

# AN ANTHROPOLOGICAL NURSING SCIENCE: NURSING ACCOMPANIMENT THEORY



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## OPSOMMING

*Die ontwikkeling van die teorie "n Antropologiese verpleegkundige: Verpleegbegeleidingsteorie" word sterk beïnvloed deur die eksistensie-fenomenologiese en personologiese wêreld- en lewensbeskouing van Wes-Europese wysgere van die negentiende en twintigste eeu, asook ontwikkelinge in Suid-Afrika gedurende die sewentigs op terreine van die wysgerige antropologie en fundamentele agogie. Antwoorde is in dié beskouinge gevind vir die ontwikkeling van 'n benadering tot verpleging as by uitnemendheid 'n personologies-menskundige wetenskap waarvan begeleiding 'n inherente deel vorm. Hierdie begroning word weerspieël in die paradigmatische vertrekpunte van die teorie. Begeleiding word postuleer as doelbewuste, stelselmatige ingryping deur die verpleegkundige om die pasiënt/kliënt te help om sy/haar nood aan hulp en ondersteuning te bowe te kom, deur herwinning van selfstandigheid en aanvaarding van verantwoordelikheid vir singewing in/aan die persoonlike lewe, selfs in terminale situasies. Die manifestering van begeleidingstrukture in die verplegingsproses word postuleer as die van verhouding-verloop-, verwerkliking- en doelstrukture. Die teoretikus lei begeleiding in as 'n dinamiese interaktiewe deel van verpleging, wetenskaplik gefundeer, en moontlik gemaak deur die doelgerigte samewerking van die verpleegkundige as begeleier en die pasiënt/kliënt as begeleide.*

## ABSTRACT

*The development of the theory "An anthropological nursing science: Nursing accompaniment theory" was strongly influenced by the existential-phenomenological and personological world and life view of Western-European philosophers of the nineteenth and twentieth century, as well as by developments in the fields of philosophical anthropology and fundamental agogics in South Africa during the seventies. Answers were found in these viewpoints for the development of an approach to nursing as that of par excellence a personological-anthropological science of which accompaniment forms an integral part. This is reflected in the paradigmatic fundamentals of the theory. Accompaniment is postulated as deliberate systematic intervention by the nurse to assist the patient/client to overcome the need for help and support, by recovery of self-reliance and the acceptance of responsibility for the purpose of giving meaning in/to personal life, even in terminal situations. The structures of accompaniment visible in the process of nursing are postulated as those of relationship, course, actualisation and goal structures. The theorist introduces accompaniment as a dynamic interactional process, based on the scientific approach and facilitated through purposive participation of the nurse as accompanier and the patient/client as accompanee.*

## PARADIGMATIC FRAME OF REFERENCE

### Preamble

The views expressed are based on the philosophical anthropological convictions of the theorist. From this viewpoint:

- Man is accepted as a multidimensional being who is open and continually becoming/changing and who constantly chooses between right and wrong on the basis of a personal view of world, life, man, work and a personal value system.
- Man is continually concerned with norms which he either obeys or disobeys.
- Nursing is accepted as a phenomenon which is only possible on a human level. Nursing is an interpersonal event.

In nursing too there are certain core values which, of necessity, influence and direct situational decision-making as well as judgements on life, the world, man, science and nursing.

These views form the fundamentals of what is known as a professional philosophy. An individual's personal philosophy of nursing thus includes a belief of what nursing is and what it means and is strongly influenced by his/her personal views of life, of man, of the world, science and so forth. Ultimately this philosophy of nursing forms the basis from which the person is able to analyse and describe nursing as a science - to reason, conceptualise and develop a theory on nursing. It is these philosophical thoughts on a subject - on nursing, for example - which make logical thinking, reasoning, and the development of definite viewpoints that are personally understood, that can be explained and defended, possible. It is this process which helps the individual to think clearly, coherently and logically and to recognise the illogical, the contradictory and the deficiencies in arguments.

Acquiring such a grasp on nursing or specific situations in nursing enables one to evaluate and attach specific meaning

and value to it. The ability to consider a matter philosophically enables one to develop the sensitivity, judgement and reasoning skills necessary to accept an argument only after giving it thorough consideration before adopting a point of view. It allows one to ponder things, to think and act creatively, to assign value, find meaning and develop an own opinion. The person who is able to develop an own viewpoint, who questions principles, situations and arguments and who will not readily generalise and accept what is heard or seen or read. It is the thinking people in a society who live creatively and who contribute to development and change.

### Paradigmatic origin

The idea of the development of a theory of an Anthropological Nursing Science originated in discussions the author had during the late sixties with Professor Carel K Oberholzer, Philosopher - Educationist at the University of Pretoria. During this period, he introduced master's students in Nursing Science to the world of Phenomenological Psychology and the work of Frans Brentano (1838-1917), Edmund Husserl (1859-1938), Martin Heidegger (1889) and in particular the work of

- the French philosopher-phenomenologist, Maurice Merleau-Ponty (1908-1961);
- the Viennese neurologist-psychiatrist-philosopher Viktor E Frankl (1905), founder of existential analysis and logotherapy in psychiatry, with his personological anthropology;
- the Dutch physician-psychologist, Frederik JJ Buytendijk (1887) with in particular his work *Prolegomena van een antropologische fysiologie* (Prolegomena of an anthropological physiology); and
- the Dutch psychiatrist-psychologist-philosopher, JH van den Berg, with his numerous works on the human body, his theory of change, psychiatry and in particular his "Psychology of the Sickbed".

Under the mentorship of Professor Oberholzer a collection of literature on the work of these masters was built up and studied to develop a personal philosophy on man as a multi-dimensional being, unique and open and in an exceptional, inseparable and dynamic relationship with world, fellow beings and time. For this reason the theory has its roots in the existential-phenomenological and personological philosophy of the above-mentioned philosophers.

At this stage of academic development a study was also made of accompaniment processes in the Pedagogy and eventually the Andragogy. The thought processes of the author was greatly influenced by the works of Prof. Dr TT ten Have (1906), Dutch educationist, Prof. Dr WA Landman and Dr SG Roos, South African educationists and Prof. Dr CK Oberholzer - in this regard particularly his work on fundamental pedagogics "*Prolegomena van 'n. prinsipiële pedagogiek*". The relevance of principles of accompaniment in these fields of education for nursing, and in particular nurse-patient relationships, and the role of the nurse in helping and supporting patients, became clear. A doctoral thesis under the title "*Begeleiding in die Verpleegkunde*" (Accompaniment in Nursing Science) was subsequently produced in 1978. The work of this thesis forms the foundation on which the "An Anthropological Nursing Science: Nursing Accompaniment Theory" is built.

### METATHEORETICAL STATEMENTS

**Man/Human being/Person** is a unique multidimen-

sional total being, indivisibly body-psyche-spirit, continuously becoming within an inseparable dynamic relationship with world, time, fellow-being/s and God.

**World** refers to the WORLD in which man exists, which consists of

- the objective or external world which includes inter alia the world of science and technology, nature, ecology, astronomy and micro-organisms.
- the subjective or lifeworld which includes the personal world, the intrapersonal world, the world of co-existence and the dimensions of time in which man exists.

