

Fifth Edition

UNDERSTANDING THE

NURSING PROCESS

THE NEXT GENERATION

Mary Ellen Murray
Leslie D. Atkinson

5th Edition

UNDERSTANDING THE NURSING PROCESS THE NEXT GENERATION

Mary Ellen Murray, Ph.D., R.N.

Director of Clinical Resources
Battle Creek Health System
Battle Creek, Michigan

Leslie D. Atkinson, R.N., M.S.N.

Nursing Program
Normandale Community College
Bloomington, Minnesota

Illustrated by Mark Atkinson

McGraw-Hill, Inc.

Health Professions Division

New York St. Louis San Francisco Auckland Bogotá Caracas
Lisbon London Madrid Mexico City Milan Montreal New Delhi
Paris San Juan Singapore Sydney Tokyo Toronto

Understanding The Nursing Process, Fifth Edition

Copyright © 1994 by McGraw-Hill, Inc. All rights reserved. Printed in the United States of America. Except as permitted under the United States Copyright Act of 1976, no part of this publication may be reproduced or distributed in any form or by any means, or stored in a data base or retrieval system, without the prior written permission of the publisher.

1234567890 DOCDOC 9876543

ISBN 0-07-105458-8

This book was set in Times Roman by University Graphics, Inc. The editors were Gail Gavert and Mariapaz Ramos -Englis; the production supervisor was Richard Ruzycka; the project was managed by Hockett Editorial Service; the text and cover were designed by Marsha Cohen, Parallelogram.

R. R. Donnelley & Sons was printer and binder.

Library of Congress Cataloging in Publication Data

Murray, Mary Ellen.

Understanding the nursing process : the next generation / Mary Ellen Murray, Leslie D. Atkinson : illustrated by Mark Atkinson.—5th ed.

p. cm.

Atkinson's name appears first on the earlier edition.

Includes bibliographical references and index.

ISBN 0-07-105458-8

1. Nursing. 2. Nursing diagnosis. I. Atkinson, Leslie D.

II. Title.

[DNLM: 1. Nursing Process. WY 100 M9825a 1994]

RT41.A82 1994

610.73—dc20

DNLM/DLC

for Library of Congress

93-1938

CIP

This book is printed on acid-free paper.

UNDERSTANDING THE

**NURSING
PROCESS**

THE NEXT GENERATION

NOTICE

Medicine and nursing are ever-changing sciences. As new research and clinical experience broaden our knowledge, changes in treatment and drug therapy are required. The authors and the publisher of this work have checked with sources believed to be reliable in their efforts to provide information that is complete and generally in accord with the standards accepted at the time of publication. However, in view of the possibility of human error or changes in medical sciences, neither the authors, nor the publisher, nor any other party who has been involved in the preparation or publication of this work warrants that the information contained herein is in every respect accurate or complete, and they are not responsible for any errors or omissions or for the results obtained from use of such information. Readers are encouraged to confirm the information contained herein with other sources. For example and in particular, readers are advised to check the product information sheet included in the package of each drug they plan to administer to be certain that the information contained in this book is accurate and that changes have not been made in the recommended dose or in the contraindications for administration. This recommendation is of particular importance in connection with new or infrequently used drugs.

Dedication

To Peter

To Erin and Derek

PREFACE

Since the publication of the first edition of *Understanding the Nursing Process* in 1980, there have been major changes within the profession of nursing and within the health care system as a whole. The societal demand for quality health care and the necessity for cost containment have exerted pressure for a change in delivery systems.

In response to this dual pressure, nursing and medicine have collaborated to develop a health care delivery system that has proved effective in containing costs while simultaneously providing quality care. This system, *case management*, has been enthusiastically adopted by many hospitals. Still other hospitals have modified the system and experienced great success.

The nursing process has both stayed the same and changed in response to societal change. The constant aspect of the nursing process is the belief that the process is the way one “thinks as a nurse.” This structured way of thinking has been a part of nursing as far back as the writings of Florence Nightingale!

The component of the nursing process that has changed is the *outcome* of the nursing process: the written plan of care. Thus, we have chosen to subtitle our text *The Next Generation*. By this subtitle we hope to recognize the contributions of nurse colleagues who have implemented the nursing process in another format: case management. Throughout the book we have discussed how the steps of the nursing process are incorporated into case management.

