



SECOND EDITION

Fundamentals of Nursing

COLLABORATING FOR OPTIMAL HEALTH

AREN J. BERGER
ARILYN BRINKMAN WILLIAMS

volume 1

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COLLABORATING FOR OPTIMAL HEALTH

SECOND EDITION

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www.appletonlange.com

99 00 00 01 02 03 / 10 9 8 7 6 5 4 3 2 1

Prentice Hall International (UK) Limited, *London*
Prentice Hall of Australia Pty. Limited, *Sydney*
Prentice Hall Canada, Inc., *Toronto*
Prentice Hall Hispanoamericana, S.A., *Mexico*
Prentice Hall of India Private Limited, *New Delhi*
Prentice Hall of Japan, Inc., *Tokyo*
Simon & Schuster Asia Pte. Ltd., *Singapore*
Editora Prentice Hall do Brasil Ltda., *Rio de Janeiro*
Prentice Hall, *Upper Saddle River, New Jersey*

Library of Congress Cataloging-in-Publication Data

Fundamentals of nursing : collaborating for optimal health / edited by

Karen J. Berger, Marilyn Brinkman Williams.—2nd ed.

p. cm.

Includes bibliographical references and index.

ISBN 0-8385-2594-6 (pbk. : alk. paper)

1. Nursing. 2. Nurse and patient. I. Berger, Karen J.

II. Williams, Marilyn Brinkman.

[DNLM: 1. Nursing Care. 2. Nurse-Patient Relations. 3. Patient Participation. WY 100 F97983 1998]

RT41.B37 1998

610.73—dc21

DNLM/DLC

for Library of Congress

97-37909

CIP

Acquisitions Editor: David P. Carroll
Editor-in-Chief: Sally J. Barhydt
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Designer: Janice Barsevich Bielawa
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Manufacturing Buyers: Shirley Dahlgren, Lynne Vail-Nagle
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PRINTED IN THE UNITED STATES OF AMERICA

ISBN 0-8385-2594-6



9 780838 525944

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Preface

A new millenium inspires hope that humankind at last will meet one of its major challenges—that of assuring access to affordable health care for every individual. As reforms emerge, nursing's role will be a central one in shaping the policies, structures, and practices to advance access as a national objective. Indeed, nursing's participation in the policy initiatives of the 1990s, grounded on its own national reform agenda, amply demonstrates the profession's commitment to health care as a human right, and calls attention to nursing's readiness to provide cost-effective services to a diverse population seeking health information and choice.

Looking forward, the theme of this text—collaboration for optimal health—is as relevant as when the first edition appeared. The rapid expansion of managed care, to date the major trend in health care reform, makes it so. Managed care, while on the one hand fostering interdisciplinary professional collaboration with its pressures for cost-containment, also brings economic constraints to bear on patient-provider collaboration, often with controversial results. Although the years ahead will determine whether managed care will curtail health care costs over the long term, public concern is now growing over the role of third-party insurers, and how seriously their intervention will erode the foundation on which patient-provider collaboration is based. As the issues in this dilemma are sorted out, consumerism in health care, which manifests the popular demand for choice and participation in decision making, will continue as a powerful movement and an important societal trend.

Approach

The collaborative philosophy, which provides a necessary foundation for nursing practice, remains a key feature of our approach and the theme of this edition. Nurses' ability to initiate and influence reforms will to a large extent depend on the strength and quality of their transactions in an increasingly complex and volatile environment. Those transactions will be enhanced by collaboration, which emphasizes the importance of working together with others, using persuasion based on knowledge and reason to attain mutually beneficial, socially important goals.

A philosophy of collaboration is valuable, because it provides an action-oriented framework within which nurses can realize their professional values. Nursing has long recognized that our multicultural society, characterized by population diversity and subgroup value differences, embraces a variety of paradigms on health and illness, paradigms which may have critical implications for care. A philosophy of collaboration is uniquely sensitive to human differences. It assumes that patients will bring their divergent points of view to the encounters they have with health care professionals, which are important points to address in the context

of the helping relationship. Indeed, doing so fosters patient dignity and self-determination, hallmarks of caring and central values of the nursing profession.

