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SKU: 9780135940228-SOLUTIONS

CHAPTER 1 HISTORICAL AND CONTEMPORARY NURSING PRACTICE

LEARNING OUTCOMES

1. Discuss historical factors and nursing leaders, female and male, who influenced the development of nursing.
2. Discuss the evolution of nursing education and entry into professional nursing practice.
3. Describe the different types of educational programs for nurses.
4. Describe the major purpose of theory in the sciences and practice disciplines.
5. Identify the components of the metaparadigm for nursing.
6. Identify the role of nursing theory in nursing education, research, and clinical practice.
7. Explain the importance of continuing nursing education.
8. Describe how the definition of nursing has evolved since Florence Nightingale.
9. Identify the four major areas of nursing practice.
10. Identify the purposes of nurse practice acts and standards of professional nursing practice.
11. Describe the roles of nurses.
12. Describe the expanded career roles of nurses and their functions.
13. Discuss the criteria of a profession and professional identity formation.
14. Discuss Benner's levels of nursing proficiency.
15. Describe factors influencing contemporary nursing practice.
16. Explain the functions of national and international nurses' associations.

Key Concepts

1. Recurring themes of women's roles and status, religious (Christian) values, war, societal attitudes, and visionary nursing leadership have influenced practice. Traditional female roles of wife, mother, daughter, and sister have always included caring, nurturing, comforting, and supporting. In addition, women generally occupied subservient and dependent roles. Men have worked as nurses since the time of the Crusades but were denied admission to the Military Nurse Corps during World War Ⅱ because it was believed that nursing was women's work. Men continue to experience barriers to becoming a nurse. Christian values, self-denial, spiritual calling, and devotion to duty and work had a

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significant impact on nursing. Examples include the establishment of houses of care and healing in early Rome, orders of knights that provided care to the sick and injured during the Crusades, the Alexian brothers who organized care for the victims of the Black Plague in the 14th century in Germany, and the Order of Deaconesses who established a small hospital and training school where Florence Nightingale received her training in nursing. War created a need for nurses, and a number of early nursing leaders emerged during wartime. Florence Nightingale is well known for her service during the Crimean War. Harriet Tubman, Sojourner Truth, Mother Biekerdyke, Clara Barton, and Dorothea Dix provided care during the American Civil War. During World War Ⅱ the Cadet Nurse Corps was established, and nurses continue to volunteer to provide care in time of war. Throughout nursing's history, societal attitudes about nurses have evolved, with images such as the poorly educated woman, guardian angel or angel of mercy, doctor's handmaiden, heroine, sex object, tyrannical mother, and body expert. A look at nursing's beginnings reveals its continuing struggle for autonomy and professionalization. In the early 1990s, the Tri-Council for Nursing initiated an effort to improve the image of nursing, and the Johnson & Johnson corporation launched a "Campaign for Nursing's Future." Many nursing leaders have made contributions to nursing's history and to women's history. Florence Nightingale (1820–1910) was the founder of modern nursing. Clara Barton (1812–1912) helped establish the American Red Cross. Linda Richards (1841–1930) was the United States' first trained nurse and is credited with pioneer work in psychiatric and industrial nursing. Mary Mahoney (1845–1926) was the United States' first black professional nurse, and she worked for acceptance of blacks into nursing and the promotion of equal rights. Lillian Wald (1867–1940) was the founder of public health nursing and with Mary Brewster founded the Henry Street Settlement and Visiting Nurse Service. Lavinia L. Dock (1858–1956) worked for passage of the 19th Amendment, campaigned for legislation to allow nurses to control their profession, and, with the assistance of Mary Adelaide Nutting and Isabel Hampton Robb, founded the American Society of Superintendents of Training Schools for Nurses of the United States and Canada, the precursor to the National League for Nursing. Margaret Higgins Sanger (1879–1966) is considered the founder of Planned Parenthood. Mary

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Breckinridge (1881–1965) established the Frontier Nursing Service and started one of the first midwifery training schools. Luther Christman (1915–2011) became the first man to be the dean at a university school of nursing. Ernest Grant (1958–) becameuse the first male president of the American Nurses Association. Nurses today are politically active and hold seats in Congress and serve on federal commissions.

