

THIRD EDITION

I N T R O D U C T I O N T O

Nursing

**CONCEPTS,
ISSUES, and
OPPORTUNITIES**

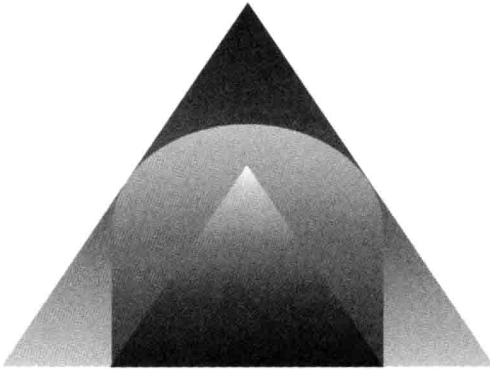
Janice B. Lindberg
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Lippincott

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OPPORTUNITIES**

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Preface

The authors believe that an introductory text does not water down important professional ideas. Nursing is a caring science and how you learn and think about the important ideas in nursing is as important as how you learn to do any nursing activities. As a student you need to understand the concepts, issues and expectations of your profession. One reason you need to know this information early is to take action to shape your professional life in a way that is meaningful to you personally. The authors also expect you to be an active learner working to develop the basic skills needed for your profession. These basic skills include reading, writing, computer literacy, library search and interpersonal skills with peers and teachers as well as with clients.

Decisive changes in health care economics, delivery and staffing have occurred since the first revised edition of *Introduction to Nursing: Challenges, Issues and Opportunities*. The recent shifts to managed care and community based service are dramatic. While overall numbers of RNs have decreased in some settings, numbers of advanced practice nurses have increased in others. Although initial attempts at massive government reform of health care failed, health care reform continues both publicly and privately. Committed nurses of all educational levels, working with an increasingly sophisticated public, can accelerate substantive reform that maximizes community based health care and balances humane care with prudent economics. Additionally, advances in technology and electronic media are revolutionizing communications, health care and education in all settings. Access to information for both students and the general public has exploded. Amid these changes, the diversity of persons entering nursing continues. Today the community of nursing is both the local and the global community.

In this revision, all chapters have been updated. More active readers will recognize that our philosophical perspectives and critical thinking suggestions are intended to stimulate further individual exploration with colleagues and also through multiple media sources. Chapter 1, The Practice and Profession of Nursing, has been revised to introduce critical thinking, a concept that receives greater emphasis in Chapter 3, Nursing Today: The Health Science of Caring. Nurses need both critical thinking and leadership skills to supervise less prepared personnel and to assume advanced practice roles. Chapters 6, Health, and 7, Health Care Delivery, reflect recent changes in thought and practice. The concept of health is central to nursing science. Further, promoting, restoring, and maintaining health is vital to managed care. The relationship between clients' personal behaviors and health consequences grows more evident daily.

Chapter 9, Interpersonal Communication in Nursing, has been refocused to emphasize the communication skills that are used with both clients and colleagues. In Chapter 10, Learning and Teaching, greater emphasis has been placed on the nurse's role in furthering lifelong learning for both clients and self. The strategies for career development and lifelong learning have been expanded in Chapter 12, Opportunities and Challenges. Throughout the book, additional examples reflect the actual experiences of both practitioners and students.

A nursing student who had considerable international travel experience during her undergraduate education offered the following "Advice to students":

Getting involved in nursing organizations and international nursing can be fun and rewarding but it is important to know how to manage your time and be careful not to overextend yourself. If you want to be involved, it is a good idea to talk to faculty, community leaders and other students about what opportunities are there. Make sure you keep your eyes and ears open for anything that might interest you. Use the resources at your school and in your community such as faculty members, University offices and international students. Do not be afraid to be creative or take initiative—write organizations for information, make contacts on the internet or get a group of students together who have the same interests as you have and work as a group. Keep a positive attitude! Sometimes it gets difficult to keep everything organized but stick with it because the rewards are worth it. To also help avoid burn-out, get involved in activities that you truly enjoy. It is hard to motivate yourself if you do not really enjoy what you are doing. Most important, do not let anyone tell you that you are too young or inexperienced to be involved—you are a bright person with new ideas from which any organization could benefit!

Mary Pohanka (SN4)

The authors believe that her advice captures the spirit with which this book was written. Whether you choose to be an armchair citizen of the global community or experience international travel personally, her advice could enrich your professional education.

Bon Voyage!

