

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 as 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.

CHAPTER 2—LEGAL AND ETHICAL ASPECTS OF NURSING

Matching

1. c
2. e
3. a
4. b
5. d

Multiple Choice

6. Answer 4: The student has initiated the nurse-patient relationship and therefore has the duty to act. All students are cardiopulmonary resuscitation (CPR)-certified so the student has to

perform the duty in a reasonable and prudent manner as would other nursing students. All of the other options are also likely to be necessary. (Note to student: Discuss this situation with your clinical instructor for advice about visiting patients during the preclinical preparation time.)

7. Answer 4: A poor nurse-patient relationship increases the likelihood that the patient will seek legal action and harm has to occur in order for liability to be established. The family of the elderly patient could seek damages, but that is less likely if they understand that the nurse and facility will try their best to prevent falls but are unable to physically restrain patients for the purpose of preventing falls. The angry patient may report the nurse to the supervisor, but if no harm is sustained then any legal action against the nurse will not be successful. The family who complained at 3:00 AM may also be very angry. The nurse's decision to wait must be based on comprehensive assessment of the patient to ascertain that there is nothing to warrant calling at 3:00 AM. Careful documentation is necessary. Making an incident report in all of these situations would be a good idea.
8. Answer 1, 2, 3, 4, 6: In a health care-related case, items may include policies and procedures, standards of care, medical records, assignment sheets, personnel files, equipment maintenance records, birth certificates, marriage certificates, medical bills, and other documents pertinent to the issues at hand. The UAP's personal health records are confidential and unrelated to the patient's case.
9. Answer 2: Early discharge and high levels of patient acuity require excellent discharge teaching, so patients can perform self-care and self-monitoring and are therefore less likely to suffer harm. Being able to take a limited number of high-acuity patients would be ideal, but high acuity is the current trend. Having malpractice coverage is good if litigation occurs; however, insurance payouts may actually be contributing to the problem. Ensuring accountability of others is not possible.
10. Answer 1: Assess knowledge and readiness to perform. Barriers may include knowledge deficit or feelings of anxiety or self-doubt. Going with her and observing performance and pulling her file would be appropriate after assessment. Directing someone to do a task that is beyond their ability and understanding is inappropriate supervision and the nurse would be liable for the UAP's performance.
11. Answer 2: The first action is to locate the RN in charge so that the blood can be started. Providers can supervise nurses and they know the potential adverse reactions of blood products; however, they are generally less familiar with the policies and procedures related to the actual administration. Explaining the policy is appropriate, but the priority is patient care.
12. Answer 1, 2, 3, 4: Do not include any information that identifies the patient. Information such as the room number or the provider's name may seem harmless but including those details could lead to speculation about patient's identity. A clinical report must include information such as vital signs and medical condition. If in doubt, the clinical instructor should be consulted.
13. Answer 1: Patients must be at least 18 years old to give consent. If under 18, the exceptions are marriage; court-approved emancipation; self-supporting and living apart from parents; military service; or for sexually transmitted infections, alcohol or drug abuse, sexual assault, or family planning.
14. Answer 3: Policies about giving patient information over the phone will vary. For example, some facilities may not allow acknowledging that the patient is or is not there. Other facilities require that the patient have a list of people who are allowed to call for information. Another variation is that selected callers are given a phone code to reach the patient. The nurse should be familiar with hospital policy, because the policies are designed to specifically comply with Health Insurance Portability and Accountability Act.
15. Answer 3: Alert the provider so the child can be examined for occult injury. The other options may also be used to investigate the possibility of child abuse.
16. Answer 2: Good Samaritan laws offer limited liability, except in cases of gross negligence. A

prudent nurse would know that moving a trauma victim could result in spinal cord injury. Initiating cardiopulmonary resuscitation using available material to control bleeding and calling for help first are appropriate emergency actions. 17. Answer 1: Being competent and compassionate are the best defenses. Knowing the legal definition may be helpful, but definitions are abstractions and the nurse's day is full of real-world events. Obtaining malpractice insurance is likely to make the nurse feel better, but it does not decrease the chances of getting sued. Validating nursing actions with another is always beneficial, but this is not a realistic option for minute-to-minute care.

