

Fundamentals of

# Nursing

EIGHTH EDITION

The Art and Science of



Taylor  
Lillis  
Lynn

Person-Centered Nursing Care

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# Fundamentals of Nursing

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The Art and Science  
of Person-Centered  
Nursing Care



# Fundamentals of Nursing

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## The Art and Science of Person-Centered Nursing Care

**Eighth Edition**

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*To all who labor to make health care “work” for all, especially  
the most vulnerable!*

*—Carol Taylor*

*To my ten grandchildren, who bring so much laughter, love,  
and enjoyment to my life.*

*—Carol Lillis*

*To past, present, and future nursing students and my family:  
Each one of you helps me to continue learning and caring every day.*

*—Pam Lynn*

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# Preface

Today's competitive, market-driven health care environment is challenging the very nature of professional nursing practice. *Fundamentals of Nursing: The Art and Science of Person-Centered Nursing Care, Eighth Edition*, promotes nursing as an evolving art and science, directed to human health and well-being. It challenges students to cultivate the Quality and Safety Education for Nurses (QSEN) and blended competencies they will need to serve patients and the public well. Our aim is to prepare nurses who combine the highest level of scientific knowledge and technologic skill with responsible, caring practice. We want to challenge students to identify and master the cognitive and technical skills as well as the interpersonal and ethical/legal skills they will need to effectively nurse the patients in their care. We refuse to allow accountability and caring relationships to become relics of a bygone era.

Those new to nursing can quickly become overwhelmed by the demands placed on the nurse's knowledge, technical competence, interpersonal skills, and commitment. Therefore, much care has gone into the selection of both the content in this edition and the manner of its presentation. We strive to capture the unique essence of both the art and science of nursing, distilling what the person beginning the study and practice of nursing needs to know. We invite students to identify with the profession, to share in its pride, and to respond to today's challenges competently, enthusiastically, and accountably.

## LEARNING EXPERIENCE

This text and the entire Taylor Suite have been created with the student's experience in mind. Care has been taken to appeal to all learning styles. The student-friendly writing style ensures that students will comprehend and retain information. The updated art program and strong features enhance understanding of important concepts. Free video clips clearly demonstrate and reinforce important skill steps; as students watch and listen to the videos, comprehension increases. In addition, each element of the Taylor Suite, which is described later in the preface, coordinates to provide a consistent and cohesive learning experience.

## ORGANIZATION

*Fundamentals of Nursing: The Art and Science of Person-Centered Nursing Care, Eighth Edition*, is organized into eight units. Ideally, the text is followed sequentially, but every effort has been made to respect the differing needs of diverse curricula and students. Thus, each chapter stands on its own merit and may be read independently of others.

### Unit I, Foundations of Nursing Practice

Unit I opens with a description of contemporary nursing. Successive chapters introduce content foundational to nursing

practice: theory, research, and evidence-based practice; health and illness; health of the individual, family, and community; cultural diversity; values, ethics, and advocacy; and legal implications.

### Unit II, Health Care Delivery

Unit II is completely revised in light of the continuing changes in health care delivery. The new content highlights nurses' expanding roles in care coordination as partnerships are forged with patients, families, and communities. Chapters address the variety of community-based health care settings; continuity of care as the patient enters a health care facility, is transferred within the facility, and is discharged into another setting within the community; and care provided within the home.

### Unit III, Person-Centered Care and the Nursing Process

Unit III offers a detailed, step-by-step guide to each component of the nursing process with practical guidelines and examples included in each chapter. New NANDA International and NIC/NOC content has been added, along with a stronger emphasis on clinical decision making. Each chapter concludes with a section on "Reflective Practice Leading to Personal Learning" that invites readers to look at their experience with each step of the nursing process, understand it, and learn from it. The goal is always to invite reflection on how we can improve our thoughtful, person-centered practice.

Chapter 10 is completely revised and offers a careful introduction to thoughtful and person-centered practice with expanded content on theories of caring, clinical reasoning, judgment, decision making, and reflective practice. Separate chapters address the nursing process as a whole: Quality and Safety Education for Nurses (QSEN) and blended competencies, critical thinking, assessing, diagnosing, outcome identification and planning, implementing, and evaluating. Chapter 16 includes expanded content on privacy guidelines and standards for social media, electronic health records (EHRs), reporting, conferring, and using informatics.

### Unit IV, Promoting Health Across the Lifespan

Unit IV provides the basis for understanding growth and development across the lifespan and acknowledges nursing's differing requirements arising from the various developmental stages and abilities to meet developmental tasks.

### Unit V, Roles Basic to Nursing Care

Unit V describes major roles in which nurses function as they interact holistically with patients. Chapters focus on

the communicator, teacher and counselor, and leader and manager roles of the nurse as caregiver.

## Unit VI, Actions Basic to Nursing Care

Unit VI introduces the foundational skills used by nurses: maintaining asepsis, measuring vital signs, assessing health, promoting safety, incorporating complementary and alternative therapies, administering medication, and caring for surgical patients.

## Unit VII, Promoting Healthy Physiologic Responses

Unit VII explores the nurse's role in helping patients meet basic physiologic needs: hygiene; skin integrity and wound care; activity; rest and sleep; comfort and pain management; nutrition; urinary elimination; bowel elimination; oxygenation and perfusion; and fluid, electrolyte, and acid–base balance. Chapter 38 now has expanded cardiovascular content that includes cardiac function and perfusion. In each chapter, guidelines are included for assessing and diagnosing unhealthy responses and for planning, implementing, and evaluating appropriate care strategies.

## Unit VIII, Promoting Healthy Psychosocial Responses

Unit VIII uses the same format as Unit VII to focus on the psychosocial needs of patients: self-concept; stress and adaptation; loss, grief, and dying; sensory functioning; sexuality; and spirituality.

## THEMES

The following themes are interwoven throughout the text to provide a broad knowledge base of nursing essentials while emphasizing holistic care.

### Thoughtful Practice and Person-Centered Care

The change in our subtitle, the first title change since the first edition, reflects today's new emphasis on person-centered care. Readers will see the new emphasis on clinical reasoning, judgment, decision making, and reflective practice in every chapter.

### Emphasis on Partnering With Patients, Family, and Professional Caregivers

Today, we have witnessed the health care “industry” transform patients to “customers,” who buy health care (if they are able) as a commodity in the marketplace. We do not believe that a “customer orientation” serves patients or nurses well. One of our students shared her belief that she owes less to a “customer” and even to a “client” than she does to a “patient.” We, therefore, use the term *patient*—in its most positive sense—to designate the recipient of nursing care.

Careful attention is paid to directing students to identify, value, and develop the interpersonal skills that will allow them to effectively partner with patients, family, and profes-

sional caregivers. This edition highlights collaborative practice and nursing strategies for actively engaging patients, family caregivers, and the public in the development of health goals and strategies to achieve these goals. Patients may be individuals, families, or communities.

Care has been taken to communicate that both nurses and patients may be male or female and that they come from every racial and ethnic background and socioeconomic group. Whenever possible, we have tried to avoid male/female distinctions in personal pronouns.

## Integrated Nursing Process

After the nursing process is introduced in Unit III, it provides the organizational framework for successive chapters. Chapters in Units VII and VIII, which deal with physiologic and psychosocial responses, begin with a succinct background discussion of the concept, followed by identification of factors that influence how different individuals respond to these needs. Steps in the nursing process are used to describe related nursing responsibilities. Throughout these chapters, students will find numerous practical examples of how to conduct focused assessments; develop and write diagnostic statements; identify goals and outcomes; and select, implement, and evaluate appropriate nursing interventions. These examples will reinforce the student's mastery of nursing process skills. This edition highlights the Quality and Safety Education for Nurses (QSEN) competencies. Most chapters in Units VII and VIII conclude with a *Nursing Plan of Care* that illustrates each step of the nursing process and a sample documentation of nursing assessment or intervention. In addition, concept maps demonstrating the nursing process are included in several chapters.

## Nursing as an Art and Science

Nursing as a science is characterized by a growing body of knowledge that links technical and interpersonal interventions to desired patient outcomes; as an art, nursing demands of its practitioners sufficient competency to creatively design individualized strategies to assist patients to reach personal health goals. A unique spirit of caring always must prevail.

New to this edition is the inclusion of *Delegation Considerations* in each skill. Delegation decision-making information is provided, using delegation guidelines based on American Nurses Association (ANA) and National Council of State Boards of Nursing (NCSBN) principles and recommendations (Appendix A). Appendix A, *Guidelines for Delegation Decision Making*, can be found on [thePoint](#) website.

## Health and Health Disparities Orientation

A health rather than an illness orientation provides a framework for presentation of content. This edition includes expanded content on health literacy and health disparities. Special features such as *Promoting Health*, *Teaching Tips*, and *Health Literacy* boxes help to highlight this important content.



## Holistic Care Across the Lifespan

A holistic orientation to basic human needs is essential across the lifespan. This orientation is emphasized through information about growth and development in Unit IV, *Promoting Health Across the Lifespan*; through age considerations in many *Skills*; and through developmental considerations in related tables and displays, as well as diverse ages and needs of patients represented in numerous features. Wherever appropriate, cultural considerations are included.

## Attention to Special Needs of the Older Person

Because the age of the population is increasing, nurses encounter growing numbers of older patients in all practice settings. Chapter 19: *The Aging Adult*, the *Focus on the Older Adult* boxes, and general considerations for the older patient that appear within the text aim to sensitize students to the special nursing needs of this population. Readers of the eighth edition will find expanded information related to dementia, depression, and delirium; a discussion of cascade iatrogenics; the Fulmer SPICES tool used to identify common problems that lead to negative outcomes in older adults; and the American Geriatrics Society and ANA Position Statement on Restraint Use. The Hendrich II Fall Risk Model and other helpful reference materials are available on [thePoint](#).

