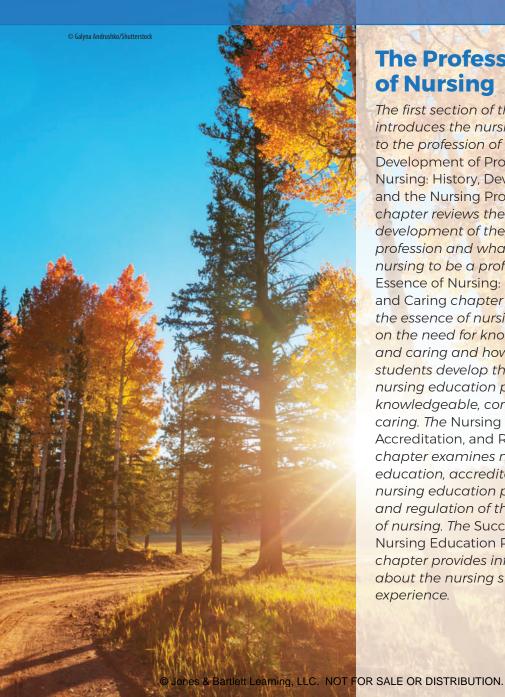# Section 1

The Profession of Nursing

The first section of this text introduces the nursing student to the profession of nursing. The Development of Professional Nursing: History, Development, and the Nursing Profession *chapter reviews the history and development of the nursing profession and what it means for nursing to be a profession.* The Essence of Nursing: Knowledge and Caring *chapter discusses the essence of nursing, focusing on the need for knowledge and caring and how nursing students develop throughout the nursing education program to be knowledgeable, competent, and caring.* The Nursing Education, Accreditation, and Regulation *chapter examines nursing education, accreditation of nursing education programs, and regulation of the practice of nursing.* The Success in Your Nursing Education Program *chapter provides information about the nursing student experience.*

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Chapter
1

Professional Nursing: History and Development of the Nursing Profession

CHAPTER OBJECTIVES

At the conclusion of this chapter, the learner will be able to:

- Examine key figures, events in nursing history, and critical nursing historical themes within the sociopolitical context of the time.
- Discuss critical professional concepts, professionalism in nursing, and relevance of standards and professional organizations to the nursing profession.
- Describe the current and past image of nursing and related critical issues.

CHAPTER OUTLINE

- Introduction
- From Past to Present: Nursing History
    - The History Surrounding the Development of Nursing as a Profession
        - Early History
        - Rise of Christianity and the Middle Ages
        - Renaissance and the Enlightenment
        - Industrial Revolution
        - Colonization of America and the Growth of Nursing in the United States
    - Nurse Leaders: History in the Making
    - Themes: Looking into the Nursing Profession's History
- Professionalism: Critical Professional Concepts and Activities
- Nursing as a Profession
- Sources of Professional Direction
- Professional Nursing Associations
    - Major Nursing Associations
    - Why Belong to a Nursing Professional Association?
- Nursing Workforce
- The Image of Nursing
- Chapter Highlights
- Engaging in the Content
- Discussion Questions
- Critical Thinking Activities
- Electronic Reflection Journal
- Case Studies
- Working Backward to Develop a Case
- References

KEY TERMS

Accountability	Nursing	Scope of practice
Autonomy	Professional organization	Social policy statement
Code of ethics	Professionalism	Standards
Colleagueship	Responsibility	

Introduction

This text presents an introduction to the nursing profession and critical aspects of nursing care and the delivery of health care. To begin the journey to graduation, licensure, and then practice, it is important to understand several aspects of the nursing profession. What is professional nursing? How did it develop? What factors influence the view of the profession? This chapter addresses these questions.

From Past to Present:
Nursing History

It is important for nursing students to learn about nursing history. Nursing's history provides a framework for understanding how nursing is practiced today and the societal trends shaping the profession. The characteristics of nursing as a profession and what nurses do today have their roots in the past, not only in the history of nursing, but also in the history of health care and society in general. Today, health care is highly complex; diagnostic methods and therapies have been developed that offer many opportunities for prevention, treatment, and cures that did not exist even a few years ago. Understanding this development is part of this discussion; it helps us to appreciate where nursing is today and may provide stimulus for changes in the future. "Nursing is conceptualized as a practice discipline with a mandate from society to enhance the health and well-being of humanity" (Shaw, 1993, p. 1654).

The past portrayal of nurses as handmaidens and assistants to physicians has its roots in the profession's religious beginnings, but over time this view of nurses changed. The following sections examine the story of nursing and explore how it developed as a profession.

The History Surrounding the Development of Nursing as a Profession

When nursing history is described, distinct historical periods typically are discussed: early history (AD 1–500), rise of Christianity and the Middle Ages (500–1500), Renaissance (mid-1300s–1600s), and the Industrial Revolution (mid-1700s–mid-1800s). In addition, the historical perspective must include the different regions and environments in which the historical events took place. Early history focuses on Africa, the Mediterranean, Asia, and the Middle East. The focus then turns to Europe, with the rise of Christianity and subsequent major changes that span several centuries. Nursing history expands as British colonists arrive in America, and a new country and environment helped to slowly develop the nursing profession, which at the time was not a profession. Throughout all these periods and locations, wars had an impact on nursing. As a consequence of the varied places and times in which nursing has existed, major historical events, different cultures and languages, varying views on what constitutes disease and illness, roles of women, political issues, and location and environment have influenced these professions. Nursing has probably

existed for as long as humans have been ill; someone always took care of the sick. This does not mean that there was a formal nursing position; rather, in most early cases, the nurse was a woman who cared for ill family members. This discussion begins with this group and then expands to the development and implementation of a formal nursing position and then later to multiple roles and different healthcare settings and recognition of nursing as a profession.

Early History

Early history of nursing focused on the Ancient Egyptians and Hebrews, Greeks, and Romans. During this time, communities often had women who assisted with childbearing as a form of nursing care, and some physicians had assistants. The Egyptians had physicians, and sick persons looking for magical answers would go to them or to priests or sorcerers.

Hebrew (Jewish) physicians kept records and developed a hygiene code that examined issues such as personal and community hygiene, contagion, disinfection, and preparation of food and water (Masters, 2005). This occurred at a time when hygiene was very poor—a condition that continued for several centuries. Disease and disability were viewed as curses and related to sins, which meant that afflicted persons had to change or follow the religious statutes (Bullough & Bullough, 1978).

Greek mythology recognized health issues and physicians in its gods. Hippocrates, a Greek physician, is known as the father of medicine. He contributed to health care by writing a medical textbook that was used for centuries, and he developed an approach to disease that would later be referred to as epidemiology. Hippocrates wrote the Hippocratic Oath (Bullough & Bullough, 1978), which is still recited by new physicians and also influenced the writing of the Nightingale Pledge (see **Exhibit 1-1**). The Greeks viewed health as a balance between body and mind—a different perspective from earlier views of health that focused on curses and sins.

Throughout this entire period, the wounded and ill in the armies required care. Generally, during this period—which represents thousands of years and involved several major cultures that rose and fell—nursing care was provided, but not nursing as it is thought of today. People took care of those who were sick and those going through childbirth, representing an early nursing role.

Rise of Christianity and the Middle Ages

The rise of Christianity led to more structured nursing care, but still it was far from professional nursing. Women continued to carry most of the burden of caring for the poor and the sick. The church set up a system for care that included the role of the deaconess, who provided care in homes. Women who served in these roles had to follow strict rules set by the church. This role eventually evolved into that of nuns, who began to live and work in convents. The convent was considered a safe place for women. The sick came to the convents for nursing care and also received spiritual care (Wall, 2003). The establishment of convents and the nursing care provided there formed the seed for what, hundreds of years later, would become the Catholic system of hospitals that still exists today.

Men were also involved in nursing at this time. For example, men in the Crusades cared for the sick and injured. These men wore large red crosses on their uniforms to distinguish them from the fighting soldiers. The "red cross" later became the symbol for the International Committee of the Red Cross.

Altruism and connecting care to religion were major themes during this period. Even Nightingale continued with these themes in developing her view of nursing. Disease was common and spread quickly, and medical care had little to offer in the way of prevention or cure. Institutions that were called hospitals were not like modern hospitals; they primarily served travelers and sometimes the sick (Kalisch & Kalisch, 1986, 2005).

The Protestant Reformation had a major impact on some of the care given to the sick and injured. The Catholic Church's loss of power in some areas

resulted in the closing of hospitals, and some convents closed or moved. The hospitals that remained were no longer staffed by nuns, but rather by women from the lower classes who often had major problems, such as alcoholism or were former prostitutes. This is what Florence Nightingale found when she entered nursing.

Renaissance and the Enlightenment

The Renaissance had a major impact on health and the view of illness. This period was one of significant advancement in science, though by today's standards, it might be viewed as limited. These early discoveries led to advancements that had never been imagined.

This is the period, spanning many years, of Columbus and the French and American Revolutions when education became more important. Leonardo da Vinci's drawings of the human anatomy, which were done to help him understand the human body for his sculptures, provided details that had not been recognized before (Donahue, 1985). The 18th century was a period of many discoveries and changes (Dietz & Lehozky, 1963; Masters, 2005; Rosen, 1958), including the following:

- Jenner's smallpox vaccination method was developed during a time of high death rates from smallpox.
- Psychiatry became a medical specialty area, through the influence of Freud and others.
- The pulse watch and the stethoscope were developed, changing how physical assessment was conducted.
- Pasteur discovered the process of pasteurization, which had an impact on food and milk contamination.
- Lister used some of Pasteur's research and developed approaches to antiseptic surgery; as a result of this work, Lister is known as the father of surgery.
- Koch studied anthrax and cholera, both major diseases of the time, demonstrating that they were transmitted by water, food, and clothing.

- As a result of this work, he became known as the father of microbiology.
- Klebs, Pasteur, Lister, and Koch all contributed to the development of the germ theory.

Industrial Revolution

The Industrial Revolution brought changes in the workplace, but many were not positive from a health perspective. The crowded factories of this era were hazardous and served as breeding grounds for disease. People worked long hours and often under harsh conditions. This was a period of great exploitation of children, particularly those of the lower classes, who were forced to work at very young ages (Masters, 2005). No child labor laws existed, so preteen children often worked in factories alongside adults. Some children were forced to quit school to earn wages to help support their families. Cities were crowded and very dirty, with epidemics erupting about which little could be done. There were few public health laws and services to alleviate the causes.

Colonization of America and the Growth of Nursing in the United States

The initial experiences of nursing in the United States were not much different from those described for Britain and Europe. Nurses were of the lower class and had limited or no training; hospitals were not used by the upper classes, but rather by the lower classes and the poor. Hospitals were dirty and lacked formal care services.

Nursing in the United States did move forward, as described in **Exhibit 1-2** demonstrating nursing activities and changes that occurred over time. Significant steps were taken to improve nursing education and the profession of nursing. The first nursing schools—or, as they were called, training schools—were modeled after Nightingale's school. Some of the earlier schools were in Boston, New York, and Connecticut. The same approach was taken in these schools as in Britain. Stress was placed on moral character and subservience, with

efforts to move away from using lower-class women with dubious histories (Masters, 2005). Limitations regarding what women could do on their own continued to be a major problem—for example, women could not vote and had limited rights.

