

The Nurse Aide is Central to Holistic Health

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Past and Present Nursing Perceptions

Nursing was not always a reputable profession. According to Kim Cooper and Kelly Gosnell, in their book, *Foundations and Adult Health Nursing*, 19th Century hospitals were referred to as "pesthouses," and were staffed by people with little training. Workers that were loosely referred to as "nurses," were usually women of ill report, such as prostitutes and prison inmates. Florence Nightingale was a reformer that led nursing from a lowly occupation to a lofty profession (Cooper, Gosnell, 2019).

Nurse aides find their historical beginning in WW1. According to [CNA Buzz .com](#), and [4 CNAAs .com](#), The American Red Cross recruited volunteers to help nurses who were overwhelmed with caring for wounded soldiers. The program was called the Volunteer Nurses' Aide Service, and was reinstated during WWII in military hospitals. As one of the aforementioned websites state, "The volunteer women, aged between 18 and 50, performed non-technical work to give nurses more time to attend to their professional duties" ([4 CNAAs .com](#)). Note the dichotomy between "non-technical" and "professional duties." This distinction has not benefited the cause of quality care.

Due to the unprecedeted success of the Red Cross programs, nurse aides began being utilized in nursing homes and mental institutions. They were sometimes referred to as "orderlies." A common definition follows:

Orderlies contribute significantly to the healthcare industry even though the care they provide is not medical. Orderlies provide basic assistance with everyday tasks such as eating, putting on clothes, shaving and bathing to patients in hospitals, nursing homes and

other inpatient healthcare settings. Their help, reassurance and companionship make a significant difference in the patient experience (*Innerbody .com*).

This perception of nurse aides is even common after the passing of the Omnibus Reconciliation Act:

In 1987, while Ronald Reagan was in office, Congress passed the Omnibus Reconciliation Act which set standards for certified nursing assistant training, education, and requirements. Before this act was passed, nurse aides didn't need formal caregiver training or certification. In order to maintain high care standards, Congress passed this act and changed the field of assistant nursing dramatically (*My CNA Jobs .com*).

Indeed, the standards for becoming a nurse aide, and the practice thereof, was elevated drastically, but not the financial compensation. Prior to the COVID pandemic, nurse aides made an average of \$19,000 annually (*Phi National .org*). As late as 2016, many long-term care facilities were paying STNAs \$9.50 per hour, and getting away with it to some extent. Undoubtedly, this was made possible by the perception that the job of nurse aide is not medical care, is "nontechnical," and primarily for improving the patient "experience." In many venues, it is perceived as companion care.

ADLs are Medical Care

Activities of daily living (ADLs), make up the primary job description of nurse aides. This is another nomenclature that is not helpful. This point can be made by reading the introduction to Chapter 12 in the book, *Integrative Health: A Holistic Approach for Healthcare Professionals* by Cyndie Koopsen and Caroline Young:

The human body is an amazing, complex phenomenon with approximately 60 trillion cells (Eliopoulos, 2004). It's made to move; it's that simple. From the high school coach who said sports builds character to the way you feel on the dance floor boogying with your friends to tossing a Frisbee at a park, moving feels good. Even as you sit and read this book, your heart pumps blood across miles of arteries and veins, your eyes move across the page, your lungs expand and contract, and neurons in your brain fire. Every time you move a muscle, your cells mobilize energy and remove waste products. Thousands of processes occur in your body to support the essence of who you are.

Human survival has been based on a fight-or-flight response that involves hormones producing an increase in blood pressure to shunt blood from the body's core to its periphery and allow major muscles to help people escape their real (or imagined) enemies (Eliopoulos, 2004).

Freeman (2004) quotes Hippocrates, the father of modern medicine, who once stated:

All parts of the body which have a function, if used in moderation and exercised in labours in which each is accustomed, become thereby healthy, well-developed and age more slowly, but if unused and left idle, they become liable to disease, defective in growth, and age quickly. (p. 483)

Although people once used muscles as part of their everyday lives in farming, cooking, and cleaning, less than 1% of all energy used in factories, workshops, and farms today comes from human muscles. While increasing numbers of people exercise regularly, few exercise at the intensity or frequency needed to obtain maximal health benefits (Rose & Keegan, 2005). Low levels of physical activity continue to be a major public health

challenge in almost every population group, despite the fact that incorporating physical activity into all areas of daily living is critical (pp. 317, 318).

If we take these words to heart, we should remember that the nurse aide is the one who keeps the patient moving. If movement and activity are "critical," then the aide is central to healthcare, while indeed, improved experience, and companionship, add to the holistic approach. But ADLs are much more than the addition of an experience or semblance of friendship, in reality, it is professional healthcare. Aides spend most of their time at point of care where activity, diet, reinforcement of the care plan, and therapeutic communication can be greatly influenced.

Furthermore, varied holistic alternatives are within the scope of the nurse aide practice when a nurse may be occupied elsewhere. Ice packs, and other alternatives for pain come to mind. And, if holistic care focuses on prevention, and it does, a wide range of aide activities define preventative care. We think of repositioning and checking incontinent patients every two hours.

Conclusion

For the sake of quality holistic care, aide work must be considered a vital part of the whole care of the person. In fact, it is arguably the most important. Doctors can prescribe, nurses can implement, but in many cases, the follow through and follow-up by the nurse aide is critical for positive outcomes. And in the final analysis, nurse aides have many more preventative measures within their scope of care than a doctor or nurse.

The nurse aide practice is professional, skilled nursing care. Constantly driving this point home will improve holistic care outcomes demonstrably. ADLs are medical care, and nothing less.

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