

# CHAPTER 3

## The Image of Nursing: What It Is and How It Needs to Change

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### CHAPTER OBJECTIVES

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

- Examine critical issues related to visibility of nursing
- Describe the current and past image of nursing and critical related issues
- Explain how advertising and media impact the nursing image
- Discuss the advantages and disadvantages of the Johnson & Johnson campaign
- Explain the importance of the following nursing and healthcare initiatives and their relationship to image: Nurses for a Healthier Tomorrow, the Institute of Medicine's Quality Series reports, and the *Future of Nursing* report.
- Discuss strategies that impact image: generational issues, power and empowerment, and professional presentation

### CHAPTER OUTLINE

- Introduction
- Visibility: Good or Bad?
  - Why Is It Important for Nurses to Be More Visible?
  - Current Image of Nursing and How It Is Impacted by Past Images
  - How Do Nurses View Themselves?
- Accessing Image and Increasing Visibility
  - Advertising Nursing
  - The Role of Media
    - Media: Television, Radio, Film, Internet, Books, and Magazines
    - Use of Media by Nurses
    - Media Training
- Initiatives That Impact Image
  - Nursing Initiatives to Address the Visibility of the Profession
    - Nurses for a Healthier Tomorrow
    - Raise the Voice Campaign
    - Institute of Medicine Quality Series Reports
    - The Future of Nursing: Leading Change, Advancing Health
- Strategies That Impact Image
  - Generational Issues in Nursing: Impact on Image
  - Power and Empowerment
  - Assertiveness
  - Advocacy
  - The White Female Face of Nursing: It Needs to Change
    - Men in Nursing
    - Minorities in Nursing
  - Professional Presentation: Increasing Visibility and Professional Growth
    - What Do You Wear to Work as a Nurse?
    - Representing the Profession: Public Communication Skills
- Conclusion
- Chapter Highlights
- Linking to the Internet
- Discussion Questions
- Critical Thinking Activities
- Case Study
- Words of Wisdom
- References


**KEY TERMS**

Advertising	Collegueship	Influence
Advocacy	Empowerment	Power
Assertiveness	Image	Powerlessness

## Introduction

**Image** may appear to be an unusual topic for a nursing textbook, but it is not. Image is part of a profession. It is the way a person appears to others, or in the case of a profession, the way that profession appears to other disciplines and to the general public—consumers of health care. Image and the perception of the profession impact recruitment of students, the view of the public, funding for nursing education and research, relationships with healthcare administrators and other healthcare professionals, government agencies and legislators at all levels of government, and ultimately, the profession's self-identity. Just like individuals may feel depressed or less effective if others view them negatively, professionals can experience similar reactions if their image is not positive. It impacts everything the profession does or wishes to do.

The content in this chapter focuses on the image of nursing from the perspectives of how the profession views its own image and how those outside the profession view nursing and nurses. Image is a part of any profession. How nurses view themselves—their professional self-image—has an impact on professional self-esteem. How one is viewed has an impact on whether others seek that person out and how they view the effectiveness of what that person might do. The content in this chapter includes discussion about the importance of visibility, the current image of nursing, various nursing initiatives that relate to image, and the importance of the media and of advertising nursing. Examples of strategies that may impact image are described; particularly generational issues, power

and empowerment, and examples are given regarding how nurses present themselves to communicate the value of the profession. Every time a nurse says to family, friends, or in public that he or she is a nurse, the nurse is representing the profession. This has an impact on the image of nursing. Buresh and Gordon stated, “We cannot expect outsiders to be the guardians of our visibility and access to public media and health policy arenas. We must develop the skills of presenting ourselves in the media and to the media—We have to take the responsibility for moving from silence to voice” (Buresh & Gordon, 2000, as cited in Benner, 2005, p. 15). **EXHIBIT 3-1** provides a snapshot of data that describe the nursing profession.

## Visibility: Good or Bad?

“Although nurses comprise the majority of healthcare professionals, they are largely invisible. Their competence, skill, knowledge, and judgment are—as the word ‘image’ suggests—only a reflection, not reality” (Sullivan, 2004, p. 45). The public views of nursing and nurses are typically based on personal experiences with nurses, which can lead to a narrow view of a nurse often based only on a brief personal experience. This experience may not provide an accurate picture of all that nurses can and do provide in the healthcare delivery process. In addition, this view is influenced by the emotional response of a person to the situation and the encounter with a nurse. But the truth is that most often, the nurse is invisible. Consumers may not recognize that they are interacting with a nurse, or they may think someone is a nurse who is not. When patients go

**EXHIBIT 3–1****Data on the Nursing Profession: 2008****Highlights**

- Number of licensed registered nurses (RNs) in the United States grew by 5 percent between 2004 and 2008 to a new high of 3.1 million.
- Median age of RNs, 46 years old, remained the same between 2004 and 2008, but the number of RNs under age 30 increased for the first time in 3 decades.
- RNs' salaries rose almost 15.9 percent since 2004, which slightly outpaced inflation.
- Employment in nursing rose to almost 85 percent of RNs with active licenses, the highest since 1980.
- An estimated 444,668 RNs received their first U.S. license over the period from 2004 to 2008.
- Workforce diversity is up—in 2008, 16.8 percent of nurses were Asian, Black/African American, American Indian/Alaska Native, and/or Hispanic; an increase from 12.2 percent in 2004.
- The United States has more licensed RNs than ever (an estimated 3,063,163—5.3 percent increase since the last survey in 2004).

*Source:* Department of Health and Human Services (DHHS), Health Resources and Services Administration. The 2008 National Sample Survey of Registered Nurses. Retrieved from <http://bhpr.hrsa.gov/healthworkforce/rnsurvey04/>

to their doctor's office, they interact with staff, and often these patients think that they are interacting with a registered nurse (RN). Most likely, they are not, and the staff person is a medical assistant of some type or may be a licensed practical/vocational nurse. When in the hospital, patients interact with many staff members, and there is little to distinguish one from another, so patients may refer to most staff as nurses.

This does not mean that the public does not value nurses—quite the contrary. When a person tells another that he or she is a nurse, the typical response is positive. However, many people do not know about the education required to become a nurse and to maintain current knowledge, or about the great variety of educational entry points into nursing that all lead to the RN qualification. Consumers generally view nurses as good people who care for others. For the 11th consecutive year, the annual Gallup Poll listed nursing as number one in the annual list of occupations rated for honesty and ethical standards, with 81% of respondents agreeing. This high vote of confidence has been a consistent annual result in the poll (Jones, 2010). What is

not mentioned is that knowledge and competency are required to do the job.

Each year there is a National Nurses Week, and during this week there is a designated National Nurses Day, May 6, just as there is an annual recognition week for many other workers and professionals. This period was chosen because it coincides with Florence Nightingale's birthday, May 12, which is International Nurses Day. Nursing, primarily through the American Nurses Association (ANA), identifies an annual theme and issues that are emphasized during the week. An example of how the profession can use this week to highlight professional concerns in the policy arena occurred in 2007 when, as part of Nurses Week, the ANA and the Congressional Nursing Caucus (nurses who are in Congress) held a luncheon briefing for Congress that focused on an important nursing concern: safe patient handling. Invited guests were congressional staff who dealt with health issues. "Over the past decade, attention has been given to the health and safety concerns among healthcare workers. Despite the recognition that manual patient handling is a high-hazard task, the incidence of musculoskeletal

disorders persists at high rates for nurses and other healthcare personnel” (ANA, 2007a, p. 94). Nurses Week is also used as an opportunity to recognize nurses in practice and to advertise the profession of nursing, increasing its visibility and portraying a positive image. In 2007, ANA president Rebecca M. Patton, MSN, RN, CNOR, stated in her letter about this special annual event, “I hope you take time to reflect on how rewarding a nursing career can be, and to share your passion for nursing with others. This week is an opportunity to take stock, and take pride in what you accomplish as nurses, and hopefully to inspire others to choose this challenging and fulfilling profession” (ANA, 2007b, p. 94). A profession with an effective image should not need to make this type of statement; however, the nursing profession does need to be reminded of these issues and to step up and be more visible.