In the early 1900s, this situation began to change when women obtained the right to vote, but only with great effort. The Nurses' Associated Alumnae, established in 1896, was renamed the American Nurses Association (ANA) in 1911. At the same time, the first nursing journal, *American Journal of Nursing* (*AJN*), was created through the ANA. The *AJN* was published until early 2006, when the ANA replaced it with *American Nurse Today* as its official journal. The *AJN*, the oldest U.S. nursing journal, still exists today, but a company that is not associated with ANA publishes it. Its content has always focused on issues facing nurses and their patients. Additional information about significant nursing professional activities is discussed in this chapter and other chapters throughout this text.

Although some nurse leaders were ardent suffragists, Nightingale was not interested in these ideas, even though women in Britain did not have the right to vote. Nightingale felt that the focus should be on allowing (a permissive statement indicative of women's status) women to own property and then linking voting rights to this ownership right (Masters, 2005). There was, however, communication across the ocean between U.S. and British nurses. They did not always agree on the approach to take on the road to professionalism; in fact, nurses did not always agree on this issue within the United States. Nurse leaders and practicing nurses helped nursing to grow into a profession during times of war (American Revolution, Civil War, the Spanish–American War, World War I, World War II, Korean War, Vietnam War, and modern wars today). The website *Experiencing War: Women at War* offers information about some of the nurses who served in these wars, providing nursing care leadership and further developing the nursing profession.

In the 1930s, the Great Depression also had an impact on the nursing field, "resulting in widespread unemployment of private duty nurses and the closing of nursing schools, while simultaneously creating the increasing need for charity health services for the population" (Masters, 2005, p. 28). This meant that there were fewer student nurses to staff the hospitals. As a consequence, nurses were hired, albeit at very low pay, to replace them. Until that time, hospitals had depended on student nurses to staff the hospitals, and nurses who had completed training (term then used for nursing education) served as private-duty nurses in homes. Using students to staff hospitals continued until the university-based nursing effort grew; however, during the Depression, there was a greater need to replace nursing students with nurses when schools closed. On one level, this could be seen as an improvement in care, but the obstacle of low pay was difficult to overcome, resulting in a long history of low pay scales for nurses.

In the 1940s and 1950s, other changes occurred in the U.S. healthcare system that had a direct impact on nursing. Certainly, scientific discoveries were changing care, but important health policy changes occurred as well. The Hill-Burton Act (1946) established federal funds to build more hospitals; as a result of this building boom, at one point in the 1980s, there were too many hospital beds. In turn, many nurses lost their jobs in hospitals because their salaries represented the largest operating expense and there were not enough patients to fill the beds. There is some belief that this decision still affects fluctuating problems of nursing shortage either at the national level or in specific states and healthcare organizations, though its scope has varied over the past few years. When more nurses are needed, some of the nurses who are laid off move into new jobs or careers or leave the workforce so they are not available when the need for nurses increases again. The latter half of the 20th century represented a period of rapid change in healthcare reimbursement due to the growth of health insurance; greater attempts to

manage care, particularly to reduce costs; and the establishment of Medicare and Medicaid. Such rapid changes are now being seen again in the 21st century with the passage of the Patient Protection and Affordable Care Act of 2010 (ACA) and possible future changes to this law. During these times, typically more nurses and other healthcare providers are needed. The *Healthcare Delivery System: Focus on Acute Care* chapter discusses some of these issues in more detail. The *Health Policy and Political Action: Critical Actions for Nurses* chapter examines the most significant issue in current healthcare delivery—namely, the ACA. In addition in 1922, 1946, and then in 2010, critical reports were published describing the status of nursing education, as discussed later in this text in content about nursing education.

Little has been said in this description of nursing history about the role of men and minorities in nursing; groups that had limited involvement in the profession's early history. This lack of diversity—men and minorities—has been a long-term problem for the profession. Segregation and discrimination also existed in nursing, just as they did in the society at large. The National Association of Colored Graduate Nurses closed in 1951 when the ANA began to accept African American nurses as members. Nevertheless, concern remains about the limited number of minorities in health care. The Sullivan Commission's report on health profession diversity, *Missing Persons: Minorities in the Health Professions* (L. Sullivan, 2004), is an important document offering recommendations to improve diversity in the health professions. The American Association of Colleges of Nursing (AACN, 2004) responded to this critical report by recommending the following actions:

- Health profession schools should hire diversity program managers and develop strategic plans that outline specific goals, standards, policies, and accountability mechanisms to ensure institutional diversity and cultural competence.
- Colleges and universities should provide an array of support services to minority students, including mentoring, resources for developing test-taking skills, and application counseling.
- Schools of nursing granting baccalaureate degrees should provide and support bridging programs that enable graduates of 2-year colleges to succeed in the transition to 4-year institutions. Graduates of associate degree nursing programs should be encouraged to enroll in baccalaureate nursing programs and supported after they enroll.
- AACN and other health profession organizations should work with schools to promote enhanced admissions policies, cultural competence training, and minority student recruitment.
- To remove financial barriers to nursing education, public and private funding organizations should provide scholarships, loan forgiveness programs, and tuition reimbursement to students and institutions.
- Congress should substantially increase funding for diversity programs within the National Health Service Corps and Titles VII and VIII of the Public Health Service Act.

These recommendations and efforts to improve the number of minorities in all health professions have had some impact, but more improvement is required. This topic also relates to the problem of healthcare disparities, as noted in other chapters.

The number of men in nursing has increased over the years but still is not where it should be. Men served as nurses in the early history period, such as noted earlier in the chapter in the Crusades and monks provided care in monasteries. After this period, however, men were not accepted as nurses because nursing was viewed as a woman's role. The poet Walt Whitman was a nurse in the Civil War. Thus, there were men in nursing, though few, and some were well known—but perhaps not for their nursing (Kalisch & Kalisch, 1986). Early in the history of nursing schools in the United States, men were

not accepted. This may have been influenced by the gender-segregated housing for nursing students and the model of apprenticeship that focused on women (Bullough, 2006). In part, this female dominance was also the result of nursing's religious roots, which promoted sisters as nurses. This made it difficult for men to come into the system and the culture—it was a women's profession.

After the major wars—such as World Wars I and II, Korean War, and Vietnam War—medics came home and entered nursing programs, and they continue to do so. In 1940, the ANA did recognize men by having a session on men in nursing at its convention. When schools of nursing began to transition to academic settings, more men applied to nursing programs. Men in nursing have to contend with male-dominated medicine, which has influenced men becoming nurses. There was a time when male nurses were also able to get commissions in the military when women could not, and this increased their numbers in the military (Bullough, 2006). These changes did have an impact, but the increase in salaries and improvement in work conditions had the strongest effect on increasing the number of men in nursing.

In 2001, Boughn conducted a study to explore why women and men choose nursing. The results of this study indicated that female and male participants did not differ in their desire to care for others. Both groups had a strong interest in power and empowerment, but female students were more interested in using their power to empower others, whereas male students were more interested in empowering the profession. The most significant difference was found in the expectations of salary and working conditions, with men expecting more. Why would not both males and females expect higher salaries and better working conditions? Is this still part of the view of nursing and nurses from nursing's past?

Luther Christman was a well-known nurse leader who served as a nurse for many years, retiring at the age of 87, and after retirement, he continued to be an active voice for the profession and for men in nursing until his death in 2011. According to Sullivan, Christman stated that "men in medicine were reluctant to give up power to women and, by the same token, women in nursing have fought to retain their power. Medicine, however, was forced to admit women after affirmative action legislation was enacted" (2002, p. 10). "Sadly," Christman reported, "nursing, with a majority of women, was not required to adhere to affirmative action policies" (Sullivan, 2002, p. 12). There is an organization for men in nursing, the American Assembly for Men in Nursing (AAMN), and men are also members of other nursing organizations. In 2010, the AAMN began a campaign to increase the number of men in the profession by increasing enrollment of men in nursing programs from current 10% to 20% (American Assembly for Men in Nursing, 2017). The campaign is called "20 × 20: Choose Nursing."

There is no question that the majority of nurses are White females, and this needs to change. There has been an increase in the number of male and minority nurses, but not enough. There is a greater need to actively seek out more male and minority students (Cohen, 2007). Men and minorities in nursing should reach out and mentor student nurses and new nurses to provide them with the support they require as they enter a profession predominantly composed of White women. More media coverage would also be helpful in publicizing the role of men and minorities in nursing; for example, when photos are distributed to the media, photos should emphasize the diversity of the profession.

Men are a very small percentage of the total number of registered nurses (RNs) living and working in the United States, although their numbers continue to grow (U.S. Department of Health and Human Services [HHS], Health Resources and Services Administration [HRSA], & Bureau of Health Professions [BOHP], 2010). Before 2000, 6.2% of RNs were men; by 2008, this percentage had increased to 9.6%. Male and female RNs are equally likely to have a baccalaureate degree, but male RNs are more likely to also have a non-nursing degree. By 2013, men represented 10.7% of the RN workforce, which

was not a major increase from 2008, but an increase nevertheless (Farmer, 2015). The AACN noted that in 2014–2015, enrollment of men in nursing programs improved: 11.8% in baccalaureate programs, 10.8% in master's programs, 9.6% in research-focused doctoral programs (PhD), and 11.7% in doctor of nursing practice (DNP) programs (AACN, 2015a). The AACN also notes that 41% of men in the nursing workforce are in nurse anesthetist positions.

Nurse Leaders: History in the Making

The best place to begin to gain a better understanding of nursing history is with a description of its leaders—that is, the nurses who made a difference to the development of the profession. Florence Nightingale is viewed as the "mother" of modern nursing throughout the world. Most nursing students at some point say the Nightingale Pledge, which helps all new nurses connect the past with the present. The Nightingale Pledge is found in **Exhibit 1-1**. It was composed to provide nurses with an oath similar to the physician's Hippocratic Oath. The oath was not written by Nightingale but emphasized her view of nursing, and it is easy to also see the influence of the culture at the time this was written.

Volumes have been written about Nightingale. She has become the almost-perfect vision of a nurse;

however, although Nightingale did much for nursing, many who came after her provided even greater direction for the profession. A focus on Nightingale helps to better understand the major changes that occurred in the profession and in nursing leaders. In 1859, Nightingale wrote, "No man, not even a doctor, ever gives any other definition of what a nurse should be than this—'devoted and obedient.' This definition would do just as well for a porter. It might even do for a horse. It would not do for a policeman" (Nightingale, 1992, p. 20). This quote clearly demonstrates that she was outspoken and held strong beliefs, though she lived during a time when this type of forthrightness from a woman was extraordinary.

Nightingale was British and lived and worked in London in the Victorian era during the Industrial Revolution. During this time, the role of women—especially women of the upper classes—was clearly defined and controlled. During this time, women did not work outside the home and maintained a monitored social existence. Their purpose was to be a wife and a mother, two roles that Nightingale never assumed. Education of women was also limited. With the support of her father, Nightingale did obtain some classical education, but there was never any expectation that she would "use" the education (Slater, 1994). "Nightingale grew up knowing what was expected of her life: Women of her class ran the home and supervised the servants. Although this was

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Exhibit 1-1 The Original Nightingale Pledge

I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavor to aid the physician, in his work, and devote myself to the welfare of those committed to my care.

