

Module 2

NURSING AS A PROFESSION

INTRODUCTION

This module consists of five units preceded by behavioral objectives which cover the entire module. After reading the objectives, proceed through the contents of the module at the rate that best suits you and your situation. Complete the self-test at the end of each unit before moving on to the next.

The profession of nursing is derived from very early cultures and has evolved over the years based upon societal needs and values. Through the years, many significant individuals have contributed much to nursing. By combining contributions of individuals and societies, nursing has evolved as an organized profession. Several avenues of educational possibilities exist for the nurse today. However, educational opportunities continue to change and expand. Areas of nursing practice continue to be diverse and employment possibilities are many.

As with any profession, organizations representing the purpose and voice of its members are crucial for continued support. Nursing has several organizations which nurses are eligible to join.

A major component of nursing, when dealing with individuals of all of society's races and creeds, is communication skills. Interpersonal communication must occur in the nurse/client relationship in order for nurturing and caring to be expressed and demonstrated in verbal and nonverbal ways. The success of nursing is largely dependent upon the success of communication skills.

OBJECTIVES

Upon completion of this module, you should be able to:

- Discuss the history of nursing in America.
- Describe the types of nursing programs in the United States.
- Identify the types of nursing career opportunities available to RNs and LPNs.
- Identify major nursing organizations.
- Describe the purposes of nursing organizations.
- Define interpersonal relationships.

Unit 1

History of Nursing

COMMENTS

The profession of nursing can trace its roots to very early cultures. In primitive times, nursing and medicine were intertwined. Witchcraft and religion influenced nursing in the manner in which they

were used. Early civilizations that contributed to the development of nursing were the Greek, Roman, and Egyptian. During the time of Florence Nightingale made many suggestions for improving care of patients. These improvements helped to upgrade nursing to a socially acceptable position. The evolution of nursing and nursing education is closely linked. Major themes and social influences are reflected in the development of nursing education.

Nursing In America

Until the 1880s health care, medicine, and nursing followed European patterns. Medical knowledge was beginning to develop in the United States. Philadelphia was the city renowned for medical knowledge during most of the eighteenth century. In 1839, the first attempt at an organized school of nursing in the United States was started by the Nurse Society of Philadelphia under Joseph Warrington. This program trained women on manikins, and Warrington's classes were taught with medical students. These women were given a "certificate of approbation" at the end of their training.

The civil war (1861-1865) gave great impetus to the organization of American women of nursing. The need for skilled nursing increased dramatically: previously untrained people signed up to serve as nurses and were given short, intensive courses. During the civil war, an activist for improving care for the mentally ill emerged in America. Although Dorothea Dix (1803-1887) was not a nurse, she did establish the first Nurse Corps of the United States Army.

The civil war raised the consciousness of individuals concerning the role of women as nurses and focused attention on the weakness of a volunteer nursing system. In 1869, a committee of the American Medical Association, headed by Samuel Gross, conducted a study of nurses' training. Their findings stated that nursing is as much an art and science as medicine. The committee recommended that: (1) every large hospital has a nursing school, (2) local medical agencies establish the schools and the medical staff is responsible for teaching, and (3) societies of nursing be established.

Although the recommendation of a nursing school for each hospital was not adopted, many schools were established. The New England Hospital for Women and Children Training School for Nurses in Boston was opened in 1872. Linda Richards, the "first trained nurse in America", graduated from this school in 1873. She made many reforms, especially in mental health, in America and instituted the idea of keeping written records on students during their education.

In 1873, three schools of nursing that were based on the Nightingale plan opened: Bellevue Training School in New York, the Connecticut Training Schools in New Haven, and the Boston Training School. The practical experience nurses gained while caring for patients was the focus of these schools. The terms "professional school" and "school of higher education" were used synonymously at this time.

In 1893, two nurses, Lillian Wald and Mary Brewster, founded the Henry Street Settlements to improve the conditions of the poor. Settlements of this type were common in England: However, this was the first American settlement and was unique in that nursing care was aimed beyond care of the sick and prevention of disease to include social services and improvement of environmental conditions. This settlement greatly influenced the establishment of public health nursing. Other settlements began in the U.S. based on the Henry Street model. Two were found in Virginia and California in 1900. Wald proposed public health nursing as a Red Cross program in 1908, and taught at the John Hopkins School of Nurses. In 1912, she became the first president of the then newly-formed National

Organization for Public Health Nursing. The purpose of this organization was to set up standards for the foster group interest in public health nursing.

By the turn of the century, many discoveries in medical science occurred, and improved aseptic techniques were relayed to nurses from physicians. Through these discoveries and innovations, nursing focused primarily on technical and psychomotor aspects of care while the preventive and psychosocial aspects of patient care were de-emphasized. The positions held by females on the governing boards of training schools were being taken over by males. Although other comparable professions, such as teaching, were taking the more direct route to a system of educational preparation based in institutions of higher learning, nursing failed to follow suit.