During Nurses’ Week, healthcare organizations typically hold special celebrations to honor nurses, give out awards for leadership and other accomplishments, and announce via the media (such as local newspapers, radio, and TV) how proud they are of their nurses. Stories and photos that are provided to the media tend to focus on caring—a nurse holding a patient’s hand or talking to a patient. This is not to say that this type of image is not important in nursing, because it is; however, it portrays a limited image of nursing. There is less recognition of the other complex professional aspects of nursing. The critical question about the visibility of nursing is: Who is driving the image and its accuracy?

### **Why Is It Important for Nurses to Be More Visible?**

Students may wonder why it is so important for nurses to be more visible. They chose nursing, so they know that it is an important profession. However, when they enter nursing, many students also have a narrow view of the profession, much closer to what is portrayed in the media—the nurse who cares for others with less understanding of the knowledge base required and competency needed

to meet the complex needs of patients. There is limited recognition that nursing is a scientific field. The profession needs to be more concerned about visibility because nursing is struggling to attract qualified students and keep current nurses in practice.

The nurse’s voice is typically silent, and this has demoralized nursing (Pike, 2001). This is a strong statement and may be a confusing one. What is the nurse’s voice? It is the “unique perspectives and contributions that nurses bring to patient care” (Pike, 2001, p. 449). Nurses have been silent about what they do and how they do it, but this has been a choice that nurses have made—to be silent or to be more visible. External and internal factors have impacted the nurse’s voice and this silence. The external factors are (Pike, 2001):

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

Nurses who can deal with the internal factors can be more visible and less silent about nursing. The internal factors to consider are:

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

This loss of professional pride and self-esteem can also lead to a more serious professional problem: Nurses feel like victims and then act like victims. Victims do not take control, but rather see others in control; they abdicate responsibility. They

play passive-aggressive games to exert power. This can be seen in the image of nurses, which is predominantly driven by forces outside the profession. This also has an impact on the nurse's ability to collaborate with others—other nurses and other healthcare professionals. It is much easier for nurses to feel like victims, and this has also had an impact on nurses viewing physicians in a negative light, emphasizing that physicians have done this to us. As a consequence, nurses have problems saying that they are colleagues with other healthcare professionals and acting like colleagues. “**Collegueship** [boldface added] involves entering into a collaborative relationship that is characterized by mutual trust and response and an understanding of the perspective each partner contributes” (Pike, 2001, p. 449). Colleagues:

- Do not let interprofessional or intraprofessional competition and antagonism from the past drive the present and future
- Integrate their work to provide the best care
- Acknowledge that they share a common goal: quality patient care
- Recognize interdependence
- Share responsibility and accountability for patient care outcomes
- Recognize that collegial relationships are safe
- Handle conflict in a positive manner

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

Visibility also has an impact on consumers and how they view nurses. As health care changes—for example because of the major healthcare reform of

2010—nurses need to be actively involved in this process—in policy and funding decisions, particularly any changes that impact nursing care but also broader healthcare issues. If nurses are not viewed as vital members of the healthcare team and are seen only as team members who hold a patient's hand or serve as angels of mercy, they will not be more visible in the critical process of change. Chapter 5 includes content about health policy and advocacy, which is directly impacted by the visibility of nursing. What is its image, and will that image empower the profession? Does nursing have anything to offer when healthcare issues are addressed? Yes, it does, but nurses need to become more effective in communicating what nursing has to offer.

### Current Image of Nursing and How It Is Impacted by Past Images

The role of nursing has experienced many changes, and many more will occur. How has nursing responded to these changes and communicated them to the public and other healthcare professionals? Suzanne Gordon, a journalist who has written a lot about the nursing profession, noted that often it is the media that is accused of representing nursing poorly, when in reality, the media is reflecting the public image of nursing (Buresh & Gordon, 2006). Nurses have not taken the lead in standing up and discussing their own image of nursing—what it is and what it is not. It is not uncommon for a nurse to refuse to talk to the press because the nurse feels no need to do this or sometimes because of the fear of reprisal from the nurse's employer. When nurses do speak to the press, often when being praised for an action, they say, “Oh, I was just doing my job.” This statement undervalues the reality that critical quick thinking on the part of nurses daily saves lives. What is wrong with taking that credit? Because of these types of responses in the media, nursing is not directing the image, but rather accepting how nursing is described by those outside the profession.

Gordon and Nelson commented that nursing needs to move “away from the ‘virtue script’ toward

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

The connection of nursing with the angel image does not provide an accurate image of the profession. There needs to be a more contemporary image of nursing to attract the next generation of nurses. People have many career options today, and most want careers that are intellectually stimulating. When nurses describe what they do, they frequently tell stories of hand-holding and emotional experiences with patients, leaving out the knowledge-based care that requires high levels of competency. At the same time, nurses are confronting heavy pressure to demonstrate how nursing care impacts patient outcomes. However, it is difficult to respond to this pressure if nurses themselves do not appreciate and articulate to others their role and the knowledge and competency required to provide effective nursing care. Nurses must remember that, in general, the public wants a competent nurse regardless of whether he or she is warm and friendly.

### **How Do Nurses View Themselves?**

Current data indicate that the number of nurses in the United States is very high compared with other

countries, and the number is growing, but still there is a shortage. However, there has been a temporary improvement in the shortage. This issue is discussed in later chapters.

In 2006, Cohen (2007) conducted a survey of emergency room nurses, asking questions about what the nurse participants thought mattered. A total of 331 nurses responded to the following issues and questions:

1. How we present ourselves to patients and families
2. How we dress
3. How skilled we appear to be at our jobs
4. Misinformation from TV and other media
5. Whether we introduce ourselves as nurses
6. How we appear to get along with coworkers
7. Whether we belong to the Emergency Nurses Association (This survey was given only to nurses who worked in emergency departments.)
8. How we act around the nursing station, and so on
9. Whether the patients and families feel that we care
10. How easily the patients and families can read staff name tags

The results indicated that nurses thought Items 1–6, 8, and 9 were 75–98% important to the image of nursing. Forty-five percent thought that item 10 had a great effect on image, and 17% thought that item 7 had a great effect on image. Most of the nurses in the sample were older than 30 years of age, with only 9% younger than 30, and 59.3% had more than 10 years of experience. The nurses were asked what change in nursing they thought would be the most important. Though the responses were varied for all 10 items, 8% indicated that dress was most important, and 3% responded that changing nurses’ attitudes was most important. One conclusion from this result could be that the participants did not have a consensus opinion about what might improve the image of nursing. There is increasing

### Exemplar: Johnson & Johnson Campaign: Discover Nursing

Johnson & Johnson (J&J) funded an advertising campaign to promote nursing as a career. The initiative, called Campaign for Nursing's Future, started more than a decade ago. The ads are sentimental, and the theme is "the importance of a nurse's touch."

