TIMBY'S FUNDAMENTAL

Nursing Skills and Concepts

THIRTEENTH EDITION

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Nursing Skills and Concepts

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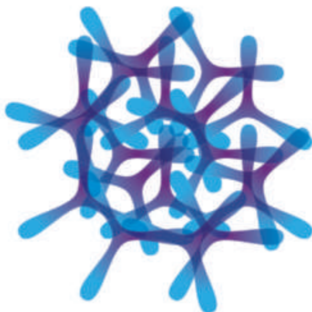

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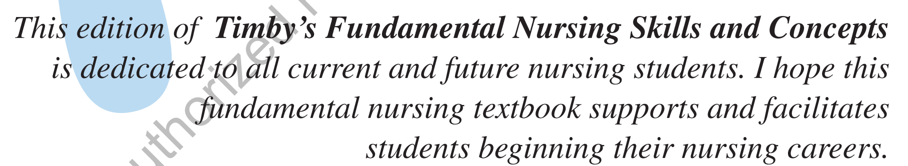

This edition of ***Timby's Fundamental Nursing Skills and Concepts*** *is dedicated to all current and future nursing students. I hope this fundamental nursing textbook supports and facilitates students beginning their nursing careers.*

I am proud to be teaching in this wonderful and ever-changing profession.

I also dedicate this book to my family, for all of their faithful support. Thank you!

—Loretta A. Donnelly-Moreno

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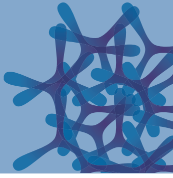

Preface

Timby's Fundamental Nursing Skills and Concepts is designed to assist beginning nursing students in acquiring a foundation of current basic nursing theory and developing clinical skills. In addition, its content can serve as a comprehensive reference for updating the skills of currently employed nurses or those returning to work after a period of inactive practice.

PHILOSOPHICAL FOUNDATIONS OF THE TEXT

Several philosophical concepts are the basis for this text:

- The human experience is a composite of physiologic, emotional, social, and spiritual aspects that affect health and healing.
- Caring is the essence of nursing and is extended to every client.
- Each client is unique, and nurses must adapt their care to meet the individual needs of every person without compromising safety or the achievement of desired outcomes.
- A supportive network of health care providers, family, and friends promotes health restoration and health promotion. Therefore, it is essential to include the client's significant others in teaching, formal discussions, and provision of services.
- Licensed and student nurses are accountable for their actions and clinical decisions; consequently, each must be aware of legislation as it affects nursing practice.

In today's changing health care environment, nurses face many challenges and opportunities. The 13th edition of *Fundamental Nursing Skills and Concepts* has been written to help nurses meet these challenges and take advantage of expanding opportunities.

NEW TO THIS EDITION

- **Current Lippincott Advisor nursing diagnoses and terminology.** The Lippincott Advisor diagnoses labels and definitions found in the Nursing Implications and accompanying Nursing Care Plans throughout the text have been updated according to the latest Lippincott Advisor Nursing Diagnoses, 2023.
- **Key Points.** At the end of each chapter, important information is included in outline format to assist the reader with studying key information from each chapter.
- **Gerontologic Considerations** have been moved to the beginning of each chapter. This reflects changes made to *Timby's Introductory Medical–Surgical Nursing* textbook.
- **NEXT-GENERATION NCLEX-STYLE REVIEW QUESTIONS** and clinical scenarios, with related questions, have been added to the chapters.
- **New Content.** The entire text has been revised and updated to reflect current medical and nursing practice. Additionally, several skills and sections contain pertinent content. The following are some highlights:
  - » Chapter 1, "Nursing Foundations," traces the origin and growth of nursing practice in the United States. It provides the current definition of nursing from the American Nurses Association and other theorists' explanations about the practice of nursing from Florence Nightingale to more contemporary nurses. This chapter introduces the term *evidence-based practice* and relates its significance to current nursing practice. Based on data provided by the U.S. Bureau of Labor Statistics, this chapter reinforces the projected increase in the demand for licensed practical nurses (LPNs) in a variety of health care settings. Because LPNs, as well as registered nurses (RNs), work with unlicensed assistive personnel (UAPs), Chapter 1 expands the

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criteria for appropriate delegation. Updated statistics on enrollments and numbers of licensed nurses in various nursing programs demonstrate a continuing shortage of nurses as well as trends toward a demand for higher levels of nursing education, specialty certifications, and continuing education. The content describes the crises in health care and how efforts through federal legislation would somewhat help relieve the shortage of nurses in the United States. One example is the effort to continue designing ladder programs to advance the education of nurses from one level of practice to the next. In addition, it notes that the American Nurses Association and the National Council of State Boards of Nursing have endorsed the delegation of supportive nursing care to UAP, emphasizing that such delegation demands supervision and ultimate accountability on nurses who work with them.

- Chapter 2, "Nursing Process," defines and emphasizes the role of critical thinking in the nursing process. It continues to describe how creating nursing care plans promotes and refines the ability of students to think critically while gathering data that are significant and organizing the interventions for client care using evidence-based practice.
- Chapter 3, "Laws and Ethics," expands on the significance of the Health Insurance Portability and Accountability Act (HIPAA) in setting standards for ensuring the security of health information. It also reinforces that the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank track unfit health care practitioners within a database shared by licensing boards and health care facilities that hire nurses.
- Chapter 4, "Health and Illness," discusses various government-funded health programs. It provides statistics on enrollments in the Patient Protection and Affordable Care Act, a health reform law.
- Chapter 5, "Homeostasis, Adaptation, and Stress," relates to the body being in a stable state and how it reacts to stress using mechanisms of adaption. It describes the relationship between mind and body, and the physiologic and psychological stress responses.
- Chapter 6, "Culture and Ethnicity," updates the demographic information on the various ethnic groups that make up the population of the United States. This chapter also discusses various methods for communicating with deaf clients, clients who do not speak English, or those who speak English as a second language, including the use and certification of language interpreters. It introduces and defines integrative medicine, a new term for health care that combines conventional treatment with complementary and alternative medicine (CAM).
- Chapter 7, "The Nurse–Client Relationship," expands its discussion of special techniques to be used in communicating with older adults.
- Chapter 8, "Client Teaching," correlates the domains of client learning with the manner in which test questions on the National Council Licensure Examination (NCLEX) are classified according to their level of difficulty. It supports how questions in the Next-Generation NCLEX-Style Review Questions at the end of each chapter in the text are similarly classified. The chapter recommends using the "teach-back method" as a technique for confirming that a client has understood what has been taught by asking the client to repeat the information in their own words.
- Chapter 9, "Recording and Reporting," provides more information on electronic charting as well as its advantages and disadvantages.
- Chapter 10, "Asepsis," differentiates the rationales for broad- and narrow-spectrum antibiotic therapy. The mechanism of action for antiviral medications is explained. The World Health Organization's campaign identified as "Five Moments for Hand Hygiene" is provided to link hand hygiene with direct client care.
- Chapter 12, "Vital Signs," contains additional information on reasons why infants and older adults have difficulty maintaining normal body temperature. A more detailed discussion is provided on the correct use of infrared temporal thermometers, including circumstances when this type of thermometer is more advantageous than other types of thermometers. Assessing for postural hypotension is expanded with nursing measures for restoring or maintaining normotension.
- Chapter 13, "Physical Assessment," discusses cultural competence in physical assessments, including evaluating cultural biases in health care and the need to increase the diversity of languages used for health care resources.
- Chapter 14, "Special Examinations and Tests," includes the most revised guidelines from the American Cancer Society, the Association of Reproductive Health Professionals, and

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the American College of Obstetricians and Gynecologists (ACOG) regarding when women should be screened for cervical cancer and human papillomavirus infection.

» Chapter 15, “Nutrition,” expands the information on trans fats, also known as partially hydrogenated oils (PHOs), to include the fact that the Food and Drug Administration (FDA) no longer considers PHOs safe in any human food and therefore mandates that food manufacturers remove them from their products. Values and significance for cardiac risk according to lipid laboratory test results established by the American Heart Association (AHA) have been updated.
» Chapter 16, “Fluid and Chemical Balance,” contains more depth in explaining facilitated diffusion of glucose. The consequences of blood donation by individuals who have been actually or potentially exposed to Ebola are discussed.
» Chapter 17, “Hygiene,” contains information on various types of assistive listening devices that amplify sounds, reduce the effect of distance between persons with hearing loss and the sound source, minimize background noise, and compensate for poor acoustics.
» Chapter 18, “Comfort, Rest, and Sleep,” discusses how inadequate sleep is increasingly identified as a risk factor for obesity and is now considered an important lifestyle behavior linked to health. The stages of sleep and their characteristics have been revised and updated to correlate with the latest information on non–rapid eye movement (NREM) and REM sleep. Sleep requirements for various age groups have been revised to coincide with information from the National Sleep Foundation.
» Chapter 19, “Safety,” reinforces the risk for latex allergy and measures that must be taken to prevent its occurrence. The pathophysiology of carbon monoxide poisoning is described as well as actions to take when victims succumb to its inhalation. Fall prevention is emphasized not only because falls are a leading cause of injury and death but also because the Centers for Medicare and Medicaid Services (CMS) will no longer cover the cost of care that was incurred by a fall. Private insurers are following a similar nonpayment policy.
» Chapter 20, “Pain Management,” describes several pain theories that explain how pain is transmitted, perceived, and ameliorated. The list of common reactions of others who are in relationships with persons with chronic pain has been revised. The discussion of surgical approaches to pain relief has been updated in light of more recent less invasive techniques. The latest information on the “opioid crisis,” with suggestions for alternative pain relief methods, is provided.
» Chapter 21, “Oxygenation,” adds a discussion of the tripod position to improve breathing and the use of a BiPaP mask.
» Chapter 22, “Infection Control,” elaborates on various classifications of infectious diseases with an emphasis on health care–associated infections. It refers readers to the Centers for Disease Control and Prevention (CDC) guidelines for infection control practices for Ebola, COVID-19, and other illnesses when caring for exposed or infected clients and health care workers returning to the United States. It also clarifies the sequence for removing personal protection equipment.
» Chapter 23, “Body Mechanics, Positioning, and Moving,” added an algorithm for the safe transfer of clients to and from bed and integrated actions within related skills.
» Chapter 24, “Fitness and Therapeutic Exercise,” has been retitled to reflect the current discussion on maintaining and improving general health and stamina. A table has been included for assessing fitness using a pedometer, and a discussion has been added on isokinetic exercise. The objectives of the health initiative *Healthy People 2030* are included.
» Chapter 27, “Perioperative Care,” updates the Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery, developed by The Joint Commission.
» Chapter 28, “Wound Care,” adds to the discussion on wound healing. It includes additional information on types of dressings; describes maggot therapy and negative pressure wound therapy (vacuum-assisted closure); and notes that wet-to-dry dressings are now considered a substandard practice.
» Chapter 29, “Gastrointestinal Intubation,” revises the information on determining tube location and the reasons why former assessment methods are no longer recommended. It revises information about gastric residual measurements and recommended actions and provides new information on methods for clearing an obstruction within a tube.

