Adult and Child Care

BARBER • STOKES • BILLINGS

SECOND EDITION

A CLIENT APPROACH TO NURSING

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A CLIENT APPROACH TO NURSING

Affectionately dedicated to

Emily Holmquist

Woman of integrity
whose living dissertation about man
and the environment
distinguishes her from all others
in nursing's academic arena

FOREWORD

For several decades nursing has been engaged in a struggle for professional identity. It has been striving for sophistication by upgrading its educational component and expanding its realm of practice potential. Specialization, independence, and expanding roles are popular notions within the profession. However, the consumers of nursing service have not seemingly been impressed by the new "sophistication" among nurses. They remain imbued with the idea that a nurse should be knowledgeable about health care problems and skilled in modes of practice. In fact, they have affirmed this position so strongly that it behooves the profession to continue to demonstrate expertise in care delivery while maintaining its focus on its own goals for a new image.

It is apparent that the way for nursing to win the recognition and identity it deserves is by educating practitioners who can earn respect of clients by exhibiting their nursing knowledges and skills within the clinical setting and by concurrently portraying a revised professional role model that is worthy of a new image.

Adult and Child Care: A Client Approach to Nursing was written and revised with this philosophy in mind. Its content is directed toward the major components of nursing care—assessment, intervention, and instruction—but also subtly urges the reader toward a new concept of practice within a wide variety of episodic and distributive health care delivery settings.

The authors are obviously attuned to the new horizons for the profession but are realistic enough to know that the image of nursing will be enlightened most effectively by practitioners who excel in direct client care. The content of this textbook is not merely a reiteration of selected basic physical and social sciences with references to implications for nursing practice. It is a *nursing* book, devoted to the principles and practices of nursing care that are the crucial tools for preserving the viability of the profession.

Helen R. Johnson

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PREFACE

The first edition of *Adult and Child Care: A Client Approach to Nursing* provided a new structure for the study of medical-surgical nursing. Content, organized according to basic human needs and presented within a life-cycle framework, emphasized common, recurring problems related to health maintenance and the provision of nursing care. The enthusiasm for this approach was gratifying and clearly indicated that students and faculty were ready to relate to nursing content and process in a new way.

Since the publication of the first edition, nursing education has become increasingly sophisticated. There is concern for a more thorough understanding of pathophysiology and a growing need for nurses to be skilled in techniques of physical assessment. Despite the trend toward new levels of independence and responsibility in practice, the need for students to be skilled in the principles and techniques of nursing care remains paramount. The reader will discover that this book provides a comprehensive resource concerning assessment, intervention, and instruction appropriate to the level of the basic undergraduate student.

The text is an integrated approach to nursing care of adults and children and is organized in accordance with basic human needs. We believe that nursing students should focus their attention on the maintenance of individual and family health but at the same time should be equipped to deal with common and recurring health problems of all age groups.

A "client" approach to nursing is emphasized because it distinguishes those persons actively assuming responsibility for their own health care management from "patients" who traditionally have been viewed as recipients of health care services at the time of illness. The client concept makes it imperative to discuss the many settings where nurses function in episodic and distributive care roles.

Throughout the life cycle there are inherent basic needs related to safety and security, activity and rest, sexual role satisfaction, nutrition and elimination, and oxygen. The text is organized to emphasize the steps of the nursing process in relation to each: assessment, intervention, and instruction. Each basic need is considered in terms of growth and development and health promotion and is followed by a discussion of factors that can interfere with meeting the need. Among these are congenital anomalies, inflammatory responses, mechanical-physical disturbances, and degenerative processes. Specific nursing measures are presented and fundamental concepts and principles of care emphasized. Learning aids such as assessment guides, tables, and numerous illustrations are used to enhance the presentation.

Significant material related to growth and development, sociology, nutrition, pharmacology, patho-

physiology, and psychodynamics has been incorporated, but the reader should be prepared to consult appropriate reference materials for supplemental information.

The content for the text has been carefully selected to provide a judicious balance between the practical and the theoretical approaches to nursing problems and between the contemporary and emerging concepts in care.

We wish to acknowledge assistance and support from the following persons throughout the preparation of this text. For reading and commenting we thank Dorothy Belding, Jo Hunt, Karen Koons, Patricia Ritter, Jo Ann Rossin, and faculty colleagues in the School of Nursing. We are also indebted to Charles E. James, M.D., Lewis C. Robbins, M.D., and Ruth Cady, R.N., for providing direction in content selection and development, and to our illustrators, James Arthur, Marita Bitans, and Paul McGrevy.

