5

The Development of Nursing as a Profession

LEARNING OUTCOMES

After completing this chapter, you should be able to:

1. Analyze why the profession has had difficulty defining nursing.
2. Discuss the ways in which nursing differs from medicine.
3. Formulate a personal definition of nursing and identify a theorist who defines nursing similarly.
4. Identify the seven characteristics against which social scientists have evaluated professions and examine the ways they can be applied to nursing.
5. Compare and contrast the terms "profession" and "professional."
6. Explain how the image others hold of nursing affects the profession and the role of nurses.
7. Analyze areas of nursing about which studies have been conducted and discuss why each is important.
8. Discuss the concept of a universal language for nursing and describe how nursing classifications provide this.
9. Describe some of the traditions in nursing and explain why they were adopted.

KEY TERMS

Body of specialized knowledge
Characteristics of a profession
Classification systems
Code of ethics
Definition of nursing
Formal characteristics
Image
Institutions of higher education
Lifetime commitment
Medicine
North American Nursing Diagnosis Association (NANDA)
Nursing Interventions Classification (NIC)
Nursing nomenclatures
Nursing Outcomes Classification (NOC)
Nursing shortage
Occupation
Omaha System
Profession
Professional
Professional activity
Professional policy
Scientific method
Service to the public
Studies about nursing
Taxonomy
Traditions

What is nursing? Is nursing an art or a science? If it is both, which category should receive the primary emphasis? How can "hunches," "gut feelings," and "intuition" be useful in a world of practicality surrounded by scientific rationale, steeped in protocol, and immersed in critical thinking and clinical pathways? Should nursing be considered a profession or an occupation? What factors are affecting the emergence of nursing as a profession? Does nursing possess a unique body of knowledge? Is the nurse a professional? If so, what educational background qualifies the nurse for professional standing? Should the educational preparation for nursing occur in a variety of settings that award different degrees? How will the skills of graduates from various programs be differentiated in practice? Do different levels of competence exist in the practice of clinical nursing? What is the status of the nurse in relation to other members of the health care team? What is the language of nursing? Is a single language adequate? What is the role of the nurse in preventive care? What role belongs exclusively to the nurse? What forces have played a part in the development of that role? What is the future of the nurses' role? What should we remember from our past that can assist in the development of nursing in the future?

These are but a few of the questions being asked by nurses today. Not all the questions have clear or obvious answers. Some of the answers result in debate and dialogue among nurses, health care providers, and health care consumers. As a novice joining the ranks of those who have preceded you, you will benefit from a good understanding of the issues that have challenged, and in some instances plagued, nurses over the years. Most novice nurses develop an appreciation of nursing's heritage by learning about some of the nurses who helped to shape the profession. As a nurse in the 21st century, you may have many opportunities to directly influence the answers to these questions.

NURSING DEFINED

When you entered the nursing program in which you are now enrolled, what was your perception of nursing as a profession? Has that perception of nursing been changed by the experiences you have had as a nursing student? Some might ask, "So why spend so much time and effort trying to define nursing?" Chitty (1997, p. 143) helps answer that question. She states, "They [ie, definitions] are a good place to begin in attempting to understand any complex enterprise such as nursing." Over the years, the profession has worked at establishing a **definition of nursing**.

Defining nursing can be difficult. Nurses themselves cannot agree on a single definition, partly because of the history of nursing. Little is known about the work of the nurse in prehistory; however, Donahue (1996, p. 2) writes, "From the dawn of civilization, evidence prevails to support the premise that *nurturing* has been essential to the preservation of life. Survival of the human race, therefore, is inextricably intertwined with the development of nursing."

A major factor that has made it difficult to define nursing is that it is taught as encompassing both theoretic and practical aspects, but it is pursued (and continues to be defined) primarily through practice, a little-studied area. Benner (1984) states, "Nurses have not been careful record keepers of their own clinical learning. . . . This failure to chart our practices and clinical observations has deprived nursing theory of the uniqueness and richness of the knowledge embedded in expert clinical practice." She further discusses the differences between "knowing that" and "knowing how." When attempting to define nursing, we often stumble over these two concepts and how to combine the distinct and unique aspects of both.

