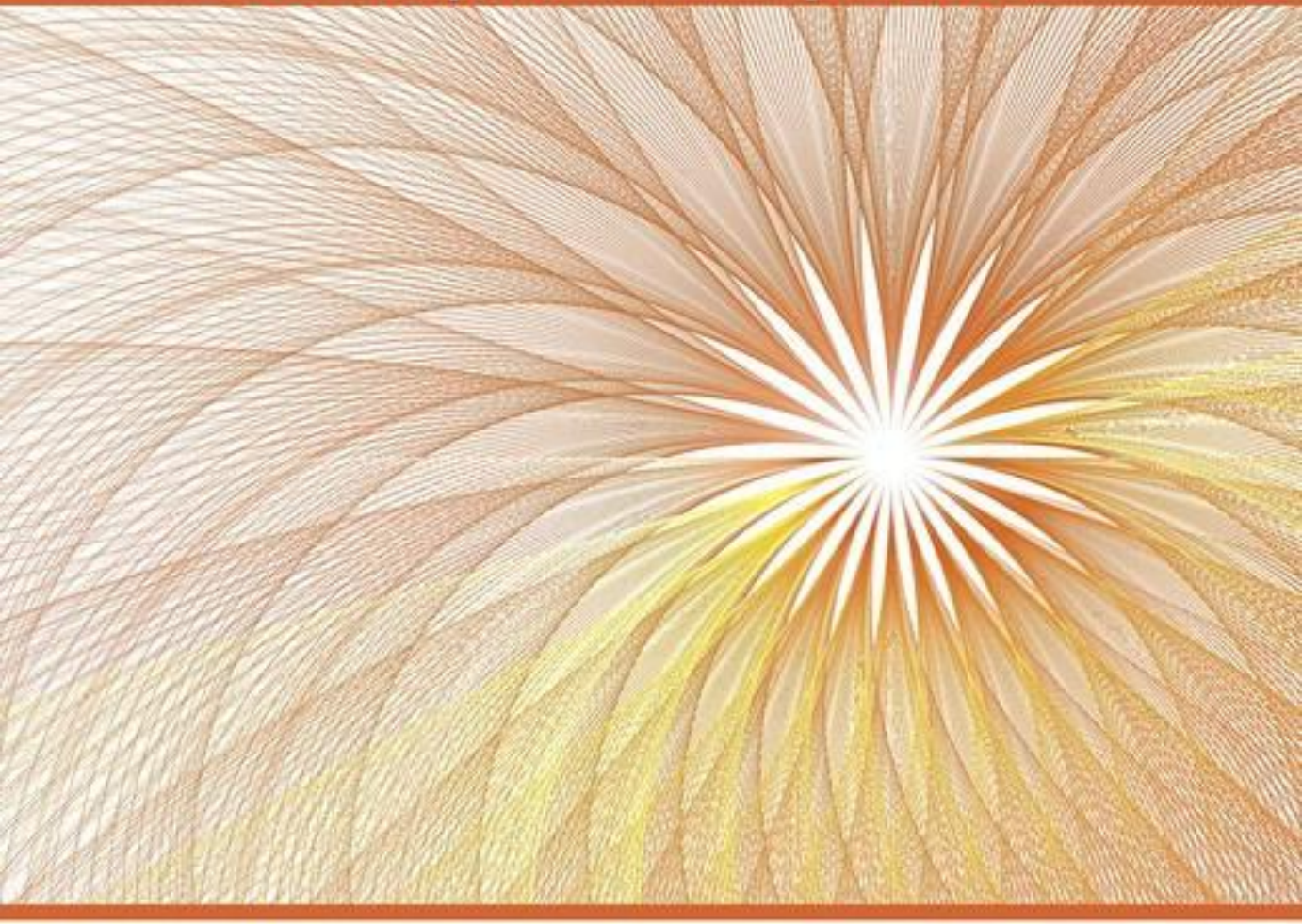
SEVENTH EDITION

Professional Nursing Practice

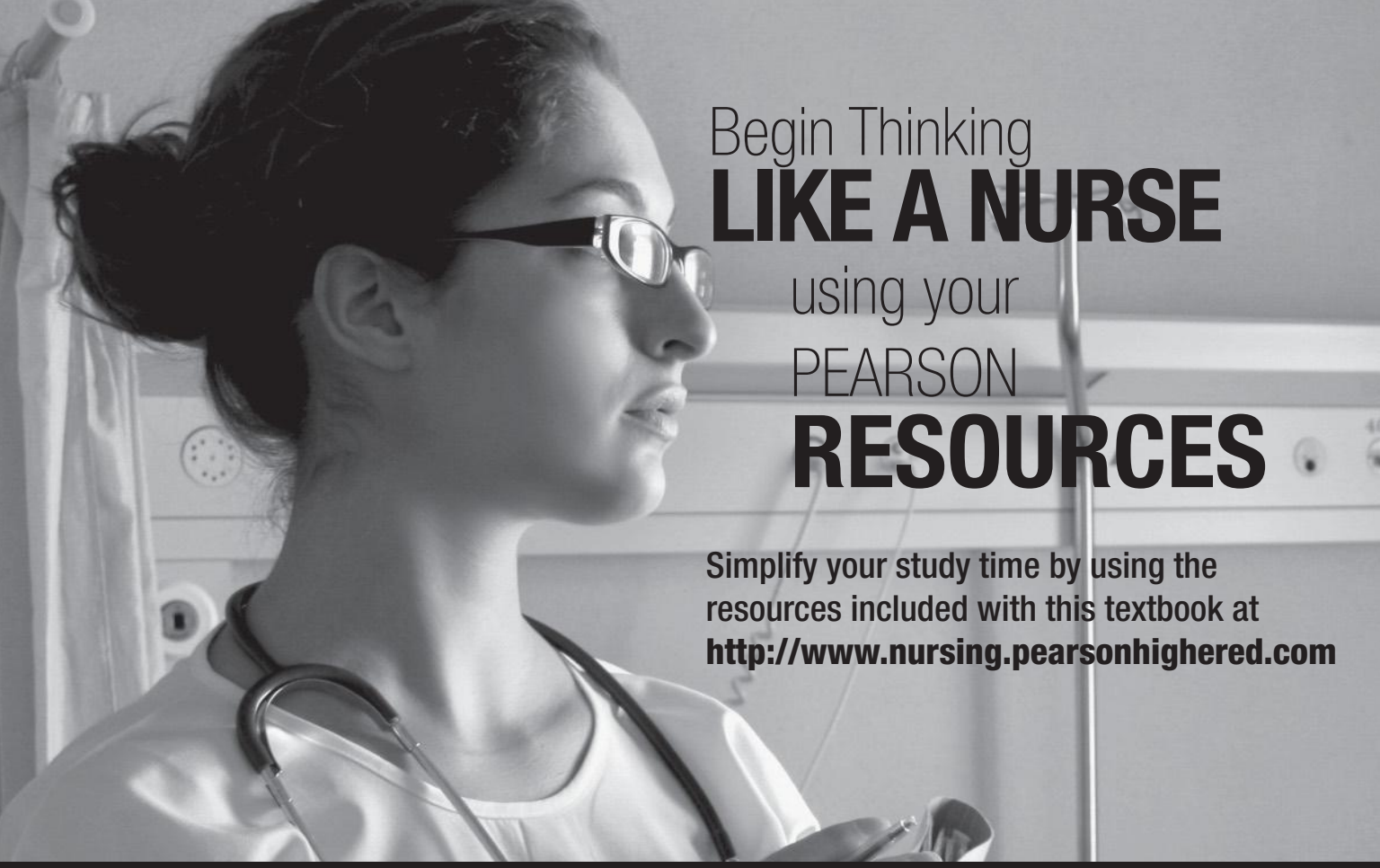
Concepts and Perspectives



KATHLEEN KOERNIG BLAIS JANICE S. HAYES

Brief Contents

This page intentionally left blank



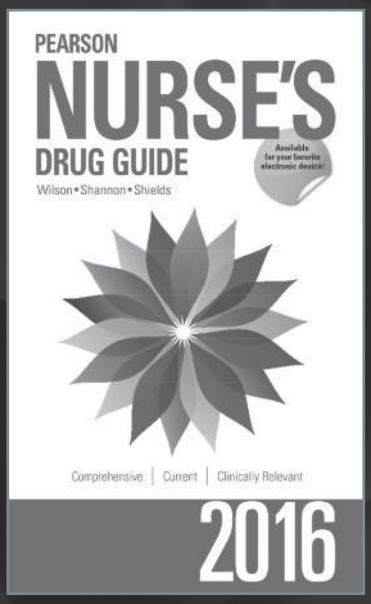
Begin Thinking LIKE A NURSE using your PEARSON RESOURCES

Simplify your study time by using the resources included with this textbook at **http://www.nursing.pearsonhighered.com**

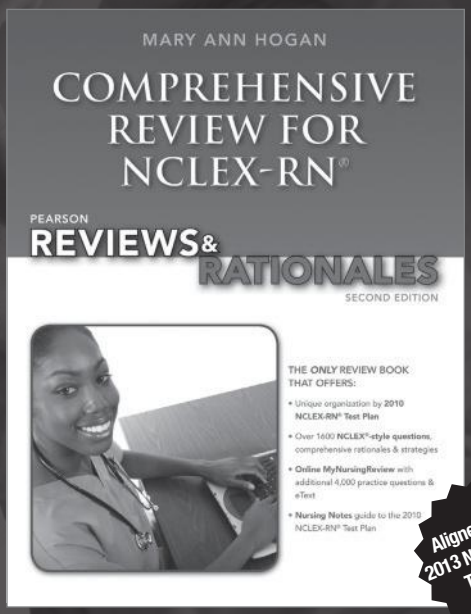
Further enhance your Clinical Reasoning with the additional resources below.
For more information and purchasing options visit **www.mypearsonstore.com**.

Think Like a Nurse in Clinical

Clinical references across the nursing curriculum available!



Thinking Like a Nurse for NCLEX-RN® Success



ALWAYS LEARNING

PEARSON

Professional Nursing Practice

Seventh Edition

This page intentionally left blank

Professional Nursing Practice

Concepts and Perspectives

Seventh Edition

Kathleen Koernig Blais, Ed.D., RN
Florida International University

Janice S. Hayes, PhD, RN
University of Northern Colorado

PEARSON

Boston Columbus Indianapolis New York San Francisco Amsterdam
Cape Town Dubai London Madrid Milan Munich Paris Montreal Toronto
Delhi Mexico City São Paulo Sydney Hong Kong Seoul Singapore Taipei Tokyo

Publisher: Julie Levin Alexander
Publisher's Assistant: Sarah Henrich
Executive Editor: Pamela Fuller
Development Editor: Barbara Price
Editorial Assistant: Erin Sullivan
Project Manager: Cathy O'Connell
Program Manager: Erin Rafferty
Director, Product Management Services: Etain O'Dea
Team Lead, Program Management: Melissa Bashe
Team Lead, Project Management: Cynthia Zonneveld
Full-Service Project Manager: Peggy Kellar, iEnergizer Aptara®, Ltd.
Manufacturing Buyer: Maura Zaldivar-Garcia
Art Director/Cover and Interior Design: Maria Guglielmo
Vice President of Sales and Marketing: David Gesell
Vice President, Director of Marketing: Margaret Waples
Senior Product Marketing Manager: Phoenix Harvey
Field Marketing Manager: Debi Doyle
Marketing Specialist: Michael Sirinides
Marketing Assistant: Amy Pfund
Media Product Manager: Travis Moses-Westphal
Media Project Manager: Lisa Rinaldi
Composition: iEnergizer Aptara®, Ltd.
Printer/Binder: Courier/Kendallville
Cover Printer: Courier/Kendallville
Cover Image: Jennifer Gottschalk/Shutterstock

Credits and acknowledgments borrowed from other sources and reproduced, with permission, in this textbook appear on appropriate page within text.

Library of Congress Cataloging-in-Publication Data
Blais, Kathleen, author.
Professional nursing practice : concepts and perspectives/Kathleen Koernig Blais, Janice S. Hayes.
— Seventh edition.
p. ; cm.
Includes bibliographical references and index.
ISBN 978-0-13-380131-6 — ISBN 0-13-380131-4
I. Hayes, Janice S., author. II. Title.
[DNLM: 1. Nursing. 2. Nurse's Role. 3. Nursing Theory. WY 16 AA1]
RT84.5
610.73—dc23

2015004901

PEARSON

ISBN-10: 0-13-380131-4
ISBN-13: 978-0-13-380131-6

Dedication

I dedicate this book to all who have taught me; my teachers past and present; my students, who continue to challenge me and make me a better teacher; and, most of all, David, Sarah, Harrison, and Margaret.

Kathleen Blais

This work is dedicated to Sierra, Marc, Otto, and Vinnie who motivate and inspire me to reach out to a new generation of nurses.

Janice S. Hayes

This page intentionally left blank

About the Authors

Kathleen Blais

Kathleen Blais received her Diploma in nursing from Temple University Hospital School of Nursing (Philadelphia, Pennsylvania), her BSN and MSEd from Florida International University (Miami, Florida), MSN from the University of Miami (Miami, Florida), and EdD from Florida Atlantic University (Boca Raton, Florida). She has taught in both undergraduate and graduate nursing programs. Dr. Blais has held faculty and academic leadership positions throughout her career. She is currently a Professor Emerita of Nursing at Florida International University Nicole Wertheim College of Nursing and Health Sciences.

Janice S. Hayes

Janice Hayes received her BSN from the University of Evansville, MSN from Indiana University, and PhD from Purdue University. She has taught both in undergraduate and graduate nursing programs as well as providing research leadership with clinical institutions. Dr. Hayes has maintained a research trajectory in the areas of development risk and trauma outcomes. She has served as the Assistant Director for Graduate Programs in the School of Nursing at the University of Northern Colorado.

This page intentionally left blank

Thank You

Thanks go to our colleagues from schools of nursing around the world, who generously gave their time to help create this book. These professionals helped us plan and shape our book by contributing their collective experience and expertise as nurses and teachers, and we made many improvements based on their efforts.

