DOWNLOAD PDF INTERVENTION IN ISSUES OF POLLUTION UTILISING INTEGRATED SOCIAL WORK PRACTICE

Chapter 1 : Behavioral Social Work Practice - Social Work - Oxford Bibliographies

*Intervention in issues of pollution utilising integrated social work practice (TISS monograph series) [Vimla V Nadkarni] on www.nxgvision.com *FREE* shipping on qualifying offers.*

Behavioral social work provides the practitioner of social work with an integrated set of theories and models and represents the original person-in-environment perspective that has been deemed central to the discipline. The central organizing principle is learning theory, specifically types of learning that have been labeled as respondent simple behaviors elicited by preceding stimuli , operant more complex behavior evoked by past consequences that followed behavior that have produced rewarding or aversive events , and observational acquiring behavior by imitating others. This comprehensive perspective not only includes ways to inform practice but also provides a well-developed methodology useful in the evaluation of the outcomes of social work practice, called single-system research designs SSRDs , and an integrated philosophy of science known as behaviorism. Most social workers who use the methods of behavioral social work are not radical behaviorists but, rather, employ such methods in the context of practice eclecticism. Introductory Works Although references to the application of learning theory and conditioning methods can be found in the social-work literature as far back as the s, it was not until the s that behavioral techniques truly began to influence the field of social casework. Werner , describing the cognitive behavioral approach called rational emotive therapy RET , appears to be the first book written by a social worker dealing with this approach. RET incorporates traditional learning-theory-based experiential methods aimed at changing behavior directly with office-based talking therapies that attempt to change irrational cognitions said to give rise to dysfunctional actions. The earliest purely behavioral monograph is Thomas, et al , which contains papers from a panel presented at the annual program meeting of the Council on Social Work Education. This monograph makes an excellent first reading to gain a historical sense of the optimistic appraisal of the usefulness of behavior methods to social work. Fischer and Gochros comprehensively lays out the learning theory foundations of behavioral therapy and presents how these approaches, largely developed in the field of psychology, could be fruitfully applied to social-work practice. Arthur Schwartz, a social worker, and Israel Goldiamond, a psychologist, coauthored Schwartz and Goldiamond , a textbook on social casework practice derived primarily from an operant perspective. The social workers John Wodarski and Dennis Bagarozzi authored Wodarski and Bagarozzi , a very easy-to-read introductory textbook on behavioral methods that covers operant, respondent, and observational learning-theory principles and derivative treatments. Additional individual chapters discuss various approaches to behavioral marital therapy; cognitive behavioral methods; and the application of behavioral methods to more-macrolevel issues, such as reducing energy consumption, pollution control, and the reduction of crime. For its day, this is a very cutting-edge volume. More-recent general introductory texts on behavioral social work include Hudson and Macdonald , Thyer and Hudson , and the Sundel and Sundel , an explicitly behaviorally oriented textbook on social-work practice. Fewer introductory books taking a singularly behavioral approach are appearing, because these methods are better represented in other mainstream texts, where they often figure prominently albeit not exclusively. Fischer, Joel, and Harvey L. Behavior modification in social work. Schwartz, Arthur, and Israel Goldiamond. Apart from describing the theory of behavioral social work, this book also presents two chapter-length case histories illustrating the applications of this approach. Misconceptions of the behavioral model are outlined. Behavior change in the human services. Perhaps the best primary textbook written by social workers on the topic of behavioral methods used in the human services that is still in print in the early 21st century. It is written from an operant perspective with attention to cognitive techniques. The socio-behavioral approach and applications to social work. Council on Social Work Education. This symposium was one of the earliest extensive efforts to introduce behavioral principles to the field of social work. Papers separately deal with the usefulness of behavioral methods to various fields of practice, micro through macro. Thyer, Bruce, and Walter W. Progress

in behavioral social work. It contains articles illustrating the application of behavioral methods to various areas of social work, including chronic mental illness, parent training, obsessive-compulsive disorder, problems in adolescence, sexual dysfunctions, treatment compliance, abusive drinking, family therapy, using single-system designs, and urinary incontinence. A rational approach to social casework. RET was an influential treatment and is considered one of the earliest cognitive behavioral therapies due to its integration of behavioral and cognitive approaches. Ellis subsequently renamed it rational emotive behavioral therapy to highlight its learning-theory foundations. Topics presented include respondent, operant, and observational learning; cognitive methods; self-control; marital therapy; and the alleviation of social problems. Users without a subscription are not able to see the full content on this page. Please subscribe or login. How to Subscribe Oxford Bibliographies Online is available by subscription and perpetual access to institutions. For more information or to contact an Oxford Sales Representative click here.

DOWNLOAD PDF INTERVENTION IN ISSUES OF POLLUTION UTILISING INTEGRATED SOCIAL WORK PRACTICE

Chapter 2 : Research in Practice | Effective leadership for integrated-teams

Intervention in Issues of Pollution Utilising Integrated Social Work Practice by Vimla V Nadkarni starting at $ Intervention in Issues of Pollution Utilising Integrated Social Work Practice has 1 available editions to buy at Alibris.

