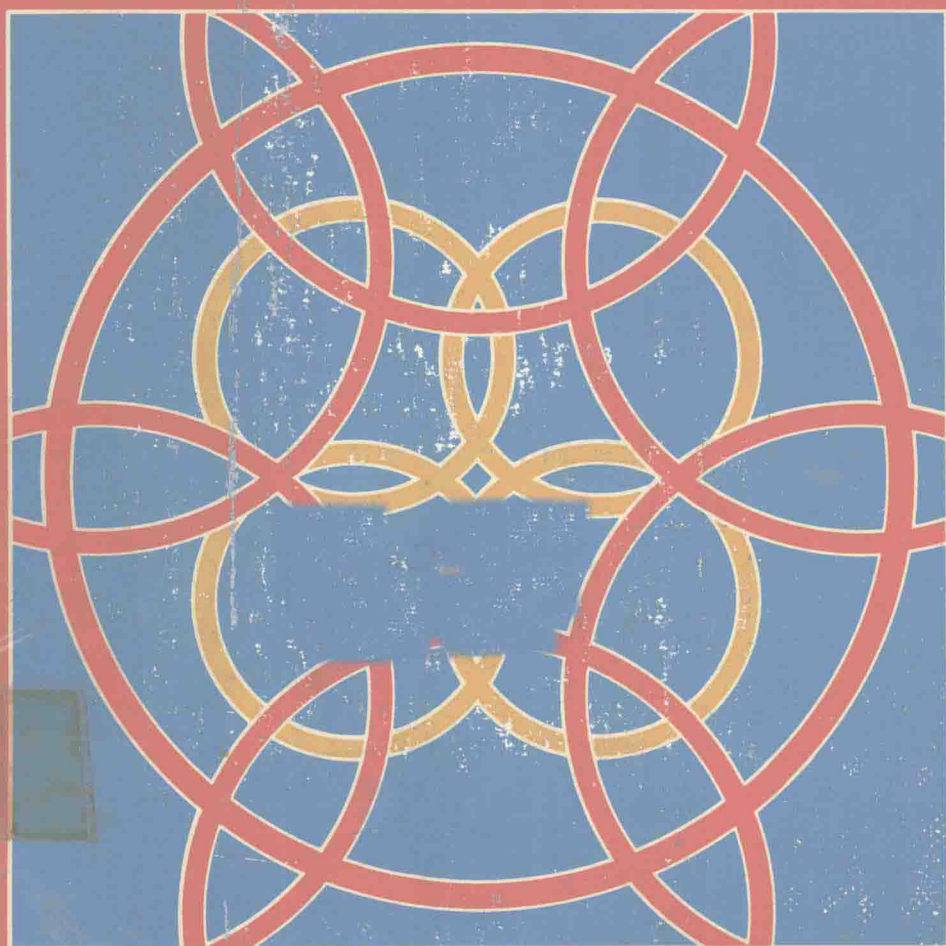

The process of Planning Nursing Care

NURSING PRACTICE MODELS

Fay Louise Bower

Third Edition



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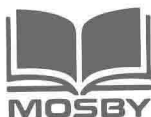
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To **Bob**

my husband

who continues to encourage me to be myself

David, Carol, Dennis, and Tom

my children

who are still interested in what I write

John, Sally, and Tracey

my childrens' spouses

who have joined the family and thus brought it more talent and joy

Jenny, Michael, and Audrey

my grandchildren

who provide new and energizing challenges for me

PREFACE to third edition

The third edition of this book has been updated by: (1) a totally new Chapter 1 in which models of assessment, planning, implementation, and evaluation are presented as an overview to the process of nursing care; (2) an in-depth discussion with examples of the models in the following chapters; and (3) a new Chapter 3, which explores the planning process in nursing practice.

The goals of the text continue to be the same; that is, to provide a reference that will help nurses in all settings and in all types of practice to plan quality nursing care by using models of assessment, planning, implementation, and evaluation. The models described in the text are not the only ones available for the subject they explain; however, they are offered as ones that work because they are simple, easy to use, and useful in any type of practice.

Models for practice form the basis of this text and are presented because of their ability to provide frameworks for practice. Models used by the nurse are like blueprints used by the carpenter: they guide the process. For the carpenter, the blueprint is a drawing of how the materials are to be assembled; for the nurse, models are a concrete idea of how nursing should be operationalized. In both instances, direction is provided.

As I read over the three editions of these texts I view my own conceptual growth. Without the opinions, criticisms, and comments of the readers such growth would not have occurred. It is thus my readers that rewrite each edition. Many thanks to all who have taken the time to let me know what they think. Of course, special thanks go to my family for their continued support. As you can see, my family grows and so does the support.