2. The practice of nursing is controlled from within the profession through state boards of nursing and professional nursing organizations. These groups also determine the content and type of education that is required for different levels or scopes of nursing practice. Originally, the focus of nursing education was to teach the knowledge and skills that would enable a nurse to practice in a hospital setting. However, as nursing roles have evolved in response to new scientific knowledge; advances in technology; and cultural, political, and socioeconomic changes in society, nursing education curricula have been revised to enable nurses to work in more diverse settings and assume more diverse roles. Nursing programs are increasingly based on a broad knowledge of biologic, social, and physical sciences as well as the liberal arts and humanities. Current nursing curricula emphasize critical thinking and the application of nursing and supporting knowledge to health promotion, health maintenance, and health restoration as provided in both community and hospital settings.
3. Types of educational programs include practical or vocational nursing, registered nursing, graduate nursing, continuing education, and in-service education.
   There are two types of entry-level generalist nurses: the registered nurse (RN) and the licensed practical or vocational nurse (LPN, LVN). Practical or vocational nursing programs are provided by community colleges, vocational schools, hospitals, or independent health agencies. These programs are 9–12 months in duration with classroom and clinical experiences, and graduates take the NCLE X-PN® examination for licensure.
   There are three major types of RN nursing programs: diploma, associate degree (ADN), and baccalaureate degree (BSN). Although these programs vary considerably, all RN program graduates take the NCLEX-PN® examination for licensure.
   Diploma programs are hospital-based educational programs that provide a rich clinical experience for nursing students. These programs are often associated

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with colleges or universities. Associate-degree programs are usually 2-year programs offered primarily in community colleges, although some 4-year colleges also have ADN programs. Baccalaureate-degree programs are generally 4 years in duration and offer liberal arts, sciences, humanities, and nursing courses. Because of changes in the practice environment, the nurse who holds a baccalaureate degree generally experiences more autonomy, responsibility, participation in institutional decision making, and career advancement than the nurse prepared with a diploma or associate degree.

Graduate nursing programs include master's degree and doctoral programs. Master's programs provide specialized knowledge and skills that enable nurses to assume advanced roles in practice, education, administration, and research. Doctoral programs further prepare the nurse for advanced clinical practice, administration, education, and research.

4. Nursing is involved in identifying its own body of knowledge in the form of nursing theories. A theory is a system of ideas that is presumed to explain a phenomenon. In the late 20th century, theoretical work in nursing focused on the relationships between the concepts of person, environment, health, and nursing and are referred to as the metaparadigm for nursing. Nursing theory guides the development of knowledge and directs education, research, and practice.
5. Continuing education (CE) refers to formalized experiences designed to enlarge the knowledge or skills of practitioners. CE courses tend to be more specific and shorter. An in-service education program is administered by an employer and is designed to upgrade the knowledge or skills of employees. Continuing education (CE) refers to formalized experiences designed to enlarge the knowledge or skills of practitioners. The purposes of CE programs include keeping nurses abreast of new techniques and knowledge, attaining expertise in a specialized area of practice, and providing nurses with information essential to nursing practice. Some states require nurses to obtain a certain number of CE credits to renew their licenses.
6. Professional nursing associations have examined nursing and developed their definitions of it. In 1973, the ANA described nursing practice as "direct, goal oriented, and adaptable to the needs of the individual, the family, and community during health and illness" (p. 2). In 1980, the ANA changed this definition of nursing to: "Nursing is the diagnosis and treatment of human responses to actual

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or potential health problems" (p. 9). In 1995, the ANA recognized the influence and contribution of the science of caring to nursing philosophy and practice. Their most recent definition of professional nursing is much broader and states, "Nursing is the protection, promotion, and optimization of health and abilities, preventions 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" (2010, p. 10; ANA, 2015b, p. 7).

7. The recipients of nursing are either patients or clients. A patient is an individual who is waiting for or undergoing medical treatment and care. A client is an individual who engages the advice or services of another who is qualified to provide this service. The term *client* presents the receivers of healthcare as collaborators in the care or as people who are also responsible for their own health
8. Four major areas within the scope of nursing practice are promoting health and wellness, preventing illness, restoring health, and caring for the dying. Promoting health and wellness involves behaviors that enhance quality of life and maximize personal potential by enhancing healthy lifestyles. The goal of illness prevention is to maintain optimal health by preventing disease. Restoring health includes providing direct care, performing diagnostic and assessment procedures, consulting with other healthcare professionals, and teaching and rehabilitating clients. Care of the dying involves comforting and caring for dying clients, assisting clients to live as comfortably as possible until death, and helping support persons cope with death.
9. The common purpose of nurse practice acts is to protect the public. Nurse practice acts regulate the practice of nursing in the United States and are unique in each jurisdiction. Establishing and implementing standards of practice are major functions of a professional organization.
10. The purpose of the American Nurses Association Standards of Practice is to describe the responsibilities for which nurses are accountable. These standards are generic in nature, by using the nursing process as a foundation, and provide for the practice of nursing regardless of area of specialization. Nursing specialty organizations further develop standards for nurses practicing in specialty roles.
11. Nurses assume a number of roles, often concurrently, while providing care to clients. These roles include caregiver, communicator, teacher, client advocate,

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counselor, change agent, leader, manager, case manager, and research consumer. As caregivers, nurses perform activities that assist the client physically and psychologically. As communicators, nurses communicate with clients, support persons, other healthcare professionals, and people in the community. As educators, nurses educate clients about their health and healthcare procedures, teach unlicensed assistive personnel, and share expertise with other nurses and healthcare personnel.