Composed by Lystra Gretter in 1893 for the class graduating from Harper Hospital, Detroit, Michigan.

not her goal, the household management skills that she learned from her mother were put to good use when she entered the hospital environment. Because of her social standing, she was in the company of educated and influential men, and she learned the "art of influencing powerful men" (Slater, 1994, p. 143). This skill was used a great deal by Nightingale as she fought for reforms.

Nightingale held different views about the women of her time. She had "a strong conviction that women have the mental abilities to achieve whatever they wish to achieve: compose music, solve scientific problems, create social projects of great importance" (Chinn, 2001, p. 441). She felt that women should question their assigned roles, and she herself wanted to serve people. When she reached her 20s, Nightingale felt an increasing desire to help others and decided that she wanted to become a nurse. Nurses at that time came from the lower classes, and, of course, any training for this type of role was out of the question. Her parents refused to support her goal, and because women were not free to make this type of decision by themselves, she was blocked. Nightingale became angry and then depressed. When her depression worsened, her parents finally relented and allowed her to attend nurse's training in Germany. This venture was kept a secret, and people she knew were told that she was away at a spa for 3 months' rest (Slater, 1994). Nightingale was also educated in math and science, which would lead her to use statistics to demonstrate the nurse's impact on health outcomes. Had it not been for her social standing and her ability to obtain some education, coupled with her friendship with Dr. Elizabeth Blackwell, nurses might well have remained uneducated assistants to doctors, at least for a longer period of time than they did.

An important fact about Nightingale is that she was very religious—to the point that she felt God had called on her to help others (Woodham-Smith, 1951). She also felt that the body and mind were separate entities, but both needed to be considered from a health standpoint. This view later served as the basis of nursing's holistic view of health. Nightingale's convictions also influenced her views of nurses and nursing practice. She viewed patients as persons who were unable to help themselves or who were dying. She is quoted as saying, "What nursing has to do . . . is to put the patient in the best condition for nature to act upon him" (Seymer, 1954, p. 13). Nightingale also recognized that a patient's health depends on environmental factors such as light, noise, odors, and heat—something that we examine more closely today in nursing and in health care by also using alternative and complementary methods. In her work during the Crimean War, she applied her beliefs about the body and mind by arranging activities for the soldiers, providing them with classes and books, and supporting their connection with home—an early version of what is now often called holistic care. Later, this type of focus on the total patient became an integral part of psychiatric–mental health nursing and then nursing in general. Nightingale's other interest—in sanitary reform—also grew from her experience in the Crimean War. She worked with influential men to make changes. Although she did not agree with some of the new theories, she did support the value of education in improving social problems and believed that education should also include moral, physical, and practical aspects (Widerquist, 1997). Later, nurses based more of their interventions on science and evidence-based practice.

The many important discoveries noted earlier such as the work done by Lister and Pasteur had an impact on nursing over the long term and changed the sociopolitical climate of health care—for example, public health policy and services. Nightingale, however, did not agree with the new theory of contagion, but over time, the nursing profession accepted these new theories, which remain critical components of patient care today. Nightingale stressed, however, that the mind–body connection—putting patients in the best situation for healing—ultimately made the difference. Discovering methods for preventing disease and using this information in disease

prevention is an important part of nursing today. Public/community health is certainly concerned with many of the same issues that led to critical new discoveries so many years ago, such as contamination of food and water and preventing disease worldwide.

During the Industrial Revolution, Nightingale and enlightened citizens tried to reform some of working conditions that were leading to health and public problems. Indeed, as Nightingale stated in *Notes on Nursing* and *Notes on Hospitals* (1992, 1859), "there are five essential points in securing the health of houses: pure air, pure water, efficient drainage, cleanliness, and light." She strongly supported more efforts to promote health and felt that this was more cost-effective than treating illness—important healthcare principles today. These ideas are good examples reflecting the influence of the environment and culture in which a person lives and works on personal views and problems.

Nightingale wrote four small books—or treatises, as they were called—thus starting the idea that nurses need to publish and share what they do and what they learn about patient care. The titles of the books were *Notes on Matters Affecting the Health, Efficiency, and Hospital Administration of the British Army* (1858a), *Subsidiary Notes as to the Introduction of Female Nursing into Military Hospitals* (1858b), *Notes on Hospitals* (1859), and *Notes on Nursing* (1860, republished in 1992). The first three focused on hospitals that she visited, including military hospitals (Slater, 1994). Nightingale collected a lot of data. Her interest in healthcare data analysis helped to lay the groundwork for epidemiology, highlighting the importance of data in nursing, particularly in a public health context, and also established an initial foundation for nursing research and evidence-based practice. These early initiatives also relate to the current quality improvement efforts requiring measurement and analysis of large quantities of data. An interesting fact is that *Notes on Nursing* was not written for nurses, but rather for women who cared for ill family members. As late as 1860, Nightingale had not completely given up

on the idea of care provided by women as a form of service to family and friends. This text was popular when it was published because, at the time, family members provided most of the nursing care.

Nightingale's religious and upper-class background had a major impact on her important efforts to improve both nursing education and nursing practice in the hospital setting. Nurses were of the lower class; usually had no education; and were often alcoholics, prostitutes, and women who were down on their luck. Nightingale changed all that. She believed that patients needed educated nurses to care for them, and she founded the first organized school of nursing. Nightingale's school, which opened in London in 1860, accepted women of a higher class—not alcoholics and former prostitutes, as had been the case with previous generations of nurses. The students were not viewed as servants, and their loyalty was to the school, not to the hospital. This point is somewhat confusing and must be viewed from the perspective that important changes were made; however, these were not monumental changes, but a beginning. For example, even in Nightingale's school, students were very much a part of the hospital; they staffed the hospital, representing free labor and worked long hours. This approach developed into the diploma school model, considered an apprenticeship model. Today, diploma schools have less direct relationships with hospitals, and in some cases, they have transitioned to associate degree programs and, in other cases, baccalaureate degrees. There are few schools of nursing today that are diploma schools (see the *Nursing Education, Accreditation, and Regulation* chapter).

Nightingale's students did receive some training, which had not been provided in an organized manner prior to her efforts. Her religious views also had an impact on the rigid educational system she proposed and implemented. She expected students to have high moral values. Training was still based on an apprenticeship model and continued to be for some time in Britain, Europe, and the United States. The structure of hospital nursing was also

very rigid, with a matron in charge. This rigidity persisted for decades and, in some cases, may still be present in some hospital nursing organizations.

Nurses in Britain began to recognize the need to band together, and they eventually formed the British Nurses Association. This organization took on the issue of regulating nursing practice. Nightingale did not approve of efforts made to establish state registration (licensure) of nurses, mostly because she did not trust the leaders' goals (Freeman, 2007). There were no known standards for nursing, so how one became a registered nurse was unclear. Many questions were raised regarding the definition of nursing, who should be registered, and who controlled nursing. Some critics agree that Nightingale did make changes, but the way she made

the changes also had negative effects, including delaying the development of the profession (particularly supporting nurses' subordinate position to physicians), failing to encourage nursing education offered at a university level, and delaying licensure (Freeman, 2007). Despite this criticism, Nightingale still holds an important place in nursing history as a major leader for the profession.

The vignettes in **Exhibit 1-2** describe some of the contributions made by nursing leaders, emphasizing that Nightingale is not the only important nursing leader. People do not operate in a vacuum, of course, and neither did the nurses highlighted in this exhibit. Many factors influenced nurse leaders, such as their communities, the society, their education, and the time in which they practiced.

Exhibit 1-2 A Glimpse into the Contributions of Nurses in the United States

This list does not represent all the important nursing leaders but does provide examples of the broad range of their contributions and highlights specific achievements. These glimpses are written in the first person, but they are not direct quotes.

Dorothea Dix (1840–1841)

I traveled the state of Massachusetts to call attention to the present state of insane persons confined within this Commonwealth, in cages, stalls, pens! Chained, naked, beaten with rods, and lashed into obedience. Just by bettering the conditions for these persons, I showed that mental illnesses aren't all incurable.

Linda Richards (1869)

I was the first of five students to enroll in the New England Hospital for Women and Children and the first to graduate. Upon graduation, I was fortunate to obtain employment at the Bellevue Hospital in New York City. Here I created the first written reporting system, charting and maintaining individual patient records.

Clara Barton (1881)

The need in America for an institution that is not selfish must originate in the recognition of some evil is adding to the sum of human suffering or diminishing the sum of happiness. Today, my efforts to organize such an institution have been successful: the National Society of the Red Cross.

Isabel Hampton Robb (1896)

In 1896, I organized the Nurses' Associated Alumnae of the United States and Canada and served as the first president. Later this organization became the American Nurses Association (ANA). I also founded the American Society of Superintendents of Training Schools for Nurses, which later became the National League of Nursing Education (NLNE) and then changed its name to the National League for Nursing (NLN). Through these professional organizations, I was able to initiate many improvements in nursing education.

(Continues)

Exhibit 1-2 *(continued)*

Sophia Palmer (1900)

I launched the *American Journal of Nursing* and served as editor-in-chief of the journal for 20 years. I believe my forceful editorials helped guide nursing thought and shape nursing practice and events.

Lavinia L. Dock (1907)

I became a staunch advocate of legislation to control nursing practice. Realizing the problems that students faced in studying drugs and solutions, I wrote one of the first nursing textbooks, *Materia Medica for Nurses*. I served as foreign editor of *American Journal of Nursing* and coauthored the book, *The History of Nursing*.

Martha Minerva Franklin (1908)

I actively campaigned for racial equality in nursing and guided 52 nurses to form the National Association of Colored Graduate Nurses.

Mary Mahoney (1909)

In 1908, the National Association of Colored Graduate Nurses was formed. As the first professional Black nurse, I gave the welcome address at the organization's first conference.

Mary Adelaide Nutting (1910)

I advocated for university education for nurses and developed the first program of this type. Upon accepting the chairmanship at the Department of Nursing Education at Teachers College, Columbia University, I became the first nurse to be appointed to a university professorship.

Lillian Wald (1918)

My goal was to ensure that women and children, immigrants and the poor, and members of all ethnic and religious groups would realize America's promise of life, liberty, and the pursuit of happiness. The Henry Street Settlement and the Visiting Nurse Service in New York City championed public health nursing, housing reform, suffrage, world peace, and the rights of women, children, immigrants, and working people.

Mary Breckenridge (1920)

Through my own personal tragedies, I realized that medical care for mothers and babies in rural America was needed. I started the Frontier Nursing Service in Kentucky.

Elizabeth Russell Belford, Mary Tolle Wright, Edith Moore Copeland, Dorothy Garrigus Adams, Ethel Palmer Clarke, Elizabeth McWilliams Miller, and Marie Hippensteel Lingeman (1922)

We were the founders of the Sigma Theta Tau International Honor Society of Nursing. Each of us provided insights that advanced scholarship, leadership, research, and practice.

Susie Walking Bear Yellowtail (1930–1960)

I traveled for 30 years throughout North America, walking to reservations to improve health care and Indian health services. I established the Native ANA and received the President's Award for Outstanding Nursing Healthcare.