We also would like to thank our family members, friends, and students for their encouragement and support during the revision of this text.

Janet Barber
Lillian Stokes
Diane Billings

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UNIT ONE

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CHAPTER 1

Introduction to client care

■ CLIENT CARE: THE CONCEPT

The decade of the 1970s has propelled nurses and nursing education into the age of client care. The focus has shifted from the triad of "illness, hospital, patient" to that of "health, home, client." The role of nursing has been revolutionized. In addition to providing direct care for individuals, nurses have assumed expanded functions as health appraisers, advocates, planners, teachers, and counselors in both institutional and community settings. These important changes in nursing mandate a new approach to the study of adult and child health care—a client-centered approach.

If one consults a dictionary for a definition of "patient," one will find phrases that typify the usual meaning of the word as associated with illness and a passive state of being acted upon. In a society that encourages its members to be involved in their own health care and that of the family, the word *patient* seems incongruous. On the other hand, a *client* engages the help of professionals but continues to assume an active role in the process at hand through continued interaction to the extent that his resources permit.

Throughout this text the word patient is avoided, and client approaches are emphasized. This shift from the passive patient to the active client who initiates, plans, and participates in his own health care is not merely a technical distinction. It is a new way of thinking about the consumer of nursing service—a way that will hopefully influence attitudes and behaviors toward achieving and maintaining health.

■ CONTEMPORARY HEALTH TRENDS

Nursing care for adults and children has been associated historically with the provision of treatment and services for hospitalized persons and has emphasized primarily curative and restorative health care. In recent decades, however, the field of nursing has felt the influences of major social and political movements in the United States and has responded by altering many of its traditional approaches to the delivery of care. Among some of the most influential factors in these changes are the following:

1. An expanding population and a longer life span, creating an increase in the size of the two age groups that are the prime consumers of health services, the very young and the very old
2. A steady increase in the gross national product and standard of living, with a concurrent rise in available health care services
3. Advances in medical science, which have enhanced and prolonged life
4. Societal emphasis on the positive values of preventive health, youth, physical fitness, and mental vigor
5. A rise in governmental involvement in health

care through legislation, research, economic programs, and the provision of direct services.

■ HEALTH CARE DELIVERY SYSTEM

Health care services are geographically and economically more available to the average consumer than ever before. However, the total effectiveness of the health care delivery system remains questionable because of the unequal socioeconomic and physical distribution of services. Programs that will bring the right and privilege of health to members of every age group, regardless of socioeconomic status, ethnic background, race, or residence status, are being implemented, but many more are needed. The voice of the consumer who is increasingly knowledgeable and sophisticated regarding his expectations of health care will continue to influence the nature, quality, and availability of services.

Accent on prevention

Historically, medical and nursing care has been essentially *episodic*, dealing with a specific illness or crisis and directed toward effecting a cure or an improvement. Since the advent of research and the concept of health maintenance (or *distributive* care), more energy has been directed toward the prevention of illness. Considerable attention has been given to the major factors relating to illness—heredity, environment, living habits, and disease processes. Multiphasic screening for health problems has become widely practiced, with periodic physical examinations, including special tests such as chest x-ray examinations, electrocardiograms, Pap smears, and laboratory analyses of blood and urine. The news media have responded to the interests and demands of the population by devoting attention to health-related topics. The danger signals of cancer, diabetes, and glaucoma are well-known examples. Emphasis is placed on early recognition, as well as prevention, of disease.

Prospective medicine

Prospective medicine is an exciting concept in accident and disease prevention. It is a system that employs knowledge regarding the natural history of health problems. This approach gives special attention to identification and control of precursors.

A *precursor* is a prognostic characteristic that indicates who is at particular risk for the development of disease. It places individuals in categories based on age, sex, and race, and takes into account statistical information about the major causes of death in that group (see Appendix A). For example, the American Heart Association purports that men over 40 who have an elevated serum cholesterol level and who smoke are at high risk for coronary artery disease. Whether they exercise, are overweight, or have sedentary jobs also affect their relative risks. Elaborate formulas have been developed that translate these factors into numercial odds that demonstrate to the client how serious the risk actually is for him. The formulas begin the diagnostic workup at the level of a precursor, not a disease, and thus make it possible to focus health care resources on precursor identification and control rather than on treating maladies.