We continue to believe that the nursing process should be introduced in the first nursing course, even though students may not yet have the knowledge base to understand many aspects of care planning. Students continue to ask for a practical, understandable text on the nursing process, matched to their nursing level, as they begin to have clinical experiences. Since all “beginners begin at the beginning,” this text is appropriate for use by students in all types of nursing programs. Because this text is written for a beginning student, terminology and nursing/medical interventions are presented only in the very practical sense of application to fundamental patient care situations.

This edition also incorporates the new American Nurses Association (ANA) Standards of Clinical Nursing Practice (1991) as well as the relevant nursing care standards from the Joint Commission on Accreditation of Health Care Organizations (AMH, 1992). Both of these documents reflect changes in the nursing process that emphasize documented outcomes and responses of the client to care.

Again, we wish to express and acknowledge our appreciation to colleagues and students (past and present) who have kept us honest throughout the first four editions. We congratulate NANDA members on the continued development of nursing diagnosis. We acknowledge the work of Gloria M. Bulechek, Ph.D., R.N., and Joanne C. McCloskey, Ph.D., R.N., and their research team at the University of Iowa for their contributions in defining and validating nursing interventions. Thank you also to Mark Atkinson for his cartoon art and to Tom Olson, Ph.D., R.N., University of Hawaii, for his initial work on Care Plan #2.

As always, the order of authorship of this text was determined by a flip of a coin and reflects our continued happy collaboration.

—MEM

—LDA

UNDERSTANDING THE

NURSING PROCESS

THE NEXT GENERATION

CONTENTS

PREFACE

xi

CHAPTER ONE

Introduction to the Nursing Process

1

Nursing: What Is It? / 1

The Nursing Process: What Is It? / 1

Why Is the Nursing Process Important? / 4

Nursing Process: The Next Generation / 7

CHAPTER TWO

Assessment

9

Data Collection / 10

Data Collection Format / 10

Maslow's Basic Need Framework / 11

Henderson's Components of Nursing Care / 14

Gordon's Functional Health Patterns / 15

NANDA's Human Response Patterns / 15

Nursing Theories / 15

Human Growth and Development / 16

Data Collection Skills / 16

Observation / 18

Interview / 21

Examination / 25

Assessment: The Next Generation / 27

Summary / 27

Practice Exercise / 28

Answers to Exercise on Assessment / 29

Case Study: Data Collection / 29

CHAPTER THREE

Diagnosis

33

- Data Analysis / 34
- Problem Identification / 36
- Formulating the Nursing Diagnosis / 43
 - Types of Nursing Diagnoses / 44
 - Actual Nursing Diagnoses / 44*
 - High-Risk Nursing Diagnoses / 45*
 - Possible Nursing Diagnoses / 46*
- Collaborative Problems / 46
 - Writing Nursing Diagnoses / 47
 - Actual Nursing Diagnoses / 47*
 - PES Format / 48*
 - High-Risk Nursing Diagnoses / 49*
 - Possible Nursing Diagnoses / 49*
 - Validating Nursing Diagnoses / 50
- Nursing Diagnosis: The Next Generation / 50
- Summary / 51
- Practice Exercise / 51
- Answers to Exercise on Nursing Diagnosis / 57
- Case Study: Nursing Diagnoses / 58

CHAPTER FOUR

Planning

61

- Activities in the Planning Phase / 62
- Setting Priorities / 62
 - Guidelines for Setting Priorities / 63
- Establishing Outcomes / 65
 - Why Is an Outcome Statement Needed? / 66
 - Components of an Outcome Statement / 67
 - Client Behavior / 67
 - Criterion of Performance / 68
 - Conditions / 68
 - Time Frame / 69
 - Intermediate Outcomes / 69*
 - Long-Term or Final Outcomes / 71*
 - Guidelines for Writing Outcome Statements / 72
- Outcomes: The Next Generation / 77
- Practice Exercise / 77
 - Answers to Exercise on Outcome Statements / 78

| | |
|--|--|
| Planning Nursing Interventions / 80 | |
| Types of Nursing Interventions / 81 | |
| Rationale for Nursing Interventions / 85 | |
| Problem Solving and Selecting Interventions / 86 | |
| Client Teaching: An Intervention Strategy / 92 | |
| Classification of Nursing Interventions / 98 | |
| Nursing Interventions: The Next Generation / 98 | |
| Summary / 101 | |
| Case Study: Care Plan (Outcomes, Interventions, and Rationale) / 109 | |
| Nursing Diagnosis Standard Care Plan: Pain / 111 | |