As client advocates, nurses act to protect clients. They represent clients' needs and wishes to other health professionals and assist clients to exercise rights and speak up for themselves.

As counselors, nurses provide emotional, intellectual, and psychological support to help clients recognize and cope with stressful psychological or social problems, develop improved interpersonal relationships, and promote personal growth.

As change agents, nurses not only assist clients to make modifications in behavior but also act to make changes in the healthcare system.

As leaders, nurses influence others to work together to accomplish specific goals whether working with individual clients, other health professionals, or community groups.

As managers, nurses manage care for individuals, families, and communities. They delegate nursing activities to ancillary personnel and other nurses, supervising and evaluating their performance.

As case managers, nurses work with multidisciplinary healthcare teams to measure effectiveness of case management plans and to monitor outcomes. As research consumers, nurses are aware of the process of research, are sensitive to protection of the rights of human subjects, participate in the identification of researchable problems, and discriminately use research findings to improve client care.

12. Expanded career roles such as nurse practitioner, clinical nurse specialist, nurse midwife, nurse educator, nurse researcher, and nurse anesthetist require advanced education in these roles and allow greater independence and autonomy.

    Nurse practitioners specialize in areas such as care of adults, pediatrics, family practice, school nursing, or gerontology. They provide care for clients with

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nonemergent acute or chronic illness, provide ambulatory care, and practice in healthcare agencies or community-based settings.
Clinical specialists are experts in a specialized area of practice and provide direct care, educate clients and other healthcare professionals, provide consulting services, conduct research, and manage care.
Nurse midwives give prenatal and postnatal care and manage deliveries in normal pregnancies.
Nurse educators are responsible for classroom and clinical education, frequently have expertise in a particular area of practice, and are employed in nursing programs at educational institutions and in hospital staff education.
Nurse researchers investigate nursing problems to improve nursing care and to refine and expand nursing knowledge. They are employed in academic institutions, teaching hospitals, and research centers.
Nurse anesthetists carry out preoperative visits and assessments and administer anesthesia for surgery under the supervision of a physician prepared in anesthesiology.
Forensic nurses provide specialized care to individuals who are victims or perpetrators of trauma. The informatics nursing specialist (INS) is a nurse with a formal graduate-level education in informatics or an informatics-related field.

13. Criteria of a profession include requirements for prolonged and specialized education to acquire a body of knowledge pertinent to the role to be performed, an orientation toward service, ongoing research, a code of ethics, autonomy, and a professional organization.
Nursing is gaining recognition as a profession, and, as such, is striving to meet the characteristics of a profession.
Nursing is establishing a well-defined body of knowledge and expertise through the use of nursing conceptual frameworks, which give direction to nursing practice, education, and ongoing research.
Nursing has a tradition of service to others guided by rules, policies, and a code of ethics.
Research in nursing is evolving with federal funding and professional support establishing centers for nursing research with an increased focus on research pertaining to practice-related issues.

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The nursing profession places a high value on the worth and dignity of others, requiring integrity of its members regardless of personal cost. Nursing has established its own code of ethics and has set up means to monitor professional behavior.

To be autonomous, a profession must regulate itself and set standards for its members. It must have legal authority to define the scope, function, and roles of the profession and to determine its goals and responsibilities. The nursing profession is striving to achieve autonomy in the formation of policy and in control of its activity through professional organizations and nursing regulatory bodies.

The development of professional identity begins during nursing education. Professional identity is a sense of oneself that is influenced by characteristics, norms, and values of the nursing discipline, resulting in an individual thinking, acting, and feeling like a nurse.

14. Patricia Benner (2001) describes five stages of nursing proficiency: novice, advanced beginner, competent, proficient, and expert.

    A novice has no experience. Performance is limited, inflexible, and governed by rules and regulations rather than by experience.

    An advanced beginner demonstrates marginally acceptable performance, recognizes meaningful aspects of a real situation, and has experienced enough real situations to make judgments about them.

    A competent nurse has 2–3 years of experience, demonstrates organizational and planning abilities, and is able to differentiate important factors from less important aspects of care, coordinating multiple complex care demands.

    A proficient nurse has 3–5 years of experience, perceives situations as a whole, uses maxims as guides for what to consider in a situation, has a holistic understanding of the client, and focuses on long-term goals.

    An expert nurse's performance is fluid, flexible, and highly proficient, no longer requiring rules, guidelines, or maxims to understand a situation. The expert nurse demonstrates a highly skilled, intuitive, analytic ability in new situations, often taking action because "it felt right."

15. Factors influencing contemporary nursing practice include workforce issues and challenges;, healthcare system reform;, quality and safety;, consumer demands; family structure; science and technology; linternet, telehealth, and telenursing; legislation; collective bargaining; and nursing associations.

