

Janice Rider Ellis
Celia Love Hartley

NURSING IN TODAY'S WORLD

Challenges, Issues, and Trends

Lippincott

edition

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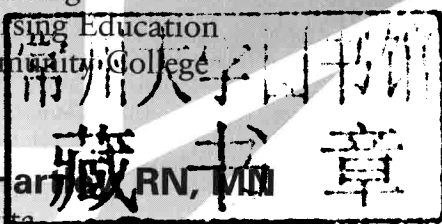
7th Edition

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NURSING IN TODAY'S WORLD

Challenges, Issues, and Trends



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Preface

With this, the seventh edition, *Nursing in Today's World: Challenges, Issues, and Trends* celebrates its twenty-first birthday. There have been many changes in nursing since the first edition was published in 1980. Nursing care delivery has moved from one focused on primary care with a single individual planning care for a client from admission until discharge within an acute care facility, to one of managed care where a multidisciplinary team is involved in care through a variety of levels and institutions. Care was provided primarily in acute care facilities, many of which were non-profit organizations owned by communities or religious organizations. Today care occurs as much outside the acute care facility (which likely is owned by a health care conglomerate) as it occurs within it. The advent of diagnosis related groups (DRGs) revolutionized the payment for services, moving the United States from a fee-for-service method of charging for health services to a prospective payment system. The clientele we serve also has changed to represent an older, more diverse population that is looking forward to an increased life span. Consumers have become more involved in decisions that are to be reached about their health and carry more responsibility for acting and living responsibly. New technology and research have revolutionized what can be accomplished in treatment. Better diagnostic measures, more effective pharmaceutical agents, and treatment modalities that provide miraculous recovery for once fatal conditions have significantly influenced patient outcomes.

In a serious effort to bring the student the realities of the health care delivery system and nursing, this textbook also has changed throughout the metamorphosis of health care. This remains true in this seventh edition.

WHAT'S NEW?

- *Web site information provided two ways*—within each chapter you will find **references to Web sites** that will assist in locating information pertinent to the topics discussed; at the end of each chapter are separate lists of **relevant Web sites**. In an age of information and knowledge explosion, being able to access the most recent information is critical to informed decision making.
- *Critical Thinking Activity* (feature)—Another element that dominates the educational environment is that of greater learner interactivity and critical thinking. Interspersed throughout each chapter of *Nursing in Today's World* are activities that stimulate and perfect critical thinking abilities.

- *New and Update Chapter Content*—All content is updated. Examples include an exploration of issues related to multistate licensure, a discussion about maintaining professional boundaries, tables reflecting the distribution of NCLEX examinations content, expansion of workplace concerns, a new appendix on commonly used acronyms, and more.

TEXT ORGANIZATION

We begin the text with an overview of economic and political aspects of health care delivery, believing that students can better determine nursing's place in the health care delivery system if they have some introduction to that system, how it got to where it is today, how it operates, how it is financed, and how it is politically influenced. Some of you like this approach; others prefer a more traditional organizational approach. For those who opt for a chronological approach, we encourage you to adapt your use of the various chapters to match this preference. Each chapter is written to stand alone with regard to content and each chapter provides a reference to other areas in the text where a particular content area is addressed. Therefore, if you prefer to study the origins of nursing first, that section of this text (Chapter 4) can be read and deliberated before studying the first three chapters.

The content is arranged into four major units of study.

- Unit I includes three chapters that discuss the health care delivery system, its financing, and the politics that impact upon it.
- Unit II includes three chapters that focus on nursing itself and brings to the student an understanding of nursing through studying it as a profession, by exploring nursing origins, and the various paths providing preparation for a career in nursing.
- Unit III includes four chapters that focus on legal and ethical accountability and includes a discussion of the credentials found among health care providers, tracing the history of credentialing in the United States as well as an exploration of the legal issues facing today's nurse. The unit discusses ethics and lays a foundation for ethical decision making, including a broad discussion of various bioethical issues that impact nursing and nursing practice.
- The final unit, Unit IV, includes two chapters that focus on today's health care world of work. Students will learn about ways to seek and secure employment, gaining an understanding of the workplace environment.

PEDAGOGICAL FEATURES

- Objectives introduce each chapter to guide learning efforts
- Key terms used in the chapter discussion are listed
- Key concepts summarize each chapter

SPECIAL TEXT FEATURE

Each chapter is illustrated with cartoon-like characters that have been a hallmark of the text. Though it seemed revolutionary when the first edition was published, it has become something of a trend in nursing texts of this nature. Through them, we hope you gain a varied visual introduction to nursing issues that will provide some humor, as well as gratification, to your commitment to nursing.

INSTRUCTOR'S MANUAL AND TESTBANK

Available to faculty adopting this text is an Instructor's Manual and Testbank. This invaluable resource manual includes chapter overviews; Situations to Foster Critical Thinking, which are different from the Critical Thinking Activities feature included within the textbook; Discussion/Essay Questions; and a variety of testing items including Fill in the Blanks/Short Answer, True-False Questions, Matching Questions, and NCLEX-style multiple choice test items, each of which is tied to a chapter objective. An additional unique feature presented in the Instructor's Manual is instructions for using "Gaming in the Classroom" as a teaching strategy.

