

21

世纪高等医学院校教材 (英文版)

护 理 学 基 础

—— 基本知识和技能

Fundamentals of Nursing Basic Knowledge
and Procedures (English)

■ 段功香 李恩华 主编



科学出版社
www.sciencep.com

21 世纪高等医学院校教材

护 理 学 基 础

——基本知识和技能

(英文版)

Fundamentals of Nursing Basic Knowledge and Procedures
(English)

段功香 李恩华



科 学 出 版 社

北 京

内 容 简 介

《护理学基础——基本知识和技能(英文版)》教材既综合了国内外护理学的基本知识和技能,又增加了许多新的知识和观点,做到了针对性、实用性、科学性、先进性和创新性的和谐统一。本书共18章,基本涵盖了《护理学基础》(中文版)的基本知识和技能,适用于护理专业本、专以及相应学历学生的教学用书,也可作为在职护士继续教育和出国考试的必备书籍之一。

图书在版编目(CIP)数据

护理学基础——基本知识和技能(英文版)/段功香,李恩华 主编. —北京:科学出版社,2004.9

(21世纪高等医学院校教材)

ISBN 7-03-013493-1

I. 护… II. ①段… ②李… III. 护理学-医学院校-教材-英文 IV. R47

中国版本图书馆 CIP 数据核字(2004)第 050695 号

责任编辑:李 君 / 责任校对:鲁 素

责任印制:刘士平 / 封面设计:卢秋红

版权所有,违者必究。未经本社许可,数字图书馆不得使用。

科学出版社 出版

北京东黄城根北街16号

邮政编码:100717

<http://www.sciencep.com>

源海印刷有限责任公司印刷

科学出版社发行 各地新华书店经销

*

2004年9月第 一 版 开本:787×1092 1/16

2004年9月第一次印刷 印张:29

印数:1—4 000 字数:689 000

定价:39.80 元

(如有印装质量问题,我社负责调换〈环伟〉)

《护理学基础——基本知识和技能(英文版)》

编写人员

主 审 廖端芳 刘明东

主 编 段功香 李恩华

副主编 姜小鹰

编 委 (按姓氏笔画为序)

李恩华 何国平 张小薇 周 瑾 柯永红

段功香 姜小鹰 涂玉林 徐 红 廖端芳

编 者 (按姓氏笔画为序)

王 蓉(南华大学护理学院)

李恩华(南华大学护理学院)

肖惠敏(福建医科大学护理学院)

何红姑(福建医科大学护理学院)

张小薇(广东医学院护理学院)

周 瑾(绍兴文理学院医学院护理系)

柯永红(武汉工业学院医学院)

段功香(南华大学护理学院)

徐 红(广东医学院护理学院)

蔡曼波(南华大学护理学院)

廖端芳(南华大学)

前 言

随着社会的进步,人们的健康意识越来越强,对护理专业的要求也越来越高,护理专业正处于前所未有的发展和变革时期;同时,我国已加入 WTO,我国护理人员与外籍人员的交流日益频繁,跨国界护理已成为不可避免的现实,因此,提高护理人员专业英语水平迫在眉睫。教育部要求在本科以上学历教育中进行双语教学,护理专业更是如此。目前,适合双语教学的教材严重缺乏,为了满足护理专业双语教学的要求,提高在职护理人员的专业英语水平,我们联合国内五所高校的 11 位教师共同编写了《护理学基础——基本知识和技能(英文版)》教材。

《护理学基础——基本知识和技能(英文版)》教材既综合了国内外护理学的基本知识和技能,又增加了许多新的知识和观点,做到了针对性、实用性、科学性、先进性和创新性的和谐统一。本书共 18 章,基本涵盖了《护理学基础》(中文版)的基本知识和技能,适用于护理专业本科以及相应学历学生的教学用书,也可作为在职护士继续教育和出国考试的必备书籍之一。

本教材在编写过程中得到编者所在学校领导和专家的大力支持,尤其是本书主审,南华大学副校长、博士生导师、留美学者廖端芳教授的帮助和指导。得到湖南省教育科学“十·五”规划课题(XJKOICG024)资助,在此谨表示诚挚的感谢!