Prospective medicine uses a tool called the "health hazard appraisal." It is an assessment guide that elicits data about (1) a client's present health status, (2) his habits of daily living (such as smoking, stress, exercise, and the wearing of seat belts in automobiles), and (3) factors in hereditary and familial tendencies as derived from health history. These data are processed and risks to health and life are calculated. Finally, and most important, a regimen to reduce risks is prescribed for the individual, which will increase his chances for surviving the next 10-year period of life.

The prospective medicine approach is valuable both to the health care team and to the client, and it has several distinct advantages over dealing with crisis situations or illness episodes. It stresses risks even when clients are enjoying a state of health. It amplifies the desirability to curb potential problems by controlling precursors. By studying the graphical presentation of the health hazard appraisal, the consumer can compare his 10-year survival chances with and without compliance with his risk-reduction regimen. This, of course, is valuable motivation to follow the suggested changes in living patterns.

There are hundreds of precursors that are known to be related to accidents and disease causation. Some that have high credibility for application to preventive programs include: cigarette smoking, alcohol consumption before driving, hypertension, rectal bleeding, sedentariness, obesity, mental depression, and diabetes. Such precursors can be detected by health hazard appraisal techniques and controlled through well-planned and supervised health care and daily living regimens.

The success of prospective medicine is dependent

on the health care team members and the client each assuming responsibility in the risk-reduction regimen designed to assist the latter safely through the next decade of his life.

Nurses have traditionally avoided diagnosing disease, but it is highly desirable that they be actively engaged in diagnosing precursors that contribute to the causation of accidents or disease. Nurses can participate meaningfully in the process of assessment (that is, health hazard appraisal), in the development of risk-reduction prescriptions, and in health counseling. See Appendix A for a sample health hazard appraisal and risk tables according to sex, age, and race.

Need for additional facilities and services

The contemporary hospitals and other similar institutions designed for client care are often overcrowded and unable to accommodate the growing numbers of persons seeking admission. Individual and group health insurance, local welfare legislation, and state and federal programs such as Medicare and Medicaid have made it possible for more persons to obtain necessary health care. Although homes for the elderly, nursing homes, and extended care facilities are increasing in number, they are unable to meet the needs of a growing elderly population. Convalescent and rehabilitation centers are being designed to reduce the client load in overcrowded general hospitals, and a variety of ambulatory service centers are being developed.

Ambulatory services

Although everyone has health care needs and problems, few actually require institutional treatment. Certain medical, surgical, and mental illnesses can be managed with medication and other therapies available in a system of extended services. Hospital outpatient departments, the physician's office, and health clinics are examples of ambulatory services. Such facilities can offer programs for persons of all ages, including family health maintenance, screening for physical and mental illness, mother-child health supervision, family planning, and personal counseling.

Neighborhood health clinics

In urban areas, particularly in the inner city, health clinics have been established to "take care to the people." These centers may be located in abandoned stores, church basements, schools, or vacant houses and are staffed by a team of professional health workers and lay volunteers. They may manage minor illnesses and injuries and provide family-centered health supervision. Some neighborhood clinics are "satellites" of hospitals, which provide supporting diagnostic, therapeutic, and rehabilitative services.

Regionalization

Persons in rural areas and small towns remote from metropolitan centers rely primarily on the family physician and the local hospital for their health care. Available facilities may be grossly inadequate, with many gaps in resources. On the other hand, some urban areas have several sophisticated care centers that duplicate services and overlap in purpose.

In the mid 1960s it was recognized that major illnesses such as heart disease, cancer, and stroke could be dealt with more effectively by grouping certain facility and manpower resources. Legislation was enacted to establish regional medical programs, whose primary purpose was to foster innovation in techniques, health manpower utilization, and other related resources for the improvement of care. Through cooperative arrangements the efforts of individual physicians, allied personnel, hospitals, and other agencies are potentiated above and beyond what they could achieve independently. Regional medical programs consider local resources, needs, and existing patterns of practice and referrals. There is also an integral relationship with other groups interested in similar goals in comprehensive health planning. Regionalization in care delivery is a definitive step toward improved health for all citizens, with greater efficiency, effectiveness, and equity.

Emergency health care services

In the past decade there has been an upsurge of interest in developing an effective system of emergency health services, especially in urban centers. Hospital emergency departments have been supplemented by decentralized mobile emergency health care providers such as emergency medical technicians (EMTs) and emergency paramedics. The concept of the mobile intensive care unit, which takes advanced life-support services to the client in the community, has been realized. Victims of severe illness and trauma are stabilized on the scene before being transferred to a hospital emergency department for more definitive care. Emergency paramedics are skilled in