Virginia Avenel Henderson (1939)

I am referred to as the first lady of nursing. I think of myself as an author, an avid researcher, and a visionary. One of my greatest contributions to the nursing profession was revising Harmer's *Textbook of the Principles and Practice of Nursing*, which has been widely adopted by schools of nursing.

Lucile Petry Leone (1943)

As the founder of the U.S. Cadet Nurse Corps, I believe we succeeded because we had a saleable package from the beginning. Women immediately liked the idea of being able to combine war service with professional education for the future.

Exhibit 1-2 *(continued)*

Esther Lucille Brown (1946)

I issued a report titled *Nursing for the Future*. This report severely criticized the overall quality of nursing education. Thus, with the Brown report, nursing education finally began the long-discussed move to accreditation of nursing education programs.

Lydia Hall (1963–1969)

I established and directed the Loeb Center for Nursing and Rehabilitation at Montefiore Hospital in the Bronx, New York. Through my research in nursing and long-term care, I developed a theory (core, care, and cure) that the direct professional nurse-to-patient relationship is itself therapeutic and nursing care is the chief therapy for the chronically ill patient.

Martha Rogers (1963–1965)

I served as editor of *Journal of Nursing Science*, focusing my attention on improving and expanding nursing education, developing the scientific basis of nursing practice through professional education, and differentiating between professional and technical careers in nursing. My book, *An Introduction to the Theoretical Basis of Nursing* (1970), marked the beginning of nursing's search for a theoretical base. Later, my work led to a greater emphasis on research and evidence-based practice.

Loretta Ford (1965)

I co-developed the first nurse practitioner program in 1965 by integrating the traditional roles of the nurse with advanced medical training and the community outreach mission of a public health official.

Madeleine Leininger (1974)

I began, and continued to guide, nursing in the recognition that the culture care needs of people in the world will be met by nurses prepared in transcultural nursing.

Florence Wald (1975)

I devoted my life to the compassionate care for the dying. I founded Hospice Incorporated in Connecticut, which is the model for hospice care in the United States and abroad.

Joann Ashley (1976)

I wrote *Hospitals, Paternalism, and the Role of the Nurse* during the height of the women's movement. My book created controversy with its pointed condemnation of sexism toward, and exploitation of, nurses by hospital administrators and physicians.

Luther Christman (1980)

As founder and dean of the Rush University College of Nursing, I was linked to the "Rush Model," a unified approach to nursing education and practice that continues to set new standards of excellence. As dean of Vanderbilt University's School of Nursing, I was the first to employ African American women as faculty at Vanderbilt University, and I became one of the founders of the National Male Nurses Association, now known as the American Assembly for Men in Nursing.

Hildegard E. Peplau (1997)

I became known as the "Nurse of the Century." I was the first nurse to serve the ANA as executive director and later as president, and I served two terms on the Board of the International Council of Nurses. My work in psychiatric–mental health nursing emphasized the nurse–patient relationship.

Linda Aiken (2007)

My policy research agenda is motivated by a commitment to improving healthcare outcomes building an evidence base for health services care and management and providing direction for national policy makers, resulting in greater recognition of the role that nursing care has on patient outcomes. Nurses need to be actively engaged in research to improve care.

Patricia Benner (current)

I have long been involved in nursing education and developed many initiatives to improve nursing education and thus nursing

(Continues)

Exhibit 1-2 *(continued)*

practice. In 1982, I published a major book that discussed the process that nurses go through from novice to expert. In 2010, I led an extensive study on the current status of nursing education, the first such study since the 1922 Goldmark report and the 1948 Brown report. My report, *Educating Nurses: A Call for Radical Transformation* (2010), noted many areas of nursing education that need improvement.

Beatrice Kalisch and Phillip Kalisch (current)

We have worked together to recognize the importance of the image of nursing as a profession. In doing this, we have examined the many roles of nurses and issues that impact their work, such as workforce shortages. In our examination we have included different media as sources such as films, television, fiction, and press coverage. The profession should not ignore its professional image.

National Academy of Nursing Living Legends

The National Academy of Nursing selects exemplar nursing leaders for recognition of their leadership in health care in the United States and globally. The organization's website provides information on these leaders and their contributions.

Themes: Looking into the Nursing Profession's History

The discipline of nursing slowly evolved from the traditional role of women, apprenticeship, humanitarian aims, religious ideals, intuition, common sense, trial and error, theories, and research and was influenced by medicine, technology, politics, social issues, war, economics, and feminism (Brooks & Kleine-Kracht, 1983; Gorenberg, 1983; Keller, 1979; Jacobs & Huether, 1978; Kidd & Morrison, 1988; Lynaugh & Fagin, 1988; Perry, 1985). It is impossible to provide a detailed history of nursing's evolution in one chapter, so only critical historical events are discussed.

Writing about nursing history itself has its own interesting history (Connolly, 2004). Historians who wrote about nursing prior to the 1950s tended to be nurses, and they wrote for nurses. Although nursing throughout its history has been influenced by social issues of the day, the early publications about nursing history did not link nursing to "the broader social, economic, and cultural context in which events unfolded" but, instead, emphasized the "profession's purity, discipline, and faith" (Connolly, 2004, p. 10). Part of the reason for this narrow view of nursing history is that the discipline of history had limited, if any, contact with the nursing profession. This began to change in the 1950s and 1960s, when the scholarship of nursing history began to expand, though very slowly. In the 1970s, one landmark publication, *Hospitals, Paternalism, and the Role of the Nurse* (Ashley, 1976), addressed social issues as an important aspect of nursing history. The key issue considered in this text was feminism in the society at large and its impact on nursing. As social history became more important, increased examination of nursing, its history, and influences on that history took place. In addition, nursing is tied to political history today. For example, it is very difficult to understand current healthcare delivery concerns without including nursing (such as the impact of the current reports on quality care). All of these considerations have an impact on health policy, including legislation at the state and national levels.

Schools of nursing often highlight their own history for students, faculty, and visitors. This might be done through exhibits about the school's history and, in some cases, a mini-museum. Such materials provide an opportunity to identify how the school's history has developed and how its graduates have affected the community and the profession. The purpose of this chapter is to explore some of the broad issues of nursing history, but this discussion should not replace the history of each school of nursing as the profession developed.

Nursing's past represents a movement from a role based on family and religious ties and the need to provide comfort and care (because this was perceived as a woman's lot in life) to educated professionals serving as the "glue" that holds the healthcare system together. From medieval times through Nightingale's time, nursing represented a role that women played in families to provide care. This care extended to anyone in need, but after Nightingale highlighted what a woman could do with some degree of education, physicians/doctors recognized that women needed to have some degree of training. Education was introduced, but mainly to serve the need of hospitals to have a labor force. Thus, the apprenticeship model of nursing was born.

Why would nursing perceive a need for greater education? Primarily because of advances in science, increased knowledge of germs and diseases, and increased training of doctors, nurses needed to understand basic anatomy, physiology, pathophysiology, and epidemiology to provide better care. Slowly it was recognized that to carry out doctors' orders efficiently, nurses required some degree of understanding of causes and effects of environmental exposures and of disease causation. Thus, the move from hospital nursing schools to university education occurred.

Critics of Nightingale suggest that although the "lady with the lamp" image—that is, a nurse with a light moving among the wounded in the Crimea—is laudable, it presented the nurse as a caring, take-charge person who would go to great lengths and even sacrifice her own safety and health to provide care (Shames, 1993). The message sent to the public was that nurses were not powerful. They were caring, but they would not fight to change the conditions of hospitals and patient care. Hospitals "owned" nurses and considered them cheap labor. Today, some hospitals still hold the same view, though they would never admit it publicly. This view of healthcare delivery suggests that doctors are defined by their scope of practice in treating diseases, whereas nurses are seen as promoting health, adding to the view of the lesser status of nursing (Shames, 1993). This view also has led to problems between the two professions as they argue over which profession is better at caring for patients. The view that nurses are angels of mercy rather than well-educated professionals reinforces the idea that nurses care but really do not have to think; this view may be perpetuated by advertisements that depict nurses as angels or caring ethereal humans (Gordon, 2005). Most patients—especially at 3 a.m., when few other professionals are available—hope that the nurse is not just a caring person, but also a critical thinker who uses clinical reasoning and judgment and knows when to call the rest of the team. As discussed in this text, there is increasing evidence to support this view of the professional nurse and needed competencies, such as the report *Healthcare Education: A Bridge to Quality* (Institute of Medicine [IOM], 2003) and *The Future of Nursing. Leading Change, Advancing Health* (IOM, 2010). These reports and others have had a major impact on the image of the profession and provide recommendations for improving care and the roles and responsibilities of nurses as healthcare professionals and emphasize the need for nursing leadership and graduate education.

Stop and Consider #1

Nursing has existed a long time but in many different forms.

Professionalism:
Critical Professional Concepts and Activities

Today, nursing is an applied science, a practice profession. To appreciate the relevance of this statement requires an understanding of **professionalism** and how it applies to nursing. Nursing is more than just a job; it is a professional career requiring commitment. **Table 1-1** describes some differences in attitudes when comparing an occupation/job and a career/profession.

But what does this really mean, and why does it matter? As described previously in this chapter, getting to where the nursing profession is today was not easy, nor did it happen overnight. Many nurses contributed to the development of nursing as a profession; it mattered to them that nurses be recognized as professionals.

Nursing as a Profession

The current definition of **nursing**, as established by the ANA is "the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations" (2015a, p. 89). **Exhibit 1-3** provides a historical perspective on the development of a definition for nursing.

The Essence of Nursing: Knowledge and Caring chapter contains a more in-depth discussion of the nature of nursing, but a definition is needed here as a framework for further understanding of nursing as a profession. Is nursing a profession? What is a profession? Why is it important that nursing be recognized as a profession? Some nurses may not think that nursing is a profession, but this is not the position taken by recognized nursing organizations,

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Table 1-1 Comparison of Attitudes: Occupation Versus Career

	Occupation	**Career**
Longevity	Temporary, a means to an end	Lifelong vocation
Educational preparation	Minimal training required, usually associate degree	University professional degree program based on foundation of core liberal arts
Continuing education	Only what is required for the job or to get a raise/promotion	Lifelong learning, continual effort to gain new knowledge, skills, and abilities
Level of commitment	Short-term, as long as job meets personal needs	Long-term commitment to organization and profession
Expectations	Reasonable work for reasonable pay; responsibility ends with shift	Will assume additional responsibilities and volunteer for organizational activities and community-based events

Reproduced from Wilfong, D., Szolis, C., & Haus, C. (2007). *Nursing school success: Tools for constructing your future*. Sudbury, MA: Jones & Bartlett Learning.

Exhibit 1-3 Definitions of Nursing: Historical Perspective

The following list provides a timeline of some of the definitions of nursing.