## Critical Thinking and Clinical Reasoning

Unit III, *Person-Centered Care and the Nursing Process*, invites students to reflect on their ability to be the critical difference for recipients of their thoughtful practice. The revised *Reflective Practice* boxes, *Focused Critical Thinking Guides*, and *Developing Clinical Reasoning* material in each chapter challenge students to use new knowledge and experience to “think through” learning exercises designed to demonstrate how careful thinking can change outcomes.

## Healthy Work Environments

This edition addresses current issues of incivility, nurse bullying, cyber terror, lateral violence, aggressive behavior, and nurses’ use of social media to help readers understand what it takes to have a healthy work environment.

## Focus on Nursing Skills

*Skills* are presented in a concise, straightforward, and simplified format that is intended to facilitate competent performance of nursing skills. A scientific rationale accompanies each nursing action; many color photographs and illustrations further reinforce mastery. *Delegation Considerations* assist students and graduate nurses in developing the critical decision-making skills necessary to transfer responsibility for the performance of an activity to another individual and to ensure safe and effective nursing care. *Special Considerations*, including modifications and age and home health care considerations, are given where appropriate. Unexpected situations and associated interven-

tions are included to help students think critically about the skills they are performing. Also included are documentation guidelines and samples to help students learn what and how to document when performing skills.

## Focus on Community and Expanded Nursing Roles

Patients today spend fewer days in the hospital, are frequently transferred both within the hospital and between health care institutions and home, and need to rely on rapidly proliferating community-based health care resources. New content on accountable care organizations, medical homes, and medical neighborhoods, as well as content on the new roles for nurses (nurse coach, clinical nurse leader, nurse navigator, and nurse care coordinator) highlight both traditional and innovative care in institutional and community-based practice settings.

## Focus on Safety

New content highlights today’s emphasis on patient safety, including expanded safety information related to children, adolescents, and older adults. The Institute of Medicine safety content, 2014 Joint Commission National Patient Safety Goals and Sentinel Event Statistics are highlighted, and new information is provided on health care–associated infections (HAIs). Safe Patient Handling and Movement Practices—based on guidelines from VISN 8 Patient Safety Center, 2006, 2007, and 2009—are included in this edition as well as expanded content on patient “hand-offs.”

## Research as a Strength to Practice

Content on research and evidence-based practice has been updated and is included in Unit I for increased emphasis early in the learning experience. The updated feature, *PICO in Practice: Asking Clinical Questions*, encourages readers to delve into research to solve a clinical question using the PICO format and guidelines. Updated *Research in Nursing: Bridging the Gap to Evidence-Based Practice* boxes, appearing throughout the book, promote the value of research and apply its relevance to nursing practice. Students are challenged to become informed participants in, or consumers of, clinical research. To that end, students can explore additional research in nursing journal articles provided for each chapter on [thePoint](#) website (<http://thePoint.lww.com/Taylor8e>).

## Up-to-Date Clinical Information

Revisions in each clinical chapter will help educators and students remain current. Sample new content includes:

- Expanded information on genomics
- New information on SIDS and SUID (sudden unexplained infant death)
- Expanded discussion of childhood obesity
- Dangers associated with energy drinks, synthetic marijuana, and bath salts
- Expanded information on multiple drug-resistant organisms; use of care bundles or evidence-based protocols; the impact of staffing issues on HAIs

- Use of alcohol-based handrubs with *Clostridium difficile* (*C diff*)
- ANA recommendations on reducing use of restraints
- Periop: “never events,” new guidelines for preop fasting and skin prep
- The Joint Commission (TJC) universal protocol and “time-out”
- Noise prevention in acute care and ICU
- TJC Sentinel Alert on fatigue in health care workers
- Role of Pain Resource Nurse
- New content on gender dysphoria and intersex
- Expanded content on sensory changes associated with aging
- TJC 2014 National Patient Safety Goals
- SBAR/SBARR communication to improve patient “hand-offs” from one professional caregiver to another
- Updated ANA Standards of Practice, International Council of Nurses (ICN) Definition of Nursing, and *Healthy People 2020*
- ANA Principles of Delegation
- Purnell Model of Cultural Competence
- Social media guidelines
- Updated content on “Do Not Use” Abbreviations, Institute for Safe Medication Practices (ISMP) error prone abbreviations
- Updated variance reports
- Enhanced content on impaired nurses
- Updated information on electronic medical records (EMRs), new information technologies, and privacy considerations
- Inclusion of PUSH tool to assess/document pressure ulcer healing
- Dietary Reference Intakes (DRIs)
- My Plate food guidance system

## Self-Assessment Guides

*Fundamentals of Nursing* has always encouraged students to be independent learners. Checklists throughout the text (e.g., blended skills assessment, use of nursing process, health assessments) allow students to evaluate their personal strengths and limitations and develop related learning goals.

## SPECIAL FEATURES

Many features appear throughout the text to help students grasp important content. Refer to the “How to Use *Fundamentals of Nursing*” section on pages xiv–xx to learn more about them.


## A FULLY INTEGRATED COURSE EXPERIENCE

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**At the heart of CoursePoint is our adaptive learning system, powered by prepU.** In numerous studies, prepU has demonstrated improved student performance in both nursing courses and on the NCLEX. CoursePoint extends prepU’s adaptive tools by connecting students to the resources that will help them *understand* the correct answers, with quiz results linked to relevant sections of the *Fundamentals of Nursing* integrated eBook as well as videos, animations, interactive tutorials, and practice and learn case studies via SmartSense links. 

As the instructor, you have everything you need to develop your course, with easily accessible resources, organized by type or chapter, including:

- **Lippincott Test Generator** (1,500 test items)
- **Pre-Lecture Quizzes** (and answers) in Microsoft Word
- **New Detailed Lesson Plans**
- **PowerPoint Presentations** with integrated multiple-choice questions
- **Textbook Image Bank**
- **Guided Lecture Notes**
- **Suggested Discussion Topics**
- **Assignments** (and answers)
- **Case Studies** (with questions and answers)
- **A sample Syllabus**
- **Articles from Wolters Kluwer journals**
- **QSEN Competency KSAs, mapped to the text**
- **Master Checklist for Skills Competency**

**CoursePoint’s instructor reporting tools enable you to monitor individual student and class progress and strengths and weaknesses.**

Lippincott **CoursePoint+**

## Lippincott CoursePoint+

Available in Fall of 2015, Lippincott CoursePoint+ takes learning one step further by integrating additional skills and simulation tools within the CoursePoint platform.

**vSim for Nursing**

## SIMULATION, SKILLS, AND VIDEO RESOURCES

- **vSim for Nursing | *Fundamentals*, a new virtual simulation platform** (available via *thePoint*). Co-developed by Laerdal Medical and Wolters Kluwer, *vSim for Nursing* |

*Fundamentals* helps students develop clinical competence and decision-making skills as they interact with virtual patients in a safe, realistic environment. *vSim for Nursing* records and assesses student decisions throughout the simulation, then provides a personalized feedback log highlighting areas needing improvement.

- **Taylor's Video Guide to Clinical Nursing Skills** (available via thePoint or DVD). With more than 12 hours of video footage, this updated series follows nursing students and their instructors as they perform a range of essential nursing procedures. Institutions can purchase the videos on enhanced DVD or access them online.
- **DocuCare Lippincott DocuCare** (available via thePoint). Lippincott DocuCare combines web-based electronic health record simulation software with clinical case scenarios that link directly to many of the skills presented in Taylor's *Fundamentals of Nursing*. Lippincott DocuCare's nonlinear solution works well in the classroom, simulation lab, and clinical practice.
- **Skill Checklists for Fundamentals of Nursing: The Art and Science of Person-Centered Nursing Care, Eighth Edition** (available in print or via Lippincott CoursePoint). This workbook offers step-by-step summaries of all of the essential skills covered in the textbook, in an easy-to-use format.
- **Taylor's Clinical Nursing Skills, Fourth Edition, by Pamela Lynn, MSN, RN** (available in print or eBook) covers all of the *Skills* and *Guidelines for Nursing Care* identified in *Fundamentals of Nursing, Eighth Edition*—plus additional skills—at the basic, intermediate, and advanced levels, each following the nursing process format. Features include Skill Variations, which present alternate techniques; Documentation Guidelines and Samples; Unexpected Situations and Associated Interventions; Delegation Considerations; and Special Considerations.
- **Taylor's Handbook of Clinical Nursing Skills, Second Edition, by Pamela Lynn, MSN, RN** (available in print). This easy-to-use quick reference provides streamlined skills consistent with those in *Taylor's Clinical Nursing Skills, Fourth Edition*. Presented for quick reference or on-the-go review, skills are organized alphabetically by key word.
- **Skill Checklists for Taylor's Clinical Nursing Skills, Fourth Edition** (available in print). This collection of checklists with convenient perforated pages is designed to accompany *Taylor's Clinical Nursing Skills, Fourth Edition*, and promote proper technique while increasing confidence.

## ADDITIONAL MEDIA AND PRINT RESOURCES

A wide variety of resources are available to enhance the learning experience. Visit <http://www.lww.com> for purchasing options.

- **Study Guide for Fundamentals of Nursing, Eighth Edition** contains a wealth of exercises and study review tools, including hundreds of NCLEX-style questions. ISBN: 978-1-4511-9272-8
- **prepU prepU for Fundamentals of Nursing, Eighth Edition** includes personalized, adaptive quizzes linked to Taylor's textbook content that fosters formative assessment for students and instructors. ISBN: 978-1-4698-8177-5
- **NCLEX-RN PassPoint Lippincott PassPoint for the NCLEX, powered by prepU** is an online, adaptive learning NCLEX preparation resource that allows students to take practice quizzes and comprehensive NCLEX-style exams. ISBN: 978-1-4698-0935-9
- **thePoint Student Web Site** (*Free to students who purchase a new copy of Fundamentals of Nursing, Eighth Edition*). Visit <http://thepoint.lww.com/Taylor8e> using the one-time activation code in the front of your book to discover a wealth of information and activities, including chapter key concepts and NCLEX-style review questions. See the full listing of Student Resources available on thePoint in the front of your book.

