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LYNNE R. CRAWFORD

fundamentals of nursing

THIRD EDITION

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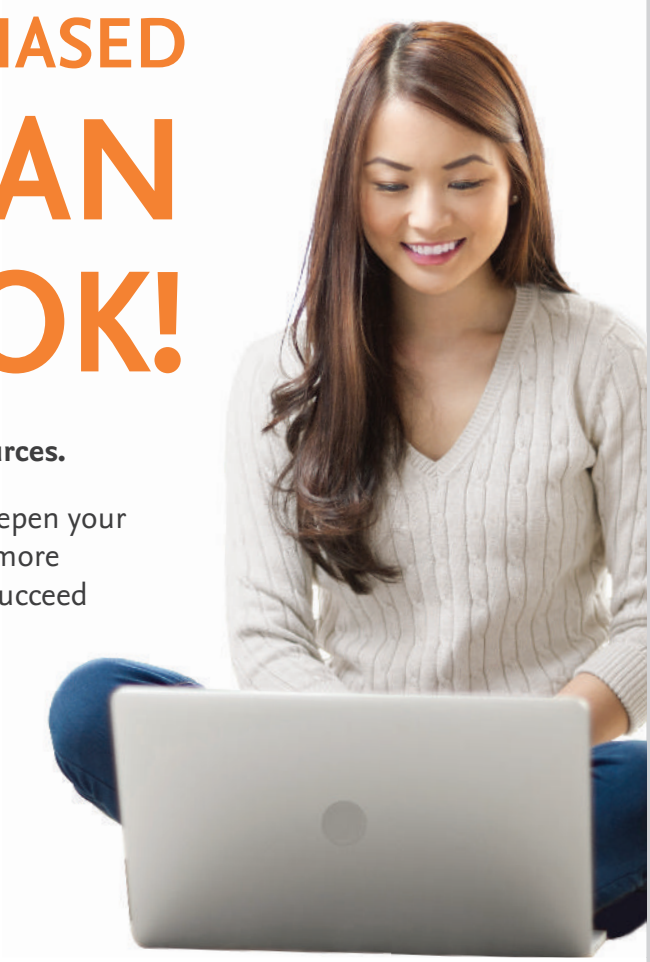

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fundamentals of nursing

THIRD EDITION

Active Learning for Collaborative Practice

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I dedicate this book to my husband, Charlie, who has supported my dreams throughout my adult life and nursing career and affably accepts my sometimes-challenging work, continuing education, and speaking schedule.

To our sons and "daughters," Tim, Jennie, Steve, and Mary, the greatest "kids" anyone could ever ask for, who generously share their encouragement and professional expertise whenever needed.

To our six beautiful and handsome grandchildren, Vivian, Simon, Gwyneth, Thatcher, Oscar, and Elliot, whose middle names or pictures can be found in the book.

To my closest and dearest nursing colleague and friend of many years, Lynne, who is dedicated to preparing 21st-century nursing students with strong clinical judgment skills, resilience, and a commitment to compassionate and safe, patient-centered care.

And to my nursing colleagues at Notre Dame College, Kent State University, North Central State College, Ohio Northern University, and throughout the United States and around the world, for their tireless commitment to educating safe, ethical future nurses to care deeply about their patients and make a positive difference in the world.

Barbara L. Yoost

I dedicate this book to my loving and supportive husband, David. Thank you for your understanding during the past many years of writing and editing. Your patience and encouragement mean so much to me.

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To the memory of my mother, Virginia, who is missed every day.

To my extended family and friends, thanks for believing in me and supporting me in my writing process.

To my colleagues across the country who have adopted this textbook, thank you for your positive feedback, critiques, and words of encouragement. You are making a difference in each student's life.

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PREFACE

Fundamentals of Nursing: Active Learning for Collaborative Practice, 3rd edition, retains its concise, research-based approach to educating 21st-century students while strengthening proven clinical judgment learning and teaching strategies. It provides fundamental nursing students with *need-to-know* theoretical and evidence-based practice information. Each clinical chapter integrates the six elements of the National Council of State Boards of Nursing Clinical Judgment Model (NCSBN-CJM) with the scientific, research-based nursing process. The third edition guides student nurses through the professional and clinical concepts required to treat, support, and maintain an individual's or community's optimum state of health. Information is presented in a practical and easy-to-understand format that stresses strategies to ensure safe, patient-centered care. *Fundamentals of Nursing: Active Learning for Collaborative Practice* is an ideal textbook for both concept-based and traditional curricula. It begins with an introduction to the breadth and scope of professional nursing practice and provides students with a variety of learning tools that seek to engage them in active learning and support the development of clinical judgment skills.

Fundamentals of Nursing: Active Learning for Collaborative Practice focuses on three important aspects of nursing education that will help students develop essential clinical judgment skills and succeed as care providers in the rapidly changing 21st-century health care environment.

Relevancy: Concise and Contemporary Approach

The Yoost/Crawford team has developed an approach to nursing education and practice that focuses on essential concepts. Nursing students have a lot of information to digest in a short amount of time. *Fundamentals of Nursing: Active Learning for Collaborative Practice* presents that information in a clear and concise manner that prepares students to understand the role of the nurse, how to develop the ability to critically think and analyze data before making clinical judgments, and how to confidently and accurately perform the nursing care skills and procedures that will make them safe practitioners. To reinforce this approach, every Learning Objective in *Fundamentals of Nursing* is directly tied to the content that elaborates that objective.

Organization: Sequential and Dynamic Approach to Teaching Nursing

Most nursing faculty agree that students are easily overwhelmed and confused trying to understand the art and science of nursing if the information is not presented in the appropriate way. And yet, other nursing books introduce difficult concepts early in their texts, thus bombarding students early in the course with an overload of concepts and terms. The Yoost/Crawford team believes that by first providing foundational concepts and then requiring students to apply those to increasingly complex patient care situations, fundamentals students become more engaged in and take more responsibility for their learning and develop stronger clinical judgment.

Fundamentals of Nursing is organized into 6 units and 42 chapters. It is shorter than other nursing textbooks but still covers all essential fundamental concepts and skills—just in a clearer, more easy-to-understand manner. Students are not frustrated with repetitive discussions and unnecessary information.

Technology: Powerful Tools for Teaching and Study

Students have different learning styles and conflicting time commitments; thus, they want technology tools that help them study more efficiently and effectively. A vast number of resources will help them maximize their study time and make their learning experience more enjoyable. *Fundamentals of Nursing: Active Learning for Collaborative Practice* is accompanied by the interactive Conceptual Care Map (CCM) creator, a Fluid and Electrolytes tutorial, Body Spectrum (a program designed to help students understand or review anatomy and physiology), a Calculations tutorial, animations, skills videos clips, and other resources for the instructor and student. Elsevier Adaptive Quizzing and Sherpath online products are also available for purchase or bundling to enhance student progress.

PEDAGOGICAL FEATURES

A detailed **Case Study** opens every chapter of *Fundamentals of Nursing: Active Learning for Collaborative Practice,* designed to help students develop their analytical, critical thinking, and clinical judgment skills. Unfolding case studies are presented in the clinical practice–focused chapters. These case studies represent situations encountered by nurses and nursing students in a variety of practice settings. Students are encouraged to consider the case study as they read through the chapter and to check their understanding by answering the **Critical Thinking Exercises**. These exercises appear throughout each chapter and tie directly to the case study scenario introduced at the beginning of the chapter. Students are required to use the case study information and what they have learned from the chapter content to apply critical thinking and make sound clinical judgments when answering the questions.

The **Conceptual Care Map** (CCM) is a *unique*, interactive learning tool developed by the Yoost/Crawford team to assist students in their ability to make clinical judgments and synthesize knowledge about the whole patient. While completing a patient-centered CCM, students must document their recognition and analysis of cues among patient

assessment data, prioritize hypotheses gained from identifying patient problems or nursing diagnoses, generate solutions before taking action, and evaluate their patient outcomes. Completing a thorough CCM requires students to demonstrate the use of every aspect of the NCSBN Clinical Judgment Model.

BOXED FEATURES

- **Diversity Considerations** boxes prepare students to care for and communicate with patients of diverse ages, cultural, ethnic, and religious backgrounds, as well as various morphologic characteristics.
- **Ethical, Legal, and Professional Practice** boxes address ethical and legal dilemmas commonly faced in nursing to prepare students to act in a professional and nonjudgmental manner while protecting patient rights.
- **Evidence-Based Practice and Informatics** boxes provide students with current research and resources that, combined with clinical expertise, will contribute to improved patient care outcomes.
- **Health Assessment Questions** boxes help students learn how to properly ask and use assessment questions when interviewing patients.
- **Home Care Considerations** boxes highlight issues that pertain specifically to transitional nursing practice from the acute care setting to home.
- **Interprofessional Collaboration and Delegation** boxes stress the importance of effective and accurate communication among the health care team about a patient's condition and treatment, as well as the importance of assigning tasks appropriately.
- **Patient Education and Health Literacy** boxes stress the importance of patient education and how to deliver information in an understandable manner based on the patient's level of health literacy.
- ***QSEN Focus!*** boxes illustrate application of the six Quality and Safety Education for Nurses (QSEN) competencies for prelicensure nursing students: (1) patient-centered care, (2) teamwork and collaboration, (3) evidence-based practice, (4) quality improvement, (5) safety, and (6) informatics.
- ***Safe Practice Alert!*** boxes underscore significant patient safety concerns and provide information to ensure the safety of both the patient and the nurse.

NURSING SKILLS AND CARE GUIDELINES

Skills are written in a clear and concise manner, with the nursing care actions and rationales presented in a straightforward, step-by-step format and supported by evidence-based practice notations, photographs, and illustrations.

Nursing Care Guidelines provide procedures and resources to reduce risk and ensure safety for the patient and nurse.

END-OF-CHAPTER FEATURES

The **Summary of Learning Outcomes** reinforces key concepts integral to achieving a basic understanding of the chapter content and applying theory to nursing practice. Each summary is linked to its corresponding Learning Objective so that students can readily refer to the applicable area in a chapter to gain a better understanding of the related content.

Every chapter ends with **10 review questions**. These questions help students apply what they have learned and evaluate their understanding when they study the detailed answers and rationales provided on the Evolve website.

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Barbara Yoost received her BSN and MSN with a concentration in Adult Medical Surgical Education from Kent State University. She practiced as an intensive care nurse while beginning her teaching career at the request of Kent State University's founding Dean Linnea Henderson. Barbara has held full-time faculty appointments at North Central State College in the ADN program; at Huron School of Nursing, part of the Cleveland Clinic Health System, in the Diploma program; and 19 years at her alma mater and Notre Dame College in their BSN programs, giving her a unique perspective on the needs of prelicensure students in all types of programs. She is recently retired from Notre Dame College and emerita faculty at Kent State University. Her passion for innovative teaching and active learning strategies has defined her nursing education career. She is committed to engaging students in the educational process and providing faculty with practical methods to evaluate student outcomes. Barbara is the coauthor of *Conceptual Care Mapping: Case Studies for Improving Communication, Collaboration, and Care* and the *Clinical Companion* for this third edition textbook. She speaks and presents faculty workshops across the United States and internationally. She is a member of the Ohio Medical Reserve Corps and serves on the Greater Cleveland Nurses Association Board, EOCUMC Board of Benefits, and the Ohio Northern University Nursing Advisory Board. Barbara is a member of the American Nurses Association, Ohio Nurses Association, National League for Nursing, Sigma Theta Tau International, and Phi Beta Delta, the Honors Society of International Scholars. She is a recipient of the Kent State University Distinguished Honors Faculty Award, KSU College of Nursing Distinguished Alumni Recognition, and the STTI Delta Xi Excellence in Nursing Education Award. She has been a Certified Nurse Educator since 2006, a Fellow in the Academy of Nursing Education since 2011, as well as a Clinical Nurse Specialist from 1994 to 2018. An avid sailor and kayaker, Barbara and her husband, Charles, enjoy traveling and spending time with family.

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Lynne Crawford's interest in nursing began with a desire to work with children. She graduated from Kent State University with her BSN and began her nursing career working in pediatric neurology. While still working at Akron Children's Hospital, she earned her MSN in Pediatric Nursing Education from the Frances Payne Bolton School of Nursing at Case Western Reserve University and received the Cushing Robb Prize for academic achievement in the graduate program upon graduation. Her career in nursing education began at Kent State University College of Nursing, where she taught pediatric nursing. After receiving her MBA, she worked as an RN supervisor in long-term care facilities. She returned to Kent State University to teach fundamentals of nursing. Her passion for fundamentals grew as she witnessed the students' transformation during their fundamentals rotation. Mentoring students and clinical faculty have been the most rewarding aspects of her nursing education career. She is emerita faculty at Kent State University. Lynne has presented at national conferences in the areas of student-centered learning activities, handheld technology, and conceptual care mapping. She is a coauthor of *Conceptual Care Mapping: Case Studies for Improving Communication, Collaboration, and Care,* and the *Clinical Companion* for this third edition textbook. Lynne was a subject matter expert in the development of online simulations for nursing students. A charter member of the Delta Xi chapter of Sigma Theta Tau International, Lynne is also a member of the National League for Nursing, American Nurses Association, Ohio Nurses Association, and Beta Gamma Sigma Honor Society for Collegiate Schools of Business. Since 2010, she has been a Certified Nurse Educator; in 2011, she was recognized as a Distinguished Alumna Honoree at KSU College of Nursing. Lynne and her husband, David, enjoy many hobbies—including boating, flying in their single-engine aircraft, motorcycling, traveling, and spending time with family.

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Rapidly changing nursing and medical research outcomes, practice guidelines, and the Next Generation NCLEX require significant modifications to how we educate future nurses. This third edition of *Fundamentals of Nursing: Active Learning for Collaborative Practice* is the result of overwhelming acceptance of our innovative, succinct approach to contemporary nursing education.

We want to give a shout-out to the entire Elsevier team with whom we work. Their professionalism, expertise, and tireless efforts to help us prepare nursing students for safe and evidence-based patient care is inspiring. We want to especially thank these special people:

- Tamara Myers, Director, Traditional Nursing Program, whose knowledge, energy, creative vision, and teamwork are unmatchable. The book, software, ancillary products, and online resources are a reality due to her hard work and leadership. Tamara is tireless in collaborating with Elsevier teams to create online learning and simulation resources that contribute to our 21st-century active learning commitment. It is difficult to imagine our third edition and all of its ancillary resources ever becoming a reality without the expertise, encouragement, and support of Tamara.
- Laura Selkirk, Senior Content Development Specialist, for her exhaustive work on literally thousands of details including, without being limited to, organizing contributors, orienting everyone to innovative collaboration software, editing, finding photos, overseeing chart and figure development, securing permissions, accessing video clips, and turning our manuscript into a textbook and ebook! She is our engineer when processes try to run off the rails. We are incredibly grateful to be working with Laura.
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- Our contributors and reviewers who shared their knowledge and time to write and thoughtfully consider the needs of fundamentals students, making sure that the textbook presented essential, up-to-date information in a user-friendly, accessible manner.
- The nursing faculty from concept-based and traditional programs who have adopted the book and shared how the textbook has supported student learning and positive outcomes. We applaud your dedication to creative, strong, and foundational nursing education.
- The thousands of current and former students in the United States and around the world who have read and reviewed chapters and utilized many of our innovative learning strategies during their nursing education. We are grateful for your feedback and commitment to excellence. It is wonderful to watch you progress in your nursing careers.

It is our hope that *Fundamentals of Nursing: Active Learning for Collaborative Practice*, 3rd edition, will continue to help students and faculty make a positive difference in the rapidly changing health care environment of the 21st century and beyond.

Barbara L. Yoost
Lynne R. Crawford

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CHAPTER 1

Nursing, Theory, and Professional Practice

EVOLVE WEBSITE/RESOURCES

http://evolve.elsevier.com/YoostCrawford/fundamentals/

- Answers and Rationales for Text Review Questions
- Answers to Critical Thinking Exercises

LEARNING OUTCOMES

Comprehension of this chapter's content will provide students with the ability to:

LO 1.1 Characterize nursing.
LO 1.2 Differentiate among the functions and roles of nurses.
LO 1.3 Analyze historical events in the evolution of nursing.
LO 1.4 Summarize nursing theories.
LO 1.5 Examine nonnursing theories that influence nursing practice.
LO 1.6 Articulate the criteria of a profession as applied to nursing.
LO 1.7 Consider standards of practice and nurse practice acts.
LO 1.8 Analyze the socialization and transformation process of a nurse.
LO 1.9 Explore the levels of educational preparation in nursing and differentiate among the nurse's roles, depending on education.
LO 1.10 Investigate possible certifications in various arenas of nursing and professional organizations in nursing.
LO 1.11 Probe the future directions in nursing.

KEY TERMS

advanced practice registered nurse (APRN), p. 15
collaboration, p. 4
conceptual framework or model, p. 6
cultural competence, p. 12
delegation, p. 4
discipline, p. 6
ethics, p. 12
evidence-based practice (EBP), p. 4
grand theory, p. 6
holistic, p. 3
licensure, p. 12
metaparadigm, p. 6
middle-range theory, p. 6
nurse practice acts, p. 13
nursing, p. 2
nursing process, p. 3
nursing theory, p. 6
philosophy, p. 6
profession, p. 3
socialization, p. 13
standards, p. 2

CASE STUDY

John, a registered nurse (RN), arrives for work on the day shift on an acute care medical unit and receives a patient assignment for the shift. The assignment includes care of five medical patients. After receiving the night shift report, John makes rounds on the five patients, assesses each patient, lists patient problems, sets patient goals, and plans care for all five patients for the day. During the shift, John administers intravenous (IV) medications, ensures that oral medications are administered by the licensed practical nurse (LPN), instructs the unlicensed assistive personnel (UAP) to bathe two of the patients who need assistance, assists a patient with ambulation, provides discharge education on a new medication, evaluates and updates the plan of care for each patient, and notifies the primary care providers (PCPs) of critically abnormal blood work results for two patients.