The expense of operating hospital schools soon became evident, and, as a result, hospital administrators began to use students to staff the hospitals. Hospitals gradually gained control of the schools in an attempt to save money. By 1900, over 400 schools of nursing in the U.S. were controlled by hospitals. With an increase in hospital-based programs came a decrease in the emphasis of the nurse's role in non-hospital settings.

World War I

Just prior to World War I, trained nurses were available to give care for the first time in history. World War I, however, created and increases the demand for nurses to care for the wounded. During this time as many as 100 non- university based nursing schools per year opened without regard to sound educational practices. Nurses once again returned to the apprenticeship method for training: this stifled any move back to the university. Many students who cared for patients were taught skills with little or no instruction about nursing theory or content.

Following World War I, attempts to change the direction of nursing and nursing education resumed. In 1918, the Rockefeller Foundation formed a committee to study nursing education. Findings from this study were published in 1923 in the report, "Nursing and Nursing education in the United States" frequently referred to as the Goldmark Report. One of the recommendations of the study was that university schools of nursing be developed in an attempt to make the programs independent of hospital needs. This concept, originally recommended by Florence Nightingale, had been discarded around the turn of the century. Another recommendation was that a high school education be required as minimum prerequisite for entry into schools of nursing. Nursing programs were to include at least four months of basic science and the arts of nursing, and were to be shortened to 28 months of basic science with workweeks no longer than 40-48 hours. Other recommendations were that all instructors have basic hospital training and the apprentice system of training be abolished. Even though the recommendation for nursing education received the most emphasis, the Goldmark Report did not neglect its original focus on public health nursing. Among other findings, it concluded that both "bedside nursing care and health teaching for preventative care could be combined in one generalized service" as opposed to the separated services and agencies that were more common at the time. As an outcome of the Goldmark Report, the Yale University School of Nursing was opened. Many substandard schools closed and high school graduation became a prerequisite.

The Committee on Grading of Nursing Schools was organized in 1925. The purpose of this committee was to upgrade nursing schools and to study the work of nurses to define nursing functions. Two

reports were published as a result of this: “An Activity Analysis of Nursing” and “Nursing Schools Today and tomorrow”. The overall recommendations of these studies were that nursing adopt a collegiate level of education, enrich the curriculum, and better prepare both student and nurse. The study established specific standards that formed a beginning framework for collegiate education, including the recommendation that faculties have college degrees. The actual grading of nursing schools was not carried out by this committee. This responsibility was not assumed due to the wide differences in the nursing programs in the United States.

World War II

Just as nursing was beginning to reemerge, World War II increased the demand for nurses, as had previous wars throughout history. Nursing was not as negatively affected as before, due to increased availability of money for nursing education. The U.S. Army now had its own school of nursing and the federal government appropriated funds for nursing education in civilian schools. In 1943, the Nurse Training Act created the Cadet Nurse Training Corps and assisted with educating nurses at the graduate level.

Both the Army and Navy had nurse corps during the war: however, the corps did not become a permanent part of the armed services until 1947. Thus, in 1945, the President asked Congress to pass a bill drafting nurses. The nursing organizations lobbied for a bill to include both men and women, not just nurses, as part of the draft. Congress discussed this for three months until the end of the war resulted in the bill being dropped.

More Changes

It is evident that the recognized societal need for nurses and the regard for nurses as a group has changed greatly since the time of Florence Nightingale.

In the late 1940s, Esther Lucille Brown, a sociologist, conducted a study of nursing. “Nursing for the Future” focused on nursing service and education as it was best for society, not necessarily for the nursing profession. In regard to nursing education, Brown discovered the need for an educational program with two types of preparation. The first type should provide a foundation that would permit continuing growth in many aspects: positive health and integration of personality; insight into one’s motivation, behavior, and cultural patterns; ability to use spoken and written language; skill in analyzing problems, obtaining data, and formulating conclusions; perspective gained through historical and anthropological records; understanding of the rights and responsibilities of citizenship; and membership in a profession. The second type of preparation related to technical skills. She cautioned that these skills must be far broader than those traditionally taught in hospital training schools. Brown thought that only institutions of higher education could provide a broad enough base for such preparation. Concerning nursing service, Brown recommended that there be a mandatory licensure, expansion of in-service education with focus on interpersonal relationships, improved salaries, and professional growth opportunities, development of clinical specialists, and increased research for nursing practice.

In 1963, the Surgeon General's Report, "Toward Quality Nursing: Needs and Goals", identified the need for increased numbers of nursing schools in colleges and universities. A baccalaureate degree in nursing was recommended for a health nurse or team leader position in hospitals, as well as all those persons functioning outside hospitals. The study also identified areas of society not being represented in nursing, such as males, older women, and minorities, and emphasized the need for research.

The American Nurse's Association Position Paper of 1965 stated that "education for those who work in nursing should take place in institutions of learning within the general system of education". The paper also stated "minimum preparation for beginning technical nursing practice". This paper caused considerable controversy that continues today, although there is a trend toward meeting these recommendations.