Contributors

Catherine E. Dingley, PhD, RN, FNP
Post Doctoral Research Fellow
University of Utah
Salt Lake City, Utah

Kathleen Dunemn, PhD, APRN, CNM-BC
Associate Professor
University of Northern Colorado
Greeley, Colorado

J. Craig Phillips, PhD, LLM, RN, ARNP, PMHCNS-BC, ACRN
Associate Professor of Nursing
University of Ottawa
Ottawa, Ontario, Canada

Rhonda D. Squires, PhD, APRN-BC, FNP
Assistant Professor
University of Northern Colorado
Greeley, Colorado

Reviewers

Barbara Celia, EdD, RN
Clinical Assistant Professor
Drexel University
College of Nursing and Health Professions
Philadelphia, Pennsylvania

Kim Clevenger, EdD, MSN, RN, BC
Baccalaureate & RN-BSN Program Coordinator/
Associate Professor of Nursing
Morehead State University
Morehead, Kentucky

Fredi de Yampert, PhD, RN
Interim VP for Academic Affairs
Nursing Department Chair
Finlandia University
Hancock, Michigan

A. Kate Eby, MN, APRN, ONC, FNP-C, CNE
Lecturer, RN-BSN Program
Frostburg State University
Frostburg, Maryland

Sarah Gabua, DNP, RN
Adjunct Professor
Ferris State University
Big Rapids, Michigan

Kristine M. Gill, PhD., RN
Associate Professor of Nursing, Emeritus
The University of Akron
Akron, Ohio

Irma Lorraine Goodrich, ABD, MSN, BSN, RN
Instructor of Nursing/Interim Director
Eastern New Mexico University
Portales, New Mexico

Linda Pennington Grimsley, PhD
Assistant Vice President for Academic Affairs &
Professor of Nursing
Albany State University
Albany, Georgia

Patricia Hall, MSN/Ed, RN
Faculty
University of South Florida College of Nursing
Tampa, Florida

Terri Hood-Brown
Assistant Professor
Ohio University
Zanesville, Ohio

Sara K. Kaylor, Ed.D, RN, CNE
Assistant Professor
The University of Alabama
Capstone College of Nursing
Tuscaloosa, Alabama

Ramona S. Kerner, DHEd, RN, CNOR
Assistant Professor
Southeastern Louisiana University School of Nursing
Hammond, Louisiana

Marilyn Meder, PhD, RN
Assistant Professor
Kutztown University
Kutztown, Pennsylvania

Maria Olenick, PhD, FNP, RN
Chair of Undergraduate Nursing
Florida International University
Nicole Wertheim College of Nursing and Health Sciences
Miami, Florida

Barbara Patterson, EdD, MS, RN, CNE
Associate Dean, School of Nursing
Southwestern Oklahoma State University
Weatherford, Oklahoma

Judith Miller Peters, Ed.D, RNC
Associate Professor of Nursing
Loma Linda University School of Nursing
Loma Linda, California

Jenny Radsma, PhD, RN
Associate Professor
University of Maine at Fort Kent
Fort Kent, Maine

Patricia L. Reid, MSN, RN, CNS
Director of Continuing Education
The Ohio State University
Columbus, Ohio

Desma R. Reno, PhD(c), APRN, GCNS-BC
Assistant Professor
Southeast Missouri State University
Cape Girardeau, Missouri

Susan Rieck, PhD, RN
Associate Professor & Assistant Dean
Northern Arizona University
Flagstaff, Arizona

Neal Rosenburg, PhD, COI, RN
Dean and Associate Professor
Nevada State College
Henderson, Nevada

Polly Royal, DNP, RN
Clinical Assistant Professor
Purdue University
West Lafayette, Indiana

Melody F. Sharp, DNP, RN
Director, Post-Licensure & Accelerated
BSN Associate Professor
Jefferson College of Health Sciences
Roanoke, Virginia

Jessica Spellman, MSN, RN, CCRN
The Ohio State University
Associated Clinical Faculty
Columbus, Ohio

Jennifer L. Taylor, PhD, RN
Associate Professor
Director of Undergraduate Programs
Lindenwood University
St. Charles, Missouri

Linda J. Thomas, PhD, MSN, RN, CNE
RN-BSN Coordinator
Murray State University
Murray, Kentucky

Janet Weber, EdD, RN
Director RN-BSN Program
Southeast Missouri State University
Cape Girardeau, Missouri

Evelyn M. J. Yeaw, PhD, RN
Professor Emerita
The University of Rhode Island
Kingston, Rhode Island

Benson K. L. Yeung, MSN, RN
Lecturer and Clinical Faculty
California State University, School of Nursing
Los Angeles, California

Preface

A dynamic healthcare environment requires growth and change in the nursing profession. Skills in communication and interpersonal relations are needed for nurses to be effective members of collaborative interdisciplinary healthcare teams. Critical thinking and creativity are necessary as nurses implement care with clients of diverse cultural and spiritual backgrounds in a variety of settings. Nurses must be prepared to provide care not only in hospital settings but also in community and residential settings, such as work sites, schools, faith-based communities, homeless shelters, and prisons. The nurse's unique role demands a blend of nurturance, compassion, sensitivity, caring, empathy, commitment, courage, competence, and skill that comes from a broad knowledge base of the arts, humanities, biological and social sciences, and the discipline of nursing. Nurses need skills in teaching, collaborating, leading, managing, advocacy, political involvement, and applying theory, research, and evidence to practice. An understanding of holistic healing modalities and complementary therapies used in the care of patients and clients is becoming more essential. Knowledge of global health includes the nurse's understanding of nursing and health care as practiced around the world and how health/disease conditions in other countries can affect the health status of citizens and residents of our own country. Quality and safety in health care are of primary concern to the profession.

This book addresses content by which nurses build their repertoire of nursing knowledge. This content includes, but is not limited to, wellness, health promotion, and disease/injury prevention; holistic care; multiculturalism, global health; nursing history; technology and informatics; nursing theories and conceptual frameworks; nursing research; quality and safety; and professional empowerment and politics.

Professional Nursing Practice: Concepts and Perspectives, 7th Edition, is intended as a text for registered nurses who are in transition or bridge programs to achieve a baccalaureate or higher degree in nursing. It may also be used in generic nursing programs or in transition or bridge programs for vocational nurses (LPNs or LVNs) to complete the professional nursing baccalaureate degree. This text addresses the areas of knowledge that professional nurses require to be effective in the changing healthcare environment.

The organization of this text emphasizes the foundational knowledge related to professional nursing, including nursing history, nursing knowledge development, ethics, and legal aspects; the roles of professional nurses, including health promoter and care provider, learner and teacher, leader and manager, research consumer, advocate, and colleague and collaborator; the processes guiding nursing, including communication, change, and technology and informatics; nursing in a changing healthcare delivery system, including healthcare economics, holistic health care, global health, cultural and spiritual dimensions of client care, and nursing in a culture of violence; graduate education and advanced nursing practice; and nursing in the future.

NEW TO THIS EDITION

All chapters have been revised to reflect current professional nursing knowledge based on foundational knowledge:

- A new chapter, Chapter 11, "The Nurse's Role in Quality and Safety," addresses quality and safety education for nurses (QSEN). Regulations, quality indicators, and benchmarking are discussed as they apply to professional nursing.
- A new chapter, Chapter 19, "Global Health," describes the goals of global health, demographic and epidemic shifts, communicable and noncommunicable diseases around the world, health systems models in the global environment, and nursing roles, responsibilities, and opportunities in global health.
- New content on healthcare reform and implementation of the Affordable Care Act of 2010 as it has implications for nursing has been added to this edition.
- New content on nursing knowledge development and evidence-based practice has been added.
- Chapter summaries are now presented as a bulleted list of chapter highlights to facilitate student preparation for exams.

Hallmark Features

The seventh edition of *Professional Nursing Practice: Concepts and Perspectives* retains several of the features that have been well received by faculty and students who have used previous editions:

- All new to this edition, Research Currents (formerly called Evidence for Practice) boxes that describe quantitative and qualitative research studies relevant to chapter content and relate them to clinical or professional practice.

- Critical Thinking Exercises that require readers to apply concepts from chapters to exemplar situations.
- Reflect On . . . sections that ask the reader to contemplate her or his own practice and beliefs about professional nursing in relation to the chapter content.
- Interviews of practicing nurses, which can be found in two chapters: Chapter 19, "Providing Care in the Home and Community," and Chapter 24, "Advanced Nursing Education and Practice." The profiles include information about why these practitioners chose their specific practice areas, what qualities they think are necessary to be a nurse in that area, what their practice entails, and what encouragement they would offer a nurse considering practice in this area. The profiles provide useful first-person perspectives for readers.
- InfoQuest, which directs students to Internet-based information resources related to chapter content.

Organization

This edition is organized into five units, with an introductory chapter preceding the first unit. Units and chapters can be used independently or in any sequence. Some nursing programs use this text for first-semester nursing students in a professional socialization course. Other nursing programs use the text at the end of their nursing program in a professional transition course. And yet other programs use the text as a primary text in one course and a secondary text in other professional role courses.

- Chapter 1, "Beginning the Journey," was created to assist registered nurses as they return to school. It provides information regarding factors influencing nurses' return to school for baccalaureate and higher degrees and overcoming barriers that may interfere with student success. New content in this chapter includes learning with technology and evaluating Internet sites.
- Unit I, "Foundations of Professional Nursing Practice," focuses on professionalism, including socialization, and historical, legal, ethical, and knowledge development of nursing.
- Unit II, "Professional Nursing Roles," includes information on the professional roles of health promoter and care provider, learner and teacher, leader and manager, research consumer, advocate, and colleague and collaborator. It also addresses quality and safety in providing health care.
- Unit III, "Processes Guiding Professional Practice," focuses on communicating effectively, managing change, and using technology and informatics.
- Unit IV, "Professional Nursing in a Changing Health Care Environment," includes chapters devoted to healthcare economics, providing care in the home and community, global health, holistic health care, nursing in a culturally diverse world, nursing in a spiritually diverse world, and nursing in a culture of violence.
- Unit V, "Into the Future," looks at the nurse's professional development and the future of nursing. It includes chapters on advanced nursing education and practice and concludes with visions for the future of nursing and health care.

We hope this book helps learners appreciate the proud heritage of professional nursing, understand what is meant by *professional*, view nursing as a profession, and develop knowledge and abilities that will contribute to the advancement of the profession. In addition, we hope the knowledge gained will help nurses provide quality care in a constantly changing healthcare environment.

ACKNOWLEDGMENTS

We extend our sincere thanks to the many talented and committed people who assisted in the birthing of this text:

- Barbara Kozier and Glenora Erb, without whom this text would never have been conceived. Every day that we write, we think of them with fondness and respect.
- The reviewers who provided many discerning comments and suggestions that expanded our thinking and writing.
- Barbara Price, Developmental Editor, who provided suggestions and encouragement throughout the process of this revision. Her commitment to the manuscript, understanding of writing demands, and technical and personal support throughout the project contributed positively to this revision.
- Pamela Fuller, Acquisitions Editor, who initiated the work on this edition.
- Peggy Kellar of iEnergizer Aptara®, Ltd. for vital attention to details and Margaret Ritchie for copyediting.
- To all who helped create and manage the media supplements. Their work provides a contemporary dimension to readers' use of this edition.
- Most importantly, our many students, who have challenged and taught us and, in doing so, have helped to guide the direction of this book.

Contents

1

Beginning the Journey

Chapter Outline

Objectives

1. Examine changes in society that promote the nurse's return to school for further education.
2. Examine changes in the profession that promote the nurse's return to school for further education.
3. Apply models of transition to professional role change.
4. Identify strategies that will assist the nursing student in the formal academic setting.
5. Identify helpful approaches to academic success.
6. Implement personal lifestyle and study strategies to promote success.
7. Use pedagogic features to enhance learning.

The evolution of nursing has been dramatic in recent history. While most of the changes in nursing are in response to changes in society and in the healthcare system, there are also changes related to the evolution of the profession. The reciprocal relationships among nursing, medicine, health, and society require that nursing must change as society changes, and as the nursing profession changes, nurses must also transform in response to professional and societal demands.

Factors in Society That Promote the Nurse's Return to School

Changes in society place new demands on nurses. An aging population results in older patients with more complex health problems. Changing reimbursement practices result in patients being discharged more quickly from hospitals, even though they still need skilled nursing care either in long-term care facilities or in their homes. With the passage of the Patient Protection and Affordable Care Act of 2010, health care is available to a greater percentage of the population, but there are still those who are uninsured or underinsured. More care is being delivered in community and outpatient settings. A more diverse population requires nurses to be more knowledgeable about cultural and social influences on health. New technology and scientific discoveries require nurses to update their knowledge and skills continuously. New diseases

related to social and environmental problems require nurses to have a greater, integrated knowledge of the biological, psychological, and social sciences to promote health, to prevent illness or injury, and to care for those who are already ill or injured. Many of these societal changes will be discussed in more detail in later chapters.

Changing Trends of Nursing as a Profession

Changed views of men's and women's roles are at the foundation of some of the profession's internal changes. Historically, nursing was considered a woman's occupation; however, that has been changing since the 1980s. In 1980, 2.7% of registered nurses (RNs) were male (U.S. Department of Health and Human Services, 2004); by 2000, the percentage increased to 5.4% (U.S. Department of Health and Human Services, 2004); and in 2013, 7% of RNs were male (Budden, Zhong, Moulton, & Cimiotti, 2013). As more men entered nursing, the image of the profession changed.

Use of traditional identifying symbols of nursing, such as nurses' caps and white uniforms, declined. There also has been less acceptance of the passive behaviors associated with the historical "handmaiden" role, when the nurse was viewed as the submissive and unquestioning assistant to the physician. As members of the healthcare team, RNs contribute from their area of expertise and are expected to be accountable and responsible for their work. These expectations require a more assertive and proactive role for the contemporary professional nurse as she or he participates in a more collaborative healthcare system.

Other factors have also accounted for changes in the role of the professional nurse. The average age of RNs has increased. In 2000, the average age of RNs was 45.2 years (U.S. Department of Health and Human Services, 2004); in 2013, the average age of RNs had increased to 50 years (Budden et al., 2013). Of concern is the fact that 11% of licensed RNs are retired, and that percentage is expected to increase as the baby boomer nurses approach retirement. Based on data from the Department of Labor, the American Association of Colleges of Nursing (2014) predicts a continuing shortage of RNs. The number of individuals graduating from nursing programs is not keeping up with the number of nurses leaving the profession because of retirement or other personal reasons. However, even as nurses retire, 8% of RNs 65 years of age and older continue to work full or part time in nursing. In the past, a nurse may have been more likely to work until having children and then stop working or work only part time or short term when additional income was needed. In 1980, 52% of RNs were working full time in nursing. By 2004, the percentage of RNs working full time in nursing had increased to 58% (U.S. Department of Health and Human Services, 2004), and by 2013, that percentage had increased to 60% (Budden et al., 2013).

The minimum educational requirement for entry into nursing practice has been debated within the profession for the last five decades and thus has influenced professional identity. Hospital-based diploma training was the mainstay of nursing education until the mid-20th century. Between 1980 and 2013, the percentage of nurses who received a diploma in nursing as their entry preparation declined from 63.2% to 14% (U.S. Department of Health and Human Services, 2004; Budden et al., 2013). Many diploma nursing programs closed or affiliated with colleges or universities offering associate or baccalaureate degrees in nursing. However, as enrollment in diploma nursing programs declined, enrollment in associate and baccalaureate degree programs increased. Between 1980 and 2004, enrollment in associate degree nursing programs increased from 19% to 40%, and the percentage of RNs receiving their basic nursing education in baccalaureate degree programs increased from 17% to 37% (U.S. Department of Health and Human Services, 2004; Budden et al., 2013). Educational preparation in institutions of higher learning socialized nurses to formal education and even to the idea of continuing their career development through graduate education. In 1980, 5% of nurses had master's or doctoral degrees (U.S. Department of Health and Human Services, 2004). By 2013, 13% of nurses had master's degrees in nursing (MSN) and 1% had doctoral degrees in nursing or another discipline (Budden et al., 2013). This increase in the numbers of RNs achieving academic degrees beyond their initial nursing preparation has been influenced by the availability of employer-provided tuition reimbursement programs.

The focus of professional nursing practice is shifting from acute hospital-based illness care to primary outpatient-based community care emphasizing health promotion and illness/injury prevention. Between 1980 and 2013, the percentage of RNs working in hospitals decreased, specifically down from 66% in 1980 to 57% in 2004 (U.S. Department of Health and Human Services, 2004; Budden et al., 2013). This trend has given nurses more autonomy in institutions with less rigid organizational structure and hierarchy. Many of these positions require a minimum of a baccalaureate degree for employment. See Table 1–1 for selected characteristics of RNs in 2013.

