

CORE NURSING PRACTICE

THE FOUNDATION OF HEALING: EXPLORING CORE NURSING PRACTICE

CORE NURSING PRACTICE SERVES AS THE BEDROCK UPON WHICH ALL COMPETENT AND COMPASSIONATE PATIENT CARE IS BUILT. IT ENCOMPASSES A DYNAMIC SET OF ESSENTIAL SKILLS, KNOWLEDGE, AND ETHICAL PRINCIPLES THAT GUIDE NURSES IN THEIR DAILY INTERACTIONS AND CRITICAL DECISION-MAKING. UNDERSTANDING THESE FUNDAMENTAL ELEMENTS IS CRUCIAL FOR ASPIRING NURSES, SEASONED PROFESSIONALS, AND EVEN PATIENTS SEEKING TO GRASP THE INTRICACIES OF THEIR CARE. THIS ARTICLE WILL DELVE DEEP INTO THE MULTIFACETED WORLD OF CORE NURSING PRACTICE, EXAMINING ITS KEY COMPONENTS, THE UNDERLYING PHILOSOPHY, AND ITS VITAL ROLE IN ACHIEVING OPTIMAL PATIENT OUTCOMES. WE WILL EXPLORE THE SCIENCE AND ART OF NURSING, FROM ASSESSMENT AND DIAGNOSIS TO INTERVENTION AND EVALUATION, ALL WITHIN THE FRAMEWORK OF ETHICAL CONDUCT AND PATIENT ADVOCACY.

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THE ESSENTIAL PILLARS OF CORE NURSING PRACTICE

AT ITS HEART, CORE NURSING PRACTICE IS A SOPHISTICATED BLEND OF SCIENCE AND ART, GROUNDED IN A DEEP UNDERSTANDING OF HUMAN PHYSIOLOGY, PSYCHOLOGY, AND THE SOCIAL DETERMINANTS OF HEALTH. THESE FOUNDATIONAL ELEMENTS ARE NOT STATIC; THEY EVOLVE WITH MEDICAL ADVANCEMENTS AND SOCIETAL NEEDS, DEMANDING A COMMITMENT TO LIFELONG LEARNING. THE ESSENCE OF NURSING LIES IN ITS HOLISTIC APPROACH, RECOGNIZING THAT EACH PATIENT IS AN INDIVIDUAL WITH UNIQUE NEEDS, EXPERIENCES, AND BELIEFS. THIS PRINCIPLE GUIDES EVERY INTERACTION AND INTERVENTION, ENSURING CARE IS NOT JUST TECHNICALLY PROFICIENT BUT ALSO DEEPLY HUMANISTIC.

THINK OF CORE NURSING PRACTICE AS THE ESSENTIAL TOOLKIT EVERY NURSE CARRIES. WITHOUT THESE FUNDAMENTAL TOOLS, A NURSE CANNOT EFFECTIVELY DIAGNOSE, TREAT, OR SUPPORT A PATIENT THROUGH THEIR HEALTHCARE JOURNEY. IT'S ABOUT MORE THAN JUST ADMINISTERING MEDICATIONS OR PERFORMING PROCEDURES; IT'S ABOUT BUILDING TRUST, OFFERING COMFORT, AND EMPOWERING PATIENTS TO TAKE AN ACTIVE ROLE IN THEIR OWN WELL-BEING. THE PRINCIPLES OF CORE NURSING PRACTICE ARE UNIVERSALLY APPLICABLE, TRANSCENDING SPECIALTY AREAS AND SETTINGS, FROM THE BUSTLING EMERGENCY ROOM TO THE QUIET INTIMACY OF A HOSPICE CARE ROOM.

