

## Chapter 1 : Transcultural Concepts in Nursing Care

*This concise text focuses on unique aspects of Canadian nursing, providing fundamental information about issues in clinical nursing, the Canadian health care system, legal and ethical issues in.*

About This Product Description Building on its successful predecessor, *Fundamentals of Canadian Nursing*, 4th Canadian edition, provides students with an essential understanding of contemporary professional nursing practice in Canada. The 4th edition takes a broader, less prescriptive approach to nursing diagnoses and encourages students and nurses to use their knowledge, experience, and critical thinking skills to generate diagnoses or analyses. Representing a pan-Canadian experience, the lead editors enlisted reviewers and contributors from across Canada to reflect different geographical experiences. Praised for its clear and accessible language, beginning nurses learn foundational and fundamental knowledge and skills required to enter the nursing profession in Canada. Interactive, self-paced tutorials provide individualized coaching to help students stay on track. With a wide range of activities available, students can actively learn, understand, and retain even the most difficult concepts. The material presented in this publication addresses foundational and fundamental knowledge and skills required for a person entering the nursing profession. Building on the strengths of our previous editions, we enhanced many features to ensure that our textbook is relevant and informative to nurses across the country. Unit 1â€”The Foundation of Nursing in Canada Chapters 1â€”6 introduces the nature of the nursing profession, from the history of nursing to its current practice, education, and research. Each chapter has been updated since our last edition to reflect evolving trends and emerging issues such as changes to nursing practice standards, the increasing role of nurses as research consumers, the influx of internationally educated nurses, moral distress in the work of nurses, and the role of social media in nursing and health care, among many other topics. Concepts of health, illness, and wellness are addressed as well as the role nurses can play in health promotion from an individual, family, community and global perspective. Unit 3â€”Lifespan and Developmental Stages Chapters 17â€”20 describes concepts of growth and development and outlines the various developmental stages and their specific health needs throughout the lifespan. Particular attention has been given to the issues facing the very young and older adults. Unit 4â€”Integral Aspects of Nursing Chapters 21â€”27 describes the fundamental nursing tools required for practice, including critical thinking, clinical reasoning and decision making, caring and communicating, the nursing process, documenting and reporting, teaching and learning, and leading and managing change. These tools provide a foundation for competent nursing care. Unit 5â€”Nursing Assessment and Clinical Skills Chapters 28â€”36 provides fundamental knowledge to guide comprehensive health assessment, including vital signs, and addresses integral components of care in relation to pain assessment and management, hygiene, safety, medications, infection prevention and control, skin integrity and wound care, and caring for perioperative clients. Unit 6â€”Promoting Physiological Health Chapters 37â€”44 discusses such physiologic concepts as sensory perception; sleep; activity and exercise; nutrition; fecal elimination; urinary elimination; fluid, electrolytes, and acid-base balance; and oxygenation and circulation. Sexuality, spirituality, stress and coping, and loss, grieving, and death are all areas that a nurse should consider to care effectively for a client. Following the book chapters is a Glossary in which key terms are defined. Three Appendices are provided near the end of the book. They summarize important information about laboratory values, formulae, and vital signs. This new edition encourages students and nurses to use their knowledge, experience, and critical thinking skills to generate diagnoses or analyses. An emphasis on Clinical Reasoningâ€”A discussion about the importance of clinical reasoning and the similarities and differences between clinical reasoning and critical thinking now appear. A stronger focus on the roles of nurses in interprofessional collaboration in patient care. Inclusion of Strength-Based Nursing model Gottlieb, as a way to address patient care as well as nursing leadership. REINSTATED Glossary of Key Termsâ€”Previously, our glossary of key terms was available on-line; based on feedback from users, we have reinstated the glossary as part of the text so that users have ready access to such an important feature. The Latest Evidence in the Evidence-Informed Practice boxesâ€”A thorough review of the literature was conducted for each chapter. Emphasis was placed on including the

results of systematic reviews and meta analyses to ensure the highest level of evidence is contained in the chapters. The EIP boxes highlight Canadian studies. A focus on the role of all Registered Nurses in clinical leadership as a means of providing high quality and safe patient care. ENHANCED Pan-Canadian Perspectiveâ€”Reviewers and contributors were selected from across Canada to ensure that the textbook provides a relevant and comprehensive perspective on nursing care and issues facing nurses across the country.

