COURSE CODE: NSC 2 11
COURSE TITLE: FOUNDATIONS OF NURSING 1
NUMBER OF UNITS: 2 Units
COURSE DURATION: Two hours per week

COURSE LECTURER: MR CHUKWUYEM EMMANUELSON

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INTENDED LEARNING OUTCOMES

At the completion of this course, students are expected to:

1. Understand basic health concepts and principles underlying client care.
2. Demonstrate understanding of theories and models relevant to Nursing practice.
3. Understand the components and principles of the Nursing process.
4. Understand the principles of First Aid management and safety measures.
5. Understand the legal aspect of Nursing and its implications for Nursing practice.
6. Make the common types of bed used for nursing e.g. simple bed, admission bed, post operation bed, fracture bed amputation bed and cardiac bed.
7. Discuss four (4) models of stress as they relate to nursing practice.

COURSE DETAILS:

Week 1-2: *Introduction to Nursing: - Definition of Nursing/ Nurse;*
History and trends in Nursing;
Ethics/Etiquettes in Nursing;
Characteristics of a Polyvalent Nurse
Week 3-4: *Concept of Health and Illness;*
Concepts of Basic Human needs;
Professional Organizations (National & International);
Health Maintenance Agencies (National &International)
Week 5-6: *Health care Institutions: - Health and Ward Organizations;*
Structure of Primary, secondary & tertiary facilities;
Client/ Patient in community and health institution

Week 7-8*: The patient as a member of a family and community;*
Reception, Admission, Referral & Discharge procedures;
Principles and Techniques of Health Education and the Role of the Nurse
Week 9-10*: Ethico-Legal Issues: - Code of Ethics (ICN/ICM/Nigeria and Ethical Principles);*
Ethics and standard of practice (confidentiality, informed consent, care of patients' properties)
***Week 11:** Ethics and standard of practice (controlled substances, clinical trial, signing of legal documents. Etc.)*
Week 12 *Revision*

RESOURCES

• **Lecturer's Office Hours:**
• Mr Chukwuyem Emmanuelson. Mondays – Friday (8:00am - 4:00pm)
•**Course lecture Notes: http://www.edouniversity.edu.ng/oer/compsc/cmp122.pdf**
• **Books:**

- Kozier & Erb's *Fundamentals of Nursing*, C++ Edition, 10th Edition by Audrey T. Berman, 2000. ISBN-10: 0-13-397-436-7, ISBN-13: 2900133974361.
- Ross and Wilson *Foundations of Nursing and First Aid* by D.S. Usman. J.O. Obajemihin, C.O. Adegbite, M. F. Bray, K.J.W Wilson, J.S. Ross.
- Cox, C.L. (1995). Health and Human Needs. In H. B. M. Heath (ed.). *Potters and Perry's Foundations in Nursing Theory and Practice*. Italy: Mosby, an Imprint of Times Mirror International Coy, J. (1998).
- Comfort and Sleep. In S. C. Delaune & P.K. Ladner, (eds.). *Fundamentals of Nursing, Standard and Practice.* Albany: Delmar Publishers
- Furest, *et al* (1974). Fundamentals of Nursing, J.B. Lippincott Co., Philadelphia. Kozier, B., Erb, G., Berman, A.U. & Burke, K. (eds.). (2000).
- Health, Wellness and Illness. *Fundamental of Nursing: Concepts Process and Practice* (6th ed.). New Jersy: Prentice Hall, Inc.

Tutor-Marked Assignment (TMA):
• Demonstrations
• Assignments + Quiz: ~ 30% of final grade.
• **Exams:**
• Final, comprehensive (according to university schedule): ~ 70% of final grade

Assignments & Grading

• **Academic Honesty:** All class work should be done independently, unless explicitly stated otherwise on the assignment handout.
- Demonstrations of procedures will be done in the demonstration room according to the procedure book

• You may discuss general solution strategies, but must write up the solutions yourself.
• If you discuss any problem with anyone else, you must write their name at the top of your assignment, labeling them "collaborators".
• **NO LATE ASSIGNMENTS ACCEPTED**
• Turn in what you have at the time it's due.
• All assignments are due at the start of class.
• If you will be away, turn in the homework early.

PREAMBLE:

NSC201: Foundations of Nursing course is a two (2) unit credit course meant for students who are pursuing B.NSc degree. It is one of the courses meant to lay your desired foundation for choice of nursing as a course of study and profession. It comprise of the bedrock of acquisition of necessary elementary skills amidst health care reforms. The changes in response to social, political, economic factors as well as health technology and advances in health care system call for reform in the delivery of health care have greatly influenced the setting where nursing is practiced coupled with the recipient of care itself.

What You Will Learn in this Course

The course provides a broad base understanding of the facts that the concepts of disease, health needs and health promotion that exist in a sociocultural, institutional and political vacuum do reflect the values, beliefs, knowledge and practices shared by the people, professionals and other influential groups. It therefore identifies the various health needs of the people and adapted the three (3) levels of health promotion be it primary, secondary and tertiary to differentiate between the concept of disease prevention and health promotion.
The ability to assess the patient is one of the most important skills of the nurse regardless of the practice setting. All settings where nurses provide care, eliciting a complete history and using appropriate assessment skills are critical to identifying

physical and psycho-emotional problems concern experienced by the patient. Patient assessment include the five (5) steps in nursing process and is necessary to obtain data that will enable the nurse to make a nursing diagnosis, identifying and implementing nursing intervention and assess their effectiveness.
The course looks at the individual and his health care utilizing the holistic approach, cultural diversity, safety and comfort of care, sexuality and gender issues as well as the ethical issues in relation to nursing practice. It also identifies the legal responsibilities and their implications for nursing practice and impact on the nursing profession.