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16. The American Nurses Association (ANA) is the national professional organization for nursing in the United States. Purposes of the organization are to foster high standards of nursing practice and to promote the educational and professional advancement of nurses so that all people may have better nursing care.
    The National League for Nursing (NLN) is an organization of individuals and agencies. Its purpose is to foster the development and improvement of all nursing services and nursing education. Non-nurses may become members of the NLN.
    The National League for Nursing Accrediting Commission (NLNAC), an independent body within the NLN, provides voluntary accreditation for educational programs in nursing.
    The International Council of Nurses (ICN) is a federation of national nurses' associations working together for the mission of representing nursing worldwide, advancing the profession, and influencing health policy.
    The National Student Nurses' Association (NSNA) is the official professional organization for nursing students.
    Sigma Theta Tau is the international honor society in nursing. Its purpose is professional rather than social, with membership attained through academic achievement.

SUGGESTION FOR CLASSROOM ACTIVITY — LEARNING OUTCOME ONE

- Have the students write a paper on one of the historical or contemporary factors influencing nursing.
- Have the students write a paper about one of the historical nursing leaders.

SUGGESTION FOR CLASSROOM ACTIVITY — LEARNING OUTCOME TWO

- To provide a historical perspective, invite nurses who graduated from diploma schools in the 1960s or the Cadet Nurse Corps to discuss their education programs.

SUGGESTION FOR CLASSROOM ACTIVITY — LEARNING OUTCOME THREE

- Invite nurses who have obtained master's and doctoral degrees to discuss the programs, why they decided to obtain advanced education, and their current positions.
- Review the state nursing law to determine the difference between the functions of the LPN/LVN and the RN.

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- Review the state nursing law to determine the qualifications necessary for licensure and license renewal.

SUGGESTION FOR CLASSROOM ACTIVITY — LEARNING OUTCOME FOUR

- Have the students research the major theories that impact nursing.

SUGGESTION FOR CLASSROOM ACTIVITY — LEARNING OUTCOME FIVE

- Have the students create a tool that explains the components of the metaparadigm for nursing.

SUGGESTION FOR CLASSROOM ACTIVITY — LEARNING OUTCOME SIX

- Have the students identify nursing theories that support nursing education, research, and clinical practice.

SUGGESTION FOR CLASSROOM ACTIVITY — LEARNING OUTCOME SEVEN

- Invite staff development personnel to explain to the students the difference between continuing education and inservice education.

SUGGESTION FOR CLASSROOM ACTIVITY — LEARNING OUTCOME EIGHT

- Have the students research the different definitions of nursing. Have the students identify similarities and differences between the definitions.

SUGGESTION FOR CLASSROOM ACTIVITY — LEARNING OUTCOME NINE

- Invite a panel of nurses whose positions rep-resent the four major areas within the scope of practice to discuss their responsibilities.

SUGGESTION FOR CLASSROOM ACTIVITY — LEARNING OUTCOME TEN

- Obtain copies of the state’s nurse practice act for the students. Have the students compare the nurse practice act with the ANA’s scope and standards of practice.
- Have the students compare the state nurse practice act with the nurse practice act from another state.
- Have the students obtain standards of practice from a nursing specialty organization and compare these with the ANA standards and the nurse practice act.

SUGGESTION FOR CLASSROOM ACTIVITY — LEARNING OUTCOME ELEVEN

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- Ask the students to give examples of how nurses enact these roles.
- Invite a group of nurses to discuss how they enact these roles.

SUGGESTION FOR CLASSROOM ACTIVITY — LEARNING OUTCOME TWELVE

- Invite a panel of nurses in expanded roles to discuss their education, roles, and responsibilities.
- Have each student write a short paper on an expanded role of interest to the student.
- Have the students explore the scope and standards of practice for one of the expanded roles.
- Ask the students to investigate the education-al and licensing requirements for one of the expanded nursing roles.

SUGGESTION FOR CLASSROOM ACTIVITY — LEARNING OUTCOME THIRTEEN

- Have the students debate whether nursing is a profession.
- Have the students compare nursing with another profession, using the criteria of a profession.

SUGGESTION FOR CLASSROOM ACTIVITY — LEARNING OUTCOME FOURTEEN

- Invite a new nursing graduate to discuss the “real” world of nursing. Ask the graduate to discuss the differences seen between the novice nurse and more experienced nurses.
- Have the students relate Benner’s stages to a previous experience, for example, beginning a new job or starting college.

SUGGESTION FOR CLASSROOM ACTIVITY — LEARNING OUTCOME FIFTEEN

- Have students develop a paper on one of the factors influencing contemporary nursing practice describing how nursing has been influenced in the past by this factor and how it is likely to be influenced in the future.

