- Critical thinking and nursing process are mandated for SPN/SVN education.
- NANDA-I is a systemized taxonomy used to determine any patient concerns. NIC is a way of identifying standardized nursing interventions. NOC is a system for measuring patient outcomes. Trial implementation in select hospitals has shown the value of combining NANDA-I, NIC, and NOC.

Additional Learning Resources

evolve Go to your Evolve website (http://evolve.elsevier.com/Hill/Success) for the following FREE learning resources:
- Answers to Critical Thinking Scenarios
- Additional learning activities
- Additional Review Questions for the NCLEX-PN® exam
- Helpful phrases for communicating in Spanish and more!

Review Questions for the NCLEX-PN® Examination

1. How did the origination of the nursing process in the 1950s change the course of nursing?
   1. It provided a reasoning model.
   2. It provided a specificity model.
   3. It provided a problem-solution model.
   4. It provided a critical-thinking model.

2. Some RNs and instructors have questioned the value of teaching SPN/SVNs nursing process and critical thinking. Which statement provides a valid reason for including both in the SPN/SVN curriculum?
   1. Knowledge of the nursing process and critical thinking encourages postgraduate education so that one day the LPN/LVN can be an RN.
   2. LPN/LVNs and RNs both do the work of nursing. A common language provides an organized way of understanding what is to be done.
   3. Learning the nursing process and critical thinking provides the opportunity to be working on both LPN and RN levels of nursing at the same time.
   4. Learning the nursing process and critical thinking provides a cookbook method of learning and provides time to deal with job stresses.

3. Which request by the RN will you refuse to do because it is beyond the LPN/LVN scope of practice?
   1. "Do Mr. Frederic's plan of care, and I will initial it as soon I get back from lunch."
   2. "Catheterize Mrs. Jones as soon as you can and report total output to me STAT."
   3. "Check Mr. Neap's pressure sore on his right hip for changes since his admission."
   4. "Assist Sally (RN) by doing an assessment of our new admission on the south wing."

4. Which action is within the LPN/LVN scope of nursing practice when a patient aspirates a piece of meat and you are sitting opposite the patient in the dining room?
   1. Ask someone to get help as you move quickly toward the patient to perform a Heimlich maneuver.
   2. Ask another patient to straighten up the patient while you go to get an RN or other qualified staff member.
   3. Immediately call the patient's doctor for permission to perform the Heimlich and mention you are an SPN/SVN.
   4. Because you do not know if this patient has a do-not-resuscitate order on the chart, send someone to check.

Alternate Format Item

1. Which of the following is not a reason for verifying data? *(Select all that apply.)*
   1. Patient and family account of what happened differ.
   2. You believe that persons of this culture are dishonest.
   3. Patient complains of fever, but the forehead feels cool.
   4. You note that the patient's body language and words match.

2. A new patient has arrived, and the RN has asked you to begin data collection while she finishes taking doctor's orders. *Prioritize the following steps.*
   1. Ask the patient who accompanied him or her to the hospital.
   2. Measure vital signs.
   3. Introduce yourself to the patient *and state* what you are going to do.
   4. Ask what is going on with his or her health.
   5. Report information to the RN and ask for further instructions.

Critical Thinking Scenarios

Scenario 1

You have recently read an article in a nursing journal that suggests the nursing process is a waste of time. According to this author, nurses know intuitively what a patient needs because of their love for patients. "After all, this is the reason a person becomes a nurse." You have decided to respond critically to the author's views. What are you going to write to the journal so they will read your response as critically thought out and be willing to print your response?

Scenario 2

Amy wants to improve her grades. She learned about using the nursing process during class a couple of days ago. "If it works for planning patient care, why can it not work for me? I am going to give it a try."

Answer the following questions of what Amy can do for each step of the nursing process to improve her grades:

1. How might Amy **gather data** on her study habits?
2. In the **planning** stage, Amy discovered that she periodically fell asleep while studying (maybe because she was studying in her bed). She was surprised to count that she had a total of 30 cell phone calls or text messages during that time. She spent time talking on the cell or texting in response. She did not even finish the chapter she was trying to concentrate on. What changes could she **implement** to ensure future success?
3. How would Amy **evaluate** her success?