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- » Chapter 30, "Urinary Elimination," discusses the rationale for using soap and water versus antiseptic swabs when a clean-catch urine specimen is required. It eliminates the need to test the balloon before inserting a retention catheter because this is no longer necessary.
- » Chapter 31, "Bowel Elimination," adds a discussion about fecal immunologic and stool DNA tests to detect colorectal cancer. It identifies current guidelines for endoscopic screenings for colorectal cancer.
- » Chapter 32, "Oral Medications," includes a discussion about The Joint Commission's *Medication Management Standards* that requires hospitals to develop a list of look-alike/sound-alike medications they store, dispense, or administer to promote the safe administration of medications. It includes a reference to The Institute for Safe Medication Practices for a List of Confused Drug Names as well as error-prone abbreviations, symbols, and dose designations. It elaborates on the circumstances in which verbal and telephone orders are justified and on precautions the nurse must take in regard to these types of medication orders.
- » Chapter 34, "Parenteral Medications," adds to the discussion about insulin pumps, and provides new information and guidelines regarding the glucose monitoring systems.
- » Chapter 36, "Airway Management," elaborates on the parts of a tracheostomy tube. It adds information on how to obtain a sputum specimen using a suction catheter and mucous trap.
- » Chapter 37, "Resuscitation," reflects the most recent changes in the AHA's chain of survival and the International Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) guidelines for performing basic life support techniques.
- » Chapter 38, "End-of-Life Care," provides the most recent information regarding life expectancies in the United States, according to the CDC's National Center for Health Statistics. It describes the difference between a medical examiner and a coroner; identifies what types of deaths are reported to a medical examiner or coroner; explains the difference between a clinical autopsy and forensic autopsy; and includes the variations in preparing a body during postmortem care when a forensic autopsy will be performed. Updated information on "Living Wills" and "Advance Directives" is included.

- **Art and Photography Program.** Contemporary nursing practice is illustrated by the many full-color photos and line drawings. These illustrations assist visual learners to become familiar with the latest equipment, techniques, and practices in today's health care environment.

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Features and Learning Tools

Contents

Preface *vi*
Features and Learning Tools *x*
Acknowledgments *xiv*

UNIT 1
Exploring Contemporary Nursing **1**
1 Nursing Foundations *2*
2 Nursing Process *13*

UNIT 2
Integrating Basic Concepts **25**
3 Laws and Ethics *26*
4 Health and Illness *43*
5 Homeostasis, Adaptation, and Stress *54*
6 Culture and Ethnicity *67*

Table of Contents. Based on market feedback, Units 1 to 3 include chapters related to fundamental nursing concepts. Units 4 to 11 focus on fundamental nursing skills, beginning with Chapter 10, "Asepsis," to underscore the importance of hand hygiene and other aseptic practices when providing nursing care.

Words To Know
antineoplastic drugs
bolus administration
central venous catheter
continuous infusion
implanted catheter
intermittent infusion
intravenous route
medication lock
noncoring needle
nontunneled percutaneous catheter
port
secondary infusion
tunneled catheter
volume-control set

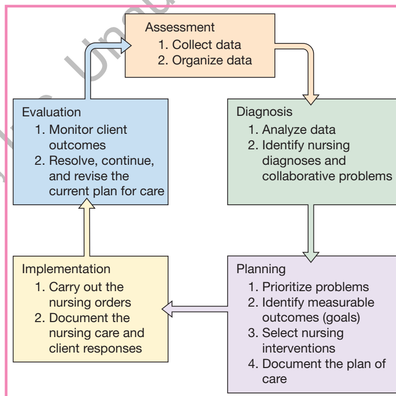
Words To Know. These key terms are listed at the beginning of each chapter and set in boldface type within the text where they appear with or near their definition. Additional technical terms are italicized throughout the text. Words To Know and their definitions can also be found in the glossary in alphabetical order.

Learning Objectives

On completion of this chapter, the reader should be able to:

1. Name the types of veins into which intravenous (IV) medications are administered.
2. Describe appropriate situations for administering IV medications.
3. Describe one method for giving bolus administrations of IV medications.
4. Name ways by which IV medications are administered.
5. Describe methods for administering medicated solutions intermittently.
6. Explain the technique for administering a secondary piggyback infusion.
7. Discuss purposes for using a volume-control set.
8. Describe a central venous catheter (CVC).
9. Name types of CVCs.
10. Discuss techniques for protecting oneself when administering

Learning Objectives. These student-oriented objectives appear at the beginning of each chapter to serve as guidelines for acquiring specific information. They are numbered so that the corresponding student and instructor resources can be easily matched.



Nursing Process Focus. The focus on the nursing process continues to be strong. The concepts and paradigm for the nursing process appear in Chapter 2. The premise is that early familiarity with its components will reinforce its use in the Skills and sample Nursing Care Plans throughout the text. Each skills chapter has the most recent applicable nursing diagnoses that correlate with the types of problems recipients of the respective skills may have.

NURSING CARE PLAN 30-1 **Reflex Urinary Incontinence**

Assessment

- Inquire about the number of voidings per day; voiding more than eight times in 24 hours or waking up two or more times at night to urinate, or urinating soon after the bladder has been emptied suggests a pattern of urgency or what has also been referred to as an overactive bladder.
- Identify the interim the client can wait to postpone urination following the sensation of a need to empty the bladder.
- Ask the client if the need to urinate is less easily controlled as the person gets nearer to the location of a toilet.
- Determine whether the client experiences accidental loss of urine when there is an almost unstoppable need to urinate.

Nursing Diagnosis. **Reflex urinary incontinence** related to uninhibited bladder muscle contractions as manifested by 14–18 voidings per day including awakening three times at night to urinate; daily episodes of urinary incontinence with impaired ability to delay the urge to void

Expected Outcome. The client will report a decrease in the number of daily voidings to fewer than eight per day; absence or limited occasions of nocturia; ability to delay urination by 15 minutes or more when urination seems imminent; and absence of urinary incontinence within 6–8 weeks of implementing therapeutic interventions, for example, by 9/15.

Interventions	Rationales
Keep a record of the frequency of voidings and the length of time between the warning sign for voiding and actual voiding for 3 days beginning 8/1 through 8/3.	Documenting the client's unique pattern of urination facilitates appropriate nursing interventions.
Alert all nursing team members to respond as soon as possible to the client's signal for assistance.	Responding promptly reduces episodes of incontinence and demonstrates a united effort to help the client achieve control of urination.
Instruct the client to restrain urination as long as possible after the warning sign is perceived.	Efforts to delay urination help reverse an established habit of overresponding to an urgent need to void.
Suggest that the client uses a technique such as breathing deeply, singing a song, or talking about family to delay voiding.	Focusing thoughts on something other than urination may provide sufficient distraction to extend the interval between the warning sign and actual voiding.
Encourage the client to eliminate the intake of beverages that contain caffeine or alcohol.	Caffeine promotes urination; alcohol inhibits the antidiuretic hormone, which prevents the reabsorption of water in the nephrons and leads to an increased formation of urine.
Ensure an oral fluid intake of at least 1,500–2,000 mL/day.	An adequate fluid intake reduces the potential for urinary infection or renal stone formation.
Assist the client to the toilet for the purpose of urination at a frequency that corresponds with the client's preconditioning pattern of urination (i.e., approximately q1½h), and extend the time by 15 minutes until there is an interval of 2 hours between voidings.	Increasing the length of time between voidings reduces chronic low-volume voiding, improves bladder muscle tone, and increases bladder capacity, which potentiates achieving continence.
Continue to extend the intervals between voiding until the client is voiding no more frequently than q4h in a 24-hour period.	Reconditioning the control of urination is facilitated by repetition and gradually extending the efforts to control voiding.
Praise the client every time a short-term goal of delaying or controlling urination is achieved.	Positive reinforcement helps motivate the client to continue efforts to control incontinence.
Share the client's progress with the physician.	Medical interventions such as prescribing a medication that blocks acetylcholine (anticholinergic agent) may help inhibit bladder muscle contractions and promote contraction of the urinary sphincter.

Evaluation of Expected Outcome

- The client is able to gradually delay urination.
- Nocturia is reduced to once per night.
- The client has fewer to no episodes of incontinence.