In them, we see caring young nurses helping patients ranging from a newborn to an older man. The spots are certainly well-produced. And they do include a few elements that suggest the nurses have some skill. But sadly, the ads rely mainly on the same kind of unhelpful angel and maternal imagery that infected the Campaign's original 'Dare to Care' ads. And that era's four-minute Recruitment Video, complete with the gooey theme song, is still circulating. Of course, "caring" is an important part of nursing. But everyone knows that, and we believe that only greater understanding that nurses actually save lives and improve patient outcomes will attract the resources nursing needs in the long term" (Center for Nursing Advocacy, 2006, p. 98).

Despite negative critique by the Center for Nursing Advocacy and others, J&J has contributed to the positive image of nursing by its involvement in the following initiatives:

- Funding a nursing website in collaboration with the Center for Nursing Advocacy.
- Raising funds for faculty fellowships and student scholarships.
- Sponsoring a recruiting video, *Nurse Scientists: Committed to the Public Trust*. This video focuses on demonstrating how nurses can be scholars, particularly in the areas of cancer, HIV, geriatrics, and domestic violence.

The J&J campaign's (Gordon & Nelson, 2005; response from Donelan, Buerhaus, Ulrich, Norman, & Dittus, 2005) theme was "caring and compassion" and included two 30-second television advertisements; five videos; 8 million pieces of recruitment materials distributed to hospitals, nursing schools, and junior and senior high schools; a website; regional celebrations that raised scholarship and fellowship funds; training materials for students distributed on the website; and continuing education activities offered through Nursing Spectrum. Written materials were offered in English and Spanish. The cost of this campaign was \$30 million. This was an extremely complex, robust, and multifaceted advertising campaign. But was it successful? The evaluation team looked at awareness of, and solutions to, the nursing shortage, the profession's image, learning and work environments, and awareness of the J&J campaign.

It is clear that Americans are more aware of the nursing shortage and concerned about what it means to patient care, often because of a negative experience in a short-staffed hospital. Ninety percent of nurses who were aware of the J&J campaign felt that it had a positive impact on the public image of nursing, the number of students applying to nursing schools, recognition by healthcare organizations, and local and regional efforts to promote nursing. Ninety percent of students applying to nursing said that the campaign made them feel better about nursing, but the campaign did not seem to push potential applicants into a decision to enter nursing, however, but rather made them more aware.

A key concern with the J&J campaign continues to be its limited focus on caring and compassion. Will this type of initiative—which may not be as reality based as it needs to be—lead to problems when those who use this limited view of nursing to make a decision to enter nursing and then find out that the view was not accurate, describing only one aspect of the profession (Gordon & Nelson, 2005)? A second J&J campaign focused more on the knowledge and technology required for nursing, providing a more realistic impression of the profession.

interest in understanding and improving the image of the nursing profession.

### Assessing Image and Increasing Visibility

How do the public, government agencies, and other healthcare professionals learn about nursing? How do those who might want to enter the profession learn about nursing? Where could one get an accurate snapshot of nursing?

### Advertising Nursing

Schools of nursing and employers use **advertising** to recruit students and staff, and professional organizations advertise to make nursing more visible. The profession needs to understand why it is necessary to advertise nursing. Goals for any initiative need to come from understanding the need, and goals for advertising nursing are no different. There are a number of reasons for advertising nursing. First, of course, is the need to attract more qualified people to nursing and to attract minorities and men to the profession. Second, advertising has an impact on other groups that need to know about nursing—what nurses do and the impact that nurses have on health care and outcomes. These groups include policy makers, healthcare organizations, insurers, educators, school counselors who may direct students into nursing, and the consumer. Given these two clear needs, any advertising campaign should offer messages to multiple groups. Even when a school of nursing uses advertising to recruit students, it also advertises about nursing in general to the public. This makes the advertising complex. The preceding exemplar illustrates one complex, multipronged campaign that has received positive and negative reviews.

### The Role of Media

The media really influence the image of nursing. “The news media can confer status upon issues, persons, organizations, or social movements by sin-

gling them out for attention. Audiences apparently subscribe to the circular belief that if something matters, it will be the focus of mass media attention” (Kalisch & Kalisch, 2005, p. 12). Today, the media is a powerful force. Through a great variety of media methods, people can find information quickly; it is accessible anywhere, even on a cell phone. The media focuses not only on news but also on related information in broad areas, including health care. The media is interested in more than the news and weather. But if the media is to accurately portray nursing as more than just caring, nurses must provide the information to inform the public about nursing actions and activities and not be shy about taking credit when deserved.

### Media: Television, Radio, Film, Internet, Books, and Magazines

Healthcare issues can be found in all types of news and entertainment media (film and television), and in other forms of media, including publications such as magazines and books. How much is focused on nursing, and how is nursing portrayed? How can the profession keep up with the media and know what the trends are? This is very important because the profession needs information about the current media image(s) of nursing in order to advocate for change if it is required.

The Center for Nursing Advocacy, founded in 2001, was initially created to consider the nursing shortage. This organization approached the nursing shortage problem from the perspective of the impact of nursing’s image on the ability to attract qualified students to the profession and retain them long term. The center was active in identifying media examples in which nursing is portrayed positively and negatively and to mobilize nurses to respond. The Center was eliminated in 2009 and replaced with another similar organization, The Truth About Nursing (<http://www.truthaboutnursing.org/>). This center also develops campaigns to push for changes in media (television, radio, advertising, film, magazines, and so forth). This nonprofit organization focuses on increasing



public understanding of the central, front-line role nurses play in modern health care, thus promoting more accurate, balanced, and frequent media portrayals of nurses and increasing the media's use of nurses as expert sources. "The Truth About Nursing's ultimate goal is to foster growth in the size and diversity of the nursing profession at a time of critical shortage, strengthen nursing practice, teaching and research, and improve the health care system" (The Truth About Nursing, 2011).

### Use of Media by Nurses

In 1997, Sigma Theta Tau International (STTI), in collaboration with the University of Rochester School of Nursing, conducted a study on nursing in the media called the Woodhull study. The study concluded that nurses are health care's invisible partner (Sieber, Powers, Baggs, Knapp, & Sileo, 1998). In the study, a month's worth of healthcare media coverage was reviewed. The results indicate that there was a serious deficit in nurses' presence in the media, and this problem continues today. Journalists typically rely on physicians when they want statements about health care; most would not even think of asking a nurse for an interview. Representatives of nursing professional organizations, education administrators and faculty, and nurses who deliver direct care are of particular interest to local news publications and broadcasts.

### Media Training

The ANA, through its website, RN = Real News, provides guidelines for media input (ANA, 2007c). This website was established in response to the results found in the earlier STTI study. "The media is the primary means by which consumers and policy makers obtain information about healthcare, about registered nurses, and about the nursing profession. While the situation is gradually improving, RNs continue to be underrepresented in media coverage of health issues—even where nurses are the primary experts" (Stewart, 2007, p. 103). STTI is another organization that offers media training. Nurses need to pay attention to positive images and note the type

of image portrayed and whether it is an accurate image. For example, a nurse may be portrayed as a caring individual in a television series, but there is little (if any) emphasis on the nurse's knowledge and competency, which is an inaccurate portrayal of nursing. Nurses also need to consider whether nursing is left out when it should be present in the media story.