INTRODUCTION

Health and human needs are inextricably interrelated. Humans need a number of essentials to survive. The assertion that all individuals irrespective or age, sex, race or creed have needs that they strive to satisfy is therefore is no exaggeration. The Cambridge International Dictionary of English defined 'Needs' as things one must have or things required to live a satisfactory life i.e. things essential to life and quality living. As a corollary, illness or risk of illness occurs when individuals are not able to satisfy one or more of their basic needs.
Since the soul of nursing is caring, much of our career is weaved around helping people to satisfy these needs. This is consistent with the position of that renowned nurse theorist, Virginia Anderson, who submitted that Nursing is primarily assisting the individual (sick or well) in the performance of those activities contributing to health, or its recovery (or to a peaceful death) which he would have performed unaided if he had the necessary strength, will, or knowledge, as well as helping the individual to be independent of such assistance as soon as possible. Achieving this is however no mean work. This is because human beings are not merely physiological creatures and their needs are multifaceted and multidimensional. Besides, every individual is a unique being and as such requires some unique needs in addition to the basic human needs. This unit therefore takes a detailed look at human needs with a view to enhancing nurses' ability to help their clients meet these varied needs.

OBJECTIVES At the end of this unit, you should be able to:
- state the basic human needs
- list at least five physiologic needs of all people
- describe relationships among the different levels of needs
- relate the achievement of basic human needs to health status
- discuss the nurses' role in assessing and meeting patient/client's need.

Overview of Individual Needs Human needs are many. They encompass both physical and non-physical elements needed for human growth and development, as well as all those things humans are innately driven to attain. Human needs therefore can be broadly classified into two major groups viz: Primary needs and Secondary needs (Rosdahl, 1995).

Primary needs otherwise known as Basic needs, are survival needs. They must be met to sustain life. Put differently, their absence or non-satisfaction portends great threat to human existence. As such they take precedence over other needs called secondary needs. The beyond intractability project (2003) in their write-up on Leadership and Human Behaviour states that basic needs are physiological, such as food, water, and sleep; as well as psychological, such as affection, security, and self-esteem. According to this organization, these basic needs are also called deficiency needs because if an individual does not meet them, then that person will strive to make up the deficiency and they are usually listed in hierarchical order.

Secondary needs or Meta needs (growth needs) as they are sometimes referred to, are additional higher needs that must be met to maintain the quality of life. They include justice, goodness, beauty, order, unity, etc. Basic needs normally take priority over growth needs. For example, a person who lacks food or water will not normally attend to justice or beauty needs. Unlike the basic needs, the Meta needs can be pursued in any order, depending upon a person's wants or circumstances, as long as the basic needs have all been met.

The Basic Human Needs There are at least five sets or categories of needs, which we can classify as Basic Human Needs. They are physiological, safety, love, esteem and self-actualization needs. These needs are related to each other, being arranged in a hierarchy of prepotency. This means that the most prepotent goal will monopolize consciousness and will tend of itself to organize the recruitment of the various capacities of the organism. The less prepotent needs are minimized, even forgotten or denied. But when a need is fairly well satisfied, the next prepotent ('higher') need emerges, in turn to dominate the conscious life and to serve as the center of organization of behavior, since gratified needs are not active motivators. Thus man is a perpetually wanting animal. Ordinarily the satisfaction of these wants is not altogether mutually exclusive, but only tends to be. The average member of our society is most often partially satisfied and partially unsatisfied in all of his wants (Maslow, 1943).

Physiologic Needs Undoubtedly the physiological needs are the most pre-potent of all needs. Why? They are basic biological needs for life sustenance. This means that in the human being who is missing everything in life in an extreme fashion, it is most likely that the major motivation would be the physiological needs rather than any others. A person who is lacking food, safety, love, and esteem would most probably hunger for food more strongly than for anything else. Stated

differently, if the physiological needs are unsatisfied, all other needs may become simply non-existent or be pushed into the background. All capacities are put into the service of hunger-satisfaction, and the organization of these capacities is almost entirely determined by the one purpose of satisfying hunger. The receptors and effectors, the intelligence, memory, habits, all may now be defined simply as hunger-gratifying tools. Capacities that are not useful for this purpose lie dormant, or are pushed into the background. For instance, the urge to write poetry, the desire to acquire an automobile, the desire for a new pair of shoes are, in the extreme case, forgotten or become of secondary importance. For the man who is extremely and dangerously hungry, no other interests exist but food. He dreams food, he remembers food, and he thinks about food, he emotes only about food, he perceives only food and he wants only food (Maslow, 1943).

Perhaps it should be mentioned that any of the physiological needs and the consummatory behavior involved with them serves as channels for all sorts of other needs as well. That is to say, the person who thinks he is hungry may actually be seeking more for comfort, or dependence, than for vitamins or proteins. Conversely, it is possible to satisfy the hunger need in part by other activities such as drinking water or smoking cigarettes. In other words, relatively isolable as these physiological needs are, they are not completely so (Maslow, 1943). In synopsis, the first need of the body is to achieve homeostasis and this is achieved through the consumption of food, water and air; elimination of exogenous and endogenous wastes; sleep and rest; activity and exercise; and sexual gratification. Let us then take a look at each of these physiological needs.

Air/Oxygen – This is the most essential of all basic needs. Air is a name for the mixture of gases present in the earth atmosphere. By volume, dry air contains approximately 78.1% Nitrogen, 20.9% Oxygen, 0.9% Argon, and 0.03% Carbon Dioxide. Oxygenation (the delivery of oxygen to the body cells and tissues) is necessary to maintain life and health (Christensen, 1998). The brain for instance cannot function without oxygen for longer than 4 – 5 minutes (Cox, 1995). Oxygen is needed for internal respiration alongside the metabolic processes occurring in the body. The body meets its oxygen need via external respiration or what is called gaseous exchange. Variables affecting oxygenation include age, environmental and lifestyle factors and certain disease process. Consequently anything that interferes with the airway, atmospheric oxygen content, human respiration and circulation can threaten the body's oxygen supply. Examples of such abound but briefly they include: some respiratory diseases like emphysema, asthma, pneumonia; air pollution; blockage of respiratory tract by secretion to mention a few (Rosdahl, 1995). Clients with compromised oxygenation status need careful assessment and thoughtful nursing care to achieve adequate and comfortable level of oxygenation status (Christensen, 1998). Nursing measures to meet oxygen needs range from

teaching client to rest in position that increases respiratory volume and thus the level of oxygen, to emergency cardiopulmonary resuscitation for cardiac arrest and supportive measures such as administration of oxygen to patients/clients with pulmonary disease (Cox, 1995).

