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Helen qualified as a veterinary nurse in 2003, and has worked in a variety of settings nationally and internationally. She has been on the BVNA Council for three years and is currently honorary treasurer.

In September, Helen qualified as a 'human' nurse and works in critical care at Papworth Hospital, the UK's largest specialist cardiothoracic centre. However, she remains a registered veterinary nurse, working shifts in emergency and critical care to keep her skills and knowledge up to date.

Helen has developed a strong interest in the idea of sharing medicine, applying concepts used by medical staff to the veterinary profession, and vice versa. Her friends and family take great delight in asking her, as she goes to work, "Is it humans or animals today?"

Holistic care or... How to be the best veterinary nurse in the world

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ABSTRACT: Holistic care is often a misunderstood concept. When mentioned, many people leap to thoughts of alternative therapies and spiritual care, rejecting it as irrelevant to veterinary patients.

While researching this article, I spoke to a group of veterinary nurses, and each admitted they would avoid any lecture or paper with 'holistic care' in the title, research that is reflected in the name of this article! This trend is unfortunate as it dismisses a valuable resource of tools and models from human-centred nursing that may improve levels of nursing care for veterinary patients.

This article will outline a clear definition of holistic care, and describe its application to clinical practice. It will consider the use of the nursing process and nursing care plans to provide a structure of working that will ensure patients receive individual and all inclusive care.

Holistic care is a much-used term, but a term that many use incorrectly. This has resulted in a misrepresentation and devaluation of this pertinent description of thorough nursing care which encompasses the needs of the whole patient.

Holistic care is defined by Mosby (2012) as 'A system of comprehensive or total patient care that considers the physical, social, economic, spiritual, and emotional needs of the patient, his or her response to illness, and the effect of the illness on the ability to meet self care needs'.

▣ **Figure 1.** Holistic care incorporates the physical, social, emotional and economic needs of patients to ensure their comfort.



This is clearly a definition that has been developed for the medical world; however, through close examination and reflection, this definition can be extrapolated to veterinary nursing. It is a definition that emphasises the unique care and attention each patient requires, known in human nursing as person-centred care, adapted for veterinary use as patient-centred care (**Figure 1**).

Physical needs

Let us examine each part of the definition in turn – as they can be applied to the veterinary patient. Physical needs are self explanatory, for example eating, drinking, elimination and breathing.

Social needs

On initial contemplation, the social requirements of our patients may appear abstract until considered in the clinical context. A clear and basic example is kennelling. A nervous cat would not be housed next to a barking terrier. The social needs of an animal are also what we are caring for when we spend time grooming cats, walking dogs, or chaperoning owners for a daily visit.

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Economics

The economic needs of our patients can be directly extrapolated to the economic considerations of our clients. Veterinary health care is private health care and someone has to pay the bill! Keeping this in mind will help to promote clear communication with the owner about costs, estimates and payment planning.

Spiritual and emotional needs

The spiritual and emotional needs of the veterinary patient may, on initial consideration, be too abstract to contemplate; however, when considered in the clinical context, examples can be identified.

I'm not suggesting that veterinary patients require the attention of a priest in their final hours. In human-centred nursing, the concept of spirituality is moving towards an awareness of the very essence of a person and what they rely on for support, whether that be a God, a spirit, or family and friends.

Our patients require stimulation and company, elements of the social care that will also help with their general well-being and mood. Experienced veterinary staff will recognise the postoperative orthopaedic patient, miserable in his kennel on strict rest. A nurse thinking holistically understands the benefits of putting a play pen outside in the sunshine and spending some time with the animal to improve his demeanour.

As well as consideration of the animal, this aspect of care should remind veterinary staff of the owner-animal bond. It can be argued that veterinary nurses have an obligation to care for owners as well as the animals. This care may involve ringing owners with updates, discussing decisions and remembering that owners may need extra support during periods of illness, surgery or bereavement.

Surely it is the practice of holistic care that marks the difference between nurses and doctors, veterinary nurses and vets?

While the clinicians may routinely fall into the medical model of differential diagnoses, symptom identification and treatment, it is the nurse who will focus on the patient as a whole, using details that will make the patient's life a little more comfortable and possibly their healing a little easier and quicker.

Holistic care can be considered the gold standard for nursing in veterinary hospitals. To develop a method of working to ensure care is patient-centred, the veterinary nursing profession can borrow and adapt from long-established human nursing theory (Figure 2).

There is a significant amount of useful information already available that with careful consideration and slight adaptation can translate to useful and practical instruction for the veterinary nursing profession.

The nursing process

The nursing process formats nursing as a cyclic, dynamic practice of assessment, planning, intervention and evaluation (Richards and Edwards 2003). Often abbreviated to APIE, it provides a structure of thinking for working in the clinical environment.