Nursing Theory, Research, and Evidence-Based Practice

Objectives

On completing this chapter, you will be able to do the following:

1. Provide one reason for the development of nursing theories.
2. Briefly describe each of the following theories as they relate to the nursing process:
   - Maslow's Hierarchy of Human Needs Theory
   - Rosenstock's Health Belief Model
   - Orem's Self-Care Deficit Theory
   - Leininger's Culture Care Theory
   - Peplau's Interpersonal Relations Theory
   - Sister Callista Roy's Adaptation Model
   - Nightingale's Environmental Model
   - Jean Watson's Theory of Human Care
3. Briefly explain the importance of nursing research.
4. Compare and contrast quantitative and qualitative research studies.
5. Define evidence-based-practice.
6. Explain the three elements of evidence-based practice (EBP).
7. Briefly describe how best evidence for practice is determined by systematic reviews of research studies.
8. Discuss how your site of clinical experience adopts evidence-based guidelines for nursing interventions.
9. Explain the LPN/LVN's role in nursing research and evidence-based practice.

Key Terms

evidence-based practice (ĔV-ĭ-dĕns bāsd, p. 115)
Leininger's Culture Care Theory (KŬL-chŭr KĀR, p. 112)
Maslow's Human Needs Theory (p. 111)
nursing research (p. 113)
nursing theories (p. 110)
Orem's Self-Care Deficit Theory (SĔLF KĀR DĔF-ĭ-sĭt, p. 111)
Peplau's Interpersonal Relations Theory (ĭn-tĕr-PĔR-sŭn-ăl, p. 112)

qualitative research study (KWĂL-ĭ-tā-tĭv, p. 114)
quantitative research study (KWĂN-tĭ-tā-tĭv, p. 113)
Rosenstock's Health Belief Theory (p. 112)
Sister Callista Roy's Adaptation Model (ă-dăp-TĀ-shŭn, p. 113)
spirit of inquiry (SPĬ-rĭt ĭn-KWĒR-ē, p. 115)
Watson's Theory of Human Care (p. 113)

Keep in Mind

Becoming acquainted with terminology assists in learning information when it becomes necessary in your career.

NURSING THEORIES

RATIONALE FOR THEORIES

Numerous **nursing theories** have been developed for nursing, and some of them are the basis for curriculum development. They open possibilities to question and can be used as a basis for research on effectiveness of nursing care. The following three concepts are important to nursing:

1. *Person* (the recipient of care)
2. *Health* (the goal of nursing)
3. *Environment* (the setting where nursing care takes place)

It is important to discuss nursing theories because if you decide to become an RN, you will encounter name recognition when studying theories used as a framework for nursing education and clinical practice. Practical nurses are sometimes asked to gather data for research being done by master's or Ph.D. candidates. Although the LPN/LVN does not evaluate the data for the study, it is important to recognize that the data gathered will influence the outcome of the research.

FLORENCE NIGHTINGALE: THE FIRST NURSING THEORIST

Florence Nightingale was the first to emphasize the environment: ventilation, warmth, noise, light, and cleanliness. Nightingale is considered the first nursing theorist. She strongly believed that environmental issues influenced the course of illness. She also saw the nursing role as separate from the nurse as a "hand-maiden" to the doctor.

ABRAHAM MASLOW'S HUMAN NEEDS THEORY

Although Abraham Maslow is a psychologist, his Human Needs Theory has been adapted by many professional programs, including some nursing programs, as a framework for education. Here is a general description of the theory:

1. Abraham Maslow's theory states that certain internal, external, physical, and psychological needs are common to all people.
2. Common needs are arranged in a hierarchy.
3. Unmet needs create tension, which motivates the person to react to meet the need.
4. When needs are met, the person is no longer aware of the need, and the need (now met) no longer motivates them.
5. Dominant needs that matter to a person can vary in life.

Figure 10-1 provides examples in identifying patient care priorities and responding to the needs according to the patient level of functioning. It is important to remember that a person may be functioning on more than one level of needs at the same time. Read the list on the lowest level of needs again. Individuals go back to the physiologic level periodically to satisfy basic needs—for example, nutrition.

Applying Maslow's Human Needs Theory to the Nursing Process

The first data collection (assessment) of a patient is the lowest level of needs:

- *Physiologic needs:* Oxygen, food, water, elimination, safety, sleep, activity, mental stimulation, sexual procreation (e.g., the nurse collects data on whether the patients are eating enough to maintain their strength and health, if they have relief from pain, and if interventions are planned with the patients to meet the need). Once physiologic needs are met, data can be collected on safety and security needs.
- *Safety needs:* Security, freedom from harm, protection (e.g., data are collected on real or imagined safety needs—for example, do you need more

than one nurse to move the patient safely from the bed to the toilet?). The primary areas that involve hospital nursing care are the first two levels: physiologic and safety needs.