Early Definitions of Nursing

A nurse is a person who nourishes, fosters, and protects—a person who is prepared to care for the sick, injured, and aged. In this sense, "nurse" is used as a noun and is derived from the Latin *nutrix,* which means "nursing mother." The word "nurse" also has referred to a woman who suckled a child (usually not her own)—a wet nurse. Dictionary definitions of nurse include such descriptions as "suckles or nourishes," "to take care of a child or children," "to bring up; rear." In this way, "nurse" is used as a verb, deriving from the Latin *nutrire*, which means "to suckle and nourish." With such an origin, it is understandable that people generally have associated nursing with women.

References to "the nurse" can be found in the Talmud and in the Old Testament, although the role of the nurse in these references is not clearly defined. The nurse in these texts was probably more similar to the wet nurse than to someone who cared for the sick.

> And Deborah, Rebekah's nurse died, and she was buried under an oak below Beth-el: so the name of it was called Allon-bacuth. (Gen. 35:6–8, Revised Standard Version of the Bible)

Over the centuries, the word "nurse" has evolved to refer to a person who tends to the needs of the sick. Florence Nightingale, in her *Notes on Nursing: What It Is and What It Is*

Not, described the nurse's role as one that would "put the patient in the best condition for nature to act upon him" (Nightingale, 1954, p. 133), a definition that often is quoted today.

In the past, nurses undoubtedly were more concerned about carrying out their responsibilities than about defining the role of the nurse. Through the years, we have seen the concept of the nurse grow and evolve from the nurse as mother, nourishing and nurturing children, to the nurse, without specific reference to gender, with responsibilities encompassing ever-expanding and challenging services to people needing health care.

Not surprisingly, the development of nursing as a profession, the defining of its role and language for society, and the placing of it among other attractive careers has been inextricably tied to the role of women in society at various times in history, and to the forces that have had an impact on society. If we are frustrated at what appears to be the slow development of nursing as a profession, we need to remember that it was 1916 when Margaret Sanger opened the first birth control clinic in the United States. And not until 1919, after 40 years of campaigning, were women in the United States granted the right to vote, through the 19th Amendment to the Constitution.

Distinguishing Nursing From Medicine

The formulation of clear and concise definitions of nursing also has been hampered by the lack of an obvious distinction between nursing and medicine. For example, it is not unusual to hear a prospective nursing student say, "I've always been interested in the medical field, so I decided to go into nursing." Something of an interdependence exists between medicine and nursing, and they have somewhat paralleled one another in historical development. However, anyone who has been involved in the profession of nursing for any period of time will be quick to assure you that distinct differences exist.

The primary differences between nursing and **medicine** are the purpose and goal of each profession, and the education needed to fulfill each role. Although the situation is much changed today, we must acknowledge that historically medicine has been perceived as a profession for men and nursing as a profession for women.

We can dismiss these stereotypes today, but they had an influence on the development of both professions. Finally, the subservient role of the nurse in relationship to the physician in the past—often referred to as the handmaiden of the physician—has been significant in shaping the definition of nursing.

In general, medicine is concerned with the diagnosis and treatment (and cure, when possible) of disease. Nursing is concerned with caring for the person in a variety of health-related situations. The caring aspects of nursing are well documented in nursing literature (Benner & Wrubel, 1989; Bevis & Watson, 1989; Carper, 1979; Watson, 1979). We think of medicine as being involved with the cure of a patient and nursing with the care of that patient. The role of the nurse in patient care (today we often refer to this as client care) also involves teaching about health and the prevention of illness, and caring for the ill individual. It also may encompass case management and is increasingly being practiced outside the walls of acute care facilities. Nursing takes place in the community and the home, in hospice centers, ambulatory care environments, schools and day care centers, and rehabilitation facilities. In all environments, nurses play a key role in promoting higher standards of health.

With advancing technology in the health care fields, the diverse areas of specialization, the different routes to educational preparation, and the distinct practice settings and roles occupied by the nurse, it is critical that nurses provide clear information for themselves and for the public. To state that you are a registered nurse (RN) says little about what you do. It conveys nothing about where you are employed or your educational background. For example, as an RN, you might be employed in a community hospital or in a long-term care facility; you might have a significant role in a critical care unit; you might have earned additional credentials and be working in advanced practice; or you might be a nurse educator.

