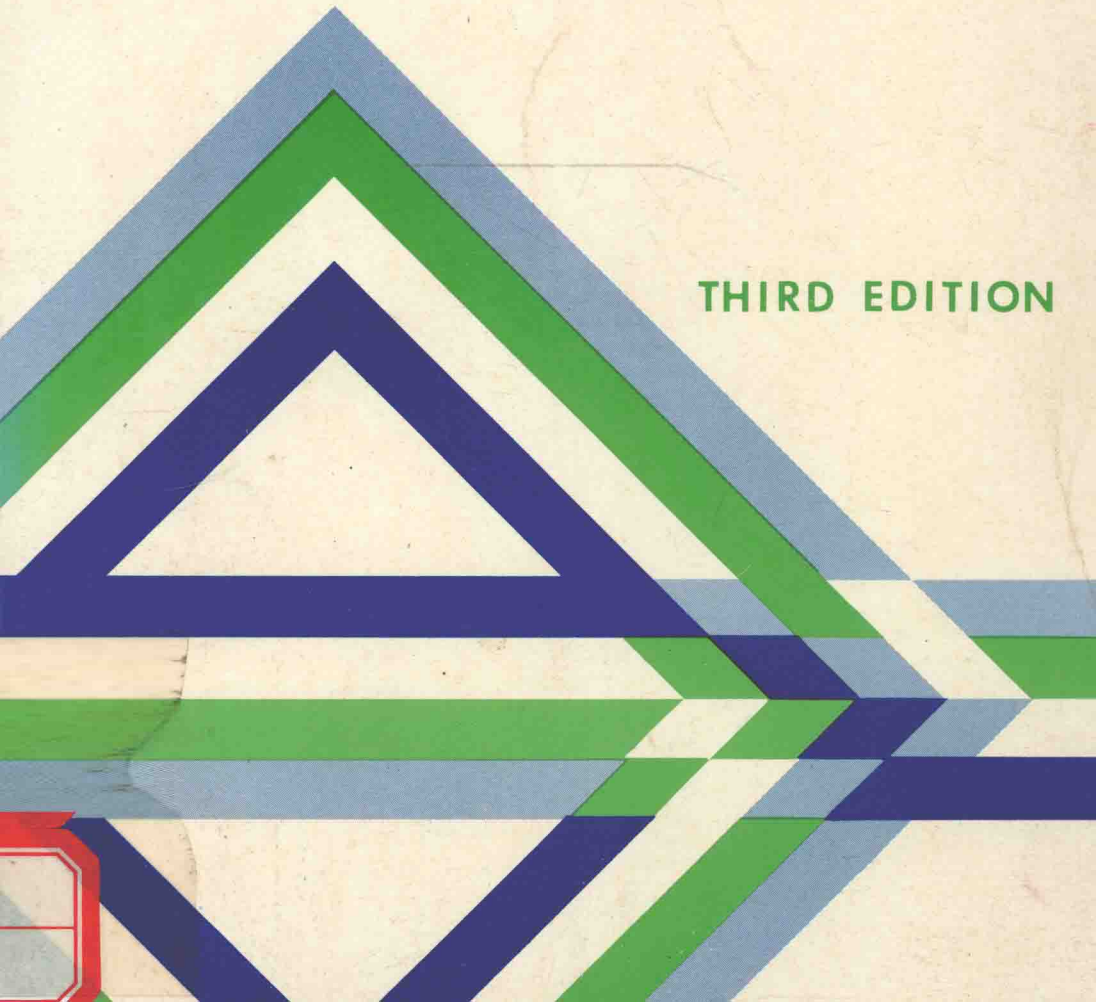


**YURA • WALSH**

# **the nursing process:**

assessing, planning, implementing, evaluating

**THIRD EDITION**



# ***THE NURSING PROCESS***

***Assessing, Planning,  
Implementing, Evaluating***

***Third Edition***

***Appleton-Century-Crofts / New York***



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# ***THE NURSING PROCESS***

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*This book  
is dedicated to  
our families*

# ***Preface***

Analysis of the 1973 edition of *The Nursing Process* has revealed that certain areas of nursing have changed markedly, other areas have not changed at all, and a number of changes are in the "somewhat" range. We have been delighted with the responses of professional nurses to the nursing process publication and, even more, to the manner in which nurses have accepted the challenge to use the nursing process as a framework for nursing.