This is an open access article distributed under the terms of the Creative Commons Attribution License http: This article has been cited by other articles in PMC. Calls to reform healthcare are in the forefront of economic and political discussions worldwide. Economic pressures reduce the amount of time physicians can spend with patients contributing to burnout among medical staff and endangering the patient iatrogenically. Politicians are getting involved as the public is calling for more affordable healthcare. A new paradigm must be embraced in order to address all aspects of this dilemma. It is clear that science and technology have resulted in vastly improved understanding, diagnosis, and treatment of disease, but the emphasis on science and technology to the exclusion of other elements of healing has also served to limit the development of a model that humanizes healthcare. The healing of a patient must include more than the biology and chemistry of their physical body; by necessity, it must include the mental, emotional and spiritual aspects. Because of these challenges, the development of an integral healthcare system that is rooted in appropriate regulation and supported by rigorous scientific evidence is the direction that many models of integrative healthcare are moving towards in the 21st century. Integral medicine recognizes that human beings possess emotional, mental and spiritual dimensions that are essential in the diagnosis and treatment of disease and the cultivation of wellness. Integral medicine is about being concerned with the whole person rather than the disease; calling on the universal life force prana or chi manifested mentally, physically and spiritually. According to philosopher Ken Wilber, there are four elements necessary for the progress of an Integral medicine paradigm: These stages of consciousness span a spectrum from sensory to mental to spiritual. Potentials coming from the physical, emotional, mental and spiritual spectrums effectively resist reductionism. Since we all have physical, emotional, mental and spiritual dimensions of being and awareness, attempting to reduce mind and spirit to matter can be considered folly; 2 Holism, which includes oneness of experience. This view would create a larger consciousness, which in turn would manifest a larger self and then generate larger medicine. Integrating healthcare is somewhat like getting drivers to switch from combustion engine automobiles to electrically powered motor cars. The most proficient way to move forward is with small steps. The transition from gas-powered automobiles to gas-free automobiles must go through a hybrid stage in order for drivers to feel comfortable with the new system. The same can be said about transitioning from a pathophysiological based medical system to an integral based system. There are many biases towards complementary and alternative practices that prevent total acceptance in the current medical field. Biases towards viewing spirituality as organized religion and also biases as to whether or not humans really have a conscious mind that is capable of healing the body on its own. A model for integrating medicine and psychology is already in existence can be expanded upon for an integral healthcare model. The Model for Integrating Medicine and Psychology MI-MAP was developed over a ten year period of training physicians in both behavioral health and psychological factors, and training psychologists in physical health and pathophysiology. It also organizes a sequential process by which the clinician can perform a comprehensive yet expedient inquiry regarding symptomatology relevant to the biopsychosocial model. This model serves as a guide to employ the concepts of the biopsychosocial model, and apply these concepts consistently with the process of clinical evaluation, treatment planning and clinical intervention. The agenda for developing the MI-MAP stemmed from several observations in the clinical training setting. This model could be extended to include spiritual imbalances as well as mental and emotional disorders. Physicians and nurses often struggle with the psychosocial components of a biopsychosocial practice. In the medical setting, patients present their physical symptoms and physicians often focus exclusively on the diagnostics of the physical disease. A check list of red flags pointing to biological, spiritual and mental health issues can be quickly diagnosed and attended to by all types of health

practitioners. Here are ways to empower practitioners as well as patients to remain alert for signs and symptoms in all types of healthcare. This can also be advanced through a network of support groups for practicing primary care physicians, behavioral health practitioners, complementary and alternative practitioners and spiritual counselors. How do we Begin the Movement Towards Change? Starting with educating physicians, the need to integrate complementary and alternative practices in medical schools is of utmost importance. According to Ken Wilber, 2 over two thirds of medical schools now have courses in complementary and alternative medicine; however, the challenge is to educate by cross training spiritual and behavioral healthcare practitioners as well as medical practitioners. It is important to note that some integrative practices will complement Western medicine and some will provide an alternative to Western medicine. An integrative system of complementary and alternative medicine differs from a system which is considered integral. Integral medicine blends Western allopathic medicine with complementary and alternative medical choices. From these options the practitioner could then individually or collectively practice medicine instead of either ignoring or guessing at the causes of psychological, emotional or spiritual imbalances. The transpersonal practitioner, however, knows when to refer out a patient, making room for new techniques by becoming part of a medical group or center that specializes in integral treatments. The transpersonal practitioner refers to a human-to-human connection that goes beyond the personal, physical ego self and connects with a deeper, more spiritual, transcendent, consciousness based practice. Physicians may not be adept at all healing aspects of the human being, but they should at least be cognizant of psychological and spiritual issues in their patients and should be aware of the implications of ignoring these aspects when it comes to health and healing. Why is a Spiritual Aspect of Healing Necessary? Today, spirituality is considered an important part of secular life. According to Norman Shealy, M. It was followed by the transpersonal psychology movement, and then the holistic health and medicine movement. The transpersonal psychology movement emphasizes a connectedness with spirit, soul and God. The holistic health movement emphasizes the importance of the spiritual aspects of life in overall well-being. When the gift of good health is interrupted, we have the opportunity to realize that the well-being we tend to take for granted is a gift. The loss of good health is very often experienced as a gift because it can be a doorway to a new understanding of self in relationship to others. Spiritual counseling often involves a search for meaning in terminal illnesses, confronting suffering and exploring forgiveness and gratitude. Mind-body medicine focuses on the potential for mental, emotional, social, behavioral and spiritual processes that affect health and personal growth. Yoga, meditation, prayer and expressive arts such as dance, art and music are often suggested in mind-body practice. Of great concern are the growing number of uninsured persons and the lack of reasonable mental, emotional and spiritual healthcare coverage worldwide. Conceivably the answer lies in moving from a carve-out system to a carve-in structure of managed behavioral healthcare. Insurance issues in the healthcare industry remain as big a problem as the reductionistic theory of matter in medicine. In most cases insurance benefits for a specific service category are separated from other insurance benefits and managed under a different contract. So even if medical doctors decided to practice alongside psychologists, psychiatrists and spiritual counselors, the insurance processing systems would be separate. This carve-out structure system increases the chances of over prescribing psychotropic medications by primary care physicians who may not be trained in such unless they are a psychiatrist. According to Marilyn Schlitz, 1 60 to 70 percent of all medical visits primarily have a psychosocial basis and 25 percent of primary care patients have a diagnosable psychological disorder with anxiety and depression being the most common. Schlitz asserts that 50 percent of patients with mental health problems are seen only in primary care, and 70 percent of all psychotropic medications are prescribed by non-psychiatric physicians. Less than one third of adults with a diagnosable mental disorder receive treatment each year, leaving the majority without care. Integrating medicine with a carve-out structure of managed holistic healthcare would greatly benefit both the patient and the physician, especially if equal coverage is granted for all modalities. If Western medicine could embrace a system where physicians, social workers, spiritual counselors and behavioral healthcare providers are able to collaborate more freely by co-locating,