限于编者的能力和水平,书中错误和疏漏之处在所难免,恳请使用本书的师生和护理界同仁谅解并惠予指正。

段功香 李恩华

2004 年 6 月 26 日

Contents

Unit 1 Nursing and Nurses	(1)
Chapter 1 General Description of Nursing	(1)
Chapter 2 Factors Influencing Nursing Practice	(6)
Chapter 3 Developmental Histories of Nursing	(13)
Chapter 4 Trends in Nursing Practice	(20)
Unit 2 Apply the Nursing Process to Nursing	(23)
Chapter 1 The Nursing Process	(23)
Chapter 2 Nursing Process Applied to the Nursing Procedures	(31)
Unit 3 Admitting and Discharging the Patient	(34)
Chapter 1 Admitting the Patient	(34)
Chapter 2 Discharging the Patient	(43)
Chapter 3 Methods of Transferring and Moving	(45)
Unit 4 Hospital Environment	(57)
Chapter 1 Factors Affecting Health in Environment	(57)
Chapter 2 Hospital Environment	(61)
Chapter 3 Providing Comfortable and Safe Environments for Patients	(63)
Chapter 4 Making Bed and Changing an Occupied Bed	(69)
Unit 5 Infection Prevention and Control	(81)
Chapter 1 Nosocomial Infections	(81)
Chapter 2 Cleansing, Disinfection and Sterilization	(86)
Chapter 3 Hand-washing and Disinfection of Hands	(92)
Chapter 4 Sterile Techniques	(94)
Chapter 5 Isolation Techniques	(102)
Unit 6 Vital Signs	(118)
Chapter 1 Body Temperature	(118)

Chapter 2	Pulse	(129)
Chapter 3	Blood Pressure	(134)
Chapter 4	Respiration	(139)
Chapter 5	Providing Oxygen	(147)
Unit 7	Hygiene of Patient	(158)
Chapter 1	Mouth Care	(158)
Chapter 2	Hair Care	(165)
Chapter 3	Skin Care	(169)
Chapter 4	Prevention and Care of Pressure Sore	(174)
Chapter 5	Perineal Care	(181)
Chapter 6	Care of Morning and Evening	(183)
Unit 8	Safety and Comfort	(187)
Chapter 1	Safety	(187)
Chapter 2	Comfort	(194)
Chapter 3	Positions	(209)
Unit 9	Rest, Sleep, and Comfort	(216)
Chapter 1	Rest	(216)
Chapter 2	Sleep	(218)
Chapter 3	The Nursing for Rest and Sleep	(222)
Chapter 4	Activity	(227)
Unit 10	Heat and Cold Therapy	(237)
Chapter 1	Basic Knowledge of Heat and Cold Therapy	(237)
Chapter 2	Thermotherapy Applications	(243)
Chapter 3	Cold Applications	(247)
Unit 11	Food and Nutrition	(253)
Chapter 1	Food and Health	(253)
Chapter 2	Patients' Diets	(256)
Chapter 3	The Nursing for Improving Nutrition	(262)
Chapter 4	Enteral Nutrition	(270)
Chapter 5	Parenteral Nutrition	(276)
Unit 12	Elimination	(281)
Chapter 1	Urinary Elimination	(281)

