Joseph T. Catalano

Nursing *Now!*

Today's Issues, Tomorrow's Trends

Seventh Edition

Nursing Now!
Today's Issues, Tomorrow's Trends

Seventh edition

Joseph T. Catalano, PhD, RN
Program Consultant, Author
President, Oklahoma Nurses Association
Ada, Oklahoma

Printed in the United States of America

```
Proudly sourced and uploaded by [StormRG]
    Kickass Torrents | TPB | ET | h33t
```

Dedication

To all the present and future leaders of the nursing profession who have and will dedicate their time, efforts, and talents to empower nurses across all specialties and practice settings to promote the profession of nursing and improve health care.

Major revisions was the name of the game for the seventh edition of *Nursing Now: Today's Issues, Tomorrow's Trends,* with tons of new information and topics! We believe you will be very pleased with how it turned out. It remains truly unique among issues and trends books. The seventh edition retains the eye-appealing and user-friendly format that made previous editions so popular.

The changes keep coming in health care since the last publication of this text. Major demographic shifts are occurring as baby boomers reach retirement age and the population of new immigrants rapidly expands. As the health-care reform bill continues to be implemented, large groups of individuals now have health-care insurance who didn't in the recent past. Nurses, as always, are at the forefront of these changes, providing care for the elderly and those who speak English as a second language. They have to implement reforms that look more to quality of care rather than the number of services provided.

Thanks to our readers' suggestions, we have added several new chapters. Chapter 13, "Understanding and Dealing Successfully With Difficult Behavior," is an outgrowth of Chapter 12 on communication. It organizes difficult behavior around the five elements of the grieving process. It also provides examples of both what clients might say or do when being difficult and the appropriate responses by the nurse. Because of the emphasis placed on quality of care and outcomes of care in the health-care reform bill, Chapter 15, "Ensuring Quality Care," was added to clearly define what quality is and means and the efforts to achieve it. Chapter 19, "The Politically Active Nurse," discusses the pros and cons of health-care reform in a balanced manner. It is very timely, as the health-care reform bill will be fully implemented over the next few years. Every nurse has noticed the increase of the elderly in the health-care system, so Chapter 23, "Impact of

the Aging Population on Health-Care Delivery," was added and discusses how the large influx of the elderly have added additional stress to an already stressed system of care.

It is also impossible to deny that there has been an increase in natural and man-made disasters over the past few years. Disaster preparedness is something all nurses need to be familiar with, and new Chapter 26, "Preparing for Functioning Effectively in a Disaster," discusses both the role of the public in preparing for disasters and the special preparation nurses need to have to function after a disaster in providing care for the victims.

The chapter on the NCLEX exam was updated to reflect the recent changes by the National Council of State Boards of Nursing, including samples of the new alternative-format questions. All other chapters were revised with the addition of new content and resources. There is new material on bioethics and leadership and management; expanded discussion of SBAR, QSEN, and Six Sigma; discussion of the LACE model and future plans for advanced practice nurses; expanded information on writing and submitting online résumés; and many other new developments in health care.

Graduates from today's nursing programs have opportunities for professional practice and advancement that could only be dreamed of a few years ago. Yes, the demands are many, but the rewards are great. Today's nursing students must learn more, do more, and be more. Students entering nursing schools today come from diverse cultural, personal, and educational backgrounds. They must master a tremendous amount of information and learn a wide variety of skills so that they can pass the licensure exam and become highly skilled registered nurses.

The seventh edition of *Nursing Now! Today's Issues, Tomorrow's Trends* offers students a starting point to influence the future of health care in the

United States. We are very excited about the revised text and believe its quality and content meet the high standards demanded by our readers.

As in past editions, we have retained the interactive format of the text, in addition to the journal layout, current issues boxes, and integrated questions throughout. There are many new graphic illustrations and case studies. We also added a number of new illustrations to increase the visual appeal of the book. The available website with interactive learning activities for students has been updated and expanded.

The book's primary purpose remains the same as in past editions. It presents an overview and synthesis of the important issues and trends that are basic to the development of professional nursing and that affect nursing both today and into the future. Our readers tell us that the book can be used both at the beginning of the student's educational process as an "Introduction to Nursing" course, and also toward the end of the process as an "Issues and Trends" course. Some instructors even use it throughout their programs, incorporating chapters as the content is reflected in their course presentations. Nursing students remain the primary intended audience for *Nursing Now!* However, practicing nurses have reported there is a sufficiently wide range of current issues and topics covered in enough depth to be useful for their practice.