The environment of health care continues to grow more challenging day by day which means that nursing education will be under constant pressure to align its curricula with the driving forces of change. As a new era opens, the fast-paced scientific advances and ever-changing technology of the 20th Century will persist as important characteristics of the health care environment, as will the provider specialization they promote, delivery system reforms notwithstanding. Although this triad is responsible for much of the service quality improvement of the past, it is also a factor in the spiraling cost increases that make access a problem for so many citizens. Thus, continued pressure for economy is a certainty as the nation's population grows and ages, and its demand for expensive services increases.

In light of that reality, it is important to initiate today's fundamentals students to an economic perspective on practice. This text, along the lines of the first edition, introduces readers to the essentials of health care economics within a collaborative framework that can be applied at the bedside or in the conference room.

Finally, as scarce health care resources are spread ever-more thinly, at least some social turbulence is likely. The changes ahead are certain to bring conflict as competing interests collide. Consequently, the nurses of the future will be called on to engage in political bridge-building, asserting their positions while they negotiate, lobby, and ultimately compromise on policies and plans that acknowledge others' positions yet preserve their own values and ideals. This text introduces students to the art and skills essential to professional collaboration.

Content and Organization

Aware of the burdens on today's students, we have revised our text to consolidate its content while still retaining comprehensive discussions of the subjects necessary to prepare students for the challenges ahead. It is important to note that we have not sacrificed essential information, but rather achieved a substantial reduction by paring repetition and merging material related in subject matter. For example, chapters on the nurse and the nursing profession, on family and community nursing, and on health care economics and delivery, have been combined to produce integrated presentations more efficient in their development of material. The content on some concepts (for example, pain and pain management or the self as an aspect of individual personality) has been pulled together to unify the presentation and make content location easier.

A brand new feature of this edition is that our reduced and reorganized content is now divided into three portable volumes which can be used in various ways to support the fundamentals curriculum.

- *Volume I, Nursing, Health, and the Patient*, introduces readers to material often presented early in the fundamentals curriculum. Nursing's history, the contemporary roles and functions of the nurse, legal aspects of nursing, health and illness, stress and adaptation, community and family health, cultural and individual dimensions of nursing, are some of the chapters.
- *Volume II, Nursing Collaboration and Health Care*, examines the structure and process of nursing practice from a collaborative perspective. Chapters focus on patient-centered communication and the helping relationship, teaching and learning, professional decision making and the nursing process, interdisciplinary teamwork, and trends in health care economics and delivery.
- *Volume III, Nursing Assessment and Management*, addresses clinical nursing from a framework of ten functional dimensions of health, including three not found in many fundamentals texts: Wellness and Well-being, Self-expression, and Neurosensory Integration. Each chapter defines and develops content related to a single dimension according to the phases of the nursing process, and offers extensive guidelines for collaborative health assessment and nurse-patient management.

The strong emphasis on nursing diagnosis remains in this edition, however, the management sections of Volume III, where material is again organized around the continuum of care, contain not only fully updated content, but also important new elements:

- Home health care discussions depict not only the nurse's role in the home but also specific challenges that nurses face in preventing illness and promoting health in the home.
- Home health adaptations for every nursing procedure help the reader understand how to apply and modify nursing procedures when practicing in the home.
- Critical pathways related to every functional dimension showing collaborative care plans for practice in acute and home care settings are time-sequenced, outcome-driven plans illustrating the expected nursing actions and schedule of progress for patients undergoing either a complex surgical procedure or an acute episode of a chronic, debilitating medical condition.

Other New and Noteworthy Features

Other important features include:

- An extravagant four-color art layout, including a new set of photos along with revised and up-dated line drawings for every chapter.
- An emphasis on critical thinking complete with thought-stimulating "Critical Queries" designed to engage the reader in applying chapter content. In many cases, these are derived from summaries of cutting-edge nursing journal articles, summarized in "Insights from Nursing Literature," both presented within

close proximity of each other. Clinical situations posed in chapter openers promote critical thinking as students apply chapter content to understand the scenario and the nurse's role.

- "Collaborative Strategies" weave the collaborative theme throughout the text and highlight important principles and action ideas that support nurses' collaborative role.
- Alphabetical skills and concept directories and other user-friendly features were designed to make the three-volume text easy to use.
- New content has been added to every chapter. New CDC and HICPAC Guidelines on infection control are presented and integrated into nursing procedures. The computer chapter contains a detailed section on the Internet as a vital nursing resource.
- The instructors manual has been upgraded with text feature directories organized by chapter to help instructors create lesson plans. The manual also includes new exercises to promote critical thinking in the classroom and laboratory, and a new listing of media resources for today's nursing media labs.

