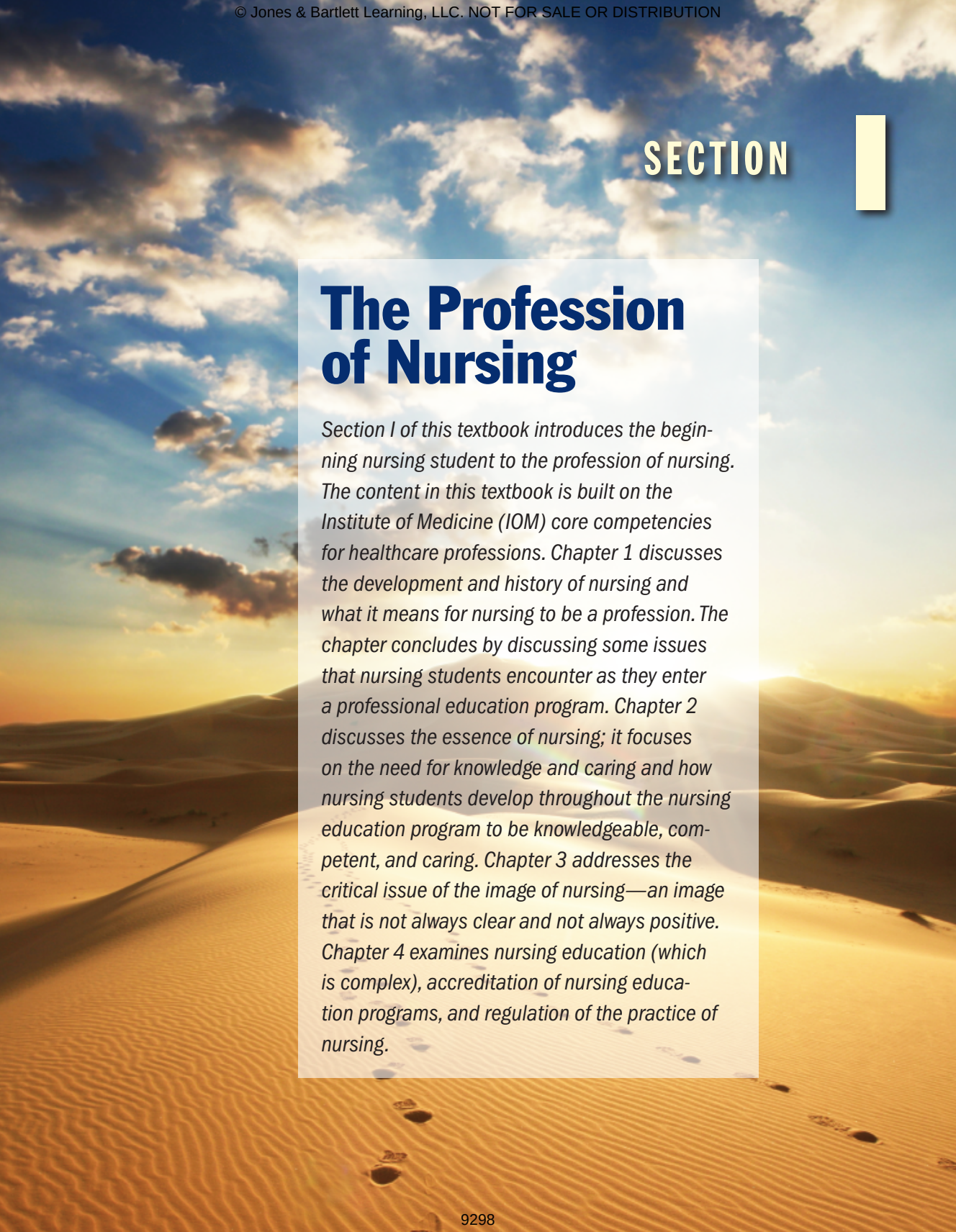
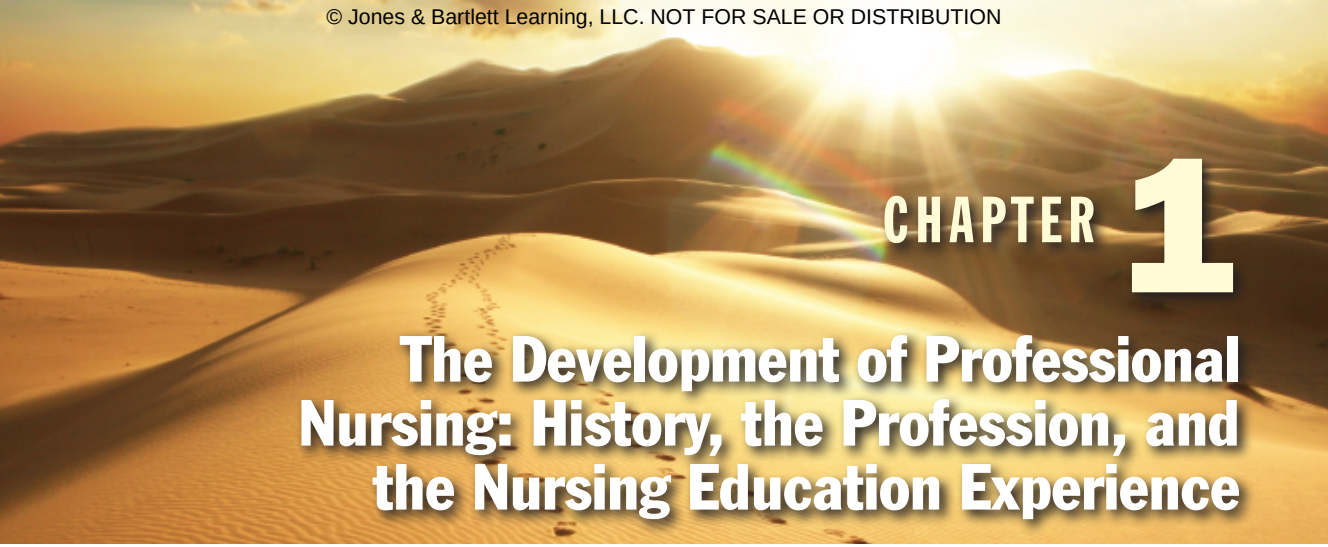


SECTION I

The Profession of Nursing

Section I of this textbook introduces the beginning nursing student to the profession of nursing. The content in this textbook is built on the Institute of Medicine (IOM) core competencies for healthcare professions. Chapter 1 discusses the development and history of nursing and what it means for nursing to be a profession. The chapter concludes by discussing some issues that nursing students encounter as they enter a professional education program. Chapter 2 discusses the essence of nursing; it focuses on the need for knowledge and caring and how nursing students develop throughout the nursing education program to be knowledgeable, competent, and caring. Chapter 3 addresses the critical issue of the image of nursing—an image that is not always clear and not always positive. Chapter 4 examines nursing education (which is complex), accreditation of nursing education programs, and regulation of the practice of nursing.



CHAPTER 1

The Development of Professional Nursing: History, the Profession, and the Nursing Education Experience

CHAPTER OBJECTIVES

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

- Identify key figures and events in nursing history
- Discuss critical nursing history themes within the sociopolitical context of the time
- Compare and contrast critical professional concepts
- Examine professionalism in nursing
- Explain the relevance of standards to the nursing profession
- Discuss the development and roles of nursing associations
- Describe the roles of the nursing student and faculty
- Apply tools for success in a nursing education program

CHAPTER OUTLINE

KEY TERMS

Accountability
Autonomy
Burnout
Clinical experience
Code of ethics
Mentor
Mentoring
Networking
Nursing
Professionalism
Reality shock
Responsibility
Scope of practice
Simulation
Social policy statement
Standards
Stress
Stress management
Time management

Introduction

This textbook 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 and licensure, it is important to understand several aspects of the nursing profession. What is professional nursing? How did it develop? How can one prepare to be successful as a student, to graduate, and to obtain licensure and then provide quality care? This chapter addresses these questions.

From Past to Present: Nursing History

It is important for a student eager to provide patient care to learn about nursing history. Nursing's history provides a framework for understanding how nursing is practiced today and the societal trends that shape the profession. The characteristics of nursing as a profession and what nurses do today have roots in the past, not only in the history of nursing but also of health care and society in general. Today, health care is highly complex; diagnosis methods and treatment have been developed to offer many opportunities for prevention, treatment, and cures that did not exist even a few years ago. Understanding this growth process is part of this discussion; it helps us to appreciate where nursing is today and may provide stimulus for changes in the future. It is important to remember that "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). But the past portrayal of nurses as handmaidens and assistants to physicians has its roots in the profession's religious beginnings. The following sections examine the story of nursing and how it began.

From Paternalism to Professionalism: Movement From Trained Assistants With Religious Ties to Highly Educated Individuals

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, as well as the multiple influences of medicine, technology, politics, war, economics, and feminism (Brooks & Kleine-Kracht, 1983; Gorenberg, 1983; Jacobs & Huether, 1978; Keller, 1979; 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 historic events will be discussed.

Writing about nursing history itself has an interesting history (Connolly, 2004). Historians who wrote about nursing prior to the 1950s tended to be nurses, and they wrote for nurses. Though nursing, throughout its history, has been intertwined with social issues of the day, the early pub-

lications about nursing history did not link nursing to "the broader social, economic, and cultural context in which events unfolded" (Connolly, 2004, p. 10). There was greater emphasis on the "profession's purity, discipline, and faith" (Connolly, 2004, p. 10). Part of the reason for this narrowed view of the history of nursing 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 grow, but 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 addressed was feminism in the society at large and its impact on nursing. As social history became more important, there was increased exploration of nursing, its history, and influences on that history. 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 nursing shortage). This all has an impact on health policy, including legislation at the state and national levels. Chapter 5 focuses on health policy and nursing.

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

Nurse Leaders: History in the Making

Learning something about the people is one place to begin. **EXHIBIT 1–1** provides vignettes that describe the contributions of some nursing leaders. People, however, do not operate in a vacuum, and neither did the nurses highlighted in this exhibit. Many factors influenced nurse leaders, such as their communities, the society, and the time in which they practiced.

EXHIBIT 1–1

A Glimpse Into the Contributions of Nurses

This list does not represent all the important nursing leaders but does provide examples of the broad range of contributions and highlights specific achievements.

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 that is adding to the sum of human suffering,

(Continues)

EXHIBIT 1–1 *(Continued)*

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)

As the first president for the American Nurses Association, I became active in organizing the nursing profession at the national level. In 1896, I organized the Nurses' Associated Alumnae of the United States and Canada, which became the American Nurses Association. I also founded the American Society of Superintendents of Training Schools for Nurses, which became the National League of Nursing Education. Through these professional organizations, I was able to initiate many improvements in nursing education.

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 the *American Journal of Nursing* and coauthored *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 have advocated university education for nurses and developed the first programs of this type. Upon accepting the chairmanship at the Department of Nursing Education at Teachers College, Columbia University, I became the first nurse ever 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 are 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 the Indian Health Services. I established the Native American Nurses Association 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.

EXHIBIT 1–1 *(Continued)*

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. The women immediately liked the idea of being able to combine war service with professional education for the future.

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.

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 that nursing care is the chief therapy for the chronically ill patient.

Martha Rogers (1963–1965)

I served as editor of the *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.

Loretta Ford (1965)

I codeveloped 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 continue 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 have 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 have been 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 and 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 only nurse to serve the American Nurses Association as executive director and later as president, and I served two terms on the Board of the International Council of Nurses. My working psychiatric-mental health nursing emphasized the nurse–patient relationship.