One patient's friend comes to visit and stops John in the hallway to ask detailed questions about the patient's condition. John states that patient information is protected and cannot be shared without the consent of the patient.

At a recent continuing education conference, John learned about new research concerning administering intramuscular (IM) medication in the deltoid muscle. Current evidence shows that aspirating the syringe after the needle is inserted into the muscle before administering the medication is no longer recommended. He remembers this new information while preparing to give a patient an IM immunization before discharge.

John believes that self-care maintains wholeness. He meets patients' self-care needs by helping, guiding, teaching, supporting, or providing the environment to promote self-care abilities.

Refer to the case study information and content throughout the chapter to answer the critical thinking exercises and develop stronger clinical judgment skills.

Registered **nurses** (RNs) constitute the nation's largest health care profession. Nurses provide care to patients throughout the life span, from babies (and their parents) at the joyful occasion of birth to people who are at the end of life's journey. The privilege of caring for patients is the hallmark of this rewarding career. Those who follow this career path often are inspired by other nurses who have touched their lives, by stories they have read or heard about specific nurses, or by the concept of a helping profession that allows the nurse to make a difference in someone's daily life. The study of nursing requires a broad base of knowledge from the physical and behavioral sciences, humanities, nursing theories, and related nonnursing theories.

Within the field of nursing, various roles are performed in numerous arenas. Each of these roles is governed by nursing **standards** (minimum set of criteria) of practice to deliver quality care and by state nurse practice acts that provide legal criteria for safe patient care. Nurses work in various areas within a hospital by focusing on a specific population (such as children or the elderly) or a specific department (such as critical care or surgery). They may concentrate on areas outside the hospital patient care environment, serving in positions such as nursing faculty member, school nurse, or legal nurse consultant, or be involved with computers in the field of nursing.

Nursing has continued to evolve throughout history to meet the needs of the patient and the changing health care environment. With a growing need for nurses, the future of nursing provides an incredible avenue for committed, caring practitioners to be involved in a profession that continues to progress to meet health care demands, utilizing innovative solutions related to the delivery of nursing care services. This complex profession that serves society by providing quality nursing care in a variety of settings is a career that combines the art of caring with scientific knowledge and skills.

FIGURE 1.1 Florence Nightingale. (Courtesy Library of Congress, Washington, DC.)

DEFINITION OF NURSING LO 1.1

In 1860, Florence Nightingale (Fig. 1.1) stated in her *Notes on Nursing* that nursing's role was "to put the patient in the best condition for nature to act upon him" (p. 133). As nursing has progressed to the 21st century, specific nursing definitions have been developed by professional organizations. The American Nurses Association (ANA) (2021) definition of **nursing** in the newly revised *Scope and Standards of Practice* illustrates how nursing has evolved:

> *Nursing integrates the art and science of caring and focuses on the protection, promotion, and optimization of health*

and human functioning; prevention of illness and injury; facilitation of healing; and alleviation of suffering through compassionate presence. Nursing is the diagnosis and treatment of human responses and advocacy in the care of individuals, families, groups, communities, and populations in recognition of the connection of all humanity. (p. 1)

The International Council of Nurses (ICN) (2021) definition of nursing further illuminates the autonomous role of nurses and their part in not only patient care but also health policy:

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups, and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled, and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management and education are also key nursing roles.

Virginia Henderson (1966) is known for her specific definition of nursing:

The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will, or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible (p. 15).

Nursing is seen as a **holistic** (physical, mental, emotional, spiritual, and social) profession that addresses many dimensions necessary to fully care for a patient. A **profession** is an occupation that requires a specialized body of knowledge and training. The all-encompassing nature of the nursing profession sets it apart from the medical profession, which treats an illness with a specific medical diagnosis. Nurses build on their broad education and understanding of illness to promote wellness and health maintenance. Nurses include the patient and family in their care while collaborating with all members of the health care team. Caring, which often is considered to be synonymous with nursing, is a fundamental value for nurses in both their personal and professional lives.

PRIMARY ROLES AND FUNCTIONS OF THE NURSE LO 1.2

Nurses function in many roles each day to care for their patients. Nurses have various responsibilities within each role that relate to promotion of health, prevention of illness, and alleviation of suffering. Nurses assist patients with restoration of their health and help them cope with illness, disability, and issues related to the end of their lives (ICN, 2021). The roles include care provider, educator, advocate, leader, change agent, manager, researcher, collaborator, and delegator.

CARE PROVIDER

"The nurse's primary professional responsibility is to people requiring nursing care" (ICN, 2021, p. 7). Through education, the nurse acquires critical thinking skills to determine the necessary course of action, psychomotor skills to perform the necessary interventions, interpersonal skills to communicate effectively with the patient and family, and ethical and legal skills to function within the scope of practice and in accordance with the profession's code of ethics. The nurse uses critical thinking skills and clinical decision-making skills that develop through experience to make sound clinical judgments. Clinical judgment is discussed further in Chapter 4.

The scientific process that nurses use to care for their patients is a multistep approach called the **nursing process**. As a care provider, the nurse follows this process to assess patient data, prioritize nursing diagnoses, generate a plan of care for the patient, implement the appropriate interventions, and evaluate care in an ongoing cycle. Chapter 5 provides a detailed description of the nursing process.

EDUCATOR

The nurse ensures that patients receive sufficient information on which to base consent for care and related treatment. The nurse assesses learning needs, plans to meet those needs through specific teaching strategies, and evaluates the effectiveness of patient teaching. Patients need to be informed about their medications, procedures, and health promotion measures. Education becomes a major focus of discharge planning so that patients will be prepared to handle their own needs at home. The nurse must understand literacy standards and regulatory guidelines related to patient rights, informed consent, educating patients, improving quality care, and meeting patient needs. The Joint Commission (TJC), an accrediting organization for health care facilities, publishes standards for patient and family education to improve health care outcomes. Box 1.1 provides a definition of health literacy.

ADVOCATE

As the patient's advocate, the nurse interprets information and provides necessary education. The nurse then accepts and respects the patient's decisions even if they are different from

BOX 1.1 PATIENT EDUCATION AND HEALTH LITERACY

Definition of Health Literacy

Health literacy is defined in *Healthy People 2030* as follows: "the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others." (U.S. Department of Health and Human Services, 2020).

Low health literacy is associated with increased hospitalization, greater emergency care use, lower use of mammography, and lower receipt of influenza vaccine (Agency for Healthcare Research and Quality, 2011).

A goal of patient education by the nurse is to inform patients and deliver information that is understandable by assessing their level of health literacy. The more understandable health information is for patients, the closer the care is coordinated with need.

the nurse's own beliefs. The nurse supports the patient's rights as well as wishes and communicates them to other health care providers. It is up to the nurse to be an advocate for patients, especially in situations in which they cannot speak for themselves, such as during a severe illness or under general anesthesia.

LEADER

A leader provides direction and purpose to others, builds a sense of commitment toward common goals, communicates effectively, and assists with addressing challenges that arise in caring for patients in a health care setting. Other characteristics of a leader are integrity, creativity, interpersonal skills, and the ability to think critically and problem solve. The nurse leader motivates others toward common goals. See Chapter 12 for more information about the nurse as a leader.

CHANGE AGENT

The nurse can be a change agent in a leadership role. This role requires knowledge of change theory, which encourages change and provides strategies for effecting change. In this role, the nurse works with patients to address their health concerns and with staff members to address change in an organization or within a community. This role can be extended to bringing about change in the legislation on health policy issues.

MANAGER

A nurse manages all of the activities and treatments for patients. Promoting, restoring, and maintaining the patient's health requires coordinating all of the health care providers' services. This is accomplished efficiently and effectively within a reasonable time period for the welfare of the patient. In addition to managing a team of patients, the nurse may be the manager of a unit in a hospital. A nurse manager in a hospital oversees the staff on a patient care unit while managing the budget and resources required for necessary functions. See Chapter 12 for more information on nurses as managers.

RESEARCHER

Although not all nurses may have had research methodology in their coursework, nurses are often involved in research. Nurses critique research studies and apply research to practice. Nurses determine care concerns and ask questions about nursing practices. Nursing problems that are identified become the basis of research. By incorporating research into their practice, nurses are involved in **evidence-based practice (EBP)**. Box 1.2 defines EBP and the components of the process. Chapter 13 expands on these topics.

COLLABORATOR

Collaboration is the process by which two or more people work together toward a common goal. In nursing, interprofessional collaboration occurs when RNs, UAP, LPNs, or licensed vocational nurses (LVNs) in California and Texas, PCPs, medical specialists, social workers, clergy, and therapists all interact productively to provide high-quality patient care. Box 1.3 describes the characteristics necessary for effective teamwork. All health care team members are responsible for patient care. The nurse plays an important role in the coordination of this care to make sure that all goals are met. The nurse is responsible for ensuring that all patient care orders are carried out and for communicating with the entire team.

To prepare students for their interactions during their profession, the National League for Nursing (NLN) promotes engagement of students in interprofessional education (IPE) and interprofessional practice (IPP) to improve health outcomes by delivering team-based care (NLN Board of Governors, 2015). The competency to work in teams is meant to provide safer, quality care (Barton, Bruce, & Schreiber, 2018). The practice of working in teams in some educational programs should emphasize utilization of teamwork skills to deliver patient-centered care to prepare the nurse for entry-level practice (Inter-professional Education Collaborative [IPEC], 2016; Speakman, 2016).

DELEGATOR

In the process of collaboration, the nurse delegates certain activities to other health care personnel. **Delegation** is the process of entrusting or transferring the responsibility for certain tasks to other personnel, including UAP, LVNs, and LPNs. The RN needs to know the scope of practice or capabilities of each health care team member. For example, UAP are capable of performing basic care that includes providing hygienic care, taking vital signs, helping the patient ambulate, and assisting with eating. The RN retains ultimate responsibility for patient care, which requires supervision of those to whom patient care is delegated. The *Five Rights of Delegation*, as well as additional guidelines for consideration, are discussed in Chapter 12. Additional information on delegation can be found in the article "National Guidelines for Nursing Delegation" on the National Council of State Boards of Nursing (NCSBN, 2016) website.

All of these roles are interrelated, as the nurse cares for patients on a daily basis (Fig. 1.2). As a provider of care, the nurse assesses, leads, manages, and educates. The nurse is the patient advocate, researching appropriate care and collaborating with and delegating to other health care providers.

1. Which roles of the nurse are exhibited by John, and when are they displayed?

HISTORY OF NURSING LO 1.3

Nursing had its beginnings in religious and military services in the Middle Ages, particularly during the Crusades.

BOX 1.2 EVIDENCE-BASED PRACTICE AND INFORMATICS

Evidence-Based Practice

Evidence-based practice (EBP) is integration of the best available research evidence and the nurse's clinical judgment expertise to make patient care decisions. EBP allows a nurse to address questions and problems by reviewing the research, clinical guidelines, and other resources to determine practice. EBP results in better patient outcomes, keeps nursing practice current, and increases the nurse's confidence in professional decision-making (Craig & Stevens Downing, 2019).

Evidence-based practice (EBP) is the integration of best research evidence with:

- Clinical expertise
- Patient values and needs
- The delivery of quality, cost-effective health care

Nurses participate in EPB in a variety of capacities:

- Identifying research problems when working with patients
- Conducting clinical research to test theories about interventions
- Collecting data in the clinical setting
- Participating on a research committee
- Reviewing research findings to guide EBP
- Sharing research findings
- Using research findings to develop policies, procedures, and standards for patient care at health care facilities
- Incorporating research as part of ongoing learning as nurses

A nurse reviewing research findings to guide evidence-based practice (Copyright © nathaphat/iStock.com)

BOX 1.3 INTERPROFESSIONAL COLLABORATION AND DELEGATION

Characteristics of Teamwork

- Clinical competence and accountability
- Common purpose
- Interpersonal competence and effective communication
- Trust and mutual respect
- Recognition and valuation of diverse complementary knowledge and skills
- Humor

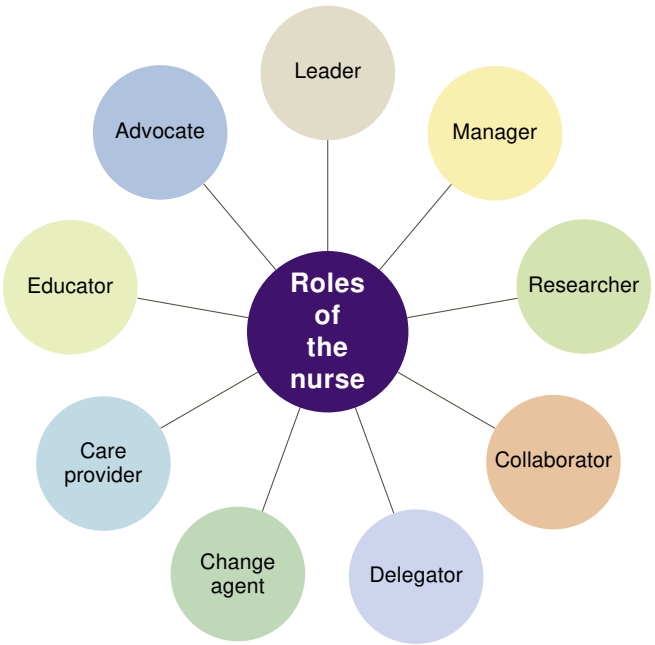

FIGURE 1.2 Roles of the nurse.

In 1860, Florence Nightingale's *Notes on Nursing* raised the profile of nursing with critical thinking and respect for patient needs and rights. Nightingale is considered the founder of modern nursing and is known for her care of the sick in the Crimean War. Her contributions influenced developments in the field of epidemiology by connecting poor sanitation with cholera and dysentery. Her role in nursing included establishing nursing as a respected profession for women that was distinct from the medical profession. She founded a nursing school and stressed the need for university-based and continuing education for nurses.

During the Civil War, two nurses emerged to further nursing. Dorothea Dix was the head of the U.S. Sanitary Commission, which was a forerunner of the Army Nurse Corps. Clara Barton (Fig. 1.3) practiced nursing during the Civil War and established the American Red Cross. History continues to reveal other nurse leaders. Linda Richards was America's first trained nurse, graduating from Boston's Women's Hospital in 1873, and Lenah Higbee (Fig. 1.4), superintendent of the U.S. Navy Nurse Corps, was awarded the Navy Cross in 1918.

After World War II, scientific and technologic advances brought changes to both principles and practices in health care delivery. This new approach required critical care specialty units and more experienced and skilled nurses. Health

FIGURE 1.3 Clara Barton. (Courtesy National Park Service, U.S. Department of the Interior.)

FIGURE 1.4 Lenah Higbee. (Courtesy U.S. Navy and the National Archives.)

promotion became a greater focus, leading to a need for nurse practitioners (NPs). The timeline in Fig. 1.5 provides a brief overview of modern nursing up to the present day.

NURSING THEORIES LO 1.4

To enhance nursing as a profession, nursing works to establish itself as a scientific discipline. A **discipline** is a specific field of study or branch of instruction or learning. Nursing demonstrates a theoretical base that reflects its practice. Nursing theories have emerged from the time of Nightingale to the present to give substance to the body of knowledge of nursing.

DEFINITIONS

A **metaparadigm** is an overarching set of concepts that provide the broad conceptual boundaries of a discipline. The metaparadigm for nursing focuses on the concepts of human beings, environment, health, and nursing (Alligood, 2018). The next level of knowledge is a **philosophy**, which is a statement about the beliefs and values of nursing in relation to a specific phenomenon such as health. A philosophy provides guidance in practice.

The third level of knowledge is a nursing **conceptual framework** or **model**, which is a collection of interrelated concepts that provides direction for nursing practice, research, and education. A conceptual model addresses the four concepts of the nursing metaparadigm: (1) optimal functioning of the human being, person, or patient; (2) how people interact with the environment; (3) healing of illness and health promotion and (4) nursing's role (Alligood, 2018). Each is defined and described by the theorist in the model. In nursing practice, models approach the nursing process in a logical, systematic way. The models influence the data that the nurse collects and the nurse's care of the patient. Conceptual models often are based on other nonnursing theories, such as system or stress theory. The fourth level of nursing knowledge is a **nursing theory**, which represents a group of concepts that can be tested in practice and can be derived from a conceptual model.

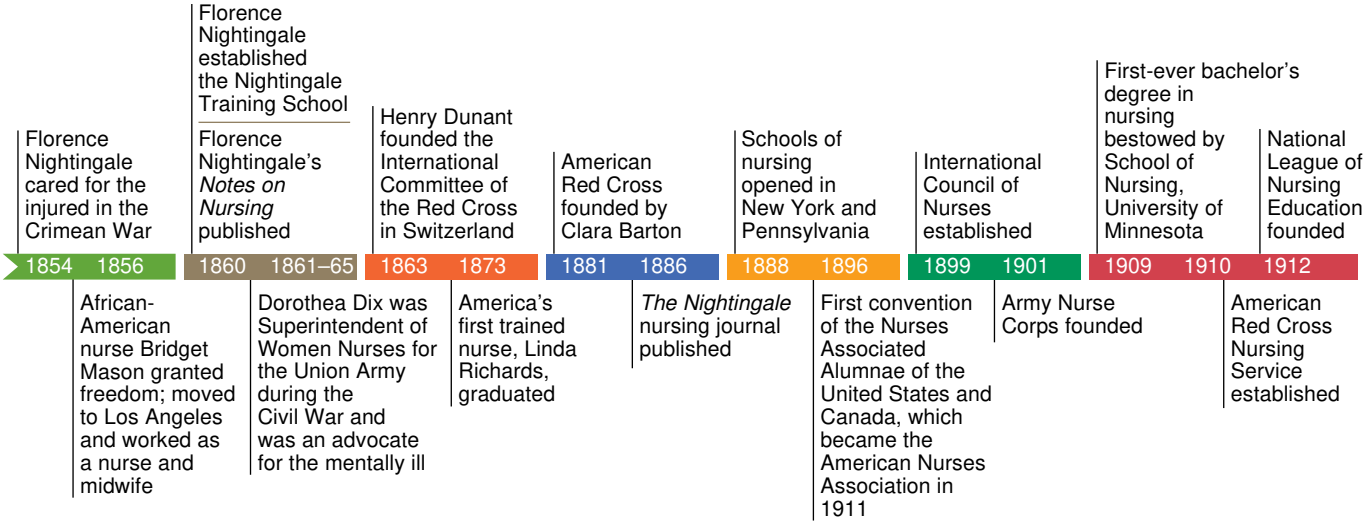

FIGURE 1.5 Timeline of nursing.