**Health** refers to the state of wellness or illness of an individual: it is a dynamic process relating to the degree of ability or inability of a person as body-psyche-spirit to maintain him/herself optimally in his/her relationships. It is, therefore, a relative concept.

**Nursing** is an interpersonal comprehensive service to man at all stages of life, ill or well, which encompasses a dynamic systematic process of management, clinical care and teaching, of which accompaniment is inherently part, so as to effect change that would facilitate prevention of illness, disability and suffering, promotion and regaining of wellness, and where this is not possible, would facilitate a peaceful, dignified death.

### ASSUMPTIONS

In man as a total or unitary being: body-psyche-spirit,

- **the body**
  - is condition for man's existence
  - is unique
  - experiences itself at a pre-conscious level
  - speaks to the observer
  - is experienced by the individual through interaction - with world and others, and
  - is experienced differently by males and females;
- **the psyche** is the centre, inter alia, of man's perception, awareness/consciousness, affect/emotions, thinking and intellect and experiencing;
- **by virtue of his spirituality man**
  - manifests himself as personality
  - is conscious of self
  - is an initiative of relationships
  - is conscience, therefore -
    - able to make normative, rational choices and decisions
    - able to live responsibly
  - can converse with God and has the potential of religiousness
  - is open, therefore can transcend, and
  - is an intentionally directed and volitional being, therefore is continually changing, becoming and is potential.

Man's existence is an existence of relationships and involvement with world, time, fellowbeings and God.

Health is a relative concept

- with the potential of illness when one is well and wellness when one is ill, and
- wellness and illness is affected by the quality of man's relationships with world, time, fellowbeings and God.

Nursing:

- Nursing is an interpersonal phenomenon of which accompaniment is an integral part.

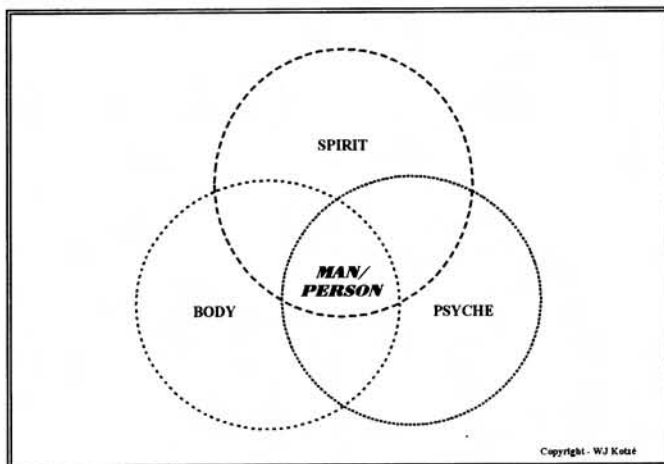
- Nursing entails a dynamic systematic process to effect change that will facilitate the reaching of objectives based on the needs that initiated the process.
- Accompaniment in nursing is a systematic process based on the scientific approach.
- Experiencing physical comfort enhances the actualisation of accompaniment goals.
- Experiencing security is a prerequisite for successful nursing accompaniment.
- Accompaniment always occurs within a relationship, on the one hand of a skilled, knowledgeable person, and a needy or helpless person on the other.
- Nursing accompaniment is a dynamic process which occurs within relationships of varying intensity.
- Nursing accompaniment is a dynamic interactional process with both nurse and patient as active participants.
- Nursing accompaniment is aimed at patient self-reliance and nurse redundancy.

## EXPLORATION OF CONCEPTS IN AND ASSUMPTIONS RELATING TO META-THEORETICAL STATEMENTS

### Man/Human being/Person

*Man/Human being/Person is a total or unitary being : body-psyche-spirit*

It must be emphasised that man is always approached and understood as a unit or totality and that the differentiation between body, psyche and spirit is only for the purposes of explanation and better conceptualisation. Body, psyche and spirit do not exist as separate entities, but as a unit - interdependent of and in dynamic interaction with each other.



**Figure 1 Conceptual model: Man/Human being/Person as multi-dimensional unitary being**

### Man/Human being/Person as body or corporality

The point of departure is a variety of assumptions -

- a) *The body is condition for man's existence*
- Man does not have or possess a body - he *is* his body.

- All contact with man and all contact between man and his fellowman and the world is possible because of his physical presence. The body is man's place in the world, it is his appearance and manifestation form through which he is present in the world.
- It is therefore, the condition for his existence and identity.

### b) *The body is unique*

In its anatomical physiological, biochemical composition and nature the body is unique. No second person's body is a duplicate of it. No better proof of this exists than the universal problem with tissue transplant in medical science.

### c) *The body itself is subjective and experiences itself at a pre-conscious level*

At a pre-conscious level the body is in a dialectic relationship with the surrounding world. At a pre-personal level the living human body is in a meaningful association with its environment.

Examples of manifestation of this is the bodily expressions of goose-flesh, blushing, tears, and pathology like hypertension, coronary artery disease, peptic ulcer, ulcerative colitis, where the body *tells* of its encounters with the world and particularly the demands of the life world.

### d) *Man is experienced corporality*

- Man learns to know the potentials and limitations of his body through physical interaction with fellow beings and world.
- Through this he also becomes aware of himself, he learns to know himself through the eyes of the onlooker.
- It is in the unhindered, harmonic dialogue between body and environment that man 'forgets' about his body and 'leaves it behind' or 'transcends' it - literally becoming inspired or inspirited corporality - *man becomes his environment*. Examples are the horse and rider, the ballet dancer etc.

### e) *The body 'speaks' to the observer*

- The body speaks of the inner feelings and experiences of man through facial expression, posture, movement, tone of voice, laughter and crying.
- Body language must always be interpreted in context - man may laugh out of despair and embarrassment, and may cry with pleasure and relief.

### f) *Male and female corporality are experienced differently*

- There are anatomical and physiological differences.
- In relation to the experiencing of male and female corporality, the phenomenon of typical masculinity and femininity exists. The deeper meaning and experiencing of being male and being female need to be considered.

### Man/Human being/Person as psyche

The assumption is that the psyche is the centre of man's

- thinking and intellect
- awareness/consciousness
- affect/emotions
- perception
- experiencing.



The psychical abilities of man are categorised in

- lower psychical abilities which are related to the senses
- the ability of observation, conception, memory and fantasy,
- higher psychical abilities, namely the intellectual abilities, the ability of interpretation, abstract thought, reasoning and conceptualisation.

### **Man/Human being/Person as spirit**

The point of departure is the assumptions that

(a) The spiritual dimension represents the core or nucleus of humanness. From his spirituality man manifests himself as personality. And the personality is viewed as the externalisation of man's physical and psychical potential.