In this, the third edition, we present the developments in nursing as we perceive them. Our increased knowledge about the nursing process and reports about the changes it has wrought in nursing over these past five years are due in large part to the many persons with whom we have discussed the nursing process. Ideas about the use of the process, its relation to theoretical and conceptual development have come from persons in a variety of geographical areas. Enunciation of the process has increased greatly as is evidenced by the variety of activities and publications that receive the nursing process label, whether or not they accurately merit such a label. Application of the process to actual situations in nursing has varied, depending upon the abilities of the agents and the diligence, initiative, and creativity of the ones who are performing nursing. The number of publications with the nursing process label has increased by leaps and bounds during these five years.

In Chapter One, we have identified those events in nursing, significant to the nursing process, which have occurred since the second edition. The entire chapter has been revised and updated.

The theoretical frameworks presented in the 1973 edition continue to be appropriate. Additional content has been included in the areas of need theory and human problem solving theory. This content is fundamental to the performance of nursing and, although included by inference in the earlier text, it is identified specifically here to further identify the theoretical components of nursing.

The analysis of the nursing process components is not changed in format, nor has the essence of the process been revised in a major way. Areas of progress since the last edition have been added, mainly in the areas of nursing diagnosis and nursing evaluation.

A few new clinical situations have been suggested in Chapter Four. Feedback from readers suggested that there was limited revision needed in this section. Also, there are increased numbers of clinical situations being described in nursing periodicals where the nursing process is used as a framework for analysis and discussion.

A limited number of new directions are identified in Chapter Five. Despite the fact that many nursing education programs are using the nursing process as the curricular framework and despite the fact that the nursing service practitioners employ the nursing process in their activities, there is much more progress to be made in the use of the nursing process. The research potential identified in the 1973 edition has hardly been tapped, if one can use the nursing literature as an indication.

Appendix B has been retained in this third edition with expanded contents but in the same style as it appeared in the 1973 edition; a title has also been added. To our surprise, there has been little evidence that this material was seen, much less used in nursing. As emphasis on assessment continues to accelerate, and with continued concern for assistive devices for the nurse to use in assessment, perhaps the cues and clues provided in Appendix B will be of benefit to persons who are responsible for assessing clients' needs. Appendices C and D are new additions; they include the definitions and ABCD's of the nursing process phases, and an example of the application of the nursing process in reference to sensory deprivation.

Because of the marked increase in published data about the nursing process it is impossible to include an exhaustive bibliography. We have attempted to provide a variety of resources and settings where different interpretations and uses of the nursing process are explored and presented. The authors' intentions are to provide "springboards" of references from which the student and/or reader will be able to pursue individual interests and needs; therefore, extensive bibliographic additions have been made, and the format of the bibliography has been revised. The total readings are listed alphabetically rather than sectioned under different headings, as was done in the 1973 edition. The increased number of publications appropriate to the nursing process make it apparent that nurses are aware of the value of the nursing process; that this is where the emphasis on the nursing process is most evident is very heartening. There seems to be little doubt that an orderly systematic pursuit is the key to "good nursing."

Our continued gratitude is extended to all those practitioners of nursing who are making full use of the nursing process. We encourage your continued efforts. Special thanks is due to all those



nurses who have shared with us their positive experiences and their difficulties in using the nursing process—this has been the means by which we have learned so much, and the essence of their experiences are the content of this, the third edition of *The Nursing Process*.

Special thanks is extended to Mary Bersin for typing the manuscript for this edition. Her meticulous typing, her dependability and her willingness are greatly appreciated.

H.Y.  
M.W.

# ***Preface to the Second Edition***

The purpose of this book is to update data on the nursing process, data which we edited in 1967. The information presented in the seven papers of the 1967 Continuing Education Series at the Catholic University are incorporated in this book, which also includes pertinent data developed since the 1967 publication. A selective, though not exhaustive, review of the literature related to specific concepts and ideas about the nursing process which are of value to the baccalaureate nursing student are presented. Our views on the process are explained, and our philosophies and convictions about nursing are emphasized. The nursing setting is not limited to any one environment—home, clinic, hospital, or other agency—instead, we suggest uses of the nursing process in any setting in which there is a client, actual or potential. Several illustrations of the application of the nursing process will be presented; these can act as guides to those who use this book for teaching and learning purposes. We hope to stimulate ideas, activate thoughts and initiate actions.