Specialty certification for nurses creates rewards in terms of both recognition by employers and peers and self-fulfillment for the nurse. Specialty certification validates a nurse's knowledge and experience in a nursing specialty. In recent years, requirements for taking specialty certification exams include having extensive experience and continuing

TABLE 1–1 Selected Results of the 2013 National Workforce Survey of Registered Nurses (n = 42,294)

Number of Registered Nurses		Approximately 3 million*
Employment status	Actively employed in nursing	82%
	Full time	60%
	Part time	15%
	Per diem	7%
	Actively employed in field other than nursing	8%
	Full time	4%
	Part time	3%
	Per diem	1%
	Unemployed	7%
	Seeking work as a nurse	3%
	Not seeking work as a nurse	3%
	Working in nursing only as a volunteer	2%
	Retired	11%
Gender	Male	7%
	Female	93%
Age	Average age	50 years
	<34 years	18%
	35–44 years	19%
	45–54 years	26%
	55–64 years	30%
	65 years and older	8%
Ethnicity	American Indian/Alaska Native	1%
	Asian	6%
	Black/African American	6%
	Native Hawaiian or Other Pacific Islander	1%
	White/Caucasian	83%
	Hispanic/Latino	3%
	Other	1%
Initial nursing education (n = 34,467)	Certificate	4%
	Diploma	14%
	Associate degree (ADN)	40%
	Baccalaureate degree (BSN)	37%
	Master's degree (MSN)	3%
	Doctor of Nursing Practice (DNP)	.04%
	PhD nursing	.05%
	Doctorate-nursing other	.08%
Highest education (n = 33,764)	Certificate	.04%
	Diploma	8%
	Associate degree (ADN)	29%
	Associate degree—other field	0.6%

(*Continued*)

TABLE 1–1 Selected Results of the 2013 National Workforce Survey (Cont.)

Number of Registered Nurses		Approximately 3 million*
	Baccalaureate degree (BSN)	36%
	Baccalaureate in another field	7%
	Master's degree (MSN)	13%
	Master's in another field	5%
	DNP	0.5%
	PhD nursing	0.4%
	Doctorate-nursing other	0.1%
	Doctorate in another field	0.6%
Country where initially licensed as RN or LPN	United States	95%
	Canada	1%
	Philippines	2%
	India	<1%
	Other	2%
Primary nursing practice position setting (n = 34,596)	Hospital	57%
	Nursing home/extended care/assisted living facility	6%
	Home health	6%
	Correctional facility	0.6%
	Academic setting	3%
	Public health	0.2%
	Community health	2%
	School health service	3%
	Occupational health	0.7%
	Ambulatory care setting	9%
	Insurance claims/benefits	1%
	Policy/planning/ regulatory/ licensing agency	0.4%
	Other	9%
Participants with multiple licenses	Single license	86%
	Multiple licenses	14%

**Note:* Because nurses can have a registered license in multiple states or be part of a multistate licensing compact, it is difficult to determine the actual number of registered nurses in the United States.

Source: "The 2013 National Nursing Workforce Survey of Registered Nurses by the National Council of State Boards of Nursing and The Forum of State Nursing Workforce Centers," by J. S. Budden, E. H. Zhong, P. Moulton, and J. P. Cimiotti, 2013, *Journal of Nursing Regulation, 4*(2), July 2013 Supplement.

education in the specialty. Currently, for certification in an area of advanced nursing practice such as nurse midwifery, nurse anesthesia, or nurse practitioner, a master's degree is required in addition to extensive supervised clinical experience in the area.

The result of all these changes has been a dramatic increase in the number of nurses returning to school. In 1980, just over half of all RNs held a hospital diploma as their highest level of nursing preparation, and about 22% held a Bachelor of Science degree in Nursing (BSN). According to the 2013 National Workforce Survey of Registered Nurses (Budden et al., 2013), 50% of RNs had a baccalaureate or higher degree in nursing. Additionally, 12% of nurses had baccalaureate or higher degrees in a nonnursing field. The National Advisory Council on Nurse Education and Practice (1995) urged that two thirds of the nursing workforce have a baccalaureate or higher degree in nursing by the year 2010.

In 1996, the American Association of Colleges of Nursing issued a position statement recognizing the degree of Bachelor of Science in Nursing as the minimum educational

RESEARCH CURRENT **The Registered Nurse Population: Findings from the 2008 National Sample Survey of Registered Nurses**

This study was conducted with the support of the U.S. Department of Health and Human Services to examine the supply, composition, and distribution of nurses both nationally and on the state level. The study identified the characteristics of all RNs with active licenses to practice in the United States, whether or not they were employed in nursing at the time of the study. Data describe the following: the number of RNs; their educational backgrounds and specialty areas; their employment settings, position levels, and salaries; their geographic distribution; and their personal characteristics, including gender, racial/ethnic background, age, family status, and job satisfaction.

Source: The Registered Nurse Population: Findings from the 2008 National Sample Survey of Registered Nurses, by the Health Resources and Services Administration, U.S. Department of Health and Human Services, 2008, Washington, DC: Author. http://bhpr.hrsa.gov/healthworkforce/rnsurveys/rnsurveyinitial2008.pdf

requirement for professional nursing practice. (See boxes on page 6.) A BSN is seen as critical for a career in professional nursing. The BSN nurse is prepared for a broader role; increasingly, the bachelor's degree is required for employment in many healthcare settings such as community health, case management, and leadership positions. The BSN curriculum includes a broad spectrum of scientific, critical-thinking, evidence-based-practice, research, humanistic, communication, and leadership skills (American Association of Colleges of Nursing, 2006).

Reflect On . . .

- the factors that contributed to your decision to become a nurse.
- the changes occurring in your professional life that require a return to school.
- the changes occurring in your environment (workplace, community, nation) that require new knowledge about nursing and health care.

Factors That Influence the Nurse's Return to School

As nursing responds to societal influences on health care, it continues to make decisions to enhance the profession through changes in the education, credentialing, and practice of nurses. Some of these changes include new mandates about the education of nurses for initial licensure as RNs, continuing licensure at both the RN and advanced practice levels, and the certification of nurses for nursing specialization.

Education for Initial and Continuing Licensure

Increasingly, there have been calls for the baccalaureate degree in nursing (BSN) to be the entry-level of education for RNs. A study by Aiken, Clarke, Sloane, Lake, and Cheney (2008) found a strong link between the educational level of RNs and patient outcomes. An increase in baccalaureate-prepared nursing staff was associated with a decrease in patient mortality in the hospital setting. In 2009,

RESEARCH CURRENT **2013 National Workforce Survey of Registered Nurses**

This study was a collaboration of the National Council of State Boards of Nursing and the Forum of State Nursing Workforce Centers conducted over a 3-month period in spring of 2013 to provide a portrait of the nursing workforce. The study examines the supply, composition, and distribution of nurses both nationally and at the state level. A random sample consisting of 42,294 RNs "stratified by state was drawn from all licensed registered nurses in the United States and its territories." The study identified the characteristics of all RNs with active licenses to practice in the United States, whether or not they were employed in nursing at the time of the study. Data describe the following: the gender, age, and ethnicity of the participant nurses; their educational backgrounds and licensing; their employment settings, position levels, and employment specialty. Additional data provide characteristics of foreign-educated nurses, RNs nearing retirement, and advanced practice RNs.

Source: "The 2013 National Nursing Workforce Survey of Registered Nurses by the National Council of State Boards of Nursing and The Forum of State Nursing Workforce Centers," by J. S. Budden, E. H. Zhong, P. Moulton, and J. P. Cimiotti, 2013, *Journal of Professional Regulation*, *4*(2), July 2013 Supplement.

CRITICAL THINKING EXERCISE

Access *The Registered Nurse Population: Findings from the 2008 National Sample Survey of Registered Nurses* at the website for Health Resources and Service Administration (HRSA) and the *2013 National Workforce Survey of Registered Nurses* at the website for the Journal of Nursing Regulation.

Review the data in each study. What trends do you see in the characteristics of the nursing workforce that you would consider positive? What concerns do you see reflected in the data regarding the nursing profession? For example, do you find that the percentages of male nurses and nurses who are members of minorities are reflective of the general population? What recommendations do you have to improve the nursing profession? How do you see the data affecting you and your nursing career?

Benner, Sutphen, Leonard, and Day recommended that all entry-level RNs be prepared at the baccalaureate level and that all RNs be required to earn a master's degree within 10 years of initial licensure. In 2010, the Tri-Council for Nursing, an alliance of the American Nurses Association, the American Association of Colleges of Nursing, the National League for Nursing, and the American Organization of Nurse Executives, urged "all nurses, regardless of entry-point into the profession, to continue their education in programs that grant baccalaureate, master's, and doctoral degrees," stating that such educational advancement is a "personal responsibility critical to the academic progression of the nursing profession."

Credentialing Requirements

As knowledge and technology increase and nurses are more likely to specialize in specific practice areas, there is an increasing demand to obtain national certification either to obtain jobs in a specialty or to advance in the specialty. At the present time, RNs can obtain specialty certification through the American Nurses Credentialing Center (ANCC) and through other specialty nursing organizations, such as the Association of periOperative Registered Nurses (AORN) and the American Association of Critical-Care Nurses (AACN). To be eligible to take the certification exam, the nurse must demonstrate extensive experience and continuing education in the specialty area. Advanced practice nurses can obtain certification through ANCC as advanced nurse practitioners, through the American Midwifery Certification Board as nurse midwives, and through the National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA) as nurse anesthetists. To be certified as an advanced practice nurse, the nurse must demonstrate having earned a graduate nursing degree from an accredited program in the field where the nurse is seeking certification. Advanced practice nurses must have national certification in order to be reimbursed by Medicare and Medicaid for services provided.

InfoQuest: Search the Internet to find the criteria and process for certification in your area of nursing interest or practice. Remember that there may be more than one organization that certifies nurses in your specialty.

American Association of Colleges of Nursing Position Statement: The Baccalaureate Degree in Nursing as Minimal Preparation for Professional Practice

Rapidly expanding clinical knowledge and mounting complexities in health care mandate that professional nurses possess educational preparation commensurate with the diversified responsibilities required of them. As health care shifts from hospital-centered, inpatient care to more primary and preventive care throughout the community, the health system requires registered nurses who can practice across multiple settings—both within and beyond management—providing direct bedside care, supervising unlicensed aides and other support personnel, guiding patients through the maze of healthcare resources, and educating patients on treatment regimens and adoptions of healthy lifestyles. In particular, preparation of the entry-level professional nurse requires a greater orientation to community-based primary health care and an emphasis on health promotion, maintenance, and cost-effective coordinated care.

Accordingly, the American Association of Colleges of Nursing (AACN) recognizes the Bachelor of Science degree in nursing as the minimum educational requirement for professional nursing practice.

Source: American Association of Colleges of Nursing, 1996, approved by the Board of Directors. Reprinted with permission.

Professional Role Transition

As changes in the healthcare system affect society's expectations of nursing care and nurses respond to these expectations, nurses are returning to school to acquire new knowledge and skills to be more effective in their changing roles. Changes in nursing roles represent a shift in the view of nursing from simply an occupation or job to a profession with a commitment to the role. As nurses transition from novice nurses to expert nurses, they experience challenges related to the change process (Benner, 1984). Bridges (2004) and Spencer and Adams (1990) describe models of transition that consider the personal and professional challenges, the internal struggles, and the external influences that occur when people experience change.

Bridges's Model of Transition

Bridges (2004) describes a model of transition that consists of three phases: the ending, the neutral zone, and new beginnings. He believes that individuals move through all three phases as they experience change.

The *ending phase* is the initial stage of transition. In this phase, the individual must discontinue a connection to or let go of the past. For the new nursing student, this phase occurs with the transition from being a nonnurse to becoming a student nurse. For the RN, it occurs with a change in the employment setting or a change in roles within the same employment setting. It occurs whether the nurse makes the choice for change or the change is imposed externally, such as by the employer or by new professional mandates from accrediting agencies (e.g., the Joint Commission [formerly the Joint Commission on Accreditation of Healthcare Organizations]) or professional regulatory agencies (e.g., boards of nursing). Even when change is viewed in a positive way, there is an ending of old ways of thinking and behaving with the expectation of new ways of thinking and behaving.

Within the ending phase, Bridges describes four components: disengagement, disidentification, disenchantment, and disorientation. *Disengagement* occurs when the person is separated from previous familiar settings or roles. Previous relationships may also change during this phase; for example, a nurse who was in a peer relationship with colleagues may now assume a managerial role with a responsibility for evaluating those same colleagues. If the change is related to a change in employment settings, supportive relationships in the previous employment setting may be lost, and the need to develop new relationships occurs. *Disidentification* is the loss of self-definition. People have a sense of who they are. When one experiences role change, there is a challenge to this sense of self and the need to identify the new self within the context of the new role. This challenge can be difficult if the individual feels uncomfortable in the new role.

Disenchantment is the understanding that the individual's world has changed. The cause of the change may be minor or major, as defined by the individual (e.g., the retirement of a coworker, the implementation of a new policy). The nurse may initially feel honored at being offered a promotion to a leadership position but later may find that there are differences in role requirements that had not been understood. For some nurses, changes in their personal lives may be the impetus for change. The nurse may believe that the birth of a new baby will have minimal effect on her career, but realizes that when the baby arrives, the demands of caring for the child require organizational changes not only at home but also at work. The last component of the ending phase is disorientation. *Disorientation* is the sense of confusion that occurs with change, the period of emptiness as one moves from the previous or old phase to the new phase. The nurse may question why she or he accepted the new role or her or his ability to handle the new role.

The *neutral zone* is the second phase of transition. The neutral zone is, in itself, a transition between the ending phase and the phase of new beginnings. In this stage, the individual has moved from the old to the new, at least superficially. The nurse has outwardly accepted the change—the new role—but the responsibilities and behaviors associated with the new role have not yet been internalized. Old ways of thinking and viewing the world must give way to new values, new ways of thinking, and new ways of viewing the world. This is the inner acceptance of the role change. For example, if the nurse has been promoted from staff nurse to nurse manager, she or he must accept not only the title but also the responsibilities and behaviors associated with the role change. The superficial transition is the new title. The inner transition requires new perspectives (worldview) on the role (responsibilities and actions) of the manager in the effective functioning (values) of the nursing unit. The inner transition also requires an acceptance of the changed relationship with colleagues from a peer to a supervisor.

The final phase of Bridges's model is called *new beginnings*. In this phase, there is an acceptance of new knowledge, values, attitudes, and behaviors associated with the role change. The first phase of ending or letting go is complete, and the individual is ready to move forward. The challenge in this phase is to keep moving forward, avoiding the temptation to go back to old ways of thinking and behaving because they are more comfortable. For the nurse returning to school, the challenge of managing work, family, and school obligations and of finding the time to

accomplish everything creates the temptation to give up and move back to the familiar and therefore more comfortable way of doing things. Finding support during the transition from colleagues, family, and faculty can help the nurse overcome these challenges.

Spencer and Adams's Model of Transition

Spencer and Adams (1990) developed a model of transition that includes seven stages: losing focus, minimizing the impact, the pit, letting go of the past, testing the limits, searching for meaning, and integration. The first four stages compare to Bridges's ending phase. In stage 1, *losing focus*, the individual has difficulty keeping things in perspective and experiences feelings of being overwhelmed. Some individuals may feel panic in this stage, whereas others may feel excitement.

In stage 2, *minimizing the impact*, the individual feels the need to go back to what was normal or comfortable. In this stage, the individual tries to avoid the full effect of the change and may question what was wrong with the old ways of doing things. She or he may resist the change or ignore the need for change. This stage compares to Bridges' components of disenchantment and disorientation.

In stage 3, the *pit*, the individual experiences self-doubt. She or he may have feelings of depression and grief over losses (the old ways of thinking and behaving, former relationships), anger, or powerlessness. In this stage, the individual must move from powerlessness to strength, from anger and grief to optimism about the new.