- (b) The spiritual dimension is the seat of
- the self-conscious or self-awareness which enables man to say "I am", "my" and "mine",
  - all those abilities which elevate man above other forms of life, namely
    - initiative of relationships and giving of meaning
    - judgement and the ability of rational choice and decision making - it is the spirit that activates the intelligence
    - transcendence, i.e. the ability to leave the body behind and reach out to the world; free himself from physical desires and urges; rise above physical and psychical pain; reach out to God in prayer; become absorbed in concentration during activity and learning; and the ability of introspection and self-appraisal (turn around and 'face' oneself)
    - the conscience, and therefore the awareness of the normative - the potential of responsible and dignified existence
    - the will, by virtue of which man is capable of goal directed existence or intentionality. As spiritual being man is a volitional being.

(c) As spiritual being, transcending himself, man is open and by virtue of this openness and his nature of intentionality, man is continually becoming - growing and changing.

## **World**

### ***Objective or external world***

It is the world outside the life-world of the individual of which he is vaguely or not at all aware, and of which he has little or no knowledge. It includes the world of science and technology, the wider world of nature, the world of micro-organisms, of ecology, etceteras. Those parts of the objective world which man explores and gets a grip on, builds a relationship with, which is binding and meaningful to him personally, become part of his life-world.

### ***Subjective or life-world***

It is that part of the world that man has made his own. He knows it, has adapted it to meet his needs. In this world he knows that he is safe and secure and wanted.

- It consists of the following dimensions, namely:
  - man's immediate intimate personal world
  - man's inner world - intrapersonal world
  - his world of co-existence with fellowbeings and the contents of his surrounding world
  - the dimensions of time in which man exists.

- Significant of the life-world is the fact that it is dynamic, forever expanding as man's knowledge of and grip on the outside or external world extends and expands.
- The life-world is the world of the individual, it is therefore unique.
- As man's activity decreases, for example in illness and old age, the horizons of the life-world shrink.

Its scope and parameters, therefore, stand in direct proportion to man's being active in and having control over its activities and contents.

### **Personal world**

The point of departure is the assumptions that

- man's existence is one of dynamic inseparable relationship with world and
- man cannot live meaningfully unless he finds security, therefore he/she is
- constantly focussed on, intentionally directed towards the contents of his/her environment
- untiringly exploring the world to gain knowledge of and establish a relationship with its contents
- when necessary, man recreates and adapts the contents of his environment to make it habitable.

A fundamental feature therefore of man's life-world is that he designs and creates a personal or own world (Eigenwelt). He literally sets up a home. He thus establishes a family world, makes himself at home in his work environment, sport environment and church environment. "Personal world" and "home", in this sense, are synonymous. To further explore the meaning of personal world or home - it is that intimate dimension of man's life world:

- that he knows and understands and in which he is known and understood
- where others are interested in and care about him - and in which there are others in whom he is interested and about whom he cares
- in which he is (unconditionally) accepted and in which he accepts others as they are
- where he is trusted and where he can trust - where he can communicate with confidence, can confide, can fail without the fear that his secrets, his weaknesses will be betrayed/divulged/made public
- where others need him and where he is available to them and where others know that he needs them and will be available to him
- where warmth, love and respect for the unique qualities of a person form the foundation of mutual relationships.

The personal world gives to a person the security of a firm base, a point of departure, a launch pad from which he gains the courage to meet each new day, every new challenge. It is also the safe haven to which he can return with the expectation of finding that for which he created a home.

### **The inner or intrapersonal world**

- **The intrapersonal world or world of human endeavour and becoming.**

The point of departure is that in his relationship with himself, man stands alone, is solitary, and is reserved. There is always part of man's existence that remains private, belongs to him only, and of which others have only a vague or no knowledge. It is assumed that understanding and trust and acceptance starts with self. Protection

and maintenance of dignity and self-respect is a basic responsibility of man as spiritual being. A further assumption relates to man's ability of transcending self and intentionality, which, linked to man's openness, facilitate the intrinsic feature of man's existence as one of continually becoming.

### The world of co-existence

- **The world of interpersonal relationships**, which is also referred to as *mitwelt*, i.e. of being with others. The point of departure is the assumption that
  - Man without other beings is unthinkable. This has been so since creation.
  - Man lives in encountering and communicative interaction.
  - Part of man's discovery of and getting to know him self is through his fellowbeings.
  - Man needs his fellowbeings in his becoming, i.e. to change, to grow and to develop.

It is, therefore, to a large extent through his fellowbeings that the individual gains appreciation for himself and develops as a personality: he needs his fellowbeings.

In his relationship with fellowbeings and God, man opens himself in communication, reveals himself partly - usually to the extent that trust exists. Man, therefore, not only needs his fellowbeings and God, but he particularly needs them in relationships of trust.

- **The world of objects, social and cultural activities and work.**

This is the dimension of man's life-world which surrounds the personal world, that man has made his own and has a personal relationship with. It is also referred to as *umwelt*, i.e. surrounding world. The cultural contents of his *umwelt* includes all structures and processes created by man to make his lifeworld habitable and meaningful. It also includes the social, sport and recreational, vocational and religious landscapes of the life-world of the individual.

### Temporality (time)

The point of departure is the assumption that man's existence in the world is one of an inextricable relationship and involvement with time - simultaneously past, present and future.

- He is in the present with the experiences of a personal past. He brings a whole life history into every situation. This co-determines how he experiences situations and the nature of his decision making. The here and now (the present) is, in turn, related to his destination - the planning for his future. Also his planning for and expectations of the future influence his experiencing of and his behaviour in the present. Man is therefore simultaneously in a relationship with past and future in every situation (present) in which he finds himself. For this reason man is also referred to as a temporal being.
- That which is past cannot be changed. Man can neither deny nor undo his past. Nevertheless it offers man a wealth of personal experiences, with knowledge and skills from which he can reap the benefits of the present and deal with the future more wisely and meaning fully. In this sense the past provides a degree of security and contributes to the gaining of self-confidence which man needs to venture into the future.

- The future, to a large degree, means the unknown. In the present every man is unalterably in the transition between past and future. Although unsure, man usually goes into the future with expectations - the only security lies in the precautions and planning he undertakes with a view to providing for the future. The less he plans ahead the greater the uncertainty and vice versa. The future always holds the possibility of unexpected events - an example of this is ill-health, that can upset the planned future to a greater or lesser degree - it may even disrupt it totally or even destroy it. Man is aware of the possibility of unpleasant events, therefore he experiences his life as temporary and finite. He knows that the future holds death for him. The meaning of time in the life of man lies in exactly this, namely that his bondage to time forces him to live more responsibly - to make the most of each day (in a responsible manner) and to approach each day with gratitude and appreciation. In man's day to day living the possibility exists of becoming oblivious in the appreciation of life, and then along comes illness which gives that which is taken for granted renewed significance. This restores man's perspective in relation to the quality of his life.