## Additional Instructor Assessment and Preparation Resources

The following teaching resources are available on thePoint for instructors who adopt *Fundamentals of Nursing, Eighth Edition*:

- Lippincott Test Generator (with 1,500 questions)
- New Lesson Plans
- Pre-Lecture Quizzes (and answers)
- PowerPoint Presentations
- Textbook Image Bank
- Suggested Discussion Topics (and answers)
- Assignments (and answers)
- Case Studies
- A sample Syllabus
- Articles from Wolters Kluwer journals
- QSEN Competency KSAs, mapped to the text
- Master Checklist for Skills Competency

Instructors may also download a Learning Management System cartridge for Blackboard Learn (ANGEL/WebCT/Blackboard) that includes all instructor materials for Taylor. Contact your sales representative or our product support team (1-800-468-1128 or [techsupp@lww.com](mailto:techsupp@lww.com)) for assistance.



# How to Use *Fundamentals of Nursing*

Dear Student,

Congratulations on choosing an exciting and rewarding profession! All of us who have been part of the writing of this text welcome you warmly to our profession and prize our role as your guides to excellent practice. We have tried in this text to present in a readable and enjoyable format the scientific and technical knowledge you will need to design safe and effective nursing care. But we want to do more than prepare you intellectually and technically. You will also find narratives that will teach you valuable interpersonal skills and content specifically designed to prepare you to meet the ethical and legal challenges in today's practice. So take a deep breath and dig in. Your patients are counting on you and so are we!

*Carol Taylor, Carol Lillis, and Pamela Lynn*

## HERE'S HOW TO GET STARTED!

### FOLLOW THE STORY LINES!


Get to know your patients by reading the chapter opening **Case Scenarios**.

**Narratives** throughout the chapter refer back to these scenarios, helping you to consider how the chapter content applies to care of real patients.

### GET READY TO LEARN!

Before reading the chapter content, read the **Learning Objectives**. These roadmaps help you understand what is important and why. Create your own learning outline or use them for self-testing.

#### LUCIUS EVERLY



Lucius, a 52-year-old man who has a history of diabetes and circulatory problems, underwent abdominal surgery several days ago and is in the critical care unit. He is slouched down in bed; his abdominal dressing is moist and only part of the tape securing the dressing is adhering to the skin. His level of consciousness is decreased, and he responds only to moderate touch and pain. Further assessment reveals the pressure ulcer on his heel.

heating. Circulation may be impaired in older adults and in people with peripheral vascular disorders, cardiovascular disorders, hypertension, or diabetes mellitus. Oxygenation of tissues is decreased in people with anemia or chronic respiratory disorders and in those who smoke.



**RECALL** Lucius Everly, the patient described in the Reflective Practice display. The nurse's ability to integrate knowledge of the effects of diabetes on circulation would be important in planning measures to ensure adequate circulation to his extremities as a means to prevent skin breakdown. ●

In addition, large amounts of subcutaneous and tissue fat (which has fewer blood vessels) in people who are obese may slow wound healing because fatty tissue is more difficult to suture, is more prone to infection, and takes longer to heal.

#### LEARNING OBJECTIVES

*After completing the chapter, you will be able to accomplish the following:*

1. Discuss the processes involved in wound healing.
2. Identify factors that affect wound healing.
3. Identify patients at risk for pressure ulcer development.
4. Describe the method of staging of pressure ulcers.
5. Accurately assess and document the condition of wounds.
6. Provide nursing interventions to prevent pressure ulcers.
7. Implement appropriate dressing changes for different kinds of wounds.
8. Provide information to patients and caregivers for self-care of wounds at home.
9. Apply hot and cold therapy effectively and safely.



**KEY TERMS**

- bandage
- biofilm
- débridement
- dehiscence
- dermis
- desiccation
- dressing
- epidermis
- epithelialization
- eschar
- evisceration
- exudate
- fistula
- friction
- granulation tissue
- ischemia
- maceration
- necrosis
- negative-pressure wound therapy (NPWT)
- pressure ulcer
- purulent drainage
- sanguineous drainage
- scar
- serosanguineous drainage
- serous drainage
- shear
- sinus tract
- subcutaneous tissue
- wound

Review the **Key Terms** lists to become familiar with new vocabulary presented throughout the narrative. Look for them in **bold type** throughout the chapter and use the Glossary at the end of the book to review their meaning.

**DEVELOP CRITICAL THINKING AND CLINICAL REASONING SKILLS!**

Read **Reflective Practice** boxes and discover how other nursing students confront challenging situations (cognitive, technical, interpersonal, or ethical/legal). What course of action did the student take? Would you do the same? Reflect on how you would respond to similar situations while developing QSEN competencies.

**REFLECTIVE PRACTICE: CULTIVATING QSEN COMPETENCIES**

**CHALLENGE TO ETHICAL AND LEGAL SKILLS**

I had a tough clinical 2 weeks ago while caring for Lucius. Every day, a critical care postop patient with a history of diabetes and circulation problems. The nurse I was working with had failed to do the care on this day, but I didn't know that at the time. Mr. Every appeared to be neglected by other caregivers, and because he was not communicating and had a decreased level of consciousness, he could not express his needs. I saw that he needed bathing, wound care, repositioning in bed, and some additional attention. While in the room, the nurse spoke about Mr. Every as though he were deaf. In my opinion, the nurse did not respect his inability to communicate. I became frustrated because she did not share my sense of concern for him. I became irritated when I asked what we could do to care for the poor circulation to his feet. My irritation increased when I realized that he was developing a pressure sore on his heel.

**Thinking Outside the Box: Possible Courses of Action**

- Tell my clinical instructor of my frustrations earlier in the day so my patient's care could have been addressed earlier and my frustrations wouldn't have built up.
- Go to my nurse and tell her that I disagreed with the care she was providing, insisting that more needed to be done for this patient.
- Ask the charge nurse to assess the quality of care that my patient was getting compared to what he needed to be receiving.

**Evaluating a Good Outcome: How Do I Define Success?**

- Patient receives a higher quality of care.
- The nurse is not insulted by hearing feedback about the care she is providing.
- By addressing the problem earlier in the process, my frustrations do not interfere with the rest of my day.
- The patient is not discriminated against and neglected based on his inability to communicate and his decreased level of consciousness.

**Personal Learning: Here's to the Future!**

Happy and sad outcome. Although this patient was not verbally communicating, I held his hand, talked to him, and felt that he was able to recognize my caring presence. After our lunch break, I verbalized my frustration about the lack of care to my clinical instructor and I asked if she would come meet him and help me provide the care I saw was due. My clinical instructor agreed that this patient was in need of more care. She, unlike my nurse, did not speak about his condition in front of him as though he could not hear. My instructor also made sure we did everything possible so that this patient was as comfortable as possible. She talked to him as though he was able to hear. In addition, my instructor called in the charge nurse to point out the lack of care this patient had been receiving, wanting to ensure that his future level of care improved. My instructor and the charge nurse, in a professional, nondegrading way, expressed to the assigned nurse that this patient needed a higher quality of care due to his critical condition. Having my teacher agree with my concerns for this patient and address the nurse and charge nurse made me feel much better about the care my patient would then receive. I later told my teacher that I was frustrated because I felt all the nurse was concerned about was "giving all the medications, and signing off on the right pages," when in fact talking to this patient, holding his hand, and making him more comfortable was definitely more important. Two days later the patient died. I was sad but so honored to have been able to care for him and hold his hand in his last days. Although I think I should have gone to my clinical instructor earlier in the day to explain the problem I was having, letting her be the right decision. My instructor took my concerns seriously and first helped me care for the patient, then went straight to the charge nurse to ensure proper skin and wound care for the patient. Lastly, she was able to address the nurse without insulting her to make sure we were all on the same page about the care this patient needed but had not been getting. By speaking up, I was able to leave my clinical assignment feeling positive about my actions and advocating for this patient. I still felt frustrated with how he had been cared for and realized that all too often as care providers we get too involved in the routine of charting, distributing medications, and so on, and can forget how important some simple measures are such as offering a gentle touch, positioning, providing hygiene and wound care, and just spending time with the patient.

*Carrin Staines, Georgetown University*

**REFLECTION ON QUALITY AND SAFETY COMPETENCIES**

How do you think you would respond in a similar situation? Why? What does this tell you about yourself and about the adequacy of your skills for professional practice? What factors might have affected the assigned nurse's response to the patient? Would the student have been affected by any of these same factors? Do you agree with the criteria to evaluate a successful outcome? Did the nursing student validate the rationale for the outcome? What knowledge, skills, and attitudes do you need to develop to continuously improve the quality and safety of care for patients like Mr. Every?

**Patient-Centered Care:** What evidence from the scenario would lead you to suspect that the patient is at risk for impaired skin integrity? What preventive measures might be appropriate? What measures might be appropriate to ensure patient-centered care?

**FOCUSED CRITICAL THINKING GUIDE 311**

**WOUND CARE: PROMOTING ACCEPTANCE OF CHANGES IN BODY IMAGE**

During both clinical days in 1 week, you (a female student) have been assigned to care for a middle-aged woman who has had a breast removed because of cancer. The patient, Mrs. Nola, is an attractive woman who is usually cheerful and eager to get better and return home. However, on both days, she turned her head away and would not look at the incision when her dressing was changed. She tells you that she "just can't stand to look at herself." Her husband has left the room during the dressing changes after telling you that "it makes me sick to see what happened to my wife." Mrs. Nola is to be discharged to her home the next day and needs to learn how to provide self-care for her wound. What do you do?