In stage 4, *letting go of the past*, there is a move toward optimism. The past has been let go, and there is a focus on the change and the benefits to be obtained by the change. It is a stage of forward vision.

In stage 5, *testing the limits*, the new identity is established. New behaviors and new skills are tried. Success in the new behaviors or roles brings about a sense of self-confidence. New relationships develop with colleagues, family, and friends—all those involved in the change. There is a greater sense of comfort about the change. This stage compares to Bridges's neutral zone phase.

In stage 6, *searching for meaning*, there is a period of self-reflection and finding meaning in the experience. New roles, new relationships, and new skills are being established. There may be a reconnection with old friends and colleagues. There may also be a desire to help others who are experiencing a similar situation. For nurses returning to school, it may be helpful to share the story of their experience with nurses who are contemplating returning to school, to share the feelings associated with the transition. The final stage, *integration*, is the completion of the transition. The individual experiences satisfaction and self-confidence. She or he has accepted the change and is willing to consider new risks. The values and behaviors associated with the change are internalized so that new role behaviors occur automatically. See Table 1–2 for a comparison of the behaviors and feelings associated with the various phases and stages of Bridges's and Spencer and Adams's models of transition.

Nursing students who are starting their professional nursing education and RNs who are returning to school to obtain the baccalaureate degree experience many of the challenges described by Bridges and Spencer and Adams.

TABLE 1–2 Comparison of Bridges's and Spencer and Adams's Models of Transition

Bridges (2000)	Spencer & Adams (1990)	Behaviors and Feelings
Three Phases:	Seven Stages:	
1. Ending a. Disengagement b. Disidentification c. Disenchantment d. Disorientation	I. Losing focus II. Minimizing the impact III. The pit IV. Letting go of the past	*Behaviors* can be mixed and include inability to think clearly, resistance to change. *Feelings* can be mixed and include confusion, feeling overwhelmed, loss of sense of self, excitement, disappointment, emptiness, grief, powerlessness, numbness.
2. Neutral zone	V. Testing the limits	*Behaviors* include the establishment of new skills and behaviors associated with the change. *Feelings* include optimism, self-confidence, and a sense of comfort with the change.
3. New beginnings	VI. Searching for meaning VII. Integration	*Behaviors* include self-reflection, greater reinforcement of new roles, skills, and relationships; internalization of new role behaviors. *Feelings* include self-confidence, satisfaction.

New nursing students and RNs returning to school may have difficulty in managing the dual roles of college student and nursing student. In the college student role, the nursing student attends lectures and simulated laboratory experiences, reads textbooks and other assigned and supplemental readings, and learns new knowledge and skills and ways of looking at things. The nursing student also assumes professional role behaviors as she or he provides care to real patients and clients in clinical settings. During this transition, the nursing student juggles additional roles related to work and family obligations. Often, nursing students must reorganize their schedules to accommodate the many demands on them in order to be successful in their nursing studies. Sometimes, these many demands result in nursing students questioning their decision to become a nurse.

For RNs returning to school, there are similar challenges in managing family and work obligations while attending school. In addition, they may experience challenges from other nurses who question their choice to return to school with comments such as "Why are you doing that? You won't get any more money," or "How do you find the time to do that with everything else you are doing?" Nurses may question their own decision, considering their basic preparation sufficient to practice as a good nurse or to achieve their current position. Nurses may have to discontinue or let go of beliefs such as "There is no difference between nurses prepared at the diploma-, associate-degree, or baccalaureate-degree level," or "What can I learn that I don't already know?," and move to thoughts such as "With more education, I can be a better nurse." Nurses often experience anger about going back to school. At the same time, they may feel excitement with the hope and expectation that something new is happening. As they expand their thinking about the roles of nurses in a changing healthcare system, they may realize new ways of thinking more holistically about the care of clients. The adage "knowledge is power" may be realized as nurses feel greater power and control over their own roles and the roles of nursing within the changing healthcare system.

Whether one is a nursing student starting professional nursing studies or an RN returning to school, the following strategies can help the student make a successful transition from old ways to new ways of thinking and behaving.

- **Choose a mentor.** Identifying a mentor who has successfully transitioned from one nursing role to another can provide support for the nurse in transition. A mentor can serve as a sounding board for new ideas, a support when negative feelings arise, and a cheerleader when positive successes occur. A mentor is not always a friend. Rather, a mentor can be a senior colleague or a faculty member—one who has the best interests of the student in mind.
- **Keep a checklist of accomplishments.** Identify the targets throughout the program and throughout each course. The checklist reminds you of what you have to do and when it needs to be done by. Check off accomplishments on your visual checklist as each activity/course is completed. The checklist helps you track your progress toward your goals.
- **Obtain support from family and friends.** Family and friends can provide emotional support when the student experiences self-doubt. Family and friends may also provide physical and financial supports.
- **Celebrate the successes.** Celebrate each accomplishment with classmates, friends, or family.

Reflect On . . .

- the reasons that you have chosen nursing as your profession. What are your professional goals?
- the reasons that you have decided to return to school. What are your educational goals?
- the reactions of colleagues, family, and friends to your decision. Are they supportive to your decision? If yes, in what ways will they help you to achieve your goals? If no, what are the reasons for their lack of support? Is there something you can do to help them be more supportive?
- the personal values associated with your decision. What meaning does this transition have for you? How do you believe that the achievement of this goal will make you feel?
- the supports you have to ensure your success in role transition. What will you need from your various supports to achieve your educational and professional goals?

Strategies for Success: What It Will Take to Get There

Advancing one's education in nursing provides the professional advancement that nurses seek. It represents a commitment to goals of both professional and personal growth. Meeting those goals requires lifestyle and role changes. Many students beginning their professional nursing studies may be attending nursing school to pursue a second career in nursing; they may have been away from the academic setting for many years. RNs attending school may also have been away from a formal

education setting for some time and may be anxious about becoming a student again. Fitting into the academic environment represents a substantial transition from work and practice roles. Because many students have family obligations and continue to work while going to school, they must be able to schedule their time realistically if they are to be successful. Concerns about academic skills, such as library searches, using the Internet or electronic library databases for academic assignments, scholarly writing, and test taking are often sources of stress. Blending the student role with the work role and the family-member role represents great challenges. Learning to deal effectively with the stressors that create barriers to success is important. Some of those barriers include managing time effectively to meet the commitments of family, work, and school; finding financial resources to pay for tuition, books, and educational supplies; finding and maintaining effective social support systems, including family, work colleagues, and student colleagues; learning to work with faculty who require academic excellence in spite of the many demands on the nursing student's time; and developing effective study skills.

Time Management

Time-management skills are a necessary tool for survival and success. Organizing, planning, and setting priorities are crucial to managing time and achieving success. Students must learn to balance school, family, work, meals, sleep, exercise, and spiritual and personal time. Keeping balance among physiological needs, professional and personal roles, and expectations is essential and requires clear priorities. Procrastination creates a domino effect when there are multiple tasks related to multiple roles. Developing a time plan that includes keeping up with assigned readings, ongoing study throughout the course (not just when exams are imminent), and preplanning for papers and projects that must be completed by a deadline can help reduce the stress experienced with multiple courses and numerous assignments. The ability to handle interruptions goes hand in hand with time-management techniques. Setting limits allows one to be goal focused and keep the load realistic. This kind of clear focus permits the streamlining of things to be done. Nursing students who are assuming multiple roles with high expectations of their performance in each of these roles often forget to maintain one of their major resources: their health. Adequate sleep, good nutrition, and recreation are necessary for maintaining the energy level and motivation to succeed. See the accompanying Critical Thinking Exercise to plan your own time.

Reflect On . . .

- the activities you enjoy that relieve stress. Which of these activities could be used as a short-term break to refresh a tired body and mind? Which of these are long-term fixes requiring greater planning? Devise a schedule that allows you to take advantage of these stress-relieving strategies.

Money

For students returning to school, money to pay tuition and fees and to purchase textbooks and other supplies is often a concern. Many employers provide tuition reimbursement as a benefit of employment. Information can be obtained from human resources or personnel departments. Many civic groups and nursing organizations provide scholarships. There are also various state and federal loan opportunities; some may have forgiveness programs if the nurse works in a specific location or specialty for a period of time after graduation. The university or college financial aid office can provide information about scholarships and other forms of assistance. Students may also want to do their own Internet search using key words such as *scholarships* or *nursing scholarships* to identify scholarships that may be available based on unique characteristics related to ethnicity, religion, or other traits.

InfoQuest: Explore the Internet to identify potential sources of financial assistance: scholarships, grants, or loans. Start with professional nursing organizations. Explore federal programs that may provide assistance that requires a work commitment upon completion of your program, for example, the military, the U.S. Public Health Service, or Indian Health Services. Look at civic or religious groups that you belong to. Does your employer provide educational support?

Social Supports

Although students can be successful on their own, the support of others can make things go more smoothly. The people who can contribute the most to the success of students include their families and friends, their classmates, their employers and work colleagues, and their faculty.

Family and friends may be considered the first level of support and may provide assistance in a variety of ways. This assistance may include providing financial help, providing child care, cooking meals, typing papers, proofreading papers, acting as a sounding board for ideas,

CRITICAL THINKING EXERCISE

Time Management

Remember that there are only 168 hours in a week. You can't borrow any hours from someone else, and you can't give any of your hours to someone else. With that in mind, use the instructions below to complete the following week-long schedule to reflect how you use your time. Your totals at the end of each daily column should not exceed 24 hours, and your total hours for the week cannot exceed 168 hours. Do you have enough time to fulfill all your obligations? If you don't, from which activity will you take time? In looking at your schedule, do you see ways in which you can better manage your time?

Activity	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Work							
School/study							
Sleep							
Family							
Meals							
Spiritual needs							
Exercise							
Personal time							
Total Hours							

Work. How many hours a day/week do you work? How many days a week do you work? Do you work 8-hour, 10-hour, or 12-hour shifts? Working different time shifts changes the way you can plan the other obligations in your life. Is it possible to reduce the number of hours you work while you are in school?

School/study. How many hours a week do you attend class/participate in an online course? Remember to plan a minimum of 1-hour study time for each hour in class. Most experts recommend between 1 and 3 hours of study for each hour spent in class.

Sleep. How many hours of sleep do you need to feel well rested? When do you sleep? Do you take naps? It is important to get adequate sleep so that your body and mind are at the optimum for learning.

Family. What family obligations do you have? Do you have young children who need assistance with their homework or with out-of-school activities such as sports or hobbies? On what days do you have family obligations that may prevent study? It is important to plan family time so that you can also plan study time. What supports do you have? Will your spouse or parents help with child care or doing household chores so that you can attend class and have time for study?

Meals. How many meals do you usually eat each day? Do you typically have one meal with family members? It is important to maintain adequate nutrition. Many successful students combine mealtime with family time or time with friends.

Spiritual Needs. Are spiritual obligations an important part of your life? Do you meditate, pray, or read spiritual literature daily or several times a day? Do you attend worship or prayer services one or more times per week? Spiritual obligations can be a source of strength and hope. For many students, participation in their spiritual practices helps them manage stresses associated with returning to school.

Exercise. Do you exercise routinely? How many hours a day or a week do you exercise? Exercise also can relieve stress related to balancing many responsibilities.

Personal time. Are there activities you do just for yourself (e.g., quiet time, taking a relaxation bath, meditation, reading)?

Analyze the time you need for each of the above activities. Do you have the time you need for all your obligations? If not, from which activity will you take the time? What do you sacrifice by taking time from another obligation? Keeping a daily planner will help you manage your time.

and helping to study for exams. Even having a friend to socialize or exercise with can be part of the balanced support system. Some nurses are concerned about whether they can continue to meet the needs of their family, especially young children, when they are going to school. The change will require some adjustment on each family member's part, but often the result is positive in ways that were unexpected. For example, children may learn about the importance of study habits and lifelong learning, continuing one's education over a lifetime.

A benefit of pursuing education is the opportunity to network with colleagues from other areas of practice and other healthcare organizations. These opportunities can broaden perspectives on health care and nursing, as well as establish important networks. New colleagues may challenge thinking during discussions of ideas and may be viewed as experts to consult in their area of practice. This expanded network can provide new contacts for obtaining new jobs based on experience and new knowledge.

Employers and work colleagues may be helpful in scheduling work time so that employee-students can attend classes. Work colleagues who are also going to school may be willing to swap work schedules so that students can attend class regularly. Employers may be able to provide work experiences that reinforce class learning and contribute not only to the employee-student's learning, but also to the function of the nursing unit or organization. Work colleagues who are also going to school or taking Internet-based courses may develop study groups to help reinforce each other's learning and to provide mutual support.

Working With Faculty

The faculty is an important resource in increasing knowledge, expanding ways of thinking, and enhancing professional capabilities. The primary goal of faculty is to see students succeed, not simply by graduating, but by achieving success in their professional career and contributing to the profession as a whole. It is important to use faculty to the fullest extent while remembering that they are also people. Suggestions for working with faculty are shown in the accompanying box.

When having difficulties related to your course work or personal concerns affecting your course work, discuss

Suggestions for Working With Faculty

- *Treat faculty with respect.* When you show faculty respect, they will respect you in turn. Respect and courtesy go hand in hand. Find out your faculty's office hours. Even when faculty have posted office hours, it is of benefit to the student to make an appointment. That way the faculty member knows you are coming, doesn't schedule someone else at the same time, and can focus on your needs without interruption. When you make an appointment, keep it; if you can't, then contact the faculty member to cancel, using the faculty member's preferred method of contact (e.g., telephone, email, texting). Don't be afraid to speak up and let your teacher know what you need to meet your goals.
- *Don't wait until the end of the semester to seek help.* Introduce yourself to your faculty early in the semester. If you experience difficulties in the course, meet with your faculty as early as possible so that you and the faculty can develop a plan of action for success. If you are experiencing personal difficulties that are interfering with your performance, inform your faculty members so that they can help you make prudent decisions.
- *Remember, your faculty are human beings just like you.* Faculty members experience the same life problems as students. Although most of the time faculty will be fully there for students, there may be times when other things, either work related or personal, may take precedence. Before dropping in for a visit, confirm that it is a convenient time for both you and the faculty member. This will ensure that the faculty member is fully there for you.
- *Respect your instructor's privacy.* Do not call your instructor at home unless she or he has given you permission to do so. Visit faculty during posted office hours. Faculty have many responsibilities related to teaching, including course preparation, committee work, and grading student assignments/exams. Recognize that faculty members often schedule office time during which they wish not to be disturbed in order to complete work-related activities.
- *Instructors have many different personalities.* Some will be very tough and demanding, whereas others will be very casual. Whatever the instructor's personality, the course standards and requirements remain the same. Students will need to learn from a variety of teachers with different teaching styles. Being exposed to a diversity of instructors prepares students for interacting with the various people they will meet in their professional life.
- *Faculty do not fail students; students fail to meet course requirements.* Read the course syllabus completely during the first week of class. Know the course requirements and when they are due. Review the course and program policies (become knowledgeable about the program policies and procedures for students). If you are unsure of course requirements or program policies and procedures, ask the instructor.

them with the faculty. They may be able to suggest solutions, recommend resources in the college/university, or assist with learning. Sometimes personal circumstances necessitate dropping out of a class before the end of the semester or term. There are usually procedures that must be followed so that there is no negative impact on the student's progression or grade.