- *Love and belonging needs:* Love, affection, and companionship (e.g., data are collected on whether the patient has a support system to assist with care once hospitalization is over). This is a part of discharge planning to be sure the patient has support meeting needs posthospitalization. The nurse may be involved in doing follow-up care in the home after hospitalization (home health, visiting nurse service, etc.).
- *Esteem needs:* Respect and recognition (e.g., data are collected on what the patient is doing or can do that will assist in earning a positive sense of self). Is the person able to do volunteer work or join a Senior Center that has activities, provides an opportunity to help others, and offers meals at a reasonable price)? Once esteem needs are met, the individual may be ready to focus on self-actualization. A parish nurse, for example, may be providing care at this level.
- *Self-actualization:* This is the highest level of needs, and not everyone attains this level. This involves maximum realization and fulfillment of the individual's potential.

OREM'S SELF-CARE DEFICIT THEORY

Dorothea Orem's Self-Care Deficit Theory is a general theory that consists of three subtheories:

1. *Self-care:* This involves a goal that is directed toward a safer environment for life, health, and well-being. (Ideally, individuals learn to respond to health cues in themselves or the environment as a way to maintain personal health.)
2. *Self-care deficit:* Personal care does not meet therapeutic self-care demands. (The individual does not recognize or know what to do in regard to personal health situations.)
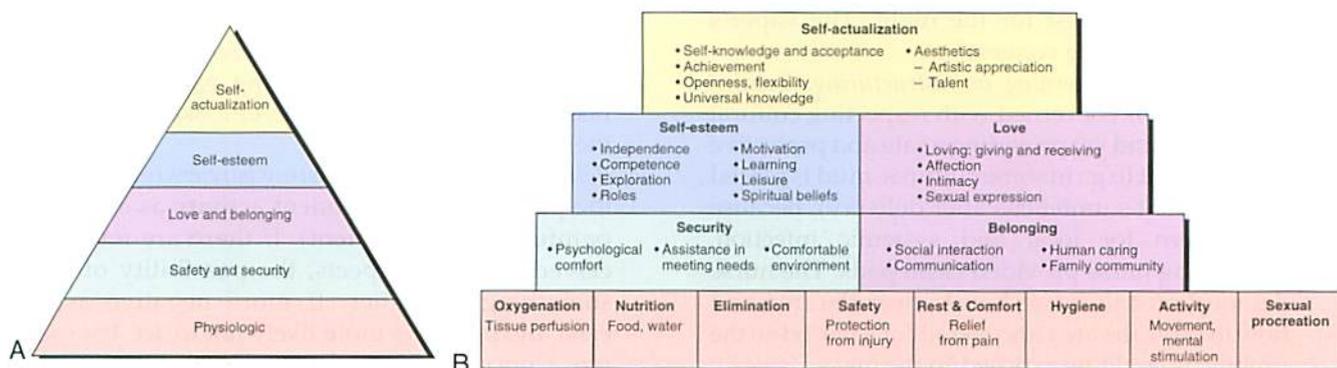

FIGURE 10-1 **A.** Maslow's Hierarchy of Human Needs. **B.** Evolving Hierarchy of Needs adapted by nursing.

3. *Nursing system:* Nurses empower the patient through their interpersonal relationship to help meet their self-care demands. (Nursing responds to the person's care needs totally, partially, or in a supportive role according to the need.)

Orem's theory is concerned with growth and development needs, as well as physiologic and psychosocial needs. Nurses can use the data collection step of the nursing process to identify specific self-care deficits. By working with the patient, nurses can then choose interventions that will have the desired outcomes for the patient.

MADELINE LEININGER'S CULTURE CARE THEORY

Leininger's interest in cultural care and how nursing responds to people of different cultures began when she was working with disturbed children. She recognized a link to understanding care based on their cultural background. When developing her Culture Care Theory, Leininger identified two kinds of care in every culture: *generic,* meaning home remedies used in care, and *professional,* which is provided by people who are specifically trained to provide care.