Water and Fluids – It is no exaggeration that though a man can survive several days without food could last only a few hours without water. Water takes many different shapes on earth: water vapour and clouds in the sky, waves and icebergs in the sea, glaciers in the mountain, aquifers in the ground, to name but a few. From a biological standpoint, water has many distinct properties that are critical for the proliferation of life that set it apart from other substances. Water carries out this role by allowing organic compounds to react in ways that ultimately allows replication. It is a good solvent and has a high, surface tension and thus allows organic compounds and living things to be transported in it. 60 – 70% of the body cells are made up of fluids. The body constantly loses fluid to the environment via the various regulatory systems in the body. Howbeit, body fluid is replenished by ingestion of liquids and food products such as meats and vegetables, which contain 65% to 97% water and through the chemical oxidation of food substances. The healthy existence or otherwise of the cellular system, indeed the entire body therefore depends on the maintenance of proper volume, chemical composition, and placement of these fluids. This balanced internal environment is what is called homeostasis. Virtually all illness states (unconsciousness, kidney dysfunctions, gastroenteritis, and diabetes mellitus etc.) threaten this balance. It is even threatened in a healthy state, especially when one engages in prolonged outdoor exercises without adequate fluid intake. Prolonged administration of certain therapeutic regimen could also alter this balance, for instance the use of diuretics and corticosteroids. Dehydration and oedema indicate unmet fluid needs. Dehydration is the excessive loss of fluid from body tissues; it is accompanied by a disturbance of body electrolytes. Could follow prolonged fever, vomiting, diarrhoea, trauma or any other condition that causes a rapid fluid loss. Oedema is the abnormal accumulation of fluid in the interstitial spaces of tissues, pericardial sac, intrapleural space, peritoneal cavity, or joint capsules. Oedema may be caused by decreased serum protein level, altered functioning of the cardiovascular, renal, or hepatic system, or drugs. The nurse examines patients/clients for actual and potential fluid and electrolyte imbalance. Poor skin turgor (normal skin elasticity becoming lax), flushed dry skin, decreased tears or salivation, a coated tongue, decreased urine output (oliguria), confusion and irritability indicate dehydration (Cox, 1995). Pitting bipedal oedema, facial puffiness, ascites (accumulation of fluids in the peritoneal cavity), positive shifting dullness are all manifestations of excessive body fluids. The nurse can assist in conditions of altered fluid balance

through accurate assessment, measuring of intake and output, weighing of patients and monitoring of intravenous infusions and so on and so forth.

Food and Nutrients – Food is any substance that can be consumed, be it of plant or animal origin including liquid drinks, and it is the main source of energy and of nutrition for man and other animals. The phrase 'we are what we eat' is frequently used to signify that the composition of our bodies is dependent in large measures on what we have consumed (Latham, 1997). Today there is a greater awareness of the relationship between health and nutrition, nutrition and the onset of illness, nutrition and wound healing, and nutrition and effective immunity. Optimal nutrition (intake matches energy expenditure; proper amount of each essential nutrient) is essential for: Normal growth and development; maintenance of bodily functions; optimal activities status; resistance to infection; and repair of injuries to cells and tissues. Lack of adequate nutrition produces specific identifiable diseases such as kwashiorkor, marasmus, rickets, e.t.c. Poor nutritional habits, inability to chew and swallow, nausea and vomiting equally pose a threat to nutritional status. Over-eating on the other hand also adversely affect health (results in obesity, hypercholesterolemia and other related problems). Perhaps the point that could be safely made is that while good nutrition is not synonymous to good health, good health is not achievable without adequate nutrition. To determine whether patients/clients are meeting nutritional needs, the nurse considers body weight and other markers of nutritional deficiency. These include the physique, body mass index, hair texture and colour, some laboratory data (e.g. PCV), and food intake patterns. Signs and symptoms indicating that individuals are not meeting nutritional needs include failure to thrive, unplanned weight loss, fatigue, pallor and recurring mouth and gum sores (Cox, 1995). To help individuals meet their nutritional needs, the nurse must have a good understanding of the various locally available foodstuffs and their nutritive values as well as the digestive and metabolic processes of the body. Nursing action targeted at resolving nutritional problems range from health education to assuming total responsibility for the planning and feeding of patients.

SELF ASSESSMENT EXERCISE 1 List the basic human needs.

Elimination of Waste Products – This is essential to maintain life and comfort. The integumentary (the skin and its appendages), respiratory, urinary, hepatic, and digestive systems are the organs primarily concerned with elimination of wastes from the body. The skin eliminates water and salt in form of sweat; the kidney, excess fluids and electrolytes; the lungs, carbon dioxide and water; the intestine, solid wastes and fluids; and the liver, detoxified drugs and toxins. Many conditions (kidney or renal problems, bowel obstruction, diseases of the respiratory tract e.t.c) impair this process of waste elimination in the body with grave consequences.

A patient/client whose urinary elimination needs are unmet may become incontinent or develop urinary tract infection. Unmet urinary elimination needs also results in fluid and electrolyte imbalances. A patient unmet need for bowel elimination may lead to changes in pattern of elimination or diet intake (Cox, 1995). Nursing measures at helping clients/patients meet their elimination needs may be as simple as providing privacy or changing diet or giving enema or as complex as inserting a urethral catheter, conducting peritoneal dialysis or haemodialysis, or assisting with surgery to relieve bowel obstruction or administering medication to relieve constipation.