Another dichotomy that nurses face on a daily basis is the ability to hold on to key unchanging principles while working in a constantly changing environment. Simply stated, a nurse's ability to adapt to changes in the health-care system while remaining focused on providing high-quality care is the basis for a successful professional practice. The only way that nurses will be able to effectively practice their profession in a demanding health-care system is to remain firmly rooted in those values and beliefs that have always served as their source of strength. Even more so than in the past, nurses need to look to each other for the inspiration and the strength that allow them to succeed. Professional organizations still serve as the single most powerful force for nurses, and membership in professional organizations is becoming increasingly important.

It is our belief that this book will help future nurses become familiar with the important issues and trends that affect the profession and health care. The nursing profession needs highly skilled nurses who can be civil, teach, do research, solve complicated client problems, provide highly skilled care, obtain advanced degrees, and influence the political realm that so affects all aspects of health care. The leaders of the profession will come from those students who have a clear understanding of what it means to be a professional nurse and are willing to invest effort in attaining their goals.

Joseph T. Catalano, PhD, RN

Acknowledgments

I would like to express my sincere thanks to my students and colleagues who have given their time, knowledge, creativity, and understanding of what is required to promote the profession of nursing both in the present and for the future. I would also like to thank Pam, Sarah, Amanda, Dandy, and Pepper for their tolerance and encouragement as I ignore them while I'm on the computer. And a special thank you to Sharon Bator, whose tireless work and outstanding organizational skills contributed to the editing and revision of several chapters.

Contributors

Mary Abadie, RN, MSN, CPNP
Assistant Professor
Southern University and A&M College
School of Nursing
Baton Rouge, Louisiana

Tonia Aiken, RN, BSN, JD
President and CEO
Aiken Development Group
New Orleans, Louisiana

Sharon M. Bator, RN, MSN, CPE
Assistant Professor
Southern University and A&M College
School of Nursing
Baton Rouge, Louisiana

Barbara Bellfield, MS, RNP-C, RN
Family Nurse Practitioner
Ventura County Public Health
Loma Vista Road
Ventura, California

Cynthia Bienemy, RN, PhD
Director, Louisiana Center for Nursing
Louisiana State Board of Nursing
Baton Rouge, Louisiana

Doris Brown, Med, MS, RN, CNS
Public Health Executive Director
Robert Wood Johnson Nurse Fellow 2006–2009
Baton Rouge, Louisiana

Sandra Brown, RN, DNS, APRN, FNP-BC
Professor
Southern University and A&M College
School of Nursing
Baton Rouge, Louisiana

Joseph T. Catalano, PhD, RN
Program Consultant, Author
Ada, Oklahoma

Sarah T. Catalano
Public Relations Coordinator
Cothran Development Strategies
Ada, Oklahoma

Captain Dr. Leah S. Cullins, MSN, APRN, FNP-BC
NIH-NINR SGI Fellow
Louisiana Commission on HIV, AIDS,
and Hepatitis C
Assistant Professor
Southern University School of Nursing
Undergraduate & Graduate Programs
Southern University and A&M College
Baton Rouge, Louisiana

Lydia DeSantis, RN, PhD, FAAN
University of Miami
School of Nursing
Miami, Florida

Joan Anny Ellis, RN, PhD
Director, Educational Services
Woman's Hospital
Baton Rouge, Louisiana
Associate Professor
Southern University and A&M College
School of Nursing
Baton Rouge, Louisiana

Mary Evans, JD, RN
316 N. Tejon
Colorado Springs, Colorado

Betty L. Fomby-White, RN, PhD
Southern University and A&M College
School of Nursing
Baton Rouge, Louisiana
Associate Faculty
University of Phoenix Online

Donna Gentile O'Donnell, RN, MSN
Deputy Health Commissioner (Retired)
Philadelphia, Pennsylvania

Anita H. Hansberry, RN, MS
Assistant Professor
Southern University and A&M College
School of Nursing
Baton Rouge, Louisiana