PATIENT ASSESSMENT: THE FIRST STEP TO CARE

THE JOURNEY OF PATIENT CARE BEGINS WITH A THOROUGH AND SYSTEMATIC ASSESSMENT. THIS IS NOT A PASSIVE OBSERVATION BUT AN ACTIVE, DYNAMIC PROCESS OF GATHERING INFORMATION TO UNDERSTAND THE PATIENT'S CURRENT HEALTH STATUS. NURSES EMPLOY A VARIETY OF TECHNIQUES, INCLUDING INTERVIEWING, PHYSICAL EXAMINATION, AND REVIEWING MEDICAL RECORDS, TO COLLECT SUBJECTIVE AND OBJECTIVE DATA. THIS INITIAL DATA COLLECTION FORMS THE FOUNDATION FOR ALL SUBSEQUENT NURSING ACTIONS. A SKILLED NURSE CAN IDENTIFY SUBTLE CHANGES THAT MIGHT INDICATE A WORSENING CONDITION OR THE EMERGENCE OF NEW PROBLEMS. IT'S LIKE BEING A DETECTIVE, PIECING TOGETHER CLUES TO UNDERSTAND THE WHOLE PICTURE OF THE PATIENT'S HEALTH.

THE COMPREHENSIVE ASSESSMENT INVOLVES LOOKING AT A PATIENT FROM MULTIPLE ANGLES. THIS INCLUDES THEIR PHYSICAL

PRESENTATION, THEIR EMOTIONAL STATE, THEIR COGNITIVE ABILITIES, AND THEIR SOCIAL AND ENVIRONMENTAL CONTEXT. FOR INSTANCE, A NURSE MIGHT ASSESS A PATIENT'S PAIN LEVEL, LISTEN TO THEIR LUNG SOUNDS, OBSERVE THEIR MOOD, AND INQUIRE ABOUT THEIR SUPPORT SYSTEM AT HOME. THIS MULTI-DIMENSIONAL APPROACH ENSURES THAT NO ASPECT OF THE PATIENT'S WELL-BEING IS OVERLOOKED. THE DATA GATHERED DURING ASSESSMENT IS CRITICAL FOR IDENTIFYING POTENTIAL HEALTH RISKS AND DEVELOPING AN INDIVIDUALIZED CARE PLAN.

NURSING DIAGNOSIS: IDENTIFYING PATIENT NEEDS

FOLLOWING A THOROUGH ASSESSMENT, THE NEXT CRITICAL STEP IN CORE NURSING PRACTICE IS FORMULATING NURSING DIAGNOSES. THIS ISN'T ABOUT MEDICAL DIAGNOSES, WHICH ARE THE DOMAIN OF PHYSICIANS, BUT RATHER ABOUT IDENTIFYING THE PATIENT'S RESPONSES TO ACTUAL OR POTENTIAL HEALTH PROBLEMS. NURSING DIAGNOSES ARE CLINICAL JUDGMENTS ABOUT INDIVIDUAL, FAMILY, OR COMMUNITY EXPERIENCES/RESPONSES TO ACTUAL OR POTENTIAL HEALTH PROBLEMS/LIFE PROCESSES. THEY PROVIDE A STANDARDIZED LANGUAGE FOR DESCRIBING PATIENT PROBLEMS THAT NURSES ARE QUALIFIED TO TREAT.

FOR EXAMPLE, INSTEAD OF A MEDICAL DIAGNOSIS OF "DIABETES," A NURSING DIAGNOSIS MIGHT BE "RISK FOR IMPAIRED SKIN INTEGRITY RELATED TO DECREASED CIRCULATION AND SENSORY PERCEPTION" OR "IMBALANCED NUTRITION: MORE THAN BODY REQUIREMENTS RELATED TO EXCESSIVE INTAKE AND SEDENTARY LIFESTYLE." THESE DIAGNOSES ARE CRUCIAL BECAUSE THEY GUIDE THE DEVELOPMENT OF SPECIFIC NURSING INTERVENTIONS. THEY HELP NURSES FOCUS THEIR EFFORTS ON ADDRESSING THE PATIENT'S MOST PRESSING NEEDS AND PROMOTING POSITIVE HEALTH OUTCOMES. IT'S ABOUT UNDERSTANDING THE "WHY" BEHIND A PATIENT'S SYMPTOMS AND FORMULATING A PLAN TO MANAGE THOSE SPECIFIC ISSUES.