Florence Nightingale

Having "charge of the personal health of somebody . . . and what nursing has to do . . . is to put the patient in the best possible condition for nature to act upon him." (Nightingale, 1859, p. 79)

Virginia Henderson

"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 peaceful death) and 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, 1966, p. 21)

Martha Rogers

"The process by which this body of knowledge, nursing science, is used for the purpose of assisting human beings to achieve maximum health within the potential of each person." (Rogers, 1988, p. 100)

American Nurses Association

"Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human responses, and advocacy in the care of individuals, families, communities, and populations." (ANA, 2015b, p. 89; also published in earlier ANA standards)

International Council of Nursing

"Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles." (ICN, 2002)

Data from Nightingale, F. (1859). *Notes on nursing: What it is and what it is not* (commemorative ed.). Philadelphia, PA: Lippincott; Henderson, V. (1966). *The nature of nursing: A definition and its implications for practice, research, and education*. New York, NY: Macmillan; Rogers, M. (1988). Nursing science and art: A prospective. *Nursing Science Quarterly, 1*, 99; American Nurses Association. (2015). *Nursing scope and standards of practice*. Silver Spring, MD: Author; International Council of Nurses. (2002; retrieved on 2017). Definition of nursing. Retrieved from http://www.icn.ch/who-we-are/icn-definition-of-nursing/

nursing education, and state boards of nursing that are involved in licensure of nurses. Each state has its own definition of nursing that is found in the state's nurse practice act, but the ANA definition noted here encompasses the common characteristics of nursing practice and is reflected in state board definitions.

In general, a profession—whether nursing or another profession, such as medicine, teaching, or law—has certain characteristics (Finkelman, 2016; Huber, 2014; Lindberg, Hunter, & Kruszewski, 1998; Quinn & Smith, 1987; Schein & Kommers, 1972; Bixler & Bixler, 1959):

- A systematic body of knowledge that provides the framework for the profession's practice
- Standardized, formal higher education
- Commitment to providing a service that benefits individuals and the community
- Maintenance of a unique role that recognizes autonomy, responsibility, and accountability

- Control of practice responsibility of the profession through standards and a code of ethics
- Commitment to members of the profession through professional organizations and activities

Does nursing demonstrate these professional characteristics? Nursing has a standardized content, although schools of nursing may configure the content in different ways; there is consistency in content areas such as adult health, maternal–child health, behavioral or mental health, pharmacology, assessment, and so on. The National Council Licensure Examination (NCLEX) covers standardized content areas. This content is based on systematic, recognized knowledge as the profession's knowledge base for practice. The *Nursing Education, Accreditation, and Regulation* chapter discusses nursing education in more detail. It is clear, though, that the focus of nursing is practice—care provided to assist individuals, families, communities, and populations.

Nursing as a profession has a social contract with society, as described in the ANA's *Nursing's Social Policy Statement*, which is now an appendix in the ANA standards, *Nursing: Scope and Standards of Practice*, and *Nursing's* **Code of Ethics** (American Nurses Association [ANA], 2015a, 2015b; Fowler, 2015a, 2015b). The contract between nursing and society is based on professional and regulatory requirements, but also on what society expects from healthcare services and healthcare professionals. As a profession, we have the right to autonomy in our practice, authority to practice based on our education and scope of practice, and self-governance. Society protects a profession through government legislation and regulation (for example, licensure to protect our titles and scope of practice, need to decrease staff safety risk in the workplace, and so on).

Autonomy, **responsibility**, and **accountability** are intertwined with the practice of nursing and are critical components of a profession. Autonomy is the "capacity of a nurse to determine his/her own actions through independent choice, including demonstration of competence, within the full scope of nursing practice" (ANA, 2015a, p. 85). It is the right to make a decision and take control. Nurses have a distinct body of knowledge and develop competencies in nursing care that should be based on this nursing knowledge. When this is accomplished, nurses can then practice nursing. "Responsibility refers to being entrusted with a particular function" (Ritter-Teitel, 2002, p. 34). "Accountability means being responsible and accountable to self and others for behaviors and outcomes included in one's professional role. A professional nurse is accountable for embracing professional values, maintaining professional values, maintaining competence, and maintenance and improvement of professional practice environments" (Kupperschmidt, 2004, p. 114). A nurse is also accountable for the outcomes of the nursing care that the nurse provides; what nurses do must mean something (Finkelman, 2016). The nurse is answerable for the actions that the nurse takes. Accountability and responsibility do not have the same meaning. A nurse often delegates tasks to other staff members, telling staff what to do and when. The staff member who is assigned a task is *responsible* both for performing that task and for the performance itself. The nurse who delegated the task to the staff person is *accountable* for the decision to delegate the task. Delegation is discussed in more detail in the *Work in Interprofessional Teams* chapter.

Sources of Professional Direction

Professions develop documents or statements about what the members consider is important to guide their practice, to establish control over practice, and to influence the quality of that practice. Some of the important sources of professional direction for nurses follow:

1. *Nursing's Social Policy Statement* (ANA, 2015a) is an important document that describes the profession of nursing and its professional framework and obligations to society. The original 1980 statement has been revised three times—in 1995,

2003, and 2010. The **social policy statement** informs consumers, government officials, other healthcare professionals, and other important stakeholders about nursing and its definition, knowledge base, scope of practice, and regulation. "Nursing is called a helping profession and many of us went into nursing to help others. The social policy statement of our profession is about the multiple ways in which nursing helps others: through direct patient care, and by changing institutions, society, and global health. Nurses can be civic professionals and cosmopolite professionals and be active in any *or* all of these ways of helping between here and nursing's furthest horizon, and to find good colleagues and companions along the way" (Fowler, 2015a, p. xv).

2. *Nursing: Scope and Standards of Practice* (ANA, 2015a) was developed by the ANA and its members; however, these standards as is true for other ANA professional documents apply to all registered nurses. Nursing **standards**, which are "authoritative statements defined and promoted by the profession by which the quality of practice, service, or education can be evaluated" (ANA, 2015a, p. 89), are critical to guiding quality patient care. Standards describe minimal expectations. "We must always remember that as a profession the members are granted the privilege of self-regulation because they purport to use standards to monitor and evaluate the actions of its members to ensure a positive impact on the public it serves" (O'Rourke, 2003, p. 97). Standards also include a **scope of practice** statement that describes the "who, what, where, when, why, and how" of nursing practice. The ANA definition of nursing is the critical foundation. As noted in **Exhibit 1-3**, the definition of nursing evolved and will most likely continue to evolve over time as healthcare needs change and healthcare delivery and practice evolve. Nursing knowledge and the integration of science and art, which

are discussed in more detail in *The Essence of Nursing: Knowledge and Caring* chapter, are part of the scope of practice, along with the definition of the "what and why" of nursing. Nursing care is provided in a variety of settings by the professional registered nurse, who may have an advanced degree and specialty training and expertise. Additional information about the standards, as well as the nurse's roles and functions, is found throughout this text. Part of being a professional is a commitment to the profession—a commitment to lifelong learning, adhering to standards, maintaining membership in professional organizations, publishing, and ensuring that nursing care is of the highest quality possible.

3. *Code of Ethics for Nurses* (ANA, 2015b) describes nursing's central beliefs and assists the profession in controlling its practice. This code "makes explicit the primary obligations, values, and ideals of the profession. In fact, it informs every aspect of the nurse's life" (ANA, 2015a, p. vii). Implementation of this code is an important part of nursing's contract with society. As nurses practice, they need to reflect these values. The *Ethics and Legal Issues* chapter focuses on ethical and legal issues related to nursing practice and describes the code in more detail.

To go full circle and return to the social contract, nursing care must be provided and should include consideration of health, social, cultural, economic, legislative, and ethical factors. Content related to these issues is discussed in other chapters in this text. Nursing is not just about making someone better; it is about providing health education, assisting patients and families in making health decisions, providing direct care and supervising others who provide care, assessing care and applying the best evidence in making care decisions, communicating and working with the interprofessional treatment team, developing a plan of care with the team that includes the patient and family when the patient

agrees to family participation, evaluating patient outcomes, advocating for patients, and much more.

The *Apply Quality Improvement* chapter discusses quality care in more detail, but as the student becomes more oriented to nursing education and nursing as a profession, it is important to recognize that establishing and maintaining standards is part of being in a profession. The generic standards and their measurement criteria, which apply to all nurses, are divided into two types of standards: standards of practice and standards of professional performance. The major content areas of the standards follow (ANA, 2015a).

Standards of Practice (competent level of practice based on the nursing process)

1. Assessment
2. Diagnosis
3. Outcomes identification
4. Planning
5. Implementation (coordination of care, health teaching and health promotion, consultation, and prescriptive authority)
6. Evaluation

Standards of Professional Performance (competent level of behavior in the professional role)

1. Ethics
2. Culturally congruent practice
3. Communication
4. Collaboration
5. Leadership
6. Education
7. Evidence-based practice and research
8. Quality of practice
9. Professional practice evaluation
10. Resource utilization
11. Environmental health*

Nursing specialty groups—in some cases, in partnership with the ANA—have developed specialty standards, such as those for cardiovascular nursing, neonatal nursing, and nursing informatics. However, all nurses must meet the generic standards regardless of their specialty.

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State boards of nursing also assume an important role in guiding and, in some cases, determining professional direction through legislation. Each state board operates under a state practice act, which allows the state government to meet its responsibility to protect the public—in this case, the health of the public—through nursing licensure requirements. Each nurse must practice, or meet the description of, nursing as identified in the state in which the nurse practices. Regulation is discussed in more detail in the *Nursing Education, Accreditation, and Regulation* chapter.

Professional Nursing Associations

Nurses have a history of involvement in organizations that foster the goals of the profession. The existence of professional associations and organizations is one of the characteristics of a profession. A **professional organization** is a group that has specific goals, objectives, and functions that relate to the mission of a specific profession. Typically, membership is open to members of that profession and requires payment of dues. Some organizations have more specific membership requirements or may be by invitation only. Nursing has many organizations at the local, state, national, and international levels, and some organizations function on all of these levels.

Professional organizations often publish journals and other information related to the profession and offer continuing education opportunities through meetings, conferences, and other formats. As discussed previously, many of the organizations, particularly ANA, have been involved in developing professional standards. Professional education is a key function of many organizations. Some organizations are very active in policy decisions at the government level, taking political action to ensure that the profession's goals are addressed and advocating for health care in general. This activity is generally done through lobbying and advocacy. Some of the organizations are involved in advocacy in the work environment, for example, a union, with the aim of making the workplace environment better for nurses.

Major Nursing Associations

The following description highlights some of the major nursing organizations (keep in mind that many other professional organizations exist). Organizations that focus on nursing specialties have expanded. Other organizations related to nursing education are described in the *Nursing Education, Accreditation, and Regulation* chapter. To give you a perspective of the many organizations representing different aspects of the profession **Exhibit 1-4** lists some of these organizations and their websites.

