

Artigo de opinião

My vision for nursing: Wellness

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During the 1980s, Ms. Miller proposed her Functional Consequences Theory for Promoting Wellness in Older Adults, a Mid-Range Theory for gerontological nursing, which is the organizational framework for 8th editions of *Nursing for Wellness in Older Adults*.

In 1990 and 2015 *Nursing for Wellness in Older Adults* (1st ed and 7th ed) received the AJN Book of the Year Award for first place in Gerontological Nursing.

Ms. Miller has published more than 100 nursing articles and textbook chapters. She taught at many university schools of nursing in the United States.

During several decades of her nursing career she has served many roles including two years as a spokesperson for a national educational campaign about issues related to caregiving and several years on the professional advisory board of the Alzheimer's Association.

Introduction

Since my days as a nursing student, I have envisioned my nursing career as a way of promoting wellness for my patients, others, and myself. My vision has evolved through four decades of nursing research and practice along with personal growth. But, always, my focus has been on promoting wellness through all stages of health, illness, and end-of-life, as I will describe in this article.

In my first nursing job I worked with underserved urban populations and I was quite idealistic in focusing on ways in which I could help my patients improve their health. I knew that I had limited influence on the many factors that

negatively affected their health, so I concentrated on teaching my patients to develop self-care actions to achieve doable goals. For example, several nurse colleagues and I developed a "listening clinic" for our many patients who requested anti-anxiety medications. During these sessions, we listened to our patients' personal life stories and provided nursing counseling to teach them about stress-reduction interventions. The nursing goal that we achieved was to reduce the use of psychotropic medications while also improving quality life for our patients. My vision of nursing at that time was to use my nursing skills to empower patients toward self-care actions in whatever ways could be incorporated in their lives.

When I began working as a gerontological nurse practitioner I repeatedly heard patients and colleagues express negative attitudes toward getting old, echoing an attitude of “what do you expect, you are old.” I was concerned that blaming symptoms on aging communicated a sense of hopelessness and it was in stark contrast to my own vision of wellness as we age. As I engaged in research about “normal aging” I discovered that many of the problems that are blamed on aging were due to conditions that could be changed. I began leading a “Healthy Aging Class” for older adults in a variety of community-based and institutional settings, including a geropsychiatric program. During these classes we discussed the misconceptions about aging, the positive aspects of aging, the challenges of older adulthood, and ways of coping with the challenges. I applied my vision of nursing to wellness during aging by helping older adults develop self-care interventions to improve their level of functioning and quality of life.

By the mid-1980s, my research and practice led me to develop the Functional Consequences Theory of Gerontological Nursing, which became the basis for my first nursing textbook. I defined key concepts as follows:

- In older adults, a combination of age-related changes and additional risk factors results in functional consequences

