

<b>MANAGEMENT IN HEALTH CARE PRACTICE</b> A Handbook for Teachers, Researchers and Health Professionals	
<b>Title</b>	<b>COMMUNITY AND DISPENSARY NURSING CARE</b>
<b>Module: 4.5</b>	<b>ECTS (suggested): 0.2</b>
<b>Author</b>	<b>Olga Šušteršič, RN, PhD, Assistant Professor</b> College of Health Studies, University of Ljubljana, Slovenia
<b>Address for correspondence</b>	<b>Olga Šušteršič</b> College of Health Studies, University of Ljubljana, Department of Nursing Poljanska 26 a Ljubljana, Slovenija e-mail: <a href="mailto:olga.sustersic@vsz.uni-lj.si">olga.sustersic@vsz.uni-lj.si</a>
<b>Keywords</b>	Primary healthcare, community healthcare, dispensary healthcare, community and dispensary nursing care, health education
<b>Learning objectives</b>	After completing this module students should be familiar with: <ul style="list-style-type: none"> <li>• community and dispensary healthcare;</li> <li>• community nursing care of the healthy and sick individual, family and community;</li> <li>• nursing care and health education in dispensary healthcare;</li> <li>• working methods in community and dispensary healthcare;</li> <li>• the information system for community nursing care;</li> <li>• a multi-parameter expert system in nursing care.</li> </ul>
<b>Abstract</b>	Community nursing care forms an integral part of primary nursing care and therefore primary healthcare. It is performed in the patient's home, health centre, local community and in-the-field. The community nurse, who is a member of the nursing and health team, operates at all levels of health education: primary, secondary and tertiary, and promotes the health of the individual, family and whole population.
<b>Teaching methods</b>	An introductory lecture gives the students essentials in nursing care in general, and in community nursing care. The theoretical knowledge is illustrated by a case study. After introductory lectures students first carefully read the module, and certain parts of recommended readings and/or other available readings. Afterwards they discuss the importance of community and dispensary nursing care. In continuation, they need to prepare nursing care plan of patient and family. They present their plans to other students and discuss them
<b>Specific recommendations for teachers</b>	<ul style="list-style-type: none"> <li>• work under teacher supervision/individual students' work proportion: 30%/70%;</li> <li>• facilities: a class room;</li> <li>• equipment: computer, LCD projection equipment,</li> <li>• training materials: recommended readings or other related readings;</li> <li>• target audience: master degree students according to Bologna scheme.</li> </ul>
<b>Assessment of students</b>	Multiple choice questionnaires.

# **COMMUNITY AND DISPENSARY NURSING CARE**

**Olga Šušteršič**

## **THEORETICAL BACKGROUND**

### **Introduction**

Healthcare comprises measures and activities that are performed according to medical doctrine and employing medical technology by medical staff and colleagues in protecting health, preventing disease, discovering diseases and curing/healing diseased and injured people. This is performed at the primary, secondary and tertiary level.

Primary healthcare is the comprehensive action of all elements of the community for the health of its inhabitants. The common goal of all these endeavours is to achieve a level of health of people that would permit them to live a socially and economically productive life.

Even in the transition to a new millennium health remains the highest value and is an important factor in the strategy of the World Health Organisation's "Health 21", the health for all for the 21st century for the European region strategy (1). In realising this new strategy for Europe, nursing staff play an important role, predominantly in the field of primary healthcare. An integral part of this involves basic health activities where, besides other tasks prescribed by legislation governing these, they perform nursing care and health education in healthcare services for individual groups of inhabitants as well as community visits, nursing care, and the treatment and rehabilitation of patients at home.

### **Nursing care**

Nursing care is a fundamental component of healthcare as a comprehensive system. It is a professional discipline that is enhanced by other health disciplines. It can be broadly defined as care for the health of the whole population; an activity whose task is to assist the individual, family and community in all states of health and disease.

The nurse assists both, healthy and diseased people in those tasks that contribute to preserving and returning health, or a peaceful death, and perform them independently, if they have the will, strength and knowledge to do so. In this field the nurse is an expert and has the right to take the initiative and gain supervision. The nurse takes part in implementing the plan involving diagnosis and therapy initiated by the physician. She is a member of a broader health team in which she collaborates in planning and implementing the whole healthcare process.