Theories include both grand theories and middle-range theories, which are derived from conceptual models. A **grand theory** consists of a global conceptual framework that defines broad perspectives for nursing practice and provides ways of looking at nursing phenomena from a distinct nursing viewpoint. Although grand theories are derived from conceptual frameworks, they remain almost as broad as the framework itself. A grand theory defines key concepts and principles of the discipline in an abstract way (Alligood, 2018).

A **middle-range theory** is moderately abstract and has a limited number of variables. Therefore, middle-range theories are more concrete and narrowly focused on a specific condition or population than are grand theories (Fawcett & DeSanto-Madeya, 2013). These middle-range theories directly guide practice. Nursing practice brings new research questions, leading to new theories being developed, therefore furthering the science of nursing (Alligood, 2018).

OVERVIEW OF KEY NURSING THEORIES

Florence Nightingale

Florence Nightingale's (1860) concept of the environment emphasized illness prevention, clean air, water, and housing. Her nursing theoretical work discussed environmental adaptation with appropriate noise levels, hygiene, light, comfort, socialization, hope, nutrition, and conservation of patient energy. This theory states that the imbalance between the patient and the environment decreases the capacity for health and does not allow for conservation of energy.

Hildegard Peplau

Hildegard Peplau (1952) focused on the roles played by the nurse and the interpersonal process between a nurse and patient. The interpersonal process occurs in overlapping phases: (1) *orientation*; (2) *working*, consisting of two subphases—identification and exploitation; and (3) *resolution*. This theory has been used widely in psychiatric nursing and enhances the understanding of changing aspects regarding the goals and roles in the nurse–patient relationship.

Virginia Henderson

Virginia Henderson (1966) defined nursing as "assisting individuals to gain independence in relation to the performance of activities contributing to health or its recovery" (p. 15). Her 14 components were based on Maslow's hierarchy of human needs from the physiologic, psychological, sociocultural, spiritual, and developmental domains. She described the nurse's role as *substitutive* (doing for the person), *supplementary* (helping the person), or *complementary* (working with the person), with the ultimate goal of independence for the patient.

Martha Rogers

Martha Rogers (1970) developed the Science of Unitary Human Beings. She stated that human beings and their environments are interacting in continuous motion as infinite energy fields. The model includes four dimensions: (1) energy fields, (2) openness, (3) patterns and organizations, and (4) dimensionality. The dimensions are used in developing the three principles of *resonancy* (continuous change from lower to higher frequency), *helicy* (increasing diversity), and *integrality* (continuous process of the human and environmental fields). Well-being of the patient is illustrated by pattern and organization. Nurses assist the patient with repatterning to develop well-being. The resultant well-being of pattern and organization includes a symphonic interaction between the patient and the environment.

Sister Callista Roy

Sister Callista Roy's (1970) Adaptation Model is based on the human being as an adaptive open system. The person adapts by meeting physiological-physical needs, developing a positive self-concept–group identity, performing social role

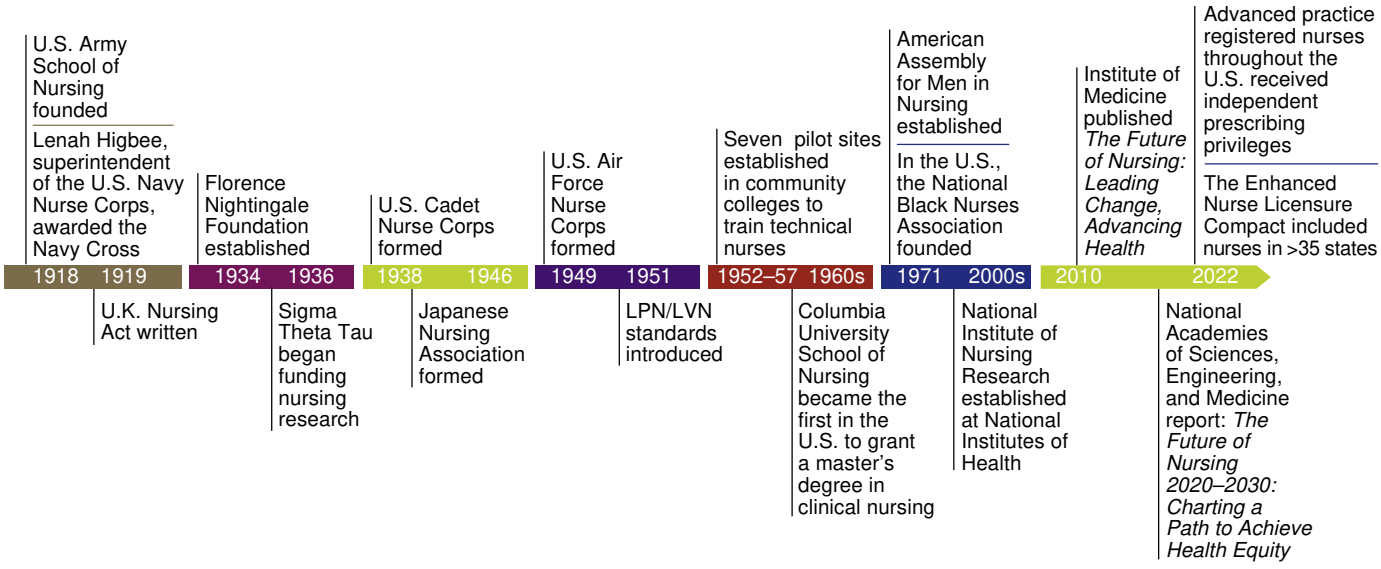

FIGURE 1.5_Cont'd Timeline of nursing.

functions, and balancing dependence and independence. Stressors result in illness by disrupting the equilibrium. Nursing care is directed at altering stimuli that are stressors to the patient. The nurse helps patients strengthen their abilities to adapt to their illnesses or helps them develop adaptive behaviors.

Dorothea Orem

Three interrelated theories of self-care, self-care deficit, and nursing systems constitute Dorothea Orem's (1971) Self-Care Deficit Theory of Nursing. A self-care deficit exists when patients are unable to meet their self-care needs. Nursing systems care for patients who require assistance in one of three categories: (1) *wholly compensatory*, (2) *partly compensatory*, or (3) *supportive-educative.* The goal of nursing care is to help patients perform self-care by increasing their independence.

Imogene King

Imogene M. King (1971) developed a general systems framework that incorporates three levels of systems: (1) *individual or personal*, (2) *group or interpersonal*, and (3) *society or social*. The theory of goal attainment discusses the importance of interaction, perception, communication, transaction, self, role, stress, growth and development, time, and personal space. In this theory, the nurse and the patient work together to achieve goals in the continuous adjustment to stressors.

Betty Neuman

Betty Neuman's (1972) Systems Model includes a holistic concept and an open-system approach. The model identifies energy resources that provide for basic survival, with lines of resistance that are activated when a stressor invades the system. The person has a normal response to stress, known as *normal lines of defense*, whereas a flexible line defends against unusual stress. Stressors may be intrapersonal, interpersonal, or extrapersonal. Three environments—*internal*, *external,* and *created*—are defined, and nursing actions involve three levels of prevention—primary, secondary, and tertiary (discussed in more detail in Chapter 16). The nurse's goal is to assist with attaining and maintaining maximum wellness, focusing on patients' responses to stressors, and strengthening their lines of defense. Two theories were produced from this model: optimal patient stability and prevention as intervention.

Rosemarie Rizzo Parse

In 1981, Rosemarie Rizzo Parse formulated the Theory of Human Becoming by combining concepts from Martha Rogers's Science of Unitary Human Beings with existential-phenomenological thought. This theory looks at the person as a constantly changing being and at nursing as a human science. Today, Parse's theory is called the *Human Becoming School of Thought*.

Jean Watson

Jean Watson's (1988) theory is based on caring, with nurses dedicated to health and healing. The nurse functions to preserve the dignity and wholeness of humans in health or while peacefully dying. The caring process in a nurse–patient relationship is known as *transpersonal caring* and includes caratative factors that satisfy human needs. Additional concepts include the caring moment or occasion, caring or healing consciousness, and clinical caring processes, such as sensitivity and mindfulness. The practice of nursing focuses on the goals of growth, meaning, and self-healing. Table 1.1 compares the various nursing theories and models.

2. Which nursing theorist do John's beliefs parallel?

NONNURSING THEORIES WITH SIGNIFICANT IMPACT ON NURSING LO 1.5

Nursing requires a strong scientific knowledge base in the natural, social, and behavioral sciences. Accordingly, nursing theories often are influenced by interdisciplinary theories. Nurses use these theories in their practice.

MASLOW'S HIERARCHY OF NEEDS

Maslow's hierarchy of needs specifies the psychological and physiologic factors that affect each person's physical and mental health (Fig. 1.6). The nurse's understanding of these factors helps with identifying nursing diagnoses that address the patient's needs and values. Needs at the lower levels of the pyramid-shaped hierarchy must be met before needs at higher levels are addressed. At the base of the pyramid are physiologic needs, including oxygen, food, elimination, temperature control, sex, movement, rest, and comfort. These are followed by safety and security, love and belonging, self-esteem, and self-actualization. This hierarchy allows nurses to plan the care of patients by addressing their needs on the basis of priorities.

ERIKSON'S PSYCHOSOCIAL THEORY

Erikson's (1968) Psychosocial Theory of Development and Socialization is based on individuals interacting and learning about their world. Nurses use concepts of developmental theory to care for their patients at various stages in life. Because nurses strive to meet the holistic needs of patients, they must address the developmental issues. See Chapter 17 for a detailed discussion of Erikson's theory.

LEWIN'S CHANGE THEORY

Nurses function as change agents in their leadership roles and, therefore, need to understand change theory. According to Lewin's (1951) Change Theory, change is a three-step process. *Unfreezing*, the first step, is overcoming inertia and changing the mindset, which involves bypassing the defenses. During unfreezing, the right environment is created for change. The second step, *moving or change*, is the time of transition and confusion when change takes place. Change is supported and implementation of the change occurs. The third

TABLE 1.1 Nursing Model and Theory Comparison

THEORIST AND THEORY OR CONCEPTUAL FRAMEWORK (YEAR)	GENERAL CONCEPT	METAPARADIGM			
		NURSING	PERSON	HEALTH	ENVIRONMENT
Nightingale Environmental Theory (1860)	Environment	Providing fresh air, warmth, quiet, cleanliness, and proper nutrition to facilitate reparative processes.	Patient who is acted on by nurse and affected by environment has reparative powers.	Maintaining well-being by using a person's powers and control of environment.	Foundation of theory; included physical, psychological, and social.
Peplau Theory of Interpersonal Relations (1952)	Interpersonal	A therapeutic, interpersonal process that functions cooperatively with others to make health possible; involves problem solving.	An individual; a developing organism who tries to reduce anxiety caused by needs and lives in unstable equilibrium.	Implies forward movement of the personality toward creative, constructive, productive, personal, and community living.	Acknowledgment of the environment and influence of culture and other factors.
Henderson Humane and holistic care for patients (1966)	Helping the patient become as independent as possible	Temporarily assisting an individual who lacks the necessary will, strength, and knowledge to satisfy one or more of 14 basic needs.	The patient as a sum of parts with biopsychosocial needs, and the patient is neither client nor consumer.	Being as independent as possible with the 14 basic needs. Affected by age, culture, and physical, intellectual, and emotional factors.	All external conditions and influences that affect life and development.
Rogers Science of Unitary Human Beings Model (1970)	Integrality, resonancy, and helicy; characterized by nonrepeating rhythmicities	Both an art and a humanistic science supported by an organized body of knowledge arrived at by scientific research and logical analysis.	A unitary human being is an "irreducible, indivisible, four-dimensional energy field."	Rogers defined health as an expression of the life process. Health and illness are part of the same continuum.	The environment is an "irreducible, four-dimensional energy field identified by pattern and integral with the human field."
Roy Adaptation Model (1970)	Adaptation	The science and practice that expands adaptive abilities and enhances person and environment transformation.	A biopsychosocial being with a unified system; an adaptive system in the four modes: physiological-physical, self-concept–group identity, role function, and interdependence.	Equilibrium resulting from effective coping and a state of becoming integrated and whole that reflects person–environment mutuality.	Environment seen as all conditions that shape an individual's behavior.
Orem Self-Care Deficit Theory (1971)	Self-care maintains wholeness: theory of self-care, self-care deficit, and nursing systems	Meets self-care needs by acting or doing for, guiding, teaching, supporting, or providing the environment to promote patient's ability.	Patients require assistance, either wholly or partially compensatory or supportive-educative.	Structurally and functionally whole or sound; self-care deficit occurs when the person cannot carry out self-care.	Components are internal and external; include environmental factors.
King General systems framework (1971)	Importance of the interaction between nurses and patients	The nurse and patient mutually communicate, establish goals, and take action to attain goals.	Human beings bring a different set of values, ideas, attitudes, and perceptions to exchange.	Dynamic state in the life cycle; continuous adaptation to stress to achieve maximum potential for daily living.	Constant interaction with a variety of environmental factors.

Continued

TABLE 1.1 Nursing Model and Theory Comparison—cont'd

THEORIST AND THEORY OR CONCEPTUAL FRAMEWORK (YEAR)	GENERAL CONCEPT	METAPARADIGM			
		NURSING	PERSON	HEALTH	ENVIRONMENT
Neuman Systems Model (1972)	Holistic concepts and open systems	Interventions are activated to strengthen lines of defense and resistance to stressors and maintain adaptation.	The person is a complete system: physiologic, psychological, sociocultural, developmental, and spiritual aspects.	Primarily concerned with effects of stress on health; wellness is equilibrium.	Balance between internal and external by adjusting to stress and defending against tension-producing stimuli.
Parse Human Becoming Theory (1981)	Man's[sic] reality is given meaning through lived experiences	A human science and art that uses an abstract body of knowledge to serve people.	Being who is more than the sum of the parts: reaches beyond the limits that a person sets and constantly transforms.	Open process of being and becoming; involves synthesis of values.	Energy is exchanged with the environment.
Watson Human Caring Theory (1988)	Humanitarian and science orientation to human caring processes	Human beings are to be valued, cared for, respected, nurtured, understood, and assisted.	Complete physical, mental, and social well-being and functioning.	Healing consciousness and self-healing.	Caring and society affect health.

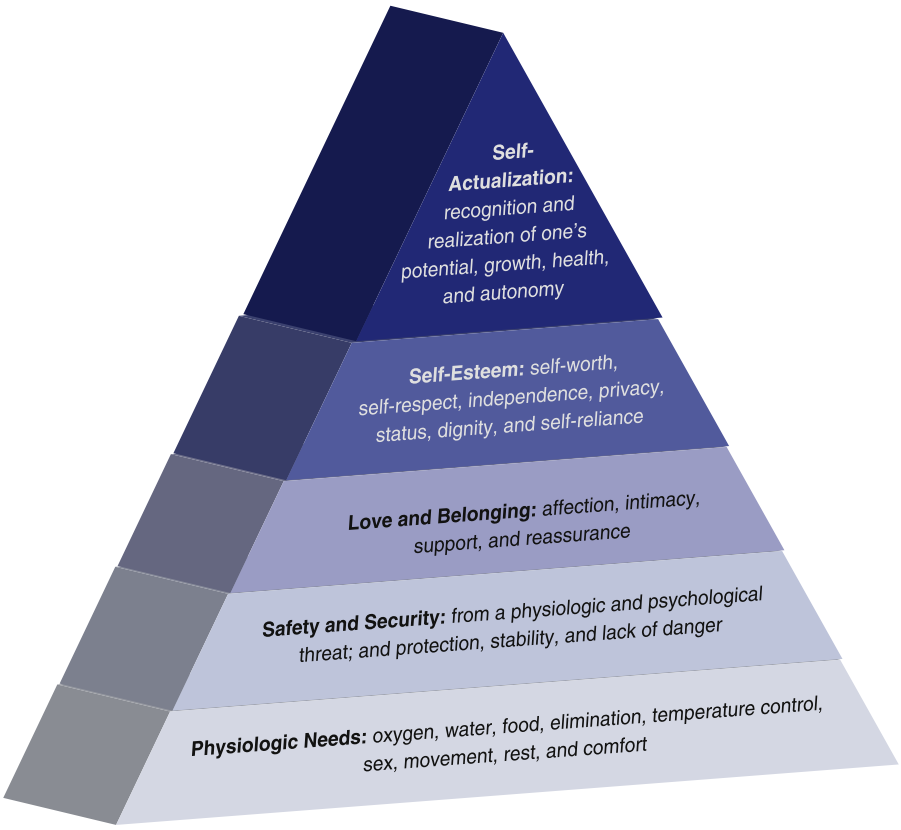

FIGURE 1.6 Maslow's hierarchy of needs.

step is *refreezing*, during which the change is completed, reinforced, and accepted. Change theory recognizes the dynamic nature of change and the need to constantly evaluate nursing practice. First, the nurse needs to recognize when change is needed. Next, the nurse analyzes the situation to determine what is maintaining the situation and what is working to change it. Then, the nurse identifies methods to use in the change process and analyzes the influence of those involved in the change.