Sleep and Rest – Sleep is a recurrent, altered state of unconsciousness that occurs for sustained periods, during which the body experiences minimal physical activity and a general slowing down of physiological processes with resultant restoration of energy and well-being. It provides time for the repair and recovery of body systems for the next period of wakefulness. Rest refers to a state of relaxation and calmness (Coy, 1998). Like sleep it reduces physical and psychological demands on the body. Activities during rest periods range from lying down to taking a quiet walk. While it is very true that the much of sleep required by individuals depends to a large extent on such factors as age, pregnancy, state of health; sleep deprivation has been implicated in the worsening of certain mental disorders. Although the length of time that can be considered as adequate sleep is still controversial, there is a general belief that about 6 to 8hours of sound sleep is sufficed for healthy living. Rest and sleep habits of persons entering the hospital or other health care facility can easily be changed by illness, the strange hospital environment culminating in fear and anxiety, and hospital routines. The nurse must be aware of patient/client's need for rest and sleep as lack of it aggravates the existing deteriorating state of health of the clients. As nurses, we can assist our clients to get enough rest and sleep by providing safe, comfortable, and quiet environment, maintenance of proper anatomical alignment or positioning, provision of adequate ventilation, giving of warm tub bath, soothing back rub, and prescribed sleep enhancing medications (Rosdahl, 1995). Any bedtime habits, such as reading, walking, bathing or drinking milk should be incorporated into the care plan. When possible the nurse should plan care to fit the patient's/client's usual sleep-wake-cycle (Cox, 1995).

Activity and Exercise – Mobility or movement is an activity most people have taken for granted but the ability to move and be active brings about positive benefits to one's health status (Brillhart 1998). Mobility though not absolutely essential for survival is needed to maintain optimum health. According to respiration Rosedale (1995) activity stimulates the mind and body while exercise helps in maintaining body's structural integrity and health by enhancing circulation and respiration. Mobility enhances muscle tone, increases energy levels, and is

often associated with psychological benefits such as independence and freedom. Functional mobility is governed by body mechanics, the purposeful and coordinated use of body parts and positions during activity. Use of proper body mechanics maximizes the effectiveness of the efforts of the Musculoskeletal and neurological systems and reduces the body's exposure to strain or injury during movement (Brillhart 1998). The nurse can assist her client to obtain needed exercises in the following ways: (a) Through the teaching of pre-operative breathing exercises; (b) Encouraging early ambulation post-surgery; (c) Conduction of passive range of motion exercises; (d) Turning of immobilized patients (non-ambulant patients) to mention but a few.

Sexual Gratification – Everyone is a sexual being regardless of health status (Hodge, 1995), and sexual integrity is an integral part of a person's well-being. Even though there are no universal values about sexuality, individuals do experience sexual needs but unlike other physiologic needs, sexual gratification may be sublimated (Rosdahl 1995). This to an extent underscores the fact that the sex need is not vital to survival of individuals but it is vital to the survival of the species. Nurses often encounter clients whose sexuality is threatened. Some illnesses such as diabetes mellitus, chronic pain, some disabilities, certain surgeries and some medications like certain antihypertensive, and even hospitalization may impair a person's sexual integrity (Delaune & Ladner, 1998). The nurse can be of great help in managing client's sexual problems by demonstrating understanding, creating an atmosphere that communicates consideration, and making the patient feel comfortable. In addition clients and sexual partner need to be informed about the cause of the problem. Medications reducing sexual libido could be substituted while clients with chronic pain could be taught methods of increasing their comfort level (e.g. relaxation techniques). However, as Rosdahl (1995) rightly suggested, when a client present with major sexual problems such should be referred for professional counseling.

Security and Safety Needs

Once the physiological needs are relatively well gratified, there then emerges a new set of needs, which we may categorize roughly as the safety needs. All that has been said of the physiological needs is equally true, although in lesser degree, of these desires. They may equally well wholly dominate the organism. They may serve as the almost exclusive organizers of behavior, recruiting all the capacities of the organism in their service, and we may then fairly describe the whole organism as a safety-seeking mechanism. Again we may say of the receptors, the effectors, of the intellect and the other capacities that they are primarily safety-seeking tools. Again, as in the hungry man, we find that the dominating goal is a strong determinant not only of his current world-outlook and philosophy but also of his philosophy of the future. Practically everything looks less important than safety,

(even sometimes the physiological needs which being satisfied, are now underestimated). A man, in this state, if it is extreme enough and chronic enough, may be characterized as living almost for safety alone (Maslow, 1943). Whereas the physiological drive have certain limit to their satisfaction, security needs seems to be infinite in nature. For example excessive indulgence in eating could be harmful to people. Characteristics of safety include: predictability, stability, familiarity, as well as feeling safe and comfortable and trusting other people (Rosdahl 1995). Inherent in the above statement is that safety needs contains both physical and psychological components. Freedom from harm, danger and fear, financial security, need for shelter and warmth all are therefore subsumed under safety and security needs.

Physical Safety – Maintaining physical safety involves reducing or eliminating threats to body or life. The threat may be illness, accident, danger, or environmental exposure, lack of shelter and warmth. The threat could even be orchestrated by medical or surgical complications following a protracted illness or surgical intervention. Although lack of shelter may not create an immediate threat to life, its cumulative effect may eventually squeeze out life out of people. Furthermore, it will thwart the ability of an individual to progress towards a higher level needs. The need for warmth is however predicated on the fact that the human body functions in a relatively narrow range of temperature and any deviation from this narrow range will spell doom for the whole body (Cox, 1995; Rosdahl 1995). The nurse may assist in removing threats from patient's environment through keen observation and continual assessment, ensuring adequate bed spacing, Keeping wards well illuminated and aerated, scrupulous hand-washing, aseptic wound dressing, locking up of poisons at home to safeguard children, to mention but a few.