Any nurse who becomes involved with the media needs to remember that he or she is an expert and thus must demonstrate professionalism and expertise. Reminding oneself that the public trusts nurses may help decrease anxiety when interacting with the media. Certainly, preparing for an interview is important, and if the topic is known, one can consider what types of questions might be asked. Most people who are interviewed by the media have an agenda—the message that they want to communicate through the media to the audience, which is usually more than just understanding an issue—and action is usually a goal. Listening carefully to the question is very important because it often indicates what the reporter thinks about the issue. At no time should the nurse interviewee become angry or defensive, even if the reporter gives good reason for this type of response. Keeping anger and defensiveness under control is important. A thoughtful, clear answer is the best approach, one backed up by facts. If the answer to a question is not known, the nurse should say so and then follow up with required information. Many nursing organizations provide information and training for nurses who may become involved with the media and are looking for nurses who want to do this type of work for the profession. Buresh and Gordon (2006, p. 23) identified three tiers or modes of communication that are important to consider when educating the public about nursing:

1. Public communication through professional self-presentation
2. Public communication through anecdotal descriptions of nursing

- Public communication through the mass media

All three of these modes are addressed in this chapter.

### Initiatives That Impact Image

Is the profession adequately influencing how nursing is viewed and maximizing its visibility? **Influence** is related to power—the power to cause others to agree to a certain direction. Influence is tied to image. “Your identity as a nurse goes with you wherever you are whether you are aware of it or not. How we present ourselves is an outward expression of our inner experience. Our beliefs about ourselves color all that we do and say” (Sullivan & the Sullivan Commission, 2004, p. 8). Influence is related to how a person communicates with, and gains support from, others. Influence requires relationships, because it happens between people. A person can be influential in one area but not in others. For example, a nurse with expertise in pediatric nursing may be able to influence policy makers about a new policy related to child health but have no influence when it comes to funding education for nurse anesthetist programs. Buresh and Gordon asked, “How can nurses end the silence about nursing and tell a credible compelling story about their work?” (2006, p. 21):

- Nurses must inform the public about nursing.
- Every nurse must make public communication and education about nursing an integral part of his or her nursing work.
- Nurses must communicate in ways that highlight nurses’ knowledge rather than their virtues.

### Nursing Initiatives to Address the Visibility of the Profession

The nursing profession has developed a number of initiatives to focus on the profession and its needs—

image, the nursing shortage, and the nursing faculty shortage. These issues are interconnected. When developing these initiatives, the profession is standing up for change and directing its own public image. Though there are 2.6 million jobs for RNs, making nursing the largest healthcare occupation, the shortage is a critical issue for the profession and the public (U.S. Department of Labor, 2008). The profession needs to take advantage of its strength in numbers to influence health care and its own image.

#### Nurses for a Healthier Tomorrow

Nurses for a Healthier Tomorrow (NHT) is a coalition of 42 nursing and healthcare organizations that work together in developing a communications campaign to attract people to the nursing profession (NHT, 2011). The goal of this campaign is to address the nursing shortage from the standpoint of the faculty shortage. If there are not enough nursing faculty members, schools of nursing cannot admit more students. NHT’s initial campaign was called “Nursing. It’s Real. It’s Life.” Its focus was on attracting people to nursing. The 2004 campaign, “Nursing education ... pass it on” included a series of ads to attract nurses to nursing faculty positions.

#### Raise the Voice Campaign

The American Academy of Nursing launched a campaign, Raise the Voice, to increase the visibility of nursing (2007). Academy president Linda Burns-Bolton, PhD, RN, challenged nursing to begin to “call the circle,” in other words, to seek opportunities to participate in interprofessional and corporate boards by first inviting others to meet with nursing leaders. Nursing no longer needs to wait to be invited but should call the meeting. The link is provided at the end of the chapter. These activities raise the voice of nursing and increase its visibility.

#### Institute of Medicine Quality Series Reports

In 1999, the Institute of Medicine (IOM) began to publish a series of reports that looked at the U.S. healthcare system and the quality and safety issues related to care, publishing reports on quality and

also nursing (2001; 2004). Chapter 12 discusses many of the reports in detail, and they are mentioned throughout this textbook. Relevant to the topic of this chapter is the 2004 IOM report that focuses on nursing and the nurse's work environment. The report emphasizes the major role that nurses have in health care in any setting and that nurses spend more time with patients than other healthcare professionals. No other report in this series focuses on one healthcare professional group. Having nursing highlighted—and done so in a positive manner that includes important recommendations for making the work environment more conducive to effective nursing care—is a major step forward in clarifying the public image of nursing and emphasizing that nurses have an important impact on patient outcomes.

### The Future of Nursing: Leading Change, Advancing Health

This IOM report (2011) strongly recommends that nurses assume more leadership roles in healthcare delivery in all settings. The Institute of Medicine collaborated with the Robert Wood Johnson Foundation to collect data through focus groups across the county and other methods to determine how nursing can respond to a healthcare system that requires change. “The report calls on nurses, individually and as a profession, to embrace changes needed to promote health, prevent illness, and care for people in all settings across the lifespan” (IOM, 2011, p. ix). This report clearly elevates the image of nursing and recognizes that the profession has a major role to play.

### Strategies That Impact Image

Many strategies could be taken to improve the image of nursing. Several examples of these strategies are described in this section, including those involving generational issues, power and empowerment, assertiveness, advocacy, and the need for more men and minorities in nursing.

#### BOX 3–1

#### Current Generations in Nursing

■ Traditional generation	Born 1930–1940
■ Baby boomers	Born 1941–1964
■ Generation X	Born 1965–1980
■ Generation Y (also called millennials)	Born 1981–present

### Generational Issues in Nursing: Impact on Image

Nursing today is composed of three generations: (1) baby boomers, (2) generation X, and (3) generation Y. The traditional generation is no longer in practice, but it had a significant impact on the nursing profession and current practice. **BOX 3–1** identifies the time frames for these generations.

Generational issues are important because the generations are part of the image of nursing. When a person thinks of a nurse, what generation or age groups are considered? Most people probably do not realize that there is not one age group, but several. Nurses in these four generations are different from one another. What impact does this have on the image of nursing? This means that the image of nursing is one of multiple age groups with different historical backgrounds. How they each view nursing can be quite different, and their educational backgrounds vary a great deal, from nurses who entered nursing through diploma programs to nurses who entered through baccalaureate programs. Some of these nurses have seen great changes in health care, and others see the current status as the way it always has been. Technology, for example, is frequently taken for granted by some nurses while others are overwhelmed with technological changes. Some nurses have seen great changes in the roles of nurses, and other nurses now take the roles for granted—for example, the advanced practice nurse. If one asked a nurse in each generation for his or her

view of nursing, the answers might be quite different. If these nurses then tried to explain their views to the public, the perception of nursing would most likely consist of multiple images.

The situation of multiple generations in one profession provides opportunities to enhance the profession through the diversity of the age groups and their experiences, but it also has caused problems in the workplace. What are the characteristics of the groups? How well do they mesh with the healthcare environment? How well do they work together? The following list provides a summary of some of the characteristics of each generation including the traditional generation and its impact (American Hospital Association, 2002; Bertholf & Loveless, 2001; Finkelman, 2012; Gerke, 2001; Kogan, 2001; Santos & Cox, 2002; Ulrich, 2001; Wieck, Prydun, & Walsh, 2002).