American Nurses Association. The ANA is the organization that represents all RNs in the United States, but not all RNs belong to the ANA. The ANA also represents nurses who are not members because many in healthcare, government, and business

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Exhibit 1-4 Specialty Nursing Organizations

Academy of Medical–Surgical Nurses: http://www.medsurgnurse.org

Academy of Neonatal Nursing: http://www.academyonline.org

American Academy of Ambulatory Care Nursing, http://www.aaacn.org

American Academy of Nurse Practitioners: http://www.aanp.org

American Academy of Nursing: http://www.aannet.org

American Assembly for Men in Nursing: http://aamn.org

American Association for the History of Nursing: http://www.aahn.org

American Association of Colleges of Nursing: http://www.aacn.nche.edu

American Association of Critical-Care Nurses: http://www.aacn.org

American Association of Legal Nurse Consultants: http://www.aalnc.org

American Association of Neuroscience Nurses: http://www.aann.org

American Association of Nurse Anesthetists: http://www.aana.com

American Association of Nurse Attorneys: http://www.taana.org

American Association of Occupational Health Nurses: http://www.aaohn.org

American College of Nurse–Midwives: http://www.midwife.org

American College of Nurse Practitioners: http://www.acnpweb.org

American Holistic Nurses' Association: http://www.ahna.org

American Nephrology Nurses' Association: http://www.annanurse.org

American Nurses Association: http://www.nursingworld.org

American Nurses Foundation: http://www.anfonline.org

American Nursing Informatics Association: http://www.ania.org

American Organization of Nurse Executives: http://www.aone.org

American Psychiatric Nurses Association: http://www.apna.org

American Public Health Association–Public Health Nursing: http://www.apha.org

American Society of PeriAnesthesia Nurses: http://www.aspan.org

American Society of Plastic Surgical Nurses: http://www.aspsn.org

(Continues)

Exhibit 1-4 *(continued)*

Association for Nursing Professional Development: http://anpd.org

Association of Camp Nurses: http://www.campnurse.org

Association of Nurses in AIDS Care: http://www.nursesinaidscare.org

Association of Pediatric Hematology/Oncology Nurses: http://www.apon.org

Association of periOperative Registered Nurses: http://www.aorn.org

Association of Rehabilitation Nurses: http://www.rehabnurse.org

Association of Women's Health, Obstetric and Neonatal Nurses: http://www.awhonn.org

Commission on Graduates of Foreign Nursing Schools: http://www.cgfns.org

Council of International Neonatal Nurses: http://www.coinnurses.org

Emergency Nurses Association: http://www.ena.org

Home Healthcare Nurses Association: http://www.hhna.org

Hospice and Palliative Nurses Association: http://www.hpnaadvancingexpertcare.org

Infusion Nurses Society: http://www.ins1.org

International Association of Forensic Nurses: http://www.forensicnurses

International Council of Nurses: http://www.icn.ch

International Home Care Nurses Association: http://ihcno.org

International Society for Psychiatric–Mental Health Nurses: http://www.ispn-psych.org

International Transplant Nurses Society: http://itns.org

National Alaskan Native American Indian Nurses Association: http://www.nanainanurses.org

National Association of Clinical Nurse Specialists: http://www.nacns.org

National Association of Neonatal Nurses: http://www.nann.org

National Association of Orthopaedic Nurses: http://www.orthonurse.org

National Association of Pediatric Nurse Practitioners: http://www.napnap.org

National Association of School Nurses: http://www.nasn.org

National Black Nurses Association: http://www.nbna.org

National Council of State Boards of Nursing: https://www.ncsbn.org

National Gerontological Nursing Association: http://www.ngna.org/

National League for Nursing: http://www.nln.org

National Nursing Staff Development Organization: http://www.nnsdo.org

National Student Nurses Association: http://www.nsna.org

Oncology Nursing Society: http://www.ons.org

Society of Gastroenterology Nurses and Associates: http://www.sgna.org

Society of Pediatric Nurses: http://www.pedsnurses.org

Society of Trauma Nurses: http://www.traumanurses.org

State Nurses Associations: http://www.nursingworld.org/functionalmenucategories/aboutana/whoweare/cma.aspx

The Association for Radiologic & Imaging Nursing: http://www.arinursing.org

Transcultural Nursing Society: http://www.tcns.org

Wound, Ostomy and Continence Nurses Society: http://www.wocn.org

view the ANA as the voice of nursing. When the ANA lobbies for nursing, it is lobbying for *all* nurses, not just its membership. This organization represents more than 3.6 million RNs through its multiple constituent member associations and state and territorial associations, although the actual membership is much less than the total number of RNs (ANA, 2016). This shift in membership must be considered in light of generational issues. New nurses typically do not join organizations, and there is continual unrest regarding the perception by some nurses of the ANA's lack of response to vital nursing issues. In addition to being a professional organization, some state chapters have formed labor unions. Participation in the labor union is optional for members, and each state organization's stance on unions has an impact on membership. The ANA's major publication is *American Nurse Today*. The organization's 2017–2020 strategic plan identifies the three goals (ANA, 2017):

1. Increase the number and engagement of nurses in ANA.
2. Stimulate and disseminate innovation that increases recognition of the value of nursing and drives improvement in health and health care.
3. Leverage the ANA Enterprise to position nurses as integral partners consumers' health and health care journeys.

The ANA has three affiliated organizations: the American Nurses Foundation (ANF), the American Academy of Nursing (AAN), and the American Nurses Credentialing Center (ANCC).

American Nurses Foundation. The ANF is "dedicated to transforming the nation's health through the power of nursing. It is the only philanthropic organization with a mission to improve health care and support the 3.6 million nurses across the United States health through the power of nursing. We help nurses step into leadership roles in their communities and workplaces to ensure that they can play a meaningful role in shaping decisions on the quality and capacity of health care" (American Nurses Foundation [ANF], 2017). As of 2015, more

than 1,000 nursing scholars have received ANF grants representing more than $5 million (ANF, 2015).

American Academy of Nursing. The AAN was established in 1973, and it serves the public and the nursing profession through its activities to advance health policy and practice (American Academy of Nursing [AAN], 2015a). The academy is considered the "think tank" for nursing. Membership as an academy fellow is by invitation; fellows may then list "FAAN" in their credentials. There are approximately 2,100 fellows, representing nursing's leaders in education, management, practice, and research. This is a very prestigious organization, and fellows have demonstrated their leadership in practice, management, and academic nursing. The AAN also publishes the journal *Nursing Outlook*. Examples of some of the AAN's current initiatives follow (AAN, 2015b):

- *Choosing Wisely* is a campaign to ensure that more Americans hear about and understand the need for the right care provided at the right time. ANA fellows are working in partnership with other organizations in this initiative.
- The AAN provides expert panels to address current healthcare concerns.
- The Council for the Advancement of Nursing Science serves as a voice for nurse scientists and supports development of nursing science.
- *Have You Ever Served?* An AAN initiative in collaboration with other organizations and the federal government to improve the health of veterans.
- *Institute for Nursing Leadership* supports nurse appointments and leadership development.

American Nurses Credentialing Center. The ANA established the ANCC in 1973 to develop and implement a program that would provide tangible recognition of professional achievement. Additional programs were added to the work done by the ANCC including (American Nurse Credentialing Center, 2016):

- *Accreditation Program:* The ANCC Accreditation program recognizes the importance of high-quality continuing nursing education (CNE)

and skills-based competency programs. Around the world, ANCC-accredited organizations provide nurses with the knowledge and skills to help improve care and patient outcomes.

- *Certification Program:* ANCC's Certification Program enables nurses to demonstrate their specialty expertise and validate their knowledge to employers and patients. Through targeted exams that incorporate the latest nursing practice standards, ANCC certification empowers nurses with pride and professional satisfaction.
- *Pathway:* The Pathway to Excellence Program recognizes a healthcare organization's commitment to creating a positive nursing practice environment. The Pathway to Excellence in Long Term Care program is the first to recognize this type of supportive work setting. Pathway organizations focus on collaboration, career development, and accountable leadership to empower nurses.
- *Magnet Recognition Program®:* ANCC's Magnet Recognition Program is the most prestigious distinction a healthcare organization can receive for nursing excellence and quality patient outcomes. Organizations that achieve Magnet recognition are part of an esteemed group that demonstrates superior nursing practices and outcomes.
- *Nursing Knowledge Center:* The Nursing Knowledge Center provides educational materials and guidance to support nurses and organizations in their quest to achieve success through its credentialing programs.

National League for Nursing.   The NLN is a nursing organization that focuses on excellence in nursing education. Its membership is primarily composed of schools of nursing and nurse educators. The organization began in 1893 as the American Society of Superintendents of Training Schools. It holds a number of educational meetings annually and provides continuing education and certification for nurse educators. This organization has four major goals (National League for Nursing, 2017):

- *Goal I—Leader in Nursing Education:* Enhance the NLN's national and international impact as the recognized leader in nursing education.
- *Goal II—Commitment to Members:* Build a diverse, sustainable, member-led organization with the capacity to deliver the NLN's mission effectively, efficiently, and in accordance with the NLN's values.
- *Goal III—Champion for Nurse Educators:* Be the voice of nurse educators and champion their interests in political, academic, and professional arenas.
- *Goal IV—Advancement of the Science of Nursing Education:* Promote evidence-based nursing education and the scholarship of teaching.

American Association of Colleges of Nursing.   The AACN is the national organization for educational programs at the baccalaureate level and higher. The organization is particularly concerned with development of standards and resources and promotes innovation, research, and practice to advance nursing education. The organization represents more than 780 schools of nursing at the baccalaureate and higher levels (AACN, 2016, 2015b). The dean or director of a school of nursing serves as a representative to the AACN. The organization holds annual meetings for nurse educators that focus on different levels of nursing education. The AACN has been involved in creating and promoting new roles, such as the clinical nurse leader and the DNP, as well as educational programs, which are discussed in other chapters of this text. The major AACN publication is the *Journal of Professional Nursing*. This organization's strategic goals for 2017–2019 are as follows (AACN, 2017):

- *Goal 1*: AACN is the driving force for innovation and excellence in academic nursing.
- *Goal 2*: AACN is a leading partner in advancing improvements in health, health care, and higher education.
- *Goal 3*: AACN is a primary advocate for advancing diversity and inclusivity with academic nursing.

- *Goal 4:* AACN is the authoritative source of knowledge to advance academic nursing through information curation and synthesis.

Organization for Associate Degree Nursing.

The Organization for Associate Degree Nursing (OADN) [formerly N-OADN] represents associate degree (AD) nurses, AD nursing programs, and individual member nurse educators. The organization joined the ANA as an organizational affiliate in December 2016 along with 30 other specialty nursing organizations that are ANA affiliates (*The American Nurse*, 2017). The OADN focuses on enhancing the quality of AD nursing education, strengthening the professional role of the AD nurse, and protecting the future of AD nursing in the midst of healthcare changes. Its major goals follow (Organization for Associate Degree Nursing, 2016):

- *Collaboration Goal:* Advance associate degree nursing education through collaboration with a diversity of audiences.
- *Education Goal:* Advance associate degree nursing education.
- *Advocacy Goal:* Advocate for issues and activities that support the organization's mission.

Sigma Theta Tau International.

Sigma Theta Tau International (STTI) is a not-for-profit international organization based in the United States. This nursing honor society was created in 1922 by a small group of nursing students at what is now the Indiana University School of Nursing. Its mission is to provide leadership and scholarship in practice, education, and research to improve the health of all people (Sigma Theta Tau International, 2016). Membership in this organization is by invitation to baccalaureate and graduate nursing students who demonstrate excellence in scholarship and to nurse leaders who demonstrate exceptional achievements in nursing. STTI has more than 135,000 active members, and 85 countries are represented in its membership.