**Chapter 2 : Test Bank for Fundamentals of Canadian Nursing Concepts Process and Practice 2nd Edition**

*Concepts in Canadian Nursing by Janet C Ross-Kerr, Jannetta MacPhail starting at \$ Concepts in Canadian Nursing has 1 available editions to buy at Half Price Books Marketplace.*

This article has been cited by other articles in PMC. Professionalism is an important feature of the professional jobs. Dynamic nature and the various interpretations of this term lead to multiple definitions of this concept. The aim of this paper is to identify the core attributes of the nursing professionalism. Texts published in scientific databases about nursing professionalism between and were assessed. After applying the selection criteria, the final sample consisting of 4 books and articles was selected, examined, and analyzed in depth. Two experts checked the process of analysis and monitored and reviewed them. The analysis showed that nursing professionalism is determined by three attributes of cognitive, attitudinal, and psychomotor. In addition, the most important antecedents concepts were demographic, experiential, educational, environmental, and attitudinal factors. Nursing professionalism is an inevitable, complex, varied, and dynamic process. In this study, the importance, scope, and concept of professionalism in nursing, the concept of a beginning for further research and development, and expanding the nursing knowledge are explained and clarified. Dynamic feature and multiple interpretations of professionalization result in numerous definitions with different functions and nature. Therefore, there are multiple definitions and characteristics for professionalization in nursing. Nursing profession status is an inter-profession and intra-profession challenge. Whether there is nursing professionalism or not is a challenge among the nurses, sociologists, and historians. Gradually, development of education standards and professional certificates led nursing move to professional status. Social understanding about nursing made the society consider nurses as cost-effective benefit health care providers and independent decision makers. Therefore, nurses could receive more funds and governmental financial aids. These changes also created new nursing environments that require professional nursing. Accordingly, nursing professionalization definition and its attributes need to be clarified and adapted with rapid changes. For this purpose, concept analysis is a suitable method. Concepts are the building blocks of theories. Concept analysis is one of the strategies in concept development. In this strategy, the basic elements of a concept for understanding its structure and function are assessed. During concept analysis process, a researcher, theorist, or clinician becomes familiar with different attributes and definitions of concept and its function. Evolutionary approach of Rodgers in concept analysis is based on contemporary philosophical thinking on concepts and their roles in knowledge development. In this approach, dynamic features of concepts over time and different social contexts are emphasized. Consequently, this process results in a form of cyclical concept development. With this approach, the final results are the starting point for more concept analysis. Since the contemporary nursing believed human and other nursing phenomena have constantly a changing and interrelated context, it seems that nursing professionalization is also better understood in the context. This perspective is congruent with evolutionary approach in concept analysis. Study process has a non-linear, rotational, and flexible nature. The six stages merely indicate activities that should take place during the study, and it should not be regarded as a continuous process. In this way, Rogers uses inductive approach and detailed analysis and focuses on the collection and analysis of raw data. In this approach, concepts in the specific social and cultural context of a given profession are studied. Next, to achieve more precise results, the inclusion criteria were identified. The main criterion for inclusion in the final analysis was the literature published in English from to in the context of nursing and health sciences. The exclusion criterion was non-English language articles. Preliminary results of the search gave articles meeting the inclusion criteria, and after deleting the duplicated items 14 items, the number decreased to about In addition, four books were used in the analysis process to cover the subjects. Books and papers were carefully reviewed and studied. For analyzing, thematic analysis and content analysis were used. All articles in the context of nursing were exactly read, and hints and useful features, antecedents, consequences, related concepts, surrogate terms, and definition of concept were extracted. Then, the data were reviewed several times to allow the researcher to be immersed in, and this enabled deriving key tags and notes to provide clear explanations

about every aspect of the concept. Overall, inductive analysis of data was done and themes were identified. Information units consisted of the words and sentences related to the information or responses concerning the following questions: What are the specific characteristics of professional nursing? How do you define nursing professionalization? How do you pretend nursing professionalization? What factors are associated with the incidence of professional nursing? What are the consequences or outcomes of nursing professionalization? Papers based on conceptual analysis of studied information were grouped. In order to ensure impartiality, reliability, and bias reduction, the analysis process was checked by two nursing experts in concept analysis.