This book is divided into five chapters: Chapter 1 briefly reviews the historic background and current ideas of the nursing process. Chapter 2 reviews some of the theories fundamental to and related to the nursing process. Chapter 3 analyzes and discusses phases of the process; chapter 4 suggests applications; and chapter 5 identifies future potentials in terms of study and research. A suggested reading list appears at the end of the book.

The word *client*, as used throughout this text, refers to an individual or family. It is our belief that nursing is practised in many settings, with a variety of consumers, few of whom possess a simple problem and all with some family, or at least significant person, concerned about them. Some consumers may have potential problems; the nurse must help the individual stay well. Some clients will have actual problems; the nurse's role is to help them to return to a state as normal for them as possible. The authors believe that the word *client* conveys this multifaceted concept of the consumer of nursing.

To facilitate readability, the pronoun *she* refers to the nurse; *he*

refers to the client. No bias is intended in this use of pronouns; we trust our readers will understand and agree with us.

As the number of nurses who publish ideas and concepts about their profession increases, so does agreement about what nursing is and what the goals of nursing action are. Numerous nurses share the person-centered, goal-directed focus of their practice. In many instances, it is impossible to cite original ideas, for ours are molded and developed by the thoughts and ideas of many. Only a few specific ideas or particular contributions are cited in the text; this does not reflect the total number of nurses who have contributed. Many nurses will read their own ideas and convictions into those presented, since they undoubtedly developed these at the same time as the authors. We find it a positive indication that, in our discussions and in the literature, there is increasing evidence that nurses agree about our *raison d'être*. This trend toward unified thinking among professional nurses reinforces the value of the nursing process as the core of nursing practice.

Were it not for the challenge and stimulation given by students with whom we have been associated for many years, this book would not have been possible. Our fellow faculty and our colleagues in nursing service stimulated ideas and encouraged us with their positive response to our development of the nursing process. We extend our appreciation to each of these persons and say: "Without you, this could not have been done!"

We are especially grateful to Ruth Lowe for her secretarial assistance, to Gloria Selitto who typed the manuscript, and to Ralph Selitto who drew the illustrations.

H.Y.  
M.W.

# ***THE NURSING PROCESS***

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## ***Chapter One •***

# ***Historic Development of the Nursing Process***

The nursing process is the core and essence of nursing; it is central to all nursing actions, applicable in any setting, within any frame of reference, any concept, theory, or philosophy. It is flexible and adaptable, adjustable to a number of variables, yet sufficiently structured so as to provide a base from which all systematic nursing actions can proceed. Phases, or steps, in the nursing process are identifiable. They can be examined, analyzed, and pursued deliberately by nurses as they provide care for clients. Although the exact labels identifying the phases of the nursing process may differ among groups of nurses and from one geographic area to another, there is a common theme underlying the process: it is organized, systematic, and deliberate.

### ***Historic Events***

Some reflection on certain historic events will be of benefit when considering the nursing process. Exact time periods are neither dis-

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tinct nor precise, but the progress and developments that had a major impact on nursing can be grouped as follows:

1. Events preceding World War II
2. Events during World War II
3. Events following World War II
  - a. During the 1940s and 1950s (1945–59)
  - b. During the 1960s and 1970s (1960–78)

### Events Preceding World War II

In the days of the early Christians, the practice of nursing was based on unselfishness and love of neighbor; there was concern for meeting the needs of each sick person. The actions of those who practiced nursing were directed toward helping the sick person get well so that he or she could lead a healthier and happier life. Persons who practiced nursing received little formal education. Most nursing behavior was learned by means of the apprenticeship system; the person who wanted to become a nurse accompanied an experienced practitioner, a role model, whose behavior was copied or imitated. Much nursing action depended on the judgments of experienced practitioners.