CHAPTER FIVE

Implementation 113

| | |
|---|--|
| Validating the Care Plan / 113 | |
| Documenting the Nursing Care Plan / 115 | |
| Giving and Documenting Nursing Care / 117 | |
| Continuing Data Collection / 119 | |
| Implementation: The Next Generation / 119 | |
| Summary / 120 | |
| Case Study: Abbreviated Care Plan / 121 | |

CHAPTER SIX

Evaluation 123

| | |
|--|--|
| Documenting Responses to Interventions / 123 | |
| Evaluating Effectiveness of Interventions / 124 | |
| Evaluation of Outcome Achievement / 125 | |
| Writing an Evaluative Statement / 126 | |
| Client Participation and Evaluation / 127 | |
| Case Study: Outcome Evaluation / 129 | |
| Review of the Nursing Care Plan / 129 | |
| Reassessment / 131 | |
| Review of Nursing Diagnoses / 131 | |
| Replanning / 132 | |
| Review of Implementation / 135 | |
| Evaluation: The Next Generation / 135 | |
| Summary / 136 | |
| Case Study: Review of Care Plan / 136 | |
| Nursing Diagnosis Standard Care Plan: Pain / 140 | |

| | |
|--------------|-----|
| BIBLIOGRAPHY | 143 |
|--------------|-----|

APPENDIX A

| | |
|---------------------------|-----|
| Sample Nursing Care Plans | 147 |
|---------------------------|-----|

Nursing Care Plan #1. Middle Adult / 147

Nursing Diagnosis Standard Care Plan: Pain / 155

Nursing Care Plan #2. Senior Adult / 156

Nursing Diagnosis Standard Care Plan: Altered Nutrition / 164

| | |
|-------|-----|
| INDEX | 167 |
|-------|-----|

APPENDIX B

| | |
|---|--|
| Nursing Diagnosis Pocketbook (In Book Sleeve) | |
|---|--|

CHAPTER 1

Introduction to the Nursing Process

NURSING: WHAT IS IT?

Nursing has been described in many different ways by many different leaders and theorists in nursing. What is special about nursing? What service do we provide to our clients that no other health care professional provides? In 1980 the American Nurses Association, which is the professional organization for nurses in the United States, developed a definition that is current and basic to describe the scope of nursing practice.

Nursing is the diagnosis and treatment of human responses to actual or potential health problems. (ANA, "Nursing—A Social Policy Statement," 1980)

This means, for example, that nursing is not responsible for diagnosing and treating cancer; the physician does this. Nursing is primarily responsible for diagnosing and treating a client's *response* to the cancer and medical treatment, such as inadequate nutrition, nausea, altered self-esteem, anxiety, and pain. Nursing is involved in aspects of the medical treatment as when giving a client prescribed medication or treatments, but the primary focus of nursing is the individual's response to health-related problems.

THE NURSING PROCESS: WHAT IS IT?

The nursing process is the way one thinks like a nurse. This process is the foundation, the essential, enduring skill that has characterized nursing from the beginning of the profession. Through the years the nursing process has changed and evolved, growing in clarity and understanding.

The nursing process is divided into five steps:

1. ASSESSMENT:

What brought you to the hospital?

Let me have a look at that.

Describe how you are feeling.

2. DIAGNOSIS:

What is the problem?

What is the cause?

How do I know it?

3. PLANNING:

What can I do about it?

What is most important?

What do I want to happen, by when?

4. IMPLEMENTATION:

Move into action.

Carry out the plan.

5. EVALUATION:

Did it work?

Why or why not?

Is the problem solved, or do I need to try again?

While these steps are an oversimplification, every nurse has already had much practice with the problem-solving or scientific process. Consider the college chemistry course that is required for all nurses. The students are asked to observe and examine the properties of different chemicals, and to perform a series of planned experiments utilizing those substances. Hopefully, the student, through the use of this scientific problem-solving process, has discovered the solution to the problem of how certain chemicals react. These steps are essentially the same as those used in the nursing process.