they would readily see how the quality of the care provided to their patients improves. This structure may have the added benefit of destigmatizing mental healthcare as patients come to see mental health providers as part of the medical team. It would be quite simple to follow up a physical health exam with a mental and spiritual health visit if medical doctors, psychologists and spiritual counselors worked in the same location. Support groups could meet on site at the medical center. The patient could book an appointment with their healthcare practitioners in the same office and feel confident that all their needs are being met by the same medical team. This model for integrating conventional medicine with psychology and spirituality would provide an expedient assessment sequence to assist psychologists and social workers in understanding the stresses and coping demands of various physical illnesses as well as to orient physicians and nurses to the psychosocial factors that may interfere with important medical outcomes. Barriers to an integral system of this type include the fact that managed care has not provided financial incentives for adopting an integrated model of healthcare. The lack of adequate reimbursement in insurance policies is another problem and cost codes for mental health remain separate from the physical health system creating billing problems for the patient, doctor and insurance company. If a more integrated approach were taken in health insurance and a managed care organization owned and operated its behavioral health organization as a subsidiary and would retain the risk for the mental health services, management could focus on the person as a whole as well as provide a combination of medical and psychological services. This is important since the World Health Organization 7 ranks psychological disorders second only to cardiovascular disease as a leading cause of worldwide disability. Conventional medicine does not use the principle that consciousness shapes our understanding of health and disease. Because of this misunderstanding, integral medicine will require a reassessment of assumptions. Objectively it cannot existâ€”separate from our consciousness. Its desire for health and healing is as important as scientific information and technology. Different cultures add other dimensions to the art and science of healing. In the Navajo way of thinking, the causes of imbalance, disease and healing restoration of balance areintrinsically interrelated. Other physical symptoms may attach themselves to the original imbalance. One becomes aware of a multiplicity of invisible interconnections within the organic system. These complex alignments are visible and understandable to Navajo diagnosticians. Ancient people concluded that all things in the universe with or without life are made up by an ultimate, invisible, yet ever-existing Chi. Ancient medical theory posits that the human body is formed by Chi and that the body correlates with nature. Different Traditional Chinese Medical treatments have the common objective of regulating Chi and restoring balance. The ancient science of Tibetan medicine is rooted in the teachings of Buddha and the essence of these teachings is the central importance of the mind. The Buddha says the mind is both the source of happiness and the root of suffering. At the same time it possesses an extraordinary capacity for healing; it also plays a part in making us ill. For an overall view of the integrative healthcare process, reference the American Holistic Medical Association AHMA which serves as the leading advocate for the use of holistic and integrative medicine by all licensed healthcare providers. The AHMA embraces integrative, complementary and alternative medicine techniques, while holding onto what is helpful in allopathic medicineâ€”understanding that healing includes the body, the mind, the emotions, and the spirit. It also includes links to many full-text articles at journal Web sites and other related Web resources. The center integrates self-care with expert care and the best of conventional medicine with proven healing practices from around the world. The center offers a personalized approach to healthcare that combines conventional and complementary approaches. The Institute of Health and Healing also offers classes to teach individuals and practitioners fundamental tools for wellness. Other treatment centers around the world have taken up the challenge of integral healthcare. One in particular is The Cancer Centers of America see www. This integrated approach has shown to be rewarding to not only the patient, but also the healthcare practitioners. The Maricopa Integrated Health System http:

Chapter 3 : Generalist Social Work Practice

social problems and social work practice in a holistic manner. It lends itself to the study of action and interaction of systems and sub-systems and the relationship between them.