Leininger proposed three modes to guide nursing decisions when providing care:
1. *Cultural care preservation or maintenance.* This means assisting persons of particular cultures to maintain care values that help them to maintain health or restore health. As an example, some cultures use periodic "cupping" (bloodletting) as a way to relieve symptoms of hemochromatosis (excess iron deposits throughout the body). A method in other cultures is to periodically give blood at a blood blank to reduce the hematocrit (the percentage of your blood that is made up of red blood cells).
2. *Cultural care accommodation or negotiation.* In some cultures, Vicks VapoRub is placed in the nostrils, which can potentially be aspirated and lead to pneumonia. The visiting nurse demonstrated placing the Vicks on the chest and neck and rubbing it in a soothing manner. A warm cloth was placed on the chest for the night. The vapor's fumes relieved the congestion.
3. *Culture care repatterning or restructuring.* Leininger's theory is concerned with respecting cultural differences and yet providing a safe and protective environment (e.g., in some cultures, mud is placed on the infant's umbilicus after delivery). Because of concern for local and systemic infection, the visiting nurse provided clean pads. The nurse demonstrated their use, how to clean the area, and how to leave the area uncovered for a period so the umbilicus could be exposed to the air.

HILDEGARD PEPLAU'S INTERPERSONAL RELATIONS THEORY

Nurses who work with adult or child psychiatric patients are more likely to use Peplau's Interpersonal Relations Theory as a basis for developing a therapeutic relationship with the patient. The relationship that is developed has certain parameters and is the major part of the treatment.

Peplau describes four overlapping phases:
- *Orientation:* The patient seeks assistance because of a felt need. A problem has been identified, and the nurse works with the patient to help him or her recognize the problem. The process is often complex, but personal and social growth can develop during this step.
- *Identification:* During this phase, the patient understands the situation and responds to the nurse who supplies the needed help.
- *Exploitation:* During this phase, the patient begins to depend on the nurse and uses the help offered, exploring all possibilities.
- *Resolution:* The dependent behavior that developed must now be given up as the therapeutic relationship comes to an end. How the nurse handles this phase is crucial because faulty resolution can possibly end with vague physical symptoms.

During the therapeutic relationship, the nurse fulfills the roles of resource person, teacher, leader, surrogate, and counselor.

ROSENSTOCK'S HEALTH BELIEF THEORY

Irwin Rosenstock developed the Health Belief Theory that tries to explain why or why not a person will take action to prevent or detect illness. According to this theory:
1. *Perceptions vary and may have no basis in reality.* For example, Marta came to the emergency room because she was no longer able to sit down. Upon examination, it was determined that she had advanced cancer of the vulva. Marta was very shy, and even though she was aware of changes, she just hoped that whatever it was would just go away. Even Marta's sister, with whom she lived, was unaware that there was any disease process going on. She explained, "We have never seen each other naked." The thought of being examined embarrassed Marta: "No one has ever looked at me down there."
2. *Beliefs are connected to existing barriers* (e.g., may see the preventive or treatment activity as expensive, painful, or inconvenient). If there are fewer perceived negative aspects, the possibility of doing something is higher: If more negative aspects exist, the person is more likely not to act. For example, Cora, age 82, began to have gastrointestinal

symptoms and asked her son to make a doctor's appointment for her. He did so and drove 8 hours to take her to the appointment. When he arrived, she refused to go in, explaining, "I've changed my mind. It's nothing." This went on several more times over a period of years before she was so uncomfortable that she finally kept the appointment. Cora was diagnosed with advanced cancer of the colon. Cora explained that she had already had seven surgeries and did not want to put up with another uncomfortable healing process. Because of the pain she was having now, Cora agreed to surgery. The surgery was palliative, which gave her relief from pain, but she was told she probably had only 6 months to live.

3. *A cue to action is seen as necessary* (e.g., pain, a news story, a reminder call from the doctor's office). The cue (finally) for Cora was the pain she began to experience.

This theory can be useful when using the nursing process to promote health. It can be used to promote yearly examinations, vaccinations, wellness classes, and so forth. It is also helpful to the nurse and patient when developing interventions and outcomes to deal with a disease process or health problem that has been identified.

