مراقبت بهبود: چالش‌های کاربرد مفهوم بهبودگی در مراقبت

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مراقبت، مفهوم مرکزی در پرستاری است که آن را از سایر حرفه‌های سلامت متمایز می‌کند. با این حال به اعتقاد برخی دیگر از صاحباننظران، مفهوم مراقبت در انتصاب رشته پرستاری نبوده و به عنوان قلب تمام جهان سلامت تعريف شده و در فلسفة، دیدگاه و رسانه‌سیاری از سازمان‌ها و مؤسسات سلامت ارائه شده است (1). مراقبت، به عنوان جوهره پرستاری و تکمیل‌کننده چهار مفهوم متایارادیمی پرستاری تعريف شده است (2). همین مرکزی بودن مراقبت در پرستاری منجر به توسه نظری‌های مراقبتی کوناگون شده است. مشهورترین آن‌ها نظریه مراقبت فرهنگی Leninger مراقبتی که در 1980 توسعه یافته Watson است. نظریه دیگر نیز توسط Boykin و Schoenhofer و است. نظریه دیگر دیگر نیز توسط Boykin و Schoenhofer و

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مفهومی دریک که در سال‌های اخیر با پیشرفت فناوری و تجهیز بهبود ویژه معرفی شده، بهبودگی است. به برای دیگر نیاز به مراقبت امروزه با مفهومی به نام بهبودگی آمیخته شده است. آنچه جای سؤال، بحث و چالش فراوان دارد، آیا است که آیا مراقبت می‌توان بهبود باشد؟ و آیا کاربرد آن برای مفهومی که مرکز و قلب رسته پرستاری تعريف شده است؟ و یا بهبودگی واژه‌ای است که صرفاً بر درمان متکی می‌شود و کاربرد آن در پرستاری و مراقبت ابهامات روبه‌رو است؟

در بیمارستان‌ها به طور روزمره با گفت‌گویهای نظری «آین چه کار بهبودگی است» که برای بیمار انجام می‌شود و یا «آین بیمار نیاز به آن اقدام تشخیصی و یا درمان نداشت و چرا این اقدام بهبودگی برای یک بیمار شد» یا «همه این کارها بهبودگی است» مواجه می‌شود. در همین راستا این سؤال مطرح می‌شود که آیا درمان و یا روش‌های به طور ثابت نامناسب، غیراصولی و بدون نتیجه برای بیمار انجام شود، آیا این مراقبت از او چه بهبود خواهد بود یا خیر؟

آنچه بررسی‌های متوسط نشان می‌دهد با وجود استفاده گسترشده و مشترکن از عبارت مراقبت بهبود در متن پژوهشی و پرستاری، مطلب واضح، روش و چنین وجود ندارد (4) که نشان دهد منظور این‌ها هندگان خدمات مراقبتی (پزشکان و پرستاران)، از مراقبت بهبود چیست؟ و آن‌ها چه

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.before the treatment. In order to achieve this goal, the researchers followed the guidelines of
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Futile Care: Challenges of Applying Futility Concept in Caring Domain

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Letter to Editor

Caring is the most central concept in nursing. This concept distinguishes nursing from other health professions. However, according to some experts’ opinions, caring is not an only-nursing concept; it is defined as the heart of all health professions. Caring is entered in the philosophy, vision and mission of several health organizations (1) and is introduced as the essence of nursing and the fourth complementary concepts of nursing Meta paradigm (2). Caring, as a central concept in nursing, has led to developing various caring theories. The most popular ones involve the cultural care theory of Leninger and the human care theory of Watson that were presented in the 1970s. In addition, the theory of Roach was developed in the 1980s. Another theory was presented by Boykin and Schoenhofer in the 1990s. These theories can be compared in some aspects including origin, domain, and definition of caring, description of nursing and other key components (3).

Futility is another concept that has been introduced in recent years due to advances in technologies and equips of the critical care units. In other words, today’s world of treatment and care is mixed with a concept called futility. However, what are more doubtful and controversial are: Whether the treatment could be futile? Whether applying futility concept in caring is correct? Or the futility is a concept that can only be used in treatment issues. Thus, its application in nursing is faced with some ambiguities.

We face to some statements in hospitals like: “what are these futile tasks that we have to do for the patients?”; “the patient doesn’t need the diagnostic measure or such treatment”, and “why this futile action was done for the patient”. In this regard, this question arises that if the treatment or procedure is done inappropriately,
unethical and without consequences, is patients caring process during these procedures futile?

Reviewing the literature shows that despite widespread use of the futile term in context of medicine and nursing, there are no clear and comprehensive evidence in this area (4) to show what do health providers mean by futile care? And what is the definition of futile care from their views?

Various definitions of the futile care are presented. Most of them have not clear boundaries with the concept of the treatment, including the word of futile care called to a condition that intervention and treatment of maintaining life has not potential benefit for the patients' quality of life and they cannot end patients' dependence on medical care (5).

In addition, futile care was defined as set of measures without making any reasonable chances for benefits to the patients (6); inability to achieve specific objectives (7); significant use of resources without any reasonable hope for improvement in the patients’ independence and their interactions of with the environment (4,8), and without improvement in their health. What these definitions show is that futile care implies to a mental (9), complex (5, 10 and 11), vague and uncertain concept (12), and based on personal judgment (13). It is worth noting that some Iranian researchers have defined this concept as providing clinical services not related to nursing. This show ambiguity and broadness of using the concept (14).

Regardless of the results, caring is necessary, and it is the goal rather than the means to achieve results, therefore care cannot be futile.

The main question is that what are the boundaries between care and treatment and if a treatment or procedure is futile, will caring of patients on those situations be futile? This is a question that still has not been answered in the literature.