Advanced Search The recent emphasis on evidence-based practice must cbe welcomed as part of the general move to improve the quality and cost-effectiveness of health promotion interventions. This Editorial aims to re-focus attention on the role of theory in the context of evidence-based practice. It argues that empirical evidence alone is insufficient to direct practice, and that recourse to the explanatory and predictive capability of theory is essential to the design of both programmes and evaluations. The response to the current need for evidence has been two-fold. On the one hand, we have witnessed an increase in the number of published systematic reviews [e. On the other hand, there has been considerable debate about the nature of evidence and how we can assess effectiveness. Concerns about the possible dominance of a positivist methodological agenda and its limited applicability to health promotion have been more fully discussed elsewhere [see, e. Green and Tones,]. Signs are emerging that these concerns are beginning to be addressed. There is increasing recognition of the broad epistemological basis of health promotion research, the value of methodological pluralism and the particular capacity of qualitative methods to provide an illuminating perspective. The principal focus of much of the discussion about evidence-based practice has been on the appropriate measurement of effectiveness. The role of theory has received comparatively little attention in this debate. It is also noteworthy that guidelines on undertaking systematic reviews tend to side-step the issue. For many, theory is equated with a reductionist position, and therefore judged to be incompatible with both holism and empowermentâ€”the central tenets of health promotion. However, the accumulation of empirical evidence about effectiveness is of limited value to the practitioner unless accompanied by general principles which might inform wider application. Without reference to these theoretical principles we risk being submerged by a post-modern morass of empirical evidence, which, on its own, can do little to guide practice. Buchanan Buchanan, attributes scepticism about the value of theory and the so-called theory practice gap to a restricted view of theory shaped by the natural sciences and positivism. This broader interpretation of theory is central to the discussion here. The purpose of theory is seen not as offering universal explanations or predictions, but rather as enhancing understanding of complex situations. Such understanding will inevitably need to be sensitive to specific contextual factors, and would necessarily draw on the experience of practitioners and communities. Explanatory theory sheds light on the nature of the problem and helps to identify the range of factors that the health promoter might seek to modify. In contrast, change theory informs the development and implementation of intervention strategies. Without a full, rational appraisal of the problem and possible solutions, interventions might easily: Address wrong or inappropriate variables i. Tackle only a proportion of the combination of variables required to have the desired effect i. Theory also provides the basis for judging whether all the necessary elements of a programme are in place. For example, a programme designed to encourage a particular behaviour, such as condom use, could not be expected to succeed unless it addressed the known determinants of that behaviour. Providing young people with information about condoms will have little effect unless they also have the skills to obtain and use condoms, they are able to be assertive in negotiating condom use with their partner, condoms are available, and so on. Theory can consequently make a major contribution to improving the design of programmes and maximizing potential effects. There are numerous theories to draw on. It would be invidious to attempt to provide a comprehensive list. Theories range from behaviour theory through change theory at individual, organizational and community levels , to community development and policy theory. Nutbeam Nutbeam, also provides a succinct overview. Any difficulty arises not so much from an insufficiency of theory, but rather the capacity to select relevant theory and apply it in practice. He further contended that single theories cannot cope with the complexity of ecological views of health and that multiple theories might be required. However, there are no guidelines on

the selection of individual theories let alone combinations. It is noteworthy, in this context, that relatively few research and evaluation reports document fully the theoretical analysis underpinning the development of programmes and exactly how that analysis was translated into action. Even fewer provide a rationale for the selection of theoretical models. Greater transparency about these issues in publications would be of immediate relevance to practitioners, and also contribute to a more general understanding of the process of theory selection and utilization. Theory and evaluation As we have noted above, reference to theory allows an assessment to be made of whether all the necessary elements of a programme are in place. In the context of evaluation, this type of analysis can be used to identify type III error, i. It is somewhat surprising that systematic reviews tend to pay scant regard to type III error. Inclusion and exclusion criteria generally focus on the design of the actual evaluation component of studies rather than the quality of the intervention itself. The principal concern is generally with establishing criteria to ensure the avoidance of unjustified claims for success, typically because there are inadequate controlsâ€”usually referred to as type I error. The quality of studies is therefore judged in relation to the evaluation methodology, frequently overlooking the adequacy of the programme itself. Numerous authors have commented on the failure of a simple inputâ€”output model of evaluation to address the complexity of the health promotion endeavour. It is well recognized that evaluation should be concerned with both process and outcome indicators. The key question revolves around how these indicators are both identified and selected. A thorough theoretical analysis can serve to identify a whole range of potential outcomes as a basis for making a selection of those judged to be most relevant. Furthermore, a theoretical framework allows these indicators to be ordered in relation to an anticipated time sequenceâ€”effectively constructing a proximalâ€”distal chain of events. Without such recourse to theory, the process of selecting indicators can be rather like plucking straws out of the air. Concerns that using theory in this way might lead to a restricted, deterministic view of events are unfounded provided an appropriate theoretical analysis is undertaken. Ideally this should open up an array of possible indicators and direct attention to those which are essential to the needs of the evaluationâ€”in essence sharpening the focus of the evaluation. Moreover, distinguishing between proximal and distal indicators allows some assessment to be made of the relative magnitude of anticipated changeâ€”generally greater in proximal indicators, such as change in beliefs, than in more distal indicators, such as change in behaviour. Inclusion of proximal indicators may therefore enhance the capacity of evaluation to demonstrate some effect and thus minimize the risk of type II errorâ€”the failure to demonstrate change which has actually occurred as a result of the intervention. Such error generally arises when the research design is insufficiently sensitive to detect change or even focuses on inappropriate variables. The use of theory to inform the design of evaluation strategies is relevant to all types of programme. It is worth emphasizing that recourse to theory in identifying indicators need not be restricted to those programmes that have a pre-determined agenda. The argument applies equally to interventions based on community development principles, where the possible outcomes are more open. In this instance relevant community development theory allows the various stages in the process to be recognized and indictors appropriate to each stage to be selected. Furthermore, theoretical insight into processes such as group building, project development, inter-sectoral collaboration and organizational change can highlight appropriate process indicators. It is perhaps important to re-iterate the point that evaluation should be enhanced not restricted by theoretical analyses. Clearly, openness to wider, often unanticipated effects is also important in evaluation design. Such understanding is particularly pertinent in the case of multifaceted community interventions. Building theoryâ€”an evolving cycle We have argued above that the selection and use of appropriate theory should be integral to the design of health promotion programmes and evaluation strategies. The predictive capacity of theory contributes to the quality of programmes by identifying the necessary elements for inclusion. Similarly this predictive capacity can serve to identify a range of possible evaluation indicators without precluding unanticipated outcomes. The explanatory capability of theory allows generalizations to be made and enhances understanding. However, context-specific factors will also have some impact. It is therefore essential to gain insight into the conditions under which any observed relationship holds