18. Answer 2: The nurse is assessing the wound during the dressing change and documentation should reflect the nurse's attention to the standard of care. Documenting the type of dressing may be necessary for continuity of care and also for reimbursement. The other options are incorrect.
19. Answer 4: Disciplinary defense insurance includes attorney; wage loss reimbursement; travel, food, and lodging expenses; and legal fees when the nurse has to go before the board of nursing for disciplinary action. The other types of insurance are for malpractice protection.
20. Answer 4: Regardless of years of experience, nurses should always seek instruction and supervision for any unfamiliar procedures or practices. Asking to be reassigned could be an option if there is no time or personnel available to supervise the new nurse. Reviewing the procedure might be an option if the nurse is confident that the information is sufficient to ensure safe performance. Giving feedback about orientation might be useful to improve the orientation program, but it is not possible to cover all skills and all patient situations during orientation.
21. Answer 1: First, assess the patient's feelings by encouraging expression. The patient may not understand the advance directives or may have issues that were triggered by the discussion. The other options are also necessary.
22. Answer 2: The patient's living will is the best protection, because it reflects the patient's wishes. Policies and procedures and the Joint Commission may contain general guidance about giving excellent care to patients but will not offer any specific help in this situation. The Patient Self-Determination Act supports the use of living wills to define the individual's choices about care and treatment.
23. Answer 4: The nurse, the 13-year old girl, and the mother all have very strong feelings about this emotional situation. First, the nurse must reflect on and assess own values and responses. The other options are likely to be necessary, but this will be a difficult process and other health care team members, such as a social worker, family counselor, spiritual advisor, legal counsel, or obstetrician are likely to be involved.
24. Answer 1, 2, 3, 5: If the nurse observes another nurse being rude toward a patient, the ethical thing to do would be to follow up so that patients are respected. Texting should not be used as an additional method of passing gossip among staff. The other options demonstrate ethical professional behavior.
25. Answer 3: The supervisor should be presented with the facts. Theft is unethical and elderly residents are in an especially vulnerable position; thus, Nurse B is not giving good care. Talking to the residents or families will be part of the investigation that is conducted by the supervisor. The supervisor could recommend that both nurses seek assistance for values clarification.
26. Answer: 3. First, Nursing Student Orange would give Apple the opportunity to take responsibility to discuss the incident with the instructor. Using social media in this manner is unethical. It is also a HIPPA (Health Insurance Portability and Accountability Act) violation, that could result in dismissal from the nursing program or a lawsuit. Details of patient care should only be shared with other health care workers who are involved in the direct care of the patient. If Student Apple refuses to inform the instructor, then Student Orange is ethically obligated to report this misconduct.

27. Answer 4: The nurse should encourage the patient to express feelings and thoughts related to a situation, without contributing personal opinions. The nurse must be aware of cultural differences and should avoid: (1) transferring personal expectations to patients; (2) making generalizations based on personal views; (3) assuming patients can understand what is being said just because they speak English; and (4) treating each patient the same.
28. Answer 4: Nonmaleficence, means to do no harm. The nurse seeks to prevent harm from a high dose of medication by clarifying the prescription with the provider. Providing care for all patients regardless of financial, social, or ethnic factors demonstrates the principle of justice. Advocating for the good of the patient demonstrates beneficence. Encouraging independent decision making exemplifies the principle of autonomy.