WE WELCOME AND APPRECIATE YOUR INVOLVEMENT

We continue to appreciate the comments and suggestions of colleagues, friends, and students. We encourage you to review this text critically and advise us of ways in which we can make it better meet classroom needs. We thank the many educators who continue to select *Nursing in Today's World: Challenges, Issues, and Trends* as the textbook for your class. In this competitive market, we know there are many texts from which to choose. We appreciate your support and strive to bring to you the book that will continue to meet your needs.

SPECIAL ACKNOWLEDGMENTS

We want to express our appreciation to our respective husbands, Ivan and Gordon, for their continued support and encouragement during the development of another edition of the text. Their willingness to let deadlines take precedence over home or social activities and their assistance with household duties and errands has allowed us to meet publication deadlines. And finally, we would like to thank the editors of Lippincott Williams & Wilkins for support of this text and their help and assistance in seeing it published.

Janice Rider Ellis
Celia Love Hartley



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UNIT I

Economic and Political Aspects of Health Care Delivery

A significant part of the economic and political life of any nation relates to the health care available to its people. The percentage of a country's gross national product devoted to health care is a frequently quoted figure. It helps to reflect much of what is best about life but also serves to point out those areas in which a serious problem exists.

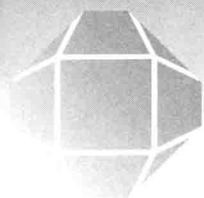
Because of the importance of this topic, the first unit in this text provides you with a basic overview of the health care delivery system in the United States. It is impossible within the limitations of a single chapter to discuss fully the complexity of the system.

Beginning with the part of the system with which you are probably most familiar—those settings that employ nurses—content is expanded to include some of those less commonly understood. The specific characteristics of these settings—their roles in health care, the roles of nurses in these settings, the colleagues with whom nurses work, and alternative health care resources—are the focus of the first chapter in the unit.

The second chapter in this unit discusses the financial aspects of the health care delivery system. Because this topic is much too complex to discuss in detail in a single chapter, an overview must suffice. You should gain an understanding of the various players in the system that will help you analyze specific financial issues as they arise: issues related to access to the system, and issues related to power and control.

The unit concludes with a discussion of the political process: how it affects nursing, and how nurses can affect it. An understanding of the various aspects of the health care delivery system can be relevant to your professional experience.

1



Understanding the Health Care Environment

Nurses are experts on reality. No one has roots that penetrate so deeply into our health care institutions. No one sees so much, nor understands so thoroughly.

(Joel, 1996)

OBJECTIVES

After completing this chapter, you should be able to:

1. Identify the various ways of classifying health care agencies and analyze how the classifications differ in their focus.
2. Describe major health care settings (hospitals, long-term care facilities, and community agencies) in terms of the usual length of stay, ownership, types of services offered, and the roles that registered nurses perform in each.
3. Differentiate the approach to the client/resident of acute care hospitals and long-term care facilities.
4. Discuss the roles and interrelationships of the various health care providers in the health care system.
5. Analyze the issues related to education, credentialing, and scope of practice of individual health care occupations.
6. Describe the various types of alternative health care and analyze their relationship to traditional medical care.

KEY TERMS

Accreditation

Acupuncture

Acute care facility

Alternative health care

Assisted-living facility

Community mental health centers

Complementary therapy

Continuing care retirement community (CCRC)

Herbal medicine

Homeopathy

Hospital

Long-term care facility

Naturopathy

Nonprofit

Nursing home

Osteopathy

Primary care provider

Proprietary agency

Skilled nursing facility (SNF)

Subacute care

Tertiary care hospital

Therapeutic touch

Transitional care

Health care is an exciting and challenging field that is also filled with controversy and uncertainty. The entire health care system reverberates with change. The roles of nurses in this system are expanding and changing. You can function more effectively within this system if you understand the various health care agencies and their services, the roles that nurses perform in those agencies, and the colleagues in other disciplines with whom you work.

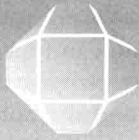
As we discuss each type of health care agency, we point out the roles that nurses play in that agency and the type of services the agency provides. As alternative health care practices grow in popularity with the public and with providers, health care providers are challenged to understand alternative approaches to health care and also to work effectively with clients who choose those resources. To help you with this task, we discuss alternative and traditional health care options (Fig. 1-1).

CLASSIFICATION OF HEALTH CARE AGENCIES

The health care industry is so large, so diverse, and so complex, that it is sometimes difficult to understand. Generally, agencies providing care are classified according to one of three ways: length of stay, ownership, or type of service (Display 1-1). You need to understand that these classifications are somewhat arbitrary, and that any agency may be placed in more than one classification. With the systemic changes that are occurring, one



FIGURE 1-1 The many aspects of health care in the United States are not coordinated into a single system.