true. As we noted earlier, considered reflection on the outcome of programmes can serve to corroborate theory or identify the need for modification or refinement either in a general sense or in relation to specific contextual factors. In effect a continuous cycle of evolution is established see Figure 1 in which theory is used to direct practice, but is also exposed to the scrutiny of practitioners with regard to assessing its general utility in the field and in a range of different contexts. Following on from recognition that evaluation strategies should not be restricted by positivist perspectives, but should use both quantitative and qualitative methods, the conceptualization of the nature of theory and theory development should be equally broad. We have already noted that hypothetico-deductively driven approaches have been criticized on the basis of being reductionist. Their limited capacity to address all the concepts and variables pertinent to complex situations may be a source of some scepticismâ€”particularly when missing variables are immediately apparent to experienced practitioners or communities. Inductively derived theory may serve to overcome these shortcomings by providing explanatory insights, which are firmly grounded in experience. Furthermore, it can define the conditions under which theory holds true. The move towards evidence-based practice has triggered the publication of a series of systematic reviews. What, then, is the place of systematic reviews in this argument? The selection criteria for studies to be included in systematic reviews should recognize the importance of programme design based on sound theoretical principles. Reviews should not focus exclusively on outcome measures of effectiveness, but also take account of both the process and contextual factors. This was recognized in the recent review of health-promoting schools Lister-Sharp et al. Concluding remarks It is undeniable that health promotion requires a strong evidence base. However, if this derives solely from the accumulation of empirical evidence of effectiveness, there is a very real danger of ending up with little more than a menu of proven interventions from which to select and without a rational base to guide that selection. Of more relevance to the practitioner are general principles together with an understanding of context-specific factors, which will allow adaptation to suit different situations. The accumulation of empirical evidence per se and development of theory need not be seen as alternative and competing approaches. Rather, as Wallace Wallace, proposed a seamless web incorporating hypothetico-deductive and inductive elements into the scientific process, the two should be inextricably linked as shown in Figure 2. Theory needs to be developed and tested not only in controlled situations, but also in the real world where inductive insights can shape the development of theory and its relevance in specific contexts. However, in order for this to happen studies need to document fully their theoretical base and their rationale for the selection of theory. Similarly, published accounts of how theory is translated into practice together with refinement of theory in the light of empirical findings and awareness of context-specific factors could contribute to a progressive narrowing of the theory practice gap. Theory, health promotion programme planning and evaluation. The development and application of theoryâ€”hypothetico-deductive and inductive approaches combined.

Chapter 4 : Behavioral Ethics: A Lens to Examine Ethical Challenges in Social Work Practice

Children and Youth B56 Intervention in Issues of Pollution Utilising Integrated Social Work Practice V.V. Nadkarni B

They identify and address practice issues and lead the nursing community with respect to improved, expanded, and advanced practice and education. Professional associations also inform the general public about the scientific discipline of nursing and influence external bodies e. Many professional associations are involved in additional activities, such as 1 creating standards of care to delineate the scope of practice and professional accountability, frameworks for measuring patient outcomes, and parameters for practice evaluation; 2 developing codes of ethics to guide ethical decision making and the delivery of ethically centered care; 3 supporting education and research activities e. Professional societies can provide relevant educational opportunities and help identify mechanisms for increasing the level of integration of environmental health concepts into practice. The American Public Health Association, an interdisciplinary professional society, provides a forum for building consensus on emerging public health needs and disseminating innovative strategies to address these needs, including environmental health issues. Professional associations can have a major influence on the integration of environmental health concepts into general and specialty nursing practice, and they must be considered in strategies for altering nursing practice to include environmental health issues. Ethical Dilemmas Environmental and occupational health issues are fraught with potential ethical conflicts. Nursing, Health, and the Environment. The National Academies Press. For example, an occupational health nurse may place her own job in jeopardy by advocating for a costly change in the workplace that would create a safer environment for workers. Nurses may encounter ethical problems related to resistance from political and community forces of many types. The very clients whose health is at risk may deny or conceal the hazard because they fear loss of their own jobs or a decline in housing values if the hazard becomes public knowledge. For example, migrant workers and farmers may be unwilling to jeopardize their income for issues of health and safety; likewise, residential and commercial development may be deemed more important to community leaders than the resulting noise, air, and water pollution. Concern about the confidentiality of health information obtained from employees is significant, especially when occupational health nurses are threatened by managers with job termination if they do not relinquish specific health and medical information about a worker. Although companies have a right to know whether their employees are physically and mentally capable of performing a job, employees also have the right to keep specific information about their health or medical diagnoses private. This situation often creates conflicting loyalties for nurses. In such cases, nurses must be guided by professional codes of ethics, both general and specific to their area of practice. All individuals have the right to know about actual or potential health exposures in order to make informed decisions about the protection of their own health and that of their families and future offspring. For example, if a toxic spill occurs in a community or workers are exposed to chemical toxicants, the health professional has an ethical obligation to inform all parties of the potential consequences of the exposure. In some situations, community leaders and company executives assume a paternalistic posture, believing that they know what is best in terms of information disclosure. This attitude may place certain populations at greater risk due to lack of access to health care and potential harm from continued exposure. For example, those living closest to a spill, those spending the most time near toxic substances during cleanup, and particularly sensitive populations such as children and pregnant women living in the area near a chemical spill may be at greater risk for adverse health effects than others in the community, and they should have full access to information about substances to which they have been potentially exposed. Nurses must be knowledgeable about potential hazards and may need to act autonomously in supplying the required information to community members, on the basis of professional, ethical responsibilitiesâ€”whether they are explicit or implicit in nature. Page 53 Share Cite Suggested Citation: Other issues in environmental health intervention research are how best to protect confidentiality and how to achieve meaningful informed consent.