Nursing Care Plans. Nursing Care Plans are accompanied by a representative photo of a client and a description of a clinical scenario. This feature helps students identify with a "real person" and their subsequent individualized care. The diagnostic statements contain three parts for actual diagnoses and two parts for potential diagnoses. A double-column format lists interventions on one side and corresponding rationales on the other. The evaluation step is reinforced by evidence indicating expected outcome achievement.

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Skills. The Skills break down clinical skills that nurses use on a daily basis step by step. In addition, each illustration within the Skills has been closely reviewed to ensure that it complies with Standard Precautions and infection control guidelines from the Centers for Disease Control and Prevention.

Nursing Guidelines. These mini-procedures provide directions for performing various kinds of nursing care, or suggestions for managing client care problems. Illustrations are included to facilitate visual learning.

Client and Family Teaching Boxes. These specially numbered boxes found throughout the chapters highlight essential education points for nurses to communicate to clients and their families.

Client and Family Teaching 27-1
Performing Forced Coughing

The nurse teaches the client and the family as follows:
- Sit upright.
- Take a slow, deep breath through the nose.
- Make the lower abdomen rise as much as possible.
- Lean slightly forward.
- Exhale slowly through the mouth.
- Pull the abdomen inward.
- Repeat, but this time cough three times in a row while exhaling.

Critical Thinking Exercises. Critical thinking questions appear at the end of each chapter to facilitate application of the material, using clinical situations or rhetorical questions.

CRITICAL THINKING EXERCISES

1. The following data are reviewed by a nurse preparing a client for surgery: The client is 60 years old; weighs 205 lb; has a history of chronic pulmonary disease; quit smoking 10 years ago; vital signs are BP 140/88 mm Hg, temperature 101.8°F, pulse rate 92, and respiratory rate 28 breaths/minute. Which finding is most important to report to the surgeon?
2. A client reports having taken only one shower with chlorhexidine gluconate rather than two the night before surgery. What actions could the nurse take?

NEXT-GENERATION NCLEX-STYLE REVIEW QUESTIONS. NCLEX-Style Review Questions help students apply their acquired knowledge by answering items that reflect the formats within the NCLEX-PN test plan. An effort has been made to include many alternate format items to assist students with the types of questions they will eventually encounter on their licensing examination, including using clinical scenarios with related questions, to reflect the next-generation NCLEX format.

NEXT-GENERATION NCLEX-STYLE REVIEW QUESTIONS

1. Assuming a client is admitted the evening before surgery, when is it best for the nurse to perform preoperative skin antisepsis and hair removal, if the latter is necessary, on a client who is scheduled for a procedure at 1300?
   a. The night before surgery
   b. After the morning shower
   c. Before transport to the receiving area
   d. When in the operating room

   Test-Taking Strategy: Note the key word, "best." Select the option that is better than any of the others for reducing the risk of a surgical infection.
2. What information is essential to verify during a pre-surgical time-out? Select all that apply.
   a. The client's room number
   b. The client's identity
   c. The name of the surgeon
   d. The name of the procedure
   e. The type of anesthesia
   f. The site of the procedure

Glossary. Found at the back of the book, this is a quick reference of definitions for Words To Know that are used throughout the text. The glossary provides the key terms in alphabetical order.

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Bibliography. This is a comprehensive listing of references and suggested readings, including general recommendations as well as unit-specific citations, which provides a streamlined guide to current literature about topics discussed in the text.

USE WITH INTRODUCTORY MEDICAL–SURGICAL NURSING

Timby's Fundamental Nursing Skills and Concepts may be adopted as a single text for students in a nursing program. Additionally, the book may be adopted with *Timby's Introductory Medical–Surgical Nursing* as well as *Lippincott's NCLEX-PN Review Book*. The content, designs, features, and styles of these texts have been coordinated closely to facilitate understanding and to present a consistent approach to learning.

TEACHING–LEARNING PACKAGE

The 13th edition of *Timby's Fundamental Nursing Skills and Concepts* features a compelling and comprehensive complement of additional resources to help students learn and instructors teach.

RESOURCES FOR STUDENTS

Valuable learning tools for students are available on thePoint®:

- **Concepts in Action** animations and **Watch and Learn** video clips demonstrate important concepts related to various topics explored in the accompanying text.
- Journal articles about relevant topics enable students to stay aware of the latest research and information available in the current literature.

RESOURCES FOR INSTRUCTORS

The above student-oriented materials are available for instructors on thePoint®. Additionally, instructors have access to the following tools to assist with teaching:

- An extensive collection of materials is provided for each chapter:
  - **PowerPoint presentations** provide an easy way to integrate the textbook with students' classroom experience, via either computerized slide shows or handouts.
  - **Guided Lecture Notes** walk instructors through the chapters, objective by objective, and provide corresponding PowerPoint slide numbers.
  - An **Image Bank** provides the photographs and illustrations from this textbook to be used in a way that best suits instructor needs, including in PowerPoint slides.
- A **sample syllabus** provides guidance for structuring a licensed practical nurse (LPN)/licensed vocational nurse (LVN) course.
- The **Test Generator** lets teachers assemble exclusive new tests from a bank containing more than 900 questions to help assess students' understanding of the material. These questions are formatted to match the NCLEX, so students can practice preparing for this important examination.
- Answer Keys for the Stop, Think, and Respond boxes, Next-Generation NCLEX-Style Review Questions, and Critical Thinking Exercises can be shared with students to check their comprehension of textbook presentations as desired.

LIPPINCOTT® COURSEPOINT

Lippincott® CoursePoint is an integrated, digital curriculum solution for nursing education that provides a completely interactive and adaptive experience geared to help students understand, retain, and apply their course knowledge and be prepared for practice. The time-tested, easy-to-use, and trusted solution includes engaging learning tools, evidence-based practice, case studies,

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and in-depth reporting to meet students where they are in their learning, combined with the most trusted nursing education content on the market to help prepare students for practice. This easy-to-use digital learning solution of Lippincott® CoursePoint, combined with unmatched support, gives instructors and students everything they need for course and curriculum success!

Lippincott® CoursePoint includes:

- Engaging course content with a variety of learning tools to engage students of all learning styles
- Adaptive and personalized learning to help students learn the critical thinking and clinical judgment skills needed to help them become practice-ready nurses
- Immediate, evidence-based, online nursing clinical-decision support with Lippincott® Advisor
- Unparalleled reporting that provides in-depth dashboards with several data points to track student progress and help identify strengths and weaknesses
- Unmatched support that includes training coaches, product trainers, and nursing education consultants to help educators and students implement Lippincott® CoursePoint with ease

BUILDING CLINICAL JUDGMENT SKILLS

Nursing students are required to obtain nursing knowledge and apply foundational nursing processes to practice effective clinical judgment. Being able to apply clinical judgment in practice is critical for patient safety and optimizing outcomes. The content provided in this text includes features such as Critical Thinking Exercises, Nursing Care Plans, and Next-Generation NCLEX-Style Review Questions that strengthen students' clinical judgment skills by giving them opportunities to apply knowledge and practice critical thinking. Additionally, accompanying products CoursePoint and Lippincott NCLEX-PN PassPoint provide an adaptive experience that allows students to build confidence by answering questions like those found on the Next-Generation NCLEX (NGN) examination.

A NOTE ABOUT THE LANGUAGE USED IN THIS BOOK

Wolters Kluwer recognizes that people have a diverse range of identities, and we are committed to using inclusive and nonbiased language in our content. In line with the principles of nursing, we strive not to define people by their diagnoses, but to recognize their personhood first and foremost, using as much as possible the language diverse groups use to define themselves, and including only information that is relevant to nursing care.

We strive to better address the unique perspectives, complex challenges, and lived experiences of diverse populations traditionally underrepresented in health literature. When describing or referencing populations discussed in research studies, we will adhere to the identities presented in those studies to maintain fidelity to the evidence presented by the study investigators. We follow best practices of language set forth by the *Publication Manual of the American Psychological Association*, 7th edition, but acknowledge that language evolves rapidly, and we will update the language used in future editions of this book as necessary.

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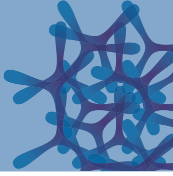

Acknowledgments

It is my belief that this text and its ancillary package will facilitate learning and produce safe, effective practitioners, capable of providing quality care for diverse clients in a variety of settings. Thanks go to the people at Wolters Kluwer for their help in preparing this book and for supporting the revision and new ideas and organization of the text material.