### **Nursing care definition**

According to the definition of the World Health Organisation, nursing care is a comprehensive activity that is involved with the individual, family and social community and with their extensive functions in a time of health and sickness (2,3).

### **Nursing care goal and mission**

The goal of nursing care is to enable the patient to be independent if he or she has the necessary strength, will and knowledge for this. Its tasks must be set so that the patient is given back independence in the shortest possible time.

The mission of nursing care is defined as assistance for the individual, family and group in order to fulfil their physical, mental, psychological, spiritual and social potential in the environment where they live and work.

Nursing care also includes planning and implementing nursing activities between illness and rehabilitation and comprises physical, mental, psychological and social aspects of life as factors of health, disease, disablement and death. It provides care in all periods of the life cycle - from conception to death.

### **Conventional and contemporary nursing**

The essential difference between conventional and contemporary nursing is to be sought in its elements: philosophy, education, a nursing process, nursing diagnoses, theoretical models of nursing care, pertaining standards and documentation, organisation, management, staffing, professional terminology, research, legislation, etc.

The philosophy of nursing care cannot be transferred from other social and cultural spheres, but must develop in a given environment. Knowledge is a prerequisite for the development of the profession, which is acquired in the process of formal and informal education and conveyed in practice.

### **Nursing process**

The nursing process, which dictates the working method of nurses in the modern nursing profession, contributes to the high level of organisation and a systematic, comprehensive and individual approach. This is a progressive method of ascertaining the nursing requirements of subjects, i.e. the patient, family and community. It actively integrates all nursing subjects and members of welfare and health teams. Systematic work leads to critical judgement and sensible and planned nursing care. It operates in four phases, which in practice can run in parallel or simultaneously: assessment, planning, performance and evaluation.

1. Theoretical nursing models permit nurses to develop nursing components in all areas of its operation. They represent the elements of independent and separate action by the nurse.
2. Creating nursing standards and nursing diagnosis together with prescribed nursing documentation contributes to the establishment of procedural working methods and, consequently, the prominent position of nursing care in society.
3. Documentation ensures continuity, gives the basis for assessing nursing emergencies that have already been performed and is an integral part of safe and efficient nursing care. Without modern organisation, independent management and staffing in nursing care one cannot speak of a modern and independent profession.
4. Developing professional terminology allows a uniform understanding of expert terminology that is used in professional literature as in the everyday consensus between members of the nursing and medical teams. Research into nursing is essential for the development of the profession and to raise it from the occupational to the professional level. Duties, responsibilities and competence must be defined by legislation (4-6).

### **Community healthcare**

Community healthcare is defined as a special form of healthcare that deals with active health and social security of the individual, family and community. Due to their biological characteristics, specific ailments or being unaccustomed to a new environment

they are sensitive to its harmful influences (3,7). Community healthcare is organised as an independent service or organisational units of primary healthcare in health centres.

### *Community nursing care*

Community nursing care forms an integral part of primary nursing care and therefore primary healthcare. It is performed in the patient's home, health centre, local community and in-the-field. The community nurse, who is a member of the nursing and health team, operates at all levels of health education: primary, secondary and tertiary, and promotes the health of the individual, family and whole population.

### **Health education and health promotion**

Health education is a permanent process that accompanies a person from conception, through pregnancy, birth, the period of childhood and adolescence to adulthood and old age. For each period there is a specific need for knowledge. The community nurse must monitor and adapt to the needs and circumstances or state of the individual, family, group or community and satisfactorily meet their needs while working together with them.

1. Health education at the primary level refers to the treatment that strengthens health, thereby preventing illness. It is intended for a healthy population, the healthy individual and his family and seeks to achieve a higher level of health awareness and interest or motivation in this field as well as responsibility to one's own health.
2. Health education at the secondary level is intended for threatened groups and individuals. It delineates risk, signs of illness, disease and treatment. Participants are trained in self-observation and self-help as well as providing assistance to others with advice or alternative action. Threatened groups or individuals are therefore ready to take appropriate action, discover early signs of anomalies and thus contribute towards an early diagnosis, which results in swifter and more successful treatment and the earliest possible return to one's original state of health.
3. Health education at the tertiary level is connected with the prevention of the return of illness and a reduction of possible consequential ailments. It is intended for patients, invalids and their relatives and involves measures to reduce or abolish long-term injuries or incapacity, reduce suffering and improve the patient's adaptability (8,9).