Nicole Harder, RN, BN, MPA
Coordinator, Learning Laboratories
Helen Glass Centre for Nursing
Faculty of Nursing
University of Manitoba
Winnipeg, Manitoba, Canada

Jacqueline J. Hill, RN, PhD
Associate Professor & Chair
Undergraduate Nursing Program
Southern University A&M College
Baton Rouge, Louisiana

Edna Hull, PhD, RN, CNE
Associate Professor & Program Director
Our Lady of the Lake College
Metropolitan New Orleans Center
New Orleans, Louisiana

Sharon W. Hutchinson, PhD, MN, RN, CNE
Associate Professor and Chair
Graduate Nursing Programs
Southern University School of Nursing
Southern University and A&M College
Baton Rouge, Louisiana

Joyce Miller, BSN, CPE, CCM
Clarity Hospice of Baton Rouge
Baton Rouge, Louisiana

Karen Mills, MSN, RN
Nurse Family Partnership State Nurse Consultant
Louisiana Office of Public Health
Baton Rouge, Louisiana

Roberta Mowdy, MS, RN
Instructor
Department of Nursing
East Central University
Ada, Oklahoma

Joseph Mulinari, PhD, RN
College of Mt. St. Vincent
Department of Nursing
Riverdale, New York

Linda Newcomer, RN, MSN
Instructor
Department of Nursing
East Central University
Ada, Oklahoma

Robert Newcomer, PhD
Assistant Professor
East Central University
Ada, Oklahoma

Anyadie Onu, RN, MS
Assistant Professor
Southern University and A&M College
School of Nursing
Baton Rouge, Louisiana

Janet S. Rami, RN, PhD
Southern University and A&M College
School of Nursing
Baton Rouge, Louisiana

Mary Ann Remshardt, EdD, RN
Assistant Professor
Department of Nursing
East Central University
Ada, Oklahoma

Viki Saidleman, MS, RN
Instructor
Department of Nursing
East Central University
Ada, Oklahoma

Nancy C. Sharts-Hopko, RN, PhD, FAAN
Professor
Villanova University
Villanova, Pennsylvania

Enrica K. Singleton, RN, PhD
Professor
Southern University and A&M College
School of Nursing
Baton Rouge, Louisiana

Wanda Raby Spurlock, DNS, RN, BC, CNS, FNGNA
Associate Professor
Southern University and A&M College
School of Nursing
Baton Rouge, Louisiana

Melissa Stewart DNS, RN, CPE
Assistant Professor
Our Lady of the Lake College
School of Nursing
Baton Rouge, Louisiana

Cheryl Taylor, PhD, RN
Associate Professor of Nursing
Director Office of Nursing Research
NLN Consultant to National Student Nurses
Association
Southern University and A&M College
School of Nursing
Baton Rouge, Louisiana

Karen Tomajan, MS, RN, NEA-BC
Clinical/Regulatory Consultant
INTEGRIS Baptist Medical Center
Oklahoma City, Oklahoma

Esperanza Villanueva-Joyce, EdD, CNS, RN
National Dean for Academics
Education Affiliates

Kathleen Mary Young, RN, C, MA
Instructor
Western Michigan University
Kalamazoo, Michigan

Contents

1

The Growth of Nursing

The Development of a Profession

1

Joseph T. Catalano

Joseph T. Catalano

Learning Objectives

After completing this chapter, the reader will be able to:

- Define the terms **position, job, occupation,** and **profession**
- Compare the three approaches to defining a profession
- Analyze those traits defining a profession that nursing has attained
- Evaluate why nursing has failed to attain some of the traits that define a profession
- Correlate the concept of power with its important characteristics

WHAT IS A PROFESSION?

Since the time of Florence Nightingale, each generation of nurses, in its own way, has fostered the movement to professionalize the image of nurses and nursing. The struggle to change the status of nurses—from that of female domestic servants to one of high-level health-care providers who base their protocols on scientific principles—has been a primary goal of nursing's leaders for many years. Yet some people, both inside and outside the profession of nursing, question whether the search for and attainment of professional status is worth the effort and price that must ultimately be paid.