Technology Skills

Students participating in formal educational programs, whether undergraduate or graduate, must have proficiency in technology skills, usually related to computing hardware, software, and applications, for example, the use of word-processing programs such as Microsoft Word, electronic literature databases, statistical software, spreadsheet programs, and graphic presentation programs. Written assignments may be required to follow a specific writing style such as APA or MLA and may be submitted electronically via email or through a course-related website. Some educational programs require that students submit papers for *plagiarism* review (the illegal and unethical copying of another's work), through prevention programs such as Turnitin.com, prior to submitting the paper for instructor grading. University and college libraries have electronic databases that provide access to research and other professional literature. Electronic databases commonly used by nursing students are the Cumulative Index of Nursing and Allied Health Literature (CINAHL), MEDLINE, and PsychLit. Students in nursing research courses may be required to have a statistical program in order to analyze statistical data. The Statistical Package for the Social Sciences (SPSS) is commonly used to analyze data in nursing research. Computer spreadsheet programs such as Excel and Access help organize information so that it can be categorized in different ways. Spreadsheet programs also can be used to create diagrams, graphs, and flow sheets. Students may be required to make presentations in class or online using programs such as PowerPoint to create graphic slides integrating text, photos, and diagrams in an aesthetically visual production. Many universities and colleges provide tutorials to help students learn and use these various programs.

When searching the Internet to find information, it is important to evaluate websites for the accuracy, reliability, validity, currency, and objectivity of the information provided. Anyone can publish anything on the Internet; therefore, information found on the Internet is not always appropriate for use in a scholarly setting. Some suggestions for evaluating Internet sites can be found in the box titled "Suggestions for Validating Internet Sources."

InfoQuest: Search the Internet for sources of information on nursing. Identify five sources that provide information about nursing. Evaluate these sources according to the criteria presented in the box titled, Suggestions for Validating Internet Sources.

Many nursing programs expect students to bring a laptop or notebook computer to class for in-class activities. It is important that the computer is compatible with the programs required for student work. Students may be required to have a smartphone or other personal digital assistant (PDA) for clinical nursing courses in order to access clinical information. A commonly required software program is Epocrates, which provides ready access to frequently updated information on drugs. Many universities and colleges have a computer retail center on campus to assist students in purchasing electronic equipment (hardware and software), often with a student discount.

Students enrolled in online nursing programs need to have proficiency in accessing the course website, downloading course documents, uploading course assignments, and communicating with the instructor and other students in the course through email or discussion boards. All these processes are conducted through the course website. In most cases, university/college technology departments provide tutorials and technical resources for students enrolled in online courses.

Study Skills

Study skills and habits need to be reviewed and updated, especially if the student has been away from the formal academic setting for some time. Unlike in many noncredit continuing education activities, there are graded assignments, exams, and final grades in college courses. Students need to plan well to balance the many obligations they have in order to be successful. Some suggestions to enhance study skills follow.

- **Decide where you will study.** Most people prefer to study in quiet, whereas others find that soft background noise is helpful. If you prefer to study in quiet, you may want to use noise-canceling headphones (or ear plugs) to reduce outside noise and distractions. Determine where you will study. Be sure that there is adequate lighting, comfortable seating, and the supplies you need so that you can study without interruption. While many students study at home, consider whether family activities at home will be conducive to study. Some students choose to study in

Suggestions for Validating Internet Sources

Remember: Anyone can publish anything on the Web. When validating Internet sources, one should consider the following:

Purpose

- What is the purpose of the website? Is the site trying to inform the viewer, or is it trying to sell something?
- Who is the intended audience of the information? Is the content information for consumers or for health professionals?

Author

- Is the author identified?
- What are the author's credentials? Do the author's credentials indicate that she or he is an expert/authority based on education, experience, or research on the topic?
- Do you recognize the author's name as an expert in the profession?
- Is there a link to information about the author? If not, conduct a literature search using the author's name to determine whether she or he has written on the subject in another refereed source.
- Who is the sponsor of the website? Look for a header or footer that shows the sponsor affiliation. Check the domain (i.e., .com [commercial], .edu [educational], .gov [governmental], .org [organization], .net [network communication]).
- Is the sponsor credible? View with caution any site that is sponsored by the author individually or is trying to sell something.

Functionality

- Is it easy to navigate the site?
- Does the site include a site map or index?
- When using links within the site, is it easy to get back to Home or to other pages within the site?

Accuracy

- Is the material scholarly?
- Is the information reliable and verifiable?
- Are there errors, either factual or grammatical, in the presentation of information? Multiple spelling and/or grammatical errors suggest that the material has not been reviewed by an editor or review panel.
- Is a bibliography or reference list provided?
- Are there links to background documentation/bibliography/reference lists?
- Does the content reflect a particular point of view or bias on the part of the author?

Currency

- How timely is the information? Unless you are looking for historical information, currency is essential, especially in nursing and health care.
- Can you determine the date the information was published on the Web? If not, you don't know how old the information is.
- Can you tell when the site was last updated? Does the document refer to dated information (e.g., 2000 U.S. Census data)?
- If there are links on the website, are they current? Or are they dead ends?

Objectivity

- Is information presented in an objective and unbiased manner?
- What is the nature of the information—fact or opinion? If fact, are background information and links to other sources/references provided?
- Is the information presented on a site sponsored by an organization with a clear personal investment in the issue? Is there advertising by the site sponsor on the page?
- If the site presents "research," are the methodology and data analysis provided?

Coverage

- What topics are covered?
- What is the depth of coverage?
- Who is the information for—the public or health professionals?
- Is the content sourced?
- Are there links to background information? Can you find another source for this information?
- Is there a reference list or bibliography?

the university library, a local library, or other quiet place outside the home.

- **Decide whether you will study alone or with other classmates.** Some students prefer to learn and study by themselves, while others prefer to study with classmates, or in a combination of both alone and group study. Determine which works best for you. An advantage to studying alone is that you don't need to negotiate when and where to study; a disadvantage is that you don't have the benefit of discussing or clarifying your understanding with other classmates. Advantages of studying with others include reinforcement of your own learning through discussion with other students, the ability to quiz each other on assigned material, and the division of study tasks when studying as a group. For example, if you find it helpful to outline an assigned chapter, group members can divide the different parts of the chapter among themselves for outlining and then share copies of the outlined parts with each other. The disadvantages of group study could include loss of focus among some group members, distraction from studying, or failure to complete assigned contributions to the group.

- **Avoid marathon study sessions.** Plan ahead and keep up with readings and other assignments so that you need only to review for exams. It is more valuable to get a good night's sleep and a nutritious meal than to study all night prior to an exam.
- **Be prepared for classes.** Read the reading assignments before class, and make notes or outline the material. Use class time to clarify information, to ask questions, and to participate knowledgeably in discussion and classroom activities. Don't expect faculty to read the textbook to you. They assign readings as a foundation for the class and then add to the lecture from other resources to enhance the assigned readings. When the syllabus lists recommended readings in addition to assigned or required readings, clarify with the instructor how the recommended readings will be used. Try to read both required and recommended readings.
- **Know how to read a textbook.** Reading a textbook is not like reading a novel. Generally there is no plotline.
  - Faculty usually assign readings as they relate to the curriculum and course plan, and they may assign chapters out of order or skip chapters all together.
  - Be sure to read the chapter objectives and the chapter summary or highlights; they help you focus on what is important in the chapter.
  - Chapter objectives can be rephrased as questions for review of information. For example, an objective for this chapter is "Implement strategies to ensure academic, professional, and personal success." This objective can be rephrased into the question, "What are strategies to ensure success?" "Which strategies to ensure success will you implement?"
  - Use a highlighter sparingly, if at all. Only highlight the most important material, and better yet, write a chapter outline. The process of outlining the chapter will reinforce your learning.
- **Review notes as soon after class as possible.** Make sure you understand your notes. Check your notes against the textbook to determine whether there are any discrepancies. If there are inconsistencies, ask or email your instructor for clarification. Don't wait until the exam to clarify inconsistencies.
- **Learn how to use the library and how to use computers.** The library is not just a building; it is a collection that is available by computer as well as in hard copy. At any time of the day or night, it provides access to hundreds of databases where students can locate information related to the area of study. Information from governmental and private organizations is available 24 hours a day by simply going online and using a search engine. Librarians are an invaluable resource for any student: They are knowledgeable and ready to assist students in searching for information as well as teaching students how to search independently.

Pedagogic Features for Using This Text

There are several features within this text designed to enhance the student's learning experience:

- **Reflect On.** Throughout this text, you will be asked to contemplate your own experiences, beliefs, and values as they relate to and influence your nursing practice. In each chapter, the self-reflections will be related to the chapter content. For example, in this chapter, you have been asked to consider the factors in your life that may cause difficulties in achieving your goal and to plan ways to overcome those difficulties. Your instructor may use these reflections as points for class discussion or may use them as part of a class journaling assignment. It is possible that no formal assignment will be made. Self-reflection is important in understanding yourself in relation to your professional role as a nurse. Evidence-based nursing requires that students think reflectively.
- **Critical Thinking Exercises.** Critical Thinking Exercises provide an activity to encourage the student to use the information in the chapter in a focused way. Consider these as exercise for your brain. Your instructor may ask you to complete these activities individually or with a group of classmates. There may be multiple correct solutions to these exercises. Discussing your thoughts with your classmates can enhance and expand your understanding of the text.
- **Research Currents Boxes.** Research Currents boxes provide examples of selected current research findings appropriate to the content of the chapter. Readers are encouraged to read the abstract in the text and, for greater understanding, to read the full article in the journal or Internet citation. Many of these research reports are available in full text online through your college/university library. Check with your library about how to access current information and evidence-based research to enhance your understanding of the chapter content.
- **InfoQuest.** InfoQuest asks you to search the Internet or other electronic databases in search of information related to the chapter content, and to analyze the validity of the information as you consider applying it to your practice. When accessing information on the Internet, it is important to authenticate the source and information. Access to library electronic databases is usually provided through the university/college library; students can then access them through a personal computer. The box titled "Suggestions for

Validating Internet Sources" in this chapter's section on "Technology Skills" provides criteria for validating Internet sources.

- **Chapter Highlights.** Chapter Highlights is a bulleted list found at the end of a chapter that provides an overview of key information provided within the chapter. Chapter Highlights provides an excellent review and study tool for exams.

The challenges of starting professional nursing studies or returning to school to achieve a higher degree in nursing, represented by changes in lifestyle and new demands on time and intellect, can be stimulating and satisfying. Many opportunities will be available for personal and professional growth. New career possibilities will be obtainable, and new perspectives on old views will be considered. The journey is an important one to each student and to nursing as a profession.

Chapter Highlights

- The reciprocal relationship between nursing and society requires that nursing must change in response to societal changes. As society in general and health care specifically become more complex, nurses need to increase their knowledge and skills to provide quality nursing care.
- Demographic changes in society that influence health care include the increase in the number of elderly who have more complex health problems and the increasing diversity of the population in culture, ethnicity, spirituality, and religion.
- In recent decades, there has been an increasing focus on health promotion and illness/injury prevention, with more care being provided in the community, which requires a nurse to be more autonomous in her/his role.
- Since the mid-20th century, there have been significant changes in the education of nurses, the numbers of men and minorities entering the profession, the average age of nurses and their career life expectancy, the ratio of full-time to part-time nurses, the types of nurse practice settings, and the credentialing of nurses.
- Bridges (2004) and Spencer and Adams (1990) provide models of transition that can assist nurses in understanding and managing the stresses they experience as they return to school for advanced nursing education.
- Strategies to ensure personal, academic, and professional success include developing skills in time management and financial management, developing a social support system, learning how to work with faculty, developing skills in the use of academic and healthcare technology, and enhancing study skills.

References

Aiken, L. H., Clarke, S. P., Sloane, D. M., Lake, E. T., & Cheney, T. (2008, May). Effects of hospital care environment on patient mortality and nurse outcomes. *Journal of Nursing Administration, 38*(5), 223–229.

American Association of Colleges of Nursing. (2006). *The baccalaureate degree in nursing as minimal preparation for professional practice.* Retrieved from http://www.aacn.nche.edu/publications/position/bacc-degree-prep

American Association of Colleges of Nursing. (2014). *Nursing shortage.* Retrieved from http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-shortage

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice.* Menlo Park, CA: Addison-Wesley Nursing.

Benner, P., Sutphen, M., Leonard, V., & Day, L. (2009). *Educating nurses: A call for radical transformation.* Carnegie Foundation for the Advancement of Teaching. San Francisco, CA: Jossey-Bass.

Bridges, W. (2004). *Transitions: Making sense of life's changes.* Cambridge, MA: Da Capo Press.

Budden, J. S., Zhong, E. H., Moulton, P., & Cimiotti, J. P. (2013). The 2013 National Nursing Workforce Survey of Registered Nurses by the National Council of State Boards of Nursing and The Forum of State Nursing Workforce Centers. *Journal of Nursing Regulation, 4*(2), Supplement.

National Advisory Council on Nurse Education and Practice. (1995). *Basic registered nurse workforce.* Washington, DC: U.S. Department of Health and Human Services.

Spencer, S. A., & Adams, J. D. (1990). *Life changes: Growing through personal transitions.* San Francisco, CA: John Adams.

Tri-Council for Nursing. (2010). *Tri-Council for Nursing issues new consensus policy statement on the education advancement of registered nurses.* Retrieved from http://www.aacn.nche.edu/education-resources/TricouncilEdStatement.pdf

U.S. Department of Health and Human Services. (2004). *The registered nurse population: Findings from the 2004 National Sample Survey of Registered Nurses.* Washington, DC: Author.

U.S. Department of Health and Human Services. (2008). *The registered nurse population: Findings from the 2008 National Sample Survey of Registered Nurses.* Washington, DC: Author. http://bhpr.hrsa.gov/healthworkforce/rnsurveys/rnsurveyinitial2008.pdf

2

UNIT I

Foundations of Professional Nursing Practice

Socialization to Professional Nursing Roles

Chapter Outline

Objectives

1. Discuss professionalism and nursing.
2. Identify characteristics of a profession and describe how nursing meets or fails to meet those characteristics.
3. Describe Pavalko's eight categories in the occupation-profession model applied to nursing.
4. Describe socialization to professional nursing.
5. Compare socialization models.
6. Analyze elements of and boundaries for nursing roles.
7. Describe how stress and compassion fatigue can affect nurse satisfaction and quality of care.
8. Discuss ways to manage role stress and strain while enhancing professional identity.

Professional socialization transmits values, norms, and ways of viewing a situation that are unique to the profession and provide a common ground that shapes the ways in which work is conducted. It facilitates effective communication among members of the profession. The outcome is the formation of an individual's professional identity, the self-view as a member of a profession with the requisite knowledge, skills, responsibilities, and obligations.

A profession is generally distinguished from other kinds of occupations by (1) its requirement of prolonged, specialized training to acquire the body of knowledge and related skills pertinent to the role to be performed and (2) an orientation of the individual toward service, either to a community or to an organization. The standards of education and practice for the profession are determined by the members of the profession rather than by outsiders. The education of the professional involves a complete socialization process, more far-reaching in its social and attitudinal aspects and its technical features than usually required in other kinds of occupations.

There has been debate about whether nursing is a profession or has yet to reach that status. Traditionally, only medicine, law, and theology were considered professions, but nursing has been called a profession for many years. Some of the debate about professionalism for nurses centers on the models and definitions of a profession that stress rationalism, scientific standards, and objectivity and

represent masculine approaches. Feminist writers argue that these patriarchal values have failed to bring power and prestige to nursing because they do not embody the nature of nursing, with its emphasis on caring and human phenomena (Wuest, 1994). In *A Nursing Manifes*to (2000/2009), Cowling, Chinn, and Hagedorn suggest that "as nurses, we reach for meaningful expressions of our values, too often finding overwhelming constraint and resistance, sometimes within ourselves and sometimes imposed from without" and call for nurses to join in "envisioning, shaping, and manifesting a future that reflects the deepest passions, beliefs, and values that come from our roots in nursing—a future that is deliberately and consciously formed."