**Time constraints:** Some decision about wound care must be made before her discharge the next day.

1. **Identify goal of thinking**  
Determine the most effective way of ensuring wound care and at the same time assisting Mrs. Nola in accepting her altered self-image.

2. **Assess adequacy of knowledge**  
**Pertinent circumstances:** The diagnosis of cancer was made only 1 day before the surgical removal of the breast. The patient is to be discharged to her home the next day. The wound from her mastectomy has not completely healed and will require dressing changes for another 3 or 4 days. Mrs. Nola has had a disfiguring surgery and is coping with not only a change in body image, but also the diagnosis of cancer. She has never been seriously ill or had surgery. She has a strong, loving relationship with her husband, but he is unable to deal with the physical disfigurement at this time.

**Prerequisite knowledge:** Before you decide what to do in this situation, you need to know at what level Mrs. Nola is in coping with the diagnosis of cancer. If she is still in denial about the disease, it is likely that she is also denying the surgical procedure and the changes in her body. You will need to review responses to the diagnosis of cancer as well as the stages of grief and loss. You will have to learn what her sources of support are and how she can best access and use them. You will need to assess how best to help her achieve wound care in the face of her continued refusal even to look at the wound.

**Room for error:** If she is forced to look at the wound or made to feel inadequate because of her inability to do so, she will feel threatened and most likely will become angry in response to the perceived threat.

3. **Address potential problems**  
There are several potential obstacles to critical thinking in this situation. As a student, you want to exhibit safe, knowledgeable care, and the importance of teaching for home care has been an emphasis in this course. As a woman, you have a sense of what the loss of a breast must mean. Having had a family member die of cancer, you find yourself wanting to do everything for Mrs. Nola. As a novice in nursing, you find it difficult to handle these emotional components of patient care and find yourself wanting to scold both the patient and her husband for being so silly about something as simple as a dressing.

4. **Consult helpful resources**  
You must first understand the loss and grief Mrs. Nola is experiencing, and you must then relate that to her response to self-care of the wound. Your best source of information about her coping methods and sources of personal strength is Mrs. Nola herself. You also discuss the most effective way of providing wound care at home with your instructor and the case manager for Mrs. Nola.

5. **Critique judgment/decision**  
After talking to Mrs. Nola, your instructor, and the case manager, you mutually agree that Mrs. Nola cannot be hurried into acceptance of her medical diagnosis or her body changes. The case manager consults with Mrs. Nola's physician, who writes an order for a home health care nurse to visit for the next 4 days and complete the dressing change. After talking with Mrs. Nola, you identify that she is still very much in denial. You discuss with her the possibility of having a visitor from "Reach to Recovery," a support group for women with breast cancer who have had a mastectomy. Mrs. Nola tells you that she thinks she would like to talk to someone with the same problem, and you call a referral for her. When you tell Mrs. Nola that a home health care nurse will be visiting her for the first few days at home to change her dressing, tears come into her eyes. She says "I am so scared, I just don't know what to do." You realize that insisting that Mrs. Nola do her own dressing would have been extremely stressful for her and that you would have considered the wound as more important than the patient. When you share the situation in post-conference, your clinical group supports your decision.

Learn how careful thinking can change patient outcomes. Like nursing care, careful thinking and reflective practice follow a process. Study the **Focused Critical Thinking Guides** to gain skill in working through the step-by-step critical thinking process.

Challenge yourself! Use the new knowledge you've gained to "think through" learning exercises in the **Developing Clinical Reasoning** section at the end of each chapter.

**DEVELOPING CLINICAL REASONING**

- How would you individualize your teaching about needed supplies, wound care, and resources for the following patients?
  - A homeless man admitted to the hospital for gangrene of the big toe. The toe has been amputated.
  - A teenage gang member treated in the emergency department for a superficial (but long) knife wound
  - An infant who has had abdominal surgery and is now having diarrhea

**MASTER NURSING PROCESS!**

Throughout the clinical chapters, you will find many ways to help you visualize and understand the nursing process.

**THE NURSING PROCESS FOR HEAT AND COLD THERAPY**

**Assessing**

Before initiating heat or cold therapy, assess the patient's physical and mental status, the condition of the body area to be treated with heat or cold, and the condition of the equipment to be used. Carefully evaluate factors influencing the patient's ability to tolerate heat and cold applications. These factors are the basis for the following considerations:

- How long will the heat or cold be applied? Prolonged exposure increases tolerance, and rebound effects are undesirable.
- What body part is involved? Some body areas, such as the neck, perineum, and inner aspects of the wrist and forearm, are more sensitive to thermal changes.
- Is the skin intact? Open tissue or abraded skin is more sensitive to thermal changes.
- How large is the area? Applications of heat or cold to large areas of the body cause systemic responses and lower tolerance of temperature change.

Follow the step-by-step organization of the **Nursing Process** section to understand nursing responsibilities.

Examine the **Nursing Plan of Care** box (derived from the chapter opener cases) to discover common health problems and the wide variety of independent and collaborative interventions that nurses manage.

**NURSING PLAN OF CARE 31-1**

*for Mary Biesicker*

Mary Biesicker, who is 84 years of age, has been cared for at home by her daughter since being hospitalized last year for a stroke. During the past several months, Mary has been confined to her bed, has had minimal appetite, and has occasionally been confused and disoriented. During the past week, she has had several episodes of bowel and bladder incontinence. Her daughter also reports that Mary has developed a "blister on her lower back at the end of her backbone." She is scheduled for an assessment visit by the nurse from a local home health care agency because her daughter is finding it increasingly difficult to care for her mother alone. The nurse's initial assessment of Mary, relative to skin integrity, revealed the following:

*Skin status:* Presence of a nickel-sized open area on the sacrum (stage II pressure ulcer), 2 cm in diameter and 1 cm in depth. No abnormal pathways noted. Reddened area (0.5 cm) surrounding lesion. No drainage noted. Reddened area (2.5 cm) also noted on right elbow. Skin dry over all body surfaces. *Nutritional status:* Daughter states, "usual weight is 115 to 120 lb, and she has definitely lost some weight." Poor skin turgor. *Elimination status:* Wearing "adult diaper," diaper damp with urine and small amount of light brown liquid stool. *Activity status:* Lying quietly in bed, moans when area around lesion is palpated.

**NURSING DIAGNOSIS** Impaired Skin Integrity related to mechanical factors, inactivity, altered nutritional intake, and incontinence as manifested by stage II pressure ulcer on sacral area and reddened area on right elbow

**EXPECTED OUTCOME** 6/6/15—at weekly visit, the patient will:

- Experience reduction of pressure on bony prominences (absence of any additional reddened areas)

**NURSING INTERVENTIONS**

Assess skin for development of any pressure areas (use agency tool).  
Avoid sitting or lying on a pressure ulcer.

Reposition from side to side at least every 2 hours.

Use pillows to maintain side-lying or oblique position in bed and support right elbow off bed surface.

Place foam overlay mattress on bed.

**RATIONALE**

Pressure results in poor circulation that causes skin breakdown. This facilitates pressure relief in the area and allows blood to reenter capillaries and provide oxygen to the area.

The duration of pressure is more devastating to skin than the amount of pressure.

Pillows relieve pressure on lesion and areas at risk and promote improved circulation to those areas.

Static device provides support and relieves pressure on skin surface.

**EVALUATIVE STATEMENT**

6/13/15 Outcome met. Patient has been turned from side to side every 2 hours. Reddened area on right elbow measures 1.25 cm in diameter. No new reddened areas observed.

*Recommendation:* Arrange for delivery of hospital bed with over-bed trapeze setup. Secure a home health care aide for limited period of time to assist with repositioning during the night and allow daughter time to rest.

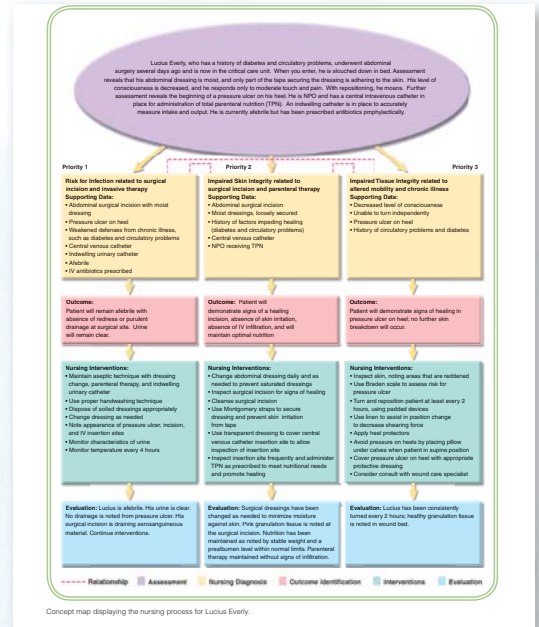
M. Lieb, RN

**EXPECTED OUTCOME** 6/6/15—at weekly visit, the patient will:

- Demonstrate a reduction in the size of the stage II pressure ulcer on sacrum



View the **Concept Map** (from selected chapter opener cases) to see how the nursing process can be visually represented when planning care for a patient.