Resources for addressing ethical conflicts regarding environmentally related health issues must be integral components of educational preparation for nurses at all levels of practice. Registered nurse RN licensure conveys authority for a nurse to practice within the scope of practice defined by a state. NCLEX does not directly measure the environmental health science content of the nursing curriculum, although test items may reflect nursing knowledge secondary to the understanding of underlying environmental factors. Because schools of nursing use data on the passing rate for NCLEX as an educational outcome indicator, the influence of NCLEX items and the content of this examination on curricular decisions for nursing education cannot be underestimated see Chapter 4. Certification Unlike licensure, certification is a voluntary process in which an RN seeks an additional credential in a distinct practice area. In the future, recognition as an advanced practice nurse may require both certification and licensure. NBCSN , were surveyed and asked to describe the nature of certification for environmental health nursing. Three questions were asked: Page 54 Share Cite Suggested Citation: Among the 24 certification areas where examinations do exist, a review of test content found that one or more concepts of environmental health nursing could be inferred in 21 of the examinations. These were typified by "lead poisoning, safety, poisoning and air pollution. Test content outlines of two examinations included environmental science: The pediatric nurse practitioner examination content outline dedicated a section to environmental issues, and the general nursing practice test content outline noted the influence of "environmental and occupational factors" in consideration of health promotion, disease prevention, and control. A key word search of environmental health and its derivatives e. Bowers reports that ANCC has not gathered data to substantiate or refute the need for a certification program in environmental health nursing and has no current plan to offer such an examination Bowers, The ABOHN certification exam has integrated environmental health concepts into the certifying examination. Six content domains make up the examination blueprint, one of which is labeled "health and environment relationships. ABOHN has not compiled data to substantiate the need for developing a certification examination in environmental health separate from an examination in occupational health. Currently, certification in environmental health nursing does not exist for the generalist nor for those in advanced practice, although several certifying organizations report that environmental health concepts are present to some degree. Based on this survey of certifying organizations, current credentialing systems do not include the specificity and breadth of environmental health content necessary to ensure its inclusion in basic generalist practice. Changes in Health Care Delivery Health care delivery is undergoing rapid change, with a pervasive trend toward institutional consolidation and emphasis on cost cutting. Page 55 Share Cite Suggested Citation: Along with these trends, health services research has documented a statistically significant relationship between the level and mix of nursing staff in hospitals and patient outcomes Prescott, Specifically, as the number of nurses and the percentage of RNs on staff increases, risk-adjusted hospital mortality rates decline, as does length of inpatient stay. The ANA is concerned about the possibility of declining patient safety and adverse health outcomes, as well as the increasing stress physical and psychological on nurses that is likely to increase work-related injuries as a consequence of downsizing and lowered skill requirements of the patient care workforce. As noted by Redman , current changes in workforce patterns at healthcare facilities are resulting in fragmentation of nursing care, with fewer opportunities for one-to-one contact of nurses with patients. To paraphrase Redman, it may be possible to get knowledge of environmental concepts into the nurse, but because of declining direct patient contact by RNs, it cannot be assumed that such environmental health concepts will be integrated into nursing practice Redman, Under such circumstances, the call for adding more environmental health content to nursing practice may ring very hollow to some. However, the committee is not recommending something new, but rather a return to earlier, broader views of the nursing profession that include environmental concerns. Enhancing environmental health content in nursing practice will involve an elaboration of existing skills and perspectives, such as including environmental factors in history taking and seeking methods of primary prevention to eliminate illness and injury. Funding for Public Health Recent efforts toward health care reform on both federal and state levels focus attention on improving access to care for the sick through Page 56 Share Cite

Suggested Citation: Tied closely to these efforts is the concern for controlling health care costs. Nursing leadership has firmly supported such reforms. Not incidental to proposals by nursing leaders is the call for increasing the supply and inclusion of advanced practice nurses e. Compelling data have been compiled that demonstrate the potential to increase accessibility of care and decrease cost, without a loss of quality of care Boex et al. Struggling for attention in the current health care reform debates, which focus largely on care for the sick, is the message from those in public health settings that it requires more than seeing a doctor for people to stay healthy. The public health community e. Department of Health and Human Services [DHHS] has been a persistent voice for a broader perspective of health care that encompasses preventive strategies as well as traditional care and cure models.

Chapter 5 : Nursing Practice - Nursing Health, & Environment - NCBI Bookshelf

Social Work Practice Defined Click to print Statute text (1) For the purposes of this part 4, "social work practice" means the professional application of social work theory and methods by a graduate with a master's degree in social work, a doctoral degree in social work, or a bachelor's degree in social work from an accredited social work program, for the purpose of prevention.