Assessment

The nursing assessment is an essential part of caring for our patients; it is the very cornerstone of nursing practice and provides a baseline as the nursing care progresses. Assessment techniques vary from nurse to nurse, but essentially all should be systematic and inclusive, usually incorporating a 'hands-on' and 'hands-off' approach.

The 'hands-off' assessment technique is a skill that is often remarkably highly tuned by veterinary nurses, who are used to working with patients who cannot describe their condition. Without touching the patient, it is possible to measure demeanour, assess a gait, notice the mildest of dyspnoea, observe for any discomfort and obtain an impression about general well-being. It is a skill that is overlooked

by many medical professionals who are reliant on speaking to their patients and, consequently, may lose their 'hands-off' observation skills.

There are a number of assessment tools available to stimulate objective examination, essential for use in the world of 24-hour care, which demands the input of multiple members of staff. Pain scores, neurological scores and stool charts have been developed for veterinary use or can be borrowed from human medicine and easily and quickly adapted for specific practice use.

One assessment resource that may inadvertently be neglected by nursing staff is the information they can source from the owner. Traditionally interaction between staff and client has usually involved the veterinary surgeon; veterinary nurses, however, are increasingly admitting patients for procedures or hospitalisation.

Valuable information, which may aid nursing care, can be obtained from owners. Basic questions on nutrition and elimination may avoid anorexia or constipation later on in the treatment journey.

Additionally, understanding the medication history of a patient may aid clinical decisions; for example, establishing when surgical patients were last treated for lungworm, or what medication they are currently taking.

Figure 2. Each patient is an individual and requires unique care and attention



Planning

Taking time to plan nursing goals will facilitate clear comprehension of the individual care required and help staff to anticipate potential problems. The use of SMART goals – goals that are specific, measurable, attainable, realistic and timed – is a well-established process, used across a range of industries.

If applying this to the nutrition of a patient, a SMART goal for a nervous post-thoracotomy terrier would involve calculation of her calorific intake, combined with contemporary, accurate documentation, so that her intake can be measured. It should be an attainable and realistic goal if food tastes and preferences are satisfied and she is fed appropriately.

Time factors should also be considered, as we ensure that after a period of pre-operative starvation, we are careful to offer food and monitor for any periods of anorexia with a view to implementing assisted feeding regimens, if required.

Interventions

This aspect of nursing care has historically been perceived as the 'glamorous' part of nursing, the clinical skills that everyone likes to practise.

While these skills are valuable, other aspects of care are also incorporated – interventions may be hygienic, rehabilitative, supportive, preventive or educational. Additionally, it is worth remembering that some of these interventions will rely on owner involvement as well as direct patient care, and if client co-operation is not available, the intervention will need reassessing and adapting.

Evaluation

This final part of the process examines patient progress; or more accurately it asks what is happening? Evaluation of nursing practice must be contemporary and dynamic to allow us to take advantage of lessons learnt as care is carried out. Clear and structured reflection combined with accurate record keeping are the backbone of useful evaluative practice.

Holistic care in practice can be further promoted by the use of nursing care plans (NCPs). Although still relatively new to veterinary nursing, these are an

aspect of human nursing that have been incorporated into daily nursing practice by many veterinary staff.

Nursing care plans give rise to much debate and angst! Experienced nurses with older qualifications will not have come across them in their nursing education in such a formal format and some will be resistant to the perceived increased documentation required to record nursing care and patient progress. In comparison, currently, NCPs exist as core components of veterinary nursing practice and education.

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There are three key things that may be emphasised about nursing care plans:

1. They are not frightening or stressful; most nurses have been forming care plans in their head for years, just not committing them to paper.
2. They are not complicated; most nurses new to care plans are surprised at how simple they are. They can be written and adapted to specific practices.
3. They will promote holistic care. All nursing care plans encourage a systematic approach to planning and carrying out patient care, reminding nurses to incorporate the physical, emotional, economic and social aspects of care into nursing.

Glasper, McEwing and Richardson (2009) describe multiple benefits of good nursing plans, including:

- improved communication amongst staff
- time-saving as procedures and tests are not repeated unnecessarily
- improved diagnosis and treatment
- comprehensive recording of care
- identification of risk as potential problems are highlighted
- protection against complaints through thorough documentation.

Roper Logan and Tierney (1996) provide a clear list of daily activities of living that

can be extrapolated directly to a care plan for animals, including eating, drinking, sleeping, elimination, working and playing.

Orem (2001) promotes evaluation of the patient's ability to do things for themselves. Again, readily adapted for pets, this care plan is useful for rehabilitation of patients as it reminds us to consider balancing solitude with society, rest with exercise, and it incorporates aspects of patient safety as we educate owners in postoperative care.