PLANNING CARE: CHARTING THE COURSE TO WELLNESS

ONCE NURSING DIAGNOSES ARE ESTABLISHED, THE NURSE MOVES INTO THE PLANNING PHASE. THIS INVOLVES SETTING REALISTIC, MEASURABLE, ACHIEVABLE, RELEVANT, AND TIME-BOUND (SMART) GOALS FOR THE PATIENT AND THEN DETERMINING THE NURSING INTERVENTIONS THAT WILL HELP THE PATIENT ACHIEVE THESE GOALS. THIS PHASE REQUIRES CRITICAL THINKING AND COLLABORATION WITH THE PATIENT, THEIR FAMILY, AND OTHER HEALTHCARE PROFESSIONALS. A WELL-CONSTRUCTED CARE PLAN ACTS AS A ROADMAP, ENSURING THAT ALL MEMBERS OF THE HEALTHCARE TEAM ARE WORKING TOWARDS THE SAME OBJECTIVES.

THE CARE PLAN IS A DYNAMIC DOCUMENT THAT SHOULD BE REVIEWED AND UPDATED REGULARLY. AS THE PATIENT'S CONDITION CHANGES, SO TOO MUST THE PLAN. IT'S NOT A STATIC SET OF INSTRUCTIONS BUT A LIVING DOCUMENT THAT ADAPTS TO THE EVOLVING NEEDS OF THE PATIENT. THIS PROACTIVE APPROACH ENSURES THAT CARE REMAINS RELEVANT AND EFFECTIVE THROUGHOUT THE PATIENT'S JOURNEY. IMAGINE PLANNING A TRIP; YOU HAVE A DESTINATION, A ROUTE, AND MILESTONES ALONG THE WAY. THE NURSING CARE PLAN SERVES THE SAME PURPOSE FOR THE PATIENT'S HEALTH JOURNEY.

IMPLEMENTING INTERVENTIONS: PUTTING KNOWLEDGE INTO ACTION

IMPLEMENTATION IS WHERE THE RUBBER MEETS THE ROAD IN CORE NURSING PRACTICE. THIS IS THE PHASE WHERE NURSES PUT THEIR KNOWLEDGE, SKILLS, AND CRITICAL THINKING INTO ACTION TO CARRY OUT THE PLANNED INTERVENTIONS. THIS CAN INVOLVE A WIDE RANGE OF ACTIVITIES, FROM ADMINISTERING MEDICATIONS AND PERFORMING TREATMENTS TO PROVIDING PATIENT EDUCATION AND EMOTIONAL SUPPORT. THE EFFECTIVENESS OF THE IMPLEMENTATION PHASE HINGES ON THE NURSE'S PROFICIENCY, ATTENTION TO DETAIL, AND ABILITY TO ADAPT TO UNEXPECTED SITUATIONS.

NURSES MUST POSSESS A ROBUST UNDERSTANDING OF THE RATIONALE BEHIND EACH INTERVENTION. WHY ARE WE GIVING THIS MEDICATION? WHAT IS THE DESIRED EFFECT? WHAT ARE THE POTENTIAL SIDE EFFECTS? ANSWERING THESE QUESTIONS ENSURES THAT INTERVENTIONS ARE NOT PERFORMED BY ROTE BUT WITH PURPOSE AND FORESIGHT. FURTHERMORE, SAFE AND EFFECTIVE IMPLEMENTATION REQUIRES CONSTANT MONITORING OF THE PATIENT'S RESPONSE TO THESE ACTIONS. THIS IS WHERE THE CONTINUOUS FEEDBACK LOOP OF THE NURSING PROCESS IS VITAL.

EVALUATING OUTCOMES: MEASURING SUCCESS AND ADAPTING

THE FINAL, YET EQUALLY CRUCIAL, STEP IN THE NURSING PROCESS IS EVALUATION. HERE, NURSES ASSESS WHETHER THE PATIENT HAS ACHIEVED THE DESIRED OUTCOMES OUTLINED IN THE CARE PLAN AND WHETHER THE INTERVENTIONS WERE EFFECTIVE. THIS INVOLVES COMPARING THE PATIENT'S CURRENT STATUS WITH THE ESTABLISHED GOALS. IF THE GOALS HAVE BEEN MET, THE NURSE CAN THEN MOVE ON TO DEVELOPING NEW GOALS OR DISCHARGING THE PATIENT WITH APPROPRIATE FOLLOW-UP INSTRUCTIONS. IF THE GOALS HAVE NOT BEEN MET, THE NURSE MUST RE-EVALUATE THE SITUATION, IDENTIFY BARRIERS, AND REVISE THE CARE PLAN ACCORDINGLY.