"An Abstract for Action" (1970) was a study chaired by Jerome Lysaught for the National Commission for the study of Nursing and Nursing Education, with the central focus on providing quality care. The impetus for this study came from the Surgeon General's 1963 report. Both nursing and non-nursing members served on this committee. The commission studied various areas of nursing, including

- Supply and demand for nurses
- Nursing roles and functions
- Nursing education
- Nursing careers

Many of the recommendations of this study reinforced the position that nursing education should take place in institutions of higher learning, the same recommendation made by Florence Nightingale over 100 years earlier and restated in the Goldmark and Brown reports, many changes have taken place in nursing.

Unit 1
Self-Test

1. _____ was influential in upgrading nursing to a socially acceptable position.

2. _____ was a Civil War activist for the rights of mentally ill persons.

3. Lillian Wald and Mary Brewster founded the _____
_____ to improve conditions for the poor.

4. _____ is known as the “first trained nurse in America”.

5. In the 1940’s _____, conducted a study, “Nursing for the Future”, which had an impact on nursing education.

Unit 2 Types of Nursing Programs in the United States

Diploma Programs

The diploma, or hospital, school of nursing was the first type of nursing school in the country. Prior to the opening of the first hospital schools in the late 1800s, no formal preparation for nursing existed. After Florence Nightingale established the first school of nursing at St. Thomas's Hospital, England, in 1860, the idea spread quickly to the United States.

Hospitals, of course, welcomed the idea of training schools because they represented an almost free supply of nurse power. In the early years, and with some outstanding exceptions, the education offered was largely of the apprenticeship type; there was some theory and formal classroom work, but for the most part students learned by doing, providing the major part of the nursing care for the hospital's patients in the process.

This is no longer true. Today, to meet standards set in each state for operation of a nursing school and to prepare students to pass the licensing examinations, diploma schools must offer their students a truly educational program, not just an apprenticeship. Hospitals conducting such schools employ a full time nursing faculty, offer students a balanced mixture of course work in nursing and related subjects in the physical and social sciences and supervised practice, and look to their graduate nursing staff, not their students, to provide the nursing service needed by patients. The educational program generally is three years in length. Upon satisfactory completion of the program, the student is awarded a diploma by the school. This diploma is not an academic degree, because neither the hospitals nor nursing programs based in hospitals are legally considered educational institutions in the mainstream of education. No academic credit can be given for any courses given by the school's faculty. For this and economic and educational reasons, large numbers of diploma schools enter into cooperative relationships with colleges or universities for educational courses and/or services. It is not uncommon for diploma students to take their physical and social science courses and, occasionally, liberal arts courses at a college. If these courses are part of the general offering to the college, college credit is granted, and the credit is usually transferable if the nursing student decides to transfer to a college to continue in advance education. The school usually provides all other necessary educational resources, facilities, and services to students and faculty, such as libraries, classrooms, audiovisual, materials, and practice laboratories. The primary clinical facility is the hospital, although the school may contract with other hospitals or agencies for additional educational experiences. Advocates of diploma education usually say that early and substantial experience with patients seems to foster a strong identification with nursing, particularly hospital nursing, and thus graduates are expected to adjust to the employee role without difficulty.

The National League of Nursing identifies specific roles and competencies for graduates of diploma schools in nursing.

Admission requirements to diploma schools usually call for a college preparatory curriculum in high school, with standing in the upper half, third, or quarter of the graduating class. Personal characteristics and health are also assessed.

The perceptible shift away from diploma school preparation for nursing can be explained by three factors:

1. Hospitals are terminating their schools, either because of the expense involved in maintaining a quality program, resulting in the objections of third party payers, (such as insurance companies and the government) to having the cost of nursing education absorbed in the patient's bill; or because of the difficulty in meeting professional standards, particularly employing qualified faculty.
2. Increasing numbers of high school graduates are seeking some kind of collegiate education.
3. The nursing profession is increasingly committed to the belief that preparation for nursing, as for all other professions, should take place in institutions of higher education rather than in hospital controlled program because hospitals are primarily service institutions rather than educational institutions.

Associate Degree Programs

The greatest increase, both in numbers of programs and students enrolled in them, has been in the associate degree (AD) programs. These are two years in length and are offered by junior or community colleges and, occasionally, four-year colleges.

The first three programs of this type were started in 1952: by 1965 there were more than 130 such programs; and in 1978, there were 677 AD programs with more than 37,000 students each year. More than half of these schools are NLN accredited, and most of the others are accredited by regional accrediting groups as part of their college's accreditation.

The associate degree program was the first nursing education program developed under a systematic plan and with carefully controlled experimentation. In her doctoral dissertation, published as a book in 1951, Mildred Montag conceived of a nursing technician, with nursing functions less in scope than those of the professional nurse and broader than those of the practical nurse. This nurse was intended to provide care to patients in the part of the continuum of care that calls for intermediate functions requiring skills and some judgment, a bedside nurse, not intended to assume administrative responsibilities. Montag listed the functions as: 1) to assist in planning nursing care for patients; 2) to give general nursing care with supervision; and 3) to assist in evaluating the nursing care given. The emerging community college, preparing other kinds of technicians, was seen as a suitable setting for this education, putting nursing education in the mainstream of education and placing the burden of cost on the public in general instead of on the patient. The curriculum was to be an integrated one, half general education and half nursing, with careful selection of educational and clinical experiences. An associate degree would be awarded at the end of two years. The program was considered to be terminal and not a first step toward the baccalaureate.