SUGGESTION FOR CLASSROOM ACTIVITY — LEARNING OUTCOME SIXTEEN

- Have the students debate the following topic: All nurses should join and participate in the ANA or CNA, and all nursing students should join and

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participate in the NSNA or the Canadian University Student Nurses Association.

- Have the students write a short paper on one of the professional nursing organizations, describing membership requirements, cost of membership, benefits of membership, the organizational chart, and purposes of the organization.
- Invite members of several nursing organizations to discuss their organizations.

SUGGESTION FOR CLINICAL ACTIVITY — LEARNING OUTCOME ONE

- Arrange a tour of hospital units employing advanced technologies.

SUGGESTION FOR CLINICAL ACTIVITY — LEARNING OUTCOME TWO

SUGGESTION FOR CLINICAL ACTIVITY — LEARNING OUTCOME THREE

- Assign students to interview nurses who graduated from various types of education programs to determine why these nurses selected the type of nursing program attended.

SUGGESTION FOR CLINICAL ACTIVITY — LEARNING OUTCOME FOUR

SUGGESTION FOR CLINICAL ACTIVITY — LEARNING OUTCOME FIVE

SUGGESTION FOR CLINICAL ACTIVITY — LEARNING OUTCOME SIX

SUGGESTION FOR CLINICAL ACTIVITY — LEARNING OUTCOME SEVEN

- Assign students to attend an inservice education program on the clinical area.

SUGGESTION FOR CLINICAL ACTIVITY — LEARNING OUTCOME EIGHT

SUGGESTION FOR CLINICAL ACTIVITY — LEARNING OUTCOME NINE

- Arrange for groups of students to visit an outpatient clinic, an inpatient unit, a rehabilitation unit, and a hospice unit. Have the students report on the types of nursing activities observed on the various units.

SUGGESTION FOR CLINICAL ACTIVITY — LEARNING OUTCOME TEN

- Ask the students to give examples of how the ANA standards of care are operationalized on the clinical unit.

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SUGGESTION FOR CLINICAL ACTIVITY — LEARNING OUTCOME ELEVEN

- Have students “shadow” a nurse, observing how the nurse enacts the various roles.

SUGGESTION FOR CLINICAL ACTIVITY — LEARNING OUTCOME TWELVE

- Assign the students to observe a nurse functioning in an expanded role. Have the students share their observations with the clinical group.

SUGGESTION FOR CLINICAL ACTIVITY — LEARNING OUTCOME THIRTEEN

SUGGESTION FOR CLINICAL ACTIVITY — LEARNING OUTCOME FOURTEEN

- Have the students observe various nurses on the clinical unit and try to determine at which stage of Benner’s model the nurses are functioning.