Schools of nursing may form STTI association chapters. The chapters are where most of the work of the organization takes place. There are about 500 chapters at approximately 695 institutions of higher education, which include schools in Armenia, Australia, Botswana, Brazil, Canada, Colombia, England, Ghana, Hong Kong, Japan, Kenya, Lebanon, Malawi, Mexico, the Netherlands, Pakistan, Portugal, Singapore, South Africa, South Korea, Swaziland, Sweden, Taiwan, Tanzania, Thailand, the United Kingdom, and the United States. Other countries are considering establishing chapters. This is an important organization, and students should learn more about their school's chapter (if the school has one) and aspire to an invitation for induction into STTI. Inductees meet specific academic and leadership standards. The major STTI publications are *Journal of Nursing Scholarship*, *Reflections on Nursing Leadership*, and the newest publication, *Worldviews on Evidence-Based Nursing*. The organization manages the major online library for nursing resources, the Virginia Henderson International Nursing Library, through its website.

International Council of Nurses.

The ICN, founded in 1899, is a federation of 130 national nurses' associations representing approximately 16 million nurses worldwide, representing more than 130 national nurse associations such as the ANA (International Council of Nurses [ICN], 2015). This organization is the international voice of nursing and focuses on activities to better ensure quality care for all and sound health policies globally. Its activities focus on (1) professional nursing practice (for example, specific health issues, International Classification of Nursing Practice), (2) nursing regulation (for example, regulation and credentialing, ethics, standards, continuing education), and (3) socioeconomic welfare for nurses (for example, occupational health and safety, salaries, migration, and other issues). The ICN headquarters is in Geneva, Switzerland.

National Student Nurses Association.

The National Student Nurses Association (2016) has a membership of approximately 60,000 students enrolled in diploma, AD, baccalaureate, and general graduate nursing programs in 50 states, the District of

Columbia, Puerto Rico, and the U.S. Virgin Islands. It is a national organization with chapters within schools of nursing. Its major publication is *Imprint*. Joining the NSNA is a great way to get involved and to begin to develop professional skills needed for the future (such as learning more about being a leader and a follower, critical roles for practicing nurses). The NSNA website provides an overview of the organization and its activities. Attending a national convention is also a great way to find out about nursing in other areas of the country and network with other nursing students. Annual conventions attract more than 3,000 nursing students and are held at different sites each year. This professional networking also affords students opportunities to learn about graduate education, specialty groups, and nursing careers. Active engagement in your school's NSNA chapter and national activities provide you with opportunities to develop leadership competencies. Hopefully, these experiences will provide a springboard to later professional engagement in nursing professional organizations.

Why Belong to a Nursing Professional Organization?

The previous section described many nursing professional organizations, and there is further information in the *Nursing Education, Accreditation, and Regulation* chapter about some of these organizations. Why is it important to belong to a professional organization? Joining a professional organization and becoming active in the organization's activities is a professional obligation. Membership and, it is hoped, active involvement can help nurses develop leadership skills, improve networking, and find mentors. Additionally, membership gives nurses a voice in professional issues and in some cases, health policy issues. It provides a range of opportunities for professional development. Nurses represent the single largest voting bloc in any state. By using this political power through nursing and other professional organizations, nurses can speak in one powerful voice. Yet as nurses, we have often failed to pull

together. Membership in a professional organization is one way to develop one strong voice.

Nurses who attend meetings, hold offices, and serve on committees or as delegates to large meetings benefit more from membership than those who do not participate. Submitting abstracts for a presentation or poster at a meeting is excellent experience for nurses and offers even more opportunities for networking with other nurses who might also provide resources and mentoring for professional development. There are some factors that are important to recognize as you consider joining a professional organization. Belonging to a nursing association requires money for membership and commitment to the association, which means it takes time to engage in the organization.

Students can begin to meet this professional obligation by joining local student organizations, which may or may not be directly related to the nursing program but to the campus in general, and developing skills that can be used after graduation when they join professional organizations. Membership offers opportunities to serve as a committee member and even chair a committee. Organization communication methods can be observed, and the student can participate in the processes, developing leadership competencies. Engagement in organizations allows members to participate in making decisions about nursing and health care in general. When new nurses enter the profession today, they find a healthcare system that is struggling to improve its quality and keep up with medical changes, and nurses need to be engaged in the process to improve health care. Organizations also sometimes band together—increasing collaboration to have a greater voice about critical healthcare policy issues such as the need to expand the nursing profession or improve care in a local area.

Nursing Workforce

Nursing is one of the largest healthcare professions, and nurses have many opportunities to serve as leaders in health care. Nurses work in a variety of settings,

such as hospitals, clinics, home health care, hospice care, long-term care, rehabilitation, physician offices, school health, employment services, and numerous other service sites. The majority of nurses work in acute care hospital settings, but this is changing as more care moves into the community.

According to the U.S. Bureau of Labor Statistics' (2015) employment projections for 2014–2024, employment opportunities for registered nurses are expected to increase 16%, which is faster than expected for most other occupations. Over this period, another 495,500 nursing workforce replacements may be needed, bringing the total number of job openings for nurses due to growth and replacements to 1.2 million by 2020. We have experienced a number of years of fluctuating nursing shortages. As the number of nurses in practice and nursing school enrollments fluctuate, any nursing shortage, whether this is geographic specific or healthcare organization specific, affects access to care in the years to come—and there can be great variation from one area of the country to another. Because of demographic changes, the older adult population in the United States is increasing rapidly, and from 2010 to early 2017, the ACA extended insurance coverage to more people. Taken together, these developments signal that the demand for nurses and other healthcare professionals will increase. Changes in future federal legislation and their impact on states need to be followed by the nursing profession to determine impact on nursing practice and need for nurses.

The 2014 Health Resources and Services Administration (HRSA) report, *The Future of the Nursing Workforce: National- and State-Level Projections, 2012–2025*, indicates that the United States is on track to meet the projected demand for nursing staff (registered nurses and licensed practical nurses in the next 10 years (HHS, HRSA, & BHW, 2014). The number of new graduates entering the workforce has increased. Many factors impact supply and demand for nursing staff. This report notes some trends and study limitations that might alter this projection; for example:

- While not considered in this study, emerging care delivery models, with a focus on managing health status and preventing acute health issues, will likely contribute to new growth in demand for nurses—for example, nurses taking on new and/or expanded roles in preventive care and care coordination (p. 2).
- Supply and demand will continue to be affected by numerous factors, including population growth and the aging of the nation's population, overall economic conditions, aging of the nursing workforce, and changes in healthcare reimbursement (p. 4).
- While the evidence in this report points toward the United States currently educating slightly more nurses than required to meet future demand, a reduction in people choosing nursing as a career or a combination of factors such as early retirement or increased demand could be sufficient to erase projected surpluses for RNs and LPNs (licensed practical nurses) (p. 14).
- If the growing emphasis on care coordination, preventive services, and chronic disease management in care delivery models leads to a greater need for nurses, this brief may underestimate the projected nurse demand (p. 15).

Nursing is a profession. It meets all the requirements for a profession and serves as a major profession in healthcare delivery and the healthcare workforce. In the early part of its history, nursing was not viewed as a profession, as noted in the review of nursing history described earlier in this chapter, but it is now recognized as a profession built on knowledge that reflects its dual components of science and art with clear roles and responsibilities in the healthcare workforce. The *Essence of Nursing: Knowledge and Caring* chapter explores the art and

Stop and Consider #2
It is easy to see how nursing is a profession.

science of the profession of nursing, expanding on the view of nursing as a profession and an active member of the healthcare workforce.

The Image of Nursing

The image of nursing may appear to be an unusual topic for a nursing text, but it is not. Image is part of any profession. It is the way a person appears to others, or in the case of a profession, the way a profession appears to other professionals and others in the work environment and to the general public—in nursing's case, consumers of health care. Image and the perception of the profession affect recruitment of students; the view of the public; funding for nursing education and research; relationships with healthcare administrators and other healthcare professionals, government agencies, and legislators at all levels of government; and, ultimately, the profession's self-identity. Just as individuals may feel depressed or less effective if others view them negatively, so can professionals experience similar reactions if their image is not positive. Image influences everything the profession does or wishes to do. How nurses view themselves—their professional self-image—has an impact on professional self-esteem (Buresh & Gordon, 2006). How one is viewed has an impact on whether others seek that person out and how they view the effectiveness of what that person might do. Every time a nurse says to family, friends, or members of the public that he or she is a nurse, the nurse is representing the profession. "We cannot expect outsiders to be the guardians of our visibility and access to public media and health policy arenas. We must develop the skills of presenting ourselves in the media and to the media—we have to take the responsibility for moving from silence to voice" (Buresh & Gordon, 2006, p. 15). The professional introduction is an example of critical communication that sets the stage for a nurse–patient relationship, and it is associated with the image of nursing. Saying one's name, first and last, and title and explaining your role is an important step in establishing trust and maintaining accountability—demonstrating professionalism (LeBlanc, Burke, & Henneman, 2016). Most nurses do not even consider the implications of the introduction and quickly move on to a task that must be done. They may not provide their first and last name due to concerns about their privacy, though this does not really protect privacy because it is easy for a patient to find out a nurse's name.

The public's views of nursing and nurses are typically based on personal experiences with nurses, which can lead to a narrow view of a nurse often based on only a brief personal experience. This experience may not provide an accurate picture of all that nurses can and do provide in the healthcare delivery process. In addition, this view may be influenced by the emotional response of a person to the situation and the encounter with a nurse.

But the truth is that most often the nurse is invisible. "Although nurses comprise the majority of healthcare professionals, they are largely invisible. Their competence, skill, knowledge, and judgment are—as the word 'image' suggests—only a reflection, not reality" (E. Sullivan, 2004, p. 45). Consumers (patients, families) may not understand the knowledge and competencies required to be a registered nurse, may not recognize they are interacting with a nurse, or they may think someone is a nurse who is not. When patients go to their doctor's office, they interact with staff, and often these patients think that they are interacting with a registered nurse. Most likely, they are not—the staff person may be a medical assistant of some type or a licensed practical/vocational nurse. When in the hospital, patients interact with many staff members, and there is little to distinguish one from another, so patients may refer to most staff as nurses. Uniforms do not help identify roles because many staff wear scrub clothes and lab coats, and there has been less emphasis placed on professional attire. In the past, hospitals had strict dress codes, with standard uniforms per type of staff. Over time, this approach changed—affecting

not only what staff wore, but also appearance such as hair, wearing of jewelry, and so on. Healthcare organizations now find it difficult to change dress codes with staff complaining this is not needed. One organization conducted an extensive study of the issue of dress and image, examining how patients viewed nurses, and noted at the conclusion of the study that standardizing nurse uniforms would have a positive impact on the nurse's professional image and this then would affect the nurse–patient relationship (West et al., 2016).

This does not mean that the public does not value nurses—quite the contrary. When a person tells another that he or she is a nurse, the typical response is positive. However, many people do not know about the education required to become a nurse and to maintain current knowledge or about the great variety of educational entry points into nursing that all lead to the RN qualification. Consumers generally view nurses as good people who care for others. In 2017, nurses continue to rank number one in ethics and honesty in the annual Gallup Poll compared to other occupations (Jimenez, 2016). This high vote of confidence has been a consistent annual result in this poll. What is not mentioned in the poll is the knowledge and competency required to do the job properly—important aspects of the nursing profession.