Chapter 2	Fecal Elimination	(302)
Unit 13	Medications	(322)
Chapter 1	Basic Knowledge of Medication	(322)
Chapter 2	Oral Medications	(336)
Chapter 3	Injections of Drug	(339)
Chapter 4	Inhalation	(354)
Chapter 5	Topical Medications	(356)
Unit 14	Intravenous Therapy and Blood Transfusion	(366)
Chapter 1	Intravenous Therapy	(366)
Chapter 2	Blood Transfusions	(378)
Unit 15	Collecting Specimens	(385)
Chapter 1	Meaning and Principles of Collecting Specimens	(385)
Chapter 2	Sputum Specimens	(386)
Chapter 3	Blood Specimens	(387)
Chapter 4	Urine Specimens	(389)
Chapter 5	Fecal Specimens	(394)
Unit 16	Observing the Patient's Condition and Rescuing the Critical Patient	(398)
Chapter 1	Observing the Patient's Condition	(398)
Chapter 2	Cardiopulmonary Resuscitation	(403)
Chapter 3	Stopping the Hemorrhage	(410)
Chapter 4	Bandages and Binders	(413)
Chapter 5	Gastric Lavage	(419)
Unit 17	Hospice Care	(422)
Chapter 1	Overview	(422)
Chapter 2	Dying	(423)
Chapter 3	Death	(431)
Unit 18	Medical Document Writing	(436)
Chapter 1	Recording and Management of Medical Record	(436)
Chapter 2	Medical Record Writing	(441)
References		(453)

Unit 1 Nursing and Nurses

Nursing is a difficult word to be defined because nurses carry out many different activities in various settings. If your class were asked to complete the sentence, "Nursing is-", a number of different responses would emerge, because each person would provide an answer based on his or her own personal experience and knowledge of nursing. As you progress toward graduation, those definitions will be changed, reflecting changes within yourself as you learn about and experience nursing. Most basically defined, nursing is the care to others. That care may involve a number of activities, ranging from carrying out complicated technical procedures to something as seemingly simple as holding a hand. All nursing actions focus on the person receiving care and are a blend of the art and the science of nursing. The science of nursing is the knowledge base for what is done, and the art of nursing is the skillful application of that knowledge to help others to reach maximum function and quality of life.

This unit introduces you to nursing as a whole, including a brief history of nursing from its beginning to the present, and to the definitions of nursing by different individuals and organizations. Educational preparation, professional organizations, and guidelines for professional nursing practice serve as a base for understanding what nursing is and how it is organized. Because nursing is a part of an everchanging society, a brief discussion of trends in nursing is also included.

Chapter 1 General Description of Nursing

Definitions of Nursing

The word nurse, originated from the Latin word *nutrix*, means "to nourish." Ellis and Hartley used this word originally in describing the nurse as a person who nourishes, fosters, and protects; a person prepares to take care of sick, injured, and aged people. This definition has general acceptance, but it does not include the expanding roles and functions of the nurse today. This section offers several definitions of nursing that provide a broad of perspective nursing.

International Council of Nurses The following definition was written by Virginia Henderson and adopted by the International Council of Nurses (ICN) in 1973: the unique function of the

nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will, or knowledge, and to do this in such a way as to help him gain independence as rapidly as possible.

American Nurses' Association In 1965, the American Nurses' Association (ANA) Committee on Education issued a position paper that broadly defined nursing as an independent profession. The statement said:

- Nursing is a helping profession and provides services which contribute to the health and well-being of people. Nursing is a vital consequence to the individual receiving services; it fills needs which can not be met by the person, by the family, or by other people in the community.
- The essential components of professional nursing are care, cure, and coordination. The care aspect is more than "to take care of"; it is "caring for" and "caring about" as well. It is dealing with human being under stress, frequently over long periods. It is providing comfort and support in time of anxiety, loneliness, and helplessness. It is listening, evaluating, and intervening appropriately.
- The promotion of health and healing is the cure aspect of professional nursing. It is assisting clients to understand their health problems and helping them to cope. It is the administration of medication and treatments. And it is the use of clinical nursing judgment in determining, on the basis of clients' reactions, where the plan for care needs to be maintained or changed. It is knowing when and how to use existing and potential resources to help clients toward recovery and adjustment by mobilizing their own resources.
- Professional Nursing Practice is this and more. It is sharing responsibility for the health and welfare of all those in the community, and participating in programs designed to prevent illness and maintain health. It is coordinating and synchronizing medical and other professional and technical services as these affect clients. It is supervising, teaching, and directing all those who give nursing care.