THIS EVALUATIVE STEP IS WHAT MAKES NURSING A RESPONSIVE AND ADAPTIVE PROFESSION. IT'S NOT ENOUGH TO SIMPLY IMPLEMENT A PLAN; NURSES MUST CONTINUOUSLY ASSESS ITS EFFECTIVENESS AND BE PREPARED TO MAKE CHANGES. THIS CYCLICAL PROCESS OF ASSESSMENT, DIAGNOSIS, PLANNING, IMPLEMENTATION, AND EVALUATION ENSURES THAT PATIENT CARE IS ALWAYS OPTIMIZED. IT'S LIKE CHECKING YOUR GPS PERIODICALLY ON A ROAD TRIP TO ENSURE YOU'RE STILL ON THE RIGHT PATH AND MAKING ADJUSTMENTS IF NEEDED.

THE ETHICAL COMPASS OF CORE NURSING PRACTICE

BEYOND THE TECHNICAL SKILLS AND SCIENTIFIC KNOWLEDGE, CORE NURSING PRACTICE IS DEEPLY ROOTED IN A STRONG ETHICAL FRAMEWORK. THIS ETHICAL COMPASS GUIDES NURSES IN THEIR DECISION-MAKING, ENSURING THAT THEY ALWAYS ACT IN THE BEST INTERESTS OF THEIR PATIENTS. THE CORE VALUES OF NURSING, SUCH AS BENEFICENCE (DOING GOOD), NON-MALEFICENCE (DOING NO HARM), JUSTICE (FAIRNESS), AND AUTONOMY (RESPECTING PATIENT CHOICES), ARE PARAMOUNT.

THESE ETHICAL PRINCIPLES ARE NOT MERE ABSTRACT CONCEPTS; THEY ARE WOVEN INTO THE FABRIC OF EVERY PATIENT ENCOUNTER. THEY INFORM HOW NURSES APPROACH DIFFICULT CONVERSATIONS, HOW THEY MANAGE CONFLICTING PRIORITIES, AND HOW THEY ADVOCATE FOR THEIR PATIENTS. UPHOLDING THESE ETHICAL STANDARDS BUILDS TRUST AND STRENGTHENS THE NURSE-PATIENT RELATIONSHIP, WHICH IS ESSENTIAL FOR EFFECTIVE CARE.

PATIENT ADVOCACY: A VOICE FOR THE VULNERABLE

ONE OF THE MOST VITAL ROLES OF A NURSE IS THAT OF A PATIENT ADVOCATE. PATIENTS, ESPECIALLY THOSE WHO ARE ILL OR VULNERABLE, MAY HAVE DIFFICULTY EXPRESSING THEIR NEEDS, UNDERSTANDING COMPLEX MEDICAL INFORMATION, OR ASSERTING THEIR RIGHTS. NURSES ARE OFTEN THE FIRST LINE OF DEFENSE, ENSURING THAT PATIENTS' VOICES ARE HEARD AND THEIR WISHES ARE RESPECTED. THIS ADVOCACY CAN INVOLVE SPEAKING UP FOR A PATIENT'S PREFERENCES REGARDING TREATMENT, ENSURING THEY RECEIVE ADEQUATE PAIN MANAGEMENT, OR PROTECTING THEIR PRIVACY.

THIS ROLE REQUIRES COURAGE, ASSERTIVENESS, AND A DEEP COMMITMENT TO PATIENT-CENTERED CARE. IT MEANS BEING WILLING TO CHALLENGE THE STATUS QUO OR QUESTION DECISIONS WHEN THEY SEEM NOT TO ALIGN WITH THE PATIENT'S BEST INTERESTS. PATIENT ADVOCACY IS NOT ABOUT BEING CONFRONTATIONAL; IT'S ABOUT ENSURING THAT THE PATIENT'S PERSPECTIVE IS UNDERSTOOD AND INTEGRATED INTO THEIR CARE PLAN. IT'S ABOUT EMPOWERING THE PATIENT AND ENSURING THEY ARE ACTIVE PARTICIPANTS IN THEIR OWN HEALTH JOURNEY.