Linda Aiken (2007)

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

Florence Nightingale

Let's begin with the "mother" of modern nursing throughout the world, Florence Nightingale. Most nursing students at some point say the Nightingale Pledge, which is a method for connecting the past with the present. The Nightingale Pledge is found in **BOX 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 was supposed to represent her view of nursing.

Volumes have been written about Nightingale. She has become almost the 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 1859, Florence 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 quote from a woman was extraordinary.

BOX 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.

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

Florence Nightingale was British and lived and worked in the Victorian era during the Industrial Revolution. This is significant because during this time, the role of women, especially women of the upper classes, was clearly defined and controlled. These women did not work outside the home and maintained a monitored social existence. Their purpose was to be a wife and mother, two roles that Nightingale never assumed. Education of women was also limited. Nightingale did have some classical education supported by her father, but there was never any expectation that she would "use" the education (Slater, 1994). Nightingale grew up knowing that this was to be her life. Women of her class ran the home and supervised the servants. Though this was 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; 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 wanted to serve people. When she reached her 20s, she 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. As the depression worsened, her parents finally relented and allowed her to attend nurse's

training in Germany. This was kept a secret, and people were told that she was away at a spa for 3 months' rest (Slater, 1994). She 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 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 that God had called on her to help others (Woodham-Smith, 1951). She also felt that the body and mind were separate entities, and both needed to be considered—the basis of nursing's holistic view of health. Her convictions played a major role in her views of nurses and nursing. Nightingale 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). She also recognized that a patient's health depends on environmental impacts such as light, noise, smells or effluvia, and heat—something that we are just examining today in nursing and health care. 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 she supported 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. Her other interest with sanitary reform grew from her experience in the Crimean War, and she worked with influential men to make changes. Nightingale, however, did not agree with the new, growing theories of contagion, but she did support the value of education in improving social problems and believed that education included moral, physical, and practical aspects (Widerquist, 1997). Later nurses based more of their interventions on science and evidence-based practice.

Nightingale wrote four small books—or treatises, as they were called—thus starting the idea that nurses need to publish about their work. 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). She 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 laid the groundwork for nursing research and evidence-based practice. 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, she did not completely give up on the need for care provided by women as a form of service to family and friends. This book 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 in the hospital setting. Nurses were of the lower class, usually unschooled and often alcoholics, prostitutes, and those 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. 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 they worked long hours. This approach developed into the diploma school model—considered an apprenticeship model—though today, diploma schools have less direct relationships with the hospitals, and in some cases, they offer associate's degrees. There are also few schools of nursing today that are diploma schools (see Chapter 4).

Nightingale's students did receive some training, which had not been provided in an organized manner prior to her changes. Nightingale's religious views also had an impact on her rigid educational system, and 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, later, in the United States. The structure of hospital nursing was also very rigid, with a matron in charge. This rigidity existed for decades and, in some cases, may still be present in hospital nursing organizations. Nurses in Britain began to recognize the need to band together, and they then formed the British Nurses Association. This organization took on the issue of regulating nursing practice. Nightingale did not approve of efforts by the British Nurses Association toward state registration of nurses mostly because she did not trust the leaders' goals regarding registration (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 feel that Nightingale did make changes but that the way she made the changes had negative effects, including delaying the development of the profession, particularly regarding nurses' subordinate position to physicians, failing to encourage nursing education to be offered at a university level, and delaying licensure (Freeman, 2007). Despite this criticism, Nightingale still holds an important place in nursing history. O'Rourke (2003) stated:

> We've come a long way in 143 years. Nightingale's groundbreaking work, *Notes on Nursing: What It Is and What It Is Not*, laid down the principles of nursing. Remarkably, the textbook is a classic and still in print today, more than a century later. And although Nightingale is credited with establishing the fundamentals of patient management, care, and cleanliness that have been taught in nursing schools ever since, her true legacy was far greater. She elevated nursing to a higher degree of respectability and professionalism than ever before with the emphasis placed on education and not just availability of a woman for work. If only she could see nurses now. In the 20th century, nursing reinforced its valued place among the professions. No longer quiet, subservient helpmates, nurses of every race, class background, and gender have stepped up to leadership roles in the profession and in the healthcare industry. She would see nurses using advanced information technology to provide care, document that care, research better treatment methods, and transfer knowledge to colleagues at every level of experience, in every specialty, and in every care setting imaginable. (p. 97)

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 colonists arrive in America and a new environment helps to further the development of the nursing profession. Throughout all these periods and locations, wars have 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 the profession. Nursing has probably existed for as long as humans have been ill; someone 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.

EARLY HISTORY. Early history of nursing focuses 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 also developed the Hippocratic Oath (Bullough & Bullough, 1978), which is still said by new physicians today and also influenced the writing of the Nightingale Pledge. The Greeks viewed health as a balance between body and mind, which was different from earlier views related to curses and sins. Throughout this entire period, the wounded and ill in the armies required care. Generally, in 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 during 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 care 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, which then became centers for nursing care, 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. There were men in the Crusades who cared for the sick and injured. These men wore large red crosses on their uniforms to distinguish them from the fighting soldiers. 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).

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 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. However, it is significant that these early discoveries led to advancements that were never thought of previously. This is the period, spanning many years, of Columbus and the American and French Revolutions. Education became 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 categorized 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 with 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. He 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. He is known as the father of microbiology.
- Klebs, Pasteur, Lister, and Koch all contributed to the development of the germ theory.

All these discoveries and changes had an impact on nursing in the long-term perspective and changed the sociopolitical climate of health care. Nightingale did not agree with the new theory of contagion, but over time, the nursing profession accepted these new theories, which are still critical components of patient care today. She stressed, however, that the mind–body connection—putting patients in the best light 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. 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.

INDUSTRIAL REVOLUTION. The Industrial Revolution brought changes in the workplace, but many were not positive from a health perspective. Workplaces were hazardous and breeding grounds for spreading 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 about which little could be done. There were few public health laws to alleviate the causes. Nightingale and enlightened citizens tried to reform some of these conditions. She stated in *Notes on Nursing* (1992) that "there are five essential points in securing the health of houses: Pure air, pure water, efficient drainage, cleanliness, and light." Nightingale strongly supported more efforts to promote health and felt that this was more cost effective than treating illness—important healthcare principles today—but she did not support progressive thought at the time regarding contagion

and germs. These ideas are good examples regarding how the environment and culture in which a person lives and works drive personal views on issues and problems. If one did not know anything about the history of the time, one might wonder why Nightingale held these ideas to be important.

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 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 1–1 demonstrating the nursing activity and change 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: moral character and subservience, with efforts to move away from using lower class women with dubious histories, as was done in the early days of nursing even in the United States (Masters, 2005). Limitations regarding what women could do on their own still constituted a major problem. Women could not vote and had limited rights. This situation did begin to change in the early 1900s when women obtained the right to vote, but only with great effort. The Nurses' Associated Alumnae, established in1896, was renamed the American Nurses Association (ANA) in 1911. Isabel Robb and Lavinia Dock led this effort. At the same time, the first nursing journal, the *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 it is no longer published by the ANA. Its content has always focused on the issues facing nurses and their patients.

It is notable that although some nurse leaders such as Dock 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 communication across the ocean between nurses, and they did not always agree on the approach to take on the road to professionalism; in fact, they did not always agree within the United States. Nurse leaders and practicing nurses helped nursing to grow into a profession during times of war (the American Revolution, the Civil War, the Spanish-American War, World War I, World War II, the Korean War, the Vietnam War, and modern wars today). The website Experiencing War: Women at War, which appears in the "Linking to the Internet" section of this chapter, provides information about nurses who served in these wars.

The Depression also had an impact, "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, and as a consequence, nurses were hired, though at very low pay, to replace them. Up until that time, hospitals depended on student nurses to staff the hospitals, and graduate nurses 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 students when schools closed. On one level, this could be seen as an improvement in care, but the low pay was difficult to overcome, resulting in a long history of low pay scales for nurses.

In 1922, the Goldmark report, *Nursing and Nursing Education in the United States*, had a major impact on nursing education when the report recommended that university schools of nursing should be established. In 1948, a second report, the Brown report, was critical of the quality of nursing education. This led to the implementation of an accreditation program for nursing schools, which was conducted by the National League for Nursing (NLN). Accreditation is a process of reviewing what a school is doing and its curriculum based on established standards. Movement toward the university setting and away from hospital-based schools of nursing and establishment of standards with an accreditation process were major changes for the nursing profession. The ANA and the NLN continue to establish standards for practice and education and to support implementation of those standards.

The Carnegie report, *Educating Nurses: A Call for Radical Transformation*, describes the current status of nursing education. Patricia Benner led this study of current nursing education (Benner, Sutphen, Leonard, & Day, 2010). It is the most significant review of nursing education since the Goldmark and the Brown reports. This report is discussed in Chapter 4.

In the 1940s and 1950s, other changes occurred in the healthcare system that had a direct impact on nursing. Certainly, scientific discoveries were changing care, but there were also important health policy changes. The Hill-Burton Act (1946) established federal funds to build more hospitals, and at one point in the 1980s, there were too many hospital beds. This led to many nurses losing their jobs in hospitals because their salaries represented the largest operating expense. There is some belief that this decision still impacts the current shortage; when more nurses were needed, some of the nurses who had been laid off had moved into new jobs or careers or left the workforce. This was a period of rapid change in reimbursement for health care through the growth of health insurance and the establishment of Medicare and Medicaid. Chapter 8 discusses some of these issues in more detail. Chapter 5 examines the most significant issue in current health care delivery, healthcare reform of 2010.

Little has been said in this description of nursing history about the role of men and minorities in nursing; there was little in the early history. This plagues nursing even today, though certainly there has been improvement. Segregation and discrimination existed in nursing just as it did in society at large. The National Association of Colored Graduate Nurses was closed in 1951 when the ANA began to accept African American nurses. However, today there is still concern about the limited number of minorities in health care. The Sullivan Commission's report on health professions diversity, *Missing Persons: Minorities in the Health Professions* (Sullivan & the Sullivan Commission, 2004), is an important current document with recommendation to improve diversity in health professions and was commented on by the American Association of Colleges of Nursing (AACN, 2004). It recommended the following:

- 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 granting baccalaureate nursing 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's degree (AD) 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 pro-

mote 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 as will be discussed in Chapters 3, but more improvement is required. This topic also relates to the problem of healthcare disparities, as noted in later chapters.

The number of men in nursing has increased over the years but still is not where it should be. After the major wars—such as World Wars I and II, the Korean War, and the Vietnam War—medics came home and entered nursing programs. Men served as nurses in the early history period, such as in the Crusades, and monks provided care in convents. However, after this period, 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. So, there were men in nursing, though few, and some were well known—though maybe not for their nursing (Kalisch & Kalisch, 1986). Early in the history of nursing schools in the United States, men were not accepted, and 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 was 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. In 1940, the ANA did recognize men by having a session on men in nursing at its convention. With the return of medics from the wars and the movement of schools of nursing into more academic settings, more men began to apply. Men in nursing have to contend with male-dominated medicine, and this has had an influence on the practice. Male nurses were also able to get commissions in the military (Bullough, 2006). The changes did have an impact, but the increase in salaries and improvement in work conditions had the strongest impact on increasing 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. This last finding is disturbing. 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, a well-known nurse leader who served as a nurse for many years, retired at the age of 87 but still is an active voice for the profession and for men in nursing. According to Sullivan (2002), 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). Today, more men and minorities enter baccalaureate degree programs than any other level of nursing education, as supported by national workforce data from the NLN and the AACN on an annual basis (Cleary, 2007; Sochalski, 2002). There is an

organization for men in nursing, the American Assembly for Men in Nursing (http://www.aamn.org), and men are also members of other nursing organizations.