1. *The traditional, silent, or mature generation, born 1930–1940:* This generation is important now because of its historical impact on nursing but is not currently in practice. This group of nurses was hard working, loyal, and family focused and felt that the duty to work was important. Many served in the military in World War II. This period was prior to the women's liberation movement. These characteristics had an impact on how nursing services were organized and on the expectations of management of nurses. Some of this impact has been negative, such as the emphasis on bureaucratic structure, and difficult to change in some healthcare organizations.
2. *Baby boomers, born 1940–1964:* This generation, currently the largest in the work arena, is also the group moving toward retirement. This will lead to an even greater nursing shortage problem. This is the generation that grew up in a time of major changes, including women's lib, the civil rights movement, and the Vietnam War. They had less professional opportunity than nurses today because the typical career choices for women were either teaching or nursing. This began to change as the women's liberation movement grew. Of this generation, fewer men went into nursing, as was true of the previous generation. This group's characteristics include independence, acceptance of authority, loyalty to employer, workaholic tendency, and less experience with technology, though many in this group have led the drive for more technology in nursing. This generation has been more materialistic and competitive and appreciates consensus leadership; it is a generation whose members chose a career and then stuck to it, even if they were not very happy.
3. *Generation X (gen-X), born 1965–1980:* The presence of generation X, along with generation Y, is growing in nursing. They will assume more nursing leadership roles as the baby boomers retire. They are more accomplished in technology and very much involved with computers and other advances in communication and information; they have experienced much change in these areas in their lifetimes. These nurses want to be led, not managed, and they have not yet developed high levels of self-confidence and empowerment. What do they want in leaders? They look for leaders who are motivational, who demonstrate positive communication, who appreciate team players, and who exhibit good people skills—leaders who are approachable and supportive. Baby boomers would not look for these characteristics in a leader. Gen-Xers typically do not join organizations (which has implications for nursing organizations that need more members), do not feel that they must stay in the same job for a long time (which has implications for employers that experience staff turnover and related costs), and feel that they want a balance between work and personal life (not as willing to bring home work). Compared to their other generations of nurses, they are more informal, pragmatic, technoliterate, indepen-

dent, creative, intimidated by authority, and loyal to those they know, and they appreciate diversity more. By contrast, baby boomers with whom the gen-Xers are working often see things very differently. Baby boomers are more loyal to their employer, stay in the job longer, are more willing to work overtime (although they are not happy about it), and have a greater long-term commitment. All this can cause problems between the two generations, with baby boomers often in supervisory positions and gen-Xers in staff positions but moving into more leadership positions.

4. *Generation Y (nexters, millennials, generation next, mypod generation, gen-Y) born 1980–present*: This is the generation primarily entering nursing now, though second-career students and older students are also entering the profession. Millennials’ characteristics are optimism, civic duty, confidence, achievement, social ability, morality, and diversity. In work situations, they demonstrate collective action, optimism, tenacity, multitasking, and a high level of technology skill, and they are also more trusting of centralized authority than generation X. Typically, they handle change better, take risks, and want to be challenged. This generation is connected to cell phones, iPods, and personal digital assistants; they are tech savvy and multitask. Sometimes this makes it difficult for them to focus on one task.

In a profession with representatives from multiple generations, it is necessary to recognize that this diversity means great variation in positive and negative characteristics; some will pull the profession back if allowed, and some will push the profession forward. “In the workplace, differing work ethics, communication preferences, manners, and attitudes toward authority are key areas of conflict” (Siela, 2006, p. 47). This also has an impact on the profession’s image; it is not a profession of one type of person or one age group. People in all the major

age groups are entering nursing. As one generation moves toward retirement, the next generation will undoubtedly have an impact on the image of nursing, but this impact needs to be driven by nurses, not others. It is also critical that gender role stereotyping be avoided and neutralized to increase the strength of nurses as one group of professionals, while still recognizing that these differences exist and how they might impact the profession.

## Power and Empowerment

**Power** and **empowerment** are connected to the image of nursing. How one is viewed can impact whether the person is viewed as having power—power to influence, to say what the profession is or is not, and to influence decision making. Nurses typically do not like to talk about power; they find this to be philosophically different from their view of nursing (Malone, 2001). This belief, viewing power only in the negative, acts as a barrier to success as a health-care professional. But what are power, **powerlessness**, and empowerment? To feel like one is not listened to or not viewed positively can make a person feel powerless. Many nurses feel that they cannot make an impact in clinical settings, and they are not listened to or sought out for their opinion. This powerlessness can result in nurses feeling like victims. This feeling can act against nurses when they do not take on issues such as the image of nurses and when they allow others to describe what a nurse is or to make decisions for nurses. All this only worsens their image. What nurses want and need is power—to be able to influence decisions and have an impact on issues that matter. It is clear that power can be used constructively or destructively, but the concern here with the nursing profession is in using power constructively. Power and influence are related. Power is about control to reach a goal. “Power means you can influence others and influence decisions” (Finkelman, 2012, p. 341). There is more than one type of power, as described in **BOX 3–2**. The type of power has an impact on how it can be used to reach goals or outcomes.

**BOX 3–2****Types of Power**

- Informational power: Arises from the ability to access information and share information.
- Referent power: A type of informal power that exists when others recognize that a person has special qualities and is admired; others are willing to follow that person.
- Expert power: A person is respected for his or her expertise, and others will follow. The person may or may not be in a management position; staff may follow another staff member because they feel that person has expertise.
- Coercive power: Power is based on punishment when someone does not do what is desired; the result might be loss of raise or promotion, which is a decision made by a supervisor who has formal power.
- Reward power: When a person's power comes from his or her ability to reward others when they do as expected. In this case, the person would have to be in a position of authority—for example, a manager.
- Persuasive power: This type of power occurs when a person uses persuasion to influence others.

Empowerment is an important issue with nurses today (Finkelman, 2012). To empower is to enable to act—a critical need in the nursing profession. Basically, empowerment is more than just saying you can participate in decision making; staff need more than words. Empowerment is needed in day-to-day practice as nurses meet the needs of patients in hospitals, in the community, and in home settings. Empowerment also implies that some may lose their power while others gain power.

Staff who experience empowerment feel that they are respected and trusted to be active participants. Staff who feel empowered also demonstrate a positive image to other healthcare team members, patients and their families, and the public. Nurses

who do not feel empowered will not be effective in demonstrating a positive image in that they will not be able to communicate that nurses are professionals with much to offer. Empowerment that is not clear to staff is just as problematic as no staff empowerment. Empowered teams feel a responsibility for the team's performance and activities—this can improve care and reduce errors.

Control over the profession is a critical issue that is also related to the profession's image. Who should control the profession, and who does? This is related to independence and autonomy—key characteristics of any profession. But a key question continues to be, *What should be the image of nursing?* Nursing as a profession does not appear to have a consensus about this image, given that the types of advertising and responses to these initiatives vary. Nursing needs to control the image and visibility of the profession and, in doing so, may have more control over the solutions for the following four issues:

1. If nurses had a more realistic image, it would be easier to support the types of services that nurses offer to the public.
2. If nurses had a more realistic image, it would be easier to support an entry-level baccalaureate degree to provide the type of education needed.
3. If nurses had a more realistic image, it would be easier to support the need for reimbursement for nursing services, which are much more than hand-holding.
4. If nurses had a more realistic image, it would be easier to participate in the healthcare dialogue on the local, state, national, and international levels to influence policy.

