Book Reviews

HANCHETT, E. S. (1989). *Nursing Frameworks and Community as Client: Bridging the Gap*. East Norwalk, CT: Appleton & Lange.

BY

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Baigis-Smith's Analysis

The American Public Health Association (1980) defined public health nursing as a field which "synthesizes the body of knowledge from public health sciences and *professional nursing theories* (emphasis added) for the purpose of improving the health of the entire community." Nursing's conceptual frameworks and theories, in contrast to those in the public health sciences, have never been widely used in community health nursing practice. The problem lies in the nursing frameworks. The common thread among all of nursing's conceptual frameworks has been their focus on the *individual* as the unit of service and analysis. The environment, however defined in these frameworks, has been viewed solely in terms of its effect on that individual. But it is the community, not the individual, that is fundamental to community health nursing practice. The community is the client. How, then, are these nursing frameworks to be used in community health nursing practice?

Effie Hanchett, in her aptly titled book, shows us how to use the nursing conceptual frameworks in practice. She focuses on the frameworks of four nursing theorists: Orem's self-care deficit theory; Roy's model of the person as an adaptive system; King's interactions among individuals, groups, and society; and Rogers's human-environmental field process. She first presents an overview of each theorist's work along with an explánation of the concepts of health, community, and community health from each theorist's perspective. Since the notion of community has not been

defined in three of the models (Orem, Roy, King) and has been unclearly defined in the fourth (Rogers), Hanchett provides definitions of community and community health according to each theorist's framework so that their assessment criteria can be properly applied. In short, she extends the work of each theorist into new areas. She describes the process of community assessment for each conceptual framework, applying each framework to a specific community. Her intent is "to provide a sense of the central meaning of each perspective as applied to the community . . ." (p. xvi). She has been quite successful. We can systematically, for the first time, assess the community using the same nursing frameworks that we use to assess the individual. What an accomplishment! This should have an immediate impact on nursing school curricula. All of our undergraduate and graduate nursing theories courses can now be revised to include a discussion of these frameworks for community assessment and intervention.

But what is the impact of these four frameworks for community health nursing practice? What advantages do these community assessments have over the traditional public health community assessment? For the public health disciplines, a community is generally viewed as having several components: population, geography, regulations, resources, services, and culture. A community need not be limited to a city or one of its subunits. It can be a factory or a hospital. It can be as encompassing as a metropolitan area or region. Based on public health sciences such as epidemiology and biostatistics, public health professionals perform a community assessment prior to their diagnosis and intervention. This assessment includes a general description of the community (history, geography, type of government), a characterization of the population (age, gender, race, nation of origin, marital status, religion, educational levels, income, occupation,

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leading industries, employment levels), as well as an assessment of housing, vital statistics, deviance rates, health, welfare, and social services. Information from this assessment is used to formulate priorities and mobilize resources to meet the needs identified in the community.

Hanchett identifies assessment essentials for the frameworks and the shortcomings in the applications of each. Nothing new results from viewing the community from these nursing frameworks; only the vocabulary is different. Below are a few examples:

1. In Orem's self-care deficit theory, the community can be viewed "as either the provider of services or the aggregate of persons receiving services designed to compensate for or overcome self-care deficits" (p. 16). A universal self-care requisite for maintenance of sufficient air when assessing a particular city shows that "Populations at risk of deficits include persons with respiratory problems and persons who live in areas with high levels of air pollution" (p. 25). Such correlations would be revealed in the traditional public health assessment through analysis of data on the current population and morbidity and mortality rates.

2. In Roy's model of the person as an adaptive system, the community "as a system can be described from the perspective of an adaptive system with input, output, and internal processes" (p. 50). Roy's adaptive (effector) modes or behaviors include survival, continuity, growth, transactional patterns, and member control as goals. When applying one adaptive mode (member control) to a community response to spouse abuse, "Control of the members of the Domestic Violence Board was achieved by means of the group's discussion and clear decision to collaborate in its efforts to establish a shelter within the county" (p. 76). The traditional public health assessment allows for analysis of the adequacy of health, welfare, and social services in responding to community problems.

3. In King's *Interactions Among Individuals, Groups, and Society*, the community "is viewed as a social system, rich in interaction of individuals and groups" (p. 81). The concepts of organization and authority within social systems, when applied to a community of prostitutes on Main Street, show that "The organization of city services influenced the well-being of the women. The health department is mandated to control the spread of communicable disease and consequently provided essential health care services to many of them" (p. 114). The control of communicable diseases is a statutory responsibility of a health department and is the basis for the so-called public health police power. This statutory responsibility is one of the foundations

for action based on the traditional public health assessment. King's framework, for this community of prostitutes, highlights the statute but does not provide new insights into its use.

