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# Today's Professional Nurse in the United States

Toni Harrington

In the introduction of a recently published article about nursing, the author quoted a bit of conventional wisdom about the profession. "Nursing, it is said, is a set of simple routine activities for which a minimum of training is required if the nurse is just a good person...nice, kind, motherly person with a big heart and warm hands."<sup>1</sup> While this quotation truly shows how far we have come, it can still be said that many people still hold this view. Indeed, how many of our family, our friends, and the general public *really* understand today's professional nurse? We have in fact progressed a great distance from the days when we were handmaidens of the physician. Nevertheless in moving forward, there are also many important lessons and experiences from the past that we must not forget.

First of all we are nurses, and nurses deal with the most basic of human needs: feeding, heartbreak, warmth, elimination, suffering, loneliness, birth and death. Our hands get dirty, our uniforms get stained, our minds are crowded with thoughts as we meet people crying, immobilized, angry, frightened, depressed, or occasionally joyful. We live with crisis, with concern over diagnosis (correct or not), with knowledge of deterioration, disability, permanent change, death, and realization of our own mortality.

We must not grimace over vomitus and sputum, but be self-assured as we change a dressing, debride the decubitus, milk the chest tubing, and give out the bad news. With our hands, our eyes, our words, we touch the lives of others and are admitted through usual barriers to the privacy of human lives without even asking.<sup>2</sup>

In all of this we are, of course, expected to excel. . . to work more quickly, to never make a mistake in assessment or treatment, to listen more carefully, to always choose the right word to comfort. We are also expected to be the advocate of the patient with the physician and with the administrative hierarchy. And yet, even if we could do all these things, who would know? Because nursing is such a personal service, it is a private experience between the nurse and the patient alone in the room. Only the individual nurse will ever know.

In fact, this personal experience is the core of nursing, and for us it is only the beginning. As a profession, nursing continues to advance; today a growing percentage of nurses are prepared at the baccalaureate level. Also nurses with graduate degrees are increasing at a rapidly rising rate. These people approach the profession as a profession. . . not a menial job requiring "training", but a career of importance. We have also moved away from an earlier dependence on the medical profession and have begun to justify our existence and our autonomy through the identification of a unique body of knowledge based in theory. We have begun to focus on health, perhaps not too soon, because as a nation we have too long paid exclusive attention to the medical model of illness. We now emphasize the health of the client in education and in practice. Providing quality health education to the community has become paramount,

The changes in our profession raise many questions, not the least of which is, through what kind of nursing roles is all this being accomplished? There are still two basic disciplines within the nursing profession. . . education and practice. Each has changed, over the last twenty years, in focus, in objectives, and in process. Expectations in each area have broadened. In education, the profession now stands equally among other professions in the university environment. Educational requirements for students at all levels are comparable. We have standards for education, which we adhere to in order to establish our nurse educator's credentials. Education has pioneered research in theory and produced a worthy body of knowledge.

Practice, on the other hand, has moved in many directions...the clinical practitioner, the clinical specialist, the nurse practitioner, the nurse manager/administrator. In the clinical setting, we now see nurses practicing primary nursing, eagerly accepting the requirements for autonomy, responsibility and accountability. We also benefit from the leadership and on the spot education offered by the clinical specialist. This person has learned to move easily among the practitioners improving the quality of patient care through direct teaching and role modeling. The nurse practitioner, although controversial, has become autonomous. Many have set up their own offices, while others work as an associate of the physician in a clinic or shared office.

Last but not least, we have broadened the scope and responsibilities of the nurse manager. The first line managers...the head nurses...are now selecting and disciplining staff, planning, staffing and budgeting for their own units, and accepting the responsibility of the clinical expert in supervising patient care.

What then is today's professional nurse? It is difficult to answer that question without looking at today's modern woman. In the last decade in the U.S., women have begun to consider alternatives to previously dominant roles of housewife and mother. Prior to the mid-sixties women did not seek university study in great numbers outside the liberal arts. Their plans were often not career-oriented. Today, many women are looking toward a professional lifetime career in a host of new areas...medicine, nursing, law, business, and engineering. Nursing has lost some of its enrollment to other disciplines. At the same time, however, it has also attracted a more career-and goal-directed individual.

As noted earlier, an increasing number of new nurses are prepared at the baccalaureate level. They now receive a solid background in the biological and psycho-social sciences, various liberal arts disciplines, and nursing...courses that together focus on the patient in health and illness, from birth to death. The nurse first learns basic nursing care then moves into the complexity of today's health care...from health education to the most sophisticated care of the critically ill patient. This nurse must be skilled in the use of high technology tools while never overlooking the human needs of the patient.

Nurses must similarly be skilled in decision making and prompt emergency measures; they must use expert judgment, act and then remain accountable for that judgment.

As the nurse has established these roles and responsibilities, certain behavioral changes have also been necessary. As a product of traditional cultural values and socialization...emphasizing "feminine" behavior...it has not been easy for women to acquire an authoritative voice or a decision-making style needed to achieve a collegial relationship with other professionals. Why? Again, because we were taught for so many years to be deferential to the physician. Today we are seeing women who exhibit pride in their profession; who can discuss it in an articulate, well-informed manner; who understand the complex physiological, biochemical, psychological, sociological, nursing and medical aspects of the patients condition and can debate them with colleagues. Also more and more women are staying with the profession as a lifetime career.

All this time I've referred almost exclusively to women in the profession, but today, the percentage of men is ever-increasing. Many were concerned that this situation would have a negative effect on the profession, but quite the contrary. Men have enhanced the profession...brought stability (in terms of life career continuity), assertiveness, an easily displayed authority and power when needed, and a new strength to push the profession onward.

In education and in practice, leaders are evident. Nurse educators and nurse executives are well-educated, experienced and performing confidently and expertly. We should be proud but not satisfied as we have a long way *yet* to go. There are still many of us who only work for the pay check, who "put in" our eight hours and go home...unmotivated and discouraged. This is our challenge...the new graduate inadequately prepared or the seasoned nurse experiencing "burn out". Here is where efforts need to be focused. Never before has there been as much excitement and vitality in the nursing profession. The traditional responsibilities are being reviewed, evaluated, revised, and many new systems are being introduced. We must be sure that all nurses are aware that the field is alive with change and challenge and an emerging professionalism.

1. Diers, D. and Evans, D. Excellence in Nursing. *Image*, June, 1980.
2. *Ibid.*

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Nursing in the United States has made many strides over the last twenty years. The changes are evident both in education and in practice. High standards in both these areas have been established. Progress has been possible through the implementation of varied roles, increased education and responsibility, and the choice for women today of a professional lifetime career.