—Loretta A. Donnelly-Moreno

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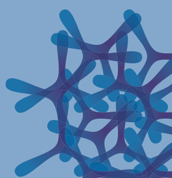

Contents

Preface *vi*

Features and Learning Tools *x*

Acknowledgments *xiv*

UNIT 1

Exploring Contemporary Nursing 1

1 Nursing Foundations *2*
2 Nursing Process *13*

UNIT 2

Integrating Basic Concepts 25

3 Laws and Ethics *26*
4 Health and Illness *43*
5 Homeostasis, Adaptation, and Stress *54*
6 Culture and Ethnicity *67*

UNIT 3

Fostering Communication 83

7 The Nurse–Client Relationship *84*
8 Client Teaching *97*
9 Recording and Reporting *107*

UNIT 4

Performing Basic Client Care 125

10 Asepsis *126*
11 Admission, Discharge, Transfer, and Referrals *157*
12 Vital Signs *178*
13 Physical Assessment *217*
14 Special Examinations and Tests *242*

UNIT 5

Assisting with Basic Needs 269

15 Nutrition *270*
16 Fluid and Chemical Balance *295*
17 Hygiene *334*
18 Comfort, Rest, and Sleep *364*
19 Safety *389*
20 Pain Management *410*
21 Oxygenation *434*
22 Infection Control *461*

UNIT 6

Assisting the Inactive Client 481

23 Body Mechanics, Positioning, and Moving *482*
24 Fitness and Therapeutic Exercise *509*
25 Mechanical Immobilization *528*
26 Ambulatory Aids *552*

UNIT 7

The Surgical Client 575

27 Perioperative Care *576*
28 Wound Care *601*
29 Gastrointestinal Intubation *629*

UNIT 8

Promoting Elimination 659

30 Urinary Elimination *660*
31 Bowel Elimination *692*

UNIT 9

Medication Administration 719

32 Oral Medications *720*
33 Topical and Inhalant Medications *737*
34 Parenteral Medications *753*
35 Intravenous Medications *777*

UNIT 10

Intervening in Emergency Situations 791

36 Airway Management *792*
37 Resuscitation *811*

UNIT 11

Caring for the Terminally Ill 823

38 End-of-Life Care *824*

References and Suggested Readings *839*

Appendix *Commonly Used Abbreviations and Acronyms* *860*

Glossary *863*

Index *880*

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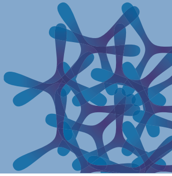

Quick Reference to Nursing Care Plans

Nursing Care Plan 10-1	Deficient Knowledge *140*
Nursing Care Plan 11-1	Anxiety *162*
Nursing Care Plan 12-1	Orthostatic Hypotension *200*
Nursing Care Plan 13-1	Risky Health Behavior *236–237*
Nursing Care Plan 14-1	Acute Anxiety *257*
Nursing Care Plan 15-1	Aspiration Risk *287*
Nursing Care Plan 16-1	Hypovolemia *317*
Nursing Care Plan 17-1	Bathing/Hygiene ADL Deficit *349*
Nursing Care Plan 18-1	Insomnia *376–377*
Nursing Care Plan 19-1	Injury Risk *404*
Nursing Care Plan 20-1	Acute Pain *426*
Nursing Care Plan 21-1	Impaired Gas Exchange *450–451*
Nursing Care Plan 22-1	Infection Risk Transmission *472–473*
Nursing Care Plan 23-1	Deconditioning *497–498*
Nursing Care Plan 24-1	ADL Deficit *517–518*
Nursing Care Plan 25-1	Altered Tissue Perfusion *538*
Nursing Care Plan 26-1	Activity Intolerance *562–563*
Nursing Care Plan 27-1	Altered Body Image Perception *592*
Nursing Care Plan 28-1	Altered Skin Integrity *619*
Nursing Care Plan 29-1	Aspiration Risk *643*
Nursing Care Plan 30-1	Reflex Urinary Incontinence *673*
Nursing Care Plan 31-1	Constipation *703–704*
Nursing Care Plan 32-1	Altered Health Maintenance *729–730*
Nursing Care Plan 33-1	Altered Breathing Pattern *745*
Nursing Care Plan 34-1	Altered Health Maintenance *766–767*
Nursing Care Plan 35-1	Altered Tissue Integrity Risk *784*
Nursing Care Plan 36-1	Ineffective Airway Clearance *800*
Nursing Care Plan 37-1	Altered Breathing Pattern *820–821*
Nursing Care Plan 38-1	Death Anxiety *834*

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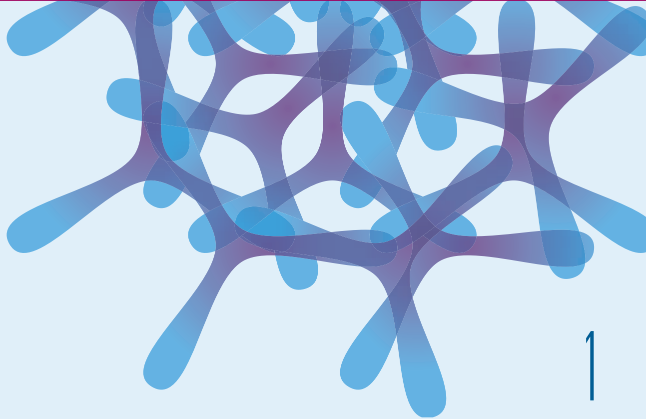
UNIT 1

Exploring Contemporary Nursing



1 Nursing Foundations 2

2 Nursing Process 13

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Nursing Foundations

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Words To Know

active listening
activities of daily living
advanced practice
art
assessment skills
capitation
caring skills
clinical pathways
comforting skills
counseling skills
cross-trained
discharge planning
empathy
evidence-based practice
managed care practices
multicultural diversity
nursing skills
nursing theory
quality assurance
science
sympathy
theory
unlicensed assistive personnel

Learning Objectives

On completion of this chapter, the reader should be able to:

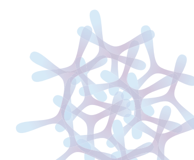
1. Identify the reforms for which Florence Nightingale is responsible.
2. Name the ways nurses used their skills in the early history of U.S. nursing.
3. Describe the way in which early U.S. training schools deviated from those established under the direction of Florence Nightingale.
4. Explain how art, science, and nursing theory have been incorporated into contemporary nursing practice.
5. Discuss the evolution of definitions of nursing.
6. Identify the factors that influence choice of educational nursing program.
7. List types of educational programs that prepare students for beginning levels of nursing practice.
8. Explain the importance of continuing education in nursing.
9. List examples of current trends affecting nursing and health care.
10. Discuss the shortage of nurses and methods to reduce the crisis.
11. Describe four skills that all nurses use in clinical practice.

INTRODUCTION

This chapter traces the historical development of nursing from its simple beginning to its current sophisticated practice. Nurses in the 21st century owe a debt of gratitude to their pioneering counterparts who served clients in their homes, on battlefields, and in urban settlement houses. Ironically, nursing is returning to its original community-based practice model.

ORIGINS OF NURSING

Nursing is one of the youngest professions but one of the oldest arts. It evolved from the familial roles of nurturing and caretaking. Early responsibilities included assisting pregnant people during childbirth, suckling healthy newborns, and ministering to people with illnesses, older adults, and those with functional needs within households and surrounding communities. Its hallmark was caring more than curing.



THE NIGHTINGALE REFORMATION

In the midst of deplorable health care conditions, Florence Nightingale, an English woman born of wealthy parents, announced that God had called her to become a nurse. Despite her family's protests, she worked with nursing deaconesses, a Protestant order of women who cared for the sick in Kaiserswerth, Germany. After becoming suitably prepared through her nursing apprenticeship, Nightingale embarked on the next phase of her career.

The Crimean War

While Nightingale was providing nursing care for residents at the Institution for the Care of Sick Gentlewomen in Distressed Circumstances, England found itself allied with Turkey, France, and Sardinia in defending the Crimea, a peninsula on the north shore of the Black Sea (1854 to 1856). Reports of high death rates and complications among the war casualties caused outrage among the British people. As a result, the government became the object of national criticism.

It was then that Nightingale offered a strategic plan: she proposed that the sick and injured British soldiers in Turkey would fare better if a team of women trained in nursing skills could care for them. Nightingale selected women who would accept the discipline and hard work necessary for this looming task.

The arrival of this group of women intimated to the soldiers that the men were incapable of providing adequate care. Jealousy and rivalry caused them initially to refuse any help from Nightingale and her 38 volunteers. When it became clear that the daily death rate, averaging about 60%, was not subsiding, the medical staff allowed Nightingale's nurses to work. Under Nightingale's supervision, the women cleaned the filth, eliminated the vermin, and improved ventilation, nutrition, and sanitation. In sharp contrast with the military orderlies, Nightingale made rounds at night with illumination from an oil lamp, comforting and caring for the war casualties and infirm. The practice led to her public persona as "the lady with the lamp."

Nightingale and her collective recruits helped lower the death rate to 1%. To show appreciation, donated funds were given to sustain her great work. Nightingale used this money to start the first training school for nurses at St. Thomas Hospital in England (Fig. 1-1). This school became the model for others in Europe and the United States.

Nightingale's Contributions

Nightingale changed the negative image of nursing to a positive one. She is credited with:

- Training women for future work
- Selecting only those with upstanding characters as potential nurses
- Improving sanitary conditions for the sick and injured
- Significantly reducing the death rate of British soldiers
- Providing classroom education and clinical teaching
- Advocating that nursing education should be lifelong

FIGURE 1-1 Florence Nightingale (center), her brother-in-law, Sir Harry Verney, and Miss Crossland, the nurse in charge of the Nightingale Training School at St. Thomas Hospital, with a class of student nurses. (Courtesy of The Florence Nightingale Museum Trust, London, England.)

Stop, Think, and Respond 1-1

How did Florence Nightingale convince the English and others that formal education of people who cared for the sick and injured was essential?

NURSING IN THE UNITED STATES

Colonial Period

In colonial times, there were no hospitals. By the late 1700s, a few were located in larger, more populous cities like Philadelphia and New York. For the most part, itinerant physicians practiced in isolated rural settings. The initial and extended care for people with illnesses and injuries, older adults, and pregnant people during childbirth often fell to female family members or kind neighbors in the community. With little more than experiential knowledge and a desire to relieve suffering, local women provided nursing care and temporarily carried out tasks such as housekeeping, laundry, and meal preparation for those entrusted to their care.

Civil War Nursing

The American Civil War occurred around the same time as the Nightingale reformation. Like England, the United States found itself involved in a war without any organized trained nursing staff to care for the sick and wounded. The military had to rely on untrained corpsmen and civilian volunteers, who were often the mothers, wives, and sisters of soldiers. They traveled with the troops from battlefield to battlefield giving supportive but inexperienced care.