At the end of 1951, the five-year Cooperative Research in Junior and Community College Education for Nursing was funded, and seven junior colleges and one hospital school were selected to participate in the project. Each had complete autonomy in developing and conducting its pilot program, but had free access to consultation from the project staff.

The results of the project showed that AD nursing technicians could carry out the intended nursing functions, that the program could be suitably set up in community colleges with the use of clinical facilities in the community without charge or student service, and that the program attracted students. The success of the experiment plus the rapid growth of community colleges combined to give impetus of these new programs.

Like other RNs, AD nurses are accountable for their own practice and are expected to function ethically and legally. In addition, the NLN Council stressed that although these nurses work within the policies of an employing institution, they would also work within the organization to initiate change in policies of nursing protocols that might impede client care.

The National League of Nursing identifies specific roles and competencies for graduates of associate degree schools of nursing.

Baccalaureate Degree Programs

The first baccalaureate program in nursing was established in 1909 the University of Minnesota through the efforts of Dr. Richard Olding Beard. Since then, these programs have become an increasingly important part of nursing education. The individual enrolled in a baccalaureate degree program in nursing obtains both a college education culminating in a bachelor's degree and preparation for licensure and practice as a registered **professional** nurse.

The program, considered by the ANA as minimal preparation for professional nursing, usually takes four academic years and sometimes a summer session. Unless the college is tax supported with minimal tuition fees, baccalaureate nursing education is usually more expensive for students than other basic programs.

The baccalaureate degree program includes three types of courses: general education and the liberal arts, and sciences related to nursing, and nursing courses. In some programs, the student is not admitted to the nursing major and, therefore, has no nursing courses until the conclusion of the first two years of college study. In other programs, nursing content is integrated throughout the entire four years.

As in the other nursing programs, the baccalaureate program has both theoretical content and clinical experience. One difference is that for the baccalaureate student, the courses in the physical and social sciences will have greater depth and breadth since they are given on a college level. Students majoring in nursing take the regular college courses in the sciences and humanities. Because the only difference between them and the other students in the college is the subject in which they are majoring, they must meet the same admission requirements and maintain the same academic level as all other students. The nursing program is an integral part of the college or university as a whole.

The most notable differences between baccalaureate education and that of the other basic nursing programs are related to liberal education, development of intellectual skills, and the addition to public health, teaching, and management skills. Almost all programs allow free electives in the humanities and many allow electives in the science and nursing courses. Students are able to participate in the

cultural and social activities throughout their whole program and develop relationships with professors and students in other disciplines. Although technical skills are essential to nursing, learning activities that assist students to develop skills in recognizing and solving problems, applying general principles to particular situations, and establishing a basis for making sound judgments are also given emphasis. This enables the nurse to function more easily when a familiar situation takes an unexpected turn or when it is necessary to deal with an unfamiliar situation. There are also courses in administrative and teaching principles. Both of these skills are clearly necessary when the baccalaureate nurse functions as team leader to coordinate, plan, and direct the activities of other nursing personnel, or as primary nurse. On the basis of such backgrounds, the role of the baccalaureate nurse is sometimes described as a practitioner engaged in direct patient care, teacher, leader, collaborator, and student.

The number of RNs enrolled in baccalaureate programs has increased steadily.

The National League of Nursing specifies necessary characteristics of baccalaureate nursing programs and expected roles for BS nurses.

Practical Nurse Education Programs

Schools of practical nursing proliferated during WWII partly because of the acute need for nurses and partly because it was widely felt that the RNs represented too large an investment in education for some of the tasks given to perform.

The term practical nurse was approved by the National Government Board of Directors of ANA, NLN Education and the National Organization for Public Health Nursing. A practical nurse was defined as a person trained to care for subacute, convalescent and chronic patients requiring nursing services at home or in institutions. The practical nurse worked under the direction of a physician or RN.

Few standards governing the practice of practical nurses were present. In December 1945, licensure was mandatory in only one state. Some states and one territory had legislation dealing with practical nursing. In addition there were extreme differences in interpretation of the range of duties and training for practical nurses.

The first school for training practical nurses was organized in 1897. The number of programs has grown over the years. The average length of course completion now averages twelve months. Students complete didactic as well as clinical practicum experiences. All states now have legislation governing the practice of nursing by practical nurses. In North Carolina, PN is regulated by the North Carolina Nursing Practice Act.

Most PN programs are offered through the North Carolina Community College System and have been designed to offer students a bridge option. This facilitates the attainment of an ADN by continuing with higher level nursing courses. Some baccalaureate programs in the state are also offering LPN to BSN program options. The National League of Nursing specifies necessary characteristics of PN programs and expected roles for PN's.

