Answer Key

Chapter 1—The Evolution of Nursing

Matching

1. b

2. d

3. e

4. a

5. f

6. h

7. c

8. g

9. j

10. i

Short Answer

11. The National League for Nursing (NLN) established educational standards and criteria and is involved in the voluntary accreditation of nursing programs.

12. The purposes of National Association for Practical Nurse Education (NAPNES) and National Federation of Licensed Practical Nurses (NFLPN) are to:

Set standards for practical/vocational nursing programs.

Promote and protect practical/vocational nursing.

Educate and inform the general public about practical/vocational nursing.

13. LPN/LVNs function to provide specific services to patients under the direct supervision of a licensed provider, dentist, or registered nurse; to assist individuals, sick or well, in the performance of those activities contributing to health, to their recovery, and to gain independence as rapidly as possible or to have a peaceful death. The LPN/LVN is educated to be a responsible member of a health care team, performing basic therapeutic, rehabilitative, and preventive care to assigned patients. LPN/LVNs are continuing to provide care in all types of settings.

Multiple Choice

14. Answer: 1, 2, 4, 5 The LPN/LVN communicates findings to members of the health care team, demonstrates caring and empathy by using therapeutic communication skills with patients, administers care according to professional standards and collects data from multiple sources. The LPN/LVN would collaborate with the RN but would not independently create the care plan for a newly admitted patient.

15. Answer: 3 Reports indicate that challenges related to feelings of social isolation, stereotyping about men who choose nursing, nursing instructor’s inability to incorporate masculine styles of caring in to the curriculum, and a lack of male role models in the profession may be to blame for the high attrition of male nursing students from nursing programs.

16. Answer: 4 Advance directives could include a health care power of attorney that states who should make health care decisions if the person is unable to make them. A “living will” outlines wishes about end-of-life care. Ideally, everyone should carefully consider advance directives and have discussions with family members, caregivers and the health care team.

17. Answer 2: One of the primary problems of the early nineteenth century hospitals was poor hygienic practices. Hospitals were dirty and overcrowded and care was mostly given by untrained persons.

18. Answer 4: The population is aging rapidly and there is an increased need for nursing services for this growing segment of the population.

19. Answer 3: “Nightingale Nurses” improved patient care and advanced the practice of nursing through good hygiene, sanitation, patient observation, accurate recordkeeping, nutritional improvement, and the introduction and use of new equipment.

20. Answer 1: The four major concepts are nurse, patient, health, and environment.

21. Answer 4: Poverty, homelessness, and unemployment are barriers to accessing health care.

22. Answer 2: Physiologic needs, such as eating and oxygenation, are the first priority according to Maslow.

23. Answer 4: Adolescence is time when love and belonging to a peer group are very important. Being part of a team is the best way to help him meet this need.

24. Answer 1, 3, 5: Patient can participate in smoking cessation; stress, weight, and alcohol intake reduction; and control over own body and health. Giving information about technology, new medications, and costs may be of interest to the patient, but these topics are less useful in helping the patient to take an active role in her own health.

25. Answer 4: Unlicensed assistive personnel (UAPs) are trained to assist patients with activities of daily living. The unit secretary orders supplies using electronic or hard copy requisition forms. While the UAP or unit secretary can direct visitors, extreme caution should be used in giving out patient information. (Note to student: Even acknowledging that a patient has been admitted to the hospital can be viewed as a violation of confidentiality.) Taking vital signs is acceptable; however, the pharmacist generally restocks medications. Validating and interpreting are nursing responsibilities.

26. Answer 2: Economic use of time and materials is the best way to contain costs for individual patients. Malpractice insurance does not help to contain costs. While it is appropriate to question the provider about safety issues, it is not appropriate to question use of diagnostic testing. Diagnosis is an extremely complicated process, which requires an extensive knowledge about pathology. Referring patients to another clinic shifts the financial burden to another part of the health care system.

27. Answer 1: Orem’s theory is based on helping the patient to attain self-care. Nightingale’s theory uses manipulation of the environment (i.e., patient’s pillows). Benner and Wrubel demonstrate caring by assisting the patient to cope. Parse’s theory encourages the patient to participate in the health experience.

28. Answer 1, 2, 3, 4, 6: Under the terms of this document, patients are assured that they can expect high-quality hospital care, a clean and safe environment, involvement in their care and the decision-making process, protection of privacy, help when leaving the hospital, and help with billing concerns. Patients cannot always expect to get a private room with all amenities.

29. Answer 3: Health care workers are entitled to respect from patients and also expect patients to be responsible for their own behavior.

30. Answer 3: LPN/LVNs never independently determine nursing diagnosis without the supervision of an RN.

Critical Thinking Activities

31.

This patient has some health problems and some changes in her life, but she has a relatively high level of wellness. Her blood pressure is under control and she has adapted to a major change (retirement), by taking on a new challenge of volunteering. Her positive outlook on life allows her to find joy in the prospect of sharing time with a new generation.

32. a. Originally, the white pleated cap and the apron signified respectability, cleanliness, and servitude. Caps gradually became symbolic of office and achievement and were celebrated with capping ceremonies. Uniforms became more informal and nurses complained that caps interfered with care, caused hair loss, took too much time for washing and starching, and were a source of bacteria. Health care facilities and nursing schools typically have dress codes for style of uniform and/or color. Staff are generally required to wear nametags and identification badges. Many nurses do not approve of mandatory dress codes. They argue that other health care professionals do not depend on uniforms for their authority.

b. It is likely that as a nursing student and a soon-to-be nurse that looking professional is important to you. You may feel anxious to be rid of your current student uniform for a variety of reasons. Freedom of choice, unattractive style, and not being marked as a student are frequent reasons cited by students. From the patients’ point of view, they feel more comfortable and confident when they are easily able to distinguish nurses from other staff members. Some research studies also suggest that patients believe that nurses who wear white are better nurses than those who do not wear white.

33. a. This patient has complex physical problems and he has some lifestyle, social, and financial issues that need extra attention.

Registered nurse (RN)—provides direct patient care in the hospital and an RN from a home health agency could also be involved in the care of this patient.

LPN/LVN—works under the supervision of the RN in providing patient care.

Physician—provides medical diagnosis and prescription of treatment and medications.

Social worker—provides counseling and referral to community resources.

Physical therapist—teaches and monitors exercise and will assist this patient in learning techniques for safe ambulation, bending, and lifting.

Dietitian—provides nutritional counseling.

Respiratory therapist—supervises oxygen administration and performs pulmonary assessments.

Technologist—will obtain and analyze specimens and perform other diagnostic procedures.

Pharmacist—prepares the medication in the hospital. The community pharmacist can help this patient monitor his home medications.

Unlicensed assistive personnel—assists the patient in the hospital and at home with bathing and other activities of daily living.

Hospitals will also have financial counselors to assist the patients in understanding the hospital bill and to make arrangements in paying out-of-pocket costs.

b. For primary prevention, the nurse would encourage wellness activities and preemptive screening programs such colonoscopy or glucose screening. For secondary prevention, to reduce the impact of the chronic respiratory disease, the nurse would encourage smoking cessation and weight loss. For tertiary prevention, the nurse would get a referral for home health assistance, including physical therapy, which will improve quality of life and reduce further loss of function.