You might wonder why it is so important for nurses to make themselves more visible. You chose nursing, so you know that it is an important profession. Nevertheless, many students have a narrow view of the profession, much closer to what is portrayed in the media—the nurse who cares for others, albeit with less understanding of the knowledge base required and competency needed to meet the complex needs of patients. There is limited recognition that nursing is a scientific field. The profession needs to be more concerned about visibility because the profession needs to attract qualified students and keep current nurses in practice.

The nurse's voice is typically silent, and this factor has demoralized nursing (Pike, 2001). This is a strong statement and may be a confusing one. What is the nurse's voice? It is the "unique perspectives and contributions that nurses bring to patient care" (Pike, 2001, p. 449). Nurses have all too often been silent about what they do and how they do it, but this has been a choice that nurses have made—to be silent or to be more visible. Both external and internal factors affect the nurse's voice and this silence. The external factors include the following (Pike, 2001):

- Historical role of nurse as handmaiden (not an independent role)
- Hierarchical structure of healthcare organizations (may limit the role of nurses in decision making and leadership)
- Perceived authority and directives of physicians (may limit the independent role of nurses)
- Hospital policy (may limit nursing actions and leadership)
- Threat of disciplinary or legal action or loss of job (may limit a nurse when he or she needs to speak out—advocate)

Nurses who can deal with the internal factors can be more visible and less silent about nursing and better advocate for patients. The internal factors to consider include:

- Role confusion
- Lack of professional confidence
- Timidity
- Fear
- Insecurity
- Sense of inferiority

Nurses' loss of professional pride and self-esteem can also lead to a more serious professional problem: Nurses feel like victims and then act like victims. Victims do not take control, but rather see others as being in control; they abdicate responsibility. They play passive–aggressive games to exert power. This can be seen in the public image of nurses, which is predominantly driven by forces outside the profession. It also affects the nurse's ability to collaborate with others—both other nurses and other healthcare professionals.

It is all too easy for nurses to feel like victims, and this perception has led in many ways to nurses viewing physicians in a negative light, emphasizing that "physicians have done this to us." As a consequence, nurses may have problems saying they are colleagues with other healthcare professionals and acting like colleagues. **Colleagueship** "involves entering into a collaborative relationship that is characterized by mutual trust and response and an understanding of the perspective each partner contributes" (Pike, 2001, p. 449). Colleagues have the following characteristics:

- Control interprofessional and intraprofessional competition and antagonism from the past conflict that may influence the present and the future.
- Integrate work to provide the best care.
- Acknowledge they share a common goal: quality patient care.
- Recognize their interdependence and also independent responsibilities.
- Share responsibility and accountability for patient care outcomes.
- Respond to conflict in a positive manner before it accelerates.

What is unexpected is how nurses' silence may actually have a negative impact on patient care. This factor may influence how a nurse speaks out or advocates for care that a patient needs, how effective a nurse can be on the interprofessional treatment team, and how nurses participate in healthcare program planning and implementation of services. Each nurse has the responsibility and accountability to define himself or herself as a colleague, and empowerment is part of this process.

The role of nursing has experienced many changes, and many more will occur in the future. How has nursing responded to these changes and communicated them to the public and other healthcare professionals? Suzanne Gordon, a journalist who has written extensively about the nursing profession, noted that often the media are accused of representing nursing poorly when, in reality, the media are simply reflecting the public image of nursing (Buresh & Gordon, 2006). Nurses have not taken the lead in standing up and discussing their own image of nursing—what it is and what it is not. It is not uncommon for a nurse to refuse to talk to the press because the nurse feels no need to do so, may not feel competent to do so, or fears reprisals from his or her employer. When nurses do speak to the press—often when being praised for an action—they say, "Oh, I was just doing my job." This statement undervalues the reality that critical thinking and clinical reasoning and judgment on the part of nurses makes a difference in the health of patients (individuals, families, communities) every day. What is wrong with taking that credit? Because of these types of responses in the media, nursing is not directing the image, but rather accepting how those outside the profession describe nursing.

Gordon and Nelson (2005) comment "nursing needs to move away from the 'virtue script' toward a knowledge-based identity" (p. 62). The "virtue script" continues to be present in current media campaigns that are supported by the profession. For example, a video produced by the NSNA mentions knowledge but not many details; instead, it includes statements such as "[Nursing is a] job where people will love you" (Gordon & Nelson, 2005). How helpful is this approach? Is this view of being loved based on today's nursing reality? Nursing practice involves highly complex care; it can be stressful, demanding, and at times rewarding, but it is certainly not as simple as "everyone will love you." Why do nurses continue to describe themselves in this way? "One reason nurses may rely so heavily on the virtue script is that many believe this is their only legitimate source of status, respect, and self-esteem" (Gordon & Nelson, 2005, p. 67). This, however, is a view that perpetuates the victim mentality.

Stop and Consider #3
The image of nursing is not simple to describe.

CHAPTER HIGHLIGHTS

1. Nursing history provides a framework for understanding how nursing is practiced today.
2. The history of nursing is complex and has been influenced by social, economic, and political factors.
3. Florence Nightingale was instrumental in changing the view of nursing and nursing education to improve care delivery, but she is not the only nurse leader who has led the profession.
4. Nursing meets the critical requirements for a profession.
5. The sources of professional direction include ANA documents that describe the scope of practice, standards, and an ethical code.
6. Professional organizations have a key role in shaping nursing as a profession. Nurses should participate in these organizations to have a voice in the profession.
7. The public, the media, interprofessional colleagues, and nurses have an influence on the image of nursing. Nursing's image as a profession has both positive and negative aspects.

ENGAGING IN THE CONTENT

Discussion Questions

1. How might knowing more about nursing history affect your personal view of nursing?
2. How did the image of nursing in Nightingale's time influence nursing from the 1860s through the 1940s?
3. How would you compare and contrast accountability, autonomy, and responsibility?
4. Based on content in this chapter, how would you define *professionalism* in your own words?
5. Why are standards important to the nursing profession and to healthcare delivery?
6. Review the ANA standards of practice and professional performance. Are you surprised by any of the standards? If so, why?
7. How would you explain to someone who is not in health care the reason that nursing emphasizes its social policy statement?

CRITICAL THINKING ACTIVITIES

1. Describe how the Nightingale Pledge may or may not have relevance today and how it might be altered to be more relevant. Work with a team of students to accomplish this activity and arrive at a consensus statement.
2. Interview two registered nurses, ask them if they think nursing is a profession, and determine the rationale for their viewpoints. How does what they say compare with what you have learned about professionalism in this chapter?
3. Attend an NSNA meeting at your school. What did you learn about the organization? What did you observe in the meeting about leadership and nursing? Do you have any criticisms of the organization and how it might be improved? If your school does not have an NSNA chapter, why is this the case?
4. Complete a mini-survey of six people (non-nurses), asking them to describe their image of nursing and nurses. Try to pick a variety of people. Summarize and analyze

(Continues)

CRITICAL THINKING ACTIVITIES (CONTINUED)

your data to identify any themes and unusual views. How does what you learned relate to the content in this chapter? List the similarities and differences, and then discuss your findings with a group of your classmates and compare with their findings.

5. You are told that the profession of nursing needs to abandon its image of nurses as angels and promote an image of nurses as competent professionals who are both knowledgeable and caring. *Review this article*: Rhodes, M., Morris, A., & Lazenby, R. (2011, May). Nursing at its best: Competent and caring. *OJIN, 16*. Retrieved from http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-16-2011/No2-May-2011/Articles-Previous-Topics/Nursing-at-its-Best.html. Debate this issue in class.

6. Analyze a television program that focuses on a healthcare situation/story line. How are nurses depicted compared with other healthcare professionals? Compose a letter to the program describing your analysis, and document your arguments to support your viewpoint. This could be done with a team of students; watch the same program and then discuss opinions and observations.

ELECTRONIC REFLECTION JOURNAL

You are asked to develop an *Electronic Reflection Journal* that you will use after you complete each chapter. This is the place for you to reflect on some aspect of the chapter's content identified at the end of the chapter. You may also want to keep notes about issues that you want to expand on as you progress through your nursing education. If you are using technology that allows you to make visuals, use drawings and graphics as one method to reflect in your journal.

In your first entry in your *Electronic Reflection Journal*, consider the following questions related to the image of nursing. Connect your responses so that you can better understand the importance of image to the profession and the meaning of profession.

1. Why is the image of nursing important to the profession? To health care in general?
2. What role do you think you might have as a nurse in influencing the image of nursing? Provide specific examples.
3. What is your opinion about nursing uniforms, and how do you think they influence the image of nursing?
4. What stimulated your interest in nursing as a profession? Was the image of nursing in any way related to your decision, and in what way did it affect your decision?

Special assignment for this chapter: Write your own definition of nursing and include it in your *Electronic Reflection Journal*. Work on this definition throughout this course as you learn more about nursing. Save the final draft, and at the end of each semester or quarter, go back to your definition and make any changes you feel are necessary. Keep a draft of each definition so that you can see your changes. When you graduate, review all your definitions, illustrating how you have developed your view of professional nursing. Ideally, you might then review your definition again one-year post graduation.

CASE STUDIES

Case 1

You and your friends in the nursing program are having lunch after a class that covered content found in this chapter. One of your friends says, "I was bored when we got to all that information on professionalism and nursing organizations. What a waste of time. I just want to be a nurse." All of you are struggling to figure out what you have gotten yourself into. You turn to your friends and suggest it might be helpful to have an open discussion on the comment just made. So over lunch, you all talk about the comment. It was clear that the students who had read the chapter were better able to discuss the issue, but everyone had an opinion.

Case Questions

1. What is the purpose of nursing organizations?
2. What role should professional organizations assume to increase nursing status in the healthcare system?
3. What are some of the advantages and disadvantages to joining a professional organization?
4. What do you know about your school's NSNA chapter?
5. Which nursing organization mentioned in this chapter interests you, and why? Compare your response with those of your other classmates.
6. Search on the Internet for a specialty nursing organization and pick one that interests you. What can you find out about the organization?

Case 2

The NSNA chapter in your school wants to help the school develop a campaign to increase enrollment. You have volunteered along with three other members to meet with the associate dean to discuss ideas for the campaign. The associate dean tells you that the school is going to use its standard marketing materials. She shows them to you. The materials focus on the importance of being a caring person to be a "good" nurse. When you ask to see print materials and materials to be posted on the Internet, you are told that the focus is on print, and you see a photo of a nurse holding a patient's hand.

Case Questions

1. How do you respond to this marketing material?
2. What recommendations would you make?
3. How might you get data from fellow students to support your recommendations?

Working Backward to Develop a Case

This type of case is a different format from usual cases. It is a "backward case." Students are provided with several questions and are asked to develop a case scenario that would

CASE STUDIES (CONTINUED)

relate to the questions and chapter content (paragraph or two). After the scenario is written, students answer the questions. A second option is for this to be a team activity. A team of students develops the scenario and then passes it on to another team to answer the questions. Following this, the teams discuss the case. *This description and use of this learning activity will not be repeated in each chapter guide.*

Write a brief paragraph that describes a case related to the following questions and comments.

1. What do we need to do to be more professional as students?

2. I think this topic is not important now as we are students. We deal with it when we get our first job.

3. We now have to wear our uniforms in the simulation lab. What is all this about? So annoying as we have other things to think about.

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