A history of people who lived during the Middle Ages reports that many persons cared for the sick; these persons responded, through their concern for people, to the social forces of the time to meet the basic human needs of the sick. During the last two centuries of the medieval period, many changes in national, political, and social structures occurred, all associated with the unrest and turmoil that necessarily accompany major change.<sup>1</sup>

As social forces and political structures changed, so did the practice of nursing; history records many phases with both high and low points through which nursing proceeded and survived. It was not until the days of Florence Nightingale (1820–1910) that nursing began to achieve some structure, some effort toward deliberate actions. In today's language, Florence Nightingale would have been called a *militant*. There was little establishment with which to disagree, yet she questioned traditions and customs that had been accepted for many years. She designed her own rules, and ran a very "tight ship" to achieve what she judged necessary to provide the best care for patients. Despite her maverick nature, she was far-sighted and set admirable goals, establishing some firm foundations on which nursing continues to rest today. She emphasized knowledge, suggesting that the preparation needed by the staff nurse is different from that needed by a supervisor or an administrator. She

was also concerned about just remuneration for nurses, although the 12-hour work day, the 7-day work week, and the 5-cent raise after a 6-month probationary period cannot compare with the work demands and pay of the mid-twentieth century. Regrettably, Florence Nightingale did not think kindly of male nurses, nor did she emphasize or even speak of the nursing process. Nevertheless, she deserves her title as the founder of modern nursing, having placed nursing on a respected and respectable level.<sup>2</sup>

During the years between Florence Nightingale's efforts and the beginning of World War II, there was little progress in nursing. These years can be called *the era of maintenance*, or *the era of little or no change*. World War I and the economic depression were among the reasons for this time of complacency in nursing. Other professions, as well as nursing, experienced similar lags in progress and merely maintained their status quo.

## Events During World War II

World War II was a propelling force behind many changes in the world. The need for technology increased during this era. The health professions, especially nursing, felt the impact of this technologic change. War casualties increased the need for physicians and nurses; the pressures of war and feelings of patriotism created different ways to cope with human needs; the relatively uncomplicated triad of *doctor-nurse-client* gave way to a multidimensional health team, the dimensions of which have continued to grow and expand.

The contributions of medical corpsmen during the war set the pattern for auxiliary personnel in the health professions. As knowledge grew and accumulated rapidly, it became apparent that more persons were needed to cope with the consequent challenges. Advances in clinical medicine, such as early ambulation; changes and advances in the treatment of burns; and the discovery of new drugs, especially antibiotics, were forerunners of the changes that occurred in nursing.

## Events Following World War II

### *During the 1940s and 1950s (1945-59)*

The events during the fifteen years that followed V-J Day brought more areas of change more rapidly than did any other period in the history of nursing. Health care systems in the United States were viewed differently after the war. The public became more aware of what constitutes good health care, the population in-



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creased, and the economy changed and grew. There was a trend toward urbanization, an explosion of scientific knowledge, an acceleration of medical discoveries, new methods of therapy, new inventions, and finally, the recognition that it is just as important to keep people well as it is to treat illness. After World War II an effort was made to move more deliberately and more creatively; the impact of this movement continues to be felt with increasing intensity.

As knowledge increased and the economy changed, there were new developments in education. For instance, the GI Bill of Rights had a major impact; numerous veterans could now prepare for careers for which they, at one time, had never dreamed they could qualify. All schools, including nursing schools, were flooded with applicants for degrees. Education was changing the practice of nursing.

One theme heard frequently during the postwar era was, "The nurse must give total patient care." Nurses were to be all things to their clients. Although other health team members were present, nurses were either reluctant to give up the idea of *total patient care*, or perhaps did not know how to relinquish the aspects of care that were not nursing. The scene began to change and the nurse learned that teamwork was the name of the new game. It was not easy for her to relinquish the idea that she had to be all things to all clients. Gradually emphasis shifted, and although the nurse continued to be aware of the totality of the individual client, her role was altered to include working cooperatively with other members of the health team who were also concerned with the client's care and welfare. Referral of clients to members of other disciplines became the nurse's responsibility. She continued the concept of total patient care; however, implementation of the concept was now the responsibility of the entire health team, including the nurse. Communication also became the responsibility of all health team members.

The war precipitated changes during the early 1940s, and the later years of this decade witnessed a concerned nursing profession. Health care personnel were struggling with the increased number of people who had been introduced into the health care system. Roles were defined to prevent duplication, yet each group tried to retain the essence of its own role as its members perceived it. The changes in nursing created turmoil that culminated, finally, in asking a nonnurse to provide an unbiased assessment of the status of the profession and to suggest ways in which it could move constructively. The report presented by Esther Lucile Brown in 1948 was a major turning point in the lives of nurses and in nursing.<sup>3</sup>