At some levels in nursing, the question of **professionalism** takes on immense significance. However, to the busy **staff nurse**—who is trying to allocate client assignments for a shift, distribute the medications at 9 a.m. to 24 clients, and supervise two aides, a licensed practical nurse (LPN) or licensed vocational nurse (LVN) and a nursing student—the issue may not seem very significant at all.

Indeed, when nurses were first developing their identity separately from that of physicians, there was no thought about their being part of a **profession.** Over the years, as the scope of practice and responsibilities have expanded, nurses have increasingly begun to consider what they do to be professional activities.

This chapter presents some of the current thoughts concerning professions and where nursing stands in relation to these viewpoints.

APPROACHES TO DEFINING A PROFESSION

In common use, terms such as *position*, *job*, *occupation*, *profession*, *professional*, and *professionalism* often are used interchangeably and incorrectly. The following definitions will clarify what is meant by these terms within this text:

Position: A group of tasks assigned to one individual

Job: A group of positions similar in nature and level of skill that can be carried out by one or more individuals

Occupation: A group of jobs similar in type of work that are usually found throughout an industry or work environment

Profession: A type of occupation that requires prolonged preparation and formal qualifications and meets certain higher level criteria (discussed later in this chapter) that raise it to a level above that of an occupation[1]

Professional: A person who belongs to and practices a profession (The term *professional* is probably the most misused of all these terms when describing people who are clearly involved in jobs or occupations, such as a "professional truck driver," "professional football player," or even "professional thief.")

Professionalism: The demonstration of high-level personal, ethical, and skill characteristics of a member of a profession[2]

> " *Over the years, as the scope of practice and responsibilities have expanded, nurses have increasingly begun to consider what they do to be professional activities.* "

For almost 100 years, experts in social science have been attempting to develop a "foolproof" approach to determining what constitutes a profession but with only minimal success. Three common models are the process approach, the power approach, and, most widely accepted, the trait approach.

Process Approach

The process approach views all occupations as points of development into a profession situated along a continuum ranging from position to profession:

Continuum of Professional Development:

Position $\longleftrightarrow$ Profession

Using this approach, the question becomes not whether nursing and truck driving are professions but where they are located along the continuum. Occupations such as medicine, law, and the ministry are widely accepted by the public as being closest to the professional end of the continuum.[3] Other occupations may be less clearly defined.
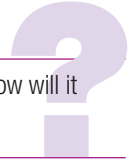
The major difficulty with this approach is that it lacks criteria on which to base judgments. Final determination of the status of an occupation or profession depends almost completely on public perception of the activities of that occupation. Nursing has always had a rather negative public image when it comes to being viewed as a profession.

Power Approach

The power approach uses two criteria to define a profession:

1. How much independence of practice does this occupation have?
2. How much power does this occupation control?

The concept of power is discussed later in this chapter, but in this context, it refers to political power and the amount of money that the person in that occupation earns.[4]

Using this determinant, occupations such as medicine, law, and **politics** clearly would be considered professions. The members of these occupations earn high incomes, practice their skills with a great deal of independence; and exercise significant power over individuals, the public, and the political community, both individually and in organized groups. The ministry is generally perceived as having power and influence. However, most people in this group, except for a few individuals such as television evangelists, have relatively low income levels. Nursing, of course, with its comparatively lower salaries, low membership in professional organizations, and perceived lack of political power, would clearly not meet the power criteria for a profession.

The question that comes to mind is whether power, independence of practice, and high income are the only elements that determine professional status. Although those three factors confer status in our culture, other elements can be considered significant in how a profession is viewed. For example, to many people, members of the clergy have a great deal of power when they act as counselors, speakers of the truth, and community leaders.

Trait Approach

Of the many researchers and theorists who have attempted to identify the traits that define a profession, Abraham Flexner, Elizabeth Bixler, and Eliza Pavalko are most widely accepted as the leaders in the field. These three social scientists have determined that the following common characteristics are important:

- High intellectual level
- High level of individual responsibility and **accountability**
- Specialized body of knowledge
- Knowledge that can be learned in institutions of higher education
- Public service and altruistic activities
- Public service valued over financial gain
- Relatively high degree of **autonomy** and independence of practice
- Need for a well-organized and strong organization representing the members of the profession and controlling the quality of practice
- A **code of ethics** that guides the members of the profession in their practice
- Strong professional identity and commitment to the development of the profession
- Demonstration of professional competency and possession of a legally recognized license[4]

NURSING AS A PROFESSION

How does nursing compare with other professions when measured against these widely accepted professional traits? The profession of nursing meets most of the criteria but falls short in a few areas.