Unit 2
Self-Test

1. Nursing schools operated by hospitals are called _____ programs.
2. The greatest number of nursing programs in the United States are _____ programs.
3. The nursing program which usually takes four academic years is the _____ program.
4. What is the main difference between baccalaureate education and other types of nursing programs?
5. The nursing program which can be completed in about 12 months is the _____ program

Unit 3

Areas of Nursing Practice

COMMENTS

One of the most exciting aspects of nursing is the variety of career opportunities available. Nurses, as generalists or specialists, work in almost every place where health care is given, and new types of positions or modes of practice seem to arise yearly. In part, this is in response to external social and scientific changes, such as shifts in the makeup of the population, new demands for health care, discovery of new treatments for disease condition, recognition of health hazards, and health legislation. In part, these roles for nurses have emerged because nurses saw a gap in health care and stepped in or simply formalized a role that they had always filled.

Usually further education is required to practice competently in specialized areas. Sometimes this is part of on-the-job training, but frequently it requires formal or other continuing education. Practice in areas of clinical specialization will vary to some extent according to the site of practice and the level and degree of specialization.

In addition, nurses hold many positions not directly related to patient care as consultants, administrators, teachers, editors, writers, patient care educators, executive directors of professional organizations or state boards, lobbyists, health planners, utilization review coordinators, nurse epidemiologists, sex educators, anatomic artists, airline attendants, and legislators.

Hospital Nursing General Duty Staff Nurse

The first level position for nurses is that of general duty nurse, and is open to graduates of all types of nursing education programs. Individual assignments within this category depend upon the hospital's needs and policies and the nurse's preference and ability.

Clinical Nurse Specialist

The clinical nurse specialist, who may also be called a nurse specialist, nurse clinician, or clinical specialist, is an RN and has become an increasingly important part of the nursing practice scene since the early 1960s. A clinical specialist is an expert practitioner within a specialized field of nursing, or even a subspecialty. There are clinical specialists in all major clinical areas, but some choose to concentrate on cancer, rehabilitation, perinatal nursing, tuberculosis, or care of patients with ostomies, neurological problems, respiratory conditions, epilepsy, as well as many others subspecialties. Clinical nurse specialist control, plan, and provide nursing care for a selected and specific group of patients comprising their care load.

Nursing Service Administration

The administrative hierarchy in hospital nursing usually consists of a head nurse, supervisor, assistant or associate director of nursing, and a director of nursing; the titles vary with the times and the

philosophy of the hospital concerning nursing service administration. **These functions are reserved for RNs.**

In-service Education

A position that is becoming an integral part of nursing service is the in-service education director (also called director of staff development or education coordinator). Rapid changes in health care, scientific and medical advancements, the great diversity in first level staff nurse applicants, increase in ancillary nursing personnel, and concern about the continuing education of all nurses have brought the position of staff development coordinator into a new focus. **LPNs do not function in the role of education coordinators.**

Nursing With the Federal Government

Nurses interested in a career with the federal government will find opportunities in both military and non-military services. The military services include the Army, Navy, and Air Force. The Veterans Administration (VA) also employs nurses. Although the VA is not a military service, it is closely allied.

Nursing in Expanded and Long Term Care Facilities

Under Medicare and Medicaid, nursing homes that qualify for reimbursement are called skilled nursing facilities. The intermediate care facility provides for those who require care beyond room and board but less than that designated as “skilled.”

Nurses may have positions in nursing homes similar to those in hospitals, with some nurses assuming the additional role of facility administrator. In this case, the nurse must be certified for the position, and although the individual’s knowledge of nursing may be extremely helpful in understanding the need for quality care, being a nurse is not a requirement for certification.

Office Nurses

Office nurses are employed by physicians or dentists to see that their patients receive the nursing care they need, usually in the office. Nurses may be employed in a one doctor general practitioner’s office, which only requires general skills, or they may be employed in a specialist’s office, which requires special skills.

Home Health Care

Profound changes in the health care industry, particularly within home health care, are having an impact on employment of registered nurses. The number of home care agencies has shown a tremendous growth over the past few years, due primarily to an increase in the elderly population and most containment issues necessitating early discharge from hospitals.

More nurses will have to be recruited to meet this growing demand for home care services. Whether there will be sufficient numbers of nurses to meet the home health care explosion remains uncertain. Evaluating present health care strategies to determine whether they can meet the need for diversified home care programs providing continuity of care should be given serious consideration. Home health care is another opportunity for nursing to exert leadership in providing quality care in this relatively new growing health service industry.

Unit 3
Self-Test

1. The first level position for professional nurses is _____ or _____ nurse.

2. An expert practitioner within a specialized field of nursing is called a _____.

3. The cost containment issue and the increasing aged population has led to the need for more nurses to work in _____ agencies.

Unit 4 Nursing Organizations

American Nurses' Association

The American Nurses' Association is nursing's professional organization, with membership open only to registered nurses. The ANA serves as representative and agent for registered nurses and nursing, acting in accordance with the expressed wishes of its membership. ANA membership is voluntary.

National League of Nursing

The purpose of the NLN is to *“advance quality nursing education that prepare the nursing workforce to meet the needs of diverse populations in an ever changing health care environment”*.