**Assertiveness**

**Assertiveness** is demonstrated in how a person communicates—direct, open, and appropriate in respect of others. When a person communicates in an assertive manner, verbal and nonverbal communication is congruent, making the message clearer, and often

includes “I” statements. Assertive and aggressive communications are not the same. Assertive persons are better able to confront problems in a constructive manner and do not remain silent. The problems that the profession has with image have been influenced by nursing’s silence—the inability to be assertive. Smith (1975) identified some critical rules related to assertive behavior that can easily be applied to the difficulties that nursing has had with changing its image and visibility and continue to be areas that need improvement and continue to be important today.

1. Avoid overapologizing.
2. Avoid defensive, adverse reactions, such as aggression, temper tantrums, backbiting, revenge, slander, sarcasm, and threats.
3. Use body language—such as eye contact, body posture, gestures, and facial expressions—that is appropriate to and that matches the verbal message.
4. Accept manipulative criticism while maintaining responsibility for your decision.
5. Calmly repeat a negative reply without justifying it.
6. Be honest about feelings, needs, and ideas.
7. Accept and/or acknowledge your faults calmly and without apology.

Other examples of assertive behavior are (Katz, 2001, p. 267):

- Expressing feelings without being nasty or overbearing
- Acknowledging emotions but remaining open to discussion
- Expressing self and giving others the chance to express themselves equally
- Using *I* statements to defuse arguments
- Asking and giving reasons

## Advocacy

**Advocacy** is speaking for something important, and it is one of the major roles of a nurse. Typically, one thinks of advocacy for the patient and fam-

ily; however, nurses also need to be advocates for themselves and for the profession. To do this successfully, nurses need to feel empowered and be assertive. All nurses represent nursing—acting as advocates—in their daily work and in their personal lives. When someone asks, “What do you do?” the nurse’s response is a form of advocacy. The goal is to have a positive, informative, and accurate response.

## The White Female Face of Nursing: It Needs to Change

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

### Men in Nursing

Men still constitute a very small percentage of the total number of RNs living and working in the United States, although their numbers have continued to grow (U.S. Department of Health and Human Services, 2010). Before 2000, 6.2% of RNs were men, and by 2008 this increased to 9.6%. Male and female RNs were equally likely to have a baccalaureate degree, but male RNs were more likely to also have a nonnursing degree. **TABLE 3–1** provides data about gender in nursing.

Men in nursing have worked to develop support for men who decide to enter the profession. One type of support is the American Assembly of Men in Nursing (2011). The objectives of this organization are to:

TABLE 3-1

## Gender in Nursing

	Licensed Before 2000		Licensed in 2000 or Later	
	Male	Female	Male	Female
Percent of employed nurses	6.2	93.8	9.6	90.4
Median age	49	50	35	31
	Percent with bachelor's degree and higher in nursing or nursing-related field		Percent with bachelor's degree and higher in nursing or any nonnursing-related field	
Men	49.9		62.2	
Women	50.3		55.1	

Source: Department of Health and Human Services (DHHS), Health Resources and Services Administration. The 2008 National Sample Survey of Registered Nurses. Retrieved from <http://bhpr.hrsa.gov/healthworkforce/rnsurvey04/>

1. Encourage men of all ages to become nurses and join together with all nurses in strengthening and humanizing health care
2. Support men who are nurses to grow professionally and demonstrate to each other and to society the increasing contributions being made by men within the nursing profession
3. Advocate for continued research, education, and dissemination of information about men's health issues, men in nursing, and nursing knowledge at the local and national levels
4. Support members' full participation in the nursing profession and its organizations and use this assembly for the limited objectives stated in this list

The ANA, as well as many state nursing organizations, has supported the theme of men in nursing and has gone as far as creating its "Men in Nursing" calendar to depict the various types of nursing that men do and the different types of men attracted to nursing.

### Minorities in Nursing

Along with a limited number of men in nursing is the problem of limited minority representation

in the profession (U.S. Department of Health and Human Services, 2010). Racial/ethnic minority groups continue to be underrepresented in the RN population, though there has been some improvement. In 2008, 16.8% of RNs came from minority racial/ethnic groups. American Indian RNs continue to be a very small number of the total RNs. **TABLE 3-2** describes gender, race, and age data. Minority applicants tend to seek baccalaureate degrees or higher (American Association of Colleges of Nursing, 2010). This trend may improve the number of minority nurses as the profession moves toward higher education expectations (IOM, 2011).

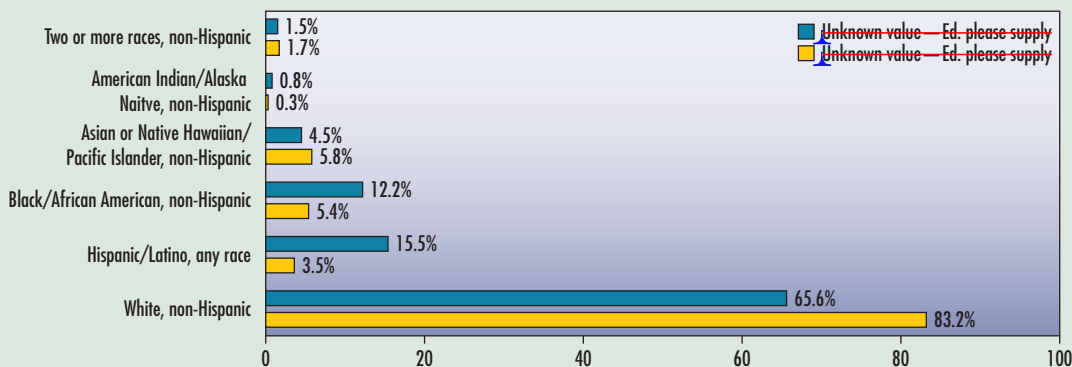
The Sullivan Commission (Sullivan & the Sullivan Commission, 2004) explored the critical issue of the need for more minorities in healthcare professions and made recommendations to work on this problem. The final report stated:

Diversity is a critical part of the mission of healthcare and the national challenge of preparing our nation's future workforce. America's success in improving health status and advancing the health sciences is wholly dependent on



TABLE 3-2

## Distribution of Registered Nurses and the U.S. Population, by Racial/Ethnic Background



Source: Department of Health and Human Services (DHHS), Health Resources and Services Administration. The 2008 National Sample Survey of Registered Nurses. Retrieved from <http://bhpr.hrsa.gov/healthworkforce/rnsurvey04/>

the contributions of people from a myriad of diverse backgrounds and cultures, including Latinos, Native Americans, African Americans, European Americans, and Asian Americans. The lack of diversity is a key barrier to ensuring a culturally competent healthcare system at the provider, organizational, and system levels. It diminishes our nation's capacity to eliminate racial and ethnic health disparities and compromises our national capacity to advance the health sciences. (p. 28)

### Professional Presentation: Increasing Visibility and Professional Growth

How might you represent the profession? Every nurse represents the profession every day at work. The image of the profession is communicated through dress, appearance, name tags and credential identification, how one communicates and introduces oneself, and how one performs and provides care. Nurses also represent the profession in

nonwork settings and in their personal lives as soon as they say that they are an RN. People then look at nurses differently and most likely have certain expectations. Most nurses have experienced being asked many health questions by family members and consumers who want advice even though the nurse is not in a working role. Nurses have to know how to respond to these questions and be professional in their response. Nurses who complain about their work or joke about patient care issues when they think they are in a neutral situation, such as a social setting, are still representing the profession. Consumers will take note of these comments and nonverbal communication. Nurses really never stop being nurses no matter what role or occupation they are in; this is a characteristic of a profession, just like a physician or a lawyer is never not a physician or lawyer even if his or her main job is as an editor or legislator. What are some issues that might come up as a nurse becomes a visible representative of the profession?