High Intellectual Level

In the early stages of the development of nursing practice, this criterion did not apply. Florence Nightingale raised the bar for education, and graduates of her school were considered to be highly educated compared with other women of that time.

However, by today's standards, most of the tasks performed by these early nurses are generally considered to be menial and routine.

On the other hand, as health care has advanced and made great strides in technology, pharmacology, and all branches of the physical sciences, a high level of intellectual functioning is required for even relatively simple nursing tasks, such as taking a client's temperature or blood pressure using automated equipment. On a daily basis, nurses use **assessment** skills and knowledge, have the ability to reason, and make routine judgments based on clients' conditions. Without a doubt, professional nurses must function at a high intellectual level.

High Level of Individual Responsibility and Accountability

Not too long ago, a nurse was rarely, if ever, named as a **defendant** in a malpractice suit. In general, the public did not view nurses as having enough knowledge to be held accountable for errors that were made in client care. This is not the case in the health-care system today. Nurses are often the primary, and frequently the only, defendants named when errors are made that result in injury to the client. Nurses must be accountable and demonstrate a high level of individual responsibility for the care and services they provide.[5]

The concept of accountability has legal, ethical, and professional implications that include accepting responsibility for actions taken to provide **client** care and for the consequences of actions that are not performed. Nurses can no longer state that "the

physician told me to do it" as a method of avoiding responsibility for their actions.

Specialized Body of Knowledge

Most early nursing skills were based either on traditional ways of doing things or on the intuitive knowledge of the individual nurse. As nursing developed into an identifiable, separate discipline, a specialized body of knowledge called *nursing science* was compiled through the research efforts of nurses with advanced educational degrees.[6] As the body of specialized nursing knowledge continues to grow, it forms a theoretical basis for the best practices movement in nursing today. As more nurses obtain advanced degrees, conduct research, and develop philosophies and theories about nursing, this body of knowledge will increase in scope and quantity.

Evidence-Based Practice

In professional nursing today, there is an increasing emphasis on evidence-based practice. Almost all of the currently used nursing theories address this issue in some way. Simply stated, evidence-based practice is the practice of nursing in which interventions are based on data from research that demonstrates that they are appropriate and successful. It involves a systematic process of uncovering, evaluating, and using information from research as the basis for making decisions about and providing client care.[7] Many nursing practices and interventions of the past were performed merely because they had always been done that way (accustomed practice) or because of deductions from physiological or pathophysiological information. Clients are now more sophisticated and knowledgeable about health-care issues and demand a higher level of knowledge and skill from their health-care providers.

The development of information technology has made evidence-based practice in nursing a reality. In the past, nurses relied primarily on units within their own facilities for information about the success of treatments, decisions about health care, and outcomes for clients. Nursing education now requires nursing students to perform Web-based research for papers and projects so that by the time of graduation, they feel comfortable accessing a

> " *Evidence-based practice is the practice of nursing in which interventions are based on data from research that demonstrates that they are appropriate and successful.* "

wide range of the best and most current information through electronic sources. Of course, one of the key limiting factors of evidence-based practice is the quality of the information on which the practice is based. Evaluating the quality of information on the Web can be difficult at times.

The first step in developing an evidence-based practice is to identify exactly what the intervention is supposed to accomplish. Once the goal or client outcome is identified, the nurse needs to evaluate current practices to determine whether they are delivering the desired client outcomes. If the current practices are unsuccessful or if the nurse feels they can be more efficient with fewer complications, research sources need to be collected. These can be from published journal articles (either electronic or hard copy) and from presentations at research or practice conferences, which often present the most current information. Then a plan should be developed to implement the new findings. This process can be applied to changing policy and procedures or developing training programs for facility staff. Research data should always be used when initiating new practices or modifying old ones.