Then use these tools to further develop your nursing process skills:

FOCUSED ASSESSMENT GUIDE 31-1	
SKIN INTEGRITY	
Factors to Assess	Questions and Approaches
Appearance of skin	<ul style="list-style-type: none"> <li>Do you have any skin areas that are discolored?</li> <li>Do some areas of skin on your body feel warmer or colder than others?</li> <li>Describe the moisture in your skin: is it damp, dry, oily?</li> <li>Have you noticed that your skin seems to be thinner? Where?</li> <li>Have you noticed any swelling in your feet, ankles, or fingers?</li> <li>Tell me about how you take care of your skin. For example, do you take a tub bath or shower? How often? Do you use oils or lotions?</li> </ul>
Recent changes in skin	<ul style="list-style-type: none"> <li>Do you have any sores on your body? If so, how many, and where are they? Have they changed in size? Do you have any drainage from them?</li> <li>Have you noticed that the skin over your hips or backbone gets red if you sit or lie in one position for a long time? Does this disappear in a short time when you are up?</li> <li>Have you gotten a piercing or tattoo recently?</li> </ul>

**Focused Assessment Guides** with sample interview questions will help strengthen your assessment skills.

EXAMPLES OF NANDA-I NURSING DIAGNOSES		
PATIENT WITH A WOUND OR PRESSURE ULCER		
Nursing Diagnoses	Related Factors	Sample Defining Characteristics
Impaired Skin Integrity	Any condition that alters the dermis and/or epidermis, such as a surgical incision or traumatic wound; moisture, physical immobilization	<ul style="list-style-type: none"> <li>Presence of intentional or unintentional wound; disruption of skin surface</li> <li>Presence of a pressure ulcer; destruction of skin layers</li> </ul>
Risk for Infection	Any condition that interferes with the normal inflammatory healing process or provides an entry for infectious agents	<b>Risk factors:</b> <ul style="list-style-type: none"> <li>Disruption in skin integrity</li> <li>Immunosuppression</li> <li>Chronic disease (such as diabetes mellitus or obesity)</li> <li>Extremes of age</li> <li>Malnutrition</li> <li>Presence of drains, tubes, or catheters</li> </ul>

**Examples of NANDA-I Nursing Diagnoses** teach you how to develop and write diagnostic statements.

EXAMPLES OF NURSING INTERVENTIONS AND NURSING OUTCOMES CLASSIFICATIONS (NIC/NOC)	
RISK FOR IMPAIRED SKIN INTEGRITY	
Nursing Interventions	Nursing Outcomes
<ul style="list-style-type: none"> <li>Bed Rest Care</li> <li>Incision Site Care</li> <li>Wound Care</li> <li>Pressure Management</li> <li>Pressure Ulcer Prevention</li> <li>Skin Surveillance</li> </ul>	<ul style="list-style-type: none"> <li>Tissue Integrity: Skin and Mucous Membranes</li> <li>Immobility Consequences: Physiological</li> </ul>

**Examples of Nursing Interventions and Nursing Outcomes Classifications (NIC/NOC)** boxes help you select, implement, and evaluate appropriate nursing interventions and outcomes.

## DEVELOP THE NECESSARY SKILLS!

Carefully follow the concise, straightforward, and simplified format of the nursing **Skills** that show both actions and rationales. Special considerations, delegation considerations, and documentation guidelines and samples are also included.



### SKILL 31-1

#### CLEANING A WOUND AND APPLYING A DRY, STERILE DRESSING

##### DELEGATION CONSIDERATIONS

Wound care and procedures requiring the use of a sterile field and other sterile items are not delegated to nursing assistive personnel (NAP) or unlicensed assistive personnel (UAP). Depending on the state's nurse practice act and the organization's policies and procedures, these procedures may be delegated to licensed practical/vocational nurses (LPNs/LVNs). The decision to delegate must be based on careful analysis of the patient's needs and circumstances, as well as the qualifications of the person to whom the task is being delegated. Refer to the Delegation Guidelines in Appendix A (found on [thePoint](#)).

##### EQUIPMENT

- Sterile gloves
- Clean disposable gloves
- Additional PPE, as indicated
- Gauze dressings
- Surgical or abdominal pads
- Sterile dressing set or suture set (for the sterile scissors and forceps)
- Sterile cleaning solution as ordered (commonly 0.9% normal saline solution, or a commercially prepared wound cleanser)
- Sterile basin (may be optional)
- Sterile drape (may be optional)
- Plastic bag or other appropriate waste container for soiled dressings
- Waterproof pad and bath blanket
- Tape or ties
- Bath blanket or other linens for draping patient
- Additional dressings and supplies needed or required by the primary care provider's order

#### GUIDELINES FOR NURSING CARE 31-1

##### MEASURING WOUNDS AND PRESSURE ULCERS

###### Size of the Wound

- Draw the shape and describe it.
- Measure the length, width, and diameter (if circular).

###### Depth of the Wound

- Perform hand hygiene. Put on gloves.
- Moisten a sterile, flexible applicator with saline and insert it gently into the wound at a 90-degree angle with the tip down (Figure A).
- Mark the point on the swab that is even with the surrounding skin surface, or grasp the applicator with the thumb and forefinger at the point corresponding to the wound's margin (Figure B).
- Remove the swab and measure the depth with a ruler (Figure C).



FIGURE A



FIGURE B



FIGURE C

###### Wound Tunneling

- Use standard precautions; use appropriate transmission-based precautions when indicated.
- Perform hand hygiene. Put on gloves.
- Determine direction: Moisten a sterile, flexible applicator with saline and gently insert a sterile applicator into the site where tunneling occurs. View the direction of the applicator as if it were the hand of a clock (Figure D). The direction of the patient's head represents 12 o'clock. Moving in a clockwise direction, document the deepest sites where the wound tunnels.

**Guidelines for Nursing Care** outline important points to remember in practice and will help you gain competence in performing nursing skills.

Many skills and guidelines have free accompanying video clips, indicated by the **Watch & Learn** icon, or free accompanying activities, indicated by the **Practice & Learn** icon. All of these are available on [thePoint](http://thePoint.lww.com/TaylorPr8e) website at <http://thePoint.lww.com/TaylorPr8e>.



## PROMOTE HEALTH AND WELLNESS!

Learn not only to treat illness but also to promote the health and wellness of your patients.

Check out the **Promoting Health** boxes, which include assessment checkpoints for specific health and wellness topics and suggestions for designing a self-care prescription.

Use the **Promoting Health Literacy** boxes to help identify patients and families at risk for poor health outcomes and discover the key questions that all patients should ask their providers.

Develop appropriate nurse–patient communication using **Teaching Tips** boxes to help improve your patient's and family's outcomes.

#### PROMOTING HEALTH 28-1

##### MEDICATIONS

Use the assessment checklist to determine how well you are meeting your needs related to safe medication practices. Then develop a prescription for self-care by choosing appropriate behaviors from the list of suggestions.

##### Self-Care Behaviors

1. Finish all prescriptions as ordered by physician or nurse practitioner.
2. Avoid foods, alcohol, or over-the-counter drugs and herbal

#### PROMOTING HEALTH LITERACY

##### IN PATIENTS WITH BREAST CANCER

###### Patient Scenario

Tashana Douglas, 42, has been diagnosed with breast cancer. She had a modified mastectomy and returned to the clinic to discuss her care. She is going to have several weeks of radiation therapy. She states, "I feel pretty good, and the cancer is gone. Why do I need more treatment? My sister had radiation and her hair fell out. My sister was extremely tired and had her treatment. It took a long time to get her hair back. I don't know if I want to do that!" Ms. Douglas verbalizes her concerns to others in her home. She asks, "Do you think I should have

including skin care. Provide Ms. Douglas with easy-to-read information about radiation therapy and potential side effects.

###### Nursing Considerations: 7 Literacy

#### TEACHING TIPS 31-1

##### WOUND CARE AND HEALING

Health Topic	Teaching Tip	Why is This Important?
Supplies	<ul style="list-style-type: none"> <li>• Methods for obtaining dressing supplies such as purchasing from pharmacies, drug stores, discount stores, and medical supply stores</li> <li>• Considerations for costs and ease of use</li> <li>• Investigation about reimbursement by insurance company or other source of health care financing for supplies</li> </ul>	Patients need to be able to obtain appropriate supplies in order to perform prescribed care. Wound care will not be completed if patient cannot obtain supplies due to financial limitations, inability to obtain supplies, or if wound care plan is complex or not within patient's level of understanding.
Infection prevention	<ul style="list-style-type: none"> <li>• Signs and symptoms of infection to be immediately reported to the health care provider</li> <li>• Need to watch for increased body temperature, flu-like symptoms, red or separated wound edges, increased pain in the wound, and increased drainage that is thick and has a foul odor</li> <li>• Wearing of disposable gloves when changing the dressing</li> <li>• Hand hygiene before putting on and after removing the gloves</li> </ul>	Early detection of possible complications promotes early intervention and prevention of further complications. Reduces transmission of microorganisms.



## BE A PATIENT ADVOCATE!

Read the scenarios in the **Nursing Advocacy in Action** boxes and learn how you can advocate for vulnerable individuals.

Consider the special needs of the older adult with the **Focus on the Older Adult** boxes

### NURSING ADVOCACY IN ACTION

#### Patient Scenario

Alex is a 28-year-old man admitted to the surgical intensive care unit after undergoing a partial gastric bypass surgical procedure. His mother told the charge nurse yesterday that caregivers were making comments related to his size and were not taking care as they gave to

we take a risk of hurting ourselves when he obviously doesn't care?"

- "His mother told the charge nurse yesterday that caregivers were making comments related to his size and were not taking care as they gave to

### FOCUS ON THE OLDER ADULT

#### NURSING STRATEGIES TO ADDRESS AGE-RELATED CHANGES IN SKIN

##### Age-Related Changes

Subcutaneous and dermal tissue become thin:

- Skin is more easily injured.
- Skin has less capacity to insulate.
- Skin wrinkles more easily.
- Sensation of pressure and pain is reduced.