SUGGESTION FOR CLINICAL ACTIVITY — LEARNING OUTCOME FIFTEEN

SUGGESTION FOR CLINICAL ACTIVITY — LEARNING OUTCOME SIXTEEN

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APPENDIX A

Answers to Test Your Knowledge

CHAPTER 1 Historical and Contemporary Nursing Practice

1. **Answer:** 1, 4, and 5. **Rationale:** Option 2, Florence Nightingale, contributed to the nursing care of soldiers in the Crimean War. Option 3, Fabiola, used her wealth to provide houses of caring and healing during the Roman Empire. **Cognitive Level:** Knowledge. **Client Need:** N/A. **Nursing Process:** N/A. **Learning Outcome:** 1-1.
2. **Answer:** 2, 3, and 5. **Rationale:** State boards of nursing set minimum educational requirements for licensure. Professional organizations establish educational criteria for program accreditation. The National Council of State Boards of Nursing conducts practice studies and creates the NCLEX-RN®. Neither physicians (option 1) nor hospital administrators (option 4) are involved in setting nursing curricula. **Cognitive Level:** Remembering. **Client Need:** N/A. **Nursing Process:** N/A. **Learning Outcome:** 1-3.
3. **Answer:** 2. **Rationale:** Person (individual or client), environment, health, and nursing are relevant when providing care for any client whether in the hospital, at home, in the community, or in elementary school systems. These elements can be used to understand diseases, conduct and apply research, and develop nursing theories, as well as implement the nursing process. **Cognitive Level:** Applying. **Client Need:** N/A. **Nursing Process:** N/A. **Learning Outcome:** 1-5.
4. **Answer:** 2. **Rationale:** Continuing education refers to formalized experiences designed to enhance the knowledge or skill of practitioners. The other answers are examples of in-service education, which is designed to upgrade the knowledge or skills of current employees with regard to the specific setting, and is usually less formal in presentation. **Cognitive Level:** Analyzing. **Client Need:** Safe, Effective Care Environment. **Nursing Process:** N/A. **Learning Outcome:** 1-7.
5. **Answer:** 3. **Rationale:** Health promotion focuses on maintaining normal status without consideration of diseases. Option 1 is an example of illness prevention. Option 2 is aesthetic (i.e., not needed for health promotion or disease prevention). Option 4 focuses on disease detection. **Cognitive Level:** Remembering. **Client Need:** N/A. **Nursing Process:** N/A. **Learning Outcome:** 1-9.
6. **Answer:** 3. **Rationale:** All are noted nurses. Linda Richards was America's first trained nurse, and Mary Mahoney was America's first African American trained nurse. **Cognitive Level:** Remembering. **Client Need:** N/A. **Nursing Process:** N/A. **Learning Outcome:** 1-1.
7. **Answer:** 2. **Rationale:** Option 1, the advanced beginner, demonstrates marginally acceptable performance. Option 3, the proficient practitioner, has 3 to 5 years of experience and has developed a holistic understanding of the client. Option 4, the expert practitioner, demonstrates highly skilled intuitive and analytic ability in new situations. **Cognitive Level:** Remembering. **Client Need:** N/A. **Nursing Process:** N/A. **Learning Outcome:** 1-14.
8. **Answer:** 4. **Rationale:** The National Student Nurses' Association developed the *Code of Academic and Clinical Conduct* for nursing students in 2001. Option 1, ANA, developed *Standards of Nursing Practices*. Option 2, NLN, focuses on nursing education. Option 3, the American Association of Colleges of Nursing (AACN), is the national organization that focuses on the advancement and maintenance of America's baccalaureate and higher degree nursing education programs. **Cognitive Level:** Remembering. **Client Need:** N/A. **Nursing Process:** N/A. **Learning Outcome:** 1-16.
9. **Answer:** 1. **Rationale:** All will impact nursing but not necessarily the supply and demand issue. The aging population contributes to more older adults needing specialized care because of chronic illnesses (increasing the demand). Fewer nursing faculty to educate students and fewer nurses practicing because of retirement contribute to the decreasing supply. **Cognitive Level:** Analyzing. **Client Need:** N/A. **Nursing Process:** N/A. **Learning Outcome:** 1-15.
10. **Answer:** 2. **Rationale:** All of the expanded roles function as healthcare advocates and all could work with individuals affected by violence. However, the forensic nurse specifically integrates forensic skills into nursing practice. **Cognitive Level:** Remembering. **Client Need:** N/A. **Nursing Process:** N/A. **Learning Outcome:** 1-12.

CHAPTER 2 Evidence-Based Practice and Research in Nursing

1. **Answer:** 4. **Rationale:** Trial and error is not considered valid evidence, and may even be harmful to clients. Clinical experience (option 1), the opinions of experts (option 2), and client values and preferences (option 3) are all considered valid evidence in EBP. **Cognitive Level:** Remembering. **Client Need:** N/A. **Nursing Process:** N/A. **Learning Outcome:** 2-3.
2. **Answer:** 1. **Rationale:** Quantitative research collects numerical data. Sleep deprivation can be defined by numbers of hours without sleep and wound healing can be measured by the size of the wound in relation to a period of time. While some of the other options may be calculated using sophisticated numerical processes, they are not as easily measured and may be more appropriate for qualitative research methods. **Cognitive Level:** Applying. **Client Need:** N/A. **Nursing Process:** N/A. **Learning Outcome:** 2-4.
3. **Answer:** 3. **Rationale:** This study investigates the subjective experience of stress, through the collection of narrative data. Options 1, 2, and 4 are examples of quantitative research using numbers and values. **Cognitive Level:** Applying. **Client Need:** N/A. **Nursing Process:** N/A. **Learning Outcome:** 2-4.
4. **Answer:** 2. **Rationale:** The key purpose of a study's methodology is to generate data that are reliable and valid; thus controlling extraneous variables is a major function. The hypotheses that are tested are formed during the problem identification phase of a study (option 1). Grants and funding sources are not related to methodology (option 3). Protecting participants' rights

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(option 4) is an important consideration, but not the key purpose of a methodology. **Cognitive Level:** Understanding. **Client Need:** N/A. **Nursing Process:** N/A. **Learning Outcome:** 2-5.