Thus, you can see that the words "nurse" and "nursing" have been applied to a wide variety of health care activities, in many different settings, performed by people with a variety of different educational backgrounds. The old adage "A nurse, is a nurse, is a nurse" is out of place in a highly technical health care delivery system that struggles to keep "high touch" and "high tech" compatible.

The Effect of Technology on the Definition of Nursing

Technologic advances have significantly affected the definition of nursing and the role of the nurse; the methods by which care is delivered have been reshaped significantly. The acute care hospital provides care to patients who are much more acutely ill and who are diagnosed with conditions from which they would not have survived 25 years ago. Today, recovery is anticipated after careful evaluation and treatment that can require diagnostic procedures (eg, angiography, sonography, or tomography), delicate medical procedures, and specialized critical care nursing that requires a host of variously prepared health care providers. Critical thinking skills are essential to the successful performance of the diverse tasks expected of a nurse. Nurses in many positions have been required to assume ever-greater levels of responsibility. Only recently are nurses beginning to receive the official authority, autonomy, and recognition that should accompany those responsibilities.

Definitions of Nursing Theorists

Many would expect that any definition of nursing must indicate that it is both an art and a science. It is an art in the sense that it is composed of skills that require expertise, adeptness, and proficiency for their competent execution. It is a science in the sense that it requires systematized knowledge derived from observation, critical thinking, study, and research. As nursing has grown into a profession, many nursing theorists developed definitions of nursing consistent with their conceptual frameworks. Table 5-1 presents the definitions of some of the theorists.

In 1958, Virginia Henderson, a nurse educator, author, and researcher, was asked by the nursing service committee of the International Council of Nurses to describe her concept of basic nursing. Hers is still one of the most widely accepted definitions of nursing:

> The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible. (Henderson, 1966, p. 15).

TABLE 5-1. DEFINITIONS OF NURSING BY MAJOR THEORISTS

THEORIST	MAJOR THEME	DEFINITION
Florence Nightingale (1859)	Environment/Sanitation	The goal of nursing is to put the patient in the best condition for nature to act upon him, primarily by altering the environment.
Hildegard Peplau (1952)	Interpersonal process	Nursing is viewed as an interpersonal process involving interaction between two or more individuals, which has as its common goal assisting the individual who is sick or in need of health care.
Faye Abdellah (1960)	Nursing problems	Nursing is a service to individuals, families, and society based on an art and science that molds the attitudes, intellectual competencies, and technical skills of the individual nurse into the desire and ability to help people cope with their health care needs, and is focused around 21 nursing problems.
Ernestine Wiedenbach (1964)	Nursing problems model	Nursing is a helping, nurturing, and caring service rendered with compassion, skill, and understanding, in which sensitivity is key to assisting the nurse in identifying problems.
Virginia Henderson (1966)	Development/Needs	Nursing's role is to assist the individual (sick or well) to carry out those activities . . . he would perform unaided if he had the necessary strength, will, or knowledge.
Myra Levine (1969)	Conservation and adaptation	Nursing means the nurse interposes her/his skill and knowledge into the course of events that affect the patient. When influencing adaptation favorably, the nurse is acting in a therapeutic sense. When the nursing intervention cannot alter the course of adaptation, the nurse is acting in a supportive sense.
Ida Orlando Pelletier (1972)	Interpersonal process	Nursing's unique and independent role concerns itself with an individual's need for help in an immediate situation for the purpose of avoiding, relieving, diminishing, or curing that individual's sense of helplessness.
Jean Watson (1979–1988)	Caring	The essence and central unifying focus for nursing practice is caring, a transpersonal value. Nurse behaviors are defined as 10 carative factors. Focuses on the spiritual subjective aspects of both nurse and patient and the "caring moment" relating to the time when nurse and patient first come together (LeMaire, 2002).
Dorothy Orem (1980)	Self-care	Nursing is concerned with the individual's need for self-care action, which is the practice of activities that individuals initiate and perform on their own behalf in maintaining health and well-being.