### What Do You Wear to Work as a Nurse?

If one took a tour of a hospital today, could RNs be easily identified? Most likely they cannot be easily identified. In fact, it can be difficult to identify the roles of any staff members in the hospital, from the doctors and nurses to the staff who clean the units. Nurses' uniforms have changed over time. The image of the nurse in a white uniform—typically a woman in a dress with a cap and white stockings and shoes—is long past. Prior to the all-white uniform, the nurse's uniform was gray or blue, similar to a nun's habit and to the uniforms worn during Florence Nightingale's time (Tobin, 2006). But in the 1980s, even the all-white uniforms (dresses) began to change. White pantsuits became more common, and soon after that, scrubs became the uniform of the day and continue to be. Why scrubs? They are cheaper, easier to clean, and more comfortable. Colors are wide open, and in some cases, lab coats are worn over the scrubs. At the same time that nurses began to wear scrubs, others who worked in health care also changed to scrubs, adding to the confusion (Tobin, 2006). Then came the prints—animals, cartoon characters, flowers, and so on. How comfortable are adult patients when a nurse comes in wearing scrubs with animals or cartoon characters and informs the patient that he or she will be the patient's nurse for the day? What impression does this give? Another problematic aspect of this change in uniform is less employer control over dress code; consistency is now lacking in a dress and appearance code: Hair length and style, appropriate jewelry, and style of shoes are not as carefully assessed. One can see scrubs that look like they just came out of the washer, wrinkled and thrown on in haste. Hospitals are full of staff who all look alike; wearing scrubs in different colors and patterns, with or without lab coats, but mostly all in scrubs. Staff, patients, families, and visitors cannot tell one type of staff member from another. The results of a 1997 study about uniforms (Mangum, Garrison, Lind, & Hilton) indicated that the best first impression was given by a white-pants and top uniform with

a stethoscope rather than colored scrubs or white pants with a colored top, both of which scored lowest. From 2001 to 2006, some hospitals returned to requiring that RNs wear all white, even if all-white scrubs, and limiting white to just RNs; however, this is not common. Recently, the wearing of shoes called Crocs came up as an issue in the United Kingdom (British Broadcasting Corporation, 2007). Some hospitals will not allow staff to wear these clogs because there is concern about infection control and, in some cases, static electricity buildup. Body fluids and needles might drop into the holes in the shoes, representing a safety risk. The goal is to prevent infection, maintain health and safety, and maintain a professional image.

### Representing the Profession: Public Communication Skills

Nurses represent the profession in a variety of settings. The most common place is in professional meetings, typically nursing meetings. Nurses need to participate more in interprofessional meetings where they represent the profession. In doing this they could do much to improve the image of nursing with other healthcare professionals, communicating what nurses can do. Presentations require certain skills, including developing a clear message verbally and nonverbally; using effective presentation methods such as PowerPoint slides; using storytelling during presentations; demonstrating a professional physical appearance (dress, body language, and so on); and generally demonstrating competency in delivering presentations. Nurses who want to take an active role in the profession should develop these skills. It is important that nurses acknowledge their credentials when they are listed in programs and introduced. Some nurses also speak to consumer-focused groups such as parent-teacher associations, disease-focused organizations (e.g., Arthritis Foundation, American Diabetes Association), religious groups, and community organizations. The same advice is important in this type of setting. The nurse presenter must also be able to speak to the consum-

ers in language that is understood and not talk down to the audience. This takes practice. Consumers who learn from nurses about health care will have a better understanding of the complex role of nursing. Some nurses speak directly with the media (important issues related to media communication were discussed earlier in this chapter). All these efforts increase the awareness of nursing among the public

and other healthcare professionals. See **EXHIBIT 3-2** for a description of public speaking tips.

Storytelling can be an effective communication tool to clarify confusing messages (Finkelman, 2012). Why would storytelling apply to the topic of the image of nursing? When the issue of image is assessed, a critical point is what type of message is being communicated about nursing. The message is

### EXHIBIT 3-2

#### Preparing a Presentation

- Prepare an outline for the presentation considering the objectives, audience, location, and time.
- Develop the content for the presentation.
- Develop audiovisuals to support the content.
- If the presentation is offered for continuing education credit, information about your résumé and content must be prepared and shared with the continuing education provider. You should be informed about this prior to the presentation.
- Consider the physical attire for the presentation (type of meeting, time of day, weather, and the image that you want to exhibit).
- Practice your presentation, keeping in mind the time factor. Your actual presentation will probably take longer than your practice presentations. It is best not to memorize a presentation or read it word for word, but rather to present it in a natural manner. This takes practice. Consider how you will cue yourself about content during the presentation.
- If you are using slides and the slides are on a computer monitor in front of you, do not look at the large audience screen, but at the computer monitor.
- If you must change the slides yourself, practice doing this. If someone else is changing the slides, confirm with that person as to how you want this done. This is easy to do yourself if you have a computer.
- Consider if the audience will have a copy of the slides or other handouts. If there are a lot of different handouts, decide how you will identify them during the presentation; for example, color-code paper or use number labels to refer to them during the presentation. You will need to prepare the handouts and give them to the sponsoring organization. In some cases, you may bring them with you to the presentation. This needs to be clarified depending on the presentation location and audience.
- At the beginning of your presentation, thank the organization and any specific persons who influenced your presentation. In some cases, employer and/or grant funding must be acknowledged, and this is easily done on an initial slide.
- Keep aware of time. You may have someone give you a cue as time is running out.
- Will there be a question-and-answer portion to the presentation? If so, how long will it be, and who will lead it? In some situations, the person who introduced you will actually call on the audience for questions, and you will just answer the questions. If you are doing both, remember to look around the audience to include everyone. Note the required time limit and meet it. If questions are asked without a microphone, repeat the questions so that everyone can hear them.
- If the organization is recording your presentation, the organization should ask for your permission to do so.

not clear and often not based on the reality of nursing practice. Storytelling is needed and is used, but the stories may not be as realistic as they should be. Some types of stories are more effective than others. “Typically, stories that have the perspective of a single protagonist who was in a predicament that was prototypical of the organization (profession) are most successful” (Finkelman, 2012, p. 393). The story needs to be familiar, grab attention, and be brief and to the point. Storytelling can be used in public presentations by nurses to better explain what nurses do; in communication with policy makers such as legislators (Chapter 5 includes more detailed content about political advocacy); and in advertising. In the latter two, the stories must be very brief and make the message clear in a short period of time. Every nurse should be a storyteller—and likely is in the nurse’s personal life as he or she interacts with others and explains nursing. The selection of the story makes a difference. Nurses tend to choose the stories that pull at heartstrings and may not really give a view of all that is required to be a nurse: knowledge and competency. Nurses need to rethink the stories that they are using. When an intensive care nurse describes an experience of personal communication with a dying patient but leaves out all the other aspects of care that he or she provides, what message does this send?