Fay Louise Bower

PREFACE to first edition

Traditionally nurses have functioned autonomously in areas of health care other than those designated as the legal and professional responsibility of the physician. With a growing need for an extension of health services to great numbers of people, this independent role of the nurse is being extended. Pediatric nurse specialists and nurse midwives, to name just two, are examples of this extended role. Skill in independent judgment and the ability to assume responsibility for primary health care are expected of the nurse. Concomitant to this extended role is the expanded responsibility now being expected of the nurse. With a greater number and a greater variety of health workers involved as members of the health team, nurses are expected to include managerial and supervisory skills in their repertoire of behaviors. To compound the issue of change in role is the demand by the public for quality care. "Meeting needs" and "planning comprehensive care" are terms often expressed. But how is the nurse, busy adapting to an expanding and extended role, to develop skill in planning comprehensive and individualized care? It is the purpose of this book to help nurses develop increased skill in decision making as the process of planning care. With practice all nurses can increase their ability to make critical and astute decisions that have a high probability of success.

A second and equally important goal of this book is to present a conceptual framework for nurses that will enable them to plan holistic care, to plan care that meets the needs of the person as he responds holistically to his environment. The concepts of holism, stress response, wellness, and homeostasis are discussed and united to form a theoretical model for the identification of nursing problems. I hope that this holistic approach will enable the nurse to view the individual as a unique and dynamic system and that care can be planned to meet the needs and problems of the individual as he responds in a holistic manner to his environment.

Throughout the book I have used the term "client" to refer to the recipient of nursing care. This word was chosen because it most adequately describes the person who needs or seeks the promotion of

health and the prevention of illness. The term is used inclusively to identify persons needing nursing care who are found in a variety of settings and who are experiencing a multiplicity of health problems or needs.

This book is divided into five chapters. The first chapter presents an overview of the process of planning nursing care. The second chapter presents a philosophical approach for the implementation of the nursing process and culminates in a theoretical model. The third chapter demonstrates a practical use of the holistic model in the first two phases of the nursing process, assessment and problem identification. The fourth chapter develops in detail the process of making a decision, the third phase of the nursing process, and gives examples of its use in common nursing situations. The evaluative phase is also discussed in Chapter 4. Chapter 5 contains a discussion of nursing care plans, their evolution, purpose, and content.

Without the support and encouragement of colleagues and the inspiration of students, this book could not have been completed. To them I am eternally grateful. Special thanks go to Miss Em Olivia Bevis, who reviewed the final manuscript.

Fay Louise Bower

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NURSING PRACTICE MODELS

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INTRODUCTION

The basis for quality nursing practice is planned nursing care. Planning care is a systematic and essential process, and adequate planning involves not only knowledge of human beings and their behaviors but the ability to apply that knowledge to the promotion and maintenance of maximum health and to the comfort and cure of disease states. Nursing has the unique property of operating in a highly generalistic manner; the scope of the nursing role exhibits no well-defined or agreed-upon parameters for care. Concepts, theories, principles, and laws derived from the physical, behavioral, and social sciences serve as reference areas for the development of planned care as nurses collaborate with other disciplines in the delivery of health care. Because nursing focuses on individual need and assumes responsibility for total health care, nurses are faced with the task of planning care that is individualized and is concerned with the *total* health care of the client.

Never has the demand for quality and quantity of health care been so high. Never has the role of the nurse been so challenged or been exposed to so much change as it is today. For example:

1. The public is increasingly well informed about itself and its health; thus the demands for health care have grown.
2. Advances in medical technology have provided new and sophisticated tools for diagnosis and treatment.
3. The rising cost of hospitalization has promoted the continued growth of alternative methods of health care that emphasize promotion of health rather than cure of illness.
4. Government funding of health programs has increased the availability of health care.
5. The growing number of paramedical and ancillary personnel entering the health scene, such as aides, orderlies, technologists, and practical nurses, has placed more and more emphasis on the managerial skill of the nurse.
6. Increased number of nurses with higher education has provided a basis for creative expansion of the nurse's role.
7. A shortage of physicians, with its concomitant shift of health care responsibility to the nurse, has created an expanded role for the nurse.

8. Above all, the complex and rapidly changing social conditions with their accompanying changes of attitudes and values have produced community, family, and interpersonal problems.

FACTORS THAT INFLUENCE THE PLANNING OF NURSING CARE **Increased demand for health care**

Since health is now considered a fundamental right for all, there has been an increase in the number of individuals seeking health care. Memberships in group insurance plans and federal- and state-supported health plans have also increased the number of persons eligible for health care. Most employers provide their employees with the opportunity to purchase group health insurance. Through television, radio, and the newspaper, optimum health is promoted and prevention of illness is emphasized. The population explosion, a decrease in deaths, and an increase in life expectancy have resulted in a greater number of persons needing health care. Along with longevity comes an increase in chronic problems, which means a need for long-term care. This increase in the number of persons seeking health care has placed a major strain on the system for more efficient and effective delivery of care.