(*continued*)

TABLE 5-1. DEFINITIONS OF NURSING BY MAJOR THEORISTS (*Continued*)

THEORIST	MAJOR THEME	DEFINITION
Dorothy E. Johnson (1980)	Systems approach	Nursing is an external regulatory force that acts to preserve the organization and integration of the patient's behavior at an optimal level, under those conditions in which the behavior constitutes a threat to physical or social health, or in which illness is found.
Imogene M. King (1981)	Open systems approach	The focus of nursing is the care of human beings resulting in the health of individuals and health care for groups, who are viewed as open systems in constant interaction with their environments.
Rosemarie Rizzo Parse (1981)	Man-Living-Health	Nursing is rooted in the human sciences and focuses on man as a living unity and as qualitatively participating in health experiences. Health is viewed as a process.
Betty Neuman (1982)	Systems approach	Nursing responds to individuals, groups, and communities, who are in constant interaction with environmental stressors that create disequilibrium. A critical element is the client's ability to react to stress and factors that assist with reconstituion or adaptation.
Sister Callista Roy (1984)	Adaptation	The goal of nursing is the promotion of adaptive responses (those things that positively influence health) that are affected by the person's ability to respond to stimuli. Nursing involves manipulating stimuli to promote adaptive responses.
Martha E. Rogers (1984)	Science of unitary man	Nursing is an art and science that is humanistic and humanitarian, directed toward the unitary human, and concerned with the nature and direction of human development.
Katharine Y. Kolcaba (1992)	Holistic theory of comfort	The immediate desirable outcome of nursing care is enhanced comfort. This comfort positively correlates with desirable health seeking behaviors.

Nursing as Defined by Organizations

Both the American Nurses Association (ANA) and the National Council of State Boards of Nursing have established definitions of nursing.

AMERICAN NURSES ASSOCIATION DEFINITIONS OF NURSING

In 1965, the ANA published the "First Paper on Education for Nursing," which identified significant aspects of nursing. It stated that "essential components of professional nursing practice include care, cure, and coordination" (ANA, 1965, p. 107). ANA incorporated yet another definition into its Social Policy Statement published in 1980, which stated: "Nursing

is the diagnosis and treatment of human responses to actual or potential health problems" (ANA, 1980, p. 9). That definition had a widespread effect, and we see its application in the language used in nursing diagnoses today.

NURSING AS DEFINED BY THE NATIONAL COUNCIL OF STATE BOARDS OF NURSING

In 1994, the National Council of State Boards of Nursing (NCSBN) again revised the Model Nurse Practice Act that was first developed in 1982 and revised in 1988. Although early publications of the Model Nurse Practice Act reflected the difficulty the committee experienced in arriving at a precise and succinct definition, the 1994 revision was clear. It stated, "The 'Practice of Nursing' means assisting individuals or groups to maintain or attain optimal health, implementing a strategy of care to accomplish defined goals, and evaluating responses to care and treatment" (NCSBN, 1994).

Legal Definitions of Nursing

The single most important part of any nurse practice act is the legal definition of nursing practice (see Chapter 7). This legal definition is critical because it provides the foundation and guidelines for education, licensure, scope of practice, and, when necessary, the basis for corrective actions against people who violate the practice act.

No state adopts the exact wording of any recommended definition, but most states include references to performing services for compensation, the necessity for a specialized knowledge base, the use of the nursing process (although steps may be named differently), and components of nursing practice. Several states include some reference to treating human responses to actual or potential health problems; this was first addressed in New York State's license law and was later incorporated in the ANA's "Nursing: A Social Policy Statement" (1980). Most states refer to the execution of the medical regimen, and many include a general statement about additional acts that recognize that nursing practice is evolving and that the nurse's area of responsibility can be expected to broaden.

Defining Nursing for the Future

As the profession grows and responsibilities change, undoubtedly we will continue to redefine and refine the definition of nursing. By being responsive to changes, nursing has become more closely aligned with professions such as law, theology, and education, in which changing practices have required greater precision and refinement of definitions of the profession.

Critical Thinking Activity

Analyze the definitions of the major nursing theorists. What concepts found in those definitions are most closely aligned with your perception of nursing? Develop your own definition of nursing and compare it to those of the theorists and to those of your classmates.