Activity of the sebaceous and sweat glands decreases:

- Skin becomes dryer.
- Pruritus (itching) may occur.

Cell renewal is shorter:

- Healing time is delayed.

Melanocytes (cells that make the pigment that colors hair and skin) decline in number:

- Hair becomes gray-white.
- Skin may be unevenly pigmented.

##### Nursing Strategies

- Do not apply tape to skin unless necessary.
- Check skin frequently to observe for any signs of a pressure ulcer.
- Pad bony prominences if necessary.
- Assess pressure tolerance by checking pressure points for redness after 30 minutes.

- Clean perineal area daily but do not bathe full body on a daily basis.
- Apply lotions as needed.
- Encourage adequate hydration.

- Perform careful skin assessments, looking for signs of skin breakdown.

- Assist patient with skin checks, observing for any signs of melanoma or other skin abnormalities.

#### Advocacy

Is Alex's nurse? Talk with your nurses about the questions

Alex, what practical steps can health outcomes? What is the role of a student nurse, a graduated nurse in this situation? How can you best respond to

### THROUGH THE EYES OF A STUDENT

The first time I took care of a patient with "multiple tubes," I was horrified at the thought of actually touching the patient. I hadn't really been exposed to that many critically ill patients until my last semester as a student nurse. I remember being assigned a patient in the cardiothoracic intensive care unit. The patient was a "fresh heart"—a coronary artery bypass graft patient who had just been operated on that morning.

I remember walking into the room and thinking, "What do I do with all of these tubes?" and then with horror thinking, "What if one of them falls out?" Needless to say, I was overwhelmed and frightened but at the same time excited at the challenge that faced me. I asked my preceptor what

each tube was for and where it was hooked up and whether it would fall out if I touched it. She answered all my questions with patience and understanding and asked me if I wanted to handle the tubes. I looked at her as if she were insane, but went ahead and did it. Would you believe that nothing fell out! I must admit that the experience taught me a lot, but it also got me over the fear of tubes.

I now chuckle every time I see a nursing student's face with that same look of horror as I had, and I try to answer every question with the same degree of patience and understanding that my preceptor had for me.

—Lynda L. Ullmer, RN, GaitHERSburg, MD

## GAIN NEW INSIGHTS!

Students, patients, and family caregivers share their experiences in boxes entitled *Through the Eyes of a Student*, *Through the Eyes of a Patient*, and *Through the Eyes of a Family Caregiver*. These real-life stories demonstrate how nursing can make a difference in the lives of patients and their families.

## EXAMINE THE EVIDENCE!

Gain insight into the "why" behind nursing care. Consider **Research in Nursing: Bridging the Gap to Evidence-Based Practice** boxes to discover recent findings in nursing care and relate their relevance to nursing practice.

Read the **PICO in Practice: Asking Clinical Questions** to think about how you can do a systematic search, formulate questions, and apply evidence-based answers in your practice by following the PICO model.

### RESEARCH IN NURSING

#### BRIDGING THE GAP TO EVIDENCE-BASED PRACTICE

##### Accurate Assessment of Pressure Ulcers

Pressure ulcers are costly in terms of patient discomfort, disfigurement, decreased quality of life, fatalities, and health care expenditures. Nurses play an important role in accurate assessment of pressure ulcers, which is essential to providing appropriate and effective wound care.

##### Related Research

Alvey, B., Heard, H., & Hennen, N. (2012). Improving accuracy of

to test for differences between PU groups, including overall accuracy, accuracy in accepting the CCDS suggested stage, and accuracy when the override function was used. Nurses accurately staged PU photographs 64% of the time (79 of 123) during the simulation exercise by either accepting the CCDS-suggested stage or overriding the suggestion. Within the accurately staged PUs, nurses agreed with the CCDS-suggested stage 55% of the time (68 of 123). In the other 9%

### PICO IN PRACTICE

#### ASKING CLINICAL QUESTIONS

**Scenario:** You are a staff nurse who works in a same-day surgery center. You are asked to serve as a preceptor for a newly hired nurse, Terri, who has just finished a nurses' refresher course at the local community college. Terri worked as a perioperative nurse for over 12 years, but her practice was on hiatus while she stayed at home to raise two children for the past 15 years. One day, Terri asks you why it is no longer standard practice to shave patients' surgical sites to prepare them for surgery. She notes to you that this was standard protocol for patients 15 years ago, and was thought to diminish the incidence of surgical site infections.

- **POPULATION:** Perioperative patients
- **INTERVENTION:** Surgical site shaving of hair
- **COMPARISON:** No surgical site shaving of hair
- **OUTCOME:** Lower rates of surgical site infections

**PICO Question:** Does preoperative shaving of the surgical site result in lower rates of surgical site infections?

**Finding:** From the Cochrane Collaboration: Tanner, J., Norrie, P., & Melen, K. (2011). Preoperative hair removal to reduce surgical site infections. *Cochrane Database of Systematic Reviews*, 11, CD004122.

Findings from this systematic review indicate that routine shaving of surgical sites is not associated with lower rates of surgical site infections and may pose a surgical site infection risk. If hair must be removed preoperatively from a surgical site, clippers are associated with lower rates of surgical site infections than razors.

**Level of Evidence:** Level 1

**Recommendation:** You note to Terri that though shaving surgical sites may have been standard practice 15 years ago, this practice actually may pose a surgical site infection risk and is no longer advocated. If hair must be removed from a surgical site preoperatively, then clippers should be used rather than razors.

aged accurately by over-ly was based on incorrect significantly more accurate compared to PU staged by concluded these findings the CCDS to improve cause the characteristics d, the CCDS assigns the

## PREPARE FOR NCLEX!

Start preparing for NCLEX right from the beginning of your nursing education. The **Practicing for NCLEX** section at the end of each chapter uses the multiple-choice question format to test your knowledge of basic through complex concepts. Answers with rationales are provided for immediate reinforcement. Additional NCLEX-style Chapter Review Questions are available on **thePoint** website at <http://thePoint.lww.com/Taylor8e>.

Lippincott

**NCLEX-RN PassPoint**

You may also be interested in Lippincott PassPoint, our adaptive, online NCLEX-preparation tool. Through PassPoint, you can take quizzes accessing thousands of NCLEX-style questions and even take simulated NCLEX questions that adapt to your answers—just like the real exam. To learn more about PassPoint, visit [thePoint.lww.com/PassPoint](http://thePoint.lww.com/PassPoint). ISBN: 978-1-4698-0935-9

### PRACTICING FOR NCLEX

- Thirty-six hours after having surgery, a patient has a slightly elevated body temperature and generalized malaise, as well as pain and redness at the surgical site. Which intervention is most important to include in this patient's nursing care plan?
  - Document the findings and continue to monitor the patient.
  - Administer antipyretics, as ordered.
  - Increase the frequency of assessment to every hour and notify the patient's primary care provider.
  - Increase the frequency of wound care and contact the primary care provider for an antibiotic order.
- A nurse caring for patients in the PACU teaches a novice nurse how to assess and document wound drainage. Which statements accurately describe a characteristic of wound drainage? Select all that apply.
  - Serous drainage is composed of the clear portion of the blood and serous membranes.
  - Sanguineous drainage is composed of a large number of red blood cells and looks like blood.
  - Bright red sanguineous drainage indicates fresh bleeding and darker drainage indicates older bleeding.
  - Purulent drainage is composed of white blood cells, dead tissue, and bacteria.
  - Purulent drainage is thin, cloudy, and watery and may have a musty or foul odor.
  - Serosanguineous drainage can be dark yellow or green depending on the causative organism.



### Concept Mastery Alert

A helpful way to remember which technique to use for wound care is this:

Surgery occurs under sterile conditions, so surgical wounds = sterile technique; pressure ulcers = clean technique.

**Concept Mastery Alerts** highlight and clarify the most common misconceptions in nursing fundamentals, as identified by Lippincott's online adaptive learning platform. Our team reviewed data from thousands of fundamentals students across North America to identify the points of confusion for most students to help you learn more effectively.

## COORDINATE YOUR STUDY PLAN!

From traditional texts to video and interactive products, the Taylor Fundamentals suite is tailored to fit every learning style. This integrated suite of products offers students a seamless learning experience you won't find anywhere else. Look for the **Taylor Suite Resources** listed at the end of every chapter to see what other parts of the Taylor Suite can help you learn, review, and apply knowledge and skills related to the chapter.

### TAYLOR SUITE RESOURCES

Explore these additional resources to enhance learning for this chapter:

- NCLEX-Style Questions and other resources on **thePoint**, <http://thePoint.lww.com/Taylor8e>
- Study Guide for Fundamentals of Nursing, 8th edition*
- Adaptive Learning | Powered by prepU, <http://thePoint.lww.com/prepu>
- Skill Checklists for Fundamentals of Nursing, 8th edition*
- Taylor's Clinical Nursing Skills: Chapter 8, Skin Integrity and Wound Care*
- Taylor's Video Guide to Clinical Nursing Skills: Skin Integrity and Wound Care*

Lippincott **CoursePoint**

## LIPPINCOTT COURSEPOINT

Powered by prepU, Lippincott's adaptive learning engine, CoursePoint allows you to study more efficiently and access our digital course content precisely when you need it. With CoursePoint, you can access hundreds of quiz questions for each chapter, as well as a complete electronic version of the textbook and valuable reference and study resources.

# Acknowledgments

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# Foundations of Nursing Practice

**N***nursing is both an art and a science.* It is a profession that uses specialized knowledge and skills to promote wellness and to provide care for people in both health and illness in a variety of practice settings. Unit I introduces concepts that provide the foundation for nursing practice by defining nursing as a whole. Chapters in this unit introduce the profession of nursing; theory, research, and evidence-based nursing practice; cultural diversity; health and illness; basic needs and health of individuals, their families, and the community; and ethical and legal implications for nursing practice.