Challenges and Opportunities

Level of Entry There are both challenges and opportunities in the continuing discussion about level of entry to professional nursing. Professional role socialization has been impeded by nursing's multiple levels of entry into the field and by the lack of agreement about role differences at these different levels. Nursing is the only major discipline that does not require its members to hold at least a baccalaureate degree to be licensed. Associate degree programs continue to maintain high enrollment and graduate large numbers of individuals. Role socialization depends on the way the role is conceptualized, and nurses prepared at multiple levels may not have a common language, common values, or a common understanding of the multiple roles of the professional nurse as care provider, interprofessional team member, educator, leader, advocate, and consumer of research. Thus, nurses may not be in accord with regard to professional practice and may have different perspectives relative to what constitutes professional practice. Consequently, there have been increasing calls for baccalaureate entry to practice, with the associate degree being a step on the path to professional growth.

Gaps Between Education and Practice New graduate RNs are coming into the workplace with greater loyalty to the profession than to the employing institution. New nurses are likely to experience value conflicts when moving into the workplace from the academic environment in which they first learned professional values. This conflict is related to the lack of agreement between educators and employers of nurses regarding competency expectations of graduates entering the field. Educators in the professional curriculum provide initial socialization, and they make decisions based on their conception of a beginning-level professional. Employers are looking for graduates who can function independently, are proficient in clinical skills, require little retraining or orientation, and can supervise a variety of less educated and unlicensed employees. Graduate nurses often experience role incongruity related to having met the standards for graduation and licensure but not feeling confident in their nursing abilities for the new graduate nurse work role. New opportunities are being provided by both educators and employers through senior nursing student and new graduate residency programs, mentorship, and preceptorship programs to ease the transition from student/novice nurse to advanced beginner nurse. New nurses must be encouraged to take advantage of these transitional programs.

Professional Identity: Job Versus Career There is little commitment to a job other than going to work, doing what is expected, and collecting a paycheck. On the other hand, a career is viewed as a person's life work, and it develops over time. A career requires commitment to planning for the future: what are one's practice goals and what education and experiences are needed to achieve those goals. For many, both nurses and nonnurses, the practice of nursing is not viewed as a career. And yet, increasingly, as nurses pursue baccalaureate and advanced nursing education, the values of nursing as a career/profession are instilled.

Reflect On . . .

- what planning brought you to this phase of your career development.
- your thoughts about nursing as an occupation (job) or as a profession. How would you describe your own practice as a nurse?
- what motivates your commitment. What specific factors are important to you as you view your own role as a nurse? As you view the nursing profession as a whole?

Professionalism

Nursing as a Discipline and Profession

Unlike other professions, nursing, starting in the 1950s, had three educational routes leading to eligibility for licensure as a registered nurse. This created controversy within the profession and confusion for the public. The earliest type of nursing education in the United States took place within hospital-based training schools and awarded a diploma in nursing at the conclusion. Baccalaureate nursing education started at the University of Minnesota in 1909 and today occurs in 4-year institutions of higher education. Associate degree nursing (ADN) programs began in 1952 in response to a nursing shortage and developed within community colleges. As nursing education began moving into institutions of higher education, some diploma programs closed while others affiliated with nearby colleges or universities in order to offer the associate degree or the baccalaureate

degree. By 2008, only 4% of prelicensure nursing programs were of the diploma type, while 58% were of the associate degree type and 38% were baccalaureate-granting programs (National League for Nursing, 2010).

Associate degree programs were developed as a temporary measure to address a nursing shortage following World War II. They focused on preparing bedside nurses and drew large numbers of students. ADNs helped to solve subsequent nursing shortages in the 1960s and 1980s. Baccalaureate degree programs provide a broader background of knowledge from the sciences and liberal arts than the other two programs and prepare the graduates for a greater variety of roles. These roles include community nursing and leadership.

In the period between 1980 and 2013, there was a shift in the preferred type of program for preparation for licensure as a registered nurse. The percentage of nurses prepared in diploma programs decreased from 60% to 14.2%, while preparation at the associate degree level increased from 19% to 40.2%. The percentage of nurses prepared at the baccalaureate level increased from 17% to 37.3%. Interestingly, 3% of nurses completed their initial nursing education in master's entry programs. That is, their initial prelicensure nursing program was at the master's level. These individuals had baccalaureate degrees in other fields, usually psychology, sociology, or one of the biological sciences, and used that knowledge to pursue a career in nursing. In 2013, 28.6% of nurses reported the associate degree as their highest level of education; 43.2% of nurses reported the baccalaureate degree as their highest level; and 18.9% reported a master's degree or doctoral degree as their highest level (U.S. Department of Health and Human Services, 2008; Budden, Zhong, Moulton, & Cimiotti, 2013).

In 1965, the American Nurses Association (ANA) published a position paper on educational preparation of nurses that identified nurses with baccalaureate degrees as professional nurses, differentiated from nurses with associate degrees, who were considered technical nurses. This issue has been a source of great controversy between those who believe professionals should have a minimum of a bachelor's degree and those who see all nurses as professionals. Many changes have occurred since the inception of these programs, allowing for articulation of the programs and making it easier for the ADN graduate to continue for a BSN. RN-to-BSN transition programs are common today, and many students enter an associate degree program with the intent of continuing for a BSN degree. Some nurse leaders now propose a master's degree as the minimum education for entry into professional practice. At the national level, nursing leaders have recommended that nurses who enter nursing at the diploma or associate degree levels be required to attain the baccalaureate degree in nursing within a certain period of time (e.g., 5–10 years) after their initial licensure in order to retain their license. As it stands now, nurses have the lowest educational requirement among professional healthcare providers.

At the core of the controversy over level of entry into professional nursing is the definition of profession. For example, online dictionaries provide a simplistic definition of *profession*, as a type of job or paid occupation or vocation, one that may involve specialized education, prolonged training, and/or a formal qualification. In 1915, Abraham Flexner described a profession as an activity that is basically intellectual; its activities are practical and not theoretical. The work can be learned because it is based on a body of knowledge; its techniques can be taught. There is a strong organization in place, and the work is motivated by altruism, not by personal reward.

Others who have written about professions generally (Barber, 1963; Pavalko, 1971) and nursing specifically (Bixler & Bixler, 1945; Miller, Adams, & Beck, 1993; Joel & Kelly, 2002) have added the following characteristics:

- Education that begins in institutions of higher learning and continues throughout the professional career (lifelong learning)
- An increasing body of knowledge based on theory that is well defined and is strengthened through evidence
- A socialization process that inculcates the norms and values of the professional culture
- Autonomy or the ability to govern itself and its practice
- Work that has social value and provides a service to the public
- Adherence to a code of ethics
- Commitment to the work over personal gain

InfoQuest: Search the Internet for information about characteristics of a profession identified by Flexner; Bixler and Bixler; Barber; Miller, Adams, and Beck; and Joel and Kelly. What is the progression of thinking about the characteristics of a profession? What new characteristics were added over time? Were earlier characteristics dropped? How does the progression of thinking about the characteristics of a profession relate to the progression of nursing as a profession?

Pavalko's Occupation-Profession Continuum Model

In his occupation-profession model, R. M. Pavalko (1971) identifies eight categories that serve as criteria to determine whether an occupation is a profession. Using Pavalko's framework, the following section describes how nursing may fulfill each criterion.

Theory

The work group is judged on the extent to which its work is based on a systematic body of knowledge that is developed through research. As a profession, nursing continues to develop a well defined body of knowledge and expertise. A number of nursing conceptual frameworks contribute to the knowledge base of nursing and give direction to nursing practice, education, advocacy, and leadership.

Nursing scholars conducting research in nursing contribute to this body of knowledge. In the 1940s, nursing research was at a very early stage of development. In the 1950s, increased federal funding and professional support helped establish centers for nursing research. Most early research was directed to the study of nursing education. In the 1960s, studies focused chiefly on the nature of the knowledge base underlying nursing practice. Since the 1970s, nursing research has focused largely on developing the evidence to improve and support quality practice, to develop educational methodologies to prepare nurses who can meet the needs of today's healthcare consumers, and to develop nursing leaders and scholars.

Relevance to Social Values

This category suggests that a profession justifies its existence by close association with values that society as a whole embraces, such as human rights and social justice. Since its inception, nursing has been truly altruistic in that it has existed to serve others. In the early history of nursing, nurses were expected to devote most of their lives to nursing, often joining religious orders or foregoing having their own families. Contemporary nursing still emphasizes service to others, but today's nurses expect fair compensation and a life separate from nursing.

Nursing's Social Policy Statement (American Nurses Association, 2010c) reflects nursing's relevance to social values in describing the goals of nursing actions to "protect, promote, and optimize health; to prevent illness and injury; to alleviate suffering; and to advocate for individuals, families, communities, and populations" (p. 11).

Training (Education) Period

Training or education is the third characteristic in Pavalko's occupation-profession model. This category has four subdivisions: the educational content, length of education, the use of symbolic and ideational processes, and degree of specialization that is related to practice.

Nursing education involves theory and practice. However, the length of study required for entry to practice is still an issue of controversy because of the multiple educational paths to achieve nursing licensure. Historically, nurses were educated in hospitals. Now most nurses are educated in colleges or universities with nursing education based on a foundation of liberal arts or humanities, biologic and social sciences. Certification for specialization generally requires a minimum of a baccalaureate degree along with a period of instruction and experience within the specialty. Specialization in advanced nursing practice requires master's or doctoral preparation.

Motivation

Motivation to work is Pavalko's fourth category. In this instance, Pavalko refers not to the motivation of the individual but to the group or collective of nurses as a whole. Motivation means the extent to which the nursing group emphasizes service to others rather than service to self as its primary goal. In other words, why does a person choose to become a nurse? For the most part, nurses choose nursing in order to improve the health and well-being of their clients and their families, and the society as a whole.

Autonomy

Pavalko's fifth category is autonomy, the freedom of the group to regulate and control its own work behavior. A profession is autonomous if it regulates itself and sets standards for its members. Providing autonomy is one of the purposes of a professional association. For nursing to have professional status, it must function autonomously in the formation of policy and in the control of its activity. International, national and state/provincial nursing associations have developed standards of practice (American Nurses Association, 2010b) and codes of ethics (International Council of Nurses, 2012; American Nurses Association, 2010a) that prescribe the roles and functions of nurses for which they are held accountable. To be autonomous, a professional group must be granted legal authority to define the scope of its practice, describe its particular functions and roles, and determine its goals and responsibilities in delivery of its services. The legal authority for nursing is generally held by state/provincial boards of nursing or nursing registries that determine the qualifications to become licensed as a nurse and the requirements to maintain that licensure. The amount of autonomy a professional group possesses depends on its effectiveness at self-governance. Governance is the establishment and maintenance of social, political, and economic arrangements by which practitioners control their practice, their self-discipline, their working conditions and their professional affairs. In nursing, self-governance is managed through professional organizations and state/provincial boards of nursing.

Commitment

Pavalko's sixth category is commitment toward the work. In this context, people who are committed to their work view it as more than a stepping stone to another type of work or as intermittent work. For people who view their work as simply

a job, commitment tends to be lacking; professionals, in contrast tend to view their work as a career, a lifelong vocation, and commit to the work for a lifetime or a significant length of time. Career oriented nurses value commitment to people and continued education to broaden their own and nursing's power base; job-oriented nurses, in contrast, chiefly value the income they earn from the job.

Sense of Community

A sense of community means that members of a group share a common identity and destiny and possess a distinctive subculture. In the past, nurses have worn many symbols of their profession, such as a cap, white uniform and nursing school pin. Although many of these symbols have disappeared, nurses do have a strong sense of professional identity. One way nurses can develop a sense of community is to participate in professional organizations.

Code of Ethics

The existence of a code of ethics is the final category in Pavalko's model. Occupations are not likely to have a written code of ethics that sets forth standards of behavior and relationships between its members and the public they serve. Established professions, in contrast, do have formal codes of ethics. Nurses have traditionally placed a high value on the worth and dignity of others. The nursing profession requires integrity of its members, that is, a nurse is expected to do what is considered right regardless of the personal cost. The International Council of Nurses (2012), the American Nurses Association (2010a), the Canadian Nurses Association (2008), and other national nursing associations have codes of ethics.

Reflect On . . .

- Pavalko's occupation-profession continuum model. Do you believe that nursing is a profession? What specific reasons can you give to support your answer?
- your own practice as a registered nurse. In what ways does your practice reflect the characteristics of a profession?

InfoQuest: Search the Internet for copies of the ICN, ANA, and CNA codes of ethics. In what ways are they similar? In what ways are they different?

Scope and Standards of Nursing Practice

Professions have a responsibility to society. This responsibility can be operationalized through standards of practice. Establishing and implementing standards of practice are major functions of a professional organization, and the purpose is to describe what nurses are accountable for. The standards (1) reflect the values and priorities of the nursing profession, (2) provide direction for professional nursing practice, (3) provide a framework for the evaluation of nursing practice, and (4) define the profession's accountability to the public and the client outcomes for which nurses are responsible (ANA, 2010, p. 99). In 1991, the ANA developed standards of clinical nursing practice that are generic in nature and provide for the practice of nursing regardless of area of specialization. They were revised in 1998, in 2004, and again in 2010. The ANA and various specialty nursing organizations have further developed specific standards of nursing practice related to the practice of nursing in a specialty area.

Nursing standards clearly reflect the specific functions and activities of nurses, as opposed to the functions of other health workers. The ANA's *Nursing Scope and Standards of Practice* consists of both standards of care and standards of professional performance. Standards of professional performance describe "a competent level of behavior in the professional role, including activities related to ethics, education, evidence-based practice and research, quality of practice, communication, leadership, collaboration, professional practice evaluation, resource utilization, and environmental health" (p. 10) for all registered nurses. The six standards of practice reflect the critical thinking model known as the nursing process and form the foundation for the nurse's decision making. The 10 standards of professional performance describe competent behaviors in performing the multiple roles of nursing. When standards are implemented, they serve as yardsticks for the measurements used in licensure, certification, accreditation, quality assurance, peer review, and public policy. These standards are shown in the accompanying box.

Reflect On . . .

- the ANA *Nursing Scope and Standards of Practice*. In what ways are the ANA *Standards of Practice* reflected in your work setting? In what ways are the ANA *Standards of Professional Performance* reflected in your work setting? In what ways are the ANA *Standards of Practice* reflected in your own practice? In what ways are the ANA *Nursing Standards of Professional Performance* reflected in your own practice? What additional knowledge and experience do you need to effectively comply with the ANA *Nursing Scope and Standards of Practice*, specifically the *Standards of Professional Performance*?

ANA Standards of Practice and Professional Performance

ANA Standards of Practice

Standard 1. Assessment
The registered nurse collects comprehensive data pertinent to the healthcare consumer's health and/or situation.

Standard 2. Diagnosis
The registered nurse analyzes the assessment data to determine the diagnoses or the issues.

Standard 3. Outcomes Identification
The registered nurse identifies expected outcomes for a plan individualized to the healthcare consumer or the situation.

Standard 4. Planning
The registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

Standard 5. Implementation
The registered nurse implements the identified plan.

Standard 5A. Coordination of Care
The registered nurse coordinates care delivery.

Standard 5B. Health Teaching and Health Promotion
The registered nurse employs strategies to promote health and a safe environment.

Standard 5C. Consultation
The graduate-level prepared specialty nurse or advanced practice registered nurse provides consultation to influence the identified plan, enhance the abilities of others, and effect change.