Out of necessity, the Union government appointed Dorothea Lynde Dix, a social worker who had proven her worth by reforming health conditions for people with mental illnesses, to select and organize female volunteers to care for the troops.

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In 1862, Dix followed Nightingale's advice and established the following selection criteria. Applicants were to be:

- 35 to 50 years old
- Matronly and plain looking
- Educated
- Neat, orderly, sober, and industrious with a serious disposition

Post–Civil War Nursing

Because women had demonstrated their commitment and value during the Civil War, there was some support for training women to meet peacetime health care needs. In 1890, one of the first courses for training "attendants for the sick" was begun in New York by the Brooklyn Young Women's Christian Association (Johnston, 1966). The brief training that lasted 8 weeks to 3 months focused on caring for people with chronic illnesses, adults, and children. It did not include any hospital experience. Later, the condensed training was extended to include home nursing skills such as household duties, hygiene, bowel regulation, bed changing, reading a thermometer, counting the pulse, and care of pressure injuries (Johnston, 1966).

Attendants for the sick were now referred to as practical nurse attendants. Later this title changed from "attendant nurses" to "practical nurses."

Nursing Schools in the United States

With the growing acceptance that work as a nurse was as respectable as teaching, sewing, and domestic service, more training schools for nurses began to be established. Unfortunately, however, the standards of these schools deviated substantially from those of the Nightingale paradigm. While planned and consistent formal education was the priority in Nightingale's schools, the training of nurses in the United States was like an unsubsidized apprenticeship. Eventually, the curricula and content of the U.S. training schools became more organized and uniform. Training periods lengthened from 6 months to 3 full years. Graduate nurses received a diploma attesting to their successful completion of training.

Expanding Horizons of Practice

Diplomas in hand, nurses trained in the United States began the 20th century by distinguishing themselves in caring for sick and disadvantaged people outside of hospitals (Fig. 1-2). Some nurses moved into communities and established "settlement houses" where they lived and worked among immigrants experiencing poverty. Others provided midwifery services, especially in rural Appalachia. The success of their public health efforts in administering prenatal and obstetric care, teaching child care, and immunizing children is well documented.

Like their previous counterparts, nurses continued to volunteer during wars. They helped fight yellow fever, typhoid, malaria, and dysentery during the Spanish–American War. During World Wars I and II, community hospitals needed more staff to assist nurses caring for civilians. Consequently, greater numbers of practical nurses and Red Cross–trained aides were hired. They helped replenish the deficit caused by nurses pursuing careers.

FIGURE 1-2 A nurse makes a home visit as did others during the late 1800s to early 1900s. (Courtesy of Visiting Nurse Association, Inc., Detroit, MI.)

During wartime, nurses worked alongside physicians in Mobile Army Surgical Hospitals (MASH). During the Korean War, nurses acquired knowledge about trauma care that later would help reduce the mortality rate of the U.S. soldiers in Vietnam. More recently, nurses again answered the call during the conflicts in Iraq and Afghanistan. Whenever and wherever there has been a need, nurses have put their own lives on the line.

CONTEMPORARY NURSING

Nursing is both an art and a science. During the 20th century, the nursing theories and nursing organizations developed to qualify, quantify, and codify what is now the profession of nursing.

Combining Nursing Art with Science

At first, the training of nurses consisted of learning the **art** (ability to perform an act skillfully) of nursing. Students learned this art by watching and imitating the techniques performed by other more experienced nurses. In this way, mentors informally passed skills on to students.

Contemporary nursing practice has added another dimension: science. The English word "science" comes from the Latin word *scio*, which means "to know." A **science** (body of knowledge unique to a particular subject) develops from observing and studying the relationship of one phenomenon to another. By developing an accumulating body of unique scientific knowledge, it is now possible to predict which nursing interventions are most likely to produce desired outcomes, a process referred to as **evidence-based practice**.

Integrating Nursing Theory

The word **theory** (opinion, belief, or view) comes from a Greek word meaning vision. For example, a scientist may study the relation between sunlight and plants and derive a

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theory of photosynthesis that explains how plants grow. Others who believe in the theorist's view may then apply the theory for their own practical use.

Nursing has undergone a similar scientific review. Florence Nightingale and others have examined the relationships among humans, health, the environment, and nursing. The outcome of such analysis becomes the basis for **nursing theory** (proposed ideas about what is involved in the process called nursing). Nursing programs then adopt a theory to serve as the conceptual framework or model for their philosophy, curriculum, and, most importantly, approach to clients. Similarly, psychologists have adopted and used Freud's psychoanalytic theory or Skinner's behavioral theory, for example, as a model for diagnostic and therapeutic interventions with clients.

Table 1-1 summarizes some nursing theories and how each has been applied to nursing practice. These are only a few of many; additional information can be found in current nursing literature and academic courses in nursing theory.

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TABLE 1-1 Nursing Theories and Applications

THEORIST	THEORY	EXPLANATION
Florence Nightingale 1820–1910	**Environmental Theory**	
	Synopsis of theory	External conditions such as ventilation, light, odor, and cleanliness can prevent, suppress, or contribute to disease or death.
	Application to nursing practice	Nurses modify unhealthy aspects of the environment to put the client in the best condition for nature to act.
	Person	An individual whose natural defenses are influenced by a healthy or unhealthy environment
	Health	A state in which the environment is optimal for the natural body processes to achieve reparative outcomes
	Environment	All the external conditions capable of preventing, suppressing, or contributing to disease or death
	Nursing	Putting the client in the best condition for nature to act
Virginia Henderson 1897–1996	**Basic Needs Theory**	
	Synopsis of theory	People have basic needs that are the components of health. The significance and value of these needs are unique to each person.
	Application to nursing practice	Nurses assist in performing those activities that the client would perform if the client had the strength, will, and knowledge.
	Person	An individual with human needs that have unique meaning and value
	Health	The ability to independently satisfy human needs composed of 14 basic physical, psychological, and social elements
	Environment	The setting in which a person learns unique patterns for living
	Nursing	Temporarily assisting a person who lacks the necessary strength, will, and knowledge to satisfy one or more of 14 basic needs
Dorothea Orem 1914–2007	**Self-Care Theory**	
	Synopsis of theory	People learn about behaviors that they perform on their own behalf to maintain life, health, and well-being.
	Application to nursing practice	Nurses assist clients with self-care to improve or to maintain health.
	Person	An individual who uses self-care to sustain life and health, to recover from disease or injury, or to cope with its effects
	Health	The result of practices that people have learned to carry out on their own behalf to maintain life and well-being
	Environment	External elements with which people interact in the struggle to maintain self-care
	Nursing	A human service that assists people in progressively maximizing their self-care potential
Sister Callista Roy 1939–	**Adaptation Theory**	
	Synopsis of theory	Humans are biopsychosocial beings; a change in one component results in adaptive changes in the others.
	Application to nursing practice	Nurses assess biologic, psychological, and social factors interfering with health; alter the stimuli causing the maladaptation; and evaluate the effectiveness of the action taken.
	Person	A social, mental, spiritual, and physical being affected by stimuli in the internal and external environments
	Health	A person's ability to adapt to changes in the environment
	Environment	Internal and external forces in a continuous state of change
	Nursing	A humanitarian art and expanding science that manipulates and modifies stimuli to promote and to facilitate humans' ability to adapt

Defining Nursing

To clarify what nursing encompasses, for the public and nurses themselves, various working definitions have been proposed. Nightingale is credited with the earliest modern definition: "putting individuals in the best possible condition for nature to restore and preserve health."

Other definitions have been offered by nurses who are recognized as authorities, and therefore qualified spokespersons, on the practice of nursing. One such authority was Virginia Henderson (1897 to 1996). Her definition, adopted by the International Council of Nurses, broadened the description of nursing to include health promotion, not just illness care. As Henderson stated in 1966, "the unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge and to do this in such a way as to help him gain independence as rapidly as possible."

Henderson proposed that nursing is more than carrying out medical orders. It involves a special relationship and service between the nurse and the client (and the client's family). According to Henderson, the nurse acts as a temporary proxy, meeting the client's health needs with knowledge and skills that neither the client nor family members can provide.

In *Nursing's Social Policy Statement*, 3rd edition (2010), the American Nurses Association (ANA) defines nursing as:

- Protection, promotion, and optimization of health and abilities
- Prevention of illness and injury
- Alleviation of suffering through the diagnosis and treatment of human response
- Advocacy in the care of individuals, families, communities, and populations

The ANA (2010) further attests that six essential features characterize nursing: (1) provision of a caring relationship that facilitates health and healing; (2) attention to the range of human experiences and responses to health and illness within the physical and social environments; (3) integration of objective data with knowledge gained from an appreciation of the client's or group's subjective experience; (4) application of scientific knowledge to the processes of diagnosis and treatment through the use of judgment and critical thinking; (5) advancement of professional nursing knowledge through scholarly inquiry; and (6) influence on social and public policy to promote social justice.

These statements from the ANA demonstrate that nursing has an independent area of practice in addition to traditional dependent and interdependent functions involving physicians. As the role of the nurse evolves, the definition of nursing and the scope of nursing practice will undergo further revisions.