Psychological Safety – According to Cox, 1995 'To be safe and secure psychologically, a person must understand what to expect from others, including family members and healthcare professionals, and what to expect from procedures, new experiences, and encounters within the environment'. Cox asserted that everyone feels some threat to psychological safety with new and unfamiliar experiences. By extension, a newly hospitalized patient may feel threatened by the strange hospital environment and a patient/client about to undergo a diagnostic test may equally feel threatened by the technology involved. The fact that people rarely open up that their psychological safety is threatened makes assessment of psychological safety often difficulty. To this end, the nurse will have to interpret the patient/client language and behaviour. The nurse may assist in alleviating psychological threat through explanation of procedures to patients before actual intervention, health education e.t.c.

Affiliation and Social Needs (Love). These encompass the need for friendship, love, belongingness, and acceptance. When both the physiological and the safety needs are fairly well gratified, then the affiliation needs will emerge and dominate the behaviour of human being. Now the person will feel keenly, as never before, the absence of friends, or a sweetheart, or a wife, or children. He will hunger for affectionate relations with people in general, namely, for a place in his group, and he will strive with great intensity to achieve this goal. He will want to attain such a place more than anything else in the world and may even forget that once, when he was hungry, he sneered at love (Maslow, 1943). The drive to belong and be accepted by other people stems from the gregarious nature of human. Everyone needs to feel that they are wanted and belong to a group. Non-fulfillment of these needs may affect the mental health of the individual and indeed has implicated in the etiology of maladjustment and more severe psychopathology. For instance, a usually mild-tempered person may become easily irritated; an outgoing person may suddenly become withdrawn from friends and coworkers; could even affect a person's work habits leading to increased absenteeism or over commitment to the job. For this reason, the nursing care plan for an ill hospitalized patient should include means by which love and belonging needs can be met. Some of the ways by which this need could be met include: getting patient/client actively involved in the development of their care plan; giving nursing care in friendly and empathetic manner; encouraging presentation of greeting cards to patient and visits by friends and relatives; and short social visits by members of the health care team.

SELF ASSESSMENT EXERCISE 2 Itemize your physiological and psychological needs.

CONCLUSION

Since the attainment of highest level of health by any individual is predicated upon a complex maze of needs achievement, no effort should be spared at ensuring that individuals meet their basic human needs. Nurses, the set of health workers that spend the longest hours with the patients, therefore need to be equipped with knowledge and skill of assessing and meeting the multifaceted needs of their clients.

SUMMARY This unit has taken a broad look at the relationship between health and human needs. It noted that all human need a number of essentials to survive and that all human beings are driven by physiologic and psychological needs. It classified human needs into two broad groups – Primary needs and Secondary needs noting that the first level needs (physiologic needs) must be met before a person can address higher level needs. Employing simple illustrations, the unit shows that physiological needs can control thoughts and behaviors, and can cause people to feel sickness, pain, and discomfort. In addition, the unit buttressed the view that 'as illness or injury can interfere with a person's ability to meet needs,

the duo could also cause an individual to regress to a lower level of functioning'. Lastly, the unit emphasized that nurses can do a lot in identifying and assisting patients/clients to meet their basic human needs.

TUTOR-MARKED ASSIGNMENT

Classify the basic human and physiological needs.

Describe the relationship among the different levels of needs.

ANSWER TO SELF ASSESSMENT EXERCISE 1

Physiological, Safety, Love, Esteem and Self-actualization.

ANSWER TO SELF ASSESSMENT EXERCISE 2

Physiological: Food, Water, Sleep,

Psychological: Affection, Security and self-esteem.

2. HEALTH AND HUMAN NEEDS II CONTENTS

INTRODUCTION

The preceding unit opens the discussion on the universality of needs and the relationship between health and human needs but fail to address all aspects of this all-important issue. The present unit is therefore a continuation of that discourse. The unit particularly examines esteem needs, self-actualization needs, Maslow hierarchy of human needs and other theories of human needs.

OBJECTIVES

At the end of this unit, you should be able to:

- differentiate between the esteem needs and self-actualization needs
- discuss the Maslow hierarchy of needs
- describe what is meant by hierarchy of needs
- discuss Maslow Hierarchy of Needs and other Needs Theories
- examine the flaws of Maslow Hierarchy of Needs
- discuss the clinical and other applicability of Basic Needs Theory.

MAIN CONTENT

Esteem and Self-Esteem Needs

The term self-esteem (self-image, self-respect, and self-worth) is related to the person's perception of self / personal feeling of self-worth and recognition or respect from others. All people in every society (with a few pathological exceptions) have a need or desire for a stable, firmly based (i.e. soundly based upon real capacity), usually high evaluation of themselves, for self-respect, or self-esteem, and for the esteem of others. This is because self-respect and dignity are essential to the psychological well-being of individuals who have reached some degree of satisfaction in the first three levels of human needs. Cox (1995) declared that a change in roles whether anticipated (for instance retirement), or sudden such as injury, may threaten self-esteem. Similarly, changes in body image whether obvious like amputation or hidden (e.g. hysterectomy) may also influence self-esteem. Cox (1995) stressed further that it is not the magnitude of the change or role that affects self-esteem, but rather how the person perceives the self after the change. Esteem and Self-Esteem needs are met when the person thinks well of himself or herself (achievement, adequacy, competence, confidence) and is well thought of by others (recognition, status awards, prestige) (Rosdahl 1995). When both of these needs are met, a person feels self-confident and useful but thwarting of these needs produces feelings of inferiority, of weakness and of helplessness. These feelings in turn give rise to either basic discouragement or else compensatory or neurotic trends (Maslow, 1970). Consequently indications of unmet needs for self-esteem include a feeling of helplessness/hopelessness/inferiority complex and becoming self-critical or unusually lethargic or apathetic about anything involving self, including appearance. In Cox (1995) words, a person feeling the lack of esteem of other people may test others by making such statements that call for their approval or praise, or may act in a way that prevents such approval if little self-esteem is present and the person is certain of failure.