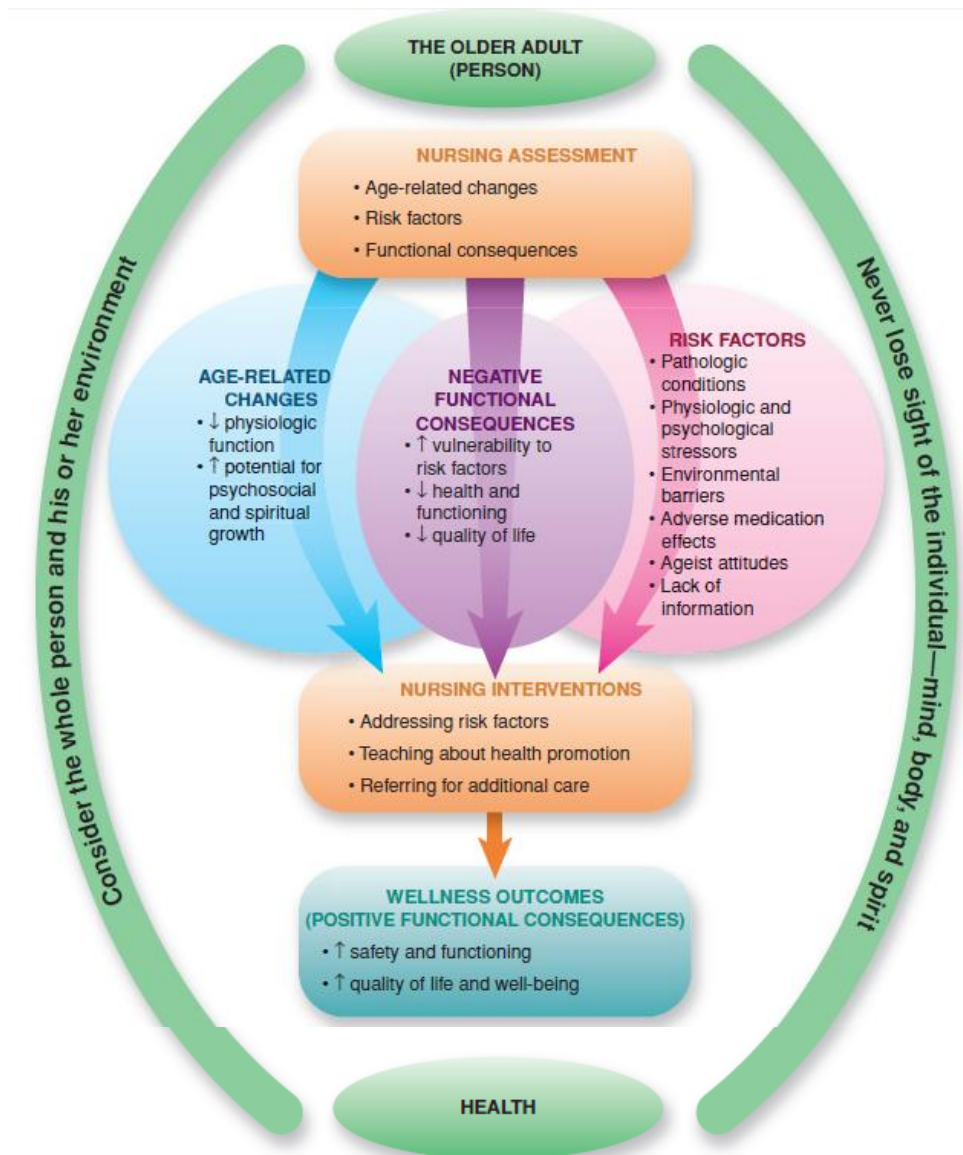
- Functional consequences are defined as the observable effects of actions, risk factors, and age-related changes that influence quality of life or day-to-day functioning of older adults
- Many of the functional consequences are negative, but with interventions older adults can experience positive functional consequences (i.e., improved functioning and quality of life)
- Nurses have essential roles in assessing age-related changes and risk factors, with a particular responsibility to identify those risk factors that could be addressed through nursing interventions
- The goal of these interventions is to enable older persons to function at their highest level, despite the presence of age-related changes and risk factors
(Miller, 1990, p. 52).

My theory differed from the dominant “what-do-you-expect-you’re-old” approach to gerontological nursing because it focused on teaching nurses to identify risk factors that they could address through nursing interventions to improve functioning and quality of life for older adults. As I developed later editions of my nursing text, I expanded my nursing research and practice to encompass the emphasis on the concept of “wellness” that was increasingly being incorporated into all aspects of health care. My nursing

vision at that time was to challenge the common perception that wellness was achieved by “preventing ageing.” I personally did not want to prevent chronological ageing – rather, I wanted to promote the idea that “there is no age limit to achieving wellness when it is holistically

conceptualized in the context of one’s body, mind, and spirit” (Miller, 2009). In the last 5 editions of my text, my theory evolved to “A Nursing Model of Promoting Wellness in Older Adults” as illustrated in the figure, which also lists examples of each key concept (Miller, 2019).

Figure 1 - A Nursing Model for Promoting Wellness in Older Adults



As I updated editions of my text, I was challenged to apply my theory not only to relatively healthy older adults but also to those who had chronic or progressive

conditions, and even to end-of-life care. With additional gerontological research and continuing reflection on my nursing practice, was able to focus on ways in

which our nursing knowledge and skills enable us to help our patients work toward goals that are both realistic and wellness oriented during all phases of health and illness. For example, a wellness-oriented nursing goal for patients at the end of life is to use nursing interventions to facilitate a peaceful death and provide support for family and friends of the person who is dying.

Although my theory and textbooks focus specifically on care of older adults, I believe my approach provides a framework for incorporating wellness into care of all our patients. In any situation, nurses can assess not only the conditions that cannot be changed, such as disease processes, but also those that can be addressed through nursing interventions. In summary, my vision is that all nurses apply a “wellness approach” by addressing the body-mind-spirit interconnectedness of each patient as a unique and respected individual (Miller, 2019, p. 3).

Wolters Kluwer Health/Lippincott Williams & Wilkins.

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