Themes: Looking Into the Nursing Profession's History

Nursing's past represents a movement from a role based on family and religious ties and the need to provide comfort and care (because that was perceived as a woman's lot in life) to an educated person representing 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 presented what a woman could do with some degree of education, physicians (in many countries the term is *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. To carry out a doctor's orders efficiently, nurses must have some degree of understanding of cause and effect of environmental exposures and disease causation. Thus, the move from hospital nursing to university training occurred.

Critics of Nightingale suggest that although the "lady with the lamp" image of a nurse with a light moving about 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. They instead acted, as many do today, as victims. Hospitals "owned" nurses and considered them cheap labor. Today, many hospitals hold the same view. The view of health—doctors are defined by their scope of practice in treating diseases, whereas nurses are seen as health promoters—adds to the lesser status of nursing (Shames, 1993). 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 is 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 more than just caring, but a critical thinker who uses clinical reasoning and judgment and knows when to call the rest of the team.

Professionalism: Critical Professional Concepts

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 related to 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 nursing 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 defined by the ANA (2010c), 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,

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's 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

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

communities, and populations" (p. 10). **BOX 1–2** provides several definitions of nursing that demonstrate an historical perspective.

Chapter 2 contains a more in-depth discussion of the nature of nursing, but a definition is needed in this discussion to gain a further understanding about 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, nursing education, and 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.

In general, a profession—whether nursing or another profession, such as medicine, teaching, or law—has certain characteristics (Bixler & Bixler, 1959; Huber, 2000; Lindberg, Hunter, & Kruszewski, 1998; Quinn & Smith, 1987; Schein & Kommers, 1972):

- 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 meet 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

BOX 1–2

Definitions of Nursing: An Historical Perspective

The following list provides a time line of some of the definitions of nursing over time.

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, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations. (ANA, 2004, p. 4)

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. (International Council of Nursing, n.d.)

Sources: 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. (2004). *Nursing scope and standards of practice*. Silver Spring, MD: Author; International Council of Nursing (n.d.). Retrieved from http://www.icn.ch/

knowledge base for practice (ANA, 2010c) and is expected to be offered in higher education programs. Chapter 4 discusses nursing education in more detail. 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 *Nursing's* ***Social Policy Statement*** (ANA, 2010c): "The authority for the practice of professional nursing is based on a social contract that acknowledges professional rights and responsibilities as well as mechanisms for accountability" (p. 6). Nurses make contributions to society (the community in which nurses practice), and because of this, nurses have a relationship to the society and its culture and institutions. Nurses do not operate in a vacuum, without concern for what the individuals in a community and the community need. Understanding needs and providing care to meet those needs are directly connected to the

social context of nursing. There are critical value assumptions related to the contract between nursing and society that provide an explanation of the importance of this contractual relationship (ANA, 2010c, pp. 6–7), which include:

- Humans manifest an essential unity of mind, body, and spirit.
- Human experience is contextually and culturally defined.
- Health and illness are human experiences. The presence of illness does not preclude health, nor does optimal health preclude illness.
- The relationship between the nurse and patient occurs within the context of the values and beliefs of the patient and nurse.
- Public policy and the healthcare delivery system influence the health and well-being of society and professional nursing.
- Individual responsibility and interprofessional involvement are essential.

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, 2010c, p. 39). 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, 2012). The nurse is answerable for the actions that he or she takes. Accountability and responsibility are not the same thing. A nurse often delegates a task to another staff member, telling him or her what to do and when. The staff member assigned the task is responsible for performing the task and for the performance. 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 Chapter 10.

Sources of Professional Direction

Professions develop documents or statements about what the members feel is important in order 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, 2010c) is an important document that is mentioned elsewhere in this chapter. It 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. This document informs consumers, government officials, other healthcare professionals, and other important stakeholders about nursing and its definition, knowledge base, scope of practice, and regulation.
2. *Nursing: Scope and Standards of Practice* (ANA, 2010b) is another important document that has been developed by the ANA and its members. 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, 2010b, p. 67), are critical to guiding safe, 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 are "authoritative statements of the duties that all registered nurses, regardless of role, population, or specialty are expected to perform competently" (ANA, 2010b, p. 67).

The standards include a **scope of practice** statement that describes the who, what, where, when, why, and how of nursing practice. The definition of nursing is the critical foundation. As noted in Box 1–2, the definition of nursing has evolved and will most likely continue to evolve over time as needs change and healthcare delivery and practice evolve. Nursing knowledge and the integration of science and art, which is discussed in more detail in Chapter 2, is 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 (RN), who may have an advanced degree and specialty training and expertise. There is additional information about the standards, as well as the nurse's roles and functions throughout this text. Part of being a professional is having 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.

To go full circle and return to the social contract, nursing care must be provided and should include consideration of health, social, economic, legislative, and ethical factors. Content related to these issues is discussed in other chapters in this textbook. Nursing is not just about making someone better; it is about 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 treatment team, developing a plan of care with a team that includes the patient and family, evaluating patient outcomes, advocating for patients, and much more.

Chapter 12 discusses safe, 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 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, 2010b, pp. 9–11).

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. Education
3. Evidence-based practice and research
4. Quality of practice
5. Communication
6. Leadership
7. Collaboration
8. Professional practice evaluation
9. Resource utilization

Nursing specialty groups, and 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.

The Code of Ethics for Nurses (ANA, 2010a) assists the profession in controlling its practice and describing central beliefs. This code is "the profession's public expression of those values, duties, and commitments" (ANA, 2010a, p. xi). Implementation of this code is an important part of nursing's contract with society. As nurses practice, they need to reflect these values. Chapter 6 focuses on ethical and legal issues related to nursing practice and describes the code in more detail.

State boards of nursing also play an important role in providing sources of professional direction. 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. Regulation is discussed in more detail in Chapter 4. Each nurse must practice, or meet the description of, nursing as identified in the state in which he or she practices. Some exceptions are discussed in Chapter 4.

Nursing Associations

Nurses have a history of involvement in organizations that foster the goals of the profession. The presence 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 these levels.

Professional Association Activities

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 levels and in taking political action to ensure that the profession's goals are addressed. This activity is generally done through lobbying and advocacy. Some of the organizations are involved in advocacy in the work environment, with the aim of making the work environment better for nurses.

Major Nursing Associations

The following description highlights some of the major nursing organizations (keep in mind that many professional organizations exist). Organizations that focus on nursing specialties have expanded. Other organizations related to nursing education are described in Chapter 4. **EXHIBIT 1–2** provides a list of 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.

It also represents nurses who are not members because many in government and business view the ANA as the voice of nursing. When the ANA lobbies for nursing, it is lobbying for all nurses, not just its membership. It represents 3.1 million RNs through its 54 constituent member associations and state and territorial associations, though the actual membership is only 180,000 (ANA, 2009). 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, the ANA is also a labor union, which is not true for most nursing professional organizations. Participation in the labor union is optional for members, and each state organization's stance on unions has an impact. The ANA's major publication is *American*

EXHIBIT 1–2

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 Diabetes Educators, http://www.diabeteseducator.org/
American Association of Legal Nurse Consultants, http://www.aalnc.org/
American Association of Managed Care Nurses, http://www.aamcn.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 Association of Spinal Cord Injury Nurses, http://www.aascin.org/
American College of Nurse-Midwives, http://www.acnm.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.nursingworld.org/anf/
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 Radiological Nurses Association, http://www.arna.net/
American Society of PeriAnesthesia Nurses, http://www.aspan.org/
American Society of Plastic Surgical Nurses, http://www.aspsn.org/
Association of Camp Nurses, http://www.campnurse.org/
Association of Nurses in AIDS Care, http://www.anacnet.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/

EXHIBIT 1–2 *(Continued)*

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, Inc., http://www.coinnurses.org/
Developmental Disabilities Nurses Association, http://www.ddna.org/
Emergency Nurses Association, http://www.ena.org/
Home Healthcare Nurses Association, http://www.hhna.org/
Hospice and Palliative Nurses Association, http://www.hpna.org/
Infusion Nurses Society, http://www.ins1.org/
International Association of Forensic Nurses, http://www.iafn.org/
International Council of Nurses, http://www.icn.ch/
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 Health Care Assistants, http://www.nahcacares.org/
National Association of Hispanic Nurses, http://thehispanicnurses.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, Inc., 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/
Pediatric Endocrinology Nursing Society, http://www.pens.org/
Society of Gastroenterology Nurses and Associates, Inc., http://www.sgna.org
Society of Pediatric Nurses, http://www.pedsnurses.org/
Society of Trauma Nurses, http://www.traumanurses.org/
Society of Urologic Nurses and Associates, http://www.suna.org/
Society for Vascular Nursing, http://www.svnnet.org/
State Nurses Associations, http://www.nursingworld.org/functionalmenucategories/aboutana/whoweare/cma.aspx
Transcultural Nursing Society, http://www.tcns.org/
Wound, Ostomy and Continence Nurses Society, http://www.wocn.org

Nurse Today. The organization's strategic imperatives are (ANA, 2009):

- *Professional practice and excellence.* The ANA successfully champions professional nursing excellence through standards, a code of ethics, and professional development, such as credentialing and lifelong learning.
- *Health care and public policy.* The ANA is an acknowledged leader in the formulation of effective health care and public policy as they affect the profession and the public.
- *Knowledge and research.* The ANA is the recognized source for accurate, comprehensive health policy information based on knowledge from research.
- *Unification.* The ANA facilitates unification and advancement of the profession.
- *Advocacy for workforce and workplace rights.* The ANA, with its partners and through its organizational relationships, is a leader in promoting improved work environments and the value of nurses as professionals, essential providers, and decision makers in all practice settings.
- *Organizational effectiveness.* The ANA improves its organizational structure and resources to pursue its vision, achieve its mission, and fully satisfy the needs of its constituents, structural units, subsidiaries, and organizational, labor, and workforce advocacy affiliates.

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 the national philanthropic organization that promotes the nursing profession. Since 1955, the ANF has awarded more than $3.5 million for more than 975 research grants (ANF, 2008).

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 (AAN, 2010). The academy is considered the think tank for nursing. Membership is by invitation to become an academy fellow. Fellows may then list "FAAN" in their credentials. There are approximately 1,500 fellows, representing nursing's leaders in education, management, practice, and research. This is a very prestigious organization, and fellows have demonstrated their leadership. Examples of some of the AAN's current projects are coordination of the John A. Hartford Foundation's Building Academic Geriatric Nursing Capacity; Raise the Voice Campaign for Transforming America's Healthcare System; Commission on Workforce; Workforce Commission Committee on the Preparation of the Nursing Workforce; and the Health Disparities task force.