PAUL'S CRITICAL THINKING THEORY

Critical thinking, according to Paul (1993), is an "intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by, observation, experience, reflection, reasoning, or communication, as a guide to belief and action" (p. 110). In applying Paul's definition, nurses analyze data, generate a patient care plan, implement a plan of action for the patient, and evaluate the plan of care. Certain intellectual values are recognized as pertinent to any subject matter, such as clarity, accuracy, precision, consistency, relevance, sound evidence, good reasons, depth, and fairness (Paul, 1993). Nursing expands on this process of critical thinking and adapts it to the care of the patient.

Each of these critical thinking skills is learned in the context of nursing and in the application to patient care. Critical thinking leads to clinical decision-making, or clinical judgment. Chapter 4 explores clinical judgment in nursing more fully.

ROSENSTOCK'S HEALTH BELIEF MODEL

Rosenstock (1974) developed the psychological Health Belief Model. Originally, the model was designed to predict responses of patients to treatment. Recently, however, the model has been used to predict more general health behaviors. The model addresses possible reasons for why a patient may not comply with recommended health promotion behaviors. This model is especially useful to nurses as they educate patients. Rosenstock's Health Belief Model (Fig. 1.7) is based on four core beliefs of people's perceptions by their own assessment:

- Perceived susceptibility of the risk of getting the condition
- Perceived severity of the seriousness of the condition and its potential consequences
- Perceived barriers of the influences that facilitate or discourage adoption of the promoted behavior
- Perceived benefits of the positive consequences of adopting the behavior

CRITERIA FOR A PROFESSION LO 1.6

As stated earlier, a profession is an occupation that requires at a minimum specialized training and a specialized body of knowledge. Nursing meets these requirements. Thus, nursing is considered to be a profession. Specific criteria or characteristics are used to further define status as a profession. The sociologist Flexner (2001) first published a list of such criteria in 1915 that often is used as a benchmark for determining the status of an occupation as a profession.

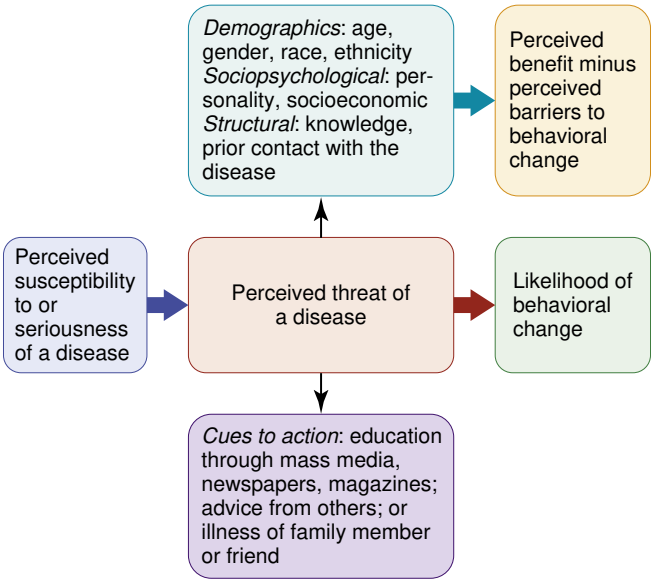

FIGURE 1.7 Rosenstock's Health Belief Model.

ALTRUISM

A profession provides services needed by society. Additionally, practitioners' motivation is public service over personal gain (altruism). Nurses recognize nursing as their life's work, being an important component of their lives and clearly defining who they are. Nurses focus on service to their patients and the community.

BODY OF KNOWLEDGE AND RESEARCH

There is a well-defined, specific, and unique body of theoretical knowledge in nursing, leading to defined skills, abilities, and norms, that is enlarged by research. A profession is distinguished by a specific culture with norms and values common to its members. To advance knowledge in their field, professionals publish and communicate their knowledge. A profession develops, evaluates, and uses theory as a basis for practice. Nursing has been based on theory since the days of Nightingale. Numerous models for nursing practice have been developed. Nursing's reliance on research for practice is considered EBP.

ACCOUNTABILITY

Nursing requires accountability, which involves accepting responsibility for actions and omissions. Accountability has legal, ethical, and professional implications. It is essential for developing trusting relationships with patients and coworkers. Accountability is necessary for safe patient care. Assessing for and attending to adverse reactions to treatment requires a nurse to be accountable for actions taken.

HIGHER EDUCATION

Professions have specific educational requirements. Usually, professionals are educated in institutions of higher learning. A profession requires that its members have an extended education as well as a basic liberal foundation. Higher education provides the basis for practice and allows for lifelong educational opportunities, such as earning a master's or doctoral degree with its associated advantages of professional development. Greater professional opportunities for nurses and the training necessary to extend nursing science through advanced practice and research are possible through higher education. A profession has a clear standard of educational preparation for entry into practice. Graduates with diplomas or associate's and bachelor's degrees in nursing are eligible to take the NCLEX-RN examination.

AUTONOMY

Members of a profession have autonomy in decision-making and practice and are self-regulating in that they develop their own policies in collaboration with one another. Nursing professionals make independent decisions within their scope of practice and are responsible for the results and consequences of those decisions.

CODE OF ETHICS

Professions have codes of ethics to guide decisions for practice and conduct. **Ethics** is the standards of right and wrong behavior, or moral principles that guide a person's behavior. The ICN and the ANA each have developed a code of ethics for nurses. Public opinion polls show that nurses are admired for their nursing ethics and honesty by rating them the highest of all professionals. Chapter 11 provides more information on the *ANA Code of Ethics for Nurses*.

PROFESSIONAL ORGANIZATION

Numerous organizations have evolved to support and encourage high standards in nursing. Members participate in these organizations, which aim to support and advance nursing. Each organization participates in determining responsibilities and standards of conduct for individual members and the group and in regulating its members' adherence to its own professional standards. The ANA is an example of a professional organization that provides standards of professional nursing practice.

LICENSURE

A profession is committed to competence and has a legally recognized license. Members are accountable for continuing their education. An RN is committed to professional development and is required to continue to learn and maintain competency. All licensed nurses keep their knowledge base current by formal and informal continuing education and can demonstrate competency when required. Although there is more than one educational method of becoming a nurse, attainment of the legal right to practice as an RN in the United States is contingent on passing a standardized licensing examination and obtaining a license. The two types of licensed nurses, the LVN/LPN and the RN, have different scopes of practice, but both must obtain a license to practice by passing a specific licensure examination. **Licensure** is the granting of a license that provides legal permission to practice.

DIVERSITY

"Inherent in nursing is respect for human rights, including cultural rights, the right to life and choice, to dignity, and to be treated with respect. Nursing care is respectful of and unrestricted by considerations of age, colour, creed, culture, disability or illness, gender, sexual orientation, nationality, politics, race, or social status" (ICN, 2021, p. 2). Diversity includes developmental aspects, morphologic aspects (body frame size/obesity), culture, religion, and ethnicity. In providing care, the nurse promotes an environment in which the human rights, values, customs, and spiritual beliefs of the individual, family, and community are respected. To respect the diversity of patients, nurses practice culturally competent care as defined in Box 1.4. Madeline Leininger 's Theory of Cultural Care Diversity and Universality helps guide nurses in providing culturally competent care. Leininger's theory is discussed further in Chapter 2. Chapter 21 discusses ethnic and cultural diversity in greater detail.

PRACTICE GUIDELINES LO 1.7

The profession of nursing is guided by standards of practice and nurse practice acts. The Standards of Professional Nursing Practice published by the ANA help ensure quality care and serve as legal criteria for adequate patient care.

BOX 1.4 DIVERSITY CONSIDERATIONS

Culture

- *Cultural and linguistic competence* is a set of behaviors, attitudes, and policies that come together among health care professionals and allow for effective work in cross-cultural situations.
- *Culture* is the integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.
- *Competence* implies having the ability to function effectively within the context of the cultural beliefs, behaviors, and needs presented by patients.
- ***Cultural competence*** is a method of bringing interprofessional health care providers together to discuss health concerns whereby cultural differences enhance, rather than hinder, the conversation through a respectful atmosphere responsive to the health beliefs, practices, and cultural and linguistic needs of diverse patients. It is also providing culturally sensitive nursing care to patients.

ANA standards have two parts. The first part, the standards of practice, includes six responsibilities for the nursing process: assessment, diagnosis, outcomes identification, planning, implementation, and evaluation (ANA, 2021). Nurses providing direct patient care continuously follow these standards as they utilize the nursing process. Further discussion of the nursing process can be found in Chapter 5.

The second part of the Standards of Professional Nursing Practice focuses on standards of professional performance, which includes ethics, advocacy, respectful and equitable practice, communication, collaboration, leadership, education, scholarly inquiry, quality of practice, professional practice evaluation, resource stewardship, and environmental health (ANA, 2021). Nurses who attend continuing education conferences or further their education, use evidence to guide their nursing practice, or communicate and collaborate with patients and other professionals are practicing within the standards.

3. Which of the ANA Standards of Professional Nursing Practice is John exhibiting during the shift?

Nurse practice acts provide the scope of practice defined by each state or jurisdiction and set forth the legal limits of nursing practice. These acts are laws that the nurse must be familiar with to function in practice. Nurse practice acts are worded in broad legal terms that need to be interpreted by nurses to be clearly understood within the context of their profession. A *scope of practice* defines the boundaries of the practice of nursing and clarifies how it may intersect with other professions or disciplines. The ANA, NLN, American Association of Colleges of Nursing (AACN), and American Organization of Nurse Executives (AONE), along with the NCSBN, devised a decision-making tool for nurses to help determine interventions and activities that can be performed safely (Ballard, Haagenson, Christiansen, et al., 2016). Nurses who are unsure about performing an intervention can use this tool to decide whether they can complete the intervention safely within the scope of nursing practice. In addition to adhering to nurse practice acts, nurses must function within the policies and procedures of the facility in which they are employed.

Guiding the nurse's professional practice are ethical behaviors. It is essential that nurses understand and incorporate basic concepts of ethics into their practice. The main concepts in nursing ethics are accountability, advocacy, autonomy (be independent and self-motivated), beneficence (act in the best interest of the patient), confidentiality, fidelity (keep promises), justice (relate to others with fairness and equality), nonmaleficence (do no harm), responsibility, and veracity (be truthful). As an example, the nurse holds in confidence personal information and uses judgment in sharing this information about a patient. Ethical guidelines direct the nurse's decision-making in routine situations and in ethical dilemmas. *ANA's Principles for Social Networking and the Nurse* (ANA, 2011) outlines six principles that nurses must follow to protect patient privacy and maintain professional boundaries. The ANA *Code of Ethics for Nurses* is discussed in Chapter 11.

4. Which ethical concepts is John exhibiting during the shift?

SOCIALIZATION AND TRANSFORMATION TO NURSING LO 1.8

Socialization to professional nursing is a process that involves learning the theory and skills necessary for the role of nurse. Internalizing this specific role allows the nurse to participate as a member of the profession. During this process of socialization to nursing, the student's knowledge base, attitudes, and values are affected regarding nursing practice. This process allows the person to grow both professionally and personally as the student internalizes a full understanding of the profession. This initial transformation continues after the student graduates and acquires experience while working and pursuing further education (Feller, 2018). Transformation to being a nurse requires students to become response-based practitioners with the ability to recognize the complexity of a situation and prioritize concerns (Benner, Sutphen, Leonard, et al., 2010; Benner, 2012).

Benner (2001) used Dreyfus's (1980) model of skill acquisition in her description of novice to expert (Fig. 1.8). Benner's model identifies five levels of proficiency: novice, advanced beginner, competent, proficient, and expert. The student nurse progresses from novice to advanced beginner during nursing school and attains the competent level after approximately 2 to 3 years of work experience after graduation.

The Essentials: Core Competencies for Professional Nursing Education are provided and updated by the AACN (2021). The document offers a framework for the education of professional nurses, with 10 domains that include competencies for the student to meet throughout their nursing curriculum. The competencies are further divided into 2 sets of sub-competencies: one set for entry-level professional nursing education, and a separate set for advanced-level nursing education. These sub-competencies are integrated into the curriculum with the goal of students meeting them during their nursing education, whether it is an entry-level, or advanced program.

The NLN outlines and updates competencies for practical, associate, baccalaureate, and graduate nursing education programs. The titles of the competencies for each type of education program are "Human Flourishing," "Nursing Judgment," "Professional Identity," and "Spirit of Inquiry." The outcomes for each competency are progressively more complex at each educational level (NLN, 2012). In addition to curriculum development that includes these competencies, faculty can utilize resources such as the National Student Nurses' Association (NSNA) Forum (2020) that addresses helping nursing students form a professional identity.

The NCSBN provides resources and tools on its website for nurses at all levels of practice. The video "New Nurses: Your License to Practice" is available for viewing at https://www.ncsbn.org/8243.htm and contains helpful information for student nurses and new graduate nurses.

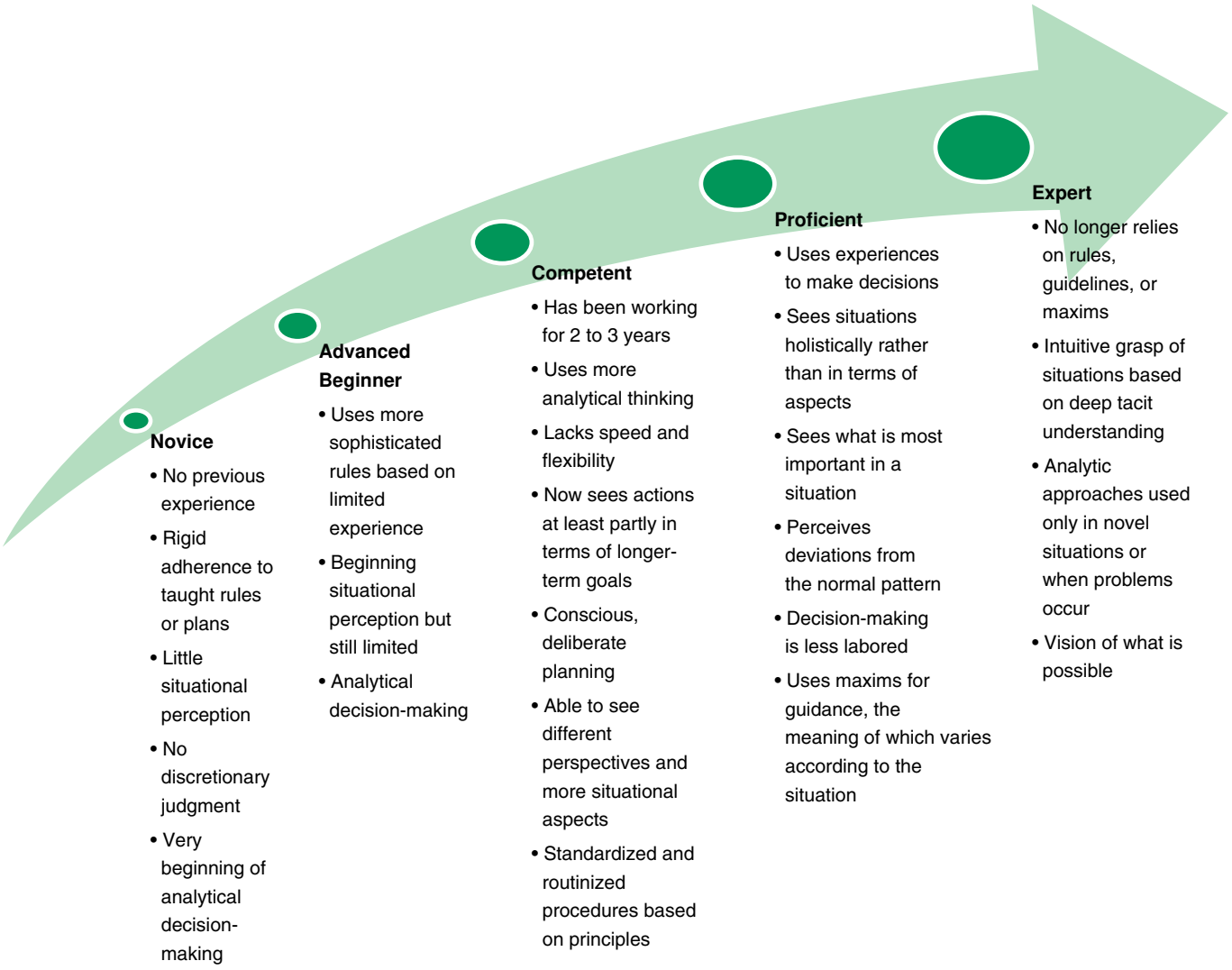

FIGURE 1.8 Benner's Novice to Expert Model. (Adapted from Benner, P. [2001]. *From novice to expert: Excellence and power in clinical nursing practice*. Reprinted by permission of Pearson Education, Inc., New York, New York.)

EDUCATIONAL PATHWAYS AND GRADUATE SPECIALTIES LO 1.9

Nursing provides various educational paths to practice. There are three accrediting bodies for schools and colleges of nursing: the AACN's Commission on Collegiate Nursing Education (CCNE), the Accrediting Commission for Education in Nursing (ACEN), and the NLN Commission for Nursing Education Accreditation (CNEA). Accreditation is granted to schools and colleges for a period of several years after meeting certain standards and criteria. The CCNE accredits baccalaureate and graduate nursing programs; the CNEA and the ACEN accredit a variety of different nursing programs, including practical, diploma, associate, baccalaureate, and graduate programs.