Not only are more nurses needed, but better use of the nurse's skills is essential. The recipient of health care is more sophisticated, more critical of things as they are, and more insistent on an adequate response to health needs. The client demands to be involved in care and is determined to build a better life and achieve new goals. Nurses must respond to these expectations by planning adequate and effective individualized nursing care.

Technological advances

Technological advances have greatly affected health care. Radiology, electronic monitoring, advances in surgery, diagnostic computer analysis, and chemotherapy have improved diagnosis and increased the individual's chances for optimum health. Organ transplants increase man's life expectancy, and early diagnostic tests for malignant disease prevent destruction of tissues and also prolong life. Easy and accessible methods for early detection of abnormalities alert the physician and the nurse to impending problems.

Many of these technological advances directly affect nurses. Monitoring equipment frees the nurse from direct observation of the individual and yet increases responsibility. Nurses interpret the findings, operate the equipment, and repair equipment malfunctions. The nurse's understanding of radiology is useful in protecting the client and others so that maximum benefit from radiological treatment can be realized.

An understanding of the many diagnostic tests available that detect shifts in the vital chemical components of the body is essential if the nurse is to plan for individualized care. Knowledge of pharmaceutical agents used in therapy is also important if optimum relief for the client is to be reached with minimum untoward reaction.

Computers are also influencing nursing care. They not only act as information banks but also diagnose, analyze, evaluate, sort, and record health problems. In the hospital setting computers are being used to prepare staffing schedules, to compile medication lists that are printed out for each hour that medications are given, to prepare census reports, and to match patients' needs with the proper qualified personnel. Physicians "feed" their orders into a computer, where they are stored until retrieved by the nurse, the x-ray department, the diet kitchen, or any other department concerned with the client's care. At the punch of a key, printouts are available to these respective departments, where the orders are then carried out.

In other agencies much of the routine paperwork is done by computers. Storage and retrieval systems keep information about clients classified and ready for printout when needed. Relieved of such tasks, the nurse has time to develop the skills of assessment, priority setting, interpersonal communication, and delegation and to focus on the human beings and their unique responses.

Growth of extended care facilities

The high cost of hospitalization has promoted the continued growth of alternative modes for the delivery of care. At one time diagnostic tests were performed exclusively in the hospital. But with spiraling costs and an increasing number of persons seeking hospital care, other facilities are being utilized to accomplish such tasks. The duration of hospitalization has also shortened because of skyrocketing costs. Even with medical and hospital insurance the average individual cannot afford to stay in the hospital for long periods of time; therefore many individuals complete their convalescence at home and thus need supervision. Nurses are often the persons called upon to assume the follow-up care after diagnosis and to manage the convalescent and rehabilitation phase.

Some of the shift from hospital care to other modes of care is the result of legislation. For example, the Landis-Petri-Short Act of 1969 in California transferred the responsibility of psychiatric care from the state to the county. This shift created changes in treatment philosophy and role function, particularly for the nurse. For those clients who could manage themselves, treatment occurred on an ambulatory basis, with the nurse joining the other professionals as therapist. Nurses, psychiatrists, psychologists, social workers, and occupational therapists formed

the treatment team that assessed, evaluated, and provided crisis intervention and psychotherapy. In other areas of the United States similar shifts from hospital care to ambulatory care are occurring.

Patterns of nursing care

A major influence that has increased the nurse's responsibility and to some extent changed the role is the addition of ancillary and paramedical personnel to the nursing team. Individuals trained to specialize in particular therapies, such as the occupational therapist, the inhalation therapist, and the speech therapist, pool their talents to offer the best care to the client. Nurse's aides, licensed vocational nurses, orderlies, and psychiatric technicians are prepared to carry out the nursing care plan under the direction and supervision of the nurse. With so many individuals involved in the delivery of nursing care, accurate and individualized planning is the key to success. Skill in leadership, which includes ease of delegation and evaluation, is an essential component of the nursing process. Many different patterns of nursing care have been tried with varying success. The case approach, the functional approach, the team approach, and primary care are the four patterns of nursing care most often utilized.

The *case approach* to the delivery of nursing care is one way of providing one-to-one contact. The case approach is utilized in intensive care units and coronary care units and any specialized unit where expertise and close or prolonged observation and care are required; total care of the client is the responsibility of one person. Nurse counselors and therapists often relate on a one-to-one basis when helping an individual or a family work through interpersonal problems. Public health nurses use the case approach because their work load is comprised of families that they counsel toward behavioral change. Through anticipatory guidance, health teaching, and screening, they identify health problems, develop nursing interventions, and evaluate the outcomes.