Nursing intervention in cases of low self-esteem begins right from admission or first contact with the client/patient. The nurse can assist client/patient to regain positive self-esteem by conveying a feeling of acceptance and respect, employing a non-judgmental approach in handling the values and beliefs of the client/patient, encouraging independence, rewarding progress, allowing the client/patient to do as much self-care as possible, and tailoring specific nursing actions towards the root cause of the altered self-concept. But if patients' self-esteem is so low that they fail

to care for themselves, the nurse assumes total responsibility for meeting those other needs while taking steps to increase self-esteem (Rosdahl 1995; Cox, 1995).

Need for Self-Actualization

This term, first coined by Kurt Goldstein refers to the desire for self-fulfillment, namely, to the tendency for him to become actualized in what he is potentially. This tendency might be phrased as the desire to become more and more what one is, to become everything that one is capable of becoming. They are more ego oriented in nature and frequently express themselves in highly independent behaviors. However, the clear emergence of these needs rests upon prior satisfaction of the physiological, safety, love and esteem needs. That is, even if all aforementioned needs are satisfied, we may still often (if not always) expect that a new discontent and restlessness will soon develop, unless the individual is doing what he is fitted for. A musician must make music; an artist must paint, a poet must write, if he is to be ultimately happy. What a man *can* be, he *must* be (Maslow, 1943). It must however be stressed that the specific form that these needs will take, will of course vary greatly from person to person. In one individual it may take the form of the desire to be an ideal mother, in another it may be expressed athletically, and in still another it may be expressed in painting pictures or in inventions. It is not necessarily a creative urge although in people who have any capacities for creation it will take this form. Present needs, environment, and stressors influence how well people meet their need for self-actualization. As a matter of fact, many psychologists believe that people continue striving to reach this level in life and very few people believe that they are self-actualized. Self-actualized individuals have mature multidimensional personality, frequently they are able to assume and complete multiple tasks, and the achieve fulfillment from the pleasure of a job well done. They do not totally depend on opinions of others about appearance, quality of work, or problem-solving methods. While it is true that they may have failings and doubts, they generally deal with them realistically (Cox, 1995). However, self-actualizers may focus on the fulfillment of this highest need to such an extent that they consciously or unconsciously make sacrifices in the fulfillment of the lower level needs.

Illness, injury, loss of loved one, change in role, and change in status can threaten or disturb self-actualization sometimes manifesting in behavioral changes. The gal of nursing care is to assist individuals to reach their fullest potential. As such nursing care is planned to encourage individual to make decisions when possible, particularly those that concern his health. Because the self-actualized person tends to be creative, nursing care should give room for expression of creativity as well as encouraging the individual to continue with specific projects. And since the

healthy self-actualized person generally has a strong need for privacy, the patient's need for privacy must be respected (Cox, 1995).

SELF ASSESSMENT EXERCISE 1

What is the positive link of esteem and self-esteem needs?

Theories of Human Needs

Quite a number of theories have been propounded on human needs but prominent among them are the Maslow Hierarchy of Needs and the Alderfer's Existence/Relatedness/Growth (ERG) Theory of Needs.

(a) Maslow Hierarchy of Needs Abraham Harold Maslow was a renowned psychologist and philosopher who lived between April 1, 1908 and June 8, 1970. He was a scholar and was referred to as the father of humanistic psychology. In 1943, Abraham H. Maslow observed and concluded that:

• Needs are hierarchical in nature. That is, each need has a specific ranking or order of obtainment.

• The need network for most people is very complex, with a number of needs affecting the behaviors of each person at any point in time.

• People respond to these needs in a progressive manner from simple physiological needs (survival needs) to more complex (aesthetic) needs; and that they do so as whole and integrated beings.

• When one set of needs is satisfied, it seizes to be a motivator.

• Lower level need must be satisfied in general, before higher level needs are activated sufficiently to drive behavior.

• There are more ways to satisfy higher level needs than there are for lower level needs

Consequently, he identified various needs that motivate behavior and place them in sequential hierarchy or graded order according to their significance to human survival i.e. in ascending order from lowest to the highest needs. He posited that that the basic needs of all people regardless of age, sex, creed, social class, or state of health (sick or well) could be categorized into five levels:

• Physiological: hunger, thirst, bodily comforts, etc.

• Safety/Security: the need for structure, predictability, out of danger, free from harm, feel safe and secure;

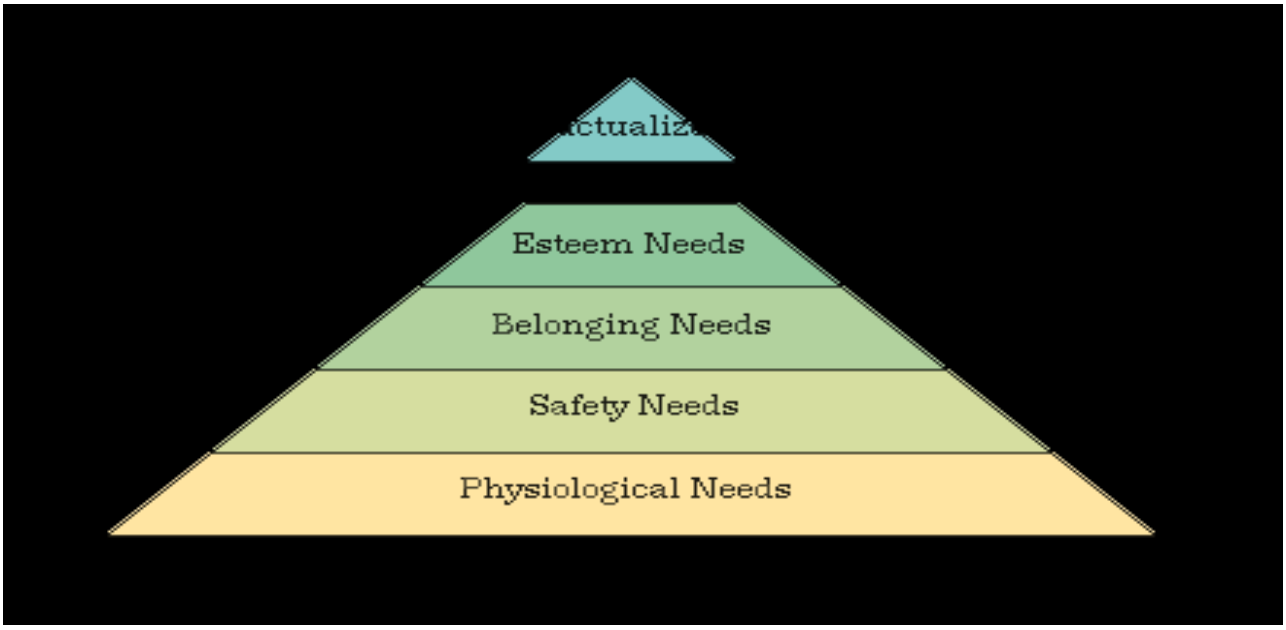
• Belongings and Love: the need to be accepted by others and to have strong personal ties with one's family, friends, and identity groups;