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Part One



The Practice and Profession of Nursing

Key Words

Client
Critical thinking
Environment

Health
Illness
Leadership

Nursing process
Patient
Person

Virtual reality
Wellness

Objectives

After completing this chapter, students will be able to:

- ▲ Identify the expertise of the nursing profession.
- ▲ Define critical thinking and leadership.
- ▲ Identify common elements in several leaders' definitions of nursing.
- ▲ Explain the concepts of caring and critical thinking in relation to nursing practice.
- ▲ Identify the elements of person-centered nursing care.
- ▲ Identify how caring relates to the concepts basic to nursing practice.

Can you tell which occupation meets the following criteria?

- Is both new and old
- Claims elements of art, science, and profession
- Offers lifelong career opportunities without the requisite of changing fields
- Serves society's health and well-being
- Offers participation in life's major events
- Offers interpersonal interaction in a high-technology world
- Develops self-understanding
- Provides immeasurable personal satisfaction

- Confronts issues of humanism, ethics, legalities, and economics that shape public policy
- Encourages entrepreneurs in the business of health
- Offers wide diversity of career possibilities
- Claims professional care as its area of expertise

Nursing certainly can be an answer to the preceding question. Advanced practice nurses currently are a scarce human resource in society. Although professional nurses are generally admired by persons who have benefited directly from their services, people who have not experienced nursing care directly often do not understand nurses and their profession.

This text is an introduction to the nursing profession. Many ideas exist about nursing. Common to many definitions of nursing is the idea of helping persons. Throughout history, the potential for helping has been shaped by the influences of society, by forces within the health care delivery system, and by visions within nursing. Today, this helping potential takes many forms and is bounded partly by the vision of nurses themselves and the dramatically changed health care delivery system. Indeed, nursing today is both like and unlike nursing of the past.

Nursing, which has always been the art of caring, is becoming known as the health science of caring. In the past, it was nurses who most often were at the bedside of ill persons. Although grateful patients acknowledged nurses' skill in promoting, maintaining, and restoring health, nurses' unique expertise for health received little emphasis.

Some of today's nurses remain at the bedside. The need for their expertise in caring for ill persons continues. Traditionally, and in many ways, nursing has emphasized its technical aspects. Currently, however, professional nursing practice has room and need for greater creativity. Such innovation occurs at the bedside and elsewhere. Nurses with advanced practice skills practice in both acute care settings and out in the community. Today's nurses also enjoy practice opportunities as creative entrepreneurs, managers, administrators, teachers, and research scientists. Practice at different levels accommodates individual nurse interests, diverse ability levels, and varying career investments. Practice at any level provides an important service to society and requires critical thinking.

Thinking is a primary skill for all scientific disciplines and professions. While most of us may assume that nurses are thinking practitioners, one might suggest that thinking has sometimes been underrated as a basic skill in our discipline. Thinking is both a basic cognitive skill and a behavioral action. Meleis (1991), a nursing leader, has written, "**Critical thinking** lies in the balance between framework thinking and flexible viewing of a situation" (p. 123).

Framework thinking is thinking based on a generally accepted framework of information or body of knowledge. Different sciences use different bodies of knowledge on which to base their frameworks. Some life sciences, like nursing, apply knowledge from several basic sciences in addition to developing their own unique sciences. Knowledge of both basic and applied sciences is organized in conceptual frameworks. Conceptual frameworks provide structures for managing scientific or factual details, and for enabling persons to think

about information logically. Concepts also organize information to help us think both abstractly and concretely. The process of thinking in this logical and organized way involves deductive and inductive reasoning, the process of going from abstracts to specifics and vice-versa. This process is sometimes referred to as vertical thinking. Allowing oneself to think outside or beyond this vertical framework is sometimes called lateral thinking, flexibility or creativity. Critical thinking, as suggested by Meleis, combines both logical and creative thinking. Critical thinking is a professional skill that combines framework thinking and flexible viewing. Professional nurses use critical thinking in both clinical decision-making and professional leadership.

Leadership by nurses is needed for both nursing and health care. As Kelly (1991) said, leadership in many ways defies definition, but “in its simplest context, it is the ability to influence others, to lead, guide and direct” (p. 356). Nurses believe that they know many ways to lead their clients to better health, and many ways to guide the health care industry toward improved health care delivery. To extend these ideas beyond the nursing profession will require the persuasive demonstration of both critical thinking and leadership by large numbers of nurses.