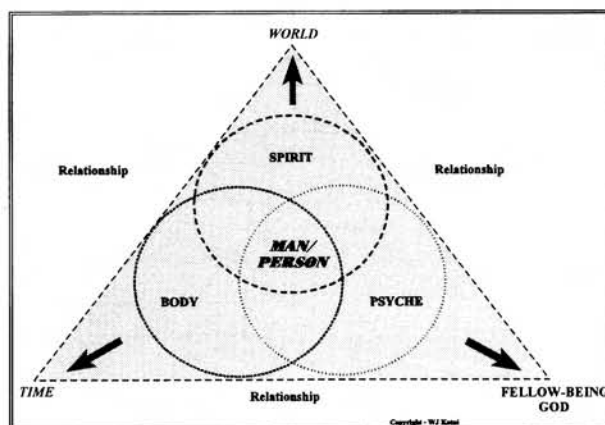
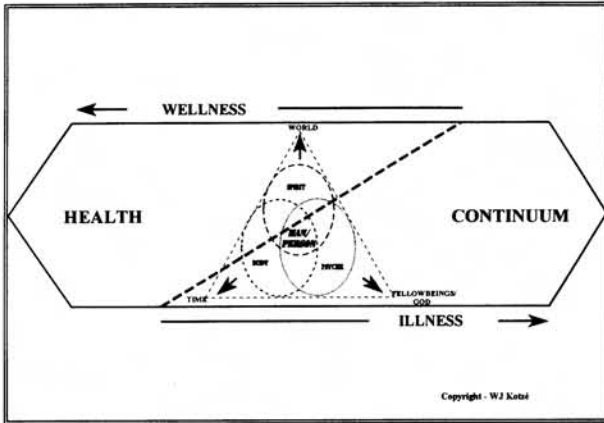


Figure 2 Conceptual model: Man/person's existence as existence of relationships and involvement

### Health as wellness and illness

Health is viewed as a relative concept and a dynamic process relating to a person's ability as total/unitary being: body-psyche-spirit, to maintain him/herself optimally in his/her relationships with world, time, fellowbeings on a continuum varying from minimum (illness) to maximum (wellness) health. The relativity of the concept 'health' implies that the state of illness and wellness is always of varying degree and that the potential of wellness and illness, respectively, continuously exists when a person is ill or well. The dynamic nature of man's openness and composition as a multidimensional unitary being: body-psyche-spirit inter alia further implies that even in terminal illness the potential of wellness exists due to man's ability to spiritually transcend the ailing body.



**Figure 3 Conceptual model: Man as unitary multidimensional and relationship being in relation to health**

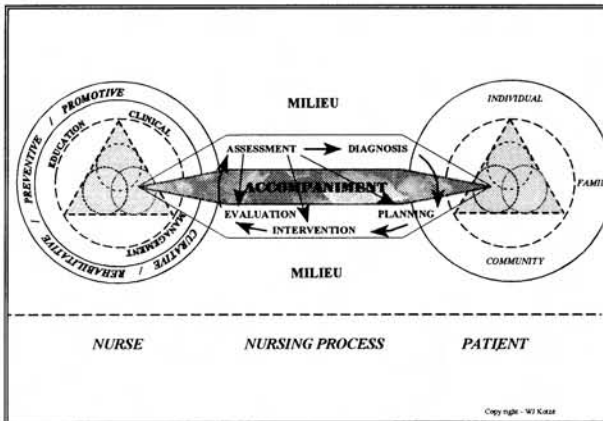
## Nursing

### Definition

Nursing is a comprehensive interpersonal service to man at all stages of life, ill or well, which entails a dynamic process of

- management
- clinical and
- teaching

activities, of which **accompaniment** is an inherent part, so as to effect change that would facilitate prevention of illness, disability and suffering, promotion and regaining of wellness, and where this is not possible, would facilitate peaceful, dignified dying. In the process of nursing the nurse uses her knowledge, skills and self, therapeutically.



**Figure 4 Conceptual model: Nursing as a dynamic systematic and interpersonal process**

### Context and parameters of nursing

#### Nurse

A person educated and legally authorised to practice nursing within the relevant ethical and legal framework in terms of the Nursing Act.

## Patient

The concept refers to:

- Man/a person as a unique multidimensional unitary being: body-psyche-spirit, continuously becoming within a dynamic inseparable relationship with world, time, fellowbeings and God, of any age, sick or well, who needs help to attain or maintain optimal health (wellness).
- Individuals, families or groups, communities, as the case may be, in all health care settings (SANC Terminology List)

## Culture

The concept refers to

- Belief systems, values, social traits which signify and determine a person's thinking and decisionmaking processes and behaviour.
- All structures and processes created by man (individuals, groups, communities and nations) to make his world habitable and meaningful.

## Nursing Science

It is a clinical health and human science that constitutes the body of knowledge of persons qualified to practise nursing, within the context of ethical and legal requirements. Within the parameters of nursing and midwifery philosophy and ethics, nursing science is concerned with the development of knowledge for diagnosing of health status, treatment and personalised health care of persons exposed to, suffering or recovering from physical/mental/spiritual ill health. It encompasses the study of preventive, promotive, curative and rehabilitative health for the nursing of individuals, families, groups and communities and covers man's lifespan from before birth (compare SA Nursing Council Terminology List, 1994:23).

## Comprehensive service

Comprehensive service (vide meta-theoretical statement on "nursing" in paragraph 2.4) refers to the

- prevention of illness, disability and suffering, through nursing measures and activities aimed at preserving and maintaining wellness in the individual, family and/or community;
- promotion of health, through nursing measures and activities aimed at furthering the health status of an individual, family and/or community; and
- regaining of health, through nursing measures and activities aimed at the recovery of those abilities and development of dormant strengths which will facilitate optimal functioning of an individual, family and/or community in their relationships with world, fellowbeings and time.

## Applicability in other situations

With the relevant adaptation the principles of nursing accompaniment in the clinical situation can be applied to accompaniment of a student in the nursing education situation or a member of staff in a management situation.

### *Nursing as an interpersonal phenomenon*

From the study of the concept "nursing" it becomes apparent that

- it is only man who can nurse and who can truly be nursed. For this reason nursing is referred to as a human science, an interpersonal event that can only take place on the level of human existence. Authors subscribing to this view are:



- ME Backeberg: "... nursing is an anthropological phenomenon - only man nurses" (Kotzé, 1979:27)
- Loretta Heidgerken: "... it is a personal service between the patient and the nurse" (Travelbee, 1967:6)
- Joyce Travelbee: "Nursing is an interpersonal process because it is always concerned with people, either directly or indirectly."
- The phenomenon that nursing is as old as mankind - the phenomenon of a needy person dependent on the help, care and guidance of a person with these specific skills - on these grounds nursing, as is the case with education, is considered a primordial phenomenon. From the earliest times these events have been borne by the urge to give help and support to one's fellowman, in order to achieve an independent and meaningful existence.
- The etymological origin of the word "nurse" is found in Middle High Dutch 'pflēgen' and the Old High Dutch "plēgan" and indicates its meaning as 'caring for', 'nurture', 'protect', 'stand in for', 'cherish', 'to care for someone with love'. Virginia Henderson's description (in Kotzé, 1979:4) of nursing supports this interpretation:
 

"... the nurse as a substitute for what the patient lacks to make him 'complete', 'whole' or 'independent', by the lack of physical strength, will, or knowledge ... She is temporarily the consciousness of the unconscious, the love of life for the suicidal, the leg of the amputee, the eyes of the newly blind, a means of locomotion for the infant, knowledge and confidence for the young mother, a 'voice' for those too weak or withdrawn to speak ..."