Public Service and Altruistic Activities

When defining nursing, almost all major nursing theorists include a statement that refers to a goal of helping clients adapt to illness and achieve their highest level of functioning. The public (variously referred to as *consumers*, *patients*, *clients*, *individuals*, or *humans*) is the focal point of all nursing models and nursing practice. The public service function of nursing has always been recognized and acknowledged by society's willingness to continue to educate nurses in public, tax-supported institutions and in private schools. In addition, nursing has been viewed universally as an altruistic profession composed of selfless individuals who place the lives and well-being of their clients above their personal safety. In the earliest days, dedicated nurses provided care for victims of deadly plagues with little regard for their own welfare. Today, nurses are found in remote and often hostile areas, providing care for the sick and dying, working 12-hour shifts, being on call, and working rotating shifts.

Issues Now

Websites: Friends or Foes?

Have a paper or report to do for class? Need information on pheochromocytoma, Smith-Strang disease, Kawasaki disease? No problem, look it up on the Web, right? Well, yes and no. Without question, there is a tremendous amount of information about almost any subject available just a few mouse clicks away. But the bigger question is, How good is that information? Anyone can post almost anything online these days, and there are no organizations or agencies that oversee or review the information for quality, accuracy, or objectivity. So how are you supposed to know what is good and what is not? Although there is no foolproof method for determining the quality of any given website, some telltale markers can point you in the right direction when you are rating the quality of the information you seek.

Marker 1: Peer Review

All major professional journals have a peer-review process that requires any manuscripts submitted to be reviewed by two or three professionals who are considered experts, or at least knowledgeable, in the subject matter. Peer review is one of the key elements in ensuring the accuracy of the information in the manuscript. When considering a Web source, look for a clear statement of the source of the information and how that information is reviewed. If the information is from an established source, such as a recognized professional journal, it has been peer reviewed and has a higher degree of accuracy. Examine the format and writing style of the document. If it seems to be very choppy, or if the style, tone, or point of view changes throughout the article, it is an indication that it was not well edited and probably not peer reviewed. Use the information with caution.

Marker 2: Author Credentials

The name of the author and his or her titles and credentials should be listed. Be cautious if no author or publisher is listed. Of course, anyone can use another person's name as the author, but it is relatively easy to cross-check authors' names through other databases, such as those found in libraries. Before accepting the information as gospel, it is probably worth looking up the author and seeing what other articles or books he or she has written. Another key to determining author credentials is to establish who owns the website. In general, personal website pages are less likely to contain authoritative information. You can also look at the last three letters in the website address. The ones that end in *.gov, .org,* or *.edu* tend to have higher-quality information. Also, see whether the information has a copyright. If the information is copyrighted, the person felt strongly enough about what he or she was posting to go to the effort of making sure that no one else could use it as their original information.

Marker 3: Prejudice and Bias

Although there is almost always a small degree of prejudice and bias in all written material, most legitimate authors strive to be as objective as possible. Many times, if you read a document with a critical eye, you can discern obvious prejudicial

(continued)

I s s u e s   N o w continued

viewpoints. See if the author has a vested interest in the content of the document. For example, an article about the effects of tobacco use on the respiratory system written by a scientist who was hired by the R. J. Reynolds Company would probably have a decidedly different viewpoint than an article written by a scientist who was employed by the National Health Information Center. See if contact information is provided by the author and who the sponsor or publisher of the document is. If these are not provided, be suspicious about the information.

Marker 4: Timeliness

Of course, all of us want the most recent information we can find and sometimes mistakenly assume that because it is on the Web, it is new. Some forms of the Web have been around since Tim Berners-Lee invented the World Wide Web in 1989, so some of the material can be very outdated. See if you can determine when the site was last updated and how extensively the information was revised. It is also a good practice to look to other sources (e.g., Web, journals, books) to compare the material for currency. Many websites have links where you can access other related information. If those links have messages such as "Page not found" or "Link no longer available," be extremely cautious with the information. Good links should connect you to other reliable sites.

Marker 5: Presentation

Although the old saying is that "you can't tell a book by its cover," experienced Web surfers can often tell a lot about a website by its presentation. Some look well developed and professional, and others look very amateurish. There is no guarantee that the slick-looking websites are better, but it is one factor to consider in the overall evaluation of the information you are seeking. Take a look at the graphics. They should be balanced with the text and help explain or demonstrate information in the text. If the graphics seem to be just decorative, it should raise a red flag about the content of the site. Some sites use a compressed format that requires special programs such as Adobe Acrobat to view them. If you do not have access to these programs, the information in the site is unusable. Move on to the next site.