• Esteem: the need to achieve, be competent, gain approval and recognition; and

• Self-Actualization: the need to find self-fulfillment and reach one's potential in all areas of life;

Maslow's needs pyramid starts with the basic items of food, water, and shelter. These are followed by the need for safety and security, then belonging or love, self-esteem, and finally, personal fulfillment (Self-Actualization). According to him, the first level needs, which are physiologic, occupying the bottom of the pyramid/ladder, are the most important as they are activities needed to sustain life such as breathing and eating.

Fig 1 Schematic Representation of Maslow Hierarchy of Needs



Source: Adapted from Dr. C. George Boeree (2004) Abraham Maslow. Available on http://www.ship.edu/~cgboeree/maslow.htm

Each higher level represents one of lesser importance to human existence than the one previous to it. Maslow believed that it is when a particular physiological need is met with relative degree of satisfaction that other needs of lesser importance to human existence take precedence. However by progressively satisfying needs at each subsequent level, people can realize their maximum potential for health and well-being (Timby, 1996).

(b) Alderfer's Existence/Relatedness/Growth (ERG) Theory of Needs

The ERG Theory of Clayton P. Alderfer is a model that appeared in 1969 in a Psychological Review article entitled "An Empirical Test of a New Theory of Human Need". In a reaction to Maslow's famous Hierarchy of Needs, Alderfer, an American Psychologist, postulated that there are three groups of human needs that influence workers' behavior; existence, relatedness, and growth. These three needs categories are:

• **Existence -** This group of needs is concerned with providing the basic requirements for material existence, such as physiological and safety needs. (Maslow's first two levels). This need is satisfied by money earned in a job so that one may buy food, shelter, clothing, etc.

• **Relationships** - This group of needs center upon the desire to establish and maintain interpersonal relationships i.e. social and external esteem (involvement with family, friends, co-workers and employers) (Maslow's third and fourth levels.

• **Growth** – This encompasses internal esteem and self-actualization (desires to be creative, productive and to complete meaningful tasks) (Maslow's fourth and fifth levels). These needs are met by personal development. A person's job, career, or profession provides significant satisfaction of growth needs.

Contrarily to Maslow's idea that access to the higher levels of his pyramid required satisfaction in the lower level needs, Alderfer declared that the three ERG areas are not stepped in any way. ERG Theory recognizes that the order of importance of the three Categories may vary for each individual. Managers must recognize that an employee has multiple needs to satisfy simultaneously. According to the ERG theory, focusing exclusively on one need at a time will not effectively motivate. In addition, the ERG theory acknowledges that if a higher-level need remains unfulfilled, the person may regress to lower level needs that appear easier to satisfy. That is, if the gratification of a higher-level need is frustrated, the desire to satisfy a lower level need will increase. Alderfer identifies this phenomenon as the "frustration & shy aggression dimension." This frustration-regression dimension affects workplace motivation. For example, if growth opportunities are not provided to employees, they may regress to relatedness needs, and socialize more with co-workers. The relevance of this on the job is that even when the upper-level needs are frustrated, the job still provides for the basic physiological needs upon which one would then be focused. If, at that point, something happens to threaten the job, the person's basic needs are significantly threatened. If there are not factors present to relieve the pressure, the person may become desperate and panicky (Alderfer, 1969).

(c) Other Theories of Needs: A Summary Huitt (2004) in what looks like a review of literature captures other scholars' contribution to 'Need Theory' as follows:

"Contrary to Maslow's categorization of needs, James (1892/1962) hypothesized that there are three levels of needs namely: material (physiological, safety), social (belongingness, esteem), and spiritual. Mathes (1981) while agreeing with the three-tier categorization of needs proposed that the three levels were physiological, belongingness, and self-actualization; he considered security and self-esteem as unwarranted. Ryan & Deci (2000) also suggest three needs, although they are not necessarily arranged hierarchically: the need for autonomy, the need for competence, and the need for relatedness. Thompson, Grace and Cohen (2001) submitted that the most important needs for children are connection, recognition, and power. Nohria, Lawrence, and Wilson (2001) provide evidence from a sociobiology theory of motivation that humans have four basic needs: (1) acquire objects and experiences; (2) bond with others in long-term relationships of mutual care and commitment; (3) learn and make sense of the world and of ourselves; and (4) to defend ourselves, our loved ones, beliefs and resources from harm. The Institute for Management Excellence (2001) suggests there are nine basic human needs: (1) security, (2) adventure, (3) freedom, (4) exchange, (5) power, (6) expansion, (7) acceptance, (8) community, and (9) expression". As rightly noted by Huitt (2004), a common trait or regular feature of all these theories however is bonding and relatedness. Notice that there do not seem to be any other that are mentioned by all theorists. Franken (2001) suggests this lack of accord may be a result of different philosophies of researchers rather than differences among human beings. In addition, he reviews research that shows a person's explanatory or attributional style will modify the list of basic needs. This possibly explains why Huitt (2004) concluded that it will seem appropriate to ask people what they want and how their needs could be met rather than relying on an unsupported theory.