### ***Nursing as a dynamic systematic process***

The characteristics of a scientific method of work must be identifiable in all nursing actions to be scientifically accountable. These are:

- Basing all decisions to act or to intervene on
  - a complete assessment of the comprehensive needs of the patient as totality
  - a nursing diagnosis which represents the conclusions with regard to the identified nursing needs.
- Planning interventions to include the following
  - determining the sequence in which identified needs are to be met i.e. determining priorities
  - identifying the objectives to be achieved as well as selecting the strategies, methods and aids that can be used
  - establishing a written nursing plan based on the nursing diagnosis(es), assessment and integration of other prescriptions for therapy/treatment, the priorities for and choice of action and the objectives to be achieved
  - continuous reflection on the correctness and discernment of thoughts and decisions
  - systematic, judicious implementation of the nursing plan in the care and treatment of the patient.
- Continuous and, ultimately, retrospective evaluation with the assistance of those same processes that were used during the assessment. All assessments that follow on the original assessment therefore serve as evaluation, and vice versa, and must be done con-

tinuously to refine decision making and so ensure greater effectivity. Evaluation thus leads to continuous reassessment and adaptation of the nursing diagnosis according to the changing needs of the patient, as well as adaptations in the planning, strategies and methods of nursing intervention. Retrospective evaluation refers to end/final evaluation and is based on a comparison of the data before and after nursing action. Accurate, systematic recording of all phases of action and of the patient's progress makes evaluation of goal achievement possible. An accurate, complete patient record makes retrospective auditing of the total nursing process after discharge of the patient possible.

### ***Nursing functions***

When analysed the following functions are identified as generic functions of the nurse that are always present in every nursing situation. Accompaniment forms an inherent part of each of these functions.

#### **Management function**

It is through management that the environment, structures and processes, which make safe nursing of the patient possible, are established. It includes

- planning for and making nursing hours available by personnel allocation,
- the creation of a therapeutic environment,
- the programming and implementation of the nursing plan, directed by quality improvement measures, and
- continued staff development and accompaniment of staff members in order to achieve a high level of job performance.

#### **Teaching function**

The teaching function refers to that content of nursing which is directed at the conveyance of knowledge, the teaching of skills and the accompaniment of the patient and those responsible for his care, including continued care after discharge of the patient. It takes place in accordance with the identified needs of the individual. Because of the fact that it aims at self-reliance and independence, the helping and supportive guidance - that is the accompaniment of the individual/s dependent on the nurse - is a most important part of the teaching function.

#### **Clinical function**

The clinical function refers to that content of nursing related to direct, hands-on nursing care and treatment of the patient in accordance with his specific diagnosed nursing needs and other prescriptions for treatment. Establishment of a relationship of co-operation and activating the will and desire to participate and become actively involved, as well as the help and support contained in the accompaniment of the patient, are essential ingredients for the achieving of success in clinical care.

### ***Nursing accompaniment***

#### **Interpretations of the concept 'accompaniment'**

- *Literal interpretations*
- 'to go with' (Bosman, van der Merwe & Hiemstra, 1967:66)
- 'support' and 'complement' (music) (Schoonees, 1970:51)
- 'protection' (escort) (Schoonees, 1970:354)
- 'improvement', 'change' (Pienaar, 1973:3, 4)

• *Related concepts*

The science which has as its field of study the accompaniment of man is known as *agogics*; Greek *agoge/agogein* which means to lead or accompany and *agogos* which means accompanier. The sub-disciplines of *Agogics* are three-fold:

- PEDAGOGY or the science of the accompaniment of the child - *pais* (child), plus *agogein* (accompany) that is accompaniment of the child;
- ANDRAGOGY or the accompaniment of the adult - *aner* (man/adult), plus *agogein* (accompaniment) that is accompaniment of the adult;
- GERONTAGOGY or accompaniment of the elderly - *geroon* (old man), plus *agogein* (accompaniment) that is accompaniment of the elderly (Ten Have, 1965:14).

**Definition**

Accompaniment in nursing is the planned and deliberate intervention by the nurse to enable the patient to overcome his/her need for help and support by

- accepting responsibility,
- identifying with the norms of a new lifestyle,
- regaining of self-reliance and
- the finding and giving of meaning to his/her life, even on the death bed. It is a systematic process based on the identified needs of the patient for help and support and occurs within a relationship of co-operation in which both nurse and patient are actively involved.

Accompaniment always takes place within a tension field of dependency and self-reliance between individuals - a seeking for help by the dependent on the one hand, and a willingness to provide help and support by a knowledgeable person on the other hand. Accompaniment implies a trusting, knowing/understanding togetherness as well as those activities which aim to provide direction. It is therefore future-oriented with the purpose of inducing self-reliance in the dependent person.

It is the dimension of nursing which should dominate and which gives the unique character to the role of the nurse in the health team. It complements and forms part of responsible management, teaching and clinical functioning in every nursing situation.

**Accompaniment as a systematic process**

Accompaniment in nursing is a deliberate intervention by the nurse and includes all those activities that occur in a planned fashion according to the identified needs of the patient and are aimed at enabling the patient to overcome his need for help and support, by the acceptance of responsibility and the recovery of self-reliance, even on the deathbed. Adequate accompaniment can only arise from the scientific approach - which means that it must form an integral part of the various facets of the "nursing process", thus

- That a **nursing diagnosis** be made i.e. that the specific needs and problems of a particular patient and his situation be identified in terms of assessment through
    - participative observation,
    - the obtaining of an anamnesis (personal health history) by interviewing the patient, and members of the family (where necessary),
    - consulting old health records of the patient and
    - the necessary physical evaluation.
- The nature of the current problem must be determined, as well as other weaknesses or problems which could hinder the co-operation and rehabilitation of the pa-

tient; the degree to which he has lost his independence; wrong life style and habits; how he experiences his situation; whether tension and fear are present, etceteras. The nursing diagnosis must be made regarding the patient's total nursing needs.

- That, in accordance with the nursing diagnosis, **planning** is done for the accompaniment of the patient in order that existing problems can be overcome and that specific accompaniment objectives can be attained as part of the total nursing care plan.
- That **accompaniment** occurs in a structured way as part of the total nursing plan - supported by a relationship of co-operation; that it further occurs dynamically within a relationship of greater or lesser degrees of assistance; that it is realised through specific inputs and that it is directed by specific objectives which will also serve as criteria for evaluation.
- So that progress can be **evaluated** during and after the accompaniment activities (continuous, retrospective, prospective evaluation).

The nursing process, must as a whole, therefore, make provision for the accompaniment of the patient.

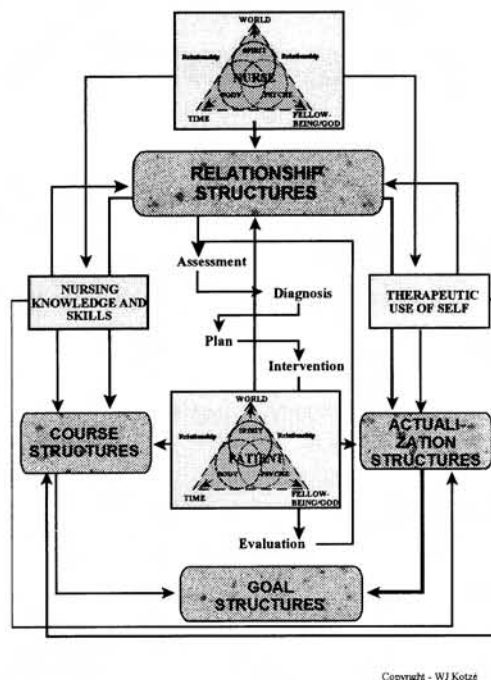
The principles inherent in the scientific approach, are also applicable to accompaniment in mentoring and management situations.