LICENSED PRACTICAL NURSE OR LICENSED VOCATIONAL NURSE

LPNs or LVNs are not RNs. They complete an educational program consisting of 12 to 18 months of training; then, they must pass the National Council Licensure Examination for Practical Nurses (NCLEX-PN) to practice as an LPN/LVN. They are under the supervision of an RN in most institutions and are able to collect data but cannot perform an assessment requiring decision-making, cannot formulate a nursing diagnosis, and cannot initiate a care plan. They may be able to update care plans and administer medications, with the exception of certain IV medications, depending on the state. Later, they may choose to complete an LPN/LVN-to-RN program to become an RN.

REGISTERED NURSE

To obtain the RN credential, a person must graduate from an accredited school of nursing and pass a state licensing examination—the National Council Licensure Examination for Registered Nurses (NCLEX-RN). The student may attend a 2- or 4-year degree program or a 3-year diploma program. Entry-level pay for graduates from all types of programs who have passed their NCLEX examinations is similar. In many facilities, nurses must have a bachelor's degree to advance into management or to hold specialized positions.

Associate Degree in Nursing

Associate Degree in Nursing (ADN) programs usually are conducted in a community college setting. Most programs require that students complete courses in psychology, human growth and development, biology, microbiology, and anatomy and physiology as a basis before they begin their nursing coursework. The nursing curriculum focuses on adult acute and chronic disease, maternal/child health, pediatrics, and psychiatric/mental health nursing. ADN RNs may return to school to earn a bachelor's degree or higher in an RN-to-BSN or RN-to-MSN program.

Diploma Programs

Generally associated with a hospital, the Diploma in Nursing program combines classroom and clinical instruction, usually over a period of 3 years. The number of such programs has decreased as nursing education has shifted to academic institutions.

Bachelor of Science in Nursing

The university-based Bachelor of Science in Nursing (BSN) degree provides the nursing theory, sciences, humanities, and behavioral science preparation necessary for professional nursing responsibilities and the knowledge base in research necessary for advanced education. Bachelor's degree programs include community health and management courses beyond those traditionally provided in an associate degree program. Nursing theory, bioethics, management, research and statistics, health assessment, pharmacology, pathophysiology, and electives in complex nursing processes are covered. A newly updated report titled *The Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity* from the National Academies of Sciences, Engineering, and Medicine (2021) calls for nursing education to be strengthened in areas such as equity, population health, and social determinants of health at the baccalaureate and graduate levels.

MASTER OF SCIENCE IN NURSING

When obtaining a master's degree in nursing, called a Master of Science in Nursing (MSN) degree, the nurse may focus on a specific area of advanced practice. There are four specialties in which nurses provide direct patient care in advanced practice roles: certified nurse midwife (CNM), nurse practitioner (NP), clinical nurse specialist (CNS), and certified registered nurse anesthetist (CRNA). Additional examples of advanced practice roles that do not always involve direct patient care are clinical nurse leader (CNL), nurse educator, nurse researcher, nurse administrator, and nurse informatics specialist.

Advanced Practice Nurses

Advanced practice registered nurse (APRN) is a designation for an RN who has met advanced educational and clinical practice requirements at a minimum of a master's degree level and provides at least some level of direct care to patient populations. APRNs have acquired theoretical research-based and practical knowledge as part of the graduate education and are either certified or approved to practice in their expanded, specialized roles. In many states, APRNs have independent prescribing privileges, giving APRNs the ability to prescribe medications without collaborating with a physician (Stokowski, 2018). Advanced practice nurses have a set of core competencies (Hamric & Tracy, 2019):

- Direct clinical practice
- Collaboration
- Expert coaching and guidance
- Research
- Ethical decision-making
- Consultation
- Leadership

Other APRNs practice in various venues:

- CNMs provide well-gynecologic and low-risk obstetric care and attend births in hospitals, birth centers, and homes.
- NPs work in clinics, nursing homes, hospitals, or private offices and are qualified to provide a wide range of primary and preventive health care services, prescribe medication, and diagnose and treat illnesses and injuries. NPs may focus on a specific population, working in fields such as pediatrics or gerontology, or they may have a more general family practice. NPs or physicians may be the patient's PCP.
- CNSs work in hospitals, clinics, nursing homes, private offices, and community-based settings, managing a wide range of physical and mental health problems. They may work in consultation, research, or education.
- CRNAs, whose role is the oldest of the advanced nursing specialties, administer many of the anesthetics given to patients in the United States.

Other Advanced Roles

A new role is that of the CNL, who oversees the integration of care for a distinct group of patients and may actively provide direct patient care in complex situations utilizing EBP. This clinician functions as part of an interprofessional team and is not in an administration or management role. The CNL is a leader in the health care delivery system in all settings in which health care is delivered, not just the acute care setting. Implementation of this role varies across settings.

A master's degree can lead to one of the advanced practice roles that may not have a direct patient care component. The nurse educator option prepares nurses to practice as faculty in academic settings, such as colleges, universities, hospital-based schools of nursing, and technical schools, or as staff development educators in health care facilities. Nurse educators combine their clinical abilities with responsibilities related to designing curricula, teaching and guiding learners, evaluating learning and program outcomes, advising students, and engaging in scholarly work.

Other options for nurses with master's degrees are researcher and administrator. Nurse researchers use statistical methodologies to discover or establish facts, principles, or relationships. They may be involved in clinical trials with patients or other clinical research regarding patient care. Nurse administrators coordinate the use of human,

financial, and technological resources to provide patient care services. Positions include facilitator, manager, director, chief nurse executive, and vice president of nursing. Many roles are available for nurse informatics specialists in hospitals and other medical institutions, such as training others in the use of informatics systems, supervising the use of information systems, designing systems particularly for use by nurses, and using data for establishing best-practice guidelines.

DOCTOR OF PHILOSOPHY AND DOCTOR OF NURSING PRACTICE

Doctoral nursing education can result in a doctor of philosophy (PhD) degree. This degree prepares nurses for leadership roles in research, teaching, and administration that are essential to advancing nursing as a profession. A newer, practice-focused doctoral degree is the doctor of nursing practice (DNP), which concentrates on the clinical aspects of nursing. DNP specialties include the four advanced practice roles of NP, CNS, CNM, and CRNA. In addition, some DNPs focus on the CNL option, the nursing education specialty, or the nursing leadership specialty. This leadership focus is separate and needs distinction from the CNL option, as many who choose this do not work in the clinical setting.

CERTIFICATIONS AND PROFESSIONAL NURSING ORGANIZATIONS LO 1.10

Nurses may pursue certifications in specialty areas after they have practiced for several years. Nurses may choose membership in professional nursing organizations to network, remain current in their practice, and have access to current research.

CERTIFICATIONS

Licensure indicates safe practice and the minimum qualification, while certification shows excellence in a specialty of nursing. Nurses may become certified in the specialty in which they practice. Each nursing certification has minimum work experience and education requirements. After meeting required criteria, nurses must pass an examination and maintain specific continuing education and work requirements. There are certifications for RNs as well as for nurses with master's degrees and other advanced practice nurses.

The American Nurses Credentialing Center (ANCC) (2021) awards Magnet Recognition to hospitals that have shown excellence and innovation in nursing. Individual nurses in a variety of practice roles can seek certification through ANCC. For a complete list of specialties available, visit https://www.nursingworld.org/certification/.

PROFESSIONAL ORGANIZATIONS

Belonging to a professional organization is an important aspect of one's profession. Nursing organizations enable the nurse to have access to current information and resources as well as a voice in the profession. Nursing organizations include the ANA, the NLN, the ICN, Sigma Theta Tau International Honor Society of Nursing, and the NSNA. Participating in NSNA while in nursing school is an important beginning to a nurse's professional career. There are also more than 80 specialty organizations, such as the American Association of Critical-Care Nurses, the Emergency Nurses Association, the National Association of School Nurses, and the Oncology Nurses Society.

FUTURE DIRECTIONS LO 1.11

People worldwide are living longer and healthier lives (Fig. 1.9). This increase in lifespan has led to a rapidly increasing population of those 65 years of age and older. According to data from World Population Prospects: the 2019 Revision, by 2050, 1 in 6 people in the world will be over age 65 (16%), up from 1 in 11 in 2019 (9%) (United Nations, 2020). The greatest increases are seen in developing countries. Life expectancy is increasing, placing a greater burden on health care systems worldwide (He, Goodkind, & Kowal, 2016).

Larger portions of the population are in retirement, with a consequent strain on both health and pension systems. As the Baby Boomers retire, providing health care to this large portion of the population in the United States and other nations becomes a concern. This aging population will require more nurses to care for them. This need is one factor related to the current nursing shortage.

As the 21st century began, many organizations worked to make safety in health care a priority. The AACN's Quality and Safety Education for Nurses (QSEN) program; TJC's National Patient Safety Goals; and the National Academies of Sciences, Engineering, and Medicine's report *The Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity* will guide nurses into the future as safe and caring practitioners.

FIGURE 1.9 The growing population of older adults will require more nurses to care for them. (Copyright © Rawpixel /iStock.com)

NURSING SHORTAGE

According to the World Health Organization (WHO), there is a shortage of health care workers worldwide, leaving over 4 million people without quality health care. An additional 18 million health workers are needed globally, but not enough people are being trained to meet the demand (WHO, 2021a). The WHO (2021b) outlines specific strategies for strengthening nursing and midwifery services worldwide in the report *WHO Global Strategic Directions for Nursing and Midwifery 2021–2025*. This report outlines four main focus areas one of which is education of enough nurses and midwifes to meet global health needs.

With the changing demographics of an increasing elderly population and the aging nursing workforce, the total number of new nurses needed continues to grow. The U.S. Bureau of Labor Statistics' Occupational Oulook Handbook shows that health care support occupations and health care practitioners are projected to be among the fastest growing occupational groups (2021). The national nursing shortage is projected to be 569,240 by 2030, with the largest shortage in the West (Zhang, Tai, Pforsich, et al., 2018). This does not include replacement nurses needed to fill vacancies left by retirement and attrition. Nursing schools are struggling to expand capacity. The AACN is working with colleges, policy makers, other nursing organizations, and the media to bring attention to this problem (AACN, 2020). The lack of faculty is an impediment to increasing nursing school enrollment, and many faculty members are nearing retirement age. In some areas, clinical sites are full. Creative, collaborative educational strategies are needed to meet the increased demand for health care education.

With an insufficient number of nurses to care for patients, nurses face an increased level of stress, which can be expected to have an adverse impact on job satisfaction. This work situation can cause nurses to leave the profession, which further contributes to the nursing shortage and affects overall access to health care. Therefore, nursing is a profession that will continue to be in demand. The Enhanced Nurse Licensure Compact (eNLC) was enacted in 2018. Under eNLC, nurses in more than 35 states can now apply for a multistate license (NCSBN, 2021). This will make it easier for nurses to relocate to areas where there are shortages and practice telehealth across state lines (Fotsch, 2020).

QUALITY AND SAFETY EDUCATION FOR NURSES

The QSEN initiative, funded by the Robert Wood Johnson Foundation, adapted the Institute of Medicine (IOM) competencies for nursing. The IOM report *Health Professions Education: A Bridge to Quality* (IOM, 2003) outlined five core areas of proficiency for students and professionals: delivering patient-centered care, working as part of an interdisciplinary team, practicing evidence-based medicine, focusing on quality improvement, and using information technology (Bates & Singh, 2018; Chenot & Christopher, 2019). QSEN adds safety as a competency. The six QSEN competencies are patient-centered care, teamwork and collaboration, EBP, quality improvement, safety, and informatics. Knowledge, skills, and attitudes for each competency were developed for use in prelicensure nursing education (Cronenwett, Sherwood, Barnsteiner, et al. 2007) and graduate education.

NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE REPORT

The Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity report (National Academies of Sciences, Engineering, and Medicine (2021)) identified several desired outcomes for nursing in the United States, including:

- Working individually and collaboratively to meet the challenges in the U. S. health care system including an aging population, disproportionate access to health care, mental health problems, structural racism, high maternal mortality and morbidity, and higher disease rates among certain populations.
- Building a diverse workforce that ensures that the patient receives culturally competent, equitable care.
- Removing barriers that prevent nurses from working to the fullest extent of their education and training.
- Creating organizational structures that enable the capability for nurses to go to areas of need during a crisis or disaster.
- Incorporating health equity into all aspects of nursing education.
- Emphasizing preventive, person-centered care.
- Focusing on self-care and well-being.

The report outlined recommendations and specific actions to achieve these outcomes.

NATIONAL PATIENT SAFETY GOALS

TJC is the accrediting organization for health care facilities in the United States. In 2003, TJC established the first set of National Patient Safety Goals to improve patient safety for a variety of accredited health care facilities, including hospitals. The hospital goals for 2021 include the following:

- Improve the accuracy of patient identification.
- Improve the effectiveness of communication among caregivers.
- Improve the safety of using medications.
- Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.
- Maintain and communicate accurate patient medication information.
- Reduce patient harm associated with clinical alarm systems.
- Reduce the risk of health care–associated infections.
- Identify safety risks inherent in the hospital's patient population.

Each category has specific elements of performance that are required for the health care worker to meet the goals (TJC, 2021). As new problems in patient care emerge, the safety goals will be reassessed and revised.

SUMMARY OF LEARNING OUTCOMES

LO 1.1 *Characterize nursing:* Nursing is a holistic profession that addresses the many dimensions necessary to fully care for a patient.

LO 1.2 *Differentiate among the functions and roles of nurses:* Nurses provide care to patients while functioning in multiple roles as care provider, educator, advocate, leader, change agent, manager, researcher, collaborator, and delegator.

LO 1.3 *Analyze historical events in the evolution of nursing:* Historically, the nursing profession has evolved from a religious and military background to meet the nursing needs of society.

LO 1.4 *Summarize nursing theories:* Nurses use nursing theories to guide their practice. Nursing theories began with Florence Nightingale's work in 1860 and continue to the present. Each theory discusses the four concepts of nursing, person, health, and environment.

LO 1.5 *Examine nonnursing theories that influence nursing practice:* Nonnursing theories that influence nursing practice include systems theory, developmental theory, change theory, theory of human needs, and leadership theories.

LO 1.6 *Articulate the criteria of a profession as applied to nursing:* Nursing is evaluated against the criteria of a profession, which include altruism, body of knowledge, accountability, higher education, autonomy, code of ethics, professional organization, and licensure.

LO 1.7 *Consider standards of practice and nurse practice acts:* ANA standards of professional nursing practice guide and direct the practice of nursing; state nurse practice acts define nurses' scope of practice.

LO 1.8 *Analyze the socialization and transformation process of a nurse:* Socialization into the nursing profession follows a process from novice to advanced beginner during nursing school. The nurse reaches the competent level after several years of practice. Transformation takes place when the student gains the ability to perceive and prioritize the situational needs of complex care.

LO 1.9 *Explore the levels of educational preparation in nursing and differentiate among the nurse's roles depending on education:* Numerous levels of education (diploma, associate, baccalaureate, master's, and doctoral degrees) and career opportunities in nursing can be pursued.

LO 1.10 *Investigate possible certifications in various arenas of nursing and professional organizations in nursing:* Many different certifications are available to nurses who meet specific requirements and pass qualifying examinations. Nursing organizations represent all nurses and nursing specialties.

LO 1.11 *Probe the future directions in nursing:* Future directions in nursing include dealing with the nursing shortage and implementing new patient safety programs.


Responses to the critical thinking exercises are available at http://evolve.elsevier.com/YoostCrawford/fundamentals/.

REVIEW QUESTIONS

1. The nurse supports a patient's decision to decline more cancer treatment and to be cared for by a hospice team, even though the nurse personally thinks the patient should seek more treatment. The nurse is practicing which nursing role?
   a. Advocacy
   b. Change agent
   c. Leader
   d. Collaborator
2. A profession has specific characteristics. In regard to how nursing meets these characteristics, which criteria are consistent and standardized processes? (*Select all that apply.*)
   a. Code of ethics
   b. Licensing
   c. Body of knowledge
   d. Educational preparation
   e. Altruism
3. What specific aspect of a profession does the development of theories provide?
   a. Altruism
   b. Body of knowledge
   c. Autonomy
   d. Accountability
4. Health care workers are discussing a diverse group of patients respectfully and are being responsive to the health beliefs and practices of these patients. What important aspect of nursing professional practice are they exhibiting?
   a. Autonomy
   b. Accountability
   c. Cultural competence
   d. Autocratic leadership
5. A nurse makes a medication error, immediately assesses the patient, and reports the error to the nurse manager and the primary care provider (PCP). Which characteristic of a professional is the nurse demonstrating?
   a. Autonomy
   b. Collaboration
   c. Accountability
   d. Altruism

6. Which are included in the ANA Standards of Professional Nursing Practice? (*Select all that apply.*)
   a. Standards of professional performance
   b. Code of ethics
   c. Standards of practice
   d. Legal scope of practice
   e. Licensure requirements
7. Which core competency of advanced practice registered nurse (APRN) is a nurse educator exhibiting when counseling a student nurse on the unit in therapeutic communication techniques?
   a. Leadership
   b. Ethical decision-making
   c. Direct clinical practice
   d. Expert coaching
8. Which statements describe a component discussed in nursing theories? (*Select all that apply.*)
   a. Optimal functioning of the patient
   b. Interaction with components of the environment
   c. The conceptual makeup of the administration of the hospital
   d. The illness and health concept
   e. Safety aspect of medication administration
9. Which factors affect the nursing shortage? (*Select all that apply.*)
   a. Aging faculty
   b. Increasing elderly population
   c. Job satisfaction due to adequate number of nurses
   d. Aging nursing workforce
   e. Greater autonomy for nurses
10. A nurse has performed a physical examination of the patient and reviewed the laboratory results and diagnostics on the patient's chart. The nurse is performing which specific nursing function?
    a. Diagnosis
    b. Assessment
    c. Education
    d. Advocacy

Answers and rationales for the review questions are available at http://evolve.elsevier.com/YoostCrawford/fundamentals/.