THE EDUCATIONAL LADDER

Two basic educational options are available to those interested in a nursing career: practical (vocational) nursing and registered nursing. Several types of programs prepare graduates in registered nursing. Each educational track provides the knowledge and skills for a particular entry level of practice. The following factors influence the choice of a nursing program:

- Career goals
- Geographic location of schools
- Costs involved
- Length of programs
- Reputation and success of graduates
- Flexibility in course scheduling
- Opportunity for part-time versus full-time enrollment
- Ease of movement into the next level of education

Practical/Vocational Nursing

During World War II, when many registered nurses (RNs) enlisted in the military, civilian hospitals, clinics, schools, and other health care agencies faced an acute shortage of nurses. To fill the void expeditiously, abbreviated programs in practical nursing were developed across the country to teach essential nursing skills. The goal was to prepare graduates to care for the health needs of infants, children, and adults who were mildly or chronically ill or convalescing so that RNs who remained stateside could be used effectively to care for acutely ill clients.

After the war, many RNs opted for part-time employment or resigned to become full-time homemakers. Thus, the need for practical nurses persisted. It became obvious that the role of practical nurses would not be temporary. Consequently, leaders in practical nursing programs organized to form the National Association for Practical Nurse Education and Service, Inc. This group worked to standardize practical nurse education and to facilitate the licensure of graduates. There are currently over 1,000 state-approved schools, in addition to many programs offered online and hybrid (combining in classroom and online education). To become licensed, graduates must successfully pass the National Council Licensing Examination for Practical Nurses (NCLEX-PN).

Career centers, vocational schools, hospitals, independent agencies, and community colleges generally offer practical nursing programs and arrange clinical experiences at local community hospitals, clinics, and nursing homes. The length of a practical nursing program averages from 12 to 18 months, after which graduates are qualified to take the licensing examination. Because this nursing preparatory program is the shortest, many consider it the most economic. Practical nursing programs are also considered as a stepping stone to associate and baccalaureate nursing degrees.

Enrollments in practical and vocational schools continued to attract candidates (Fig. 1-3). In 2022, a total of 47,635 U.S.-educated candidates passed the NCLEX-PN on the first attempt (National Council of State Boards of Nursing, 2018). Licensed practical nurses (LPNs)/licensed vocational nurses (LVNs) have a projected job growth of 12% from 2016 through 2026 (NCSBN, 2018). However, hospitals are not likely to be the primary employers. LPNs will in all probability secure positions in skilled nursing homes,

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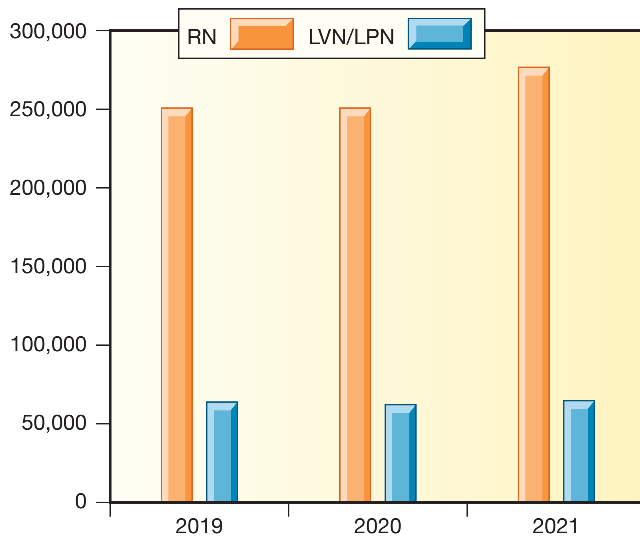

FIGURE 1-3 Trends in enrollments from 2019 to 2021 based on pass rates among LPN/LVNs and RNs who were candidates taking the NCLEX for the first time. LPN/LVNs, licensed practical nurses/licensed vocational nurses; RNs, registered nurses. (From National Council of State Boards of Nursing. [2021]. *2021 fact sheet.* https://www.ncsbn.org/publications/2021-nclex-fact-sheet)

physicians' offices, home health care agencies, outclient centers, residential care facilities, correctional institutions, and government agencies.

LPNs are a vital link between the RN and the **unlicensed assistive personnel** (UAP). They work under the supervision of an RN, physician assistant, physician, or dentist, but their role may be expanded to include supervision of UAPs in circumstances like long-term care (National Council of State Boards of Nursing). LPNs or LVNs in California and Texas provide nursing care to clients with common health needs that have predictable outcomes. The scope of practice is described in the nurse practice act in the state in which the nurse is licensed. Each state interprets the limits of practice differently. For example, in one state, an LPN may monitor and hang intravenous solutions, discontinue the infusion, and dress the site. The same may not be true in another state. An LPN also may delegate tasks to UAPs, who may or may not have acquired state certification. The LPN, therefore, must know the extent to which nursing assistants can function and the outcomes of their actions (see guidelines for delegation under "Registered Nursing"). Because of the geographic disparities in LPN practice, educational programs, and state regulations, the National Council of State Boards of Nursing (NCSBN) is researching and pursuing strategies to promote more consistency. Additional information on nursing practice standards for the LPN/LVN can be obtained from the National Federation of Licensed Practical Nurses (NFLPN) website. The ANA and the NCSBN have jointly endorsed delegating supportive nursing care to UAP. The role of UAPs is to assist licensed nurses with client care activities. UAPs must be trained and demonstrate competence for tasks carried out in a clinical setting. Client care provided by a UAP must be supervised by the delegating nurse who is ultimately accountable for the UAP's actions.

Opportunities for postlicensure certifications in pharmacology and long-term care are available through the National Association for Practical Nurse Education and Services, Inc. (NAPNES). Achieving certification via testing demonstrates knowledge above minimum standards. To provide career mobility, many schools of practical nursing have developed "articulation agreements" to help graduates enroll in another school or another program within the same school that offers a path to registered nursing through associate or baccalaureate degrees.

Registered Nursing

RNs work under the direction of a physician or dentist in various health care settings ranging from preventive to acute care. They provide and coordinate client care, educate clients and the public about various health conditions, and provide advice and emotional support to clients and their families. RNs care for clients who are stable but have complex health needs or those who are unstable with unpredictable outcomes. RNs delegate client care to LPNs and UAPs when appropriate.

Regardless of whether it is an RN delegating to an LPN or UAP or an LPN delegating to the UAP, delegation requires adhering to the following five guidelines:

- Right task: matching the client's needs with the caregiver's skills
- Right circumstance: ensuring that the situation is appropriate
- Right person: knowing the unique competencies of the caregiver
- Right directions and communication: providing sufficient information
- Right supervision and evaluation: being available for assistance; validating that the task was completed, obtaining the results, and analyzing if further actions are necessary (Barrow & Sharma, 2023)

Students can choose one of the three paths to become an RN: a hospital-based diploma program; a program that awards an associate degree in nursing (ADN); or a baccalaureate nursing program. All three meet the requirements for taking the national licensing examination (NCLEX-RN). A person licensed as an RN may work directly at the bedside or supervise others in managing the care of groups of clients.

Hospital-Based Diploma Programs

Diploma programs were the traditional route for nurses through the middle of the 20th century. Their decline became obvious in the 1970s, and the number of diploma programs continues to be lowest among other basic nursing educational programs (Fig. 1-4). The reasons for their decline are twofold. First, there has been a movement to increase professionalism in nursing by encouraging education in colleges and universities. Second, hospitals can no longer financially subsidize schools of nursing.

Diploma nurses were and are well trained. Because of their vast clinical experience (compared with students from other types of programs), they are often characterized as more self-confident and more easily socialized into the role requirements of a graduate nurse.

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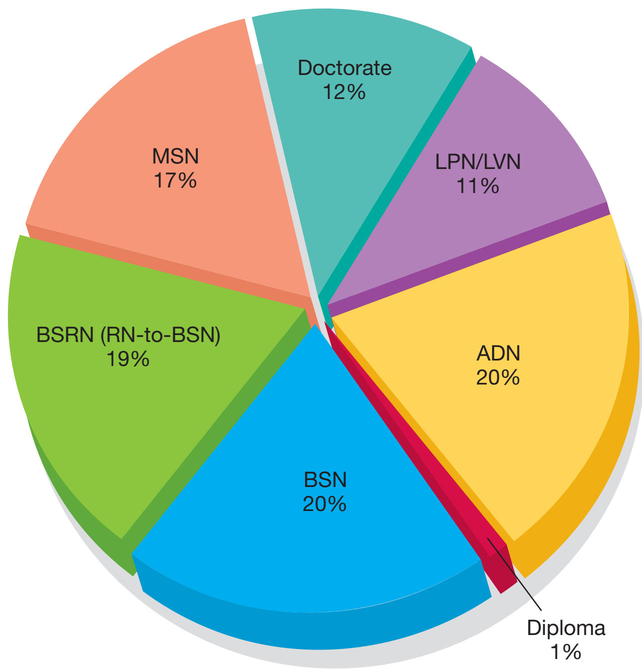

FIGURE 1-4 Enrollments in nursing programs by program type, 2021. ADN, associate degree in nursing; BSN, baccalaureate degree nursing; BSRN, bachelor of science registered nurse; LPN/LVN, licensed practical nurse/licensed vocational nurse; MSN, master of science in nursing. (From National League for Nursing. [2021]. *NLN faculty census survey 2020–2021.* https://www.nln.org/nlnNews/newsroom/nursing-education-statistics)

A hospital-based diploma program generally lasts 3 years. Many hospital schools of nursing collaborate with nearby colleges to provide basic science and humanities courses; graduates can transfer these credits if they choose to pursue associate or baccalaureate degrees later.

Associate Degree Programs

During World War II, when qualified nurses were being used for the military effort, hospital-based schools accelerated the education of some RN students through the Cadet Nurse Corps. After the end of the war, Mildred Montag, a doctoral nursing student at the time, began to question whether it was necessary for students in RN programs to spend 3 years acquiring a basic education. She believed that nursing education could be shortened to 2 years and relocated to vocational schools or junior or community colleges. The graduate from this type of program would acquire an ADN, would be referred to as a technical nurse, and would not be expected to work in a management position.