Purposes and Functions

The major goals of the National League of Nursing is to:

1. *“Lead in setting standards that advance excellence and innovation in nursing education”*.
2. *“Lead in promoting the professional growth and continuous quality, improvement of educators who prepare the nursing workforce”*.
3. *“Lead in promoting evidence- based teaching in nursing and the ongoing development of research that improves nursing education”*.
4. *“Be the authority in providing and interpreting comprehensive nursing workforce, supply information”*.
5. *“Will develop and provide comprehensive services to the nursing community that evaluates and assesses educational outcomes and practice competencies for quality nursing care”*.
6. *“Will advocate for all types of academic and life-long learning programs in nursing”*.

National Federal of Licensed Practical Nurses (NFLPN)

PURPOSE

NFLPN was organized in 1949 to provide an opportunity for licensed practical nurses and licensed vocational nurses (LPNs and LVNs) to meet and work together to further the highest principles and ethics in order to promote and maintain the highest standards of practical nursing. All its activities are planned to carry out these objectives to the end that all licensed licensed practical/vocational nurses are competent practitioners, providing quality health care. (LPN/LVN students are allowed to become members also.)

STRUCTURE

NFLPN is composed of both individual members and constituent state and local associations. The position of the local, state, and national associations within the total framework denotes unity of

purpose by a group with common interests and goals. The organizational structure establishes each constituent state association as the official representative of licensed practical or vocational nurses on the state level. Likewise the NFLPN serves as spokesman and officially represents licensed practical nurses and licensed vocational nurses on the national level.

FUNCTIONS OF NFLPN

NFLPN was organized in 1949 by a group of licensed practical nurses who recognized that an organization of their own was essential to gain status and recognition in the health field and to provide a channel through which they could officially speak and act for themselves. NFLPN is the only national organization whose membership is composed entirely of licensed practical nurses or licensed vocational nurses serving state and local associations of like structure.

NFLPN believes that it is the responsibility of each individual LPN or LVN to maintain membership and participate in the national organization to share in setting and achieving the goals of the profession.

NFLPN is recognized in the health field as the official spokesman for licensed practical or licensed vocational nurses at national meetings where the affairs of practical nursing are discussed and act upon.

NFLPN works cooperatively with allied health, nursing, and government agencies for the improvement of patient care and the nursing profession.

NFLPN was organized on the basic principles of service to its members and service to the public.

ACTIVITIES OF NFLPN

NFLPN works to:

- promote continuing education of licensed practical nurses.
- establish principles of ethics
- offer every member an opportunity to participate in the activities of the organization
- keep its members informed on matters of interest and concern through letters, bulletins, speakers, programs, and its official publications
- offer its members opportunities to apply for the best type of low cost insurance
- represent and speak for LPNs and LVNs in Congress when federal legislation affecting licensed practical and licensed vocational nurses is being considered
- encourage fellowship among licensed practical/vocational nurses
- develop mutual understanding and goodwill between its members, other allied health groups, and the general public

For more information contact:

National Federation of Licensed Practical Nurses, Inc.

605 Poole Drive

Garner, NC 27529

(919) 779-0046 Fax (919) 779-5642

www.NFLPN.org

National Association for Practical Nurses Education and Service (NAPNES)

NAPNES has educated, represented and served LPNs/LVNs since 1941, making it the oldest nursing organization dedicated exclusively to licensed practical/vocational nursing.

Membership in NAPNES is opened to LPNs/LVNs, RNs, physicians, hospital and nursing home administrators, educators, students and anyone who is in harmony with the goals and objectives of NAPNES. Those objectives are to:

1. promote quality health care
2. establish, develop and maintain sound practical/vocational nursing education
3. provide opportunities for continuing education and encourage LPNs/LVNs to take advantage of them
4. promote the LPNs/LVNs as an important member of the health care team

The last objective is particularly important to NAPNES because the one-year practical/vocational nursing programs are being threatened by organizations that believe the programs are inadequate. In response, NAPNES has published a Position Paper, which states that “existing practical/vocational nursing programs have demonstrated that they can prepare knowledgeable, skilled and dedicated health-care providers”.

For more information on NAPNES contact:

National Association for Practical Nurse Education and Services, Inc.

8607 2nd Avenue #401-A

Silver Springs MD 20910

(301) 588-2491 fax (301) 588-2839

www.NAPNES.org

Unit 4
Self-Test

1. Who can join the ANA?
2. What is the purpose of the NLN?
3. Who can join the NFLPN?
4. What is the purpose of NFLPN?
5. Who can join NAPNES?
6. What are the goals of NAPNES?

Unit 5 Communication in Nursing

COMMENTS

Modern civilization has evolved as a result of activities undertaken by humans working together. Humans are able to work together because they can communicate. The word “communication” symbolizes the process by which information, feelings, and ideas are transmitted to other organisms. All living things communicate because communication is essential for survival.

Forms of Communication

Intrapersonal communication includes all the communication activities within the person. This includes one's thoughts, feelings, behaviors, and self-concept. These are ways a person receives messages, decodes, and synthesizes them, and then uses this information to encode and transmit a response. To do this requires using all the senses and thinking mechanisms of the brain. Intrapersonal communication can help create a positive self-concept and self-awareness.