Under the term of health promotion one comprehends the preservation and strengthening of health, which has a much broader objective than primary preventive care. This is a process that involves training people to monitor and improve their own health by themselves. It embraces all inhabitants, is directed towards an active lifestyle and includes imparting a certain way of life. Moreover, it also involves designing a social and economic environment and personality factors that are useful to health (10). By promoting health the community nurse encourages people to place health in the highest position on the scale of human values, actively provide for it and have the greatest influence on the economic and social impact on it. It includes all areas of health promotion: preventive care, work in the local community, organisation, environmental protection, public health policy, and areas of the economy, legislation and education.

### **Goals of community nursing care**

The community nurse with her colleagues endeavours to achieve and increase positive health of the individual, family and community and reduce or prevent negative health.

The goals of community nursing care are:

- physical, mental, spiritual and social health and well-being in the social and environmental context,
- preserved and improved health,
- a healthy lifestyle,
- a healthy, improved environment,
- increased human potential for self-help and neighbourly assistance,
- decreased burden of illness,
- prevented or reduced consequences of illness and risk factors, and
- recognisable human physical, mental, spiritual, cultural, and social needs during a time of health and illness, human incapacity and dying.

### **Fields of work in community nursing care**

In the entire process of community nursing care the individual, his or her family and community is the subject of treatment. The individual and members of the narrower and broader community are informed about everything, ready for active co-operation and have faith in the work of the community nurse. The fields of work in community healthcare are:

- the health and social treatment of the individual, family and community,
- nursing care of woman in childbed and new-borns at home, and
- nursing care of patients at home.

### **Subjects in community nursing care**

In practice, community healthcare is of paramount importance for a healthy or sick/injured individual, his or her family and community. They are treated in an environment where they live, learn, play and work. Nevertheless, whether the beneficiary of nursing care is an individual, family or community, a uniform methodological approach or a procedural working method is employed.

#### **1. The individual.**

The community nurse treats individuals from the following groups of inhabitants: women (woman in childbed, women in labour, women in the fertile period and in menopause), children (new-borns, infants, young and pre-school children, elementary and high school children), adult patients (employees, patients who have chronic incurable diseases, inhabitants of large cities and industrial centres), invalids, senior citizens and socially deprived groups (refugees, romas, the homeless).

The community nurse uses an individual and comprehensive approach that includes physical, mental, spiritual and social aspects. Together with the individual (whether healthy or ill) the community nurse determines what the individual and important others can do for each other by themselves. The activities of the community nurse are directed to studying and seeking ways to establish up-to-date knowledge on health within the context of efforts to lead a healthy life and strengthen and improve health.

A good state of health of the individual is a prerequisite for social, economic and personal development and a decisive component for a quality life. The most common concept employed is that of the working elements, philosophy of community nursing care, scope and working method in the nursing models of

Virginia Henderson and Dorothee E. Orem (11,12). They are both oriented to developing responsibility for one's own health and to supporting risk groups of inhabitants. The Henderson model of nursing defines fourteen basic living activities; Orem's model is based on the level of self-care (self-help) of the individual, family and members of the community. The community nurse must assess in an individual each basic living activity and on the basis of the determined condition plan, implement and evaluate the achieved state. She must also assess the level of self-care and health education. The individual himself, as well as the broader social community, is responsible for preserving and enhancing his health.

## **2. The family.**

The family plays a vital role to ensure the health and quality of life of the individual and society. The family comes into being once the partners begin to discuss having a common life together. With their network of relatives the family represents a specific social and cultural institution in which social bonds and individual freedom are connected in a special way. With regard to the definition of this concept, the family can be considered as:

- a primary group - the cradle of human nature in which as the result of intimate association and personal contacts one acquires the first social and personal experiences,
- a social group in which relations between individuals are deep and continuously linked. Individuals in this relationship experience fullness and contentment. Relationships of "communities by blood" are labelled as original and natural, and
- a social institution that fulfils important social goals: sexual satisfaction, reproduction, educating children and maintaining emotional ties. Like each social institution, the family has material wealth, cultural symbols and recognisable values.