These concepts and beliefs were expanded by ANA in 1980 in nursing: A Social Policy Statement, when the ANA Congress for Nursing Practice (1973) defined nursing practice as "the diagnosis and treatment of human responses to actual or potential health problems." This definition further legitimized the assessment and analysis of signs and symptoms and the use of nursing knowledge to implement and evaluate nursing actions taken to meet needs for potential or actual health problems.

Canadian Nurses' Association The Canadian Nurses' Association made the following philosophical statement about nursing: the nursing professional exists in response to a need of society and holds ideals related to man's health throughout his life span. Nurses direct their energies toward the promotion, maintenance, and restoration of health, the prevention of illness, the alleviation of suffering and the ensuring of a peaceful death when life can no longer be sustained. Nurses value a holistic view of man and regard him as a biopsychosocial being who has

the capacity to set goals and make decisions and who has the right and responsibility to make informed choices congruent with his own beliefs and values. Nursing, a dynamic and supportive profession guided by its code of ethics, is rooted in caring, a concept evident throughout its four fields of activity, namely practice, education, administration, and research.

In all of the definitions, the central focus is the person receiving care, which includes the physical, emotional, social, and spiritual dimensions of that person. Nursing is no longer considered to be primarily concerned with illness; the concepts and definitions have expanded to include the prevention of illness and the maintenance of health for individuals, families, and communities.

Aims of Nursing

Apparently, many definitions of nursing exist. From these definitions, the following four broad aims of nursing practice can be identified:

- To promote wellness
- To restore health
- To prevent illness
- To facilitate coping

To meet these aims, the nurse uses knowledge and skills to give care in a variety of traditional and expanding nursing roles. The primary role of the nurse as caregiver is given shape and substance by the interrelated roles of communicator, teacher, counselor, leader, researcher, and advocate.

Promoting wellness

Wellness is a state of human functioning that may be defined as the achievement of one's maximum attainable potential. The American Hospital Association (1980) further described wellness as follows:

The objective of wellness is not merely to avoid illness or to prolong life, rather its objective is to enhance the quality of a person's life through activities that are designed to continually improve the state of his physical, mental, emotional and spiritual well being... wellness is as achievable by the aged, the chronically ill, or the handicapped as by anyone else.

Nurses promote wellness by maximizing strengths that are specific and individualized within each person requiring care. Wellness is an essential part of each of the other aims of nursing, with identification and analysis of client strengths a component of preventing illness, restoring health, and facilitating coping with disability or death. Every client, no matter how acutely or chronically ill, has strengths. The nurse must identify and use these strengths to help the client reach the maximum function and the quality of life or meet the client's death with dignity.

Wellness promotion is the framework for nursing activities. The client's self-awareness, health awareness, wellness skills, and use of resources are all considered as the nurse gives

care. Through knowledge and skill, the nurse:

- Increases self-awareness by facilitating decisions about life-style that enhance the quality of life and by encouraging acceptance of responsibility for one's own health.
- Increases health awareness by assisting in the understanding that health is more than just not being ill and by teaching that certain behaviors and factors can contribute to or diminish wellness.
- Teaches wellness skills by promoting decision making so that self-care activities maximize the achievement of goals that are realistic and attainable, and by serving as a role model.
- Encourages the use of wellness resources by providing information about resources that can be used to bring about desired change.

Preventing illness

The objectives of illness-prevention activities are to reduce the risk of illness, to promote good health habits, and to maintain the individual's optimal functioning. Health promotion is carried out by organizations and institutions as well as by nurses. Nurses primarily promote health by teaching and by personal examples. Such activities include the following:

- Hospital education programs in areas such as prenatal care for pregnant women, smoking-cessation programs, and stress-reduction seminars.
- Community programs and resources that encourage health life-styles, including aerobic exercise classes, swimnastics, and physical fitness programs.
- Literature and television information on diet, exercise and the importance of good health habits.
- Health assessments in institutions, clinics, and community settings that identify the areas of strength and the potential for illness.