The skills of critical thinking and leadership are not developed miraculously, nor are they developed without considerable effort on the part of learners and teachers. This text will assist you in developing critical thinking and leadership skills by giving you some of the means to empower yourself. First, you need the structure or framework for understanding nursing as science, art and profession. You need to understand the key words and ideas that form the structure or *metaparadigm* of nursing. The metaparadigm encompasses the broad concepts that prevail in the discipline, regardless of one’s specific theoretical approach to the content of the science. You will need to be able to organize information to recognize patterns and to understand relationships. These skills require not only obtaining the information in the first place, but also taking time to reflect upon what the information means concretely and specifically, and also more generally or abstractly. Thinking abstractly is usually the more difficult skill to learn, because we may not have had obviously similar real life experiences on which to base our thinking. Further, some persons feel an initial resistance to reflection or abstract thinking, because many people come to nursing convinced that it should involve mostly learning and performing technical skills.

Upon reflection and with further investigation, nurses usually come to understand that critical thinking in nursing involves basic knowledge as well as the process of transferring and applying information to novel situations. An example of the latter is applying abstract or theoretical concepts to new clinical experiences which are the actual *doing* activities that may have attracted you to the profession in the first place. In classroom simulations, in tests, and in clinical situations, you will be asked not only to apply information and to analyze new situations, but also to synthesize or form new wholes from information of multiple sources. Clinical situations, because they involve unique persons and circumstances, are seldom routine. You will probably use case studies, and possibly **virtual reality**, to test hypothetically your diagnostic reasoning in the classroom. Virtual reality includes interactive audiovisual presentations via computer that enable a viewer

to participate in realistic simulations of actual or imagined situations for entertainment or educational experience. Later, you will be expected to evaluate both your thinking and your application in clinical practice activities. Faculty will evaluate your thinking through your communications, both verbal and written, and also by your clinical performance. Beginning with this chapter, you will note that key terms and concepts are identified for you; you will be asked to apply these in many ways. The critical thinking questions that conclude each chapter give you the opportunity to begin individual exploration as the lifelong learner you are expected to become.

Now that we have described critical thinking in a formal way, a clinical example may help to clarify the concept.

Example: Note that as the nurse provides this example, she offers commentary on critical thinking as well.

Kerry who is 28 years old was hit from behind by a car after she stepped out of her car to check a flat tire. She sustained a fractured femur, pelvis and humerus (upper arm) and was now on our trauma step down unit. Her parents stayed with her continuously and were very anxious. Kerry was occasionally cheerful, but more often tearful and exhausted.

One evening I brought Kerry's pain medications and noticed immediately that she was pale and diaphoretic (perspiring heavily). My first concrete thought was to ask for her pain score. She said it was 3-4 on a scale of 10. I continued with concrete observations by taking her vital signs. Her blood pressure and respirations were within normal limits and her pulse oximetry (a measure of oxygenation) was a normal 98%. Her pulse, however, was bounding at 148 (normal = about 60-88). My next concrete observation was to check her urinary output. She did not have a catheter (continuous drainage through a tube). Moving into a more formal thinking mode, I wondered if she had been voiding (excreting) small amounts frequently indicating a full bladder. According to her chart, however, her output had been adequate over the past few days. I also checked her recent bowel movements. Long periods in bed can cause impactions (severe retention) that may alter vital signs. Again, her chart and her verbal report indicated normal output. This assessment took about five minutes.

I then considered what else might be happening. I knew that she could be bleeding internally or that she might have a pulmonary embolus (a blood flow blockage in the lung). In other words my reasoning was both deductive and inductive as I considered the pattern of the specific data and then formed a more abstract conclusion. My assessment, however, indicated a third possibility: as my thinking became more abstract, I checked her chart again for high pulse rates during the past several weeks she had been with us. I noted that frequently her pulse would reach the high 130s and often settled between 100 and 120. Although tachycardiac (abnormally fast), these rates were less alarming. Her father, sensing something was wrong, became increasingly agitated, needing reassurance and asking if I was going to call the doctor. I assured him that I would call the doctor when I had complete data that would help us make decisions.

The third possibility I was considering was extreme anxiety. I had known Kerry to be anxious before. Because her vital signs were normal except for the pulse, pallor and diaphoresis, I was fairly certain that this was a good possibility. I considered how vulnerable Kerry felt after being hit so unexpectedly and having her life disrupted. She was now both in

(continued)