Interpersonal communication refers to all situations in which individuals communicate directly with each other. This is done through verbal and nonverbal messages. Verbal messages are the words we hear or see in writing. Nonverbal messages are the sounds, sights, and odors that we hear, see, touch, or smell.

Interpersonal communication occurs in one-to-one or group situations, as in a classroom, a committee meeting, or at a party. This type of communication is the basis of nursing practice. The meaning of what is said resides in the person and not in the words spoken. This may cause one to receive a different message than what was intended. It does not occur in situations where individuals are in direct contact but cannot respond to each other, such as between the clergy and the congregation in a church service, or the lecturer and the audience at a public lecture. These latter two would be classified as **public communication**. In addition, to the above, public communication includes the impersonal dissemination of information through the media, such as distribution of notices in a hospital or of educational materials through the mail, even though these are verbal messages.

Nurses are concerned primarily with intrapersonal and interpersonal communication. Effective nursing is dependent upon the nurse's ability to communicate with other people. Meaningful and productive communication results in problem solving, accomplishment of goals, decision making, and even team building. The nurse must be able to understand and to be understood what the client is communicating through verbal communication and by observing nonverbal messages. As a caregiver, the nurse must be able to communicate with the recipients of care. During even the simplest procedures, the patient needs to know what may be expected.

The Nurse/Patient Relationship

The nurse/patient relationship is a helping relationship, similar to the relationships members of other helping professions establish with their clients.

Modern technological advances have placed machinery to monitor the patient and administer treatments between the patient and the nurse in acute care settings. The nurse has had to acquire new skills to interpret and regulate the machinery, yet the machinery has not replaced the patient's needs for comfort, emotional support, and knowledge about his or her health state. In order to provide this, the nurse needs to be able to establish a meaningful nurse/patient relationship. When nurse and patient are able to move beyond the stereotyped concept that each has of the other, a relationship can start to develop. The nurse must be able to stop interacting with the client as simply a patient with a nursing need to be met and perceive him or her as a unique human being with a unique clustering of needs. The patient must be able to alter the perception of the nurse also. The nurse alone cannot establish a relationship with a patient who continues to perceive nurses as efficient, impersonal dispensers of care.

Each relationship develops in stages: The introduction (including developing trust), empathy, sympathy, involvement, and closure or termination. Because of the uniqueness of individuals and of each situation, these stages do not necessarily follow an orderly progression. They may seem to occur all together in a very short time span. They may occur in different overlapping combinations. They are discussed separately in the following paragraphs to clarify the process.

In the **introductory state**, each individual gathers data about the other person's uniqueness. It is during this time that expectations are relinquished that the other person will behave in a certain way because he or she is young or old, a woman or a man, a nurse or a patient. Also at this time each individual should clarify the expectation of the interaction. The beginning can be a very simple statement, such as "I am Mary Jones, the nurse assigned to your care this evening". In that statement the nurse acknowledges his or her own and the patient's personhood. If the nurse simply stood at the bedside and said, "Your call light is on", this would be maintaining the stereotyped expectations that each held.

During this introductory state, each individual also will make some decision about the trustworthiness of the other. In order to reveal him or herself to someone else, the individual must be able to trust the person who is receiving the information. Trust in this context means the feeling that one will not be subjected to ridicule or expose by revealing very private information.

Empathy is the capacity to feel and understand the psychological experience of another person as though it were one's own. It is uniquely human. It is not something that we can decide in advance to do, or a skill one can practice. When empathy occurs, both parties know it instinctively and feel closer as a result.

Sympathy is the concern and sorrow felt for someone by identifying with their needs. This experience motivates one individual to help another. It can occur without empathy, and empathy can occur without sympathy. A person can wish to help someone knowing intellectually that the other is suffering. Donations or international agencies to provide relief for victims personally, they cannot feel empathy. Nurses can best fulfill the nurse/patient relationship when they are able to experience both empathy and sympathy for the patient. An individual cannot experience trust, empathy, or sympathy without being emotionally involved. The nurse who is meeting the needs of the patient in a way that permits them both to grow and change is involved.

Involvement occurs when the emotional investment essential to being helpful has been made. There are two other ways in which a nurse may be involved that do not have helpful outcomes, and these two types give the word a negative connotation. One is the solicitous involvement, which may protect the patient from hurt, but also prevents growth. A nurse who will continue to spoon feed a patient with a paralyzed right arm to spare the struggle of learning to eat with the left hand is an example of this. The other is the distorted involvement that focuses on meeting the nurse's needs. The nurse may try to fill an emptiness in his or her life away from work through a relationship with a patient. The patient may be the same sex as the nurse, but is usually someone who lacks family or funds. The nurse may purchase needed toilet articles or clothing for the patient, or even take the patient to the nurse's own home at the time of discharge. The relationship becomes social, and the nurse no longer is able to maintain the objectivity required in a professional helping relationship.