Historical perspectives, educational preparation, professional organizations, and guidelines for professional nursing practice serve as a base for understanding what nursing is and how it is organized. Nursing theories and nursing research provide a foundation for evidence-based nursing practice, defining the rationale for nursing actions and offering a focus for nursing care. The diverse society in which nurses care for others mandates the ability to provide culturally competent care. An understanding of basic human needs and the individualized definitions of wellness and illness prepare the nurse to integrate the human dimensions—the physical, intellectual, emotional, sociocultural, spiritual, and environmental aspects of each person—into nursing care to promote wellness, prevent illness, restore health, and facilitate coping with altered function or death. Knowledge of the varied methods of care delivery is necessary in today's complex health care system. An understanding of the influence of values on human behavior and of the ethical dimensions of nursing practice is essential to responsible and accountable patient care. Finally, sensitivity to the legal implications of professional nursing practice is imperative in today's culture.

Unit I explores the foundations for nursing practice from both the perspective of the nurse and a holistic understanding of the patient. Students of nursing are introduced to a challenging and rewarding profession, and are provided with a knowledge base to ground the development of caregiving skills and professional relationships and behaviors.

“

*Basic to any philosophy of nursing seems to be these three concepts: (1) reverence for the gift of life; (2) respect for the dignity, worth, autonomy, and individuality of each human being; (3) resolution to act dynamically in relation to one's beliefs.”*

Ernestine Wiedenbach (1900–1996) a faculty member at Yale University School of Nursing, where she developed her model of nursing from years of experience in various nursing positions







# 1

## Introduction to Nursing

### ROBERTO PECORINI



Roberto is a 38-year-old man diagnosed with metastatic colon cancer. Having undergone radiation treatments and chemotherapy, he is extremely weak and malnourished. He is receiving intravenous fluids via a central venous catheter. He has two pressure ulcers on his sacrum, each approximately 1½" in diameter, requiring wound care. He also has a colostomy that he cannot care for independently.

### MICHELLE FINE



Michelle, a 19-year-old first-time mother who was discharged with her healthy 7-lb 8-oz baby girl 2 days ago, calls the nursery. She reports, "My baby isn't taking to my breast and she hasn't had any real feeding for 24 hours."

### AHMAD BASSHIR



Ahmad, a 62-year-old male who is at risk for heart disease, is being taught about lifestyle modifications, such as diet and exercise. He states, "Just save your breath. Why should I bother about all that? I'd be better off dead than living like I am now, anyway!"



## LEARNING OBJECTIVES

After completing the chapter, you will be able to accomplish the following:

1. Describe the historical background of nursing, definitions of nursing, and the status of nursing as a profession and as a discipline.
2. Explain the aims of nursing as they interrelate to facilitate maximal health and quality of life for patients.
3. Describe the various levels of educational preparation in nursing.
4. Discuss the effects on nursing practice of nursing organizations, standards of nursing practice, nurse practice acts, and the nursing process.
5. Identify current trends in nursing.

## KEY TERMS

health	nursing	reciprocity
licensure	nursing process	standards
nurse practice act	profession	

**W**hat is nursing? Consider the following examples of who nurses are and what they do:

- Delton Nix, RN, graduated from an associate degree nursing program 3 years ago. He is now working full-time as a staff nurse in a hospital medical unit while attending school part-time toward a baccalaureate degree in nursing; his goal is to become a nurse anesthetist.
- Jeiping Wu, RN, MSN, FNP, specializes as an advanced practice family nurse practitioner. She has an independent practice in a rural primary health clinic.
- Samuel Cohen, LPN, decided to follow his life's dream to become a nurse after 20 years as a postal worker. After examining all his options and goals, he completed a practical nursing program and is now a member of an emergency ambulance crew in a large city.
- Amy Orlando, RN, BSN, graduated 2 years ago and recently began a new job in an urban community health service.
- Roxanne McDaniel, RN, PhD, with a doctorate in nursing, teaches and conducts research at a large university.

These examples show how difficult it is to describe nursing simply. If everyone in your class were asked to complete the sentence, "Nursing is . . .," there would be many different responses because each person would answer based on his or her own personal experience and knowledge of nursing at that time. As you progress toward graduation and as you practice nursing after graduation, your own definition will reflect changes as you learn about and experience nursing.

Nursing is a profession focused on assisting individuals, families, and communities to attain, recover, and maintain optimum health and function from birth to old age. Nurses act as a bridge between an often extremely vulnerable public and the health care resources that can literally make the difference between life and death, health and disease/disability, and well-being and discomfort. Nursing care involves a wide range of activities, from carrying out complicated technical procedures to something as seemingly simple as holding a hand. Nursing is a blend of science and art. The science of nursing is the knowledge base for the care that is given, and the art of nursing is the skilled application of that knowledge to help others achieve maximum health and quality of life.

This chapter introduces you to nursing, including a brief history of nursing from its beginnings to the present, and provides the definitions and aims of nursing. In examining nursing as a profession, educational preparation, professional organizations, and guidelines for professional nursing practice are discussed to help you better understand what nursing is and how it is organized. (For an example demonstrating the importance of licensure to nursing practice and responsibilities, see the accompanying Reflective Practice box (on page 6)). Because nursing is a part of an ever-changing society, current trends in nursing also are discussed.

## HISTORICAL PERSPECTIVES ON NURSING

Caregivers for those who were ill or injured have always been a part of history. The roles, settings, and responsibilities, however, have changed over time, as is summarized in the following section.

### Development of Nursing from Early Civilizations to the 16th Century

Most early civilizations believed that illness had supernatural causes. The theory of animism attempted to explain the cause of mysterious changes in bodily functions. This theory was based on the belief that everything in nature was alive with invisible forces and endowed with power. Good spirits brought health; evil spirits brought sickness and death. In providing treatment, the roles of the physician and the nurse were separate and distinct. The physician was the medicine man who treated disease by chanting, inspiring fear, or opening the skull to release evil spirits (Dolan, Fitzpatrick, & Herrmann, 1983). The nurse usually was the mother who cared for her family during sickness by providing physical care and herbal remedies. This nurturing and caring role of the nurse has continued to the present.

As ancient Greek civilizations grew, temples became the centers of medical care because of the belief that illness was caused by sin and the gods' displeasure (*disease* literally means "dis-ease"). During the same period, the ancient Hebrews developed rules through the Ten Commandments and the Mosaic Health Code for ethical human relationships, mental health, and disease control. Nurses cared for sick people in the home and the community and also practiced as nurse-midwives (Dolan et al., 1983).

## REFLECTIVE PRACTICE: CULTIVATING QSEN COMPETENCIES

### CHALLENGE TO ETHICAL AND LEGAL SKILLS

During nursing school, I was working as a nurse's aide on a busy oncology unit. It was here that I met Roberto Pecorini, a 38-year-old man diagnosed with metastatic colon cancer. He had undergone radiation treatments and chemotherapy, and was extremely weak and malnourished. He was receiving numerous intravenous fluids via a central venous catheter. In addition, he had developed two pressure ulcers on his sacrum, each approximately 1½" in diameter, that required wound care. He also had a colostomy that he could not care for independently.

Although the staff was very helpful, the orientation I received to the unit was brief because they were very short staffed. During one occasion, shortly after I had

been oriented to the floor, I was working a night shift and was the only nurse's aide on the unit. The nurses I was working with asked me to care for Mr. Pecorini, including performing several tasks and skills with which I was unfamiliar. In addition to my lack of familiarity with skills such as changing central line dressings and performing blood draws and wound care, I was not licensed to perform these tasks. I felt uncomfortable performing these skills on my own. However, the nurses were extremely busy and I wanted to help them as much as possible. If I performed these skills on my own, I could be putting the patient at risk. Moreover, I could be threatening the license of the nurses.

#### Thinking Outside the Box: Possible Courses of Action

- Perform the tasks requested despite the fact that I had little experience with them.
- Inform the nurses that I did not feel comfortable completing these skills on my own and ask that they assign me other tasks within my scope of duty.
- Ask the nurses to be present when I performed these tasks so that they could observe my skills and intervene if necessary.
- Refrain from performing these tasks and alert the nurse manager the following day that I was assigned to tasks outside my scope of duty.

#### Evaluating a Good Outcome: How Do I Define Success?

- The patient received safe, comprehensive care without being placed at risk.
- I performed tasks and skills within my scope of practice.
- The nurses understood my job duties and properly delegated the necessary tasks.
- The nurses' licensure was not put in jeopardy.
- I felt comfortable and competent in my job performance.

#### Personal Learning: Here's to the Future!

Since I felt uncomfortable in performing the duties assigned to me by the nurses, I confronted them and told them that I had recently been oriented to the floor and did not have experience with these skills. Although somewhat surprised that I didn't have the experience, they understood and did not want me to do anything I felt uncomfortable with. The nurses were used to having an LPN as a night aide, and the LPN's scope of practice was broader than mine. Throughout the night, I observed the nurses performing the skills and tasks, with the nurses walking me through several of the skills that I was allowed to perform but in which I did not feel

proficient. In the morning, we spoke with the nurse manager, who realized the need for clarifying the job duties of the nurse's aides and the appropriate delegation of tasks. I feel that I made the right decision in speaking to the nurses because patient safety could have been compromised by my inexperience. The nurses' licensure also could have been put at risk. As a result of our conversation with the nurse manager, the orientation for new nurse's aides was reorganized, helping greatly to define the scope of duties for the aides.