Restoring health

The activities directed to restore health encompass those most traditionally considered to be the nurse's responsibility and are probably an area in which most practicing nurses are employed. This area focuses on the individual with an illness but ranges from early detection of a disease to rehabilitation and teaching during recovery. The activities include:

- Providing direct care of the person who is ill, by such measures as physical care, administration of medications, and carrying out procedures and treatments.
- Performing diagnostic measurements and examinations (e.g., taking blood pressure, measuring blood sugars) that detect an illness.
- Referring questions and abnormal findings to other health care providers as appropriate.
- Planning, teaching, and carrying out rehabilitation for illness such as heart attacks, arthritis, and strokes.
- Working in mental health and chemical-dependency programs.

Facilitating coping

Although the major focus of health care is promoting, maintaining, or restoring health, these goals cannot always be met. Nurses also facilitate clients and their families coping with altered function, life crisis, and death. Altered function results in a decrease in an individual's ability to carry out activities of daily living and expected roles. Nurses can facilitate an optimal level of function through understanding and acceptance of the individual and the family, the maximizing of strengths and potentials, teaching, and knowledge and referral to community support systems. Nurses provide care to both clients and families during the terminal illness, and they do so in hospitals, long-term nursing facilities, and homes. Nurses are also becoming more active in hospice programs, which are developed to assist individuals and their families in preparing for death and in living as comfortably as possible until death occurs.

Roles and Functions of Nurses

Roles and functions of nurses

- **Caregiver** The provision of care to clients that combines both the art and the science of nursing in meeting physical, emotional, intellectual, sociocultural, and spiritual needs. As a caregiver, the nurse integrates the roles of communicator, teacher, counselor, and leader, researcher, advocate to promote wellness through activities that prevent illness, restore health, and facilitate coping with disability or death. The role of caregiver is the primary role of the nurse.
- **Communicator** The use of effective interpersonal and therapeutic communication skills to establish and maintain helping relationship with clients of all ages in a wide variety of health care settings.
- **Teacher** The use of communication skills to assess, implement, and evaluate individualized teaching plans to meet needs of clients and their families for learning.
- **Counselor** The use of therapeutic interpersonal communication skills to provide information, make appropriate referrals, and facilitate the client's problem-solving and decision-making skills.
- **Researcher** The participation in or conduct of research to increase knowledge in nursing and improve client care.
- **Advocate** The protection of human or legal rights and the securing of care for all clients based on the belief that clients have the right to make informed decisions about their own health and lives.

Expanded career roles and functions of nurses

- **Clinical nurse specialist** A nurse with an advanced degree, education, or experience

who is considered to be an expert in a specialized area of nursing; carries out direct client care, consultation, teaching clients, families, and staff, and conducting research.

- **Nurse practitioner** A nurse with an advanced degree, certified for a special area or age of client care; works in a variety of health care settings or in independent practice to make health assessments and deliver primary care.

- **Nurse anesthetist** A nurse who completes a course of study in an anesthesia school; carries out preoperative visits and assessments, administers and monitors anesthesia during surgery, and evaluates postoperative status of clients.

- **Nurse midwife** A nurse who completes a program in midwifery; provides prenatal and postnatal care and delivers babies to women with uncomplicated pregnancies.

- **Nurse educator** A nurse, usually with an advanced degree, who teaches in educational or clinical settings; teaches theoretical knowledge and clinical skills; conducts research.

- **Nurse administrator** A nurse who functions at various levels of management in health care settings; responsible for the management and administration of resources and personnel involved in giving client care.

- **Nurse researcher** A nurse with an advanced degree who conducts research relevant to the definition and improvement of nursing practice and education.