The community nurse encounters different forms of family: core, extended and single-parent as well as families in various periods of development. Thus one can distinguish between the periods of newly-marrieds, birth of the first child, a family with schoolchildren and adolescents, creation of a new family, empty home once the children have left, and an old family. The community nurse must be acquainted with:

- the characteristics of individual periods of development, the most common health problems, and social and material conditions, as well as
- Maslov's hierarchical scale of needs adapted to the family:
  - basics needs for survival and physiological ones (state of health and health education of family members as well as conditions of hygiene),
  - safety and protection (living conditions and economic standard),
  - love, disposition and sense of belonging (communication in the family and with the broader environment),
  - respect (relations between family members and with the broader environment), and
  - self-fulfilment (education and employment of family members).

Using this data, the community nurse determines together with the family members the position in the family, plans and implements nursing care and establishes values. This is important to maintain the dynamic equilibrium in the family and

ensure a high quality of life for it.

Many people live in communities that are not ranked among the above-mentioned families, yet the functions they perform are the same. In these groups the problems which they meet and ways of solving them are similar to those in conventional families. That is why the community nurse treats as a family all those groups who think they are indeed a family.

### **3. The community.**

Nurses have long treated the community as a subject or customer. Despite the relatively large emphasis, the concept of "community as customer" is not suitably defined. For this reason it neglects nursing care in the field of the community as customer.

Nursing care is intended to assist a community in determining, expressing and successfully solving problems associated with health.

The health of a community means meeting common needs by determining problems and managing reciprocal effects within the community as well as between the community and broader society. This demands devotion, efficient communication, a presence and settlement of conflicts, collaboration, solving relations with the broader society and mechanisms to ensure interaction among the participants and adopt decisions. The health of a community means the joint achievement at the highest level of physical, mental and social health, which corresponds to the knowledge and resources attainable (3,7,10).

The activities of a community nurse in a community are preventive at the primary, secondary and tertiary level. The first two incorporate the promotion, preservation and strengthening of the community's health, disease prevention and risk factors, extending life and raising the quality of life. The working characteristics of a community nurse in the community are:

- orientation to the group,
- promotion of health,
- preventive care before curative,
- inter-disciplinary and inter-sector operation,
- support for an active role of the individual, and important others in the nursing process,
- a holistic approach,
- continuous nursing and observation of the principle of organisation, and
- management while respecting ethical principles.

#### *Team-work in community healthcare*

In community healthcare team-work is indispensable. The community nurse works together with the nursing and health team.

Team-work is defined as the work of a group of people in which each individual contributes his or her professional knowledge and is responsible for his or her work, which is directed towards a common goal.

An important role is played by the team leader who plans, organises and co-ordinates work. The behaviour of the team members, their motivation and level of association depend on the method of leadership.

The team members communicate among themselves and work interactively. The team in basic healthcare consists of health staff and other professionals with whom they first join together.

Members of the nursing team in community healthcare are nurses with college and higher level professional qualifications, specialists in community nursing care and health technicians who are integrated in performing nursing care of the patient at home. The health team includes specialist physicians, nurses from healthcare services covering various individual groups of citizens (dispensaries) as well as the community nurse and health technician. On the basis of the assessed health and social circumstances, condition or problems of an individual, family, group or community other experts are involved: physiotherapists, occupation therapists, hospital psychologists, social workers and others.

The aim of team-work is to provide nursing care or healthcare for the individual, family, group or community, whose goal is to achieve optimum health. The paths and directions of communication of nursing team members are many as the nursing team must collaborate with: members among themselves, patients and their family members or relatives, members of the health team, important others (neighbours and friends), and other services in health centres, clinics and outside of these institutions.

Nursing team members solve complex, unique and unrepeatable problems of the individual, family, group or community. The model of primary nursing care, which is developing in community healthcare, permits an ongoing and co-ordinated process. It provides a holistic team approach while respecting the needs, benefits and will of subjects and their active role. A prerequisite for this is an efficient information communications system, which is also computer supported, and the good operation of all services.