Standard 5D. Prescriptive Authority and Treatment
The advanced practice registered nurse uses prescriptive authority, procedures, referrals, treatments, and therapies in accordance with state and federal laws and regulations.

Standard 6. Evaluation
The registered nurse evaluates progress toward attainment of outcomes.

ANA Standards of Professional Performance

Standard 7. Ethics
The registered nurse practices ethically.

Standard 8. Education
The registered nurse attains knowledge and competency that reflects current nursing practice.

Standard 9. Evidence-Based Practice and Research
The registered nurse integrates evidence and research findings into practice.

Standard 10. Quality of Practice
The registered nurse contributes to quality nursing practice.

Standard 11. Communication
The registered nurse communicates effectively in all areas of practice.

Standard 12. Leadership
The registered nurse demonstrates leadership in the professional practice setting and the profession.

Standard 13. Collaboration
The registered nurse collaborates with healthcare consumer, family, and others in the conduct of nursing practice.

Standard 14. Professional Practice Evaluation
The registered nurse evaluates her or his own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.

Standard 15. Resource Utilization
The registered nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective, and financially responsible.

Standard 16. Environmental Health
The registered nurse practices in an environmentally safe and healthy manner.

Source: Nursing Scope and Standards of Practice (2nd ed.), by the American Nurses Association, Silver Spring, MD, nursebooks.org. Reprinted with permission

Professional Socialization

Socialization is the process by which people learn social rules and become members of groups. It involves learning to behave in a way that is consistent with the behavior of other persons occupying the same role. The goal of professional socialization is to internalize a professional identity that includes the norms, values, attitudes, and behaviors of the profession.

An intrinsic aspect of the socialization process is social control, that is, the capacity of a social group to regulate itself through conformity and adherence to group norms to maintain the group's social order and

organization. Sanctions are used to enforce norms. Positive sanctions reward conformity to norms; negative sanctions punish nonconformity. Sanctions may be either externally employed by a source outside the individual (e.g., disciplinary action by a supervisor or a regulatory agency) or internally employed from within the individual (e.g., self-congratulations for a job well done, choosing a remedial program to improve practice). Socialization implies that the individual is induced to conform willingly to the ways of the group. Norms therefore become internalized standards. Professions require both a relatively long period of formal schooling and an informal, internalized system of ethics that guides practice of the professional role.

Professional socialization involves exposure to multiple agents of socialization. Agents of socialization are the people who initiate the socialization process; for children, the primary agents of socialization are the family, teachers, peers, and the mass media. For adults, the influence of these early agents continues, but other agents arise, such as superiors and subordinates in the workplace, peers, and people in various other kinds of social groups. Socialization agents that nursing students encounter include healthcare consumers, nursing faculty, professional colleagues, other healthcare professionals, family (e.g., a nurse relative), and friends both in and outside the formal institutional structure. Professional socialization in nursing occurs formally through the educational experience in the nursing curriculum (i.e., classroom, laboratory, clinical settings, National Student Nurses Association) and later through preceptors, mentors, and staff development in the practice setting. The degree of congruence between the expectations of these multiple agents may either facilitate or hinder socialization. Factors that facilitate the professional socialization process for nurses are listed in the accompanying box.

Reflect On . . .

- the agents of professional socialization in your own experience. Who have been your agents of socialization to nursing? In what ways have they influenced your development as a nurse?
- your role as an agent of socialization to nursing students. How have you assisted others in their socialization to the role of the professional nurse?

Critical Values of Professional Nursing

Values guide interactions with patients, families, colleagues, and the public. Regardless of practice setting, the values identified greatly affect decisions concerning the provision of nursing service. For example, the organization that embraces the value of autonomy for nursing practice will create opportunities for nurses to make decisions governing practice policies and procedures. An organization that does not value autonomy for nurses will hand down decisions from the top. Some of nursing's values are accountability, reliability, autonomy, caring, and professionalism.

It is within the nursing educational program that the nurse develops, clarifies, and internalizes professional values. Professional values are preferred standards that guide behavior and are used for evaluating behavior. Specific professional nursing values are stated in three documents

Factors That Facilitate the Professional Socialization Process for Nurses

- Experiences that have occurred prior to entering the role (e.g., membership in a future nurse club, volunteer or paid work as an aide in a healthcare setting, personal experience as a patient or the family member of a patient)
- Accurate and positive portrayals of the expected role in media
- Positive understanding and support from teachers, counselors, friends, and family
- Consistency and congruence in understanding and performance of the expected roles among those who are already in the role (registered nurses) and those who aspire to the role (students)
- Positive understanding and support from others in the healthcare professions, including healthcare administrators, physicians, and other health professionals
- Capacity of socialization agents (e.g., faculty, other nurses, professional organizations) to manage the socialization process
- Role models and mentors who exhibit the desired professional characteristics and influence the internalization of those characteristics
- Organized programs of orientation, preceptorship, internship, and residency models that provide ongoing support throughout the socialization process
- Participation in group professional activities such as the National Student Nurses Association and the ANA that provide support and programming for those new to the profession

published by the ANA: the *Code of Ethics* (2010a), *Nursing Scope and Standards of Practice* (2010b), and *Nursing's Social Policy Statement* (2010c).

InfoQuest: How does the nurse obtain copies of the three ANA documents that frame the values of nursing? How do these documents portray nursing to the healthcare consumer? To the general public?

Reflect On . . .

- *Nursing's Code of Ethics*, *Nursing Scope and Standards of Practice*, and *Nursing's Social Policy Statement*. What do you believe to be the critical values of nursing? How do you manifest those values in your practice?
- symbols of nursing past and present. How do clients, their families, and other healthcare professionals know who is the professional nurse? Are there characteristics of appearance that indicate a person is a professional nurse? Are there characteristics of behavior that indicate a person is a professional nurse?

The Initial Process of Professional Socialization

Professional socialization is the means of developing a professional identity incorporating values, skills, behaviors, and norms for nursing practice. It is a lifelong process, beginning with the curriculum and faculty of the nursing program. Registered nurses who return to school for a baccalaureate degree in nursing experience professional resocialization. Their individual characteristics are diverse and affect resocialization in complex ways. Often, they need to overcome prejudices about and resistance to an educational program that may require them to shed previous ways of thinking. Although professional organizations adhere to the belief that baccalaureate education is the minimum education for professional nursing, there is an absence of agreement within the ranks of practicing nurses. Furthermore, there are others who promote the idea that the graduate level should be the professional level of entry.

Initial socialization prepares the student for the work setting. Several models have been developed to explain the initial process of socialization into professional roles. The models described here include those of Simpson, Hinshaw, and Davis. Each model outlines a sequential set of phases or chain of events beginning with the role of a layperson and ending with the role of a professional. Table 2–1 summarizes each model.

Simpson Model

Ida Harper Simpson (1967, 1979) outlined three distinct stages of professional socialization. In the first stage, the person concentrates on becoming proficient in specific work tasks. In the second stage, the person becomes attached to significant others in the work or reference group. In the third and final stage, the person internalizes the values of the professional group and adopts the prescribed behaviors.

TABLE 2–1 Models of Initial Socialization into Professional Roles

Simpson (1967) Model	Hinshaw (1986) Model	Davis (1966) Doctrinal Conversion Model
Stage 1 Proficiency in specific tasks	*Phase I* Transition of anticipated role expectations to the role expectations of societal group	*Stage 1* Initial innocence work *Stage 2* Labeled recognition of incongruity
Stage 2 Attachment to significant others in the work environment	*Phase II* Attachment to significant others/labeling incongruencies	*Stage 3* "Psyching out" and role simulation *Stage 4* Increasing role simulation *Stage 5* Provisional internalization
Stage 3 Internalization of the values of the professional group and adoption of the behaviors it prescribes	*Phase III* Internalization of role values/behaviors	*Stage 6* Stable internalization

Sources: Adapted from "Patterns of Socialization Into Professions: The Case of Student Nurses," by I. H. Simpson, Winter 1967, *Sociological Inquiry, 37*, pp. 47–54; "Socialization and Resocialization of Nurses for Professional Nursing Practice," by A. S. Hinshaw, 1986, in *Contemporary Leadership Behavior: Selected Readings* (2nd ed.), edited by E. C. Hein and M. J. Nicholson, Boston, MA: Little, Brown; and *Professional Socialization as Subjective Experiences: The Process of Doctrinal Conversion Among Student Nurses*, by F. Davis, September 1966, Evian, France: Sixth World Congress of Sociology.

Hinshaw Model

Ada Sue Hinshaw (1986) provides a three-phase general model of socialization that is an adaptation of Simpson's model. During the first phase, individuals change their images of the role from anticipated concepts to the expectations of the persons who are setting the standards for them. Hinshaw states that (1) adults entering a profession have already learned a number of roles and values that help them to evaluate new roles, and (2) these individuals are actively involved in the socialization process, having chosen to learn the new role expectations and enter the socialization process.

The second phase has two components: (1) Learners attach themselves to significant others in the system, and at the same time, (2) they label situations that are incongruent between their anticipated roles and those presented by the significant others. In the initial professional socialization, significant others are usually a group of faculty; in the work setting, they are selected colleagues or immediate supervisors. Hinshaw emphasizes the importance of appropriate role models in both educational programs and work settings. At this stage, individuals are able to verbalize that the expected role behaviors are not what they anticipated. It is a stage that often involves strong emotional reactions to conflicting sets of expectations. Successful resolution of conflicts depends on the existence of role models who demonstrate appropriate behaviors and who show how conflicting systems of standards and values can be integrated.

In the third phase, the student internalizes the values and standards of the new role. The degree to which values and standards are internalized and the extent of incongruence in role expectations vary.

Davis Model

Fred Davis (1966) describes a six-stage doctrinal conversion process among nursing students.

Stage 1: Initial Innocence As students enter a professional program, they have an image of what they expect to become and how they should act or behave. Nursing students usually enter a nursing program with a service orientation and expect to care for sick people. However, educational experiences often differ from what the students expect. During this phase, students may express disappointment and frustration at the experiences they undergo and may question their value.

Stage 2: Labeled Recognition of Incongruity In this phase, students begin to identify, articulate, and share their concerns. They learn that they are not alone in their values incongruity; their peers share the same concerns.

Stages 3 and 4: "Psyching Out" and Role Simulation At this point, the basic cognitive framework for the internalization of professional nursing values begins to take shape. Students start to identify the behaviors they are expected to demonstrate and, through role modeling, begin to practice the behaviors. In Davis' terms, this process becomes a matter of "psyching out," or trying to figure out how the faculty will behave in a given situation. The more effectively the role simulation is done, the more authentic the person believes the behavior to be, and it becomes part of the person. However, students may think they are "playing a game" and are being "untrue to themselves," and the result is feelings of guilt and estrangement.

Stage 5: Provisional Internalization In stage 5, students vacillate between commitment to their former image of nursing and the performance of new behaviors attached to the professional image. Factors that enhance the students' new image are an increasing ability to use professional language and an increasing identification with professional role models, such as nursing faculty.

Stage 6: Stable Internalization During stage 6, the student's behavior reflects the educationally and professionally approved model. However, preparation of the student for the work setting is only the initial process in socialization. New values and behaviors continue to be formed in the work setting.

Ongoing Professional Socialization and Resocialization

The process of socialization does not end with graduation from a program of study. It continues as the graduate begins a professional career and, in fact, continues throughout life. In school, the nursing student assimilates a central core of values emphasized by the faculty and the profession. In the work setting, the nurse faces the need to put the values of the profession into operation. The transition of the graduate to a full-fledged professional is facilitated if there is congruence between the norms, values, and expectations of the educational program and the realities of the work setting. However, practice settings are often bureaucratic and may not be supportive of professional career development. Three models of career stages of development—those of Kramer; Dalton, Thompson, and Price; and Benner—follow.

Kramer's Postgraduate Resocialization Model

Marlene Kramer (1974) introduced the concept of *reality shock* to explain discrepancies that arise between the behavioral expectations and values of the educational setting and those of the work setting. Reality shock occurs when the new graduate is unprepared (ineffectively

TABLE 2–2 Dalton, Thompson, and Price Career Stages

Stages	Central Activity	Primary Relationship	Major Psychological Issue
Stage I	Helping and learning: performs fairly routine duties under the direction of a mentor	Apprentice, subordinate	Dependence
Stage II	Works independently as a competent peer	Colleague	Independence
Stage III	Influences, guides, directs, and helps others to develop	Informal mentor, role model	Assuming responsibility for others
Stage IV	Influences the direction of the organization or a segment of it; has one of three roles: manager, internal entrepreneur, or idea innovator	Sponsor	Exercising power

Source: Adapted from "The Four Stages of Professional Careers—A New Look at Performance by Professionals," by G. W. Dalton, P. H. Thompson, and R. L. Price, Summer 1977, *Organizational Dynamics,* pp. 19–42.

socialized) to function effectively in the workplace. Kramer describes a four-stage postgraduate resocialization model for the transition of graduates from educational setting to work setting.

- Stage I: Skill and Routine Mastery. The nurse focuses on developing and mastering specific technical skills and may not focus on other important aspects of care.
- Stage II: Social Integration. The nurse is concerned with being accepted and having her/his competence recognized.
- Stage III: Moral Outrage. The nurse recognizes incongruities between understandings of the bureaucratic role, which is associated with rules and regulations and loyalty to the organization; the professional role, which is committed to continued learning and loyalty to the profession; and the service role, which is concerned with loyalty to and compassionate caring for the client as a person.
- Stage IV: Conflict Resolution. The nurse resolves conflicts of stage III by relinquishing values and/or behaviors or by learning to use both the values and behaviors of the profession and the values and behaviors of the organization in a politically astute manner. As nurses become more involved in organizational governance through membership on standing and ad hoc committees, conflict is often resolved through discussion and negotiation.

Dalton's Career Stages Model

Dalton, Thompson, and Price (1977) describe a four-stage model that emphasizes the development of competence derived from experience. As the individual's career progresses throughout each stage, activities, relationships, and psychological issues change in focus. For example, the individual's major activities progress from helping, learning, and following directions (stage I) to shaping the direction of the organization (stage IV). The primary relationships progress from that of an apprentice (stage I) to that of sponsor (stage IV). The major psychological issues progress from a feeling of dependence (stage I) to a feeling of comfort in exercising power (stage IV). These four stages are summarized in Table 2–2. Only a small percentage of nurses achieve the final stage because few stage IV positions are available.

Benner's Stages From Novice to Expert

Patricia Benner (2001) describes five levels of proficiency in nursing based on the Dreyfus model of skill acquisition derived from a study of chess players and airline pilots. The five stages, which have implications for teaching and learning, are novice, advanced beginner, competent, proficient, and expert. Benner believes that experience is essential for the development of professional expertise. See box on page 27.

Reflect On . . .

- the range of Benner's stages, from novice to expert. Where are you on Benner's continuum in relation to your current area of practice? During your nursing career, what have you experienced as you have moved along Benner's continuum? How might you assist a novice nurse to progress successfully to higher levels of practice?

Role Theory

Professional socialization has been based upon role theory, which emerged from the field of sociology. It involves preparation for particular job expectations or roles. A role is a set of expectations associated with a position in society. To understand socialization to a professional role, it is

Benner's Stages of Nursing Expertise

Stage I: Novice

No experience (e.g., nursing student). Performance is limited, inflexible, and governed by context-free rules and regulations rather than experience.

Stage II: Advanced Beginner

Demonstrates marginally accepted performance. Recognizes the meaningful "aspects" of a real situation. Has experienced enough real situations to make judgments about them.