4. In Roger's model of the human-environmental field process, the "community as a group of persons," according to Rogers, "can be considered an irreducible, four dimensional energy field in itself and manifests its own unique pattern" (p. 128). When applying Roger's concept of frequencies of color within rhythms to the city of Kalamazoo, we find that "Kalamazoo expresses constantly changing frequencies of color in the park and its neighboring downtown pedestrian mall" (p. 157). In the traditional public health community assessment, such descriptive material would be part of the overall description of the community.

Since the traditional community assessment provides the same information as our nursing frameworks, what can the nursing frameworks provide that cannot be gotten the traditional way? In response to this, Hanchett might say that I've missed the point. The nursing frameworks will eventually be used for both individual *and* community assessments, rendering the traditional public health assessment unnecessary. But part of the power of the traditional community assessment rests on the nurse's ability to make comparative judgments using data from the same community over time or from different communities. And the traditional assessment, since it is fundamental to all of the public health disciplines, is a standard for communication and provides a common base for action.

Because Hanchett has taken the initial steps in showing community health nurses, whose client is the community, how to apply nursing's conceptual frameworks in their practice, we can now grapple with the problems that arise from her effort. Along with research to determine the applicability of these frameworks for practice, which she recognizes (pp. 171–172), we must be able to standardize the community assessment criteria in nursing's conceptual frameworks so that we can make the same kinds of meaningful observations and analyses that the traditional assessment allows. (It's not clear to me whether the nursing frameworks will be useful for multidisciplinary communication.) And we also need to know when to use one framework rather than another, since the assessment criteria will differ, leading to different outcomes.

References

American Public Health Association. (1980). *The definition and role of public health nursing in the delivery of care*. Washington, DC: Author.

Wagnild's Perspective

In *Nursing Frameworks and Community as Client: Bridging the Gap*, Hanchett takes on the ambitious task of applying four nursing theorists' perspectives to the community as client. The overall purpose of the book is to organize the community nursing process within each nursing framework.

In the initial chapter, she states that each of the four theorists' works will be considered paradigms or worldviews. Further, each theorist is ordered along a continuum of perspectives from a mechanistic to an organismic worldview with Orem, Roy, and King reflecting a mechanistic view and Rogers an organismic view. Community is defined differently according to each framework and includes that of aggregate (Orem), system (Roy and King), and human-environmental field (Rogers), consistent with each of the theorist's perspectives. Health is defined using Smith's (1983) four models of health with Orem corresponding with the clinical health model; Roy, both the role performance and adaptive health models; King, the role performance model; and Rogers, the eudaimonistic model of health. Each of these definitions, however, is person-centered. Extending the definition of health to the community receives little attention in the opening chapter, even though this is the major goal of community nursing and the reason for identifying the community as client.

Early in the book, she establishes a pattern of presentation which the remainder of the book follows closely. This pattern is basically a description of the framework and definitions of health, community, community health, and goals of nursing followed by interpretation and application of each framework to community nursing. Because each nursing framework has its own unique language, the book's organization helps to clarify what otherwise might be confusing by repeating the above pattern, section by section. This style enhances the book's readability and allows for comparison between and among frameworks.

Hanchett carefully, though briefly, defines community and community health within each framework. Her efforts toward fitting each framework to community nursing is commendable but not always comfortable. Perhaps a more comprehensive and detailed treatment of this complex subject is warranted and would alleviate the sense that each framework has been superimposed on the community nursing process. For example, referring to Roy's framework as applied to the family, Hanchett states (p. 53) "by analogy, the community would also be considered as an adaptive system..." but does not expand on how this might be accomplished.

This book does enhance one's understanding of each theorist's work, but it also reminds one that the frameworks were initially developed with individuals and families in mind. The subsequent difficulties in integrating the community nursing process and defining the community as client within each framework is evident. Given each framework's original purpose, it may not be feasible or appropriate for community nursing without further elaboration. Questions that need to be addressed include: How might each framework be used to identify and prioritize the most urgent community health problems? How might each framework illuminate and direct the process of community change?

The emphasis on health promotion and illness prevention as major goals of both the nursing frameworks and community nursing is nicely integrated throughout each section. According to Hanchett (p. 109):

> Each model is directed toward increasing human well-being, defined variously as structural and functional integrity (Orem), effective interaction with the environment (Roy), a state that permits functioning in roles (King), or dynamic well-being (King, Rogers). None of the nursing models identifies disease as the central to the domain of nursing.