**RESULTS** Identification of the characteristics of the concept is the first stage of the analysis that leads to the actual definition of the concept. Cognitive dimension of nursing professionalization Nursing education should be able to develop professional knowledge. It seems that getting all the essential aspects of professional knowledge in all phases of professionalization must be considered and principles of professionalization must be combined at different levels of professional education. Professional training in formal programs can be provided with specific workshops and courses of training development modules,[ 27 ] working in small groups on problem-solving, use of role play, simulated patients,[ 28 ] or clinical courses. Although professionalization is a category related to culture, some of its properties are mentioned as to be autonomous, cooperative, retained jurisdiction, membership in professional organizations and professional development, community service and social services, compliance with codes of nursing, conduct and evaluation of nursing theory. Professional identity is a secret knowledge that shows the continuation of a profession. Professional nursing is characterized by clinical working. This view has led to the expansion of the nursing role, so that they allowed getting involved in the therapeutic activities based on their personal qualifications and are actively involved in patient care. It is also for those who are self-learning and self-controlled. Barber defined four properties for a professional manner: High degree of systematic and public knowledge, awareness about the interests of society rather than the personal interests, a high degree of self-control in behavior through moral codes, and existence of a reward system as a sign for success. Focus in this view is on marketing and customer orientation. He indicates that we can be sure about a professional service when the presented service is market-oriented. Thus, creating an environment where the focus is on value and satisfaction of the customer is important. Antecedents are the events that happened before the concept occurrence and consequences can occur as a result of them. Antecedents of nursing professionalization are identified and classified in the following five groups: Demographic factors, factors related to the experience, training-related factors, factors related to the position, and value factors. Demographic factors Age is one of the effective factors on nursing professionalization, identified in the studies. It can be said that maturity in professional experiences has a large impact on professional attitude. Factors related to the education Degree,[ 22 , 72 , 79 , 80 , 81 ] membership in professional organizations,[ 1 , 4 , 15 , 81 , 82 ] having specialized certification,[ 1 , 15 , 78 , 81 ] the place where the last degree was issued,[ 1 ] political awareness,[ 83 ] educational readiness,[ 78 ] training and socialization,[ 72 ] teachers of nursing,[ 84 , 85 ] and length of the course,[ 1 , 86 ] all have been shown to have a significant relationship with professionalization in academic studies. Factors related to the position Position of nurse practitioners,[ 58 , 79 ] type of organization,[ 87 , 88 , 89 ] organizational culture,[ 69 , 90 , 91 ] the appearance of nurses in the workplace,[ 92 , 93 , 94 , 95 , 96 ] caregiver employment status,[ 1 ] work place,[ 1 ] existence of a reward system,[ 81 , 97 ] lack of staffs,[ 98 ] increasing the number of patients,[ 98 ] the existence of standards of activity,[ 99 ] lack of time, having stress and fatigue,[ 41 ] patients, clinicians, managers, and co-workers,[ 84 , 85 ] the gap between education and clinical practice,[ 22 ] and expectations of health care organizations,[ 22 ] all have been mentioned as precursors to professionalization in the reviewed studies. Value factors Professional satisfaction and organizational commitment,[ 4 ] professional freedom and independence and motivational factors,[ 78 ] belonging, knowing, and acknowledging,[ ] support and guidance, acceptance, willingness, responsibility, and trust,[ , , ] altruism,[ , , , ] and professional identity[ 93 ] have shown a significant relationship with professionalization. Studies showed belonging to a team, answering the questions of the patients and their families, and valuing the work do affect the understanding and meaning of students from professionalization. Consequences of nursing professionalization Consequences of nursing professionalization consist of two components: Enhancement of patient care quality and