CHARACTERISTICS OF A PROFESSION

The meaning of professionalism has been a subject of debate for many years. The *Flexner Report*, issued in 1910, was one of a series of papers issued by the Carnegie Foundation about professional schools. The Flexner Report, which focused on medicine, provided the incentive for many future efforts to define and discuss the **characteristics of a profession** (Table 5-2). When nursing and nursing education were evolving in the United States, no one questioned whether nursing qualified as a **profession** or whether it was more

TABLE 5-2. CRITERIA FOR A PROFESSION

FLEXNER (1915)	BIXLER & BIXLER (1959)	PAVALKO (1971)
• Activities must be intellectual (as opposed to physical) • Activities, because they are based on knowledge, can be learned • Activities must be practical rather than academic • Profession must have teachable techniques • Must have a strong internal organization of members • Practitioners must be motivated by altruism (a desire to help others)	• Uses a specialized body of knowledge • Enlarges the body of knowledge it uses and improves its techniques of education and service by the use of the scientific method • Entrusts the education of its practitioners to institutions of higher education • Applies its body of knowledge in practical services that are vital to human and social welfare • Functions autonomously in the formulation of professional policy and in the control of professional activity • Attracts individuals of intellectual and personal qualities who exalt service above personal gain and who recognize their chosen occupation as a lifework • Strives to compensate its practitioners by providing freedom of action, opportunity for continuous professional growth, and economic security	• Work is based on a systematic body of theory and abstract knowledge • Work has recognized social value • Requires a special amount of education to attain specialization • Provides service to the public • Group has freedom to regulate and control its own work behavior (autonomy) • Members are committed toward work as a lifetime or long-term pursuit rather than a stepping stone to another profession • Members share a common identity and possess a distinctive subculture • There exists a code of ethics

occupational in nature. As a matter of fact, evidence suggests that from an early date the word "profession" was associated with nursing. Strauss (1966) gives as an example a magazine article entitled "A New Profession for Women" that appeared in 1882. The article described nursing reform, and carried with it a picture of Isabel Hampton. Strauss (1966) also refers to the writings of Lizabeth Price, published in 1892, in which nursing was discussed as a profession.

From approximately the 1950s through the 1970s or mid-1980s, nursing periodically was reviewed against the characteristics of a profession that had been established in the sociologic literature. The activities for which nurses were responsible, their autonomy, the legal ramifications of practice, and particularly the education of future nurses were subjected to the scrutiny of sociologists and nursing leaders, who found it challenging to examine nursing against **formal characteristics** of a profession.

Some critics believe that nursing falls short of meeting these criteria. Some of nursing's leaders also would claim that nursing falls short of fulfilling a professional role (Newman, 1990; Schlotfeldt, 1987). Amid these challenges, other nurses are working to advance the standing of nursing through the development of a code of ethics, standards of practice, and peer review. In light of all this discussion and work, it might be helpful to explore how those major theoretic criteria could be applied to nursing (Fig. 5-1).

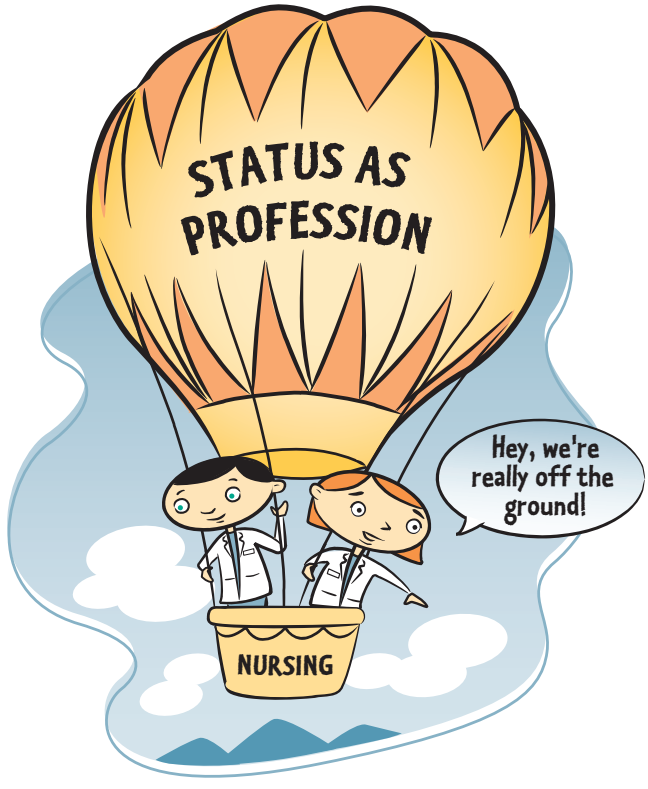

FIGURE 5-1 Some continue to question whether nursing truly can support the title of "profession."