Overall, reorganization and content changes make this edition particularly user-friendly. Many first-edition features remain, however, to maximize the value of the text as a tool for instruction and learning. Some of them are:

- A noticeable lack of paternalistic language and ideology in depicting nurses' role while not losing sight of nurses' essential responsibilities in caregiving.
- An integrated, nursing process approach to organizing clinical chapters that corresponds faithfully to the reality of clinical practice. Content is organized, not according to discrete, preformulated, problem-oriented topics but rather in major sections on functional assessment and management.
- Pedagogical elements include chapter outlines and summaries reprising key points. Lists of Learning Outcomes and Key Terms also assist readers in assessing their own learning. Analysis of the chapter opener scenarios pulls together chapter concepts in answering the critical thinking questions posed at the beginning of the chapter, and complete authoratative reference lists close out all chapters.
- A complete teaching-learning package, which in addition to the comprehensive instructor's manual, includes a study guide for students with chapter review questions, enrichment activities, and self-examination questions; a set of color transparencies corresponding to text illustrations to enhance classroom presentations; and a computerized testbank to test students' knowledge of essential chapter content.

We are excited about the second edition of *Fundamentals of Nursing: Collaborating for Optimal Health*. Our value-based approach is unique in the field and appropriate to the times, trends, and challenges facing nurses and nursing in a new era.

Karen Berger
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Acknowledgments

We would like to recognize and express our appreciation to several individuals and organizations whose support was pivotal to the successful completion of this project:

Jim McBride, Director, Public Affairs; Kaiser Permanente, San Diego, California

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Andrea Cater, RN, UCSD Marketing Liaison; San Diego Rehabilitation Institute, San Diego, California

Tom Berger, Director, Public Relations, San Diego Rehabilitation Institute, San Diego, California

Joy Freeman, RN, C, MSN, Home Health Nurse, San Diego, California for supplying notes on Home Health Care following each Procedure

Lisa Gifford Manning, RN, PhD, formerly Director Alternative Services, Kaiser Permanente Hospital, Fontana, California

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Carondelet Health Network, Tucson, Arizona

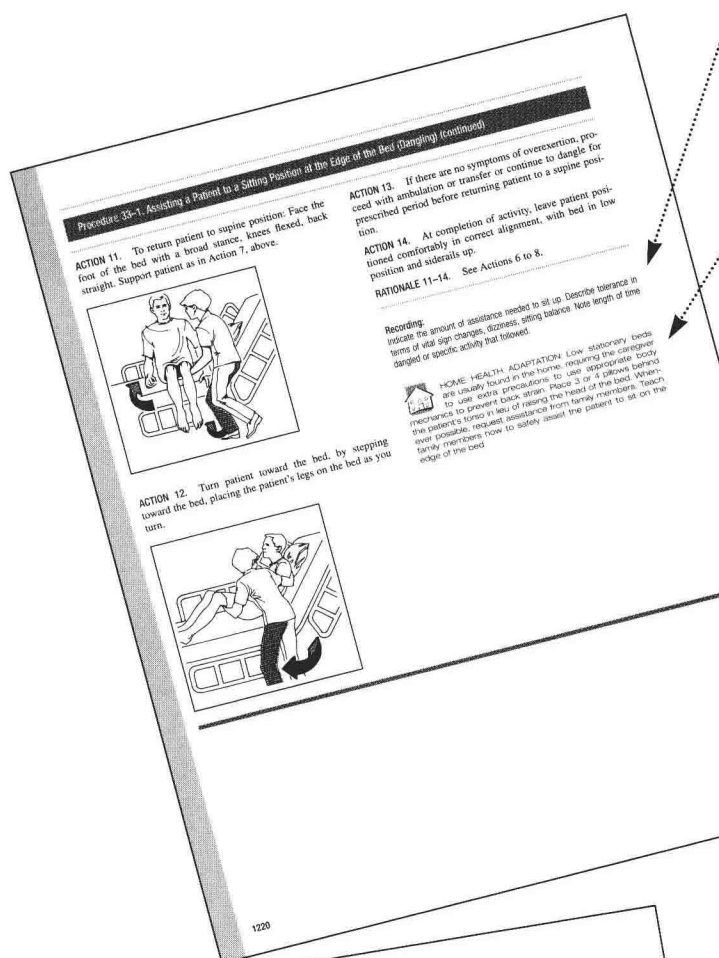
Grossmont College Associate Degree Program nursing students and staff nurses and patients at Kaiser Permanente Medical Center, Kaiser Home Health, Kaiser Permanente Hospital and San Diego Rehabilitation Institute for participating as models for photographs