COMMUNICATION: THE LIFELINE OF EFFECTIVE CARE

EFFECTIVE COMMUNICATION IS THE CORNERSTONE OF CORE NURSING PRACTICE. IT'S THE VEHICLE THROUGH WHICH INFORMATION IS EXCHANGED, TRUST IS BUILT, AND CARE IS COORDINATED. NURSES COMMUNICATE WITH PATIENTS, THEIR FAMILIES, PHYSICIANS, AND OTHER HEALTHCARE TEAM MEMBERS. THIS COMMUNICATION MUST BE CLEAR, CONCISE, ACCURATE, AND EMPATHETIC. MISCOMMUNICATION CAN LEAD TO ERRORS, DELAYS IN CARE, AND PATIENT DISSATISFACTION.

THERE ARE MANY FACETS TO EFFECTIVE COMMUNICATION IN NURSING. THIS INCLUDES ACTIVE LISTENING, WHERE NURSES TRULY

HEAR AND UNDERSTAND WHAT THE PATIENT IS CONVEYING, BOTH VERBALLY AND NON-VERBALLY. IT ALSO INVOLVES CLEAR AND SIMPLE EXPLANATIONS OF MEDICAL INFORMATION, ENSURING THE PATIENT CAN COMPREHEND THEIR CONDITION AND TREATMENT OPTIONS. FURTHERMORE, GOOD COMMUNICATION FOSTERS A THERAPEUTIC RELATIONSHIP, ALLOWING PATIENTS TO FEEL SAFE, RESPECTED, AND UNDERSTOOD. IT'S LIKE BUILDING A BRIDGE BETWEEN THE HEALTHCARE PROVIDER AND THE PATIENT, ENSURING UNDERSTANDING AND COLLABORATION.

PROFESSIONAL DEVELOPMENT: CONTINUOUS GROWTH IN NURSING

THE LANDSCAPE OF HEALTHCARE IS CONSTANTLY EVOLVING, AND SO TOO MUST THE KNOWLEDGE AND SKILLS OF NURSES. CORE NURSING PRACTICE DEMANDS A COMMITMENT TO LIFELONG LEARNING AND PROFESSIONAL DEVELOPMENT. THIS INCLUDES STAYING ABREAST OF THE LATEST RESEARCH, ATTENDING CONTINUING EDUCATION COURSES, PURSUING ADVANCED DEGREES OR CERTIFICATIONS, AND PARTICIPATING IN PROFESSIONAL ORGANIZATIONS.

THIS DEDICATION TO GROWTH IS NOT JUST ABOUT ACCUMULATING CREDENTIALS; IT'S ABOUT ENSURING THAT NURSES ARE EQUIPPED WITH THE MOST UP-TO-DATE EVIDENCE-BASED PRACTICES TO PROVIDE THE HIGHEST QUALITY OF CARE. IT'S ABOUT EMBRACING NEW TECHNOLOGIES, UNDERSTANDING EMERGING HEALTH TRENDS, AND CONTINUALLY REFINING ONE'S CLINICAL JUDGMENT. THE PURSUIT OF PROFESSIONAL DEVELOPMENT ULTIMATELY BENEFITS THE PATIENT BY ENSURING THEY RECEIVE THE MOST EFFECTIVE AND COMPASSIONATE CARE POSSIBLE. IT'S ABOUT ALWAYS STRIVING TO BE A BETTER CAREGIVER TODAY THAN YOU WERE YESTERDAY.

Q: WHAT ARE THE FUNDAMENTAL COMPONENTS OF CORE NURSING PRACTICE?

A: THE FUNDAMENTAL COMPONENTS OF CORE NURSING PRACTICE INCLUDE PATIENT ASSESSMENT, NURSING DIAGNOSIS, CARE PLANNING, IMPLEMENTATION OF INTERVENTIONS, EVALUATION OF OUTCOMES, ETHICAL CONDUCT, PATIENT ADVOCACY, EFFECTIVE COMMUNICATION, AND A COMMITMENT TO CONTINUOUS PROFESSIONAL DEVELOPMENT.