Stage III: Competent Practitioner

Has 2 or 3 years of experience. Demonstrates organizational and planning abilities. Differentiates important factors from less important aspects of care. Coordinates multiple complex care demands.

Stage IV: Proficient Practitioner

Has 3–5 years of experience. Perceives situations as wholes rather than in terms of parts, as in stage II. Uses maxims as guides for what to consider in a situation. Has holistic understanding of the client, which improves decision making. Focuses on long-term goals.

Stage V: Expert Practitioner

Performance is fluid, flexible, and highly proficient; no longer requires rules, guidelines, or maxims to connect an understanding of the situation to appropriate action. Demonstrates highly skilled intuitive and analytic ability in new situations. Is inclined to take a certain action because "it felt right."

Source: From Novice to Expert (Commemorative ed., pp. 20–34), by P. Benner, 2001, Upper Saddle River, NJ, Prentice Hall. Reprinted with permission.

necessary to have an understanding of role theory. What is it that defines a role and how does one make a transition into that role?

Elements of Roles

Any role has three elements: the ideal role, the perceived role, and the performed role. The ideal role refers to the socially prescribed or agreed-upon rights and responsibilities associated with the role. Persons who assume a certain role are provided with sets of expectations and obligations or norms that can be identified and used as criteria to judge the adequacy of their performance in the role. The ideal role concept provides a relatively stable view of roles and role requirements, because the society at large is assumed to have the same or similar expectations about the pattern of behaviors that a person in a particular role should carry out. Although changes may occur in the prescribed rights and responsibilities associated with the ideal role, this ideal role tends to support a static view of role behaviors. Role expectations are the norms specific to a position that identify the attitudes, cognitions, and behaviors required and anticipated of a person in a particular role. Ideal role expectations may also be determined by culture and education. For example, the ideal role expectation of the nurse may include providing physical care and psychological support to the client who has difficulty caring for self, providing support for a frightened patient awaiting the results of a diagnostic test, or providing instruction in self-care to a client with newly diagnosed diabetes mellitus.

The perceived role refers to how a role incumbent (a person who assumes the role) believes she or he should behave in the role. A role incumbent's perceptions of the expected patterns of behavior may differ from the conventional ideal role expectations. The nurse may perceive that she or he should include families in decision making and in planning care for the patient.

The performed role refers to what the role incumbent actually does. Role performance is defined as the behaviors of or actions taken by a person in relation to the expected behaviors of a particular position. With regard to the perceived role of including families in decisions about care, the nurse schedules a time for discussion with the family. *Role mastery* is the term used to indicate that a person demonstrates behaviors that meet the societal or cultural expectations associated with the specific role.

The person's perceptions and beliefs about what ought to be done are not the only factor influencing role performance. Other factors include health status, personal and professional values, needs of the client and their support persons, and politics of the employing agency. A healthy nurse, for example, may provide care associated with prescribed and perceived roles more effectively than an unhealthy nurse. A nurse who values the client's right to participate in care planning will elicit the client's thoughts and feelings before planning care. A nurse who must work in a situation in which several of the staff are absent may be required to defer basic aspects of care (e.g., bath, changing bed linen) for some clients in order to meet more critical needs of other clients.

Role transition is a process by which a person assumes or develops a new role. There are two components associated with role behaviors: norms and values.

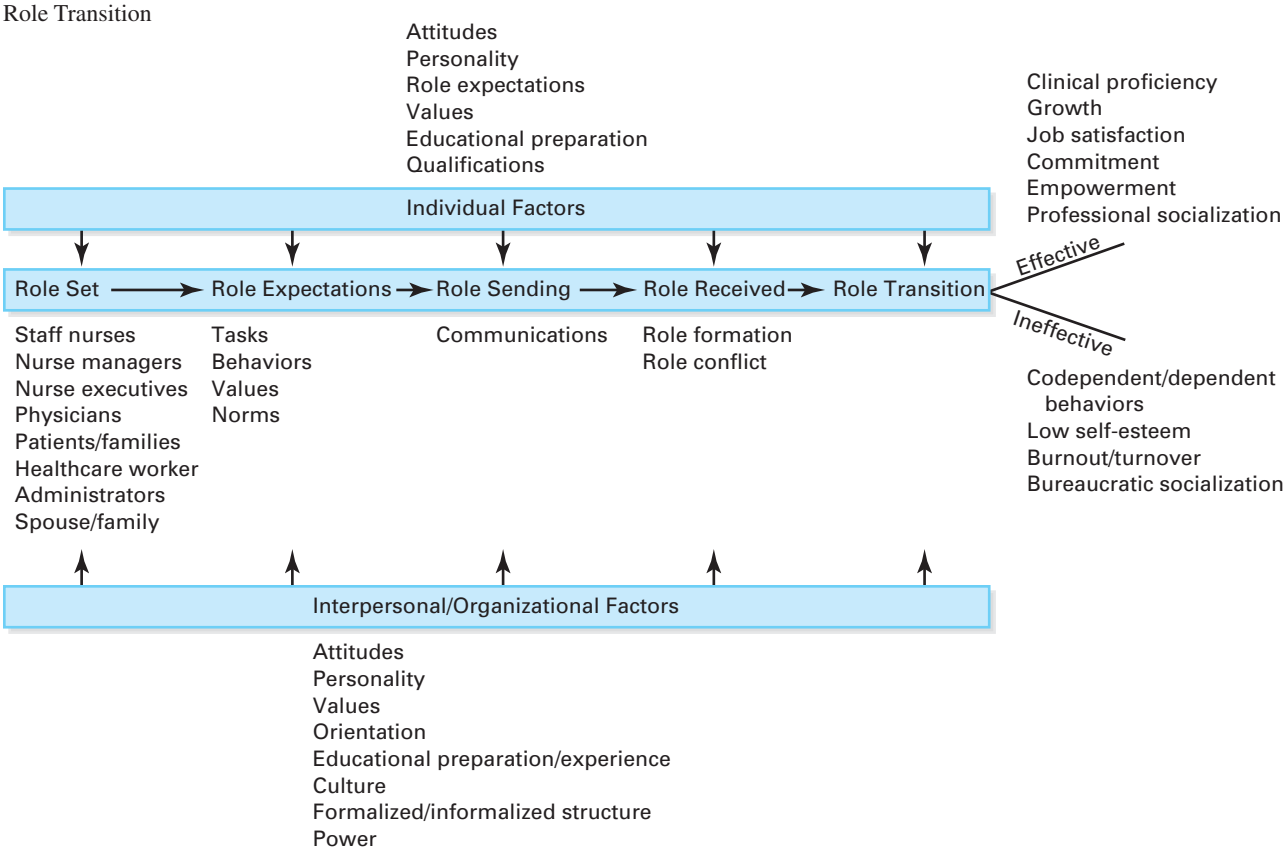
Norms are the general expectations or standards of behaviors of a particular group; norms are a level to be achieved. Values justify and support the behaviors and help the nurse conform to the norms. In the new role, the person moves to a new set of responsibilities and, often, to new values as well. Role transition is influenced by many factors, such as individual factors, interpersonal factors, and organizational factors. A model of role transition is shown in Figure 2–1.

According to this model, the process begins by determining the role set, composed of individuals involved who hold beliefs and attitudes about what should or should not be done in that role, that is, role expectations. In role sending, the members of the role set communicate and model the role expectations, and this is the step where problems may develop. After the role expectations are sent, the next phase is role received, but what is sent may not be received without misunderstanding or distortion. Role formation is affected by such factors as personality, attitudes, qualifications, educational preparation, values, and clarity of communication. Role conflict may develop when the role expectations of the various people involved are incompatible. The actual role transition occurs as the nurse learns role behaviors based on the role received, resulting in two possible outcomes: effective or ineffective. Effective role transitions have associated behaviors within the norms; these can lead to clinical proficiency, personal growth, job satisfaction, organizational commitment, empowerment, and professional socialization. When there is a great deal of role conflict, ineffective role transition is likely to be the outcome, resulting in low self-esteem, a low level of confidence, and burnout.

Transition shock or reality shock may happen when the perceived role comes into conflict with the performed role. Many new graduates experience this as cognitive dissonance; that is, they know what they should do and how they should do it, but circumstances do not allow them to perform the role in that way. The result is increased anxiety, which, if not resolved, can result in burnout. Preceptorships, internships, and externships are often found to be helpful in a successful role transition.

FIGURE 2–1

Role Transition



Source: Role Transition to Patient Care Management, by M. K. Strader and P. J. Decker, 1995, Norwalk, CT: Appleton and Lange.

Reflect On . . .

- the multiple roles you assume and the satisfactions you experience in relation to each. How does your role as a nurse relate to your other roles? In what ways does your choice of nursing as a career enhance or interfere with your other life roles?

Boundaries of Nursing Roles

The following five determinants currently form the boundaries for nursing roles:

1. Theoretical and conceptual frameworks that identify the concepts of nursing and specify the relationships among them. The major concepts in nursing theoretical and conceptual frameworks are person, health, environment, and nursing. Conceptual frameworks provide the nurse with an understanding of the person (as the recipient of nursing care); what constitutes health from an individual, professional, and societal perspective; what are the internal and external environments involved; and how these factors influence nursing goals and actions.
2. The nursing process, or standard scientific problem-solving method, that nurses use in the clinical setting. The nursing process determines nursing actions appropriate for each client. The nursing process consists of assessment, diagnosis (nursing), outcomes identification or goals, planning, implementation, and evaluation.
3. Standards of nursing practice established by the nursing profession. Standards of practice outline nursing functions and the level of excellence required of the nurse. These standards also define the nurse's ethical and legal obligations to clients and their support persons, to colleagues, to employers, and to society. The ANA has developed standards of practice and standards of professional performance that describe the competencies of all practicing nurses. Specialty nursing organizations have developed additional standards for nurses practicing within those specialty environments.
4. Nurse practice acts or nursing licensure laws of the specific jurisdiction that legally define the scope of nursing practice. Although nurse practice acts differ in various jurisdictions, they all have a common purpose: to protect the public.
5. National and international codes of ethics for nurses. These are fundamental to the practice of nursing. Codes of ethics describe the nurse's relationship to clients and their support persons, to colleagues, to employers, and to the public.

Role Stress and Role Strain

Role stress in the form of work overload is considered one of the major reasons nurses leave nursing. Role stress is the discrepancy between the person's perception of what a particular role should be and the reality of what it is. Abendroth (2011) described as compassion fatigue the stress experienced by those who care for others, whether professional caregivers (e.g., nurses and other health professionals) or informal caregivers (e.g., family, significant others). Joinson (1992) defined **compassion fatigue** as a "unique form of burnout that affects people in caregiving professions" (p. 116), and Figley (1995) described it as a form of secondary traumatic stress reaction that occurs when caregivers strive to help people who are suffering from traumatic events. Factors found to be associated with role stress for nurses include having little control in the job, high demands or overload, and low supportive relationships. The high demands or overload often results from increases in the complexity of care along with shorter hospital stays, requiring the nurse to meet goals in a shorter period of time. Low morale, job dissatisfaction, burnout, and intention to leave the current job are frequent outcomes. For new graduates, additional stressors are lack of confidence, unrealistic expectations from their skill level and from employers and coworkers, values conflicts, and role ambiguity. The transition to new nurse is often associated with lack of clear and consistent information about expectations. Transitions are not limited to new nurses, the same stressors can come into play when a more experienced nurse changes roles.

People often assume multiple roles, and as the number of roles increases so does role stress. The result is role strain. Role stress may create *role strain*, an emotional reaction accompanied by psychological responses, such as anxiety, tension, irritability, anger, and depression, as well as social responses, such as job dissatisfaction and decreased involvement with friends, colleagues, and organizations. Common role stress problems and descriptions are shown in the box on page 30.

Role ambiguity refers to the lack of certainty or unclearness about role expectations. Often nurses experience role ambiguity because of the diversity of their roles (e.g., care provider, educator, advocate, leader/manager). Ambiguity can significantly affect a person's role performance, level of satisfaction, and commitment.

Role conflict occurs when competing demands are placed on the nurse who is trying to fulfill multiple roles. The primary consequence of role conflict is role stress. If not reconciled, role stress and role strain lead to burnout, a syndrome of mental and physical exhaustion involving negative self-concept, negative job attitude, and decreased concern for clients and others.

RESEARCH CURRENT

Group Cohesion and Organization Commitment: Protective Factors for Nurse Residents' Job Satisfaction, Compassion Fatigue, Compassion Satisfaction, and Burnout

The purpose of this study was to determine "whether factors such as group cohesion and organization commitment would be protective and moderate the association between stress exposure and posttraumatic stress symptoms and other negative nurse outcomes" (p. 89). The study sample consisted of 251 nurses (231 female, 20 male) who participated in a nurse residency program in a large pediatric hospital. To participate in the program, the participants had to be new graduates with less than 1 year of nursing experience. The residency program included theory specific to pediatric nursing, a skills lab, and clinical experiences under the guidance of a preceptor. Study participants completed the Life Events Checklist (LEC) during the first month of the residency program, and those who reported having experienced one or more stressful life events were asked to complete the PTSD Checklist Civilian Version (PCL-C). Upon completion of 3 months of bedside experience, the residents were asked to repeat the LEC and PCL-C instruments to "determine their exposure to stressful events and to determine the presence of PTSD symptoms during the initial 3 months of bedside nursing" (p. 92). Additionally, they completed the Compassion Satisfaction and Fatigue Test (CSF) to determine "their levels of compassion satisfaction CFR/secondary traumatic stress symptoms (STS) and burnout." The authors found that 89.2% of the participants had "directly experienced, witnessed, or learned about a stressful event" (p. 94) prior to starting the nurse residency program. Of those, 89% had directly experienced a stressful event. Group cohesion—that is, cohesiveness between members of each residency group—was "effective in moderating the negative effects of current stress exposure and posttraumatic stress symptoms, . . . specifically on increased compassion fatigue and burnout, and reduced compassion satisfaction" (p. 89). Commitment to the organization promoted job satisfaction and compassion satisfaction. The authors recommend that organizations be aware of the important influence of group cohesion and organizational commitment on job satisfaction, compassion satisfaction, and, therefore, nurse retention.

Source: From "Group Cohesion and Organizational Commitment: Protective Factors for Nurse Residents' Job Satisfaction, Compassion Fatigue, Compassion Satisfaction, and Burnout," by A. Li, S. F. Early, N. E. Mahrer, J. L. Klaristenfeld, and J. I. Gold, 2014, *Journal of Professional Nursing, 30*(1), pp. 89–99.

A second cause of role conflict is different views concerning what nursing is and should be. Role value orientations vary considerably among practitioners; some nurses have a more traditional view of the nurse's role than new managers or new professionals. The role of the professional nurse continues to change; nurses are becoming increasingly involved in planning and organizing healthcare activities and are becoming more responsible for delivering total client care services. The nurse's role is becoming one of managing client care activities in general. In this new role, nurses have greater responsibility and accountability and may experience increased stress as a result.

A third cause of conflict is a discrepancy between the nursing and medical views of what the nurse's role should be. Physicians may view the caring ideology of nurses as secondary in importance to their own idealized curing aspects of care and may view the nurse as a subordinate

Role Stress Problems

Role Ambiguity
Role ambiguity results from unclear role expectations.

Role Conflict
Role conflict is an outcome of incompatible, competing role expectations within a single role or multiple roles.

Role Incongruity
Values are incompatible with role expectations.

Role Overload or Underload
Too much is expected in the time available, or the role is too complex (overload); minimal role expectations do not use the abilities of the role incumbent (underload).

Role Overqualification or Underqualification
The nurse's abilities and motivation exceed those required (overqualification); the nurse lacks the necessary resources (underqualification).