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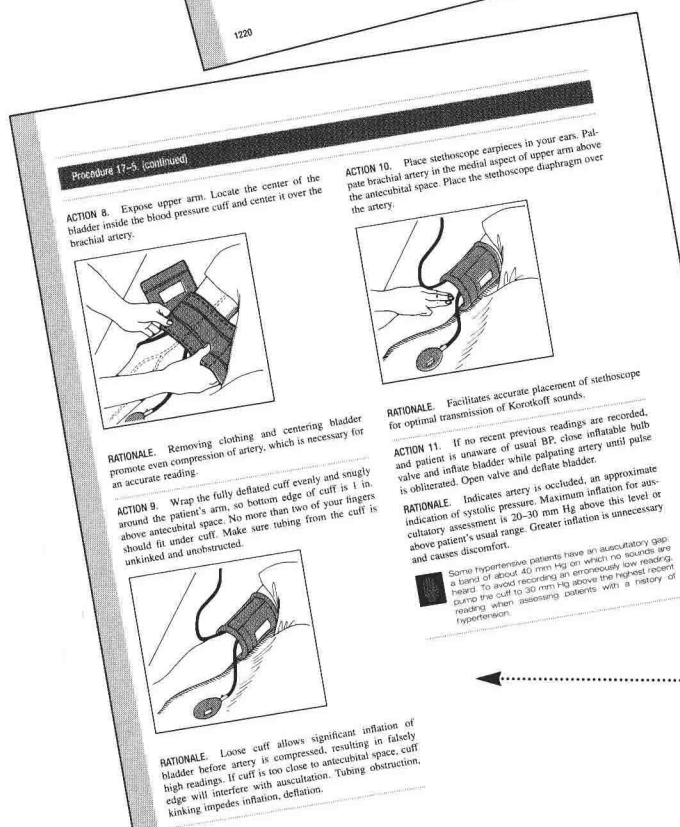
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Recording guidelines assist in identifying essential information that must be included in nurses' notes.

Home Health Adaptations demonstrate how procedures used in clinical settings can be modified for use in patients' homes.

Nursing Diagnoses tables and Nurse-Patient Management tables provide guidelines for establishing nursing diagnoses, desired outcomes, nursing interventions, and evaluation criteria. Plans can be adapted for actual patients.