*Colleen Kilcullen, Georgetown University*

### REFLECTION ON QUALITY AND SAFETY COMPETENCIES

How do you think you would respond in a similar situation? Why? What does this tell you about yourself and about the adequacy of your skills for professional practice? How was the nursing student's action ethical? Legal? Please explain. What other *knowledge*, *attitudes* and *skills* do you need to develop to continuously improve the quality and safety of care for patients like Mr. Pecorini?

**Patient-Centered Care:** What role did the different members of the nursing team play in creating a partnership with Mr. Pecorini to best coordinate his care? What special talents do you bring to creating this partnership?

**Teamwork and Collaboration/Quality Improvement:** What communication skills do you need to improve to ensure that you function as a competent, caring, and

responsible member of the patient-care team and ensure that you obtain assistance when needed? How would you have responded if nursing leadership did not address your concerns? What special talents do you bring to promoting a well-functioning interdisciplinary team?

**Safety/Evidence-Based Practice:** What priority did Mr. Pecorini's care team accord to his health, well-being, and safety? What evidence in the nursing literature supports adhering to the scope of practice and roles?

**Informatics:** Can you identify the essential information that must be available in Mr. Pecorini's electronic record to support safe patient care and coordination of care? Can you think of other ways to respond to or approach the situation?

In the early Christian period, nursing began to have a formal and more clearly defined role in society. Led by the idea that love and caring for others were important, women called “deaconesses” made the first organized visits to sick people, and members of male religious orders gave nursing care and buried the dead. Both male and female nursing orders were founded during the Crusades (11th to 13th centuries). Hospitals were built for the enormous number of pilgrims needing health care, and nursing became a respected vocation. Although the early Middle Ages ended in chaos, nursing had developed purpose, direction, and leadership.

At the beginning of the 16th century, many Western societies shifted from a religious orientation to an emphasis on warfare, exploration, and expansion of knowledge. Many monasteries and convents closed, leading to a tremendous shortage of people to care for the sick. To meet this need, women who were convicted of crimes were recruited into nursing in lieu of serving jail sentences. In addition to having a poor reputation, nurses received low pay and worked long hours in unfavorable conditions.

## Florence Nightingale and the Birth of Modern Nursing

From the middle of the 19th century to the 20th century, social reforms changed the roles of nurses and of women in general. It was during this time that nursing as we now know it began, based on many of the beliefs of Florence Nightingale. Born in 1820 to a wealthy family, she grew up in England, was well educated, and traveled extensively. Despite strong opposition from her family, Nightingale began training as a nurse at the age of 31. The outbreak of the Crimean War and a request by the British to organize nursing care for a military hospital in Turkey gave Nightingale an opportunity for achievement (Kalisch & Kalisch, 2004). As she successfully overcame enormous difficulties, Nightingale challenged prejudices against women and elevated the status of all nurses. After the war, she returned to England, where she established the first training school for nurses and wrote books about health care and nursing education. Florence Nightingale’s contributions include:

- Identifying the personal needs of the patient and the role of the nurse in meeting those needs
- Establishing standards for hospital management
- Establishing a respected occupation for women
- Establishing nursing education
- Recognizing the two components of nursing: health and illness
- Believing that nursing is separate and distinct from medicine
- Recognizing that nutrition is important to health
- Instituting occupational and recreational therapy for sick people
- Stressing the need for continuing education for nurses
- Maintaining accurate records, recognized as the beginnings of nursing research

Florence Nightingale, other historically important nurses, and images of early nursing can be seen in Figure 1-1 (on page 8). People important to the development of nursing are listed in Table 1-1 (on page 9). A historical overview of the foundational documents for nursing is presented in Box 1-1 on page 10.

## Development of Nursing from the 19th to 21st Centuries

Both the work of Florence Nightingale and the care provided for battle casualties during the Civil War focused attention on the need for educated nurses in the United States. Schools of nursing, founded in connection with hospitals, were established on the beliefs of Nightingale, but the training they provided was based more on apprenticeship than on educational principles. Hospitals saw an economic advantage in having their own schools, and most hospital schools were organized to provide more easily controlled and less expensive staff for the hospital. This resulted in a lack of clear guidelines separating nursing service and nursing education. As students and as graduates, female nurses were under the control of male hospital administrators and physicians. The lack of educational standards, the male dominance in health care, and the pervading Victorian belief that women were subordinate to men combined to contribute to several decades of slow progress toward professionalism in nursing (Kalisch & Kalisch, 2004).

World War II had an enormous effect on nursing. For the first time, large numbers of women worked outside the home. They became more independent and assertive. These changes in women and in society led to an increased emphasis on education. The war itself had created a need for more nurses and resulted in a knowledge explosion in medicine and technology, which broadened the role of nurses. After World War II, efforts were directed at upgrading nursing education. Schools of nursing were based on educational objectives and were increasingly developed in university and college settings, leading to degrees in nursing for men, women, and minorities.

Nursing has broadened in all areas, including practice in a wide variety of health care settings, the development of a specific body of knowledge, the conduct and publication of nursing research, and recognition of the role of nursing in promoting health. Increased emphasis on nursing knowledge as the base for evidence-based practice (EBP) has led to the growth of nursing as a professional discipline.

## DEFINITIONS OF NURSING

The word *nurse* originated from the Latin word *nutrix*, meaning “to nourish.” Most definitions of **nursing** describe the nurse as a person who nourishes, fosters, and protects and who is prepared to take care of sick, injured, and aged people. With the expanding roles and functions of the nurse in today’s society, however, any one definition may be too limited.





**FIGURE 1-1.** Images of nurses spanning more than 100 years of service. (Courtesy of the Center for the Study of the History of Nursing, University of Pennsylvania.)

The International Council of Nurses (2010) captures much of what nursing means in its definition:

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.

The American Nurses Association (ANA) defines nursing as “the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations” (ANA, 2010). In

addition to a definition of nursing, the ANA describes the social context of nursing, the knowledge base for nursing practice, the scope of nursing practice, standards of professional nursing practice, and the regulation of professional nursing in its *Nursing’s Social Policy Statement* (2010). Within today’s definitions of nursing we find all the elements of professional nursing. Nurses focus on human experiences and responses to birth, health, illness, and death within the context of individuals, families, groups, and communities. The knowledge base for nursing practice includes diagnosis, interventions, and evaluation of outcomes from an established plan of care. In addition, the nurse integrates objective data with knowledge gained from an understanding of the patient’s or group’s subjective experience, applies scientific knowledge in the nursing process, and provides a caring relationship that facilitates health and healing.

**Table 1-1 PEOPLE IMPORTANT TO THE DEVELOPMENT OF NURSING IN NORTH AMERICA**

PERSON	CONTRIBUTION
<i>19th Century</i>	
Florence Nightingale	Defined nursing as both an art and a science, differentiated nursing from medicine, created free-standing nursing education; published books about nursing and health care; is regarded as the founder of modern nursing (see text for further information)
Clara Barton	Volunteered to care for wounds and feed Union soldiers during the Civil War; served as the supervisor of nurses for the Army of the James, organizing hospitals and nurses; established the Red Cross in the United States in 1882
Dorothea Dix	Served as superintendent of the Female Nurses of the Army during the Civil War; was given the authority and the responsibility for recruiting and equipping a corps of army nurses; was a pioneering crusader for the reform of the treatment of the mentally ill
Mary Ann Bickerdyke	Organized diet kitchens, laundries, and an ambulance service, and supervised nursing staff during the Civil War
Louise Schuyler	A nurse during the Civil War; returned to New York and organized the New York Charities Aid Association to improve care of the sick in Bellevue Hospital; recommended standards for nursing education
Linda Richards	Graduated in 1873 from the New England Hospital for Women and Children in Boston, Massachusetts, as the first trained nurse in the United States; became the night superintendent of Bellevue Hospital in 1874 and began the practice of keeping records and writing orders
Jane Addams	Provided social services within a neighborhood setting; a leader for women's rights; recipient of the 1931 Nobel Peace prize
Lillian Wald	Established a neighborhood nursing service for the sick poor of the Lower East Side in New York City; the founder of public health nursing
Mary Elizabeth Mahoney	Graduated from the New England Hospital for Women and Children in 1879 as America's first African American nurse
Harriet Tubman	A nurse and an abolitionist; active in the underground railroad movement before joining the Union Army during the Civil War
Nora Gertrude Livingston	Established a training program for nurses at the Montreal General Hospital (the first 3-year program in North America)
Mary Agnes Snively	Director of the nursing school at Toronto General Hospital and one of the founders of the Canadian Nurses Association
Sojourner Truth	Provided nursing care to soldiers during the Civil War and worked for the women's movement
Isabel Hampton Robb	A leader in nursing and nursing education; organized the nursing school at Johns Hopkins Hospital; initiated policies that included limiting the number of hours in a day's work and wrote a textbook to help student learning; the first president of the Nurses Associated Alumnae of the United States and Canada (which later became the American Nurses Association)
<i>20th Century</i>	
Mary Adelaide Nutting	Became the first professor of nursing in the world as a faculty member of Teachers' College, Columbia University; with Lavinia Dock, published the four-volume <i>History of Nursing</i>
Elizabeth Smellie	A member of the original Victorian Order of Nurses for Canada (a group that provided public health nursing); organized the Canadian Women's Army Corps during World War II
Lavinia Dock	A nursing leader and women's rights activist; instrumental in the Constitutional amendment giving women the right to vote
Mary Breckenridge	Established the Frontier Nursing Service and one of the first midwifery schools in the United States
Margaret Sanger	Founder of Planned Parenthood

The central focus in all definitions of nursing is the patient (the person receiving care), which includes the physical, emotional, social, and spiritual dimensions of that person. Nursing is no longer considered to be concerned primarily

with illness care. Nursing's concepts and definitions have expanded to include the prevention of illness and the promotion and maintenance of health for individuals, families, and communities.