In the mistaken notion that these two types of behaviors must be avoided at all cost, nurses used to be and still sometimes are advised to remain aloof. A nurse cannot effectively carry out the nursing process, however, by remaining aloof from clients. If the nurse has personal problems that interfere with an ability to establish a helpful nurse/patient relationship, the nurse should be encouraged to identify these problems and find appropriate solutions. A nurse whose mother is terminally ill may identify with other terminally ill patients. A discussion of this with coworkers and arrangement of the nurse's assignments to avoid caring for terminally ill patients at the time may be all that is necessary. A nurse who cannot handle the emotions of caring for terminally ill patients five years after a parent has died may have serious emotional problems that require psychiatric help.

The nurse/patient relationship has to end. **Closure** must occur. The purpose of establishing the relationship is to identify patient needs and plan strategies to meet those needs. Once those needs have been met by the nurse or alternative arrangements have been made to meet the needs, the nurse/patient relationship should terminate. The effects of the relationship upon the two people will not be cancelled by the termination. When real growth has occurred as a result of the relationship, the growth will continue. If the patient returns to the same nurse at a later time, the relationship may be much more quickly reestablished. Another hoped for result of any successful nurse/patient relationship is that the patient will feel freer to enter into a relationship with other nurses in subsequent health care experiences.

Human beings do not always like to say "good-bye." This is especially true when it means giving up a rewarding experience. In most of the major languages of the world today, there are euphemistic expressions that can be used to avoid saying good-bye. However, saying good-bye is an essential stage of a nurse/patient relationship. A nurse may think saying good-bye can be avoided if the patient is discharged when the nurse is off duty. This type of behavior on the part of the nurse indicates a misunderstanding of the responsibility assumed at the beginning of the relationship. Nurses need to say good-by the last time they expect to see the patient.

The termination state is a time to summarize what has been accomplished and to confirm what appropriate follow-up activities have been planned. It is also a time to reaffirm positive feelings. Nurses can help the patient terminate if they can say openly "I wish you luck. I have enjoyed our time together", thus ends the relationship in a professional manner.

BIBLIOGRAPHY

Ellis J.R. Martley, C.C (2001) *Nursing is today's world: Challenges , Issues, and Trend* (7th ed.) Philadelphia, PA: Lippincott Williams Wilkins.

Hill, S.S., Howlett, H.S. (2001) *Success in Practical/Vocational Nursing* (4th ed.) Philadelphia, PA: W.B. Sanders Company.

Potter, P.A., Perry A.G. (2001) *Fundamentals of Nursing* (5th ed.) Philadelphia, P.A.: Mosby Inc.

Unit 5
Self-Test

1. _____ communication is the way a person receives, synthesizes, and decodes messages and transmits a response.
2. _____ communication is person to person, through verbal and nonverbal messages.
3. Trust is usually developed during the _____ state.
4. _____ is the capacity to feel the psychological experience of another as if it were one's own.
5. _____ is the concern and sorrow felt for someone by identifying with their needs.
6. _____ occurs when the emotional investment in a relationship has been made.
7. The termination of a relationship is called _____.

Module 2
Answers to Self-Tests

- Unit 1
1. Florence Nightingale
 2. Dorothea Dix
 3. Henry Street settlement
 4. Linda Richards
 5. Esther Lucille Brown
- Unit 2
1. diploma
 2. associate degree
 3. baccalaureate
 4. Baccalaureate programs offer a more liberal education, develop intellectual skills, and provide public health, teaching, and management skills.
 5. Practical/Vocation
- Unit 3
1. general duty or staff
 2. clinical specialist
 3. home health care
- Unit 4
1. RNs only
 2. To foster the development and to advance quality nursing education that prepares the workforce to meet the needs of diverse populations in an ever-changing healthcare environment.
 3. LPNs/LVNs, LPN/LVN students
 4. Official organization for LPNs/LVNs
 5. LPNs, LVNs, RNs, physicians, hospital and nursing home administrators, educators, students
 6. Promote quality healthcare; provide opportunities for continuing education for LPNs, promote LPNs as important members of the healthcare team.
- Unit 5
1. Intrapersonal
 2. Interpersonal
 3. introductory
 4. Empathy
 5. Sympathy
 6. Involvement
 7. closure

EVALUATION

1. Did this module cover what you expected it to? Yes _____
No _____
2. Was the topic treated in sufficient depth? Yes _____
No _____
If no, check one of the following:
Too little depth _____
Too great a depth _____
Assumed I know too much _____
3. Did the module hold your interest? Yes _____
No _____
4. Were the objectives fulfilled? Yes, very much _____
Somewhat _____
Very little _____
5. Was the module written in easily understood language? Yes _____
No _____
6. Estimate the number of hours you spent reading and studying this module. 1 – 5 hrs. _____
6 – 10 hrs. _____
11 – 20 hrs. _____
More than 20 hrs. _____
7. Will you be able to use this information when you return to practice? Yes _____
No _____
8. Overall, were you satisfied with module? Yes _____
No _____
9. Please use the space below (and on the back, if needed) to offer additional comments or suggestions.
10. Module # _____