Critical Thinking Activities

29. a. With regard to informed consent for a surgical or diagnostic procedure, the nurse may be responsible for witnessing that the patient is signing the consent and is aware of the treatment, risks, alternatives, and consequences of accepting or rejecting care. The nurse should be careful not to discuss with the patient the elements of disclosure that the surgeon is required to make, such as the risks or benefits involved with the treatment or procedure.
- b. The nurse should go back to the charge nurse and clarify how nurses are getting informed consent signed. It is possible that surgeons are explaining the procedures and the nurses are later assessing the patients' understanding and then contacting the surgeon if the patient has additional questions or needs clarification; however, this is not the best situation. Ideally, the nurse should accompany the surgeon during the explanation and the form should be signed at that time. The nurse could ask the charge nurse to obtain the informed consent and then further discuss this process with a supervisor, because the nurses in this facility are at great risk for practicing outside scope of practice and could be liable if the patient suffers harm from the procedure.
30. a. Further assessment is needed to determine the underlying motivation for the action of these two nurses. It appears that Nurse A is reluctant to care for "those kinds of people" and the code specifies that the nurse should provide care without discrimination. Assessment of Nurse A's behavior may reveal that she lacks the confidence or skills to care for AIDS patients; thus, additional training is needed. Possibly the death of a close friend from AIDS may have created an emotional barrier and thus she may need grief counseling. Nurse B is attempting to help Nurse A, which is a laudable action; however, to maintain a high degree of personal and professional behavior, which is also part of the code of ethics, Nurse B should talk to Nurse A about the comment, rather than ignoring it.
- b. Nurse B should initiate the process of values clarification, either by herself or with assistance from a counselor or supervisor. This process includes thinking about a belief or behavior, deciding its value and incorporating the value into a response. Nurse B could talk directly to Nurse A to see if Nurse A is actually discriminating against a certain type of patient or if there is some other problem, such as knowledge/skills deficit. Nurse B may also decide to report Nurse A's unethical behavior by following the appropriate chain of command, explaining the facts clearly, and documenting the incident objectively and accurately.
31. a. First, the nurse needs to involve other members of the health care team, such as the health care provider and the psychiatric social worker. Physical causes for depression or changes in cognition should be investigated, as well as psychological causes of depression. A psychiatrist or psychiatric clinical nurse specialist should assess the patient for signs of suicide. If the patient is deemed of sound mind, then he has the right to refuse care. The Patient Self-Determination Act requires that institutions maintain written policies and

procedures regarding advance directives (including the use of life support if the patient is incapacitated), the right to accept or refuse treatment, and the right to participate fully in health care–related decisions.

- b. When a patient refuses care, the nurse may experience a personal feeling of rejection. The nurse has to recognize that refusal of treatment is not a refusal of interaction and human warmth. It may be difficult, but the nurse should continue to check on the patient as before and to spend as much time as before, but the focus may shift from task orientation to therapeutic communication. And of course the patient always has the option of changing his mind and accepting selected elements of care.
 - c. For nurses this is an ethical dilemma, the refusal of heroic measures is often easier to accept, because many nurses themselves do not want to be kept “alive by machines.” However, it seems cruel and inhuman if basic needs like food or hygiene are not provided. Nurses have worked for centuries trying to prevent pressure injuries and to improve patient outcomes. Nurses may also believe that immunization is partially for the protection of the individual, but also for “herd immunity.” Nurses are trained to be problem-solvers and doers. Doing nothing for the patient may seem difficult but remember that supporting the patient emotionally and psychologically is also a nursing function.
32. The nurse has gone up the chain of command and reported her concerns to the supervisor. However, the nurse could still be involved in a legal action if there is an occurrence where a patient is harmed. The nurse could report the conditions to the state board of nursing, but change is likely to come slowly, if at all. The nurse may opt to make personal notes or incidents reports related to working conditions or to discussions with supervisors.

The ethical implications are that the nurse is employed in a situation that is constantly putting the patients at risk; however, in some ways, if the nurse opts to quit and seek another job, then the patients have lost an advocate and a caregiver. In addition, this scenario is not uncommon and could occur in other facilities.

If the nurse opts to stay, then teamwork is especially important under these conditions and watching out for each other and all of the patients becomes more important when everyone is tired and stressed.