improvement of the outcomes of care,[ 3 , , ] satisfaction of staffs, customers, clients, and agencies,[ 83 , 91 , , ] enhancement of the professional authority and the power to make decisions,[ 58 ] development of training programs to improve educational efficiency,[ 69 ] reduction of accidents and mistakes and risk management,[ ] non-occurrence of burnout,[ ] creating employment standards,[ 91 ] socialization, professional development, self-concept development, business retention,[ , , ] and increased recognition of patients[ ] are the compatible consequences that have been discussed in several studies. Although professionalization can be very positive for professional practice, it can create blind spots in organization and stop vital information flow in uncertain conditions. This is because professional groups form their own subculture, especially in their language and communication habits. Therefore, they tend to be separated, even if they are working with other groups in an organization. On the other hand, as the professional members of the profession must accept responsibility, self-regulation, and control of the market for their services, the foundation of professionalization is based on the competition over resources and power that are divided between the characters and organizations. The meaning of their root is claimed or confessed. Many authors have searched for the profession and its indicators. Aydellotle defined a profession as an organized and sophisticated job through which the clinicians obtain their exclusive knowledge in a protracted course for providing an exclusive, essential, or favorite service. He indicates that the essential features of a profession include having extensive and systematic knowledge, focusing on society interests, controlling the behavior through codes of ethics, having relationships with other professions, and existence of a professional reward system. The articles defining the characteristics of the nursing profession list them as: Strong commitment, long-term and regular education, special body of knowledge and skills, ethics, autonomy, power for standard service, valuing and existence of professional associations. Qualified, trained, skilled, white-collar professional people like doctors and engineers, expert, experienced, finished, skilled, masterly, efficient, etc. Sacrifice, altruism, accountability, self-regulation, self-determination, and independence are features of the professional values. In fact, professional employees are different. Their activities are associated with their attitudes and social behaviors. Rogers states that providing an example is essential to clarify a practical implementation of the concept related to the context. This can be considered as a study limitation. Interpretation and implications of the concept analysis The aim of the present study was to assess nursing professionalization in relevant literatures to identify attributes, antecedents, and consequences of the concept. The results showed that nursing professionalization has cognitive, attitudinal, and psychomotor dimensions. Antecedents of nursing professionalization included demographic factors, factors related to education, factors related to experience, factors related to the position, and value factors. Consequences of nursing professionalization included two components of compatible and incompatible mechanisms. Results of the analysis are important because although a lot of literature is available about the nursing professionalization, there is little integration and inference about the concept.

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Current post is tagged eHealth: This article is a report of a concept analysis of eHealth Background. A great deal of ambiguity exists around the definition of eHealth, especially within nursing, although it involves the implementation of electronic communication or information technology in the context of healthcare. Analysis of eHealth from a nursing perspective is needed to guide education, knowledge development, research, and policy. A literature search was done using electronic literature databases, websites, internet search engines and the grey literature. Materials from the past two decades were analyzed. Antecedents of eHealth include, but are not limited to clinician readiness, organizational and technical preparation, and patient trust. The consequences of eHealth are unclear and warrant further research, especially within the nursing profession. This concept analysis clarified some of the ambiguities of eHealth found within the literature and also proposed a definition of eHealth that is unique to nursing. Concept Analysis, eHealth, Nursing Introduction Some of the nurses who read this analysis may remember the days when healthcare was solely paper-based and the integration of technology into the healthcare system was far off on the horizon. These nurses may also attest to the speed at which technology has engulfed the way that care has been delivered to individuals, communities and populations over the last two decades into what we have come to know as eHealth electronic health. This growth has transformed the concept of eHealth from what was originally meant to describe the application of information and communications technology Health Canada, , to a catch-basin for anything technology-related in healthcare. The pervasiveness of the term has made the development of an operational definition a difficult task, especially for the nursing profession. This is troublesome, given that nurses are at the forefront of this technology revolution and represent the largest regulated health care provider group in Canada Health Canada, There is an obvious need for an analysis of this concept to guide policy, research and practice within nursing, and as such, the underlying goal is to clarify the meaning of, and develop an operational definition of eHealth within the realm of nursing practice. Methods A review of nursing, medical, information technology studies, business literature, as well as internet grey literature was conducted over the past two decades to the present time. This 8 step procedure Table 1 examines the basic elements of a concept and helps to develop a consistent operational definition that increases the validity of the construct within nursing practice. A report from the National Forum on Health recommended the rapid development of a national health information system. This was reaffirmed by a report of the Advisory Council on Health Infostructure , which highlighted potential benefits of a national health information highway. This impelled a multitude of government funding, programs, and networks to emerge in the early twenty-first century, all with the common goal of advancing the healthcare system with technology Health Canada, Around this time, early definitions of eHealth began to emerge that describe this paradigm shift in healthcare. Perhaps the most common definition comes from Eysenbach , who described eHealth as: In a broader sense, the term characterizes not only a technical development, but also a state-of-mind, a way of thinking, an attitude, and a commitment for networked global thinking, to improve health care locally, regionally, and world-wide by using information and communication technology e. In this time span, Canada has become internationally recognized for its advancement of eHealth strategies and health systems planning Information and Communications Technology Council, , but this transformation of the healthcare system has left a common definition of eHealth in the grey. Uses of the Concept Searches for eHealth produced no results when using three popular online dictionaries Merriam Webster Dictionary, ; Cambridge Dictionary, ; Oxford Dictionary, , demonstrating the infancy of this concept beyond the realm of health and information studies. The McGraw-Hill Concise Dictionary of Modern Medicine defined eHealth as a philosophy that empowers health care consumers with online information and services as cited in the Farlex online referencing tool, Two large systematic reviews of health, informatics, and business literature attempted to surmise a definition of eHealth. Oh, Rizo, Enkin, and Jadad described the term as an all-encompassing neologism that lacks operational clarity. Of the 51 unique published definitions of