AMERICAN NURSES CREDENTIALING CENTER. The American Nurses Credentialing Center (ANCC) was established by the ANA in 1973 to develop and implement a program that would provide tangible recognition of professional achievement. Through this program, many nurses meet certification requirements and pass certification exams in specific nursing practice areas, such as pediatric nursing, adult psychiatric and mental health nursing, nursing administration, gerontological nursing, informatics nursing, and many more. After receiving certification, nurses must continue to adhere to specific requirements, such as completion of continuing education. The ANCC includes the following five major activities (ANCC, 2011):

1. Certifying healthcare providers
2. Accrediting educational providers, approvers, and programs
3. Recognizing excellence in nursing and healthcare services (Magnet recognition program)
4. Educating the public and collaborating with organizations to advance the understanding of credentialing services
5. Supporting credentialing through research, education, and consultative services

NATIONAL LEAGUE FOR NURSING. The NLN is the nursing organization that focuses on excellence in nursing education. Its membership is primarily composed of schools of nursing and nurse educators. The NLN began in 1893 as the American Society of Superintendents of Training Schools. Its major publication is *Nursing Outlook*. It holds a number of educational meetings annually and provides continuing education and certification for nurse educators. The organization has four major goals (NLN, 2011):

> 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 our mission effectively, efficiently, and in accordance with our 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 (AACN, 2011). The organization represents over 640 schools of nursing at the baccalaureate and higher levels. 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 and educational programs, which will be discussed in other chapters. These roles are the clinical nurse leader and the doctor of nursing practice. The major AACN publication is the *Journal of Professional Nursing*. The organization's strategic goals and objectives for 2009–2011 (AACN, 2011) were:

> Goal 1: Provide strategic leadership that advances professional nursing education, research, and practice.
>
> > Objective 1: Lead innovation in baccalaureate and graduate nursing education that promotes high quality health care and new knowledge generation.
> >
> > Objective 2: Establish collaborative relationships and form strategic alliances to advance baccalaureate and graduate nursing education.
> >
> > Objective 3: Increase the visibility and participation of nursing's academic leaders as advocates for innovation in nursing.
>
> Goal 2: Develop faculty and other academic leaders to meet the challenges of changing healthcare and higher education environments.
>
> > Objective 1: Provide opportunities for academic leaders to strengthen leadership and administrative expertise.
> >
> > Objective 2: Expand initiatives that recruit and develop a diverse community of nurse educators throughout their academic careers.
> >
> > Objective 3: Increase opportunities for all members of the nursing academic unit to participate in AACN programs and initiatives.
>
> Goal 3: Leverage AACN's policy and programmatic leadership on behalf of the profession and discipline.
>
> > Objective 1: Serve as the primary voice for baccalaureate and graduate nursing education through media outreach, advocacy, policy development, and data collection.

Objective 2: Respond to the needs of a diverse membership and external stakeholders.

Objective 3: Implement initiatives to increase diversity among nursing students, faculty, and the workforce.

NATIONAL ORGANIZATION FOR ASSOCIATE DEGREE NURSING. The National Organization for Associate Degree Nursing (N-OADN) represents AD nurses, AD nursing programs, and individual member nurse educators. The organization 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 (N-OADN, 2011):

1. *Collaboration Goal:* Advance associate degree nursing education through collaboration with a diversity of audiences.
2. *Education Goal:* Advance associate degree nursing education.
3. *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. The 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 (STTI, 2011). 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 405,000 members, 130,000 of whom are active members, and 86 countries are represented in its membership. Schools of nursing form association chapters. The chapters are where most of the work of the organization takes place. There are 470 chapters, which include schools in Australia, Botswana, Brazil, Canada, Colombia, Ghana, Hong Kong, Japan, Kenya, Malawi, Mexico, the Netherlands, Pakistan, Singapore, South Africa, South Korea, Swaziland, Sweden, Taiwan, Tanzania, Wales, the United Kingdom, and the United States. 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 the *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 International Council of Nurses (ICN), founded in 1899, is a federation of 133 national nurses associations representing millions of nurses worldwide (ICN, 2011). 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 three major goals are:

1. To bring nursing together worldwide.
2. To advance nurses and nursing worldwide.
3. To influence health policy.

The ICN focuses primarily on professional nursing practice (specific health issues, International Classification of Nursing Practice), nursing regulation (regulation and credentialing, ethics, standards, continuing education), and socioeconomic welfare for nurses (occupational health and safety, salaries, migration, and other issues). The ICN headquarters is in Geneva, Switzerland. Nurses from many countries work within the organization.

NATIONAL STUDENT NURSES ASSOCIATION. The National Student Nurses Association (NSNA) has a membership of 56,000 students

enrolled in diploma, AD, baccalaureate, and general graduate nursing programs (NSNA, 2011). 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. (See "Linking to the Internet.") Attending a national convention is a great way to find out about nursing in other areas of the country and to network with other nursing students. Annual conventions attract over 3,000 nursing students and are held at different sites each year. This professional networking affords students the opportunities to learn about graduate education, specialty groups, and career opportunities. Through NSNA, students can also get involved in the NSNA Leadership U (http://www.nsnaleadershipu.org). Through this program, students have the opportunity to be recognized for the leadership and management skills that they develop in NSNA and to earn academic credit for this experience.

Why Belong to a Nursing Association?

Belonging to a nursing association requires money for membership and commitment to the association. Commitment involves being active, which means that it takes time. 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, and it provides opportunities for professional development. 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 also provides additional opportunities for networking with other nurses who might also provide resources and mentoring for professional development.

Joining a professional organization and becoming active in the work of such an organization is a professional obligation. 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 failed to pull together. Membership in a professional organization is one way to develop one strong voice.

Students can begin to meet this professional obligation by joining local student organizations and developing skills that can then be used after graduation, when they join professional organizations. Students can learn about serving as a committee member and even chairing a committee. Organization communication methods can be observed, and the student can participate in the processes.

Nursing organizations give members the opportunity to participate in making decisions about nursing and health care in general. As new nurses enter the profession today, they find a healthcare system that is struggling to improve its quality and safety and keep up with medical changes; one of the key issues impacting this struggle is the nursing shortage. This is a topic that will come up again in this book. To demonstrate the critical concern about this issue, the following is an example of how professional organizations can come together and advocate for patient care.

The Americans for Nursing Shortage Relief Alliance (ANSR) represents a diverse cross-section of healthcare and professional organizations. The ANSR includes 45 nursing organizations that collectively represent nearly all the nation's 2.9 million nurses, healthcare providers, and supporters of nursing issues who have united to address the national nursing shortage. As an example, the alliance published a consensus document with recommendations to the U.S. Congress in 2010 and stated that:

> The undersigned organizations of the ANSR Alliance greatly appreciate the opportunity to submit written testimony on FY 2010 appropriations for Title VIII—Nursing Workforce Development Programs. The Alliance represents a diverse cross-section of health care and other related organizations, health care providers, and supporters of nursing issues that have united to address the national nursing shortage. We stand ready to work with the 111th Congress to advance programs and policies that will ensure that our nation has a sufficient and adequately prepared nursing workforce to provide quality care to all well into the 21st century. The Alliance, therefore, urges Congress to:
>
> - Appropriate $263.4 million in funding in FY 2010 for the Nursing Workforce Development Programs under Title VIII of the Public Health Service Act at the Health Resources and Services Administration (HRSA).
> - Fund the Advanced Education Nursing program (Sec. 811) at an increased level on par with the other Title VIII programs. (ANSR, 2010, p. 1)

The example set by this organization shows how nursing can band together to have a greater voice about critical healthcare policy issues such as the need to expand the nursing profession.

Nursing is one of the largest healthcare professions. Nurses work in a variety of settings. In 2008, the Bureau of Labor Statistics estimated the need for RNs will grow by 22% from 2008 to 2018, so major tracking of this problem is consistent in the need for more nurses. However, the need will not be equal in all settings. The projections based on specific clinical settings are (Bureau of Labor Statistics, 2009):

- Physician offices: 48%
- Home health care: 33%
- Nursing care facilities: 25%
- Employment services: 24%
- Hospitals, public and private: 17%

In 2008, 60% of the nursing positions were in hospitals. The data indicate that this will change. Even though there will be fewer positions in hospitals, the intensity of nursing care will increase, requiring more nurses per patient while the number of patients who will stay in the hospital more than 24 hours will not likely increase much. In addition, there is greater growth in outpatient procedures, and patients are discharged earlier. The latter has an impact on greater growth in home care services.

In 2011 the U.S. Bureau of Labor Statistics reported that 283,000 new jobs in health care were created in 2010. While these are not only nursing jobs, many are. The Tri-Council for Nursing, in a statement in 2010, cautioned that while increases in the nursing shortage had slowed because of the economic downturn with fewer nurses leaving their jobs and the enrollment numbers have increased some in nursing programs throughout the country, we have not resolved the long-term problem of the nursing shortage (Tri-Council for Nursing, 2010). As the number of nurses in practice and the enrollment fluctuate, the situation will impact access to care in the years to come (Tri-Council for Nursing, 2010).

Nursing is a profession. It meets all the requirements for a profession. In the early part of its history, nursing was not viewed as such, as the review of nursing history describes earlier in this chapter, but it has grown to be recognized as a profession with a "body of knowledge reflective of is dual components of science and art" (ANA, 2004, p. 10). O'Rourke explains that the profession of nursing "subscribes to the notion that the service orientation and ethics of its members is the basis for justifying the privilege of self-regulation," and "that the profession is responsible for developing a body of knowledge and techniques that can be applied in practice along with providing the necessary training to master such knowledge and skill" (2003, pp. 97–98). Chapter 2 explores the art and science of the profession of nursing.

Your Pursuit of a Profession: Making the Most of Your Educational Experience to Reach Graduation and Licensure

Beginning a nursing program is a serious decision. It means that the student has chosen to become a professional RN. This textbook introduces the nursing student to the profession and provides an orientation regarding a variety of important material that will be covered in more depth in future courses. One topic that needs to be addressed in the initial stages of a student's nursing education is how to make the most of the experience in order to reach the goal of graduation and licensure to practice as a professional RN and provide quality care. The following content discusses the roles of the student and faculty, tools for success, different teaching and learning approaches used in nursing education, and caring for self. This is all critical content—maybe not something a student will be tested on, but content that will provide some guidance for how to navigate through the nursing education process effectively. This will be different from other educational experiences that a student has had. Professional socialization is described as:

> transition into professional practice is characterized by the acquisition of the skills, knowledge, and behaviors needed to successfully function as a professional nurse. This process involves the new nurse's internalization of the values, attitudes, and goals that comprise his or her occupational identity. (Young, Stuenkel, & Bawel-Brinkley, 2008, p. 105)

Roles of the Student and the Faculty

Nonnursing educational experiences are quite different from nursing educational experiences. Nursing education has two major components: didactic/theory or content-focused experiences and clinical experiences. The latter is divided into laboratory or simulation experiences and experiences with patients in clinical settings. More will be discussed about this experience later in this section. The student needs to assume a very active role in the learning process and to take responsibility for learning; this cannot be passive learning. Students who ask questions, read and critique, apply information even if it is risky, and are interested in working with others—not just patients and their families, but also fellow students and faculty—will be more successful. Students who wait to be told what to do and when to do it will not be as successful.

Nursing faculty facilitate student learning. This is done by developing course content and by using teaching and learning strategies to assist the student in learning the required content and developing required competencies. Faculty develop learning situations in the simulation laboratory and in clinical settings by guiding students to practice and become competent in areas of care delivery. The best learning takes place when faculty and students work together and communicate about needs and expectations. Faculty members not only plan for a group of students but also assess learning needs of individual students and work with them to meet the course and program objectives. Becoming an RN is more than just graduating from a nursing program. New graduates must pass the NCLEX, which is not offered by the school of nursing but rather through the National Council of State Boards of Nursing and state boards of nursing. Regulation and licensure are discussed in more detail in Chapter 4. Throughout the nursing program, students may be offered opportunities to complete practice exams and receive feedback. In addition, course exam questions are typically written in the formats found in the NCLEX, such as application of knowledge questions rather than questions relating to memorized content. This is often difficult for new nursing students because they are accustomed to taking exams that focus less on application and that do not build on knowledge gained from course to course. For example, students take anatomy and physiology

and then are expected to apply this information later when they take exams on clinical content. The student learns about blood flow through the heart, and then in adult health content, the student is expected to understand this content and apply it to providing care to a patient with a myocardial infarction (a heart attack). Months or even a year may elapse between when the student completes the anatomy and physiology course and when he or she takes an adult health course or cares for a patient with a myocardial infarction. A critical key to success with faculty is communication—ask questions, ask for explanation if confused, meet course requirements when due, and use the faculty as a resource to enhance learning.