Another pattern of care often used is the functional approach. With this approach a particular duty or task is assigned to an individual; a duty that the individual is prepared to meet. Many individuals are involved in the care of one client, each carrying out a portion of the total nursing care. The danger of such an approach is fractionalization; to avoid this, the nurse acts as coordinator and integrator of the nursing care.

In the team approach a group of people work together to provide care for a number of clients. This method is based on the philosophy that optimum use of all personnel is possible when the preparation and talents of each team member are matched with the client's assessed needs. With this approach, all personnel have contact with the clients

and have a share in planning and providing nursing care. Although many people are involved in the nursing care, the emphasis is on the individual's needs and not on tasks to be accomplished. The client benefits by receiving the best service each team member is capable of rendering. The nurse team leader acts as coordinator, supervisor, and resource person to the team. Unlike the functional method of assignment, the team approach maintains the totality of the client because its focus is on the client and not on the task.

Another and fairly new approach to health care delivery is *primary care*. Nurse practitioners, primex nurses, and independent group practitioners are some of the roles being formulated to provide primary care. Primary care refers to the assessment and care of the individual at his initial entry to the health care system. Primary nursing in hospitals means the nurse assumes responsibility and accountability for planning comprehensive 24-hour care for the duration of the client's hospitalization. Primary nurses assess and coordinate care provided by associates, make referrals for follow-up care, as well as collaborate with physicians and others to provide comprehensive individualized care. Primary nursing in the community means the nurse is responsible for the assessment, implementation, and evaluation of care whether it is initiated by the nurse or others. Primary nursing differs from other approaches in that the nurse is the *major* person responsible for the individualized and comprehensive care of the individual.

Although all four approaches demand the nurse's ability to assess and plan care, each method requires a different type of planning. Case method assignment requires that the nurse alone plan and implement nursing care. The functional method requires that the nurse collaborate with other members of the nursing team but limits the members' contacts with one another. When the team approach is employed, nursing care planning becomes the team's responsibility; team members become involved in assessing needs, identifying problems, and deciding on interventions. The nurse supervises the team's functioning. With primary care approaches, health care is collaboratively planned by all individuals responsible for the client's situation and for referral as appropriate. Coordination of the care is also the primary nurse's responsibility.

Inaccessibility of health care

One of the major reasons that the nurse's role is changing and expanding is the shortage of physicians. Many communities, particularly rural ones, do not have physicians. Because large metropolitan areas with high density populations attract physicians, many rural areas go without adequate coverage. In such places, primary care is often provided by nurses. Even in densely populated areas, physicians are dele-

gating responsibilities for health care to nurses so that they can make better use of their time and talents as physicians. Such titles as Family Nurse Practitioner, Clinical Nurse Specialist, and Nurse Psychotherapist have been coined to describe the expanded role of the nurse. Time and space do not allow for a detailed discussion of the many opportunities available for the nurse, but the options are impressive and have made a major impact on the planning of nursing care.

Regardless of the title, the nurse's role is changing and expanding, with growing responsibility. Many of the traditional tasks and decisions that physicians performed are now within the jurisdiction of nurses. With these expanding roles comes the need to plan care that reflects the added responsibility.

Rapidly changing social and environmental conditions

Rapidly changing social conditions are also affecting nursing care. The shorter workweek and earlier retirement have produced more leisure time and a subsequent need for recreational planning. Crowded ghetto living with its inherent health problems has precipitated riots and other acts of personal violence. Immediate treatment as well as prevention of such health problems are a necessary and integral part of nursing care planning. Increased community interest and concern have created political and economic pressure groups, which are determined to provide better housing and living conditions for the vast number of poverty groups. Revised welfare programs and comprehensive health care based on need rather than on economic situation are occurring as a result of federal legislation.

Health care workers have long been aware of the fact that personal and environmental health are inseparable. Robert Alford, author of *Health Care Politics*, ranks the nation's most serious health problems, in order of priority, as follows:

1. Fragmentation of health care delivery
2. Environmental cleanup
3. Lack of services for poor, old, chronically ill
4. Maldistribution of resources¹

More and more legislative effort is being focused on solving environmental problems. Results of this emphasis can be seen in the Clean Air Act and the National Water Quality Act. This kind of legislation endeavors to protect natural resources, to conserve and protect beauty, and to control air and water pollution and demonstrates the community's concern to develop solutions to health problems.

¹Alford, R.: *Health care politics*, Chicago, 1975, University of Chicago Press, p. 168.