SISTER CALLISTA ROY'S ADAPTATION MODEL

Sister Roy describes the recipient of care (the patient) as a "holistic adaptive system" in her **Adaptation Model**. Both internal (from inside the patient) and external (from outside the patient) stimuli affect the system. She identifies the following types of stimuli:

- *Focal*—meaning something direct, such as a patient experiencing pain
- *Contextual*—meaning other factors that affect the focal stimuli, such as being examined in the area of pain
- *Residual*—meaning both internal and external factors that may not always be evident, such as a memory of previous pain and the effect it had on the patient

Coping methods are known as *regulator* and *cognator* subsystems:

- A *regulator* subsystem refers to the internal effects that take place in response to what is happening internally. These include neural, chemical, and endocrine processes. The body automatically attempts to regulate the system when it is being affected negatively.
- A *cognator* subsystem refers to learning, processing, judging, and emotion that the patient uses to cope with what has happened.

Two adaptive modes are available to help the patient deal with the situation:

1. *Physiologic*, which includes the senses, fluids, electrolytes, neurologic, and endocrine systems
2. *Self-concepts, role functions, and interdependence*

- Self-concepts are related to psychological and spiritual aspects of the patient.
- Role functions are related to the patient's role in society.
- Interdependence is related to love, respect, and values and can include the patient's support system.

The response is either:

- *Adaptation:* The patient reaches his or her goal of recovery.
- *Ineffective:* The patient does not survive or has a poor outcome.

JEAN WATSON'S THEORY OF HUMAN CARE

According to **Watson's Theory of Human Care**, health is harmony between the body, mind, and spirit. It also involves self-perception and how the self is experienced. Illness is a lack of harmony within the self and the soul. The nursing role is a caring process to help the patient regain harmony and health. Through the caring, the patient develops self-knowledge and self-healing. The enabling actions allow the patient to solve problems and grow. Both the patient and the nurse grow through this process.

Many other theories are used in nursing. If you want to learn more about theories, most nursing fundamental and foundations texts have a chapter devoted to theories and models.

NURSING RESEARCH

Research in any profession supports existing knowledge and develops new knowledge based on observation and experimentation. Starting with Nightingale's study of soldier morbidity and mortality data during the Crimean War through today's emphasis on evidence-based practice, **nursing research** has improved existing nursing knowledge and generated new knowledge that influences nursing practice. Research studies in nursing are important because they do the following:

- Identify specific nursing interventions that are proven effective and not merely based on tradition.
- Provide evidence that supports the quality and cost-effectiveness of what nurses do.
- Generate knowledge for clinical practice, nursing education, and delivery of nursing services.

Nurses of all educational levels are encouraged to participate in and promote nursing research in varying degrees (Cherry and Jacob, 2011). These are the two main types of research studies done in nursing:

- **Quantitative research study**, which is objective study. A *variable* is the event the researcher is trying to measure. There are two types of variables; one variable is the group receiving the intervention and the other variable is the group that

does not receive the intervention. Numeric data are collected and measured using statistics to describe variables, examine relationships among variables or determine cause-and-effect interactions between variables.

- **Qualitative research study**, which is subjective study. Data are gathered by interviews, and study is a narrative description of the "lived experience" of individuals—for example, living with chronic pain. *Phenomenology* is a type of qualitative study. *Grounded theory* studies describe a process that people use to deal with problem areas of their lives—for example, coping with a diagnosis of cancer.

See Evolve for a Quantitative Research Study of Practical Nursing Students and a List of Terms used in Quantitative Research.

EVIDENCE-BASED PRACTICE

BACKGROUND OF THE EVIDENCE-BASED PRACTICE MOVEMENT

- Dr. Archie Cochrane (1901-1988), a British epidemiologist, challenged the public to pay only for medical care that was proven to be effective and advocated the use of randomized, controlled trials (RCTs) as a means of reliably informing health care practices. In 1993, the Cochrane Collaboration, an independent, not-for-profit organization, was established to prepare and promote the accessibility of *Cochrane Reviews*, a collection of evidence-based health care interventions obtained by systematic reviews of research.
- In 1999, the Institute of Medicine (IOM) issued the report *To Err Is Human: Building a Safer Health System*, which discussed the incidence of medical errors in health care and the need for reform.
- In 2001, the IOM issued *Crossing the Quality Chasm: A New Health System for the 21st Century*, calling for consistent, high-quality health care for all people. Included in the 10 rules or general principles issued by the IOM was "Patients should receive care based on the best available scientific knowledge."
- Insurance companies are beginning to pay for health care practices only if their effectiveness is supported by scientific evidence.
- Hospitals are denied payment when complications in a Medicare patient develop if evidence-based guidelines are not followed.
- Patients and families are seeking the latest evidence on websites about the most effective treatment for illnesses and diseases.