**The structures of accompaniment**

The structures of accompaniment that should be observable and experienced in the nursing process are:

- relationship structures
- course structures
- actualisation structures
- goal structures. (Compare with the view of the essence of education of Landman, WA and Roos, SG, 1973.)

Figure 5 is a conceptual representation of the accompaniment process and its structures



**Figure 5 Conceptual model : The structure of accompaniment in nursing**



*(a) Relationship structures*

**Assumption: a sense of security is a pre-requisite for successful nursing accompaniment** i.e. the patient will not be prepared to co-operate and to involve himself in his therapy unless he experiences a sense of security, believes that he is in safe, capable hands, has insight into his situation and realises the meaning and importance of the prescribed examinations and treatment.

The establishment of a co-operation relationship between the patient and the nurse refers to the creation of a sense of security or safety and is based on the establishment of mutual recognition and understanding, trust and acceptance of authority. (Compare with the view of the essence of education of Landman, WA and Roos, SG, 1973). For the sake of its preservation it is imperative for such a relationship to continually be strengthened and reinforced.

- **Recognition and understanding**
  - Understanding of the experiences of the patient, the meaning that illness and hospitalisation holds for him as person and his concerns and anxieties.
  - Understanding of the patient in a future perspective, in terms of his potential and his reserve strengths.
  - Understanding of the nurse and her duties.
- **Trust**  
Development of trust depends on
  - Experiencing consideration and respect through the nurse's securing of privacy and confidentiality, protection of dignity, and through observing her attitude, reflected by behaviour and non-verbal cues, of thoughtfulness and tact.
  - Experiencing acceptance through the nurse's willingness to communicate, her availability, touch and attentiveness.
  - Demonstration of competence.
- **Acceptance of Authority**
  - The authority of the norm - both nurse and patient have beliefs and norms, duties to obey and live by.
  - The authority of knowledge - reciprocal: both are in the situation with knowledge, experience and skills to be acknowledged and respected.

*(b) Course structures*

The nature of nursing intervention and the intensity of relationship vary according to the degree of the patient's dependence on help and support. The course of accompaniment thus has a dynamic nature.

- Firstly, the **association relationship** as one of togetherness and normal activity. The nurse observes and keeps a watchful eye on the patient for possible indications of help needed.
- Secondly, the **meeting or engagement relationship** during which problems are explored and possibilities considered, together by nurse and patient, both are subjectively involved.
- Thirdly, **intervention relationship**. The nurse takes distance, assesses data objectively, makes a diagnosis and intervenes with help and support.
- Fourthly, **return to association relationship**. After the objectives of intervention are achieved the relationship returns to togetherness and normal activity.
- Fifthly, **periodic leaving**. As the patient regains independence and self-reliance (even if this is only at a spiritual level), he distances himself from his involvement with the nurse. She gradually becomes superfluous, but remains available.

*(c) Actualisation structures*

<i>Nurse inputs</i>	<i>Patient inputs</i>
Preparedness Availability and accessibility Awareness of responsibility	Passive Attentive Expectation
Appeals to the patient (Calls on patient) Expectation Participative observation Exploring of possibilities	Awareness of responsibility Relinquishing of passivity Participative observation Exploring of possibilities
Assistance and guidance Encouragement Creating opportunities Approves/praises/reinforces Admonishes/appeals Assistance and guidance	Willing to risk Acceptance of challenge Active participation Confidence evoked Self-reflection/consideration of alternatives Growing awareness of responsibility
Maintaining and protecting privacy Observation Availability Expectation	Destination becomes visible Growing hope and expectation Growing self-understanding Growing self-respect and self-appreciation
Gradual withdrawal	Acceptance of responsibility Actualisation of attitudinal values
Allowing separation	Growing independence and self-esteem Self-reliance/self-assertion Appreciation for achievement and self
Acceptance of redundancy Appreciation for achievement and self	

*(d) Goal structures*

The objectives which direct the accompaniment events and which will eventually be realised are that the patient/student/nurse:

- comes to renewed exploration of world and establishes/re-establishes meaningful relationships with its contents;
- accepts the challenge to create meaningful existence;
- establishes/renews meaningful relationships with fellowbeings;
- comes to responsible independent decision-making;
- understands and accepts responsibility for continued actualisation of potential;
- identifies with the norms and challenges of the new lifestyle;
- comes to realistic responsible self-assessment and self-understanding;
- accepts responsibility for self;
- gains/regains respect for personal dignity and accepts responsibility to maintain that dignity;
- demonstrates new spiritual maturity; and
- actualises self in a changed and meaningful existence which he/she creates for self with courage and appreciation.

The accompaniment structures are not only applicable to accompaniment in clinical nursing situations, but also to accompaniment in mentoring and management (staff development) situations.

*(e) Accompaniment : a dynamic interactional process*

Figure 6 summarises and conceptually represents accompaniment in nursing as a dynamic, interactional process during which, built on a relationship of co-operation, the actualisation of accompaniment takes place through active participation of accompanier and accompanee, in situations of varying intensity, in order to realise mutually agreed upon goals.