5. **Answer:** 2. **Rationale:** PICO stands for patient or client, population, or problem; intervention; comparison; and outcome. These are helpful components of a research question and help to identify key terms for a literature search. Options 1, 3, and 4 are incorrect. **Cognitive Level:** Remembering. **Client Need:** N/A. **Nursing Process:** N/A. **Learning Outcome:** 2-5.
6. **Answer:** 2. **Rationale:** Since the primary purpose of research is to improve the quality of client care, the nurse should determine if published research results are applicable to the specific client population. Published studies may have flawed designs, data collection, or analysis (option 1). Although more than one well-conducted study with similar findings supports usefulness of the results, applicability must still be determined for the specific client population (option 3). It is not realistic for the nurse to rerun the raw data to check the results of the study (option 4). **Cognitive Level:** Applying. **Client Need:** N/A. **Nursing Process:** N/A. **Learning Outcome:** 2-6.
7. **Answer:** 1. **Rationale:** A research critique is the thoughtful consideration of a study's strengths and weaknesses, and how these affect the quality and usefulness of study results. Options 2 and 3 describe elements of a research critique. The summary of a study and its key findings (option 4) is an abstract. **Cognitive Level:** Remembering. **Client Need:** N/A. **Nursing Process:** N/A. **Learning Outcome:** 2-5.
8. **Answer:** 4. **Rationale:** The right to self-determination means that participants feel free of constraints, coercion, or any undue influence to participate in a study. There is not enough information given to indicate if any of the other rights in options 1, 2, and 3 have been violated. **Cognitive Level:** Applying. **Client Need:** N/A. **Nursing Process:** N/A. **Learning Outcome:** 2-7.
9. **Answer:** 3, 2, 1, 5, 4, 6. **Cognitive Level:** Remembering. **Client Need:** N/A. **Nursing Process:** N/A. **Learning Outcome:** 2-2.
10. **Answer:** 3. **Rationale:** There may have been unique aspects to this research that would not be applicable in a different setting or with different clients. Not all research is flawed (option 1) and it may or may not have taken cost into consideration (option 2). Research is not limited to the study of physiologic problems (option 4). **Cognitive Level:** Understanding. **Client Need:** N/A. **Nursing Process:** N/A. **Learning Outcome:** 2-1.

CHAPTER 3 Legal Aspects of Nursing

1. **Answer:** 3. **Rationale:** This is the best answer because the nurse is assessing the client's level of knowledge as a result of the discussion with the primary care provider. Based on this assessment, the nurse may initiate other actions (e.g., call the primary care provider if the client has many questions). In option 1, the nurse is not assessing if the client received enough information to give consent. Option 2 is one way to assess the client's level of knowledge regarding the procedure. However, it is not the best approach because it is a closed-ended question, asking for only a "yes" or "no" response. Option 3 provides more information from the client in his or her own words. The statement in option 4 is true; however, the nurse should first verify if the client received enough information to give consent. After the assessment, this statement may be appropriate but the assessment needs to be done first. **Cognitive Level:** Applying. **Client Need:** Safe, Effective Care Environment. **Nursing Process:** Assessment. **Learning Outcome:** 3-4.
2. **Answer:** 4. **Rationale:** Battery is the willful touching of an individual without permission. Another name for an unintentional tort is malpractice or professional negligence. This situation is an *intentional* tort because the nurse executed the act on purpose. Assault is the attempt or threat to touch another individual unjustifiably or without permission. Invasion of privacy injures the feelings of the individual and does not take into consideration how revealing information or exposing the client will affect the client's feelings. **Cognitive Level:** Analyzing. **Client Need:** Safe, Effective Care Environment. **Nursing Process:** N/A. **Learning Outcome:** 3-10.
3. **Answer:** 2. **Rationale:** The nurse should call the individual who wrote the order for clarification. Administering the medication is incorrect because knowing the dose is outside the normal range and not questioning the order could lead to client harm and liability for the nurse. Calling the pharmacist is not the best answer because it will not solve the problem, and the nurse needs to seek clarification from the individual who wrote the order. The nurse should suspend administration but not refuse to administer the medication until the issue is resolved. **Cognitive Level:** Applying. **Client Need:** Safe, Effective Care Environment. **Nursing Process:** Implementation. **Learning Outcome:** 3-7.
4. **Answer:** 1. **Rationale:** All elements such as duty, foreseeability, causation, harm, injury, and damages must be present for professional negligence to be proven. The nurse is a licensed professional responsible for individual actions. Notifying the primary care provider does not exempt the nurse from liability. Because it is apparent the standard of practice was not performed, a breach of duty does exist. Violation or omission of the standard of practice resulted in an excessive dosage. Therefore, foreseeability is present; however, no harm occurred to the client. **Cognitive Level:** Analyzing. **Client Need:** Safe, Effective Care Environment. **Nursing Process:** Evaluation. **Learning Outcome:** 3-9.
5. **Answer:** 4. **Rationale:** A sterile, invasive procedure that places the client at significant risk for infection is generally outside the scope of practice of a AP. Even though the AP is a nursing student, the agency job description should be followed. The job description is the standard of care in this situation. **Cognitive Level:** Applying. **Client Need:** Safe, Effective Care Environment. **Nursing Process:** Implementation. **Learning Outcome:** 3-14.
6. **Answer:** 3. **Rationale:** A DNR order only controls CPR and similar lifesaving treatments. All other care continues as previously ordered. Competent clients can still decide about their own care (including the DNR order). Nothing about the DNR order is related to when the client may die. Because clients' medical conditions and their views of their lives can change, a new DNR order is required for each admission to a healthcare agency. Once admitted, that order stands until changed or until it expires according to agency policy. **Cognitive Level:** Applying. **Client Need:** Psychosocial Integrity. **Nursing Process:** Planning. **Learning Outcome:** 3-7.
7. **Answer:** 3. **Rationale:** The only individual entitled to information without written consent is the client and those providing direct care. The nurse has open access to information regarding assigned clients only. **Cognitive Level:** Applying. **Client Need:** Safe, Effective Care Environment. **Nursing Process:** Implementation. **Learning Outcome:** 3-11.
8. **Answer:** 1, 2, and 5. **Rationale:** The nurse is subject to the limitation of the state law and should be familiar with the Good Samaritan laws in the specific state. Gross negligence would be described by the individual state law. Unless there is another equally or more qualified individual present, the nurse needs to stay until the injured individual leaves. The nurse should ask someone else to call or go for additional help. Since there was no prior agreement, the nurse cannot accept compensation. Also, the nurse is not employed by the accident victim. The same client rights apply at the scene of an accident as those in the workplace. **Cognitive Level:** Applying. **Client Need:** Safe, Effective Care Environment. **Nursing Process:** Planning. **Learning Outcome:** 3-13.