HOW BEST EVIDENCE FOR PRACTICE GUIDELINES IS DETERMINED

Best evidence is determined through a complex, rigorous process:

- The clinical question being investigated is formulated in an objective, concise manner.
- Using professional resources, the latest, most relevant research evidence that pertains to the clinical question is located (Box 10-1).
- An expert or panel of experts conducts a systematic review, which is a summary of the results of selected studies.
- Guidelines are determined. These are specific practice recommendations derived from the summary of research articles.

Box 10-1   Systematic Reviews Used to Develop EBP Guidelines

PUBMED (http://pubmed.gov)
The U.S. National Library of Medicine (NLM) database of biomedical citations and abstracts.
- **MEDLINE** is the largest component of PubMed and is freely accessible. (Fact Sheet@http://www.nlm.nih.gov/pubs/factsheets/dif_med_pub.html).

CUMULATIVE INDEX OF NURSING AND ALLIED HEALTH LITERATURE (CINAHL)
- A source for practical/vocational nurses for EBP interventions.

COCHRANE REVIEWS (http://www.cochrane.org/cochrane-reviews)
- Each review addresses a clearly formulated question. All of the existing research on a topic that meets certain criteria is searched for and collated and then assessed using stringent guidelines to establish whether or not there is conclusive evidence about a specific treatment. The reviews are updated regularly, ensuring that treatment decisions can be based on the most up-to-date and reliable evidence.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ) (http://www.ahrq.gov/)
- An agency of the U.S. Department of Health and Human Services.
- The National Guideline Clearinghouse™ (NGC) (http://www.guideline.gov) is an initiative of AHRQ. Provides a comprehensive database of evidence-based clinical practice guidelines and related documents with syntheses and comparisons. It provides Internet users with free online access.

THE JOANNA BRIGGS INSTITUTE (JBI) (http://www.joannabriggs.edu.au/)
- An international not-for-profit membership-based organization in the Faculty of Health Sciences at the University of Adelaide, Australia. The Institute develops methods to appraise and synthesize evidence, conducting systematic reviews and analyses of the research literature to provide the best available evidence to inform clinical decision making.

- Using critical-thinking skills, the gathered evidence is combined with clinical experience and the patient's preferences and values for use in a specific clinical situation.

◎ Try This

How do agencies where you have clinical rotations obtain their guidelines for evidence-based nursing interventions?

EVIDENCE-BASED PRACTICE (EBP) IN NURSING

Nursing care that is based on comments such as "This is how we do that procedure here"; "This is how I was taught to do this nursing intervention 20 years ago"; or "We always do things this way" is not sufficient in today's health care environment. Nursing interventions such as cleansing wounds with Betadine or hydrogen peroxide and massaging over bony prominences are examples of common nursing interventions in past years that have been proven through research to be potentially harmful (Ackley, 2008). The clinical practice of nurses needs to be based on scientific knowledge with proof that the knowledge is effective. Research provides the foundation for evidence-based nursing practice.

ELEMENTS OF EVIDENCE-BASED PRACTICE

The elements of **evidence-based practice** are like a triangle with the following three areas (Figure 10-2):
- Best research evidence
- Nurse's clinical expertise
- Patient preferences

THE NURSE'S ROLE

In 2010, the National League for Nursing (NLN) established competencies of nursing graduates at all levels. The competency that addresses nursing research and evidence-based practice is **spirit of inquiry**. A nurse with a spirit of inquiry is one who "will raise questions, challenge traditional and existing practices, and seek creative approaches to problems." The following describes what the NLN expects of all levels of nurses in regard to research and evidence-based practice:
- Nurses with a *research doctorate* design and implement research studies and publish findings.
- Nurses with a *practice doctorate* review present research and formulate evidence-based protocols.
- Nurses at the *master's level* formulate research questions and evaluate the effect of evidence-based solutions on nursing problems.

FIGURE 10-2 The triangle of evidence-based practice.

- Nurses with a *bachelor's degree* identify questions needed to be studied, critique published research, and use evidence as solutions to nursing problems.
- *Associate degree/diploma* nurses challenge the status quo, question assumptions, and offer new insights to improve the quality of care.
- *Practical/vocational nurses* question the basis for nursing actions by considering research, evidence, tradition, and patient preference (Outcomes and Competencies for Graduates of Practical/Vocational, Diploma, Associate Degree, Baccalaureate, Master's, Practice Doctorate, and Research Doctorate Programs in Nursing, 2010).