Q: WHY IS PATIENT ASSESSMENT SO CRITICAL IN CORE NURSING PRACTICE?

A: PATIENT ASSESSMENT IS CRITICAL BECAUSE IT IS THE INITIAL STEP IN THE NURSING PROCESS, PROVIDING THE NECESSARY DATA TO IDENTIFY PATIENT NEEDS, FORMULATE ACCURATE NURSING DIAGNOSES, AND DEVELOP AN INDIVIDUALIZED, EFFECTIVE CARE PLAN. IT FORMS THE FOUNDATION FOR ALL SUBSEQUENT NURSING ACTIONS AND HELPS IN EARLY DETECTION OF CHANGES IN PATIENT CONDITION.

Q: HOW DOES A NURSING DIAGNOSIS DIFFER FROM A MEDICAL DIAGNOSIS?

A: A MEDICAL DIAGNOSIS IDENTIFIES A DISEASE OR CONDITION, WHILE A NURSING DIAGNOSIS FOCUSES ON THE PATIENT'S RESPONSE TO ACTUAL OR POTENTIAL HEALTH PROBLEMS AND LIFE PROCESSES. NURSING DIAGNOSES ARE CLINICAL JUDGMENTS THAT NURSES ARE QUALIFIED AND LICENSED TO TREAT.

Q: WHAT IS THE ROLE OF THE NURSE AS A PATIENT ADVOCATE?

A: THE NURSE AS A PATIENT ADVOCATE ENSURES THAT PATIENTS' RIGHTS ARE PROTECTED, THEIR VOICES ARE HEARD, AND THEIR WISHES ARE RESPECTED. THEY HELP PATIENTS UNDERSTAND THEIR CONDITIONS AND TREATMENT OPTIONS, SPEAK UP FOR THEIR NEEDS, AND ENSURE THEY RECEIVE APPROPRIATE AND ETHICAL CARE.

Q: WHY IS CONTINUOUS PROFESSIONAL DEVELOPMENT IMPORTANT FOR NURSES?

A: CONTINUOUS PROFESSIONAL DEVELOPMENT IS CRUCIAL BECAUSE HEALTHCARE IS CONSTANTLY EVOLVING WITH NEW RESEARCH, TECHNOLOGIES, AND BEST PRACTICES. IT ENSURES NURSES MAINTAIN THEIR COMPETENCE, ENHANCE THEIR SKILLS, AND

PROVIDE THE MOST UP-TO-DATE AND EFFECTIVE EVIDENCE-BASED CARE TO THEIR PATIENTS.

Q: HOW DOES COMMUNICATION IMPACT CORE NURSING PRACTICE?

A: EFFECTIVE COMMUNICATION IS THE LIFELINE OF CORE NURSING PRACTICE, ENABLING NURSES TO GATHER ACCURATE INFORMATION, BUILD TRUST WITH PATIENTS AND FAMILIES, COORDINATE CARE WITH THE HEALTHCARE TEAM, AND ENSURE CLEAR UNDERSTANDING OF TREATMENT PLANS, THEREBY PREVENTING ERRORS AND IMPROVING PATIENT OUTCOMES.

Q: WHAT ETHICAL PRINCIPLES ARE CENTRAL TO CORE NURSING PRACTICE?

A: CENTRAL ETHICAL PRINCIPLES IN CORE NURSING PRACTICE INCLUDE BENEFICENCE (DOING GOOD), NON-MALEFICENCE (DOING NO HARM), JUSTICE (FAIRNESS), AND AUTONOMY (RESPECTING PATIENT CHOICES AND SELF-DETERMINATION).

Q: CAN YOU GIVE AN EXAMPLE OF A NURSING INTERVENTION?

A: AN EXAMPLE OF A NURSING INTERVENTION FOR A PATIENT EXPERIENCING PAIN MIGHT BE ADMINISTERING PRESCRIBED PAIN MEDICATION, REPOSITIONING THE PATIENT TO A MORE COMFORTABLE POSITION, AND PROVIDING NON-PHARMACOLOGICAL PAIN RELIEF TECHNIQUES LIKE GUIDED IMAGERY.

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