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Answers to Anatomy & Physiology Review, Critical Thinking Checkpoints, Applying Critical Thinking, and End-of-Unit Meeting the Standards Questions

CHAPTER 1

NA

CHAPTER 2: Critical Thinking Checkpoint

1. The nurse needs to know what types of clients were involved in the research, for example, medical diagnoses, age, and other health risk factors. Similarly, what are the characteristics of the research setting? Was it in a hospital or long-term care? How many clients participated in the study? What other standards or care were in place at the agency? The more different these are from your own population and setting, the greater the chance that different outcomes could result from the intervention. Also, did this research build on previous studies or is it the first of its kind?
2. How will the expertise of your clinicians affect this situation? Do they have the skill to use the overlay as compared to other possible interventions? How many clients in your setting are at risk for skin breakdown? Consider also the clients' values and preferences. What would be the cost to the client, if any? Are there related considerations such as the comfort of the overlay, any restrictions on positioning for its optimal use, and so on.
3. You might want to speak with nurses at another agency that has used the overlays to see how effective and acceptable they have been. What care of the overlay is required and how long do they last? Is there any other impact on healthcare providers such as increased difficulty in changing the bed or positioning the client?

CHAPTER 3: Critical Thinking Checkpoint

1. The nurse needs to verify that the client received information from the primary care provider and that she understands the information. Can the client explain in her own words what the doctor told her? Does she have any questions?
2. The three exceptions of individuals who cannot provide consent are minors, individuals who are unconscious or injured in such a way that they are unable to give consent, and individuals with mental illness who have been judged to be incompetent. If this client is an alert, competent adult, she can provide consent.
3. The nurse will need to read the form to the client.
4. Unless the husband is the appointed guardian or has power of attorney for healthcare decisions, the client should sign the form. The client will need assistance as to where to sign the form. The client could even mark an *X*. Remember, the nurse witnesses that the client gave her consent voluntarily and that the signature is authentic.
5. The nurse needs to include the following:
   - A statement that the consent form was read to the client before she signed it.
   - A reference to the client's understanding of the procedure (e.g., "able to state reasons for surgery, pros and cons of surgery. Stated she had no questions. Aware that she can change her mind.").
   - If the husband helped the client sign (e.g., guided her hand), this information should be documented.
   - A record of any teaching as a result of nursing-related questions by the client (e.g., "discussed and demonstrated techniques for coughing and deep breathing after surgery").

CHAPTER 4: Critical Thinking Checkpoint

1. Personal values are often based on family, cultural, religious, or other beliefs and attitudes. The nurse must not assume any particular values based on these characteristics, however. They must be validated with the individual. What appear to be the client's values must be confirmed with him through open and supportive discussion.
2. The nurse needs to review the variety of factors influencing the client's values and decisions such as family support, previous experience with healthcare situations, the meaning of illness (and of the foot) to the client, and his personal goals. The surgeon has information about the client's overall health status, possibly previous experiences with this client, and personal values and beliefs about the impact of an amputation.
3. The nurse's responsibility is to ensure that the client has all the information required for him to make an informed decision and that the information is accurate. This may include information beyond his physiologic condition such as facts about his health insurance coverage for acute and rehabilitative care. The nurse's personal beliefs about what the client should do or what the surgeon should recommend must not influence the nurse in carrying out this responsibility.
4. It is sometimes difficult to find the middle ground between advocating for the client and interfering in the client–primary care provider relationship. Also, the client's informed decision may be counter to standard or recommended medical practice.

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