Display 1-1

CLASSIFICATIONS FOR HEALTH CARE AGENCIES

Length of Stay

Short-stay
Traditional acute care
Long-term care

Type of Ownership

Governmental
Proprietary/for-profit
Nonprofit

Type of Service

General vs. specialty
Community vs. tertiary
Subacute care/transitional care
In-home care
Ambulatory care

agency may now include multiple lengths of stay and different types of service, and may combine many segments with different ownership patterns under one large entity. Nevertheless, understanding these categories is useful because they are still used to describe institutions. Your understanding can also be used to guide clients and families through what sometimes seems a maze of confusion in the health care system (Fig. 1-2).

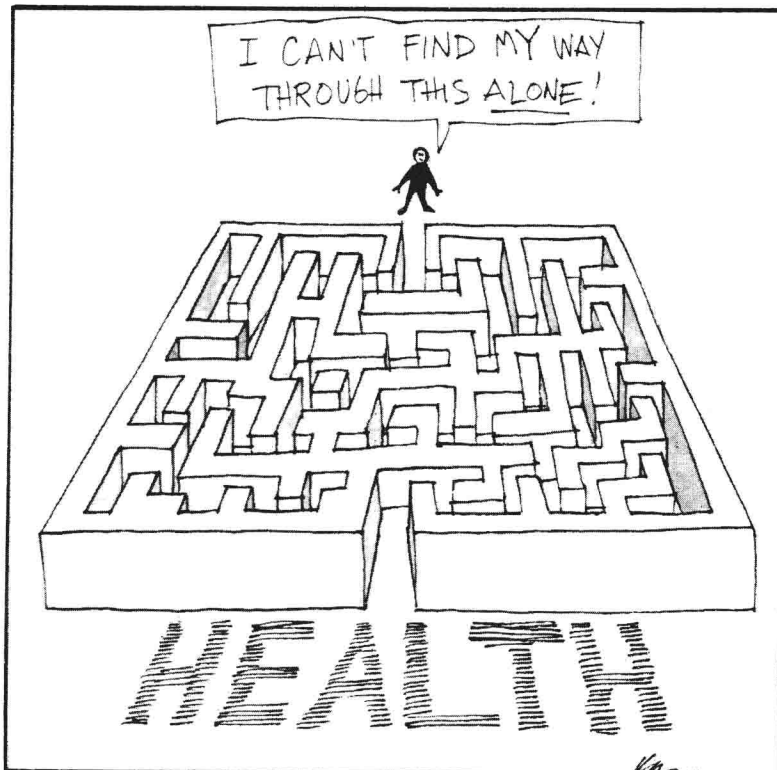


FIGURE 1-2 Clients often need assistance in finding their way through the modern health care system.

Classification According to Length of Stay

One way of classifying in-patient agencies is according to the average length of time patients remain in the facility; that is, the *length of stay*. Short-stay, traditional acute care, and long-term care are terms that reflect the average length of stay in a facility.

SHORT-STAY

Short-stay facilities provide services to patients who are suffering from acute conditions or who have treatment needs that usually require less than 24 hours of care. In some areas the average length of stay for a person having an appendectomy or cholecystectomy is now less than 24 hours. Short-stay may take place in separate units in a hospital, or in freestanding short-stay centers, or even in one section of an emergency department. Many types of short-stay procedures have been made possible by modern developments in minimally invasive surgery or the use of conscious sedation instead of traditional anesthesia.

ACUTE CARE

Traditional acute care takes place in hospitals. In general, acute care encompasses patients staying more than 24 hours but fewer than 30 days. However, the average length of stay for all acute care patients regardless of diagnosis has been declining steadily over the past few years. Stays have become significantly shorter since the implementation of diagnosis-related groups (DRGs) in 1983 and the spread of managed care in the 1990s. (DRGs are discussed in greater detail in Chapter 2.) In many hospitals the average length of stay after general surgery is 3 to 5 days.

LONG-TERM CARE

Long-term care facilities include those that offer services to patients with major rehabilitation needs, chronic disease, functional losses, or mental illness. The average length of stay extends from 30 days to years. State institutions for the mentally ill are usually considered long-term hospitals, although they may have units designated for shorter, acute care stays. Some hospitals have long-term rehabilitation as their only focus. Long-term rehabilitation also may be located on one unit of an acute care hospital. Nursing homes traditionally provide care for those who will be residents for the remainder of their lives, but many also serve people who need a period of convalescence and rehabilitation before returning to their homes or other living settings. Assisted-living facilities for the dependent elderly and group care homes for the developmentally disabled are designed to be permanent residences for clients. In long-term care settings, managing the living environment is as critical as managing health-related concerns.

Classification According to Ownership

The second method of classifying health care agencies is according to *ownership*. Agencies may be classified as governmental or public, proprietary, or nonprofit.