ADN preparation has proven extremely popular and now commands the highest enrollment among all RN programs. Despite the condensed curriculum, ADN graduates have demonstrated a high level of competence in passing the NCLEX-RN. Furthermore, ADN graduates are using this level of entry into practice as a springboard to higher programs of learning.

Application to nursing programs has been difficult for some because of the problems in transferring credits for courses they took during their diploma or associate degree programs. To increase enrollment, some collegiate programs are offering nurses an opportunity to obtain credit by passing “challenge exam initiations.” Additionally, many colleges and universities provide satellite or outreach programs to accommodate nurses who cannot go to school full-time or travel long distances. Despite a renewed interest in acquiring a nursing education, approximately 25% of qualified LPN/LVN applicants for admission were rejected in 2021 (National League for Nursing, 14; Fig. 1-5). Qualified applicants are being rejected or waitlisted because (1) there

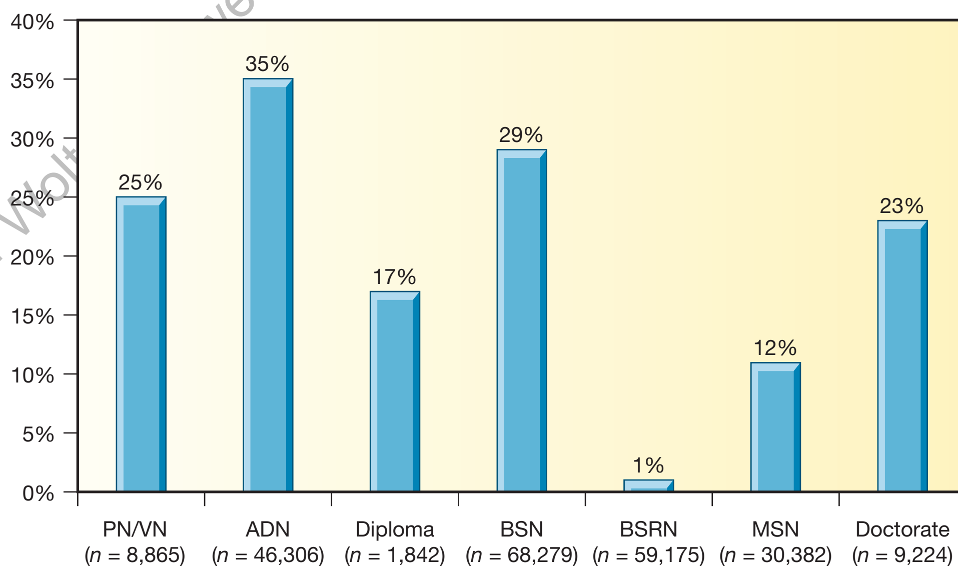

FIGURE 1-5 Percentages of qualified applicants turned away by program type in 2020 academic year. ADN, associate degree in nursing; BSN, baccalaureate degree nursing; BSRN, bachelor of science registered nurse; MSN, master of science in nursing; PN/VN, practical nurse/vocational nurse. (National League of Nursing. [2020]. *NLN biennial survey of schools of nursing 2020.* https://www.nln.org/docs/default-source/uploadedfiles/research-statistics/percentage-of-qualified-applications-turned-away-by-program-type-2020.pdf?sfvrsn=4a41a10d_0)

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is a shortage of master's and doctoral-prepared nursing faculty who are available to teach required courses; (2) there is a lack of placements for clinical experiences; (3) there is a lack of space in educational institutions; (4) there are budget cuts among institutions that provide nursing programs; and (5) there is intense competition for selective admissions (American Association of Colleges of Nursing [AACN], 2022).

Baccalaureate Programs

Although collegiate nursing programs were established at the beginning of the 20th century, until recently they did not attract many students. Their popularity has been increasing at a progressive rate, perhaps because of proposals by the ANA, the National League for Nursing (NLN), and the Institute of Medicine (IOM) to establish baccalaureate education as the entry level into nursing practice. The deadline for implementation of this goal, once set for 1985, was delayed for three reasons:

- The date coincided with a national shortage of nurses.
- There was tremendous opposition from nurses without degrees, who believed that their titles and positions would be jeopardized.
- Employers feared that paying higher salaries to personnel with degrees would escalate budgets beyond their financial limits.

Although a baccalaureate preparatory program is the longest and most expensive, graduate nurses have the greatest flexibility in qualifying for nursing positions, both staff and managerial. Nurses with baccalaureate degrees are usually preferred in areas requiring substantial independent decision-making. They are more likely to be employed in hospital administrative positions, outclient care centers, public health, and home health nursing.

Graduate Nursing Programs

Graduate nursing programs are available at both the master's and the doctoral levels. These **advanced practice** nurses fill roles as clinical specialists, nurse practitioners, certified nurse anesthetists, certified midwives, administrators, and collegiate educators. Unfortunately, too few are pursuing advanced degrees in sufficient numbers to fill the positions vacated by retiring faculty. Although a graduate degree in nursing is preferred, some nurses pursue advanced degrees in fields outside of nursing, such as business, leadership, and education, to enhance their nursing careers.

Continuing Education

Continuing education in nursing is any planned learning experience beyond the basic nursing program. Nightingale is credited with having said, "to stand still is to move backwards." The principle that learning is a lifelong process still applies. Box 1-1 lists reasons why nurses in particular pursue continuing education. Many states now require nurses to show a prescribed number of hours as proof of continuing education to renew their nursing licenses.

BOX 1-1 Rationales for Acquiring Continuing Education

- No basic program provides all the knowledge and skills needed for a lifetime career.
- Current advances in technology make previous methods of practice obsolete.
- Assuming responsibility for self-learning demonstrates personal accountability.
- To ensure the public's confidence, nurses must demonstrate evidence of current competence.
- Practicing according to current nursing standards helps ensure care is legally safe.
- Renewal of state licensure is often contingent on evidence of continuing education.

TRENDS IN NURSING

"The federal government projects that more than 203,000 new registered nurse positions will be created each year from 2021 to 2031" (AACN, 2022). Two major issues dominate nursing today. The first concerns methods of eliminating the shortage of nurses. The second involves strategies for responding to a growing aging population with chronic health problems.

Health care officials hope that enrollment in all nursing programs and continuing education will reduce the current and projected critical shortage of nurses. However, the near future looks alarming.

Some factors contributing to the nursing shortage include:

- Increased aging population requiring health care
- Disappointing salaries for nurses with longevity employment
- Job dissatisfaction as a result of stress and the unrelenting rigor of working in health care
- Heavier workloads and sicker clients
- Policies regarding mandatory overtime
- Downsizing nursing staff from dwindling revenues and managed care policies
- Negative stereotypes about nursing as a traditionally female occupation
- More lucrative opportunities in nonnursing fields

Governmental Responses

The federal government has addressed the shortage of nurses by approving the American Recovery and Reinvestment Act in 2009. This legislation authorized:

- Loan repayment programs and scholarships for nursing students
- Funding for public service announcements to encourage more people to enter nursing
- Career ladder programs to facilitate advancement to higher levels of nursing practice
- Establishment of nurse retention and client safety enhancement grants
- Grants to incorporate gerontology into nursing curricula
- Loan repayment programs for nursing students who agree to teach after graduation (AACN, 2020)

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Another governmental response was to implement the Affordable Care Act. With this act, the government funded innovative models of community-based care for older adults with chronic illnesses and created many new roles for nurses.

Proactive Strategies

Rather than taking a "wait-and-see" position about the nursing shortage and the ramifications of the Recovery and Reinvestment Act, many nurses have been and are proactively responding to the trends affecting their role in health care (Box 1-2).

BOX 1-2 Trends in Health Care and Nursing

Health Care

- The most underserved health care populations include older adults, ethnic minorities, and the poor, who delay seeking early treatment because they cannot afford it.
- Medicare and Medicaid benefits are being modified and reduced.
- Chronic illness is a primary health problem.
- Disease and injury prevention and health promotion are priorities.
- Medicine tends to focus on high technology, which improves outcomes for a select few.
- Hospitals are downsizing and hiring unlicensed personnel to perform procedures once in the exclusive domain of licensed nurses for cost containment.
- There are fewer primary care physicians in rural areas.
- Changes in reimbursement practices have created a shift in decision-making from hospitals, nurses, and physicians to insurance companies.
- Health care costs continue to increase despite **managed care practices** (cost-containment strategies used to plan and coordinate a client's care to avoid delays, unnecessary services, or overuse of expensive resources).
- **Capitation** (strategy for controlling health care costs by paying a fixed amount per member) encourages health providers to limit tests and services to increase profits.
- Hospitals, health care providers, and health insurance companies are required to measure, monitor, and manage quality of care.

Nursing

- Enrollments and numbers of graduates from LPN/LVN and RN educational programs are not keeping pace with projected shortages.
- More licensed nurses are earning baccalaureate, master's, and doctoral degrees.
- There continues to be a shortage of nurses in various health care settings because of decreased enrollments, retirement, attrition, and cost-containment measures.
- Hospital employment is decreasing.
- Client-to-nurse ratios in employment settings are higher.
- More high-acuity clients are in previously nonacute settings such as long-term and intermediate health care facilities.
- Job opportunities have expanded to outclient services, home health care, hospice programs, community health, and mental health agencies.