eHealth in this review, only health and technology were common themes. Another commonly cited definition teased out by this review was that of Mitchell who describes eHealth as a new term to demonstrate the relationship of electronic communication and information technology in the healthcare sector. It is evident from this review that although eHealth has a strong presence in the health literature, researchers need to develop a consistent definition. Another comprehensive review from Pagliari et al. They found the most common topics were related to telemedicine, the internet, scope of eHealth, trends in eHealth and challenges with eHealth. In particular, the overwhelming presence of the internet and electronic data in eHealth definitions suggests that the concept may be unique from the more tangible technology addressed in the informatics world. A review of nursing literature and resources revealed that many researchers referenced eHealth in articles without actually giving a clear definition. Peate defined eHealth as a way to promote health and well being by using the power of information management and communication technology. The e-Health Nurses Network describe the term as employing technology to enhance professional practice and promote health and wellness. The International Council of Nurses offers an eHealth Programme aimed at supporting telehealth technologies and connecting nurses worldwide, but the program lacks a clear definition of what eHealth actually is. Like other disciplines, the eHealth concept has flooded the nursing literature without any consensus on a clear definition. An existing theme common to the nursing literature was that eHealth is part of a holistic approach to health care and should be used to enhance wellness in clients. The following attributes were garnered from a variety of sources related to eHealth and fall on a conceptual continuum that ranges from tangible descriptors to the abstract. Electronic Transformation It comes as no surprise that the most common attribute associated with eHealth is the delivery of healthcare in an electronic state. Traditional methods of service delivery, communication, and information sharing have rapidly evolved, escaping the confines of a paper-based system and entering the digital world. Despite the variance in definitions of eHealth, most share the commonality of having the internet and digital ICTs at its core. Wyatt and Liu claimed that eHealth is characterized by the use of the internet by a variety of stakeholders to access health information, services, and support. Deluca and Enmark added that eHealth has been branded by the electronic exchange of health information across organizations. Moreover, Broderick and Smaltz also identified the application of the internet and other related technologies in healthcare as a foundation to eHealth. It is evident that the cornerstone to eHealth across all disciplines is healthcare delivered electronically, albeit in various forms. Kreps and Neuhauser described eHealth as taking the form of many internet-based platforms such as interactive websites for patients and clinicians, web-portals, e-mail, online communities, and gaming. Some claim that eHealth extends beyond the typical internet applications. The overwhelming presence of electronic healthcare delivery within the eHealth literature is certainly the biggest commonality, but although it gives shape to the eHealth construct, more attributes are needed to distinguish its uniqueness in the nursing world. Connectivity The advent of eHealth has undoubtedly made the world of healthcare a smaller place. Consumers, clinicians, administration, organizations and other stakeholders have been able to leverage technology to communicate more efficiently and more effortlessly, and as such, connectivity emerges as a multi-faceted theme within the eHealth construct. The use or enhancement of services through electronic means is one way in which eHealth demonstrates connectivity. Clinicians and organizations alike have implemented creative ways with which to improve care and promote health across the continuum of care. For instance, a recent study demonstrated a significant increase in knowledge of sexually transmitted infections in youth who were allocated to a text message and email based education intervention Lim et al. This portal gives patients within the oncology and renal care programs access to treatment plan information, symptom monitoring, appointment management, personal health profiles, education information, a discussion board, and a clinician directory DeLenardo, Programs like these demonstrate that connecting health consumers to programs and services has been made possible with the advent of eHealth. Connectivity to health care providers using electronic means extends the consumer to clinician relationship from face-to-face interactions into the realm of the digital world. The College of Nurses of Ontario defined this realm as telepractice, or the delivery and management of health services using technologies like smart phones, faxes, internet, videoconferencing, teleradiology and telerobotics. These interactions introduce a new degree of connectivity