- **Nurse entrepreneur** A nurse, usually with an advanced degree, who may manage a clinic or health-related business, conduct research, provide education, or serve as an adviser or consultant to institutions, political agencies, or businesses.

Chapter 2 Factors Influencing Nursing Practice

To understand nursing as it is practiced today and as it will be practiced tomorrow requires not only a historic perspective of nursing evolution but also an understanding of some of the social forces presently influencing this profession. These forces usually affect the entire health care system, and nursing, as a major component of that system, can not avoid effects.

Historic Development

From the beginning of time, the nurse in foreign countries has been regarded as a caregiver. This role was and is defined by groups, communities, and societies. Health care and nursing as we currently know are based on what happened in the past.

In early civilizations, humans believed that illness had supernatural causes. The theory of animism was developed in an attempt to understand the cause of the mysterious changes in bodily functions. This theory was based on the belief that everything in nature was alive with invisible forces and endowed with power. Good spirits brought health, whereas evil spirits brought sickness and death. The roles of the physician and the nurse were separate and distinct. The physician was the medicine man who treated disease by chanting, inspiring fear, or

opening the skull to release evil spirits. The nurse usually was the mother who cared for her family during sickness by providing physical care and herbal remedies. This nurturing and caring role of the nurse has continued to the present.

As tribes became civilizations, temples became the centers of medical care because of the belief the illness was caused by sin and the gods' displeasure. Priests were highly regarded as physicians, but neither human life nor women were valued by society; the nurse was viewed as a slave, carrying out menial tasks based on the orders of the priest-physician. In contrast, during the same period, the ancient Hebrews proposed rules for ethical human relationships, mental health, and disease control through the Ten Commandments and the Mosaic Health Code. Nurses cared for sick people in the home and the community and also practiced as nurse-midwives.

With the beginning of Christianity, nursing began to have a formal and more clearly defined role. Led by the belief that love and caring for others were important, women called deaconesses led the first organized visit to sick people, and members of male religious orders gave nursing care and buried the dead. During the Crusades, both male and female nursing orders were founded. Hospitals were built to care for the enormous number of pilgrims needing health care and nursing became a respected vocation. The early Middle Ages ended in chaos, but nursing had developed purpose, direction, and leadership.

At the beginning of the 16th century, society changed from one with a religious orientation to one that emphasized warfare, exploration, and, expansion of knowledge. Many monasteries and convents closed, leading to a tremendous shortage of people to care for sick people. To meet this need, women who had committed crimes were recruited into nursing in lieu of serving jail sentences. From this background evolved a long-held view of society that nurses were disreputable and that respectable women did not work outside the home. Along with a poor reputation, nurses received low pay and worked long hours in poor conditions.

From the middle of the 18th century to the 19th century, social reforms changed the roles of nurses and of women in general. It was during this time that nursing, based on many of the beliefs and examples of Florence Nightingale, began as we currently know it. Florence Nightingale was born in 1820 in a wealthy family. She grew up in England and was well educated and traveled extensively. Despite strong opposition from her family, Nightingale received nurse's training at age 31. The outbreak of the Crimean War and a request by the British to organize nursing care for a military hospital in Turkey gave Nightingale an opportunity for achievement. Because she was able to overcome enormous difficulties successfully, Nightingale challenged prejudices against women and elevated the status of all nurses. After the war, she returned to England, where she established a training school for nurses and wrote books about health care and nursing education. Florence Nightingale's contributions are numerous and far-reaching: recognizing that nutrition is an important part of nursing care; instituting occupational and recreational therapy for sick people; identifying personal needs of the client and the

