l'avenir, nous anticipons que le CCUSN parlera au nom des écoles universitaires de sciences infirmières. D'ici là, le personnel enseignant de SGN a pris l'initiative de présenter un modeste journal, assurant ainsi un médium pour analyser certaines idées, pour répondre aux questions et exposer certaines opinions et projets préparés par des personnes intéressées à l'éducation universitaire et à la recherche en sciences infirmières. Nous désirons inviter tout le personnel enseignant des écoles universitaires de sciences infirmières à participer et à écrire des articles afin que ce journal serve de forum où l'on puisse répondre de façon objective aux idées exprimées. Afin d'amorcer le dialogue, il faudrait que quelques-unes d'entre nous expriment leurs points de vue et que d'autres formulent des commentaires appropriés et réfléchis. En collaborant au développement de certaines idées, ce seront les lecteurs eux-mêmes qui serviront de juges; quelques idées mériteront d'être discutées avec plus d'attention, d'autres moins. Lorsque le nombre et la qualité des articles à publier nous seront connus, nous pourrons discuter la procédure d'édition.

Quelle est votre opinion et celle de votre personnel au sujet de cette initiative? Avez-vous des suggestions, des points de vue, des idées que vous aimeriez exprimer et discuter avec les infirmières des autres écoles universitaires? Nous envisageons deux autres publications en 1969, cependant, les publications subséquentes dépendront jusqu'à un certain point, du matériel soumis par les différents collèges du Canada.

En plus des écoles universitaires de sciences infirmières, la liste d'adresses comprend des organisations professionnelles, des écoles de sciences infirmières et des agences qui ont démontré de l'intérêt pour l'éducation universitaire des infirmières. Evidemment, la distribution pourra s'étendre avec le temps. Nous pourrions financer la première édition de notre journal, mais nous espérons que d'autres écoles universitaires se joindront à nous dans cette entreprise et pourront aider au financement et collaborer au journal. Nous vous fournirons plus d'informations sur les coûts, après la première édition du journal.

Nous serons dans l'attente de vous entendre. En outre, vos commentaires à propos des articles de l'édition seront bienvenus. Nous cherchons à savoir ce que vous pensez, et nous avons besoin de votre critique. Veuillez nous aviser si vous connaissez des personnes désirant être sur notre liste du courrier.

Pour toute information ou réponse, veuillez s'adresser à:

NURSING PAPERS

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LEARNING TO NURSE PATIENTS IN LABOR

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NURSING PATIENTS during labor and delivery is a demanding and challenging experience. There are many things nurses must learn in order to do this; they learn to make specific observations about the progress of labor, and the well-being of mother and infant, they learn specific activities which provide comfort to the mother, they teach and reinforce earlier knowledge about the birth process, breathing and relaxation techniques, and so on.

One kind of nursing skill, needed in many areas in which nurses function, may be developed particularly well in this area. This is the minute-by-minute assessment of the patient's state, and adaptation of nursing care to this. A surgical patient may move from self-sufficient independence, to helplessness, to gradually regained autonomy over a period of days or weeks. The obstetrical patient may pass through these stages in a matter of hours. Thus the nurse must operate on the basis of the patient's behavior, as she sees it, at any point in time; she cannot make a plan of care and follow it for a long period. Rather, she has certain objectives relating to safety, well-being, comfort, physiological stability and so on, but she must continually make adaptations in ways of trying to attain these.

Picture a hypothetical patient who arrives in the labor room in early labor. She is full of energy, talkative, happy. She is aware of what is going on in her body, and interested in observing her own progress. She times her own contractions, chats with her husband and the nurses, perhaps knits, walks about, telephones friends. She has

some apprehension about the delivery, and is interested in discussing what will happen, what measures might be taken to relieve discomfort. She needs help in making some decisions, for example about eating or drinking fluids, on the basis of her progress and of what will happen in the hours ahead. She may have diminished awareness of sensation from her bladder and needs reminders to empty it frequently. The nurse may provide help in relieving aches and pains by change of position, backrubs, etc. But overall, the patient knows how to achieve comfort, she can ask for what she needs. The nurse adds to her information, and learns more about her as a person.

As labor progresses, the patient changes to a state in which she is almost entirely bound up by the process going on in her body. She is expending considerable energy in the more frequent and stronger contractions, and she is hot and perspiring. It becomes harder to find a comfortable position, and to rest in the interval between contractions. The nurse has to adapt too; where earlier she may have discussed and offered alternatives, she may now find it more helpful to be more directive — breath thus, turn to this position, relax . . . The patient whose energies are being expended in such overwhelming physical activity has difficulty making choices or decisions. A feeling of trust in her doctor, and nurses, acquired earlier permits her to allow them to make decisions for her now. The nurse assesses the patient's bodily state — is she dehydrated, feverish, tired, uncomfortable? Is she becoming more anxious and fearful, crying, holding herself tense? How is her husband faring — is he able to give her support and comfort, or is he distraught and worried and using more of his wife's energies as she tries to give him support? The nurse needs to make intelligent decisions about care which will increase the patient's comfort and help her conserve her energy for the labor and delivery process.

During the delivery in general the patient's cooperation and action is needed, as she pushes or relaxes as requested. She seems to need clear instructions, with someone continually informing her of what is happening, and what is required of her. There is often heightened sensitivity to what is said and done around her, along with difficulty in controlling her behavior, and following instructions. After the delivery the patient frequently shows a kind of relaxed euphoria, being both tired and very excited and talkative. The nurse helps her to realize that she has produced a healthy child, and to relax from the intense involvement in the birth process.

How does the nurse decide what care is needed by the patient at

various times during this process? There are three main things which help her:

1. Her knowledge about labor and delivery in general.
2. What she has learned about this particular patient.
3. Her continued observation as she cares for this patient.

Her adaptation of care to the patient may be hindered if the nurse has one predominant mode of action, for example if she tries always to ask the patient's opinion, to involve her in decision making, or conversely if she tends always to decide "what is best" for her patient herself. What is needed is flexibility, so that the patient who is able to be independent is allowed to be, and the dependent patient will get the help and care she needs. The nurse needs to study behavior, to identify cues on which to make decisions about care. As Levine has said, "decisions for nursing intervention must be based on the unique behavior of the individual patient."¹

There is need to identify more clearly objective signs which help make nursing decisions for these patients. One might think of this process in terms of energy balance — how much energy is available, and what actions tend to conserve, or expend this.

Experienced labor room nurses can tell, almost intuitively, how a patient is progressing in labor. In order to be able to transmit this skill to students learning to care for these patients, more formal study is needed to identify the cues used by the experienced nurse. There are many possible visible behaviors — verbalization, bodily movement, position, skin colour, muscle tension, changes in vital signs — as well as specific changes in the nature and time of contractions, and of vaginal show. Some element of experimentation is needed in addition, in watching a particular patient's response to care, or instructions. For instance, in early labor a patient may comply readily with verbal instruction in abdominal breathing; later she may need the much more direct "push up my hand as you breath in", as the nurse coaches her through each contraction.

Descriptive study is needed, by the practitioners most skilled in this area, to identify cues used to assess patient progress. When the nurse says, "Mrs A. is dilating rapidly, and Mrs B. isn't doing much", on what does she base this? How can we help nurses learning to care for these patients, first, to make skilled assessments, and secondly, to adapt the care they give to the patient's changing needs?

1. Levine, M.E. "Adaptation and Assessment: A Rationale for Nursing Intervention", *A.J.N.* Vol. 66 — no. 11 (Nov. 1966). p. 2450.