Nurses are dealing with the unique challenges of the 21st century by:

- Switching from part-time to full-time positions
- Delaying retirement
- Pursuing postlicensure education
- Training for advanced practice roles to provide cost-effective health care in areas in which numbers of primary care physicians are inadequate
- Becoming **cross-trained** (able to assume nonnursing jobs, depending on the census or levels of client acuity on any given day). For example, nurses may be trained to provide respiratory treatments and to obtain electrocardiograms, duties that nonnursing health care workers previously performed.
- Learning more about **multicultural diversity** (unique characteristics of diverse cultural groups) as it affects health beliefs and values, food preferences, language, communication, roles, and relationships
- Supporting legislative efforts toward national health insurance and other health care reforms that involve nurses in primary care (the first health care worker to assess a person with a health need)
- Promoting wellness through home health and community-based programs
- Helping clients with chronic diseases learn techniques for living healthier and consequently longer lives
- Referring clients with health problems for early treatment, a practice that requires the fewest resources and thus minimizes expenses
- Coordinating nursing services across health care settings—that is, **discharge planning** (managing transitional needs and ensuring continuity)
- Providing older adults with a variety of nursing services such as physical assessment during periods of illness, teaching, and managing medications, in assisted living facilities at less cost than care in nursing homes
- Developing and implementing **clinical pathways**, standardized multidisciplinary plans for a specific diagnoses, or procedures that identify aspects of care to be performed during a designated length of stay
- Participating in **quality assurance** (process of identifying and evaluating outcomes)
- Concentrating on the knowledge and skills to manage the health needs of older Americans over age 65 whose numbers will reach 95 million by 2060 (Population Reference Bureau, 2019)

UNIQUE NURSING SKILLS

Although employment locations and how they carry out **nursing skills** (activities unique to the practice of nursing) differ according to educational preparation, all nurses share the same philosophy. In keeping with Nightingale's traditions, contemporary nursing practice continues to include assessment skills, caring skills, counseling skills, and comforting skills.

Assessment Skills

Before being able to determine what care a person requires, the nurse must determine the client's needs and problems.

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This requires the use of **assessment skills** (acts that involve collecting data), which include interviewing, observing, and examining the client and, in some cases, the client's family ("family" is used loosely to refer to the people with whom the client lives and associates). Although the client and family are the primary sources of information, the nurse also reviews the client's medical record and talks with other health care providers to obtain facts. Assessment skills are discussed in more detail in Unit 4.

Caring Skills

Caring skills (nursing interventions that restore or maintain a person's health) may involve actions as simple as assisting with **activities of daily living** (ADLs), the acts people normally do every day, for example, bathing, grooming, dressing, toileting, and eating. Increasingly, however, the nurse's role is expanding to include the safe care of clients who require invasive or highly technical equipment. This textbook introduces beginning nurses to the concepts and skills needed to provide care for clients whose disorders have fairly predictable outcomes. After this foundation has been established, students may add to their knowledge base.

Traditionally, nurses have always been providers of physical care for people unable to meet their own health needs independently. But caring also involves the concern and attachment that result from the close relationship of one human being with another. Nevertheless, the nurse ultimately wants clients to become self-reliant. Like a parent who continues to tie a child's shoes long after the child is capable of doing it themselves, the nurse who assumes too much care for clients often delays their independence.

Counseling Skills

A counselor is one who listens to a client's needs, responds with information based on the counselor's area of expertise, and facilitates the outcome that a client desires. Nurses implement **counseling skills** (interventions that include communicating with clients, actively listening during exchanges of information, offering pertinent health teaching, and providing emotional support) in relationships with clients.

To understand the client's perspective, the nurse uses therapeutic communication techniques to encourage verbal expression (see Chapter 7). The use of **active listening** (demonstrating full attention to what is being said, hearing both the content being communicated and the unspoken message) facilitates therapeutic interactions. Giving clients the opportunity to be heard helps them organize their thoughts and evaluate their situations more realistically.

When the client's perspective is clear, the nurse provides pertinent health information without offering specific advice. By reserving personal opinions, nurses promote the right of every person to make their own decisions and choices on matters affecting health and illness care. The role of the nurse is to share information about potential alternatives, to allow clients the freedom to choose, and to support the final decision.

While providing care, the nurse finds many opportunities to teach clients how to promote healing processes, stay well, prevent illness, and carry out ADLs in the best possible way. People know much more about health and health care today than ever before, and they expect nurses to share accurate information with them.

Because clients do not always communicate their feelings to strangers, nurses use **empathy** (intuitive awareness of what the client is experiencing) to perceive the client's emotional state and need for support. This skill differs from **sympathy** (feeling as emotionally distraught as the client). Empathy helps the nurse become effective at providing for the client's needs while remaining compassionately detached.

Concept Mastery Alert

Health Promotion and Illness Prevention

Promoting health and preventing illness go hand in hand and are two major areas often addressed in client education. But there are subtle differences. Activities for promoting health focus on increasing a client's control over behaviors to maintain health. It is broad and nonspecific in scope. An example would be a heart-healthy diet. Preventing illness, however, is more specific, focusing on reducing risk factors as well as measures to slow or stop the progression of the illness and minimize its effects. Smoking cessation is an example of preventing illness.

Comforting Skills

Nightingale's presence and the light from her lamp communicated comfort to the frightened British soldiers in the 19th century. As a result of that heritage, contemporary nurses understand that illness often causes feelings of insecurity that may threaten the client's or family's ability to cope; they may feel vulnerable. At this point, the nurse uses **comforting skills** (interventions that provide stability and security during a health-related crisis). The nurse becomes the client's guide, companion, and interpreter. This supportive relationship generally increases trust and reduces fear and worry.

As a result of one woman's efforts, modern nursing was born. It has continued to mature and flourish ever since. The skills Nightingale performed on a grand scale are repeated today during each and every nurse–client interaction.

»» Stop, Think, and Respond 1-2

Identify the following nursing actions as assessment skills, caring skills, counseling skills, or comforting skills: (a) the nurse discusses with a family the progress of a client undergoing surgery; (b) the nurse provides information on advance directives, which allows a client to identify end-of-life decisions; (c) the nurse asks a client to identify their current health problems; (d) the nurse provides medication for a client in pain.

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KEY POINTS

- Florence Nightingale helped reform nursing by changing the negative image of nursing to a positive one, recommending basic care of improved ventilation, nutrition, and sanitation.
- Contemporary nursing combined the art of nursing with science, creating evidence-based nursing.
- Nursing is defined by:
  - Protection, promotion, and optimization of health and abilities
  - Prevention of illness and injury
  - Alleviation of suffering through the diagnosis and treatment of human response
  - Advocacy in the care of individuals, families, communities, and populations
- Licensed nursing can be achieved through four different educational programs:
  - LPN/LVN
  - Associate degree RN (ADN)
  - Hospital-based diploma nursing RN
  - Baccalaureate degree nursing RN (BSN)
- Future trends in nursing focus on the nursing shortage and the increase in the aging population.
- The unique skills the nurses learn in nursing school are:
  - Assessment skills
  - Caring skills
  - Counseling skills
  - Comforting skills

CRITICAL THINKING EXERCISES

1. Describe some outcomes that may result if the nursing shortage is not reduced or resolved.
2. There are four major categories of questions on the NCLEX-PN: safe and effective care environment; health promotion and maintenance; psychosocial integrity; and physiologic integrity (refer to NCSBN, 2022; 2023 NCLEX-PN Detailed Test Plan). Based on your personal experiences during wellness or illness care, identify nursing skills (other than those in Stop, Think, and Respond Box 1-2) that would be examples of each of the four NCLEX-PN categories.
3. How might the shortage of RNs affect LPNs both positively and negatively?
4. If Florence Nightingale were alive today, how might she view the current education and practice of nursing?

NEXT-GENERATION NCLEX-STYLE REVIEW QUESTIONS

1. Before delegating the task of assessing a client's blood glucose to a UAP, what should the LPN do first?
   a. Review the client's trends in blood glucose measurements.
   b. Check the diabetic medications prescribed for the client.
   c. Determine whether the UAP is qualified to check the blood glucose.
   d. Assess what the client knows about controlling blood glucose.

   Test-Taking Strategy: Note the key word, "first." Apply principles concerning delegation to select an answer.
2. After receiving an assignment from the RN in charge, list in order of priority (a-d), which client the LPN would assess first.
   a. Client A, who will be discharged in the morning
   b. Client B, who returned from surgery an hour ago
   c. Client C, who received recent pain medication
   d. Client D, who has not urinated in 4 hours

   Test-Taking Strategy: Note the key word, "first."
3. Number the first to fourth options by priority. What information is most important for an LPN to obtain during a report on an assigned postoperative client?
   a. The client's age
   b. The client's occupation
   c. The client's last consumption of food
   d. The client's most recent blood pressure

   Test-Taking Strategy: Note the key word and modifier, "most important." Select the option that reflects the most pertinent data about the client's current condition.
4. After an LPN delegates the assessment of a client's blood pressure to a UAP, what is the most important action to take next?
   a. Check the results of the delegated task.
   b. Recheck the client's blood pressure.
   c. Teach the client about controlling blood pressure.
   d. Assess the client's family history for heart disease.

   Test-Taking Strategy: Note the key word and modifier, "most important." Recall that the person who delegates a task is still ultimately responsible for it.
5. When an RN determines an LPN's assignment, which client assignment is most reasonable for the LPN to question?
   a. Client A, who has unrelieved chest pain
   b. Client B, whose fractured leg is in traction
   c. Client C, who is recovering after an appendectomy
   d. Client D, whose white blood cell count is elevated

   Test-Taking Strategy: Note the key word and modifier, "most reasonable." Use the process of elimination to select the client whose outcome is least predictable.

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