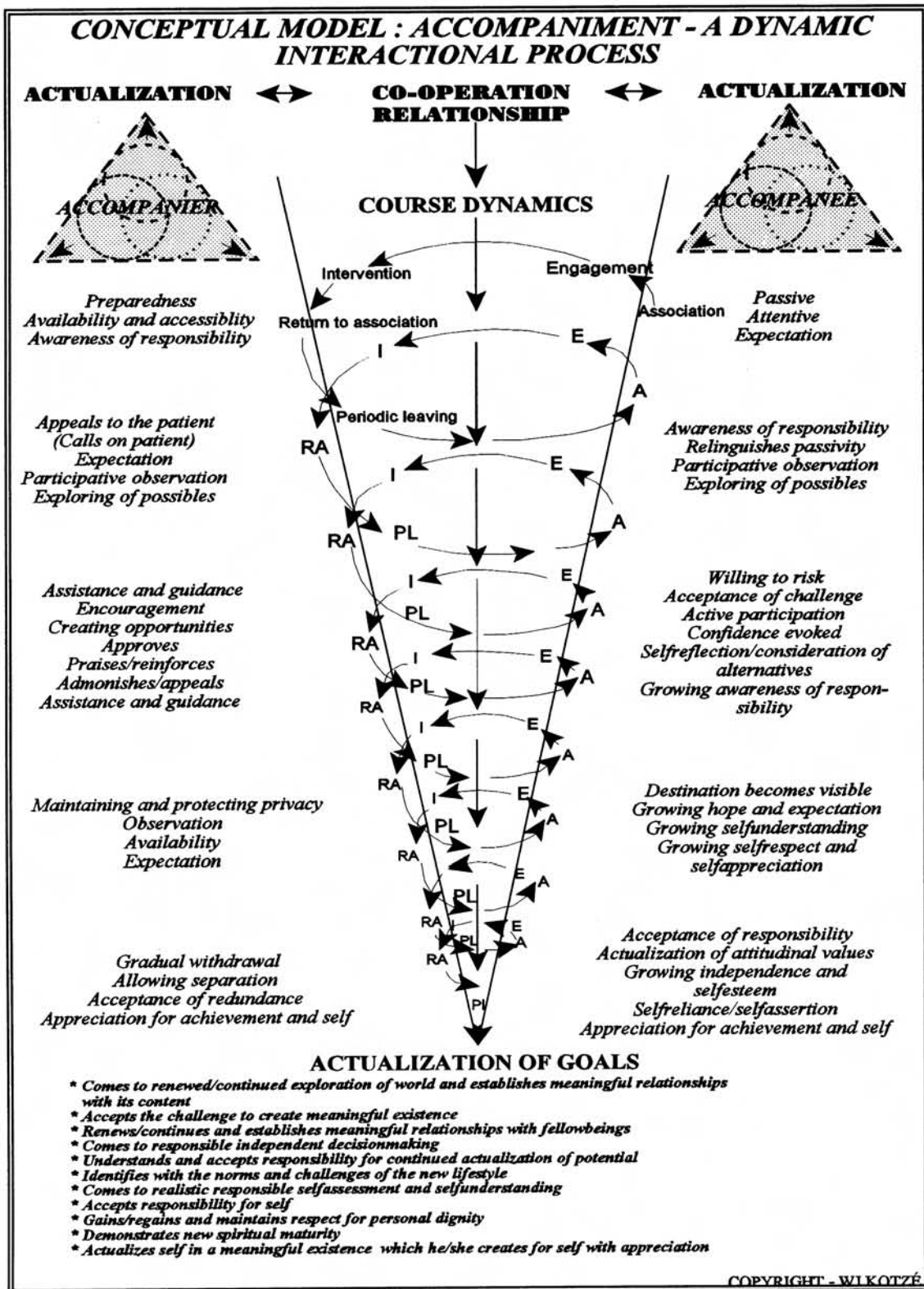


Figure 6 Conceptual model : Accompaniment - a dynamic inter-actional process

**RELATIONAL STATEMENTS**

The relationships among the meta-paradigm concepts now need to be stated. The statements will reflect the linkage of the concepts. The purpose of relational statements is to produce hypotheses and propositions to be validated through research.

**Person «----» World «----» Health**

- The ill person experiences conflict with his environment.
- The ill person experiences conflict with fellowbeings/ God.

- A person's relationship with his lifeworld is disturbed by illness and hospitalisation.
- Optimal relationships with world, time and fellowbeings enhance a person's ability to cope with the experiences of illness.
- Optimal relationship with world enhance the ill person's willingness to co-operate and participate.
- Removal from life-world and hospitalisation may cause disorientation and confusion in elderly persons.

**Person «----» Health**

- The ill person experiences conflict with his ailing body.
- Prolonged and serious illness can enhance a person's giving meaning to life.
- There are persons that find meaning in pain and suffering.
- Illness and hospitalisation have unique meaning for the individual.
- Male and female patients experience physical losses differently.

**Person «----» Nursing «----» Health**

- Nursing management structures and processes may contribute to the isolation and loss of independence of the ill person.
- Pain relief and physical comfort enhances the potential of patients to transcend a physically focussed existence.
- A scientific method of work enhances the quality of nursing rendered to patients.

- Failure to personalise nursing is instrumental in and contributes to the phenomenon of patients losing their privacy and dignity.
- The relationship of co-operation between the nurse and a patient has paradoxical features - there are patient situations which call for distance and aloofness between nurse and patient to facilitate the maintaining of privacy and dignity.
- Nursing accompaniment enhances the restoring of harmony in a patient's relationships with world, time and fellowbeings.
- A relationship of co-operation between nurse and patient enhances the achieving of accompaniment objectives.
- Mutual understanding, trust and recognition of authority are essential pre-conditions for the development of a relationship of co-operation.
- Through accompaniment the nurse effects personalised nursing care.

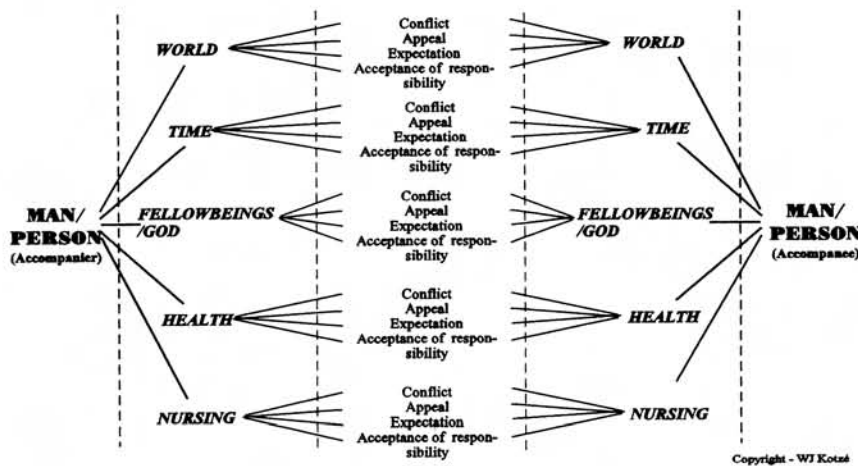


Figure 7 Conceptual representation of relational interaction between paradigm concepts

LIFEWORLD	RELATIONSHIP STRUCTURES	COURSE STRUCTURES	ACTUALIZATION STRUCTURES		GOAL STRUCTURES	
			ACCOMPANIER	ACCOMPANEE		
PERSONAL WORLD ("HOME")	Understanding	ASSOCIATION	Preparedness	Passive	Renewed/continued exploration of world and establishment of relationships	
	Trust		Available	Attentive		
INTERPERSONAL WORLD	Recognition of Authority	INTERVENTION	Aware of responsibility	Expectation	Acceptance of challenge to create meaningful existence	
	Understanding		Engagement	Appeals		Awareness of responsibility
	Trust		Participative observation	Relinquishing of passivity		Participative observation
TEMPORALITY	Recognition of Authority	RETURN TO ASSOCIATION	Exploring of possibilities	Active participation	Responsible independent decisionmaking	
	Understanding		Assistance/guidance	Reflection/consideration of alternatives		
INTRAPERSONAL WORLD (WORLD OF BECOMING)	Trust	PERIODIC LEAVING	Admonishes/appeals	Confidence evoked	Understanding and acceptance of responsibility for continued actualization of potential	
	Recognition of Authority		Approves/praise/reinforces	Growing awareness of responsibility		
	Understanding	PERIODIC LEAVING	Assistance/guidance	Willing to risk	Identification with norms and challenges of new lifestyle	
	Trust		Observation	Acceptance of challenge		
	Recognition of Authority	PERIODIC LEAVING	Available	Active participation	Realistic, responsible selfassessment and selfunderstanding	
	Understanding		Expectation	Reflection/consideration of alternatives		
	Trust	PERIODIC LEAVING	Maintaining and protecting of privacy and dignity	Confidence evoked	Acceptance of responsibility for self	
	Recognition of Authority		Gradual withdrawal	Growing awareness of responsibility		
	Understanding	PERIODIC LEAVING	Allowing separation	Willing to risk	Gains/regains and maintains respect for personal dignity	
	Trust		Acceptance of redundancy	Acceptance of responsibility and selfesteem		
	Recognition of Authority	PERIODIC LEAVING	Appreciation for achievement and self	Growing hope and expectation	New spiritual maturity	
	Understanding		Acceptance of redunance	Growing selfunderstanding, selfrespect and selfappreciation		
	Trust	PERIODIC LEAVING	Actualization of altitudinal values	Actualization of altitudinal values	Actualization of self in meaningful existence	
	Recognition of Authority		Selfreliance/selfassertion	Actualization of altitudinal values		