In summary, the Internet can be a valuable source of information about a wide variety of subjects. However, each source needs to be evaluated carefully. Following the five markers discussed here will place you on the path to deciding the quality of the information presented in any website.

Sources: Carlson EA. What to look for when evaluating Web sites. *Orthopaedic Nursing*, 28(4): 199–202, 2009; Golterman L, Banasiak NC. Primary care approaches. Evaluating web sites. Reliable child health resources for parents. *Pediatric Nursing*, 37(2):81–83, 2011; Spector ND, Matz PS, Levine LJ, Gargiulo KA, McDonald MB 3rd, McGregor RS. e-Professionalism: Challenges in the age of information. *Journal of Pediatrics*, 156(3):345–346, 2010.

Few individuals enter nursing to become rich and famous. It is likely that those who do so for these reasons quickly become disappointed and move on to other career fields. Although the pay scale has increased tremendously since the 1990s, nursing is, at best, a middle-income occupation. Surveys among students entering nursing programs continue to indicate that the primary reason for wishing to become a nurse is to "help others" or "make a difference" in someone's life and to have "job security." Rarely do these beginning students include "to make a lot of money" as their motivation.[7]

Well-Organized and Strong Representation

Professional organizations represent the members of the profession and control the quality of professional practice. The National League for Nursing (NLN) and the American Nurses Association (ANA) are the two major national organizations that represent nursing in today's health-care system. The NLN is primarily responsible for regulating the quality of the educational programs that prepare nurses for the practice of nursing, whereas the ANA is more concerned with the quality of nursing practice in the daily health-care setting. These and other organizations are discussed in more detail in Chapter 5.

Both these groups are well organized, but neither can be considered powerful when compared with other professional organizations, such as the American Hospital Association, the American Medical Association (AMA), or the American Bar Association (ABA). One reason for their lack of strength is that fewer than 10 percent of all nurses in the United States are members of any professional organization at the national level.[3] Many nurses do belong to specialty organizations that represent a specific area of practice, but these lack sufficient political power to produce changes in health-care laws and policies at the national level.

Nurses' Code of Ethics

Nursing has several codes of ethics that are used to guide nursing practice. The ANA Code of Ethics for Nurses, the most widely used in the United States, was first published in 1971 and updated in 1985 and 2001. In 2013, the ANA began surveying its members for input into possible changes in the Code. The current 2014 ANA Code of Ethics, while maintaining the integrity found in earlier versions, is now more relevant to current health-care and nursing practices.

This code of ethics is recognized by other professions as a standard with which others are compared. The nurses' code of ethics and its implications are discussed in greater detail in Chapter 6.

Competency and Professional License

Nurses must pass a national licensure examination to demonstrate that they are qualified to practice nursing. Nurses are allowed to practice only after passing this examination. The granting of a nursing **license** is a legal activity conducted by the individual state under the **regulations** contained in that state's nurse practice act.

WHEN NURSING FALLS SHORT OF THE CRITERIA

Before Florence Nightingale practiced nursing, people considered it to be unnecessary, if not outright dangerous, to educate nurses through independent nursing programs in publicly supported educational institutions. As nursing has developed, particularly in the United States, the recognition of the intellectual nature of the practice, as well as the vast amount of knowledge required for the job, has led to a belief by some nursing leaders that college education for nurses is now a necessity.[8–10]

Autonomy and Independence of Practice

Historically, the handmaiden or servant relationship of the nurse to the physician was widely accepted.[11] It was based on several factors, including social norms. For example, women became nurses, whereas men became physicians; women were subservient to men, the nature of the work being such that nurses cleaned and physicians cured. In terms of the relative levels of education of the two groups, the average nursing program lasted for 1 year, whereas physician education lasted for 6 to 8 years.

Unfortunately, despite efforts to expand nursing practice into more independent areas through updated nurse practice legislation, nursing retains much of its subservient image. In reality, nursing is both an independent and interdependent discipline. Nurses in all health-care settings must work closely with physicians, hospital administrators, pharmacists, and other groups in the provision of care. In some cases, nurses in **advanced practice** roles, such as **nurse practitioners,** can and do establish their own independent practices. Most state