Tools for Success

Organization and time management are very important tools for success in a nursing program. Whereas in the past, the student may have gone to class for a few hours a day, in nursing, some courses will meet once or several times a week for several hours. Some courses may be taught online, requiring some attendance in a classroom setting, or maybe none. In addition, the clinical component of the program has a major impact on a student's schedule. Students also need to prepare for the clinical component and work this into their schedules to meet their course requirements. Study skills and test-taking skills are critical. This educational experience will not be without some stress, so students who develop stress management skills to help them cope will find that the experience can be handled better. **BOX 1–3** provides some links to websites with tools for student success.

BOX 1–3

Links for Student Success

- **Overcoming Procrastination**
  http://ub-counseling.buffalo.edu/stressprocrast.shtml
- **Test-Taking Strategies**
  http://www.d.umn.edu/kmc/student/loon/acad/strat/test_take.html
- **Tips and strategies to improve your test-taking skills**
  http://www.collegetips.com/college-classes/test-taking-strategies.php
- **Test-Taking Checklist**
  http://www.d.umn.edu/kmc/student/loon/acad/strat/testcheck.html
- **Student Checklist for Taking Tests in Bb 6 Course Sites**
  http://ltc.cr.duq.edu/main/blackboard/student/stfiles/studenttesttodos.htm

Time Management

Time management is not difficult to define, but it is difficult to achieve. Learning how to manage time and requirements is also very important to effective nursing practice. Time management skills in school are not different from what is required for clinical/practicum and after graduation in practice. Review **FIGURE 1–1**, which describes how to get started with time management.

There never is enough time, it seems, and no one can make more time, so it is best to figure out how to make the most of available time. Everyone has felt unproductive or guilty of squandering time. In simple terms, productivity is the ratio of inputs to outputs. What does the person put into a task or activity (resources such as time, energy, money, giving up doing something else, and so forth) that then leads to outcomes or results? For example, one student studies 12 hours for an exam and gives up going to a film with friends, and another student studies 5 hours and goes to the same film. These two students put different levels of resources into exam preparation, and they get different results—the first student makes an A on the exam and the second a B. The second student then has to decide if it was worth it. Should more time be spent on studying for exams and the personal schedule arranged to allow for some fun, but after exams? Or is the B acceptable? This is a more global perspective of

FIGURE 1–1 Getting Started With Time Management

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

time management, but time management also gets to the details of how one uses time, efficiency and effectiveness.

Time analysis is used to assess how one uses time. The student might keep a log for a week and record all activities, including time spent on each activity and interruptions. If a student commits to doing this, he or she needs to be honest so that the data truly reflect activities. After the data are collected, the student needs to analyze the data using these questions:

- What were your activities, and how long did each take?
- Do you see a difference on certain days as to activities and time?

- What did you complete, and what did you not complete? Can you identify reasons?
- Did you set any priorities, and did you adhere to them?
- What type of interruptions did you have? How many were really important and why?
- Did you procrastinate? Are there certain activities that you put off more than others? Why?
- Did you jump from one task to another?
- Look at your telephone calls, emails, and so on. What impact did these have on your time?
- Did you spend time getting ready to do a task, to communicate with others, and so on? Was some of this required, or could it have been done more effectively?
- Did you take breaks? (Breaks are important.) How many breaks did you take, how long were they, and what did you do?
- Did you consult your calendar?
- Are there times during the day when you are more productive?

Nurses need to be able to plan their day's work and still be flexible, because changes will occur. They set priorities and follow through, evaluate how they use their time, and cut down on wasted time so that care can be delivered effectively and in a timely manner. They use communication effectively and prepare for procedures and other care delivery activities in an organized manner so that they are not running back and forth to get supplies and so on. They handle interruptions by determining what is important and what can wait. All this relates to the student's need to assess time management and learn time management skills.

Technology has made life easier and more organized in some respects, with computers, cell phones with multiple capabilities, personal digital assistants (PDAs), emails, text messaging, and more. However, these new resources can also interfere with time management; a person stops what he or she is doing to answer an email or a text message that just arrived or may spend so much time synching all this technology that the work does not get done. Managing time today means managing personal technology, too.

There are some common time management problems. Consider these examples and how they might apply.

- No planning—not using a calendar effectively
- Not setting goals and priorities
- Allowing too many interruptions
- Getting started without getting ready
- Inability to say, "no," often leading to overcommitment (This is the most common problem.)
- Inability to concentrate
- Insufficient rest, sleep, exercise, and unhealthy diet making one tired
- High stress level
- Too much socializing when work needs to be done—not knowing how to find the right balance
- Ineffective use of communication tools—email, computer and Internet, cell phone, and so on
- Too much crisis management—waiting too long so that then it is a crisis to get the work done
- Inability to break down large projects into small steps
- Wasting time—little tasks, procrastination

Other more serious problems can have a major impact on time management. These occur when the student does not feel competent or does not know what is expected. Students often experience these problems, although they may not know it or want to admit it. Both of these feelings can lead to problems with time management as students struggle to feel better and/or try to figure out what they are supposed to do. Students who have one or both of these feelings need to talk to their faculty openly about their concerns. They need to also know that they are not expected to be perfect. The educational process is focused on helping them to gradually build their competence. In some cases, perfectionism actually becomes a barrier to completing a task; the student

may fear that the task will not be completed perfectly, so the student avoids the task. Benner (2001) described the experience of moving from novice to expert in nursing, which is a practice profession. Beginners or novices have no experience as nurses and thus must gain clinical knowledge and expertise (competence) over time. A beginning student may enter a nursing program with some nursing care experience, such as nursing aide experience. That student may then be at a different novice level but still a novice. A graduate will not be an expert; this comes with time and experience. This can be difficult for students who may have felt that they were competent in understanding the content after a course such as American history or introduction to sociology. Nursing competency, however, is built over time. Each course and its content are relevant to subsequent courses. There is no neat packaging that allows one to say, "I have mastered all there is to know about nursing."

Another component to time management is setting goals and priorities. This helps to organize a person's time and focus activities. Students need to consider what is needed now and what is needed later. This is not always advice that is easy to follow; sometimes a student might prefer to work on a task that is not due for a while, avoiding work that needs to be done sooner. Sometimes writing down goals and priorities and putting them where they can be seen helps to center time management. Delegation plays a major role in health care and is related to time management. One of the key issues when prioritizing is knowing who should be doing the task. Perhaps someone else is a better choice to complete the task; in this case, the task may be delegated.

Tasks and activities can be dissected. Consider the needs of the task, when it is due, how long it will take, how critical it is, or what impact it will have, and what the consequences are if it is postponed or not completed. Large projects are best broken into smaller parts or steps. For example, a major paper should be broken into steps, such as identifying the topic or problem, working with a team (if writing the paper is a team assignment), researching for the paper, writing the paper (which should begin with an outline), reviewing and editing, and polishing the final draft. Building in deadlines for the steps will better ensure that the final due date is met. Many large papers or projects in nursing courses cannot be completed overnight. They may require active learning, such as interviews, assessments, and other types of activities. A presentation may need to be developed after the paper is written or a poster designed. Often this type of work is done with a team of students, which is important because nurses work on teams. This takes more time because team members have to learn to work together, develop a teamwork plan, and meet if necessary. Some team assignments are now done virtually through online activities in which students never physically meet at the same time. Getting prepared for clinical/practicum is also a larger task that will be described later in this chapter. All this takes organization.

Some strategies for improving time management that students can consider include the following:

- Use a calendar or electronic method for a calendar; update it as needed.
- Decrease socializing at certain times to improve production.
- Limit use of cell phone, text messaging, and emails during key times.
- Identify typical interruptions and control them.
- Anticipate—flexibility is necessary because something can happen that will disturb the plan.
- Determine the best time to read, study, prepare for an exam, write papers, and so on. Some people do better in early morning, others late at night. Know what works best.
- Work in blocks of time, minimizing interruptions.
- Develop methods for note taking and organizing learning materials to decrease the need to hunt for these materials.

- Conquer procrastination. Try dividing tasks into smaller parts to get a project done.
- Come prepared to class, clinical laboratory, and clinical settings. Preparation means that less time will be spent figuring out what needs to be done.
- Do the right thing right, working effectively and efficiently.
- Develop a daily time management plan (see **FIGURE 1–2**).
- Remember that time management is not a static process but a dynamic process; time management needs will change.

Study Skills

Study skills are developed over time; however, this does not mean that they cannot always be improved. This is the time to review study skills and determine what can be done to improve them.

Typical components of study skills are reading, using class time effectively, preparing written assignments and team projects, and preparing for discussions, quizzes, and exams. In nursing, clinical preparation, discussed later in this chapter, is also a key area.

Preparation. Students need to prepare for class, whether a face-to-face class, seminar, or online course. The first issue is what to prepare. The guide for this involves the focus for the experience and its objectives. The format—for example, preparing for a class session with 60 students as compared with a seminar of 10 students—also influences preparation. The latter is the experience in which the student will undoubtedly be expected to respond to questions and discuss issues. The larger class may vary; it could be a straight lecture, with little participation expected, or it could include participation. The student needs to be clear about course expecta-

DAILY TIME MANAGEMENT WORKSHEET

Primary Task		Projected Start Time	Projected Finish Time	Actual Time Taken to Complete Task

Secondary Task

FIGURE 1–2 Daily Time Management Worksheet

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

tions. The course syllabus and related documents should explain this. If they do not, the student is responsible for asking about expectations or for clarification of confusing expectations. The student then needs to complete work that is expected prior to the class or experience.

Reading. There is much reading to do in a nursing program, from textbooks and published articles to Internet resources and handout materials that faculty may provide. It is very easy to get overwhelmed. Explore the textbook(s) for the course from front to back. Sometimes students do not realize that a textbook has a valuable glossary or appendix that could help them. Review the table of contents to become familiar with the content. Some faculty may assign specific pages rather than entire chapters, so making note of the details of a reading assignment is critical. Look at a chapter to get familiar with its structure. Typically, there are objectives and key terms; content divided into sections; additional elements, such as exhibits, figures, and boxed information; and then the summary, learning activities, and references. Increasing numbers of textbooks have an affiliated website with additional information. Some books are now published as e-books, which are highly interactive and can be downloaded to computers and PDAs. This trend is likely to continue.

Yes, this is all overwhelming, and where does one begin? Reading focuses on four goals. (1) Learning information for recall is memorizing. This is important for some content, but if it is the only focus of reading, the student will not be able to apply the information and build on learning. (2) Comprehension of general principles, facts, and examples. (3) Critical evaluation of the content. Ask questions and challenge the content. Does it make sense? (4) Application of content, which is critical in nursing, a practice-oriented profession. A student may be taking a course in maternal-child content and be expected to apply that content in a clinical pediatric unit.