The Practical/Vocational Nurse's Role in Evidence-Based Practice

Practical/vocational nursing students participate in the nursing research process by reviewing current articles in professional sources as part of their student learning experience and support nursing interventions on care plans and in practice with evidence-based nursing practices. As students and graduates, they need to follow protocols and procedures for nursing interventions of the agency in which they practice. Protocols are the general outlines used to manage a clinical situation—for example, a care plan. Procedures include the detailed steps of nursing interventions for implementing the protocol. Objective data gathering is essential for evaluation of the effectiveness of selected evidence-based practices.

Get Ready for the NCLEX-PN® Examination

Key Points

- Nursing involves many different theories. Choosing the appropriate theory for a nursing curriculum can be used as a guide to improve the course of study.
- Maslow's Human Needs Theory is based on Maslow's Hierarchy of Needs, which says that as needs on one level are met, others emerge.
- Rosenstock's Health Belief Theory tries to understand why people do or do not take action to prevent or detect disease.
- Orem's Self-Care Deficit Theory looks at why some individuals are goal-oriented toward taking care of their health and well-being, why some do not meet their self-care demands, and how the nurse, through an interpersonal relationship with the patient, can assist the patient with a self-care deficit to meet his or her self-care demands.
- Nursing research is a scientific process that validates and refines existing knowledge and generates new knowledge that influences nursing practice.
- The clinical practice of nurses needs to be based on scientific knowledge with proof that the knowledge is effective.
- Research provides the foundation for evidence-based practice in nursing.
- The elements of evidence-based practice are best research evidence, nurse's clinical expertise, and patient preferences.
- Spirit of inquiry for a practical/vocational nurse means a nurse who "will raise questions, challenge traditional and existing practices, and seek creative approaches to problems."
- Practical/vocational nurses participate in the nursing research process by reviewing current articles in professional sources; supporting clinical interventions on care plans and in practice with evidence-based nursing practices; collecting data for research studies as requested by the registered nurse; following protocols and procedures of the agency in which they are employed; and providing objective data gathering to evaluate the effectiveness of selected evidence-based practices.

Additional Learning Resources

evolve   Go to your Evolve website(http://evolve.elsevier.com/Hill/ Success) for the following FREE learning resources:
- Answers to Critical Thinking Scenario
- Additional learning activities
- Additional Review Questions for the NCLEX-PN® exam
- Helpful phrases for communicating in Spanish and more!

Review Questions for the NCLEX-PN® Examination

1. Elements of evidence-based practice in nursing do not include:
   1. Best research evidence.
   2. Nurse's clinical expertise.
   3. Patient preferences.
   4. Tradition in agency.

2. An abstract found on a database or at the beginning of a research study is:
   1. Something difficult to understand.
   2. Something designed to distract you.
   3. A summary of the research performed.
   4. A complete account of the research study.

3. Which of the following statements is accurate regarding theories useful to nursing?
   1. Orem's interpersonal theory defines roles and steps in developing a therapeutic relationship.
   2. Maslow's culture care theory is concerned with how to meet cultural needs through nursing care.
   3. Rosenstock's needs theory focused on meeting patient needs that may have no basis in fact.
   4. Maslow's theory is often used because it works well using nursing process steps in patient care.

4. Crystal is explaining qualitative research to a classmate. What response does not apply to qualitative research?
   1. A cause/effect relationship of variables is confirmed.
   2. Interviews are used to gather data.
   3. Lived experiences—for example, pain—are studied.
   4. Problem areas of participants' lives are studied.

Alternate Format Item

1. List in order the steps taken to find best practices in nursing.
   1. Find the latest, most relevant research evidence.
   2. Formulate the clinical question being investigated.
   3. Using critical thinking skills, combine the gathered evidence with clinical experience and the patient's preferences and values.
   4. Evaluate the validity, relevance, and how you can apply the evidence to the clinical situation selected.

2. Select the items that describe the LPN/LVN's role in nursing research and evidence-based practice. (Select all that apply. No partial credit is given for correct selections.)
   1. Collect data for research studies as requested by the registered nurse.
   2. Formulate clinical questions that need to be investigated for validity.
   3. Follow protocols and procedures of the agency in which they are employed.
   4. Gather data for evaluation of the effectiveness of evidence-based practices.
   5. Support clinical interventions in practice with evidence-based nursing practices.