Nursing Diagnosis	Desired Outcome	Implementation	Evaluation Criteria
Health-seeking behavior: participation in weight loss program R/T exposure to information regarding health risk associated with obesity 5.4	1. Verbalizes understanding of factors that contribute to current physical condition. 2. Adopts lifestyle changes necessary for attainment of weight loss goals.	1a. Assess current nutritional patterns (see Chap. 28). 1b. Assess factors that influence eating patterns (stress, boredom, cultural practices/feelings). 1c. Assess activity patterns (see Chap. 33). 1d. Assess patient's knowledge of basic nutritional/caloric value of favorite foods. 1e. Review diet diary (see Chap. 28) with patient to identify factors that contribute to increased intake. 2a. Collaborate with patient to plan a balanced, acceptable diet that considers cultural and personal preferences. 2b. Assist patient in setting realistic weight-loss goals. 2c. Discuss ways to manage stress and emotions instead of eating. 2d. Involve significant others in treatment plan. 2e. Explore alternative exercise programs with patient. 2f. Support selection of exercise program that fits patient's preferences and daily routines. 2g. Provide positive reinforcement for verbal and behavioral indicators of healthy changes in eating and exercise.	1a. Patient identifies personal eating patterns that contribute to weight gain. 1b. Patient accurately describes role of exercise in weight control. 2a. Patient reports ability to successfully follow prescribed dietary plan. 2b. Patient reports/describes participation in exercise regimen. 2c. Patient demonstrates weight loss of 1-2 lb/wk.
Altered health maintenance: substance abuse R/T ineffective individual coping 6.4.2	1. Cessation of excessive use of alcohol and other drugs. 2. Effective stress management.	1a. Assess patient's history of abuse and possible past attempts at reducing substance use. 1b. Discuss effects of drugs and alcohol on health. 2a. Assess patient's other coping skills. 2b. Assist patient in identifying other methods for coping with stress (eg, exercise or relaxation techniques). 2c. Be supportive of functional coping behaviors such as use of progressive relaxation. 2d. Assist patient to identify personal strengths and set realistic goals for change. 2e. Explore available resources and support systems with patient. 2f. Refer to a community support group for individuals who are recovering from substance abuse.	1. Patient reports cessation of alcohol and drug use. 2a. Patient reports use of exercise and meditation to manage stress. 2b. Patient participates regularly in a community support group.
Anxiety R/T threat to health status: uncertainty about results of diagnostic tests 9.3.1	1. Decreased anxiety.	1a. Encourage patient to discuss feelings. 1b. Engage in active listening at least twice a shift. 1c. Encourage patient to explore possible factors contributing to anxious feelings. 1d. Provide clear, concise information about all patient care activities. 1e. Reduce as many stressful environmental stimuli as possible. 1f. Remain with patient during severe anxiety. 1g. Provide opportunities to discuss test results when available.	1a. Patient identifies factors that trigger anxiety. 1b. Decreased anxiety AEB: decreased trembling and restlessness ("I feel calmer now, my stomach isn't so upset"), improved eye contact when speaking, sleeps throughout night.
Diversional activity deficit R/T frequent, lengthy treatment: hemodialysis 6.3.1.1	1. Patient reports reduced feelings of boredom. 2. Participates in chosen activity. 3. Uses relaxation techniques as needed.	1a. Encourage patient to discuss feelings. 1b. Discuss patient's favorite topics during treatments. 1c. Make TV and/or radio available during treatments. 2a. Assess patient's hobbies, interests, favorite music, TV, and radio programs. 2b. Explore alternate methods available for getting involved in desired activity. 2c. Plan treatments at time that enables patient to engage in desired activity. 3a. Assess patient's knowledge and experience with relaxation techniques. 3b. Teach relaxation method, eg, guided imagery or meditation.	1a. Patient reports satisfaction with use of time during treatment. 2a. Patient reports involvement in chosen activity. 2b. Patient discusses recent activity with caregiver during treatment. 3. Performs progressive relaxation technique several times a day.

Procedures are illustrated with clear drawings that accompany specific nursing actions and complete rationales.

Comparison of Two Nurse Practice Acts

New York Education Law, Section 6002

1. The practice of the profession of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential health problems through such services as assessing, health teaching, health counseling, and provision of care supportive to or restorative of life and well-being, and executing medical regimens prescribed by a licensed physician, dentist or other licensed health care provider legally authorized under this title and in accordance with the commissioner's regulations. A nursing regimen shall be consistent with this title and in accordance with the commissioner's regulations and shall not vary any existing medical regimen.

2. The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of performing health teaching, health counseling, and provision of supportive and restorative care under the direction of a registered professional nurse or licensed physician, dentist or other licensed health care provider legally authorized under this title and in accordance with the commissioner's regulations.

3. (a) The practice of registered professional nursing by a nurse practitioner, certified under section 6012 of this article, may include the diagnosis of illness and physical conditions and the performance of therapeutic and corrective measures with a specialty area of practice, in collaboration with a physician, as defined in this section. The written practice agreement between the collaborating physician and the nurse practitioner regarding a matter of diagnosis and treatment shall be in writing and shall be subject to review by the physician's board of medical ethics. The written practice agreement shall include explicit provisions for the resolution of any disagreement regarding a matter of diagnosis and treatment that is within the scope of practice of both. To the extent that the practice agreement does not so provide, the collaborating physician's diagnosis or treatment will prevail.

(b) Prescriptions for drugs, devices and immunizing agents may be issued by a nurse practitioner... in accordance with the practice agreement and criteria protocol...