The community nursing process, however, receives little attention even though the book's purpose is to organize this process within each of the four frameworks. The first and fundamental phase of the nursing process, assessment, is presented comprehensively. Each section discusses this aspect of the nursing process, matching the elements of each framework with data to be collected depending on the nurse theorist's perspective. Arriving at a community nursing diagnosis, writing goals and objectives, planning for community change, identifying appropriate interventions to bring about needed change, and describing an evaluation based on the overall plan are not discussed. Intervention is implied in several places, but how the frameworks might facilitate the entire nursing process is not addressed. This is a major drawback to the usefulness of this book.

Hanchett has tackled a difficult subject and presented it clearly, consistently, and logically, though at times with insufficient depth, as indicated above, in relation to the community nursing process. Nursing knowledge is advanced through theory development and research, and she has proposed how this might be achieved by application of nursing frameworks to the community as client. Four different lenses were provided through which to view the community that suggest a number of possibilities for understanding and applying all phases of the community nursing process, although this was not explicated. The book

will challenge educators, researchers, and students to answer questions related to the interpretation of the four nursing models and the appropriateness of applying each to community health nursing.

References

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Whall's Analysis

Nursing Frameworks and Community as Client: Bridging the Gap is a well written and scholarly text, which uses nursing conceptual models/frameworks for nursing assessments and interventions with communities and other groups. As such, this is a unique text which fits nicely with all nursing education programs that give their students foundational knowledge in the nursing models. It is, therefore, one of a very few textbooks which use the nursing frameworks as the knowledge base for practice. Graduate programs in community health nursing will find the text especially helpful in assuring a nursing approach to communities and other groups. Doctoral programs in nursing will also find this text useful for analyzing the adequacy of the nursing model applications and also for analyzing and evaluating the theories. It follows, that research efforts may be designed to test these theories.

The text includes an introductory section which discusses useful definitions as well as an overview of the perspectives of specific nurse theorists. For example, the theorists', views with regard to the process of change are outlined. I found refreshing, two very clear views on nursing theory as well as the community as client.

In terms of nursing theory, Hanchett holds the more current view that the term theory should be used to encompass both specific theories as well as the nursing frameworks. In terms of the community as client, Hanchett clearly delineates the origin of this view and the overall reasons why this has been traditionally important in public health/community health nursing.

In the introductory section the author takes an interesting approach; she discusses how Smith's (1983) definitions of health might be applied to communities and other aggregates, and she then discusses how King's, Orem's, Rogers', and Roy's frameworks are as applicable to communities as to individuals. By discussing community, health, and nursing views regarding them, Hanchett advances the discussion, one might extrapolate, to fit within nursing's metaparadigm.

Each of the chosen nursing frameworks, that of Orem, Roy, King, and Rogers, are used for the largest portion of the text, the middle.

For these models, there are three chapters each which explicate the use of the model with regard to community or other aggregates. The approach which unifies each of these discussions is the initial chapter by Hanchett in which she discusses the conceptualization of community within the model, using the concepts and relationships specific to that model.

The most extensive of these discussions and the one with the most original ideas regarding use of the model, was the chapter on Rogers. In this chapter Hanchett pulls together many and varied references both inside and outside of the discipline of nursing to explain and apply Rogers' model. The references are a treasure trove of the works of philosophers, physicists, and nurses whose ideas are related to Rogers' model. These references should serve well students who wish to complete a philosophical explication of various points of Rogers' model. The use of the references for further research is a good example of the ways in which doctoral students might use this text.

Following Hanchett's chapters that introduce the use of each model with regard to community, there are two chapters each that seek to apply the specific model to community situations. It is in these chapters that Hanchett demonstrates her belief in a community perspective, because many of these applications have a grass roots flavor in that nurses practicing in these communities are often the coauthors. Because of the specific nature of these chapters there is considerable variability; but this, to me, was a most interesting aspect of the text. One chapter, "High on Kalamazoo" was interesting in terms of the use of Rogers' model to assess multiple aspects of the community which would demonstrate the pattern, and various rhythms of the city. Having spent some time in this midwestern city, I read this chapter with interest. I found that I would, indeed, approach various aspects of community health care differently because the Rogerian explication revealed new insights to me.

The final chapter by Hanchett compares and contrasts the "Four Theorists' Approaches" to the community as client. The assessments and interventions derived from each model are useful and interesting. The interventions should lead to research by graduate students as well as others who examine both the outcomes of such interventions as well as the congruence of these interpretations with the models. This is a fresh and novel approach to the use of the nursing models/frameworks. The text is well constructed and will be very useful to nursing education programs as well as to practitioners and theorists.

References

Smith, J. A. (1983). *The idea of health: Implications for the nursing professional.* New York: Teachers College, Columbia University Press.