Figure Florence Nightingale entering one of the wards of the hospital at Scutari with an officer. In watching diseases, both in private homes and in public hospitals, the thing which strikes the experienced observer most forcibly is this, that the symptoms or the sufferings generally considered to be inevitable and incident to the disease are very often not symptoms of the disease at all, but of something quite differentâ€”of the want of fresh air, or of light, or of warmth, or of quiet, or of cleanliness, or of punctuality and care in the administration of diet, of each or of all of these. However, environmental factors that affect health are commonly overlooked in routine patient assessments. When environmental health concerns are missed, an opportunity for prevention is lost, and public health is less well served. Although not every illness has an environmental etiology, nearly everyone will have a health problem related to an environmental hazard for which evaluation or advice is appropriate in terms of good nursing practice. It is important in nursing practice to identify not only the hazards that contribute to a current diagnosis e. By taking a proactive approach, nurses can initiate preventive actions to abate hazards before they manifest as disease. Systematic frameworks for the practice of nursing also guide nurses in actual nursing performance. The most widely accepted framework for nursing practice currently in use is the nursing process of assessment, diagnosis, planning, intervention, and evaluation. A model to guide medical and nursing practice specific to environmental health concerns established by the California Public Health Foundation CPHF, consists of three roles: Awareness of the formal descriptions, definitions, and systems of nursing practice is useful for determining how environmental health concepts and related activities fit into nursing as it is currently practiced. A brief overview of the definitions and systems that guide nursing practice and their application to environmental health concerns is presented in the following section to demonstrate the "fit" between nursing practice and environmental health issues. ANA defines nursing as " â€¦ a caring-based practice in which processes of diagnosis and treatment are applied to human experiences of health and illness" ANA, ANA describes three basic nursing activities that explicitly include issues related to the environment and health, a preventive approach to health, and concern for populations as well as individuals: Restorative practices modify the impact of illness and disease. Supportive practices are oriented toward modification of relationships or the environment to support health. Promotive practices mobilize healthy patterns of living, foster personal and familial development, and support self-defined goals of individuals, families, and communities. Thus, major concepts and activities necessary to address environmental factors that can affect the health of individuals and populations are within the scope of practice and definition of nursing set forth by the ANA. It is a deliberate, logical, and rational problem solving process whereby the practice of nursing is performed systematically. The nursing process includes continuous input from patients, their families, or communities through all phases from assessment to evaluation. Diagnoses, planning, and interventions may be altered at any stage based upon new information from the patient or any other source. As far as possible, the patient should have an active and equal role in the nursing process, constricted only by physical or emotional limitations on their ability to participate. It is worth noting that the nursing process was developed for the care of individuals, and has since expanded to include a role in the care of families and communities. Application of the nursing process to environmental health issues may require nurses to employ various phases of the process in new ways. For example, the intervention may be recommending a change in the source of drinking water that affects a whole neighborhood or community. The process is compatible with the framework of investigator, educator, and advocate, established by the California Public Health Foundation to address nursing roles and responsibilities particular to environmental

health issues. The CPHF framework augments rather than duplicates the nursing process. This activity includes eliciting a health history to identify previous illnesses and injuries, allergies, family health patterns, and psychosocial factors affecting health. Environmental health components of history taking can be integrated into the routine assessment of patients by including questions about prior exposure to chemical, physical, or biological hazards and about temporal relationships between the onset of symptoms and activities performed before or during the occurrence of symptoms. During an assessment, the nurse should be alert to patterns of co-morbidity among patients, family members, and communities that are indicative of environmental etiologies. Nurses also conduct assessments during visits to patients in their homes and places of work, gaining first hand information about environmental factors that may adversely affect health. Diagnosis occurs with the culmination of objective and subjective data collection. In this phase of the nursing process health problems are identified and described. Depending upon their practice setting, nurses may use the diagnostic terms established by the North American Nursing Diagnosis Association NANDA or medical diagnostic terminology, as is often the case with APNs who are nurse practitioners. Routine consideration of environmental factors that affect health is essential in the diagnostic phase of the nursing process; without knowledge of such factors, problems may be misdiagnosed and subsequent interventions will address environmental issues haphazardly, if at all. A range of interventions are identified to address the health problem, and plans for implementing those interventions are developed. Without attention to environmental factors, intervention plans are likely to focus on secondary- and tertiary-level activities care and cure rather than primary prevention strategies. Intervention is the component of the nursing process in which the nurse implements activities to promote health, and prevent or alleviate illness and injury. The nurse may act as educator in this part of the nursing process, informing patients, families, workers, and communities about hazards in the environment and how to protect themselves. Effective interventions require a knowledge of resources, including texts, databases, and professional experts, and an ability to access these resources. Intervention also includes the role of advocate. Although nurses are familiar with the concept of advocacy on behalf of individual patients, often they have not been trained in techniques of advocacy for populations or in settings other than health care facilities. Nurses need to extend the concept of advocacy to include activities on behalf of communities and other groups and in settings such as the workplace or community meetings. This extension of nursing advocacy is often essential for addressing environmentally related health issues because they are frequently intertwined with social and political factors. Interventions focusing exclusively on the individual patient are rarely effective as primary prevention methods in matters of environmental health. Evaluation, the final step in the nursing process, can be conducted on numerous levels and frequently results in additional interventions. The health outcomes of an individual are one method of determining the effectiveness of nursing interventions. Another measure of effective intervention in environmentally related illness is an evaluation of hazard abatement methods. Has the hazard been contained or removed from the environment of the individual? Are others living in the area protected from exposure? Evaluation should also include an assessment of the effectiveness of interventions directed toward other populations at similar risk, for example, other family members, co-workers, and community members. Were the existence of the hazard and protective measures communicated clearly and consistently to those at risk? Was effective treatment provided to others at risk who experienced symptoms? Are measures being taken to prevent similar incidents of exposure in the future? Are the patient, work population, and community satisfied with the interventions used to identify and abate hazardous conditions related to the environment? Are those affected by the hazard satisfied with the health care that was provided, including educational interventions and medical treatment? These questions and the answers to them provide nurses and other health care providers with important information for determining the effectiveness of interventions undertaken in a particular incident and in identifying more effective measures for dealing with similar problems in the future. Application of the nursing process to environmental health concerns requires an expansion of the tools and processes used to assess patients, reason diagnostically, and develop treatments and interventions that consider environmental factors.