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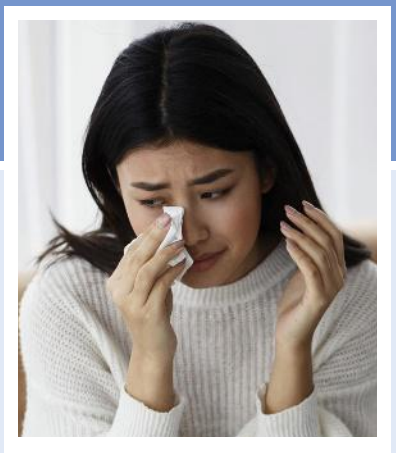

CHAPTER 2

Values, Beliefs, and Caring

EVOLVE WEBSITE/RESOURCES

http://evolve.elsevier.com/YoostCrawford/fundamentals/

- Answers and Rationales for Text Review Questions
- Answers to Critical Thinking Exercises

LEARNING OUTCOMES

Comprehension of this chapter's content will provide students with the ability to:

LO 2.1 Describe the differences between beliefs and values and how they develop.
LO 2.2 Explain the use of the values clarification process in dealing with a values conflict.
LO 2.3 Summarize how the beliefs of nurses and patients influence health care.
LO 2.4 Discuss caring and four nursing theories with the concept of caring as their primary focus.
LO 2.5 Articulate ways in which nurses develop into caring professionals.
LO 2.6 Identify essential behaviors that demonstrate caring.
LO 2.7 Define compassion fatigue and identify prevention strategies.

KEY TERMS

active listening, p. 31
belief, p. 22
caring, p. 25
compassion, p. 29
compassion fatigue, p. 31
first-order beliefs, p. 22
generalizations, p. 23
higher-order beliefs, p. 23
nursing presence, p. 29
paradigms, p. 25
patient-centered care, p. 26
prejudice, p. 23
stereotype, p. 23
values, p. 22
values clarification, p. 24
values conflict, p. 24
values system, p. 23

CASE STUDY

Gyeong Paik (G. P.) calls herself "Ginny" for the benefit of her American friends who cannot pronounce her Korean name. She is a 20-year-old college student who arrives in the emergency department accompanied by an older Korean man, who is a longtime friend of her family. Her major complaint is a throbbing headache, which she reports "has not let up for the past 3 days and nights." She rates the pain as an 8 or 9 on a scale of 0 to 10. G. P. expresses concern that "it might be something serious," because she has never experienced anything like this before. In fact, she states, "I can't remember ever having a headache that lasted longer than a half hour."

While awaiting diagnostic test results, G. P. tells the nurse that her parents still live in a small village in Korea and sacrificed a great deal to send her to the United States to attend college. She traveled to this country alone at the age of 16 and lived with her parents' friends until she graduated from high school. She now lives in a one-room apartment near the small private college that she attends.

When diagnostic test results show no abnormalities, the physician writes a prescription for a mild narcotic analgesic (pain medication) without asking G. P. what type of treatment she typically prefers for pain relief. He attributes the pain to stress, a migraine headache, or possibly hormones, because her menstrual period began the day before. When the nurse tries to administer the medication to G. P., she respectfully refuses it, saying, "No, thank you." G. P. explains that she came to the emergency department only to find out if the cause was something serious, but now that she knows it is not, she prefers alternative therapy, such as meditation or acupuncture for pain relief. After G. P. leaves, the nurse is bewildered and somewhat angry over her refusal to take the medication. The nurse turns to a colleague and asks, "Why did she come here if she didn't want our help?"

Refer to the case study information and content throughout the chapter to answer the critical thinking exercises and develop stronger clinical judgment skills.

Nurses are called on to provide care for patients with beliefs and values that may be vastly different from their own. In fact, the beliefs of many patients and their families may seem strange or, at times, perplexing to the nurse. In a multicultural practice environment, gaining an understanding of what beliefs and values are, how they develop, and in what ways they shape the behaviors of both patients and nurses will help nurses assist patients toward better health outcomes.

BELIEFS AND VALUES LO 2.1

Patients and their families look to nurses to support and guide them through some of the most difficult and vulnerable periods of their lives. They need to know that the nurse will be sensitive to their beliefs and values and will strive to understand how they want to be treated. It is important for nurses to have strong professional values to guide their practice that are consistent with society's expectations of a trusted professional. It is essential that nursing students develop and continue to adhere to critical professional nursing values throughout their careers. Understanding the importance and the relatedness of beliefs and values is a vital first step.

A **belief** is a mental representation of reality or a person's perceptions about what is right (correct), true, or real, or what the person expects to happen in a given situation. In a religious or spiritual sense, to have a belief means to place trust or have a relationship with God or a higher power (Rosyidah, Ratna, Mustikasari, et al., 2018). Three types of beliefs are recognized: *zero-order beliefs*, most of which are unconscious, such as object permanence; *first-order beliefs*, which are conscious, typically based on direct experiences; and *higher-order beliefs*, which are generalizations or ideas that are derived from first-order beliefs and reasoning (Bem, 1970).

Values are enduring ideas about what a person considers is the good, the best, and the "right" thing to do and their opposites—the bad, worst, and wrong things to do—and about what is desirable or has worth in life (Rassin, 2010). Values determine the importance and worth of an idea, a belief, an object, or a behavior. Personal values include the life principles that are most important to people and shape their thoughts, feelings, and, ultimately, actions. Values play a large part in how individuals view and evaluate themselves (self-concept) and others. Values, such as caring, strongly influence a person's selection of friends, professional decisions, organizational membership, and support of social causes.

FIRST-ORDER BELIEFS

First-order beliefs serve as the foundation or an individual's belief system (Bem, 1970) (Table 2.1). People begin developing first-order beliefs about what is correct, real, and true in early childhood directly through experiences (e.g., most nurses are female) and indirectly from information shared by authority figures, such as parents or teachers (e.g., anyone, regardless of gender, can become a nurse). People continue to develop first-order beliefs into adulthood through both direct experiences and the acquisition of knowledge from a vast number of sources with various degrees of expertise and levels of influence. People seldom question their first-order beliefs and rarely replace one, because to do so would require a great deal

TABLE 2.1 Overview of Beliefs and Values Formation

FIRST-ORDER BELIEFS	HIGHER-ORDER BELIEFS	VALUES
Purposes		
• Provide basic information about what is real or true • Indicate what a person expects on the basis of information shared or obtained from others • Are the foundation for the formation of all other beliefs	Categorize or bring order to a multitude of ideas	Establish the foundation of self-concept Indicate a person's judgments of ideas, objects, or behavior Provide a framework for decision-making Guide life decisions on the basis of what a person views as most important
Derived From		
• Life experiences • Respected authorities • Parents or caregivers • Culture • Ethnicity • Education • Religion • Spirituality	Assumptions based on first-order beliefs Inductive reasoning Deductive reasoning	Personal experiences Family of origin Spirituality Religious beliefs Cultural/ethnic background Education Professional development
Examples		
• Most nurses are female. • Anyone, regardless of gender, can become a nurse.	*Generalization:* All nurses wear white uniforms. *Stereotype:* Nurses are more caring than other adults. *Prejudice:* Women are better nurses than men.	Professional nursing values include advocacy, altruism, collaboration, compassion, confidentiality, integrity, fidelity, responsibility, social justice, courage, autonomy (ANA, 2015). Others include respect for human dignity, professionalism, caring, equality, freedom, justice, truth, trust, and activism (Poorchangizi, Borhani, Abbaszadeh, et al., 2019).

of rethinking about both that belief (which has been perceived as real or true) and similar or closely associated beliefs. Nurses need to keep in mind that presenting information to patients that challenges their first-order beliefs may cause a great deal of emotional or cognitive upset (Rassin, 2010).

HIGHER-ORDER BELIEFS

Higher-order beliefs are ideas derived from a person's first-order beliefs, using either inductive or deductive reasoning (Bem, 1970). In the process of learning, people form **generalizations** (general statements or ideas about people or things) to relate new information to what is already known and to categorize the new information, making it easier to remember or understand. Generalizations may arise at an unconscious level. People may remain unaware of how they came to believe certain ideas in the first place, and even though generalizations are mental abstractions, they may be considered as real and true as first-order beliefs. One of the major problems with generalizations is that they are not true in all instances. When generalizations are treated as if they are always true, they are called *stereotypes*.

A **stereotype** is a conceptualized depiction of a person, a group, or an event that is thought to be typical of all others in that category. One problem with stereotypes is that sometimes people use stereotypes to rationalize personal biases or prejudices.

A **prejudice** is a preformed opinion, usually an unfavorable one, about an entire group of people that is based on insufficient knowledge, irrational feelings, or inaccurate stereotypes. Most generalizations and even stereotypes seldom arise out of unkind or pathologic intent but are used by people to remember new information and to categorize their ideas and beliefs. Many stereotypes are of a harmless variety and are replaced as a person's knowledge or personal experiences broaden.

VALUES SYSTEM

A **values system** is a set of somewhat consistent values and measures that are organized hierarchically into a belief system on a continuum of relative importance (Harris, 2010). Anthropologists and social scientists have noted that in every culture, a particular value system prevails and consists of culturally defined moral and ethical principles and rules that are learned in childhood. Each individual possesses a relatively small number of values and may share the same values with others, but to different degrees. A values system helps the person choose between alternatives, resolve values conflicts, and make decisions. Within every culture, however, values vary widely among subcultural groups and even between individuals on the basis of the person's gender, personal experiences, personality, education, and many other variables (Box 2.1).

BOX 2.1 DIVERSITY CONSIDERATIONS

Life Span

- Families and cultures have attitudes about what and how to eat that they transmit in the form of values.
- Parents and grandparents use many strategies to transmit their values about healthy eating to their children and grandchildren. Some of the strategies include limiting the purchase of unhealthy foods, involving children in shopping and meal preparation, and engaging children in ongoing conversations about healthful eating and the value of weight control.

Culture, Ethnicity, and Religion

- Concerns about blending family values and beliefs differ among Asian Indian couples who choose love marriages rather than traditional arranged marriages. The Asian Indian couples residing in the United States are less concerned about how well their families of origins' values and beliefs mesh with each other than couples residing in India (Cordona, Bedi, & Crookston, 2019).
- Pharmaceutical treatment may be rejected by individuals from some cultures based on traditional beliefs and values. Exploring the implementation of alternative or complementary therapies may help to meet patient needs while demonstrating respect.

Disability

- People with disabilities note that the real problem with being disabled often is not the physical or mental condition that places limits on what they can do but rather the situation of being excluded from society and not permitted to contribute that makes them feel devalued and isolated.
- Nurses demonstrate respect for patients with disabilities by including them in their care as much as possible and seeking to understand what works best for each person rather than generalizing treatment modalities (Fig. 2.1).

Morphology

- Obesity and undernutrition are coexisting in some homes, communities, and countries. Decreased intake of foods high in fat and sugars and an increase in physical activity are needed to combat worldwide overweight and obesity concerns. The food industry needs to promote values associated with nutritious food choices; restrict marketing of foods high in sugar, salt, and fat to children and youth; and make sure that healthy food choices are available to everyone (World Health Organization, 2020).
- Increasing the value that people place on exercise and the consumption of fresh fruits and vegetables is the focus of worldwide strategies to reduce the incidence of obesity.

FIGURE 2.1 People with disabilities often can assist nurses in identifying care strategies that work best for them. (Copyright © Professional Studio/iStock.com.)

QSEN FOCUS!

Collecting information on patient values during the interview and assessment process is essential to providing patient-centered care.

VALUES CONFLICT LO 2.2

A **values conflict** occurs when there is an actual or perceived difference between two or more belief systems. Patients may experience a values conflict if evidence-based practice supports interventions that are inconsistent with their preferred, traditional treatment modalities. Providing care for a convicted murderer may elicit troubling feelings for a nurse, resulting in a values conflict between the nurse's commitment to care for all people and a personal repugnance for the act of murder. When people experience values conflicts or exhibit incongruent stated values and actions, values clarification may be helpful.

VALUES CLARIFICATION

Values clarification is a therapeutic process that allows individuals to consider, clarify, and prioritize their personal values. Clearly identifying core values increases a person's self-awareness and eases decision-making. Nurses can use values clarification to help patients identify the nature of a conflict and reach a decision based on their values. Possibly the most helpful application of the values clarification process occurs when it is used by the nurse to assist a patient or family faced with making a health care decision or decisions concerning end-of-life care. Nurses may use the values clarification process to better identify their own personal values in challenging care situations.

While helping patients with values clarification and care decisions, nurses must be aware of the potential influence of their professional nursing role on patient decision-making. Nurses should be careful to assist patients to clarify their own values in reaching informed decisions. This strategy will help avoid the risk of unintended persuasion on the part of the nurse. Providing information to patients so that they can make informed decisions is a critical nursing role. Giving advice or telling patients what to do in difficult circumstances is both unethical and ill advised (Box 2.2). Fig. 2.2 is an example of a values clarification tool that nurses can use with patients.

1. List five concerns related to beliefs and values that nurses should consider immediately when caring for a patient with a cultural background different from their own.

2. Identify two assessment questions regarding treatments that G. P. has used in the past to treat headaches that would have been helpful for the nurse to ask. What follow-up question should the nurse have asked after G. P. stated that she had never had a headache lasting longer than a half-hour?

BOX 2.2 PATIENT EDUCATION AND HEALTH LITERACY

Teaching Pregnant Women Dealing With Substance Abuse or Addiction

Ackley, et al. (2020) note that the most effective approach for dealing with a values conflict in which substance abuse or an addiction is involved is to begin with an assessment interview, during which the nurse should:

- Listen for the subtle signs of denial, such as an unrealistic display of optimism or downplaying or minimizing the significance of the danger to the fetus.
- Avoid direct confrontation, such as, "I hear you say you want a healthy baby, but I see that you are still smoking."
- Use a matter-of-fact approach to inform the patient of the reality of the consequences of the harmful behavior to the unborn child.
- Provide straightforward information about the effects of the substance abuse on the fetus to better equip the patient to understand the problem—an understanding that is integral to motivating change.

BELIEFS, HEALTH, AND HEALTH CARE LO 2.3

Although personal beliefs are one of the most important factors in determining how a person responds to a health problem and its treatment, the beliefs of nurses and other health care workers are equally important factors in determining how patients are treated. Patients listen to or do not listen to, trust or mistrust, and act on or ignore information provided by members of the health care team on the basis of their previous experiences and, sometimes, stereotypes or prejudices.

This phenomenon is seen in research conducted to identify treatment disparities due to ethnic or racial differences. Studies indicate that untreated chronic medical conditions are disproportionately high among ethnic and racial minorities, including those who live in American Indian or Alaska Native communities (Sabatello, Burke, McDonald, et al., 2020). In a systematic review of literature, international researchers found that women and black patients are less likely to receive accurate diagnoses, treatment, and referrals to specialists than men and white patients (Piccardi, Detollenaere, Bussche, et al., 2018). In another study of 34,203 patients hospitalized for hip fractures who were 65 years old and older, on Medicare, and predominantly female, Hispanic patients were almost three times more likely than white patients, and blacks were twice as likely as whites, to be discharged to home self-care rather than to a rehabilitation facility. The researchers explained that the differences were due to the fact that the nonwhite families tended to have less favorable perceptions of rehabilitation facilities than the family members of white patients (Jaffe & Jimenez, 2015). The disturbing part of the findings is that those who went home to self-care seldom walked again. Many health care disparities may be traced to the health beliefs of either patients or health care providers.

Your values are your ideas about what is most important to you—what you want to live for and the values you want to live by. Values are the silent forces behind many of your actions and decisions. The goal of "values clarification" is to become fully conscious of their influence, and to explore and honestly acknowledge what you truly value. You can be more self-directed and effective when you know which values you choose to keep and live by as an adult, and which ones will get priority over others. Identify your values by designating them as a ***1*** (important), a ***2*** (somewhat important), or a ***3*** (not important), and then rank in order your top three ***1***s. When done, reflect on any lifestyle changes you might need to make so that your lifestyle is more in line with what you value most.

_____ Achieving highly
_____ Avoiding boredom
_____ Being a creative person
_____ Being a good parent (or child)
_____ Being a spiritual person
_____ Being admired
_____ Being appreciated
_____ Being comfortable
_____ Being competent
_____ Being courageous
_____ Being emotionally stable
_____ Being free from pain
_____ Being healthy
_____ Being independent
_____ Being liked
_____ Being loved
_____ Being married
_____ Being physically fit
_____ Being popular
_____ Being productively busy
_____ Being safe physically
_____ Being treated fairly
_____ Being well-organized
_____ Being with people
_____ Enjoying sensual pleasures
_____ Fighting injustice
_____ Growing as a person
_____ Having a close family
_____ Having a purpose
_____ Having a relationship with God
_____ Having a special partner
_____ Having an important position
_____ Having companionship
_____ Having deep feelings
_____ Having enjoyable work
_____ Having financial security
_____ Having fun
_____ Having good friends
_____ Having it easy
_____ Having peace and quiet
_____ Having people's approval
_____ Having pride or dignity
_____ Having prized possessions
_____ Having self-acceptance
_____ Having self-control
_____ Having someone's help
_____ Having things in control
_____ Holding on to what you have
_____ Learning and knowing a lot
_____ Living ethically
_____ Living life fully
_____ Looking good
_____ Loving someone
_____ Making a contribution to the world
_____ Making a home
_____ Making money
_____ Not being taken advantage of
_____ Preserving your roots
_____ Smelling the flowers
_____ Striving for perfection
_____ Taking care of others

FIGURE 2.2 Values clarification tool. (Adapted from material at www.smartrecovery.org. Credited to Joyce Sichel, from Barnard, M. E., & Wolf, J. L. (Eds.). (2000). *The RET book for practitioners,* New York: Albert Ellis Institute.)