## **CASE STUDY: COMMUNITY AND DISPENSARY NURSING CARE IN SLOVENIA**

### **Regulation of nursing care**

In Slovenia, community and dispensary nursing is relatively well regulated. As such, it is regulated by several legal documents, two of the being of utmost importance.

#### **1. Health Care and Health Insurance Act.**

We should start by one of the most important legal acts – the Health Care and Health Insurance Act (in Slovene “Zakon o zdravstvenem varstvu in zdravstvenem zavarovanju”) (13), which was adopted in 1992. According to this Act, the task of health workers in primary healthcare activities is also to unite and work together with other health and social welfare, educational and training institutions, companies, organisations and individuals in order to design and implement programmes that strengthen, preserve and give back health (13), including nursing care.

#### **2. Instructions for the implementation of preventive health protection at the primary level.**

The most important legal regulation that regulates the implementation and schedule of preventive activities, including preventive community nursing care, is a special regulation entitled Instructions for the implementation of preventive health protection at the primary level (in Slovene: “Navodilo za izvajanje preventivnega zdravstvenega varstva na primarni ravni”) (Official Gazette of the Republic of Slovenia, 1998) (14). It was adopted in 1998, on the basis of Health Care and Health Insurance Act (13).

The instructions to perform preventive healthcare at the primary level provide quality preventive healthcare of individual groups of inhabitants and patients treated in community care (14).

## **Community nursing care**

The community nurse plans, performs and evaluates nursing care of the individual, family and community in a state of health and well-being and in a state of illness, injury, incapacity, distress and undesirable conditions. The health and social treatment of the individual, family and community as well as nursing care of women in childbed and new-borns at home is ranked as preventive, whereas nursing care of the patient at home is regarded as curative treatment.

### *Preventive community nursing care*

Preventive community healthcare comprises the following (14):

- eight community visits to a new-born or infant of up to 1 year of age and two further visits to blind and disabled mothers;
- one community visit to a child who is 2 or 3 years old;
- two community visits per year to persons who are blind or who have poor eyesight with other disturbances and who are 7 to 25 years old, if they are cared for at home;
- a community visit to an pregnant woman;
- two community visits to insured persons older than 25 years of age:
  - patients who have active tuberculosis ,
  - patients who have muscular and nervous-muscular diseases,
  - paraplegics and tetraplegics,
  - patients who have multiple sclerosis or cerebral palsy,
  - persons with disturbances in their development,
  - invalids,
  - patients who have chronic ailments, and
  - persons older than 65 years of age;
- programmed health education in:
  - the family,
  - local community, and
  - specific groups.

### *Nursing care at home*

The nursing care of a patient at home is planned and implemented on the basis of an order which, as a rule, is made by a physician. The frequency of curative visits and duration of nursing care depend chiefly on the patient's state of health and his social and economic abilities.

## **Provision of community nursing and home care**

Today, in Slovenia about 850 nurses is providing community nursing care (preventive activities) and home care (curative activities) (15). The data on visits in 2006 are given in Table 1 (15).

**Table 1.** Provision of community nursing care (preventive activities) and home care (curative activities) in Slovenia in 2006 (15)

<b>Indicator</b>	<b>N</b>
Number of all visits	1,141,735
Number of preventive (community nursing) visits	228,646
Number of curative (home care) visits	913,089
Number of visits per community health nurse per year	1,384

From the Table 1 could be seen, that in Slovenia about 80% of community nursing/home care visits is because of treatment of a disease, and about 20% because of prevention. This ratio is not the same in the whole of Slovenia. Out of nine health regions, the highest percent of preventive visits is in Ljubljana health region (23.6%), while the lowest percent is in Novo mesto health region (only 15.4%). The discussion about reasons is beyond the scope of this module.

## **EXERCISES**

### **Task 1**

Carefully read the part on theoretical background of this module. You can also try to find from international bibliographic databases (e.g. PUBMED) articles on this issue and read them. Critical discuss the importance of community nursing role in public health.

### **Task 2**

From Health statistics yearbook of your country, find detailed data on provision of community health care and home care in your country.

### **Task 3**

Prepare community nursing care plan of patient and family. Use computer information system, if available, for planning.

### **Task 4**

Discuss your plans with your colleagues. Also discuss about advantages, weaknesses, opportunities and threats of using the e-documentation.

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