The popularity of nursing care plans is evident from their frequent use and the discussion they generate. As veterinary nursing moves into higher levels of academia, we must learn to critically appraise the care we are giving to our patients, the way we give it, as well as the evidence upon which the care is based (Figure 3).

In 2008, LaDuke wrote, 'today's nurses are continually receiving and analysing data amid massive workloads, any care planning document that requires constant manual revision is a hindrance rather than a help.' A clear argument against the use of care plans; indeed, many others perceive care plans as useful educational tools with no relevance to clinical practice.

Nancy Roper once described her disappointment that the care model she had developed with colleagues was being used as a 'simple checklist'.

Registered veterinary nurses in the UK work to a Code of Conduct that demands they maintain and develop the knowledge and skills relevant to their

▣ **Figure 3.** Many animals, like people, require socialisation as part of their nursing care



professional practice and competence. Part of this development of knowledge must incorporate some level of critical thinking – to encourage RVNs to ask questions and not accept information without evaluating it.

You should not just assume that nursing care plans will be useful to your nursing. Practise with them, make them useful for you, or dismiss them altogether. Either way, make sure your examination and contemplation of them is thoughtful and based on a range of information, anecdotal reports, peer review, and theoretical grounding.

The Code of Conduct is clear when it comes to the care that RVNs give their patients, demanding provision of care that is 'appropriate and adequate'. Developing tools and thought processes to provide holistic care will ensure that the individual needs of patients are met.

If you are new to the concept, an excellent starting point would be to move away from referencing 'the chemo cat in kennel five' to 'Piglet Ballantyne, lymphoma, in for intravenous chemotherapy, sweet, but scared, only eats wet food, likes to sleep in a box. The start of a list of details that might appear insignificant, but to a nurse practising holistically are essential to the delivery of true patient-centred care. [vni](#)

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NEWS REVIEW by Jean Turner

Evidence sought on 24-hour emergency care

The Royal College of Veterinary Surgeons (RCVS) is seeking the views of veterinary surgeons, veterinary nurses and animal owners on the provision of 24-hour emergency veterinary care (24/7), owing to concerns raised over a disconnect between public expectations and veterinary capacity.

In an open letter published on the College's website on 23 December, the chairman of the RCVS Standards Committee, Clare Tapsfield-Wright, invited the public and members of the profession to submit their views and explained the reasoning behind the call for evidence.

According to Mrs Tapsfield-Wright, a number of questions regarding 24/7 cover have been raised over the past two years by lay observers – non-veterinary appointees – sitting with the RCVS Preliminary Investigation Committee (PIC).

She said: "Lay people working with the RCVS have raised questions about the veterinary profession's ability to provide 24/7 cover to the extent required by the RCVS *Code of Professional Conduct*, and said there is a 'disconnect' between the public's expectations and the profession's capacity to meet those expectations."

Paragraph 1.4 of the Code states: "Veterinary surgeons and veterinary nurses in practice must take steps to provide 24-hour emergency first aid and pain relief to animals according to their skills and the specific situation."

Mrs Tapsfield-Wright also refers to a recent RCVS Disciplinary Committee (DC) inquiry in June 2013, which received much attention in the press and raised a number of concerns relating to home visits by veterinary surgeons.

Documents relating to this case are included on the College's website along with the letter and other background information, such as reports by lay observers to the PIC and Working Party reports from the RCVS 2009 consultation on 24-hour emergency cover.

The college says questions on 24/7 cover will be included in next year's Survey of the Professions, while focus group research will aim to gather information from animal owners. Once the responses have been collated, the College says it will invite a number of individuals and organisations to air their views at a Standards Committee meeting. The date of this meeting is yet to be confirmed.

Written responses should be sent by e-mail to 24-7@rcvs.org.uk or by post to the Professional Conduct Department, Royal College of Veterinary Surgeons, Belgravia House, 62 - 64 Horseferry Road, London SW1P 2AF by 5pm on Monday 17 February 2014.

Microchipping good news story

With the reluctance of some owners to have their animals microchipped before it becomes compulsory, a happy ending has occurred for a Staffordshire bull terrier missing for nine years! The dog had escaped through a broken fence of a garden in the Worcester area when three years old and no trace of her could be found.

She was found wandering the streets of Salisbury, taken to Bath Cats and Dogs Home where staff identified her through her microchip. Amazingly the dog recognised her owner when reunited.

This not only emphasises the benefits of microchipping together with scanning any 'stray' dog, but also the importance of checking at regular intervals that chips are still 'readable'. So a scan at annual health checks is invaluable.