Responsibilities for implementing clinical services relevant to environmental health will vary according to practice settings; however, the nursing process is a useful framework for applying environmental health concepts in all settings and roles. The nursing process can be augmented or integrated with other models of practice, such as the CPHF model, which consists of three roles for the health professional: The role of investigator supports the assessment and evaluation phases of the nursing process, while the roles of educator and advocate would be carried out as interventions. This framework incorporates a range of activities, including working with communities and on matters of public policy, that may be unfamiliar to nurses who structure their practice within the more traditional framework of the nursing process applied to individual patient care. Role as Investigator Nurses may act as investigators by taking careful environmental health histories and looking for trends in exposure, illness, and injury; being alert to environmental factors that influence health; working with interdisciplinary teams and with agencies to determine if an environmental exposure is affecting the health of a community; initiating or engaging in research to identify and control environmental exposures that adversely affect human health; and working with public and private institutions to perform risk and hazard assessments. In actual practice, this role may include home visits to look for peeling or chipping lead paint in the residences of young children or to identify the use of poorly vented wood stoves in the home of an asthmatic child. It may also involve entering a work site to assess conditions that affect worker health and safety, including ergonomic hazards, chemical exposures, or mechanical hazards such as poorly guarded conveyor belts. Moreover, the practice of nursing itself is uniquely hazardous. A discussion of the hazards to nurses and other health care workers is presented in Appendix B. One example of a nurse as investigator is a situation that occurred in in Brownsville, Texas, a town on the Mexican border. A nurse working in the labor and delivery department of a local community hospital noticed what seemed to be an unusual number of neonates born with a relatively rare but devasting birth defect, anencephaly. The nurse subsequently reviewed all birth records for the previous year and found that the incidence of children born with this defect in her facility was significantly greater than the national rate: Further investigations suggested contamination of groundwater and surface water sources with chemicals known to cause adverse health outcomes of this nature Suro, see Box 3. Environmental health concerns often surface in a community when residents or others notice an unusual pattern of illness, for which an environmental cause is suspected. Eliciting an environmental health history, another investigative activity, is one of the most important actions for enhancing the environmental health content in nursing practice, because information derived from the history is essential to all other nursing activities related to environmental health. Through the environmental history, a nurse may uncover exposures to hazardous substances that neither the patient nor the clinician had suspected as etiologic agents of existing symptoms or disease. Methods and tools for taking a complete environmental health history have been well described Goldman and Peters, ; Tarcher, Sample forms for taking a comprehensive environmental health history are included in Appendix G. Three key questions to be included in all histories of adult patients are the following: What are your current and past longest-held jobs? For children and teenagers, the question can be modified to: Where do you spend your day, and what do you do there? Have you had any recent exposure to chemicals including dusts, mists, and fumes or radiation? Have you noticed any temporal relationship between your current symptoms and activities at work, home, or other environments? The investigative role of nurses may extend to their being part of a community or interdisciplinary public health assessment team. Both processes also emphasize soliciting and incorporating community health concerns as part of the assessment. Nurses skilled in interviewing, active-listening, and group processes, as well as epidemiological methods, can be invaluable team members. Role as Educator Nurses have long served as patient educators; they teach patients how to get out of bed following surgery, how to change a dressing, the possible side effects of medication, and the importance of diet and exercise in maintaining health. This role can be expanded to include educating patients, families, workers, and communities about the possible adverse effects of exposure to environmental hazards and how to reduce or eliminate such exposures. This type of education is commonly referred to by public agencies and

environmental health specialists as hazard or risk communication. As role models, nurses can conduct their practice and lives in an environmentally safe manner, that is, by limiting unnecessary exposure to chemicals or by carrying out routine duties in a manner that minimizes injury due to ergonomic hazards. Nurses can act as educators by speaking at community gatherings and becoming involved in community-level activities related to the environment and human health. They may also participate in risk or hazard communication for public health agencies. The original focus of risk communication was on developing and delivering a message from an expert or agency to the public, in order to help the public better understand a situation and its implications for their health and well-being. This definition is widening to incorporate a two-way dialogue between regulators or managers and the public Cutter, The interactive process of exchanging information on technical hazards and the human response, both physiological and emotional, calls for professionals who can listen, interpret, clarify, and reframe questions and information in emotionally charged and sometimes hostile situations. The basic patient education role of nurses with individuals and families will need expansion to include communication with entire communities and the general public if they are to fill an essential niche in environmental health. The ability to assess the target audience, develop a message that is meaningful and understandable, choose a method or media for conveying the message, and conduct community-level conflict resolution are skills beyond the current preparation of most nurses. The basic skills of linking individual needs with information and other resources will need to be broadened to include community linkages with environmental experts who may be outside the usual network of nursing referrals. First, no role models faculty, supervisors have alerted them to the potential hazards of environmental exposures. As a result, nurses are not aware that certain substances are highly hazardous to human health or that certain environmental conditions are contributing significantly, although insidiously, to the morbidity and mortality of the populations they serve.

Chapter 6 : 3 Nursing Practice | Nursing, Health, and the Environment | The National Academies Press

We also identify skills that equip social work practitioners to make a special contribution to alcohol and other drug (AOD) interventions and highlight factors to consider in choosing interventions. There are a range of practice interventions for clients with AOD problems based on well-controlled research.

Chapter 7 : Integrated health and social care - SCIE

Social work intervention is the practice of working in a variety of ways with individuals and families in need to help them become more independent. Assisting them in getting the health care, counseling, financial help, job training and parenting instruction needed to function productively is all.

Chapter 8 : Alcohol and Drug Problems: Practice Interventions - Encyclopedia of Social Work

Behavioral ethics is a new area of scholarship and research emerging from the fields of cognitive psychology and business management. This one hour webinar presentation explores the question of how "good" people can engage in "bad" actions without being aware of the unethical nature of their behavior.