between stakeholders, allowing for communication where it may not have been possible before. Connectivity also relates to access to information, in that eHealth opens the doors to a great wealth of data for both consumers and clinicians. Patients are accessing information to manage their health independently or to help them decide whether or not to seek medical attention, and also to supplement information given to them by health care providers McMullan, This profound access to health information allows patients to be more engaged and informed in their care, but is not unique to consumers. Through eHealth technologies, clinicians are also equipped with access to current health literature, information and resources. Connectivity related to growing information access demonstrates how eHealth is broadening the scope of knowledge in all healthcare stakeholders. Efficiency The potential to improve effectiveness and efficiency in healthcare has been a hallmark of eHealth since its birth. This is another one of its obvious defining attributes, given that any eHealth strategy deemed inefficient would contradict its purpose to improve current practice. Humphreys claims that eHealth may be a cost-effective solution to coordinate care and improve the equity of access to health services by patients and professionals in rural communities, demonstrating that eHealth may be part of a solution to address geographical disparities in health. Quality of Care eHealth solutions are not just about improving efficiencies in care, enhancing work-flow, and reducing healthcare spending, rather they also provide an opportunity to improve the quality of care. These described how information, coupled with nursing expertise and knowledge, can promote sound clinical decisions. The Royal College of Nursing pointed out that eHealth has the potential improve patient monitoring among nurses and allows for quicker diagnosis, discussion, and interventions. Furthermore, the increased access to information in nursing may produce better client outcomes. For instance, the implementation of an EHR in the care of those with diabetes yielded an improvement in systolic and diastolic blood pressure, smoking cessation, and other health outcome measures Herrin et al. Other motivators for eHealth solutions include enhanced patient safety, reduced errors in healthcare, and the ability to document and quantify improved outcomes Robles, It is clear that the merits of eHealth are not limited to cost savings and efficiencies, but also improving healthcare delivery and the quality of care provided to healthcare consumers. Identifying Cases Model Case A model case is an example of the concept that exhibits all of its defining attributes and qualities. The following is a description of an intervention currently being studied that exemplifies eHealth, as well as a fictitious example of two study participants within this study who will demonstrate the attributes of the concept. The Mental Health Engagement Network MHEN is focused on putting technology into the hands of mental health clients and their mental health care providers to demonstrate a more effective and efficient mental health care service delivery model. The intervention involves a customized electronic personal health record application, the Lawson SMART record, and interactive tools that support a novel way to provide clients with standardized health services, ongoing monitoring and regular communication with their mental health care providers. This innovative solution may help to coordinate care across a continuum by ensuring that services are more accessible, patient-centered, and promote the empowerment of individuals. From a population perspective, this proposed system re-design has the potential to reduce or prevent acute episodes of mental illness and reduce the severe constraints on an already over-burdened health care system Forchuk et al. Ryan is a 21 year old male who lives and works outside of London, Ontario, Canada. About six months ago, Anna, a Registered Nurse who often liaises with Ryan in the outpatient program, invited him to be a part of a new and exciting study which uses an electronic personal health record EPHR to collaboratively manage health. Ryan agreed to participate in the study, and set up a plan with Anna to use the EPHR for regular electronic communication, mood tracking, medication reminders, appointment scheduling, goal setting, and smoking cessation. Ryan has been using the EPHR to consistently update Anna on his life and health, which he finds far easier than finding a ride into London to meet face to face with her at the program. He finds that his electronic medication list not only reminds him when to take his daily medications, but it also reminds him when he needs a prescription refill, something that used to be a major barrier to him. Tracking his mood and symptoms made him recognize that he was experiencing lethargy and fatigue after taking a certain morning medication. After liaising with his psychiatrist, Ryan changed this medication to the evening and has since cited an increase in energy and liveliness throughout the day and better rest at night. Ryan has decided to postpone employment so that he can