Criticisms of Maslow's Theory of Needs

Maslow concept of needs had been subjected to considerable research. For example, in their extensive review of research that is dependent on Maslow's theory, Wabha and Bridwell (1976) found little evidence for the ranking of needs that Maslow described or even for the existence of a definite hierarchy at all but rather are sought simultaneously in an intense and relentless manner. Other needs theorists have perceived human needs in a different way -- as an emergent collection of human development essentials (Marker, 2003). Some have contend that Maslow does not mention time period between various needs and that people do not necessarily satisfy higher order needs through their jobs or occupations. Besides, the concept of self-actualization is considered vague and psychobabble by

some behaviourist psychologists. They asserted that the concept is based on an aristotelian notion of human nature that assumes we have an optimum role or purpose. In their words, 'self-actualization is a difficult construct for researchers to operationalize, and this in turn makes it difficult to test Maslow's theory. Even if self-actualization is a useful concept, there is no proof that every individual has this capacity or even the goal to achieve it'. Other counter positions suggest that satisfaction which Maslow viewed as a major motivator has been found not to be directly related to production which is main goal of the manager.

Application of Basic Needs Theory

Huitt (2004) citing the works of Norwood (1999) submitted that Maslow Hierarchy of needs could be used to describe the kinds of information that individual's seek at different levels. For example, individuals at the lowest level seek coping information in order to meet their basic needs. Information that is not directly connected to helping a person meet his or her needs in a very short time span is simply left unattended. Individuals at the safety level need helping information. They seek to be assisted in seeing how they can be safe and secure. Enlightening information is sought by individuals seeking to meet their belongingness needs. Quite often this can be found in books or other materials on relationship development. Empowering information is sought by people at the esteem level. They are looking for information on how their ego can be developed. Finally, people in the growth levels of cognitive, aesthetic, and self-actualization seek edifying information. Maslow's theory of human needs has also gain a universal application in nursing care of patients/clients of all ages. It wide applicability in nursing is predicated upon the fact that illness often disrupt patients the ability to meet needs on different levels, hence patients/clients come up with many needs. It should however be noted that Maslow's hierarchy is a generalization about the need priorities of most but not all people. As such when the nurse applies this theory in practice, the focus should be on the needs of the individual rather than rigid adherence to Maslow's hierarchy. In all cases, an emergency physiological need takes precedence over a higher-level need. However the need for self-esteem may be a higher priority than a long-term nutritional need for one patient/client, whereas for another person, the reverse may be the case. Furthermore, although the hierarchy of needs suggests that one should be met before the other, nursing care often addresses two or more at the same time. As Cox (1995) suggests the provision of most effective nursing care therefore entails an understanding on the part of the nurse, the relationship among different needs for the individual. Indeed in some nursing situations, it is unrealistic to expect a patient's/clients basic needs to be fulfilled in the fixed hierarchical order. The example given by Cox (1995) of a person who possibly enters the health care system as a result of chronic respiratory infection but presents with multiple related unmet needs for nutrition,

sleep, e.t.c. aptly buttress this assertion. Nursing care in this situation will not simply be directed at meeting the respiratory needs but will be directed at resolving the pressing/life threatening needs while simultaneously addressing the higher level needs.

SELF ASSESSMENT EXERCISE 2 Sketch a diagrammatic representation of Abraham Maslow's Hierarchy of needs**.** It should also be noted that for different individuals, needs on different levels may be related in different ways. Some people may give sexual need a higher priority than the need for love, whereas for others, sexual need is deferred until the need for love is met. Similarly, people with unmet needs for self-esteem may be unable to seek fulfillment of the need for love if their self- esteem is so low that they feel inferior and fear rejection. In these and many other ways, needs on different level may be closely related for individuals. When assessing needs and planning care, the nurse must not assume that lower–level need always takes priority. As with all other aspects of providing care, the nurse individualizes the nursing care plan to provide for the unique needs and desires of the patient / client (Cox, 1995). Factors influencing need priorities include: (a) A person's personality and mood. For instance a depressed person may react negatively to a suggestion for an activity that could increase self-esteem, although in another mood the person might respond with enthusiasm. Thus, when providing care to help meet several needs, the nurse can adjust the care plan to correspond most effectively to the patients/client's personality and mood. (b) The health status of the client/patient. A frail looking anaemic patient for example, should not be encouraged to resume physical activities related to need for self-esteem until need for physical safety and security have been met. (c) Socio-economic status and cultural background – this affects a person's perception of needs. To make any meaningful impact in meeting the hydra-headed needs of clients/patients, the nurse must therefore take into consideration all the aforementioned factors. In addition, in view of the interrelatedness of needs (e.g. if nutritional needs are not met for a long time, the person not only begins to grow lean and malnourished but also become deficient in meeting safety, love and self-esteem needs.

CONCLUSION

The human needs theory, no doubt, is a set of concept important for the nurse understanding of health and illness and the patient's/client's position on the health-illness continuum. Nonetheless, the nurse must as a necessity consider the uniqueness of each individual, their need References/Further Reading/Further Reading and the significance of each need in prioritizing nursing care.

SUMMARY The unit is a follow up of the discussion on health and human needs. It discusses the esteem and self-actualization needs with particular reference to how nurses could assist patients/clients to meet these needs. The unit also incorporates a comprehensive discourse of the Maslow hierarchy of needs with its flaws/ weaknesses and other need theories. The unit acknowledges that Maslow

hierarchy of needs is a theoretical representation of the need priorities of most people and not all people and therefore cautioned that when the nurse applies this theory in practice, the focus should be on the needs of the individual rather than rigid adherence to Maslow's hierarchy.

ANSWER TO SELF ASSESSMENT EXERCISE 1

A person feels self-confident and useful to himself and community.

ANSWER TO SELF ASSESSMENT EXERCISE 2

Show your representation to your colleague.

TUTOR-MARKED ASSIGNMENT

1. Write an essay on Maslow's Hierarchy of needs**.** Discuss the application of Maslow's Hierarchy of Needs in a clinical setting.
2. What is its criticism?