! SAFE PRACTICE ALERT

Nurses must collaborate effectively with patients to find treatment methods that are congruent with the patients' belief systems and that promote healthy outcomes. This approach requires excellent assessment skills and a willingness to listen carefully to determine how patients' personal beliefs impact their health beliefs. Failure to consider the patient's belief systems may result in ineffective implementation of the plan of care.

Equally revealing are studies indicating the presence of a gap, in many cases, between what nurses believe to be true and real and what patients believe to be so (Kennedy, Rehman, Johnson, et al., 2017). This gap widens when nurses are formally educated in scientific causes of diseases and evidence-based practice. As nurses learn about their discipline, their **paradigm** (or worldview) gradually changes to one based on a body of knowledge that focuses on scientific principles and may dismiss other explanations for the presence of disease or illness. This scientific or modern paradigm has been nursing's predominant paradigm since the early 1900s, which was when nurses began conducting research using the scientific method. Patients, however, may hold a worldview very different from the scientific paradigm.

To determine a patient's values and beliefs, nurses must listen and ask relevant questions. Incorporating patient values and beliefs into a plan of care requires that patients and their families or primary caregivers be actively involved in establishing goals and outcome criteria (Box 2.3). Patients should be included in determining what interventions will be implemented to assist them in achieving their goals.

CARING AND CARING THEORIES LO 2.4

The value of caring is considered by many as the essence of nursing. **Caring** is defined as having concern or regard for another and is conceptualized as a human trait, a moral imperative, an affect, the nurse–patient interpersonal relationship, and a therapeutic intervention (Morse, Solberg,

BOX 2.3 INTERPROFESSIONAL COLLABORATION AND DELEGATION

Patient-Centered Care

The Institute of Medicine (now the National Academy of Medicine) recommends the provision of health care be patient centered. **Patient-centered care** is defined as "providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions" (IOM, 2001, p. 40). Patient-centered care is best provided through therapeutic relationships that reflect the values of care, trust, and compassion. Lown, et al., (2016) developed a model for interprofessional education of health care professionals that incorporates compassion, collaboration, and caring. These researchers believe that empathy and compassion, when practiced among all members of the health care team, including the patient, provide the foundation for effective collaboration that leads to greater patient and professional satisfaction, human connectedness, support, and resilience. Additionally, Bilodeau, et al., (2015) identified four integral facets of interprofessional patient-centered care:

- The patient needs to be a member of the team.
- The provision of support needs to be consistent with the patient's experience and level of involvement.
- Respectful care reflects the patient's values and goals, not those imposed by the health care professional.
- Collaboration among all members of the team needs to occur consistently and regularly.

Reflection on the definition of patient-centered care and facets believed to be necessary for patient-centered care to be delivered in today's complex health care environment reveals that patient-centered care cannot truly occur without interprofessional collaboration reflective of care, concern, and compassion.

Neander, Bottorff, et al., 1990). As a profession, nursing can trace its earliest beginnings to the types of nurturing activities that demonstrate care, such as taking time to be with a suffering person; actively listening; advocating for the vulnerable; valuing and respecting all individuals; attempting to relieve pain; and making the healing process an act of the body, mind, and spirit. A substantive body of evidence is emerging demonstrating the significance of caring and the importance of caring nurse–patient interactions. Today, there are professional organizations, nursing program curricula, journals, and a multitude of research studies advancing the science of caring in nursing.

Many nursing theories exist that identify the concept of caring as the primary focus. Four of the most significant theories are presented in this chapter. These theories complement one another but approach the idea of caring and nursing from very different paradigms. A nurse's paradigm, or the way the nurse views the world, significantly affects how the nurse provides care. Therefore, understanding theories of caring can positively influence nursing practice.

MADELINE LEININGER: THEORY OF CULTURAL CARE DIVERSITY AND UNIVERSALITY

Madeline Leininger is widely recognized for identifying the role that culture plays in health and health care. She is considered the founder of transcultural nursing and developed an ethnonursing method of research used by many nurse scientists. As a nurse and anthropologist, Leininger found that human caring was a universal phenomenon. Leininger's Theory of Cultural Care Diversity and Universality is based on several beliefs, including—but not limited to—the following assumptions: (1) care is a central unifying focus of nursing; (2) a cure cannot occur without caring; (3) culture is embedded in all aspects of one's being; and (4) culturally congruent care promotes health and well-being (McFarland & Wehbe-Alamah, 2018).

Nursing, according to Leininger, is both an art and a science that provides culture-specific care to individual patients and groups to promote or maintain health behaviors or recovery from illness. Within the model, three nursing actions focus on finding ways to provide culturally congruent care. These three nursing actions include (1) preserving or maintaining the patient's cultural health practices; (2) accommodating, adapting, or adjusting health care practices for culturally congruent care; and (3) culture care repatterning or restructuring of professional actions and health care decisions as mutually established by the patient and nurse (McFarland, 2018). The Theory of Cultural Care Diversity and Universality has been used to promote understanding of care needs among diverse populations. For example, Coleman and colleagues (2016) applied the theory to develop an effective strategy to reduce emergency department visits and readmissions among persons who had undergone bariatric surgery. The Sunrise Enabler model, a conceptual guide for application of the theory (see Chapter 21, Fig. 21.4), was used by Christensen (2014) to promote knowledge and understanding essential to providing effective nursing care to incarcerated women.

JEAN WATSON: THEORY OF HUMAN CARING

One of the best-known and most popular caring theories is Watson's Theory of Human Caring. The Theory of Human Caring, although shaped by a variety of influences—such as Carl Rogers, Yalom, and Hildegard Peplau—was derived through Jean Watson's exploration of her own beliefs, values, and experiences regarding personhood, nursing, medicine, health, and healing (Watson, 1997). Watson found nursing to be distinct from medicine, with a greater holistic focus on care versus cure. The theory was first developed in the mid- to late 1970s and identified 10 caritative factors that described the components of the transpersonal nurse–patient relationship (Watson, 2015). Continued development of the theory throughout the late 1990s to the present day includes the transformation of these caring factors to

what is termed *caritas processes*, which is reflective of Watson's emerging thoughts within the unitary-transformative perspective (Box 2.4). The Theory of Human Caring has been used extensively in education, practice, and research throughout the world (Nelson & Watson, 2012). Interventions derived through application of the theory have been found to improve patient outcomes, nurse satisfaction, and student learning (Wei & Watson, 2019). Ozan and Okumus (2017) utilized Watson's theory to promote positive coping skills, reducing anxiety and distress in women experiencing infertility. Wei and Watson (2019) explored perspectives of caring among health care professionals that contribute to the creation of a healing environment. In addition, health care systems have adopted the theory to guide care delivery models and processes (Durant, et al., 2015). Students undertaking a literature search related to Watson and her theory are sure to find an abundance of articles.

BOX 2.4 Watson's Ten Caritas Processes

- Practicing loving-kindness and equanimity within context of caring consciousness.
- Being authentically present and enabling, and sustaining the deep belief system and subjective life world of self and the one being cared for.
- Cultivating one's own spiritual practices and transpersonal self, going beyond ego self.
- Developing and sustaining a helping-trusting, authentic caring relationship.
- Being present to and supportive of the expression of positive and negative feelings.
- Creatively using self and all ways of knowing as part of the caring process; engaging in artistry of caring-healing practices.
- Engaging in genuine teaching-learning experience that attends to wholeness and meaning, attempting to stay within other's frame of reference.
- Creating healing environment at all levels, whereby wholeness, beauty, comfort, dignity, and peace are potentiated.
- Assisting with basic needs, with an intentional caring consciousness, administering "human care essentials," which potentiate alignment of mind-body-spirit, wholeness in all aspects of care.
- Opening and attending to mysterious dimensions of one's life-death; soul care for self and the one being cared for; "allowing and being open to miracles."

Copyright from Watson, J. (2010). Core Concepts of Jean Watson's Theory of Human Caring/Caring Science.

KRISTEN SWANSON: THEORY OF CARING

Kristen Swanson studied under Jean Watson; as such, her work is informed by The Theory of Human Caring. However, her middle-range theory is not viewed as an application of Watson's model (Swanson, 2015). The theory was developed upon completion of three studies that explored the experiences of women who suffered a miscarriage. In the model, caring is defined as a "nurturing way of relating to a valued 'other' toward whom one feels a personal sense of commitment and responsibility" (Swanson, 1991, p. 165) and is characterized by five processes: knowing, being with, doing for, enabling, and maintaining belief (Table 2.2).

Through a study funded by the National Institute of Nursing Research (NINR), Swanson demonstrated that caring as described earlier and experienced by patients who suffered a miscarriage contributed to positive outcomes, specifically, decreasing anger, depression, and negative mood states (Swanson, 1999). In 2009, Swanson investigated the effects of caring-based interventions for couples (both men and women). More recently, Swanson has proposed connections between the five caring processes with corresponding healing outcomes: being understood (knowing), feeling valued (being with), feeling hopeful (maintaining belief), feeling capable (enabling), and feeling safe and comforted (doing for) (Swanson, 2015) (Fig. 2.3). Extending applicability of the model, Nurse-Clark and colleagues (2019) applied the theory to guide care, which promotes wellness and alleviates suffering among women who experienced a stillbirth. Gould, et al. (2018) described the development and effective implementation of *Caring Cards*, guided by Swanson's theory, to decrease fall rates. While perhaps not as popular as other theories, the Theory of Caring offers opportunities to transform nursing care in meaningful and effective ways.

ANNE BOYKIN AND SAVINA SCHOENHOFER: THEORY OF NURSING AS CARING

Sr. Simone Roach, a pioneer in nursing ethics, believed caring to be the human mode of existence and described six

TABLE 2.2 Swanson's Five Caring Processes With Subdimensions

KNOWING	BEING WITH	DOING FOR	ENABLING	MAINTAINING BELIEF
Avoiding assumptions	Being there	Comforting	Informing/explaining	Believing in/holding in esteem
Centering on the one cared for	Conveying ability	Anticipating	Supporting/allowing	Maintaining a hope-filled attitude
Assessing thoroughly	Sharing feelings	Performing competently/skillfully	Focusing	Offering realistic optimism
Seeking cues	Not burdening	Protecting	Generating alternatives/thinking it through	"Going the distance"
Engaging the self of both		Preserving dignity	Validating/giving feedback	

From Swanson, K. (1991). Empirical development of a middle range theory of caring. *Nurs Res, 40*(3), 161-166.

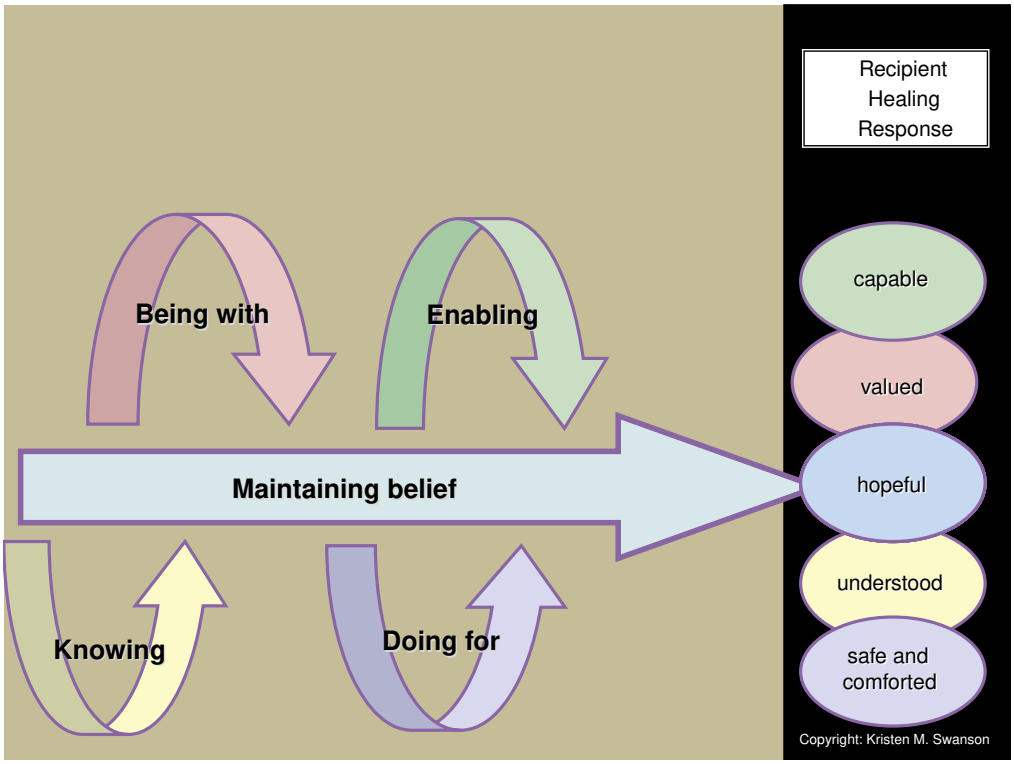

FIGURE 2.3 Swanson theory of caring and healing. (Copyright Kristen M. Swanson)

attributes of caring: compassion, competence, conscience, confidence, commitment, and comportment (behavior). In his philosophical work, *On Caring*, Mayeroff (1971) defined eight caring ingredients: alternating rhythms, courage, honesty, hope, humility, knowing, patience, and trusting. The work of Sr. Simone Roach and the thoughts of philosopher Milton Mayeroff influenced the creation of the Theory of Nursing as Caring (Boykin & Schoenhofer, 2015). Additionally, Paterson and Zderad's notion of awareness of self and others as necessary for the nurturing response can be seen in definitions of caring and nursing described in the Theory of Nursing as Caring (Boykin & Schoenhofer, 2015).

In the theory, caring is defined as "the intentional and authentic presence of the nurse with another who is recognized as person living caring and growing in caring" (Boykin & Schoenhofer, 2001, p. 13), and "the general intention of nursing as a practiced discipline is nurturing persons living caring and growing in caring" (Boykin & Schoenhofer, 2015, p. 343). One of the major concepts of the theory is the nursing situation in which the nurse and patient share the lived experience of caring. It is in this nursing situation that nursing is created and can best be understood. The model has been used in a variety of settings to guide practice, education, and research (Boykin, Schoenhofer & Valentine, 2014; Dunn, 2012; Dyess, Boykin, & Bulfin, 2013).

PROFESSIONAL CARING LO 2.5

Christiansen (2009) defined *caring* as the way nurses express themselves to patients or their family members in a sensitive and empathetic manner that communicates "authentic concern." Nursing students, in Christiansen's view, must take moral responsibility to develop and demonstrate competency in caring skills just as they display other nursing skills. Developing the ability to demonstrate caring is an essential part of becoming a professional nurse, which can be measured and evaluated by instructors in the clinical setting. The objective behaviors that constitute authentic concern typically are expressed by the nurse through eye contact, tone of voice and pace of speech, body language, and attention directed toward the patient.

Although there has been disagreement in the past about whether it is possible to teach values, specifically caring, recent research suggests that care, compassion, and empathy can be taught. Immersion of students in authentic experiences using simulation, vignettes, reflective thought, and faculty role modeling can increase levels of caring in student nurses (Nadelson, Zigmond, Nadelson, et al., 2016; Richardson, Percy, & Hughes, 2015). Thoughtful discussion of caring and uncaring behaviors as observed during practice with faculty may further facilitate the development of caring behaviors.

Patient perceptions of nurse caring have been shown to impact outcomes (Box 2.5). The caring theories presented, although uniquely different, share commonalities in regard to characteristics, traits, and actions that convey caring to patients. In what follows, six common concepts are presented that reflect caring when exemplified or employed by nurses. The American Nurses Association (ANA, 2015) Code of Ethics speaks to each of these ideas (Box 2.6). Students are encouraged to reflect on how these characteristics, traits, and behaviors are emulated in their own developing nursing practice.

BOX 2.5 EVIDENCE-BASED PRACTICE AND INFORMATICS

Studies That Demonstrate Outcomes Associated With Caring in Nursing Practice

- Patient perception of a caring culture within a health care organization plays a vital role in positive patient outcomes (Ying, Fitzpatrick, Philippou, et al., 2020).
- Listening is an important aspect to establishing trusting nurse–patient relationships. Listening to spoken words and observing tone of voice and body language helps to develop rapport (Gelinas, 2018).
- Viewing patients as having unique abilities and showing care and concern builds trust and demonstrates compassion (Gelinas, 2018).
- Patient experiences of caring nurse behaviors and patient-centeredness were found to be associated with patient perceptions of quality of care, with the following behaviors most significant: knowledgeable, effective therapeutic communication skills, timely assistance and support, and environmental support for care needs (Edvardsson, Watt, & Pearce, 2016).
- The following caring behaviors were found to be most important among critically ill intubated patients and their families and thought to contribute to recovery: provision of information and reassurance, proficiency with skills, being present, offering guidance, and use of soothing tone of voice (Weyant, Clukey, Roberts, et al., 2017).