As noted in the previous section on time management, time is precious. The student who is trying to develop more effective reading skills should not waste time reading ineffectively but rather should accomplish specific goals in a timely manner. Following are some tips to use in tackling that chapter that looks so long and complex:

- Take a quick look at the chapter—objectives, terms, and major headers—and compare with course content expectations. Pay particular attention to the chapter outline, if there is one, and the summary, conclusions, and/or key points at the end of the chapter.
- Read through the chapter, not for details but to get a general idea of the content.
- Go back and use a marker to highlight key concepts, terms, and ideas. Some students overmark, if this is done first. Using different colors for different levels of content may be useful for some. You will need to go back and study the content; just highlighting is not studying.
- Note exhibits, figures, and boxes. (This is when it is important to check the reading assignment. Does it specify pages or content to read or ignore?)
- Some students make notes in the margins.

FIGURES 1–3 and **1–4** provide two different formats for organizing notes from readings if they are taken. The format in Figure 1–3 can be used to take notes in class, too.

USING CLASS TIME EFFECTIVELY. Attending any class can be a positive or negative learning experience. Preparation is important. In addition, how the student approaches the class is important. If the student has trouble concentrating, sitting in the back of the room may not be the best approach. Sitting with friends can be helpful, but if it means that the student cannot concentrate, alternatives need to be considered. It is difficult to disconnect from other issues and problems, but class time is not the

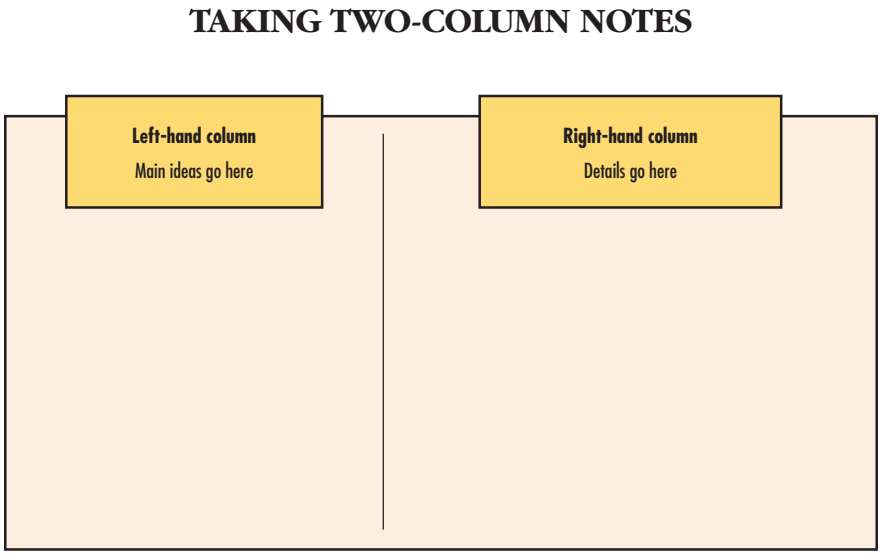


FIGURE 1–3 Taking Two-Column Notes

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

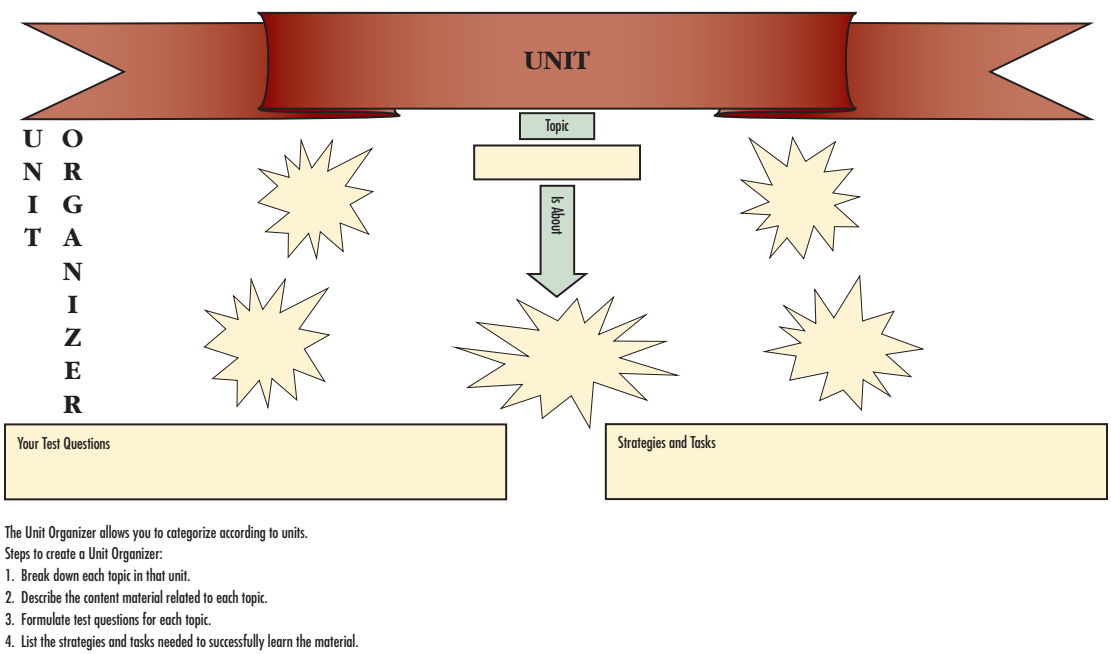


FIGURE 1–4 Unit Organizer

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

place to focus on them. One of the most common issues in class involves students who use class time to prepare for another class—working on assignments, studying for an exam, and so on. In the end, the learning experience on both ends is less effective. Students waste their time if they come to class without completing the reading, analyzing the content, or preparing assignments. A second element of preparation for class and other learning experiences involves bringing needed resources, such as the textbook, a notebook, assignments, and so on. In some schools, laptops may be used, so planning for access if the battery runs out is important. Learning will be compromised if a student uses electronic equipment such as a laptop, PDA, or cell phone for purposes that do not involve course content.

If a course has face-to-face sessions, taking notes is important. Figures 1–3 and 1–4 provide two methods for organizing notes. It is critical to find a way that works for the individual student. Some students may be visual learners, and thus they may draw figures and charts to help them remember something. Going back and reviewing notes soon after a class session will help students to remember items that may need to be added and to recall information long term. As notes are taken in class, include comments from faculty that begin with, "This is important," "You might want to remember this," and so on. Questions that faculty might ask should be noted. It is easy to get addicted to PowerPoint slide presentations and think that if one has these in a handout, learning has taken place. This presentation content is only part of the content that nursing students are expected to learn. Students need to pay attention to content found in reading assignments, research, written assignments, and clinical experiences.

USING THE INTERNET. The Internet has become a critical tool in the world today. Chapter 13 includes more information about technology. As students increasingly use the Internet to get information, it is important that they visit reputable websites. Government sites are always appropriate sources, and professional organization sites also have valuable and appropriate information. Identify who sponsors the site. Bias is a concern; for example, a pharmaceutical company site will praise its own products. Wikipedia is not considered a scholarly resource for references. When using a site, check when the site was last updated. Sites that are not updated regularly have a greater chance of including outdated information. In addition, the Internet is now used frequently for literature searches, usually through university libraries that offer online access to publications. Students need to learn about the resources available to them through their school libraries. It is important to cite content taken from the Internet for an assignment using correct citation format.

PREPARING WRITTEN ASSIGNMENTS, TEAM PROJECTS, AND FOR DISCUSSIONS. The critical first step for any assignment is to understand the assignment—what is expected. The student then completes the assignment based on those expectations. If the assignment describes specific areas to cover in a paper, this should be an important part of the outline for the paper—and these areas may even be used as key headers in the paper. If students have questions about the assignment, they should ask ahead of time. For some assignments, students select their topics. If possible, selecting a topic similar to one used for a different assignment might save some time, but this does not mean that the student may repeat the previous assignment. Plagiarism and/or submitting the same paper or assignment for more than one course are not acceptable. The student needs to be aware of the school's honor code. Correct grammar, spelling, writing style, and citation format are critical for every written assignment. Nurses need to know how to communicate both orally and in written form.

Students will have assignments that require that they work with a team or group of students. Some students do not like doing this, but it pro-

vides a great opportunity to learn about working on teams, which is important in nursing. Teamwork requires clear communication among members and an understanding of the expectations for the work that the team needs to do. Effective teams spend time organizing their work and determining how they will communicate with one another. Conflicts may occur, and these need to be dealt with early. Chapter 10 provides information about teams that applies to all teams, including student teams. If the team must document its work and evaluate peer members, this must be done honestly, with appropriate feedback and comments about the work. This is not easy to do. The team must decide how to do the assignment, which might involve analysis of a case, a paper, a poster, a presentation, an educational program, or another type of activity. Having a clear plan of what needs to be done, by whom, and when will help guide the work and decrease conflict. Everyone is busy, and preventing conflict and miscommunication will decrease the amount of time needed to do the work. If there are serious problems with communication or equality in workload that the team cannot resolve, faculty should be consulted for guidance.

PREPARING FOR AND TAKING QUIZZES AND EXAMS. Quizzes and exams are inevitable. Students who routinely prepare for them will have less pressure at quiz or exam time. This takes discipline. Building review into study time, even if for a short period, does make a difference. As is true for any aspects of a learning experience, knowing what is expected comes first. What content will be covered in a specific quiz or exam? What types of questions are expected, and how many? Typical types of questions in nursing are multiple choice, true or false, essay, and some fill-in-the-blank questions, though the most common is multiple choice. The first quiz or exam is always the hardest, as students get to know the faculty and the style of questions. Some faculty may provide a review guide, which should be used. One aspect of nursing exams that seems to be a problem for new students is the use of application questions in the exams. Preparing for a nursing exam by just memorizing facts will not have a positive result. The student does need to know factual information, but the student also must know how to use that information in examples. Before a major exam, getting enough rest is an important part of preparation. Fatigue interferes with functioning—reading, thinking, managing time during the exam, and so on. Eating also is important. Students usually know how they respond if they eat too little or too much before an exam.

A second common exam-taking problem is the inability to read the question and the possible choices. Students skip over words and think something is in the question that is not. They may not be able to define all the words in the question and do not identify the key words. Reading the question and the choices carefully will make a difference; students should identify the key words and define them. A student who does not know the answer to a question should narrow the choices by eliminating answers that the student does understand or thinks might be wrong. Then, the student should look for qualifiers such as "always," "all," "never," "every," and "none" because these indicate that the answer is not correct. **FIGURE 1–5** describes a system for preparing for multiple-choice exams.