(c) Each practice agreement shall provide for patient records review by the collaborating physician in a timely fashion but in no event less often than every three months...

Connecticut General Statutes, Section 20-57a

(a) The practice of nursing by a registered nurse is defined as the process of diagnosing human responses to actual or potential health problems, providing supportive and restorative care, health teaching, health counseling, and health referral, collaborating in the implementation of the total health care regimen, and executing the medical regimen under the direction of a physician or dentist.

(b) The practice of nursing by a licensed practical nurse is defined as the performance of selected tasks and sharing of responsibility as the performing of a registered nurse or an advanced practice registered nurse and within the framework of supportive and restorative care, health counseling and teaching, case finding and referral, collaborating in the implementation of the total health care regimen, and executing the medical regimen under the direction of a licensed physician or dentist.

(c) Advanced nursing practice activities, which, by virtue of post-graduate level nursing practice activities, are appropriate to basic specialized education and experience, are appropriate to the advanced practice registered nurse performing role of diagnoses and may be performed by an advanced practice registered nurse and may be performed by a physician, as defined in this section. The advanced practice registered nurse and treatment of patients in this section. The advanced practice registered nurse may, under the direction of a physician, as defined in this section, in this state and in accordance with the practice agreement, diagnosis, and administer medical therapies and corrective measures, except that an advanced practice registered nurse shall not be permitted to perform any procedure that requires certification from the American Association of Nurse Anesthetists who is performing and administering medical therapies during surgery may only do so if the physician who is medically directing the prescriptive activity is physically present in the institution or other setting where surgery is being performed.

Figure 2-1 Comparison of the definitions of nursing in two Nurse Practice Acts: New York and Connecticut.

COLLABORATIVE STRATEGY
NURSE PRACTICE ACTS

social context of professional nursing practice, and to guide the profession in developing appropriate minimum qualifications for entry into nursing practice. According to that statement, "Nursing is the diagnosis and treatment of human responses to actual or potential health problems." Many states have incorporated the ANA's language directly or with some variation into their Nurse Practice Act.

INDEPENDENT AND DEPENDENT FUNCTIONS

Many Nurse Practice Acts specify both independent and dependent nursing functions. Some nursing activities are initiated and performed by nurses independently; hence, the term **independent**

496 UNIT VI COLLABORATION IN THE NURSING PROCESS

8. Describe possible differences and similarities between evaluation criteria and desired outcome statements.
9. Describe four activities involved in the evaluation phase of the nursing process.
10. State the differences between critical pathways and individualized nursing care plans.
11. Identify the characteristics of effective reporting.
12. State and apply guidelines for recording information in a patient's chart.
13. State the benefits of collaborative planning for patients and nurses.
14. State the goals and benefits of institutional evaluation.

REVIEW OF KEY TERMS

chart
collaborative functions
computerized patient records
critical pathways
dependent functions
desired outcome
discharge planning
evaluation
evaluation criteria
formative evaluation
independent functions
ladder
medical record
monitoring
nursing implementation
nursing orders
patient care plan
patient record
priority setting
problem-oriented record
quality assurance
retrospective evaluation
source-oriented patient record
summative evaluation

Having Read the Chapter, consider again the opening scenario (page 461), and the following responses concerning the questions about Mrs. Stone's care plan.

All elements of a patient care plan should be developed with input from the patient. Desired outcomes, nursing implementation, and evaluation criteria. Specific information resources will facilitate tailoring all of the elements of the plan to her as an individual.

Ideally no independent decisions are to be made by Nurse Fraser. Her knowledge and experience are valuable, but they do not warrant making decisions for Mrs. Stone.

The benefits of Mrs. Stone participating in developing the plan are:

- Her primary concerns will be addressed.
- She is empowered to select and reject options based on strengths and deficits.
- Nurse Fraser's caring, trust, and respect conveyed influence Mrs. Stone's input is likely to positively meaning the plan.

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Collaborative Strategies provide suggestions to facilitate better working relationships among members of the health care team and better nurse-patient communication and interaction.

Review of Key Terms list the important vocabulary covered in each chapter. At the point of introduction within the chapter, each term is set in boldface type.

Answers to opening scenario questions explain and answer the critical thinking questions at the beginning of the chapter.

Concepts Directory

Roman numerals in **boldface** type indicate volume numbers.

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