focus on his studies. He used the goal setting application within the EPHR to design a plan to achieve his high school diploma and is now enrolled in two correspondence classes, which he finds manageable. Finally, Ryan used the tracker within the EPHR to monitor his smoking habits and accessed smoking cessation information online from his mobile device given to him for the study. He has been completely tobacco free for two months. This case highlights the potential for electronic health technologies to improve healthcare efficiency, enhance patient outcomes, and maximize the connectivity among healthcare stakeholders and services. Ryan and Anna were able to take full advantage of the ability to share information and connect electronically. Monitoring and tracking his own health information made Ryan more aware of his health and encouraged him to take an active role in health maintenance. He was also able to access information, resources, and services that were either previously unavailable or very difficult to receive because of his lifestyle and geographical location. He optimized his symptom management, improved his adherence to his medication routine, he quit smoking, and also began to address some of the social determinants of health in his life. Apart from the healthy outcomes of her client, Anna also cited time savings and prevention as a major benefit to this intervention.

### Chapter 4 : Fundamentals of Canadian Nursing: Concepts, Process, and Practice, 3rd Canadian Edition

*This concise text focuses on unique aspects of Canadian nursing providing fundamental information about issues in clinical nursing, the Canadian health care system, legal and ethical issues in Canadian nursing practice, research-based practice, and primary health care.*

The 4th edition takes a broader, less prescriptive approach to nursing diagnoses and encourages students and nurses to use their knowledge, experience, and critical thinking skills to generate diagnoses or analyses. Representing a pan-Canadian experience, the lead editors enlisted reviewers and contributors from across Canada to reflect different geographical experiences. Praised for its clear and accessible language, beginning nurses learn foundational and fundamental knowledge and skills required to enter the nursing profession in Canada. Within its structured environment, students practice what they learn, test their understanding, and pursue a personalized study plan that helps them better absorb course material and understand difficult concepts. Instructors, contact your Pearson representative for more information. The material presented in this publication addresses foundational and fundamental knowledge and skills required for a person entering the nursing profession. Building on the strengths of our previous editions, we enhanced many features to ensure that our textbook is relevant and informative to nurses across the country. Each chapter has been updated since our last edition to reflect evolving trends and emerging issues such as changes to nursing practice standards, the increasing role of nurses as research consumers, the influx of internationally educated nurses, moral distress in the work of nurses, and the role of social media in nursing and health care, among many other topics. Concepts of health, illness, and wellness are addressed as well as the role nurses can play in health promotion from an individual, family, community and global perspective. Particular attention has been given to the issues facing the very young and older adults. These tools provide a foundation for competent nursing care. Sexuality, spirituality, stress and coping, and loss, grieving, and death are all areas that a nurse should consider to care effectively for a client. They summarize important information about laboratory values, formulae, and vital signs. This new edition encourages students and nurses to use their knowledge, experience, and critical thinking skills to generate diagnoses or analyses. A stronger focus on the roles of nurses in interprofessional collaboration in patient care. Inclusion of Strength-Based Nursing model Gottlieb, as a way to address patient care as well as nursing leadership. An emphasis on Clinical Reasoning. A discussion about the importance of clinical reasoning and the similarities and differences between clinical reasoning and critical thinking now appear. REINSTATED Glossary of Key Terms. Previously, our glossary of key terms was available on-line; based on feedback from users, we have reinstated the glossary as part of the text so that users have ready access to such an important feature. The Latest Evidence in the Evidence-Informed Practice boxes. A thorough review of the literature was conducted for each chapter. Emphasis was placed on including the results of systematic reviews and meta analyses to ensure the highest level of evidence is contained in the chapters. The EIP boxes highlight Canadian studies. A focus on the role of all Registered Nurses in clinical leadership as a means of providing high quality and safe patient care. ENHANCED Pan-Canadian Perspective. Reviewers and contributors were selected from across Canada to ensure that the textbook provides a relevant and comprehensive perspective on nursing care and issues facing nurses across the country.

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### Chapter 6 : Nursing professionalism: An evolutionary concept analysis

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