BOX 2.6 ETHICAL, LEGAL, AND PROFESSIONAL PRACTICE

Values in Nursing Code of Ethics

The American Nurses Association (2015) *Code of Ethics for Nurses* incorporates and addresses the values of care, compassion, and collaboration. The following provisions address the topics of discussion in this chapter:

- Provision 1: The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every patient.
  - Compassion is defined in the *Code* as "an awareness of suffering, tempered with reason, coupled with a desire to relieve the suffering; a virtue combining sympathy, empathy, benevolence, caring and mercy. Used with cognitive and psychomotor skills of healing to meet the patient's needs" (p. 41).
- Provision 5: The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
- Provision 6: The nurse through individual and collective efforts establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
- Provision 8: The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

CARING BEHAVIORS IN NURSING LO 2.6

Many authors, theorists, and professional groups have identified qualities and behaviors that demonstrate caring in nursing practice. Some of the most essential behaviors include compassion, presence, touch, and active listening in the nurse–patient relationship.

COMPASSION

Compassion is the force that impels and empowers one to recognize, acknowledge, and act to alleviate human suffering (Schantz, 2007). The terms *sympathy* and *empathy* are often used interchangeably with *compassion*. However, there are differences among these terms. *Sympathy* means to have pity for another's situation, whereas *empathy* refers to the ability to understand or share the feelings of another. To be compassionate is to act on one's sympathetic and empathetic response to another's situation. One needs to be empathetic in order to be compassionate.

Compassion is both an outcome and a process conveyed through a caring nurse–patient relationship. Factors associated with compassion include attentiveness, listening, confronting, involvement, helping, presence, and understanding. A genuine sense of caring, willingness to provide support, and engaging the patient as a person with individual needs are necessary for the patient to experience the nurse as compassionate (Sinclair, Norris, McConnell, et al., 2016). The nurse's ability to develop and display compassion may be influenced by the nurse's knowledge and expertise; nurse, patient, and organizational cultures; and prior experiences regarding compassion (Jones, Winch, Strube, et al., 2016). Compassionate care has been found to be associated with increased patient trust and hope, improved adherence, and greater patient disclosure regarding health behaviors.

Lack of compassion may ultimately influence patient satisfaction as well as other health-related outcomes, as patients feel devalued, unsupported, and misunderstood. Although health care providers and patients alike feel that compassion is of significant importance to health care, more than half of patients feel that compassion is lacking (Reynolds, 2019). In response to a growing concern of lack of compassion in health care, the Schwartz Center for Compassionate Healthcare, located within Massachusetts General Hospital, was established in 1995 to support and advance compassionate health care.

PRESENCE

Nurses are the only health care providers who are typically with patients 24 hours a day, 7 days a week. By simply being present in a patient's room, nurses have the potential to calm the fears of a patient and family and demonstrate caring. In the discipline of nursing, the notion of nursing presence extends beyond one's physical presence and availability to patients. **Nursing presence** is defined as the shared perception of human connectedness between a nurse and a patient (Kostovich, 2012). Such an intentional relational engagement

with the patient leads to greater knowing and awareness of the patient and, thus, a more meaningful connection (Hansbrough & Georges, 2019). McMahon and Christopher's (2011) Theory of Nurse Presence identifies five components to nurse presence: individual nurse characteristics, individual patient characteristics, shared characteristics within the nurse–patient pair, environmental characteristics reflective of relational work, and the nurse's intentional decision to engage in practice. Nurses can enhance presence through mindful meditation exercises and centering activities prior to engaging with patients.

Nurse presence has been associated with patient satisfaction—specifically those satisfaction indices related to listening, courtesy, and respect—with longer time frames of nurse presence correlating with demonstration of courtesy and respect (Penque & Kearney, 2015). Other outcomes thought to be associated with nurse presence include enhanced physical and emotional comfort, greater quality of life, feelings of empowerment, peacefulness, and healing (Kostovich, 2012).

TOUCH

Touch is the intentional contact between two or more people. It occurs so often in patient care situations that it has been deemed to be an essential and universal component of nursing care. Task-oriented touch and caring touch are common forms of physical contact used in nursing care. Touch can also be viewed as an intervention, such as the use of healing touch (HT) or therapeutic touch (TT). Regardless of the type of touch used, all forms of touch should be used carefully with patients while maintaining professional boundaries and ethical standards of care.

Task-Oriented Touch

Task-oriented touch includes performing nursing interventions, such as giving a bath, changing dressings, suctioning an endotracheal tube, giving an injection, starting an intravenous (IV) line, or inserting a nasogastric (NG) tube. Task-oriented touch should be done gently, skillfully, and in a way that conveys competence. Patients become alarmed when they detect that their nurse is unfamiliar with a procedure. It is best to seek assistance with any procedure or skill that the nurse cannot safely accomplish alone. Every task-oriented procedure should be explained to a patient, followed by feedback indicating patient understanding, before care is initiated.

Caring Touch

Caring touch is considered by most people to be a valuable means of nonverbal communication. In today's highly technical world of nursing, caring touch is an essential aspect of patient-centered care. Caring touch can be used to soothe, comfort, establish rapport, and create a bond between the nurse and the patient. Care may be conveyed by holding the hand of a patient during a painful or frightening procedure or when delivering bad news. This is an important way that nurses let patients know they are not alone and that another human being cares (Fig. 2.4).

FIGURE 2.4 Touch can be used to communicate caring in difficult situations. (© Thinkstock.com.)

Even when the nurse's intentions are to provide comfort, however, touch can be perceived as being intrusive or, at times, hostile by some patients, such as those who are confused or suspicious, those who have been abused, or those who are aggressive or under the influence of drugs or alcohol. In the case of a patient who has been abused, it is especially important to ask permission before touching the patient. Nurses need to be culturally sensitive to how caring touch may be perceived by patients from a culture different from their own. Gender differences must be respected and may necessitate permission before initiation of care.

TOUCH AS AN INTERVENTION

There are certain types of touch that are used as nursing interventions. Healing touch (HT) is the use of intentional light touch to promote relaxation (Foley, Anderson, Mallea, et al., 2016). HT has been found to aid in pain management, reduce anxiety, lower blood pressure, and positively impact patient satisfaction. As a result of its potential therapeutic effects, HT may help decrease overall length of stay for hospitalized patients.

Therapeutic touch (TT) is a process of energy exchange performed by certified practitioners. In employing TT, practitioners lightly touch or pass their hands above the patient's body, concentrating on energy fields. The focus of both the

practitioner and the patient during the session is on healing. TT has been associated with decreased anxiety, decreased incidence of cardiac dysrhythmias, improved vital signs, and improved sleep quality (Bagci & Yucel, 2020; Zolfaghari, Eybpoosh, & Hazrati, 2012). Research outcomes following the use of TT with nursing home residents showed a significant reduction in anxiety and significantly increased comfort levels (Alp and Yucel, 2021). Research on TT continues to promote a deeper understanding of it and document its effectiveness. Additional information on TT as a nursing intervention is presented in Chapter 36 in the context of pain management.

ACTIVE LISTENING

A vital aspect of providing effective and appropriate nursing care is being able to actively listen to a patient in a way that conveys understanding, sensitivity, and compassion. Caring involves interpersonal relationships and communication skills that require paying more attention to the details of communication than would be necessary in a social conversation. **Active listening** is a specific communication technique in which one fully concentrates on what the other is saying in a conscious effort to fully understand the other. This type of listening is a highly developed skill that takes time and experience to acquire. It can be learned with practice and enhanced with sensitivity and attention to the feedback that is received during each interaction.

In a caring nurse–patient relationship, the nurse takes responsibility for establishing trust, making sure that the lines of communication are open, and that the nurse accurately understands not only what the patient is saying but also that the nurse is clearly understood. Active listening means paying careful attention and using multiple senses to listen, rather than just passively listening with the ears. It requires energy and concentration and involves hearing the entire message—what the patient means as well as what the patient says. This type of listening focuses solely on the patient and conveys respect and interest. For more information on active listening and other therapeutic communication techniques, refer to Chapter 3.

3. What actions by the nurse would have communicated caring and attention to G. P.'s beliefs when she was first admitted to the emergency department? What action should the nurse have taken to exhibit concern when G. P. refused the prescribed medication?

COMPASSION FATIGUE LO 2.7

Those who provide care to others are at risk for developing compassion fatigue. **Compassion fatigue** is characterized by physical and emotional exhaustion and an extreme inability to empathize (Digwood, 2019). Nurses are especially vulnerable to compassion fatigue due to ongoing intense and professional involvement with stressful patient interactions (Bleazard, 2020). Compassion fatigue is seen in nurses who experience a lack of resources and time to provide comprehensive patient care (Pérez-García, Ortega-Galán, Ibáñez-Masero, et al., 2021). Compassion fatigue may result in feelings of vulnerability, anxiety, depression, and anger. Left unrecognized, compassion fatigue can produce physical and mental exhaustion manifested by difficulty sleeping, poor concentration, and low morale. It can also lead to compulsive behaviors, such as substance abuse.

Nurses experiencing compassion fatigue may decrease their engagement with patients, have a higher risk of medical errors, experience decreased job satisfaction, and have trouble maintaining interprofessional relationships (Bleazard, 2020). Given the increased risk for compassion fatigue and the magnitude of its effects, nurses may benefit from approaches to develop resiliency and prevent compassion fatigue (Box 2.7).

Nurses must recognize the beliefs and values that are held by patients and families to provide culturally sensitive, relationship-based care. Incorporating patient concerns and outward displays of caring, such as touch and active listening, into patient treatment is essential to practicing evidence-based nursing. Nurses who have a commitment to respecting the ideas of others, lifelong learning, and caring are trusted by patients to provide safe, competent care.

BOX 2.7 EVIDENCE-BASED PRACTICE AND INFORMATICS

Compassion Fatigue Prevention Research

Research suggests the following strategies may be helpful in preventing compassion fatigue among health professionals, including nurses:

- Training in psychological resilience can be beneficial to reduce compassion fatigue in nurses (Atay, Sahin, & Buzlu, 2021)
- Recognition programs for staff members who integrate compassion fatigue prevention strategies into practice (Peters, 2018)
- Education across organizations and for nurses individually on the concept of compassion fatigue (Peters, 2018)
- Mentoring programs, availability of quiet areas on the nursing unit for relaxation, Yoga, meditation, mindfulness, availability of pastoral care, the sharing of feelings with trusted colleagues, and promotion of work-life balance (Aryankhesal, Mohammadibakhsh, Hamidi, Alidoost, et al., 2019)

SUMMARY OF LEARNING OUTCOMES

LO 2.1 *Describe the differences between beliefs and values and how they develop:* Beliefs are mental representations of reality, or what a person thinks is real or true; values are enduring beliefs that help the person decide what is right and wrong to determine what goals to strive for and what personal qualities to develop. Beliefs and

values are developed through personal experiences, family influences, culture, ethnic background, spirituality, religion, and education.

LO 2.2 *Explain the use of the values clarification process in dealing with a values conflict:* The nurse needs to recognize when a values conflict exists and seek ways to identify the underlying factors causing the concern. A values clarification tool can be used to help patients examine past life experiences and consider where they spend their time, energy, and money to provide insight into what they truly value and believe. Values clarification can help nurses become more aware of their own personal values and beliefs that impact professional nursing practice.

LO 2.3 *Summarize how the beliefs of nurses and patients influence health care:* The beliefs of both nurses and patients influence how patients are treated, what patients listen to and act on, and patient outcomes.

LO 2.4 *Discuss caring and four nursing theories with the concept of caring as their primary focus:* Caring is having concern or regard for another and can be conceptualized as a human trait, a moral imperative, an affect, the nurse–patient interpersonal relationship, and a therapeutic intervention. Leininger's Cultural Care Theory states that culturally based nursing actions are intended to preserve, accommodate, or reconstruct the patient's meaningful health or life patterns. Watson's Theory of Human Caring is a holistic model of care in which the nurse's focus is on ten caritative factors or processes. Swanson's Theory of Caring focuses on five processes of relationship-based caring for the nurse: maintaining belief, knowing, being with, doing for, and enabling the patient. Boykin and Schoenhefer's Theory of Nursing as Caring focuses on persons living caring and growing in caring within the nursing situation.

LO 2.5 *Articulate ways in which nurses develop into caring professionals:* Nurses develop caring skills through life experiences, educational activities, observation of both positive and negative role models, and interaction with strong professional mentors.

LO 2.6 *Identify behaviors that demonstrate caring:* There are a multitude of ways in which nurses demonstrate caring, including through compassion, presence, touch, and active listening.

LO 2.7 *Define compassion fatigue and identify prevention strategies*: Compassion fatigue is extreme distress experienced as a result of continued exposure to stress in the therapeutic use of self in caring for others. Self-care—including maintenance of good physical and emotional health, yoga, meditation, and mindfulness-based stress reduction activities—is shown to help protect nurses from developing compassion fatigue.


Responses to the critical thinking exercises are available at http://evolve.elsevier.com/YoostCrawford/fundamentals/.

REVIEW QUESTIONS

1. A patient is faced with a life-threatening diagnosis and is struggling to make decisions based on his/her belief system. The nurse listens, then offers some ideas about how values and beliefs can impact decision-making. The patient says, "I've already heard all of that before, and I don't agree with any of it." How should the nurse proceed?
   - **a.** Ask for an explanation of the patient's values.
   - **b.** Ask the patient to share what the patient believes.
   - **c.** Ask the patient about the patient's prejudicial attitude.
   - **d.** Confront the patient about the apparent values conflict.
2. Which nursing theory of care describes how the nurse's presence in the nurse–patient relationship goes beyond the physical and material world, facilitating the development of a higher sense of self by the patient?
   - **a.** Swanson's Theory of Caring Processes
   - **b.** Madeline Leininger's Cultural Care Theory
   - **c.** Watson's Theory of Human Caring
   - **d.** Boykin and Schoenhofer's Theory of Nursing as Caring
3. Which statement best describes for new parents how and when children develop first-order beliefs?
   - **a.** During infancy, and once developed, such beliefs seldom change
   - **b.** From life experiences during the toddler and preschool years
   - **c.** Throughout life from firsthand experiences and information provided by authority figures
   - **d.** From teen and young-adult peer interaction and mentorship of professional role models
4. As the nurse explained the preoperative instructions to the patient, the patient's older brother suddenly stepped into the doorway and yelled, "People who go under the knife always die. Don't do it! They're going to kill you." What type of higher-order belief is the patient's older brother displaying?
   - **a.** Distress
   - **b.** Stereotype
   - **c.** Prejudice
   - **d.** Denial
5. After admitting a homeless patient to the floor, the nurse tells a colleague that "homeless people are too dumb to understand instructions." What action should the colleague take first?
   - **a.** Ignore the nurse's prejudicial comment without responding.
   - **b.** Offer to trade assignments and care for the homeless patient.

c. Ask the nurse about the patient's personal history assessment data.
d. Challenge the nurse's thinking, pointing out the ability of all people.

6. The nurse in the emergency department is caring for an 8-year-old who has had a serious asthma attack. When the nurse attempts to explain the problem to the child's mother, she smells cigarette smoke on the mother's breath. The nurse asks the mother if she has been smoking, and the mother responds, "Yes, and I know they've told me before I can't smoke around him." What should the nurse do next?
a. Ask the patient's mother what she values more, her child or her habit.
b. Ask the patient's mother to explain what she believes about smoking and asthma.
c. Ask the patient's mother about her prejudicial attitude toward smoking.
d. Confront the patient's mother about the values conflict she's experiencing.

7. A nurse is working with a 35-year-old patient who needs to decide whether to donate a kidney to his brother, who has been in renal failure for 5 years. The patient shares with the nurse that the decision is especially difficult because he would not be able to continue to work in his current profession and would be unable to support his three small children if he ever needed dialysis. Which interventions would be most appropriate for the nurse to implement in this situation? (*Select all that apply.*)
a. Explain that it is unlikely that he will ever need dialysis even if he has only one kidney.
b. Guide the patient through a values clarification process to help him make a decision based on his values.
c. Provide information the patient needs to help him make an informed decision.
d. Ask for his permission to contact the kidney donation team to answer any questions he may have.
e. Assure him that everything will be all right since he is helping his brother.

8. A 57-year-old male patient who was hospitalized with an admitting blood pressure of 242/116 asked the nurse if his family could bring in some meat and vegetable dishes from home. He explained that he cannot eat the foods on the hospital menu, because it is summer and the hospital is offering only chicken and fish, which in his culture are "hot" foods that will interfere with his healing. Which response by the nurse would best demonstrate an application of Leininger's theory?
a. Discourage the family from bringing in food, explaining that the idea of "hot" and "cold" foods is a superstition without scientific basis.
b. Negotiate home-prepared food options with the patient and his family to ensure that treatment for the patient's blood pressure is supported.
c. Explain that the patient will need to have home-prepared foods evaluated by the dietary staff to ensure that they are acceptable options.
d. Tell the family to bring in any foods they want, to help preserve the patient's cultural practices and dietary preferences.

9. In Swanson's Caring Theory, the nurse demonstrates caring using several techniques. Which action is appropriate and most important for the nurse to include in a patient's plan of care?
a. Call patients by their first name to demonstrate a caring attitude.
b. Sit at the bedside for at least 5 minutes each hour.
c. Use touch based on the nurse's judgment of what is appropriate.
d. Ask the patient to identify the most important thing to accomplish during the nurse's shift.

10. A new nurse is about to insert a nasogastric (NG) tube for the first time but is not sure what equipment to gather or how to begin the procedure. The patient is an 80-year-old woman who is frightened and slightly confused. Which actions by the nurse would best demonstrate caring? (*Select all that apply.*)
a. Offer the patient pain medication to help her calm down.
b. Hold the patient's hand while inserting the NG tube.
c. Speak calmly while explaining the procedure to the patient beforehand.
d. Ask another, more experienced nurse for assistance before initiating care.
e. Delay inserting the NG tube until the patient's husband comes to visit.

Answers and rationales for the review questions are available at http://evolve.elsevier.com/YoostCrawford/fundamentals/.

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