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Integration: The uniqueness of nursing practice

With the increase in specialties of health care professionals who attempt to meet the challenge of people's complex health care needs, many tasks which nurses traditionally performed are claimed as belonging to other health care professions. Thus, nurses wonder about the uniqueness of their practice and what this is.

When we look at the reality of nursing practice, nurses are working closely with people, their families and communities at the frontier of health care systems, and they are providing care as well as integrating health care services to achieve the desired outcomes in a cost effective manner. In this editorial we argue that nursing philosophy, knowledge and practice have laid a strong foundation for integration in nursing discipline. And that this integration has become the uniqueness of nursing practice.

Nursing Knowledge and Philosophy: The Foundation of Integration

A dictionary definition of integration is "the act of making a whole out of parts; the consolidation and harmonizing of parts".¹ This view is consistent with holism, a strong philosophic underpinning of nursing. In the holistic perspective, the health of human beings is viewed as comprising bio-psycho, social and spiritual dimensions. These dimensions are interrelated, thus holistic nursing practice requires the integration of knowledge from various sources. This is evident in nursing theories within various schools of thought. For example, the need school of thought emphasizes nurses' roles in meeting clients' physio-psycho-social and spiritual needs, whereas the system school of thought places weight on helping people to adapt to stimuli.² The four modes of adaptation include physiologic-physical, self-concept-group identity, role function and interdependence.³

Another way of viewing integration in the discipline of nursing is the philosophical foundation of knowledge development. An early nursing philosopher, Carper⁴, proposed four patterns of knowing in nursing: 1) empirical, the science of nursing including evidence-based practice; 2) aesthetic, the art of nursing; 3) personal knowledge, concerned with the quality of interpersonal contact, promoting therapeutic relationships, and individualized care; and 4) ethics, which comprises the moral components of nursing. These four patterns are interrelated and all are considered as integrated in clinical practice although an initial problem was primarily associated with a single pattern.⁵ Later on Chinn & Krammer⁵ added a fifth pattern, emancipatory knowing, which combines both traditional social ideas and the developing dimension of nursing knowledge. This pattern of knowing has actively changed the workplace environment, and positively impacted on outcomes for both patients and nurses.⁵ These five patterns of knowing represent the body of knowledge related to the study of holistic health and holistic care. All these philosophical perspectives can inform comprehensive research methods for nurses, both quantitative and qualitative, to enable them to gain knowledge to describe, explain, predict and control nursing phenomena, as well as to understand the lived experience of their clients and significant others. The nature of nursing knowledge requires the integration of various methods in conducting research, so today nurse scholars are integrating qualitative and quantitative methods ('mixed method') to find answers to nursing problems for comprehensive knowledge development.

Integration as Uniqueness in Nurses' Function

Nurses usually are responsible for both direct care to individuals and groups as well as indirect care to manage the health or community system to ensure safety and continuity of care. Both direct and indirect care requires integration to achieve desirable outcomes.

Integration in providing direct care to individual and group

At present incorporating health promotion into practice is a very important role for all health care professionals, especially to overcome the challenge of rapidly increasing aging populations and chronic illness throughout the world. Many nurses are very actively involved in performing this role, especially in the community, despite often struggling to provide adequate and appropriate primary health care incorporating health promotion programs. A prime reason for this is that governments, lobbied by powerful multinational industry and lobby groups, expend huge sums of money on the medical model of care, and have not shifted care from cure to prevention. Under such circumstances many nurses wonder whether their health promotion role is different from that of public health workers, especially, when compared to say dentists or pharmacists, whose role of health promotion is very specific to their field. Most nurses are not allocated appropriate funding, positions nor resources to fulfill their community roles in primary health care. Thus, nurses may question the uniqueness of the nursing knowledge and their interventions in health promotion. We believe they may not have the answer to this, since much of their knowledge and actions are shared with other health care professions. However, the uniqueness of nursing may be in the form of integration of health promotion, health education, disease prevention, care and cure of illness, rehabilitation, and care of dying person across the life span. However, these functions may be dominated according to the client's health conditions. For example, for people with critical illness, care and cure is the primary concern, but in holistic care nurses still promote health and well-being at the same time. As another example, in the community nurses are working with people who are healthy, those who engage in risky behaviors, those with various health conditions, in either acute or chronic stages, or those at the end of their lives. Nurse need to integrate all of their roles and functions to achieve holistic outcomes.

Integration at system level

Today aging populations and the growing prevalence of chronic conditions contribute to increasing the complexity of health care needs, resulting in increasing healthcare costs and utilization in many countries⁶ while services are fragmented and resources limited. Thus, WHO Director-General⁷ called for a comprehensive, integrated approach to service delivery to fight fragmentation. WHO⁸ defined the integration of health care services as "The management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system" (p. 4). And for the user, integration means "health care that is seamless, smooth and easy to navigate. Users want a coordinated service which minimizes both the number of stages in an appointment and the number of separate visits required to a health facility. They want health workers to be aware of their health as a whole" (p. 5).⁸ Many benefits are claimed for integrated health services, including cost effectiveness, and being client-oriented, equitable and locally owned. Since resources can be shared (particularly human resources), it is possible to deal with the whole person and their families rather than focusing separately on just one health problem in an individual.⁸

Utilization of an integrated system can enable recognition and respect of health care professionals' contribution to the holistic care of the clients, but professionals need leaders who really understand whole problems of the clients and the families, and be able to integrate care service to achieve the desirable outcomes. The specialty

of advanced practice nurses (APN) is designed to undertake this function, since they are trained to be competent in thinking holistically, fostering team and capacity building, using evidence-based practice, educating and motivating patients for self-care and self-management, acting as change agents, being clinical and professional leaders, utilizing skills in collaboration and communication, and leading interdisciplinary/multidisciplinary teams.⁹ All these skills are vital for the integration of health services.

Strategies for integration

Various strategies have been developed to integrate health care services, such as disease management, health care management and case management (CM). Among these, CM is mostly employed by APNs. According to the Case Management Society of America,¹⁰ CM is defined as a “collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual’s and family’s comprehensive health needs through communication and available resources to promote quality cost-effective outcomes”(p 3). A meta-analysis of CM has revealed a positive effect on health outcomes especially for persons with complex health problems. For example, a meta-analysis of the CM for patients with heart failure was significantly effective in reducing length of stay, although it was not effective in patients with uncomplicated problems.¹¹ Also, the results of a meta-analysis of APN-led case management demonstrated evidence of an effective clinical strategy for poorly controlled diabetes based on blood glucose control.¹² In another example, for people with severe mental illness, use of intensive CM could reduce time in hospital.¹³

In conclusion, nursing has laid a very strong foundation of integration in the philosophy and theories of its discipline. This is reflected in the integration of various sources of knowledge in the holistic care of individuals as well as integration of health care services and among various health care professionals at various levels of health care systems. Effective integration results in better, cost effective, outcomes cost effectiveness. This unique function requires many advanced skills, thus APNs should be utilized and supported to their maximum potential in contributing to the health of people with complex health care needs. What is unique about nursing? Nurses’ abilities to daily integrate their knowledge, theory and practice for the benefit of humankind. Don’t ever say “I am just a nurse!” for our unique care makes all the difference and is different to that of other health professionals.

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