Essay questions require different preparation and skills. Students need to have a greater in-depth understanding of the content to respond to an essay question. Some questions may ask for opinions. In all cases, it is important to be clear and concise, provide rationales, include content relevant to the question and to the material being covered in the course, and to present the response in an organized manner. Sometimes the directions may give guidelines as to length of response expected, but in many cases, this must be judged according to what is required to answer the question. The amount of space provided on the exam may be a good indication. Grammar, spelling, and writing style are important. Jotting down a quick outline will help in focusing the writ-

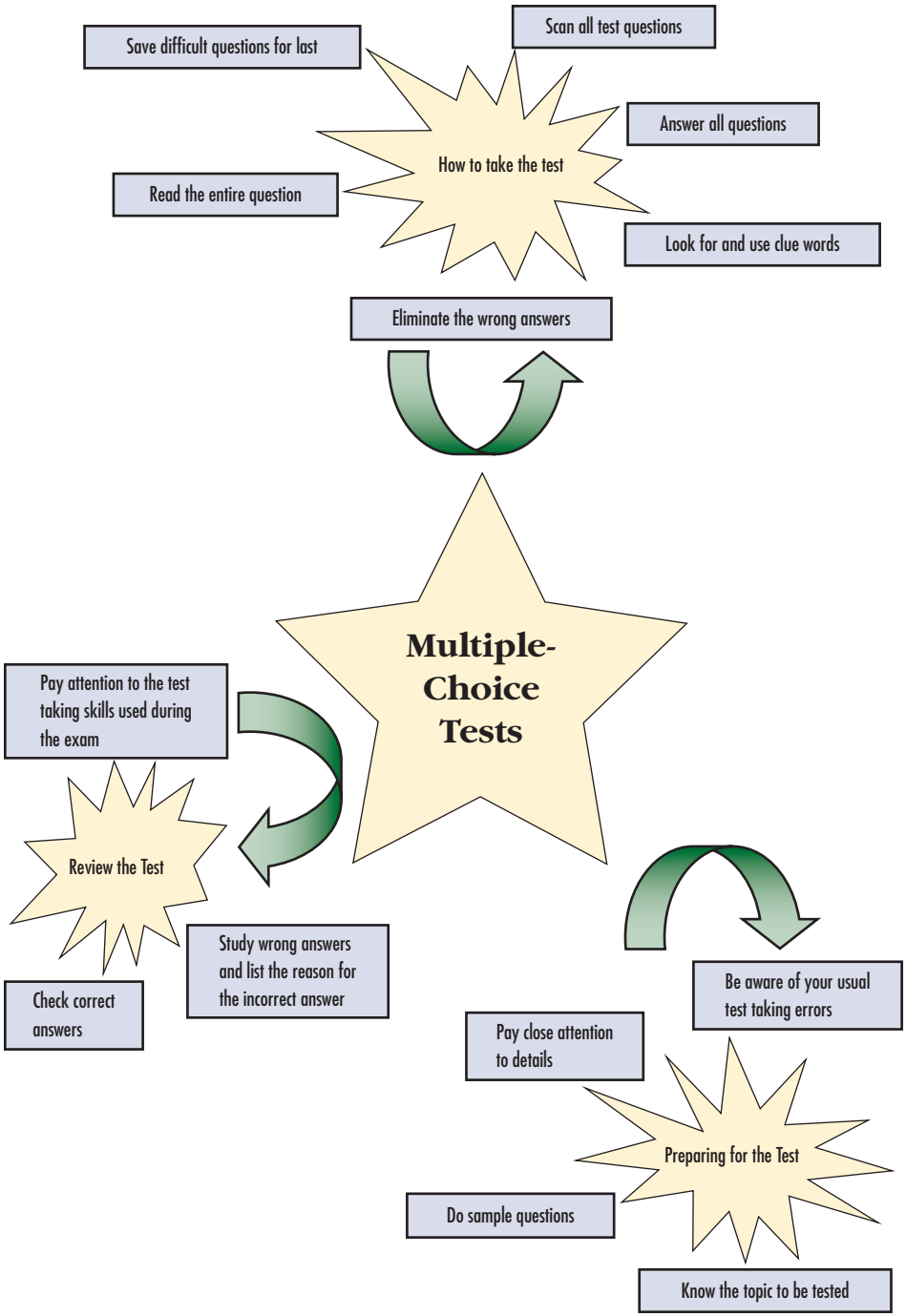


FIGURE 1–5 Multiple-choice Tests

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

ing and managing time. It is important for a student to review the essay response to make sure the question (or questions) has been answered. As is true for all types of exams, the student must pace the work based on the allotted time. Spending a lot of time on questions that may be difficult is unwise. The student can return to difficult questions and should keep this tactic in mind when managing time during the exam.

Study skills also include organizing. Retaining information from one course to another is important. Nursing education does not come in packages that one closes up before moving on to the next package. Learning flows from one course to another, and students need to build on their knowledge and competencies and return to past information. Improvement and growth are the goals.

Networking and Mentoring

Professional nurses use networking and mentoring to develop themselves and to help peers. Students need to understand what these are and begin to work toward using networking and mentoring.

Networking is a strategy that involves using any contact that might be helpful. Using the networking strategy is a skill that takes time to develop. Going to any professional meeting offers opportunities to network. Students can begin to network in student organization activities, whether local, statewide, or national. Networking allows a person to meet and communicate with a wide variety of people, exchange ideas, explore new approaches, and obtain information that might be useful. Some of the networking skills that are important are meeting new people, approaching an admired person, learning how to start a conversation and keep it going, remembering names, asking for contact information, and sharing, because networking works both ways. Networking can take place anywhere: in school, in a work setting, at a professional meeting or during organizational activities, and in social situations. It can even happen online through the use of social networking like LinkedIn, Facebook, and Twitter.

Mentoring is a career development tool. A mentor–mentee relationship cannot be assigned or forced. A **mentor** is a role model and a career advisor. The mentee has to feel comfortable with the mentor and usually chooses him or her. The mentor, of course, must agree. A mentorship can be short term or long term. It does take some time to develop the mentor–mentee relationship. Today, the relationship could actually occur virtually. A student just entering a nursing education program might think about acquiring a mentor, but one does not know when a possible mentor might be met. Students can keep their eye out for possible mentors. The mentor may be a nurse who works in an area where the student has clinical/practicum. New graduates can benefit from a mentorship relationship to help guide them in early career decisions; mentors can give them constructive feedback about their strengths and limitations and suggest improvement strategies. The mentor does not make decisions for the mentee, but rather serves as a sounding board to discuss options and allow the mentee to benefit from the mentor's expertise. The mentor acts as a guide and a teacher. The characteristics of an effective mentor are:

- Expert in an area related to the mentee's needs and interests
- Honest and trustworthy
- Professional
- Supportive
- Effective communicator
- Teacher and motivator
- Respected and influential
- Accessible

The mentor should not have a formal relationship, such as a supervisory or managerial relationship, with the mentee. This could cause stress and not allow the mentor and mentee to communicate openly without concern about possible repercussions. However, there may come a time when a past supervisor becomes a mentor to a former employee.

Nursing Education: Different Teaching and Learning Approaches

As a new student begins a nursing program, it usually quickly becomes clear that it is different from past learning experiences. Competencies need to be developed to provide safe, quality care to patients, families, communities, and populations. Nursing education not only uses traditional didactic learning experiences, which may be offered through face-to-face classes or seminars or online, but also depends greatly on practice in the clinical laboratory using simulation and in clinical settings with patients. What does this mean to the student?

Clinical Laboratory and Simulation Learning

Schools of nursing use a variety of methods for teaching clinical competencies. A competency is an expected behavior that a student must demonstrate. Two methods that have become common in nursing education are the clinical laboratory (lab) and simulation learning, which is often combined with the lab experience. The **simulation** lab is a learning environment that is configured to look like a hospital or other type of clinical setting; some may even be configured to look like a patient's home to provide a setting for home health nursing. The lab may be a hospital room, a room with multiple beds, or a specialty room such as a procedure room or operating room. The lab has the same equipment and supplies that are used in a healthcare setting. Some schools have a simulation area that looks like a patient's home so that students can practice home care prior to an actual home care visit. The clinical lab is typically not configured to replicate a clinical setting though it will have some of the equipment. Some schools have only one type of lab. Students are assigned specific time in the lab as part of a course. There might be some didactic content delivered prior to the lab experience. Students are expected to come to the lab prepared (for example, having completed a reading assignment, viewed a video, or completed online learning activities). Preparation makes the lab time more effective, and students will be able to practice applying what they have learned. Students need to be motivated and self-directed learners. This is true for any learning experience in the nursing program. Schools have different guidelines about dress and behavior in the lab. In some schools, the lab is treated as if it were a clinical lab, with dress and behavior expectations, such as wearing the school uniform or a lab coat and meeting all other uniform requirements related to appearance and professional behavior in the clinical setting. What does the student learn in the lab? Most procedures and related competencies can be taught in a lab, such as health assessment, wound care, catheterization, medication administration, enema, general hygiene, and much more. Complex care can also be practiced in the lab setting using teams of students. Some schools are developing interprofessional simulation experiences that involve medical, pharmacy, and respiratory therapy students. These can be very important experiences and improve interprofessional teamwork.

Simulation plays a critical role in competency development. Practice is important, but guided practice is even more important, and ideally, this should be risk free. Practicing on a real patient carries risk. It is not realistic to expect that a student will be able to provide care without some degree of harm potential the first time care is given. For this reason, practicing in a setting without a real patient allows students to gain competence and self-confidence. Simulation is "replication of clinical experiences in a safe environment as part of a student's education" (Finkelman & Kenner, 2009, p. 208. There are levels of simulations, from low fidelity to high fidelity. The difference is in how close the simulated scenario comes to reality (Jeffries & Rogers, 2007). Simulation also can involve task trainers for learning skills such as IV insertion, or it can be the use of standardized patients (actors) who role play for the students in a safe practice environment simulating a clinical setting. Simulation is used with nursing students at all levels. Beginning students

learn basic competencies in low-fidelity scenarios in which they practice skills and provide care in "a safe environment that allows them to make mistakes, learn from those mistakes, and develop confidence in their ability to approach patients and practice in the clinical setting" (Hovancsek, 2007, p. 4). **EXHIBIT 1–3** describes the types of simulators and simulations that a school might use.

Simulation allows faculty to design learning experiences that meet a variety of learning styles—visual, auditory, tactile, or kinesthetic—and give students time to incorporate their learning. Time is devoted to discussing the care provided without concern for the care that needs to be provided, as would occur in a clinical setting. Students can work alone, with faculty, and with other nursing students

EXHIBIT 1–3

Types of Simulators and Simulations

Type	Definition	Example
Task Trainer	Part of a mannequin designed for a specific psychomotor skill	Ear model, central/PICC line dressing model, Leopold palpitation model
Mannequin	Passive full body mannequin with exchangeable parts (e.g., wounds)	Resusci® Anne, age-specific mannequins (baby, geriatric)
Basic Simulator	Full body simulator with installed human qualities (breath sounds, childbirth)	VitalSim™ child and infant, Nursing Anne, Noelle™ birthing simulator
Patient Simulator	Full body simulator that can be programmed to respond to affective and pyschomotor changes	SimMan®, Human Patient Simulator™
Computer Assisted Instruction (CAI)	Passive and interactive programmable software	Fetal monitoring, ABG interpretation
Virtual Reality	Complete simulated environment that includes audio, visual, tactile, hardware, electronics, and software	Virtual hospital/nursing home, IV simulator, robotics, data gloves
Standardized Patient (SP)	Individual who is trained to portray a patient or teach students using the SP as a teaching tool	Scenarios related to invasive and noninvasive physical examination, interview, patient education, and discharge planning
Web-based Simulation	Multimedia and interactive information accessed from around the world	Access via hyperlinks to virtual clinical environments in action (e.g., time lapse demonstration of the development of pressure sore)
Blended Simulation	Use of multiple types of simulation to provide a comprehensive learning experience	SP: interview, simulator: physical examination and intervention; SP: education and discharge planning

Source: Spunt, D. (2007). Setting up a simulation laboratory. In P. Jeffries (Ed.), *Simulation in nursing education* (p. 113). New York, NY: National League for Nursing. Reprinted with permission.

and also with other healthcare professions' students in an interprofessional team. Faculty can better control the types of experiences that students may need, whereas in the clinical setting, it is not always easy to find a patient who needs a specific procedure or has certain complex care needs at one time. Simulation is active learning, which helps the student improve critical thinking (Billings & Halstead, 2005). Critical thinking and clinical reasoning and judgment are discussed in Chapter 9.