role of the nurse in meeting those needs; establishing standards for hospital management; establishing a respected occupation for women; establishing nursing education; recognizing the two components of nursing-health and illness; believing that nursing is separate and distinct from medicine; stressing the need for continuing education for nurses. Florence Nightingale elevated the status of nursing to a respected occupation, improved the quality of nursing care, and founded modern nursing education. The work of Florence Nightingale and the care provided for battle casualties during the Civil War focused attention on the need for educated nurses in both Canada and the United States. The schools of nursing were founded in connection with hospitals, but although these schools were established on the works of Nightingale, the training they provided was based more on apprenticeship than on educational programs. Hospitals saw an economic advantage in having their own school, and most hospital schools were organized to provide more easily controlled and less expensive staff for the hospital. This resulted in the loss of clear guidelines separating nursing service from nursing education. As students and as graduates, female nurses were under the control of male hospital administrators and physicians. The lack of educational standards, the male dominance of health care, and the pervading Victorian belief that women depended on men combined to contribute to several decades of slow progress toward professionalism in nursing.

World War II had an enormous effect on nursing. For the first time, large numbers of women worked outside the home. In the process, they also became more independent and assertive. These changes in women and in society resulted in an increased emphasis on education. The war itself had identified a need for more nurses and had resulted in a knowledge explosion in medicine and technology, which broadened the role of nurses. After World War II, efforts were directed at upgrading nursing education. The schools of nursing were based on educational objectives and were increasingly developed in university and college settings, leading to degrees in nursing for both men and women.

Since the 1950s, nursing has broadened in all areas, including practice in a wide variety of health care settings, the development of a body of knowledge specific to nursing, the conduct and publication of nursing research, and the recognition of the role of nursing in promoting wellness. Increased emphasis on the importance of nursing knowledge as the base for nursing practice has led to the growth of nursing as a profession and as a discipline.

Current Influences

It is difficult to escape the influences of society, science, and technology. Nursing, as a profession deeply involved with people, certainly can not escape. Many factors influence the individual nurse, nursing practice, and, of course, patients. To function effectively amid media bombardment, rapid systems of communication, and advances in research, the nurse must develop in response to outside influences. The current major influences can be grouped into nine broad areas: (a) consumer demands and participation, (b) changing family structure, (c) eco-

nomics, (d) science and technology, (e) legislation, (f) demography, (g) the nursing profession, (h) the women's movement, and, (i) unionization.

Consumer demands

Consumers for nursing services have become an increasingly effective force in changing nursing practice. On the whole, people have become better educated and have more knowledge about health and illness than in the past. This is in no small measure because of television and the news media. Consumers also have become more aware of the needs of others for care. The ethical and moral issues raised by poverty and neglect have caused people to be more vocal about the needs of minority groups and the poor.

The public's concepts of health and nursing have also changed. People now believe that health is a right of all people, not just a privilege of the rich. People are bombarded by the media with the message that individuals must assume responsibility for their own health by obtaining a physical examination regularly, checking for the seven danger signals of cancer, and maintaining their mental well-being by balancing work and recreation. Interest in health and nursing services is therefore greater than ever. Furthermore, many people now want more than freedom from disease—they want energy, vitality, and a feeling of wellness.

Increasingly, the consumer has become an active participant in making decisions about health and nursing care. Planning committees concerned with providing nursing services to a community have active consumer membership. More and more state and provincial nursing associations have representatives of the community on their governing boards.

Family structure

The need for and provision of nursing services are being influenced by new family structures. An increasing number of people are living in structures other than the extended family and the nuclear family, and the family breadwinner is no longer necessarily the husband. An extended family consists of parents, children, grandparents, and sometimes aunts and uncles; a nuclear family consists only of parents and their children.

There are now many single men and women raising children and many two-parent families in which both parents work. It is also common for young parents to live at great distances from their parents. These families need support services such as day-care centers. Many families do not have grandparents or other relatives readily available to help in times of illness or to offer advice about childbearing and child health. The advice these parents get about their children usually comes from physicians and nurses as well as others.

Similarly, grandparents, who now may live alone and far from other members of the family, require homemaker and visiting nurse services when they are ill, to replace the care formerly provided by younger members of the family.