## Conclusion

What can individual nurses do to influence the image of nursing? It is often easy to assume that professional issues, such as the image of nursing, are only the concern of the profession as a whole. However, many nursing issues require individual nurses to take action in response. The image of nursing is certainly influenced by broad concerns, such as content in television, film, or advertising. But much of the image of nursing comes from the day-to-day personal contact that the public has with nurses and

that the nurse has with other healthcare professionals in the workplace. The following are some actions that individual nurses should consider:

- Critically assess the actions you take that might impact the image of nursing.
- Maintain dress standards that communicate a professional image. Healthcare organizations need to review and revise dress codes and enforce them.
- Consider what you say when you complain about work in the work setting and in your personal life.
- Consider how you would respond to the question, “Why didn’t you go into medicine?”
- Do you speak with enthusiasm about your work and about being a nurse?
- How do you present yourself to patients and family members? Do you give your full name? Do you say you are an RN? Do you let them know your role?
- Nonverbal communication can sometimes be more important than verbal communication. What are people seeing when you talk about nursing?
- Write letters when you read about, see, or hear nurses portrayed in a negative light in the media. Include information about the positive qualities of nurses and what nurses do. Do not forget to describe the education that is required to be a nurse.
- Define unacceptable workplace behaviors and hold staff accountable (Cohen, 2007, p. 26).
- Educate, educate, educate. The public knows little about nursing except to say that nurses care for patients. The public needs to know about the high level of education and technological competency required, the different levels of nursing education, including graduate school programs, different nursing roles, and the impact that nurses have on patient outcomes.

- Post, circulate, and advertise nursing's accomplishments (Cohen, 2007, p. 26). For example, submit articles to local newspapers about what the profession is doing. Speak to civic and community groups about nursing.
  - Learn communications skills so that you are empowered to respond to negative comments in a manner that stops behaviors that negatively impact the nursing image (Cohen, 2007, p. 26).
9. Empowerment is a critical issue for nurses and must be addressed before the image of nursing will improve.
  10. Two other critical issues, assertiveness and advocacy, impact nursing's image.
  11. A change in nursing is the inclusion of more men and minorities. Although still not reflective of the populations served, the number of men and the number of minorities are increasing. The image of nursing is moving away from a predominantly White female profession.
  12. Our actions, attire, method of telling our story, and how we present ourselves to the public are important in changing the image of nursing.

### Chapter Highlights

1. The image of nursing is formulated in many ways by the public, the media, interprofessional colleagues, and nurses.
2. Nursing's image as a profession has both positive and negative aspects.
3. Nurses tend to act as victims in many situations and convey this to other constituencies.
4. The visibility of nursing's contribution to health care is often hidden.
5. The historical roots that described nurses as handmaidens still influence our visibility as a profession.
6. The lack of visibility leads to a lack of confidence among nurses regarding their contribution to the health profession.
7. The role of the media through newspapers, TV programs, and ads has a powerful influence on how nurses are viewed.
8. Generational differences among nurses that impact nursing are voice and visibility.

### Linking to the Internet

- American Nurses Association Press Releases  
<http://www.nursingworld.org/FunctionalMenuCategories/MediaResources/PressReleases.aspx>
- Center for Nursing Advocacy (view the current Golden Lamp Awards)  
[http://journals.lww.com/ajnonline/Fulltext/2009/01000/Center\\_for\\_Nursing\\_Advocacy\\_s\\_2008\\_Golden\\_Lamp.7.aspx](http://journals.lww.com/ajnonline/Fulltext/2009/01000/Center_for_Nursing_Advocacy_s_2008_Golden_Lamp.7.aspx)
- Nursing: The Ultimate Adventure pamphlet (NSNA)  
[http://www.nсна.org/Publications/Ultime\\_Adventure.aspx](http://www.nсна.org/Publications/Ultime_Adventure.aspx)
- American Assembly of Men in Nursing  
<http://aamn.org/>



### DISCUSSION QUESTIONS

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

- For information on a career as an RN and nursing education, contact the National League for Nursing  
<http://www.nln.org>
- For additional information on RNs, including credentialing, contact the ANA  
<http://nursingworld.org>

### CRITICAL THINKING ACTIVITIES

1. Complete a mini-survey of six people asking them to describe their image of nursing and nurses. Try to pick a variety of people. Summarize and analyze your data to determine if there are themes and unusual views. How does what you learned relate to the content in this chapter? List the similarities and differences, and then discuss with a group of your classmates.
2. In teams, develop a presentation to be delivered to a group of high school students who are interested in all types of healthcare professions. Plan a 10-minute presentation and provide a written outline and 10 PowerPoint slides. Deliver this presentation in class. Consider creativity, realistic content, and how you might grab the attention of an audience whose members are not sure that nursing is the direction they will choose. Do some research on effective presentations and use the guide provided in Exhibit 3–2. Critique presentations, both for content and presentation style. At the conclusion of the presentations, students should vote for the presentation that they think would be most effective in illustrating a positive, accurate image of nursing that would grab attention for the target audience. Conduct a survey for a week of local media (newspapers, television, radio) to identify examples of when nurses might have participated in news stories about health topics.
3. Analyze a television program that focuses on a healthcare situation/story line. How are nurses depicted compared with other healthcare professionals? Compose a letter to the program describing your analysis, and document your arguments to support your viewpoint. This could be done with a team of students; watch the same program and then discuss opinions and observations.
4. Design a print ad that could be used by your school of nursing to recruit students. This can be done with a team of students or individually. Include content and graphics.
5. Develop a survey that would determine what hospital staff think about uniforms. If possible, conduct the survey and share information with the class. Discuss the results.

### Case Study

“Dr. Smithson, this is Jane Wilson, nurse on Unit 5. I am so sorry to bother you. I know it is late. I am calling because I am very concerned about Mr. T. He is 2 days postop, and he is complaining of cramping and nausea and is bloated. When I listen for bowel sounds, I hear nothing. I know you are very busy, and it is 2 a.m., but he is so uncomfortable. Do you think maybe you could help?”

#### Case Questions

1. What image is portrayed by this phone conversation when the nurse calls the resident?
2. How does the language chosen impact the image that you have of this nurse?
3. Listen in your clinical settings for such conversations. What strategies might you use to change the image of this nurse?

## Words of Wisdom

### Jamie White, MSN, RN

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*Now that you have graduated, what do you perceive as the image of nursing by your colleagues (across disciplines) and the public?*

The image of nursing across the disciplines is one of respect. Most of your colleagues value your opinion and knowledge about your patients. The image of the public is often naïve.

*What do you believe practicing nurses and nurse educators should do to improve the image of nursing?*

Nurse educators and practicing nurses need to join together and support each other. We also need to promote critical thinking, leadership, and encourage each other to be strong patient advocates. By doing this, patient outcome may improve, resulting in a more complete picture of nursing to our patients, which diffuses to the public. Also, spending more time with our patients in conversation leads to a more positive image portrayed to our patients.

- For information on the NCLEX-RN exam and a list of individual state boards of nursing, contact the National Council of State Boards of Nursing  
<http://www.ncsbn.org>
- For information on obtaining U.S. certification and work visas for foreign-educated nurses, contact the Commission on Graduates of Foreign Nursing Schools  
<http://www.cgfn.org>
- For information on nurse anesthetists, including a list of accredited programs, contact the American Academy of Nurse Practitioners  
<http://www.aanp.org>
- For information on nursing career options, financial aid, and listings of bachelor's degree, graduate, and accelerated nursing programs, contact the American Association of Colleges of Nursing  
<http://www.aacn.nche.edu>
- Raise the Voice  
<http://www.youtube.com/watch?v=JlzXCUGoEuA>

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