Clinical Experiences

Clinical experiences or practicum is part of every nursing program. This experience occurs when students with faculty supervision provide care to patients. This care may be provided to individual patients or to their families or significant others (e.g., providing care to a patient after surgery and teaching the family how to provide care after discharge), to communities (e.g., working with a school nurse in a community), or to groups of the population (e.g., developing a self-management education program for a group of patients with diabetes). Some nursing programs begin this experience early in the program and others later, but all must have it. Typically, these practicums are conducted in blocks of time—for example, students are in clinical practice 2 days a week for 6 hours each day. Faculty may be present the entire time or may be available at the site or by telephone. The amount of supervision depends on the level and competency of the student, the type of setting, and the objectives of the experience. The clinical setting may also dictate the student–faculty ratio and supervision. The settings are highly variable—a hospital, clinic, physician's office, school, community health service, patient home, rehabilitation center, long-term care facility, senior center, child day care center, or mental health center, among others. In some practicums, a student may work with a group of students, and in others, the student may be alone; for example, the student may be assigned to work with a school nurse.

Participating in clinical experiences (practicums) requires preparation. In many experiences, the student must go to the site of his or her clinical practicum before the clinical day begins (sometimes the day before) to obtain information about patient(s) and to plan the care for the assigned time. This is done so that the student is ready to provide care. The student should understand the patient's (or patients') history and problems, laboratory work, medications, procedures, and critical care issues, and plan for care effectively. Often this is a written plan that is evaluated by the faculty. It might take the form of a nursing care plan or a concept map. These methods are discussed in Chapter 9. Students who arrive at clinical care settings unprepared are unable to meet the requirements for that day.

Another important aspect of clinical experiences relates to professional responsibilities and appearance. When a nursing student is providing care, the student is representing the profession. The student needs to meet the school's uniform requirement for the assigned experience, be clean, and meet safety requirements (such as appearance of hair) to decrease infection risk. Students who go to their clinical not meeting these requirements may be required to go home. Making up clinical experiences is very difficult, and in some cases impossible, because it requires reserving a clinical site again and securing faculty time, student time, and so on. Minimizing absences is critical; however, if the student is sick, the student should not care for patients. Schools have specific requirements related to illness and clinical experiences that should be followed. The student should show up for every clinical experience dressed appropriately, prepared, and with any required equipment, such as a stethoscope. In addition, the student needs to be on time; set the alarm with plenty of preparation time, and plan for delays in traffic. All this relates to the practicing nurse—employers expect nurses to come to work dressed as required, prepared, and on time.

Caring for Self

Caring for others is clearly the focus of nursing. The process of caring for others can be a drain on the nurse. Students quickly discover that they are very tired after a long day in their clinical sessions. Some of this is caused by the number of hours and the pace, but stress also has an impact. When students graduate and practice, they find that the stress does not disappear, and in some cases, it may increase, particularly during early years of practice. Nurses often feel that they must be perfect. They may feel guilty when they cannot do everything they think they should be doing, both at work with patients and in their personal lives. There is still much to learn about nursing, working with others, pacing oneself, and figuring out the best way to mesh a career with a personal life—finding a balance and accepting that nursing is not a career of perfection. Be aware of burnout, which is a "syndrome manifested by emotional exhaustion, depersonalization, and reduced personal accomplishments; it commonly occurs in professions like nursing" (Garrett & McDaniel 2001, p. 92). A work-life balance is "a state where the needs and requirements of work are weighed together to create an equitable share of time that allows for work to be completed and a professional's private life to get attention" (Heckerson & Laser, 2006, p. 27).

Learning how one routinely responds to stress and developing coping skills to manage stress can have a major impact and, it is hoped, prevent burnout later. Symptoms such as headaches, abdominal complaints, anxiety, irritability, anger, isolation, and depression can indicate a high level of stress. A review of anatomy and physiology explains how stress affects the body. When a person experiences stress, the hormones, adrenaline and cortisol, trigger the body to react and alert the nervous, endocrine, cardiovascular, and immune systems. This is actually helpful because it helps a person to cope with the stress, but the problem occurs when these stress responses happen frequently and over a period of months or years. Stress can be felt from a real or imagined threat, and the stressed person feels powerless. Exposure to constant or frequent stress can lead to chronic stress, which can have an overall impact on a person's health.

The best time to begin stress management is now. Strategies for coping with stress can be found in a great variety of resources. BOX 1–4 identifies some websites that provide general information about stress. Using the following guide can help prevent and reduce stress.

- Set some goals to achieve a work–life balance.
- Use effective time management techniques and set priorities.
- Prepare ahead of time for assignments, quizzes, and exams.
- Ask questions when confused and ask for help—do not view this as a sign of weakness, but rather strength.
- Take a break—a few minutes can do wonders.

BOX 1–4

Links to Help Cope With Stress

- **Understanding and Dealing with Stress**
  http://www.mtstcil.org/skills/stress-intro.html
- **Understanding Stress: Signs, Symptoms, Causes, and Effects**
  http://helpguide.org/mental/stress_signs.htm
- **Eight Immediate Stress-Busters**
  http://www.medicinenet.com/script/main/art.asp?articlekey=59875
- **Psych Central: Stress Busters**
  http://psychcentral.com/blog/archives/2009/03/18/10-stress-busters/
- **Lance Armstrong Foundation: Stress Reduction**
  http://www.livestrong.com/article/14656-stress-reduction/

- Get an appropriate amount of exercise and sleep and eat a healthy diet. (Watch excessive use of caffeine.)
- Practice self-assertion.
- When you worry, focus on what is happening rather than what might happen.
- When you approach a problem, view it as an opportunity.
- Use humor.
- Set aside some quiet time to just think—a short period can be productive.
- Care for self.

When students approach their first nursing job after graduation, many experience **reality shock**. This is a shocklike reaction that occurs when an individual who has been educated in a nursing education system with one view of nursing encounters a different view of nursing witnessed in the practice setting (Kramer, 1985). Students do not have to experience reality shock. One preventive measure is to develop greater stress management during the nursing education experience. This will not make the difference between a student's clinical experience and the real world of work disappear, but it will help the new graduate cope with this change in roles and views of what is happening in the healthcare delivery system. More and more institutions are creating externship/internship and residency programs to guide new graduates through the first year of transition to graduate nursing status. Chapter 14 discusses these programs in more detail. Nursing, unlike medicine, pushes its "young" out of the nest without the safety net of a residency period (Goode, 2007).

Conclusion

This chapter has highlighted the history of nursing, societal trends, and other influences that shape nursing as a profession. It has presented an overview of the remainder of this book. Professional nursing includes many key aspects that will be discussed in more detail: art and science of nursing; the image of nursing; education; critical issues related to health care, such as those involving consumers; the continuum of care; the healthcare delivery system; policy, and legal and ethical concerns; the five core competencies; and current issues regarding the practice of nursing.

DISCUSSION QUESTIONS

1. How might knowing more about nursing history impact your personal view of nursing?
2. How did the image of nursing in Nightingale's time impact 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 these topics: 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?
8. What role should professional organizations play in getting nursing greater status within health care?
9. Why is stress management important to you as a student nurse and to practicing nurses?

CRITICAL THINKING ACTIVITIES

1. Describe how the Nightingale Pledge has 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 nurses and ask them if they think nursing is a profession, and the rationale for their viewpoint. How does what they say compare with what you have learned about professionalism in this chapter?
3. Write your own definition of nursing. 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; see how you have developed your view of professional nursing. Ideally, you would then review your definition again 1 year postgraduation.
4. Develop a study plan for yourself that incorporates information about tools for success. Include an assessment of how you use your time.
5. Attend a National Student Nurses Association 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 might it be improved?
6. Review the Words of Wisdom from a new graduate found later in this chapter. What thoughts do you have about her comments? How might you use her advice?

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 played a major role in changing the view of nursing and education to improve care delivery.
4. Nursing meets the critical requirements for a profession.
5. The sources of professional direction were outlined, such as ANA documents that describe the scope of practice, accountability, and an ethical code.
6. The rationale for belonging to professional organizations and their role in shaping nursing as a profession were outlined.
7. The educational experience in nursing is different from an educational experience in other areas.

Linking to the Internet

- American Association for the History of Nursing
  http://www.aahn.org
- Directory of Links
  http://dmoz.org/health/nursing/history/
- Bates Center for the Study of Nursing History, University of Pennsylvania
  http://www.nursing.upenn.edu/history/Pages/default.aspx
- Experiencing War: Women at War (Includes nurses)
  http://www.loc.gov/vets/stories/ex-war-womenatwar.html
- National Student Nurses Association
  http://www.nsna.org

Case Study

Bowers, Lauring, and Jacobson (2001) conducted a study to better understand how nurses manage their time in long-term care settings. Data indicated that the nurses attempted to create new time when time was short. As students, you will be confronted with issues of time when you begin your clinical experience and then throughout your career as a nurse. Consider the following information from this study as listed in **TABLE 1–2**.

TABLE 1–2

Strategy	Description
Longevity	Increasing the pace of work has consequences, such as less time to really talk to patients. This also results in an increased focus on technical or visible and urgent tasks and less focus on surveillance and follow-up. For nurses, this means increased frustration and lower morale.
Working Faster	Combining or bundling tasks is done to complete work more quickly and to reduce interruptions. This can lead to errors when tasks are bundled together that may not fit well, and the nurse cannot focus.
Changing Sequence of Tasks	The order of some tasks may be changed in an attempt to create more time. One will fall behind by doing something just in case there is an interruption later.
Communicating Inaccessibility	Minimizing some activities or eliminating them altogether to get more time typically relates to communication with patients and families. The message is, "I don't have time for this." Avoid those activities that nurses have control over and are viewed as ineffective communication.
Converting Wasted Times	Find ways to use wasted time or downtime; this can be helpful if done right—for example, doing a quick assessment of a patient while waiting for him or her to take oral medications.
Negotiating "Actual Time"	Nurses tried to maximize their "actual work time" by coming in early, skipping lunch and breaks, and so on.

Source: Bowers, B., Lauring, C., & Jacobson, N. (2001). How nurses manage time and work in long-term care. *Journal of Advanced Nursing, 33*(4), 484–491.

Case Questions

1. Consider your own schedule for a week. How would these strategies apply to your own personal methods for handling your time? What impact do they have on your time management, both positive and negative?
2. Keep this list, and when you begin your clinical experience, consider whether you are using these strategies to create more time. Can time really be created?

Source: Bowers, B., Lauring, C., & Jacobson, N. (2001). How nurses manage time and work in long-term care. *Journal of Advanced Nursing, 33*(4), 484–491.

Words of Wisdom

Jamie White, MSN, RN
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What would have made the transition to your first nursing job easier?

Transition to my job was very easy. What made it this way was working in the unit for a year and a half as a nurse partner and clerk. If you already know the basics of the unit, then transition is much easier.

What things were included in your education that were most helpful? Least helpful?

The most helpful educational tool was the group/team work. Nursing is all about being a member of a team and relying on others to help you perform your job more efficiently. The other helpful experience was how nursing school changes your mind-set of school and work. Nursing is ever changing, and so is nursing school. I remember being stressed out my first semester due to the ever-changing environment and no clear line. Now, I understand why it's that way—because nursing is that way. I cannot tell you the least helpful, only because for everything I thought at the time had no purpose, I found the purpose when I entered the field.

What advice would you give entering students?

My advice would be to come into nursing if you truly want to touch people's lives. Nursing is full of frustrations and politics, but if you are in it for the love of people, then you will do fine. The best feeling I get is to hand a family their sick infant for the first time and to see the hope and love that is expressed.

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