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Figure 8 Conceptual representation of relational interaction between man/person-in-lifeworld and accompaniment structures



- Accompaniment in nursing enhances patient satisfaction.
- Accompaniment of the patient can enhance the patient's identification and coping with the norms and demands of a new lifestyle.
- Successful accompaniment leads to self-reliance in the patient and redundancy of the nurse.

## CONCEPTUAL REPRESENTATION OF RELATIONAL INTERACTIONS DURING THE ACCOMPANIMENT PROCESS

### Relational interaction between paradigm concepts

The relational interaction between the paradigm concepts in a developing relationship between accompanier and accompanee is reflected by figure 7. This relationship reveals the field of tension in which accompaniment takes place.

*See figure 7*

### Relational interaction between man-in-life world and accompaniment structures

The relational interaction between man/person-in-lifeworld and the structures of accompaniment is represented by figure 8. It needs to be emphasised that man/person in this figure represents both accompanier and accompanee.

*See figure 8*

## CLOSING REMARKS

Nursing is a human, clinical, health science, a deliberately planned and controlled process that is realised through direct interpersonal involvement, on the one hand of a person in need of help, guidance and care and, on the other hand, a **person** with the skills to give assistance, guidance and care. Nursing today is a process strongly directed by technology and instrumental content with more than even before an awareness of the need for the nurse to establish a therapeutic milieu built on a relationship of understanding, trust and recognition, and realise support to reduce the tension and promote successful progress in all facets of the therapeutic regimen. More than anything else the patient, as the dependent party in the health team, needs to return to a position of independence and self-reliance, a position of meaningful existence. In this process the nurse plays a vital and indispensable role. Helping and supportive guidance are viewed as essential components of the process of caring, and therefore of all facets of the nursing process. Accompaniment, in this theory, with its relationship, course, actualisation and goal structures, is introduced as a vehicle to facilitate regaining of self-reliance and of meaningful existence, even in terminal situations. It is further presented as inherently part of the total process of nursing, as a way or mode of nursing, based on the scientific approach. The theory's potential as a basis for nursing practice is being tested with teaching of students at under and post graduate level at the home university of the theorist and has been researched in the nursing of patients on renal replacement therapy. Publication of these studies is in process. Further refinement naturally will only be the outcome of further research and its application in practice.

## BIBLIOGRAPHY

- BACKEBERG, ME 1975: Die verpleegster in die noodlenigingsituasie; 1e druk. Pretoria: SAVV.
- BOSMAN, DB; VD MERWE, IW & HIEMSTRA, LW 1967: Tweetalige Woordboek; 7e uitgawe. Kaapstad/Bloemfontein/Johannesburg: Nasionale Boekhandel.
- BUYTENDIJK, FJJ 1965: Prolegomena van een antropologiese fisiologie; 1e druk. Utrecht/Antwerpen: Aula-Boeken.
- BUYTENDIJK, FJJ 1966: Algemene teorie der menselijke houding en beweging; 4e druk. Utrecht/Antwerpen: Aula-Boeken.
- CRONJÉ, G (Red) 1966: Die wysgerige antropologie en die menswetenskappe; 1e druk. Pretoria: JL van Schaik.
- FAWCETT, J 1988: Analysis and evaluation of conceptual models of nursing. Philadelphia: FA Davis Company.
- FRANKL, VE 1959: Mediese Zielzorg; Vertaalde 6e druk. Utrecht: Erven J Bijleveld.
- GEORGE, JB 1995: Nursing Theories: The base for professional nursing practice; 4<sup>th</sup> Edition. New Jersey: Appleton & Lange.
- HENDERSON, V 1972: Basic principles of nursing care; 7th print. Basel: S. Karger.
- KOTZÉ, WJ 1979: Begeleiding in die Verpleegkunde. Pretoria: SAVV.
- KOTZÉ, WJ 1994: Fundamentals of Nursing Science. Unpublished Lecture Notes. Port Elizabeth: University of Port Elizabeth.
- KWANT, RC 1968: De wijsbegeerte van Merleau-Ponty. Utrecht/Antwerpen: Aula.
- LANDMAN, WA & ROOS, SG 1973: Fundamentele pedagogiek en die opvoedingswerklikheid. Durban: Butterworths.
- LUIJPEN, W 1966: Existentiële Fenomenologie; 7e druk. Utrecht/Antwerpen: Aula.
- NEL, BF; SONNEKUS, MCH & GARBERS, JG 1965: Grondslae van die psigologie; 1e druk. Stellenbosch/Grahamstad: UUB.
- OBERHOLZER, CK 1968: Prolegomena van 'n prinsipiële pedagogiek; 1e druk. Kaapstad: HAUM.
- PIENAAR, JJ 1973: Andragogiek binne universitêre konteks; 1e druk. Port Elizabeth: Universiteit van Port Elizabeth.
- SCHOONEES, PC (Red) 1970 Woordboek van die Afrikaanse Taal. Eerste Deel A-C, 3e oplaag. 1957 Derde deel G; 1e druk. Pretoria: Staatsdrukker.
- SOUTH AFRICAN NURSING COUNCIL 1994: Terminology List. Pretoria: SANC.
- TEN HAVE, TT 1965: De Wetenschap der Sociale Agogie; 2e druk. Groningen: JB Wolters.
- TEN HAVE, TT 1969: Klein bestek van de Agologie; 2e druk. Groningen: Wolters-Noordhoff.
- TEN HAVE, TT 1973: Andragologie in blaudruk; 1e uitgawe. Groningen: HP Tjeenk Willink.
- TRAVELBEE, J 1967: Interpersonal aspects of nursing; 3rd print. Philadelphia: FA Davis.
- VAN BEUGEN, M 1970: Andragologie is geen vrolijke wetenskap; 1e druk. Assen: Van Gorcum.
- VAN BEUGEN, M 1974: Sociale Technologie; 6e druk. Assen: Van Gorcum.
- YURA, H & WALSCH, MB 1973: The nursing process; 2nd edition. New York: Appleton-Century-Crofts.