The nurse uses these five steps in *every* interaction with a client, no matter how brief a contact. Expert nurses have mastered this process to such a high degree that they are even unaware of using the separate steps in the process. In fact, in describing expert nursing practice, Benner states:

It is not possible to recapture the explicit formal steps, the mental processes that go into experts' capacity to make rapid patient assessments. . . . To assume that it is possible to capture all the steps in nursing practice is to assume that nursing is procedural rather than holistic. Attempts may be made to model or make explicit all the steps that go into a nursing decision, but experts do not actually make decisions in this elemental, procedural way. They do not build up their conclusions, element by element; rather, they grasp the whole. Even when they try to give detailed accounts of the elements that went into their decisions, essential elements are left out. (Benner, 1984, pp. 42-43)

This process is the foundation, the essential, enduring skill that has characterized nursing from the beginning of the profession . . .

Assess: *"A careful nurse will keep a constant watch over her sick. . . . The feet and legs should be examined by the hand from time to time. . . ."* p. 17

"For it may safely be said, not that the habit of ready and correct observation will by itself make us useful nurses, but that without it we shall be useless with all our devotion." p. 112

Diagnose: *"I will tell you what was the cause of this hospital pyaemia being in that large private house. . . . It was that sewer from an ill-placed sink. . . ."* p. 30

Plan: *"There are five essential points in securing the health of houses: pure air, pure water, efficient drainage, cleanliness, lights."* p. 24

Implement: *"To be 'in charge' is certainly not only to carry out the proper measures but to see that everyone else does so too; to see that no one either wilfully or ignorantly thwarts or prevents such measures."* p. 42

Evaluate: *"Surely you can learn at least to judge with the eye how much an oz. of food is, how much an oz. of liquid. You will find this helps your observation and memory very much. You will then say to yourself, 'A. took about an oz. of his meat today,' 'B. took three times in 24 hours about 1/4 pint of beef tea,' instead of saying, 'B. has taken nothing all day,' or 'I gave A. his dinner as usual.'"* p. 113

Adapted from: Florence Nightingale, *Notes on Nursing: What It Is and What It Is Not*. From an unabridged republication of the first American edition as published in 1860. (1969) New York: Dover Publications.

It is not that experts do not use the nursing process, but rather that they are so skilled in using it that it has become integrated into their thinking.

A more easily understood example of Benner's hypothesis is the skill of driving a car. Somewhere around age sixteen, most people (to the dismay and consternation of parental figures) begin a driver's education course. We all memorize and complete a driver's assessment before turning on the ignition:

first, walk around the car to check for obstacles and tire safety; then adjust mirrors, adjust driver seat height and distance from pedals, lock doors, adjust seat belt, check fuel gauge, and so forth. Finally, the driver can start the car and go! However, after a few years of experience, the driver just does these things automatically and probably would be unable to relate the steps that were so conscious only a short time ago. This book is to nursing what the driver's education manual is to driving!

One outcome of the use of the nursing process is a plan of care for the client. This plan of care may look very different from institution to institution. One hospital may choose a handwritten plan on a form devised for that purpose. Another hospital may use preprinted or computerized plans. But each of these contains the essential components of planned client care.

WHY IS THE NURSING PROCESS IMPORTANT?

Two driving forces have emerged in the 1990s that impact nursing practice: *emphasis on quality* and *emphasis on cost containment*. Nurses, like all health care providers, are responding to consumer demands for quality service. Nurses are continually seeking ways to improve their practice and the satisfaction of the clients they serve. If nursing is to survive the competitive challenges of the next decade, it must continue to provide a quality service that clients value. The nursing process provides a tool for the nurse to use in continually evaluating and improving the quality of nursing care. The second force is that of cost containment. Nurses have always been accountable for their professional practice, but now nurses are being required to accept financial accountability for their practice. This means that nurses need first to be aware of the resources used in caring for clients and then be in control of allocating the resources. Resources include not only supplies but the time nurses spend in providing care. Some decisions nurses are currently faced with include: Does this client need to be in the hospital, or can care be safely provided by a nurse visiting at home? Does this client have sufficient self-care knowledge to be discharged from the hospital? What teaching does this client need in order to have surgery on an outpatient basis? Both time and supplies have very real limits that will increasingly affect the decisions nurses make about care. The use of the nursing process helps to avoid duplications and omissions that result in the unnecessary use of resources.

The American Nurses Association, the organization of professional nurses in the United States, has published *Standards of Clinical Nursing Practice* (1991). Standards used in this sense define the responsibilities of all registered nurses engaged in clinical practice regardless of the setting (see Table 1-1). These standards list the nurse's responsibility to the public. The standards hold the nurse accountable for the use of the nursing process. It is important that students understand that the standards do not mandate that the use of the process must result in a specific form of care plan. That degree of specificity