A Body of Specialized Knowledge

A primary criticism leveled at nursing is that it has no **body of specialized knowledge** that belongs exclusively to nursing. Critics state that nursing borrows from biologic sciences, social sciences, and medical science, and then combines the various skills and concepts and calls it "nursing." Nursing leaders and theorists disagree whether nursing is a unique profession or one borrowed from other disciplines. In fact, this amalgamation and synthesis of some areas with application to another may be one of nursing's distinctive qualities. Nursing researchers also are working to develop an organized body of knowledge that is unique to nursing. Nursing theorists are challenging one another to identify and describe the general principles that govern nursing practice. (See Chapter 6 for more information on nursing theories.)

Similarly, nursing leaders are developing a language of nursing, which is discussed later in this chapter. As a result of these efforts, nursing is emerging as a profession with an established body of knowledge.

Use of the Scientific Method to Enlarge the Body of Knowledge

Critical to any profession is its ability to grow and change as the world changes. Equally important is the method by which those changes occur. Changes cannot take place in a haphazard, random, or hit-or-miss fashion; they must be well thought out. Data must be systematically gathered and carefully analyzed, the problem(s) must be correctly identified, alternative solutions must be sought, the best approach selected and implemented, and the results thoroughly evaluated. This is thought of as the **scientific method.** As a nursing student, you already recognize that this has been applied to nursing practice through the nursing process and through critical thinking. Tangible proof of this growth is the quick turnover in nursing textbooks. In a quality program, one seldom finds a clinical text in use that has not been published within the past 4 years. Accreditation criteria established for nursing programs by the national accrediting agencies require that libraries have up-to-date references and periodicals available to students either in print or through electronic reference resources. Nursing knowledge also increases because of nursing research and nursing practice. The number of nurses involved in nursing research is increasing. Journals focusing on clinical practice and the profession as a whole increasingly include news briefs or full articles reporting results of recent research affecting the practice of nursing. All of this reflects the continued growth of the body of knowledge in nursing through the use of the scientific method.

Education Within Institutions of Higher Education

Perhaps no issue in nursing has been more controversial than the education of its practitioners. Nursing's heritage, like that of medicine, was founded in apprenticeship. Students were assigned to experienced practitioners who taught the skills with which they were familiar. Once those skills were acquired, the student moved into the world of employment. Our earliest programs of education were located in hospitals rather than colleges or universities. (See Chapter 4 for more information on the history of nursing education.)

Over time, the settings in which nurses are educated have changed. Today, most nursing programs preparing RNs are located in **institutions of higher education** or collegiate settings

(at either community colleges or senior colleges or universities). Controversy over the length of nursing education programs (associate degree versus baccalaureate degree) and the "technical" aspects of patient care continues (see Chapter 6). Additionally, not all nurses today are educated in colleges and universities. Particularly in the eastern part of the United States, hospital-based programs still provide an avenue to nursing education for prospective nursing students.

Control of Professional Policy, Professional Activity, and Autonomy

Most critics reviewing professions against professional standards emphasize the ability of any group to develop its own **professional policy** and to function autonomously. Some would suggest that this is an area in which nursing always has been weak, although current health care reform may assist the profession in achieving the full autonomy it has been seeking. Historically, the nurse worked under the direction of the patient's physician, often in a hospital setting. The physician wrote the orders for medical care to be implemented by the nurse; the agency or hospital set the policies under which that care was delivered. Only in the last 50 years has nursing made significant inroads in defining the unique role of the nurse in "care" as opposed to "cure" of the patient.

Today, we see much more **professional activity** than in years past. Nurses are responsible for planning and implementing the nursing care patients receive, and nurses are also accountable for the care provided. Nursing committees establish policies and protocols. Nursing diagnosis, once challenged as an inappropriate responsibility for nurses, has become a standard of good nursing care. In some practice settings, nurses are eligible for third-party payment; that is, insurance companies reimburse them for the care they have provided. One can anticipate that this situation will continue to improve with health care reform. Although nurses still carry out the medical regimen outlined by physicians, a more collaborative relationship is beginning to occur, and the contribution of the nurse is receiving more recognition. The practice acts of an increasing number of states provide prescriptive authority to advanced practice nurses who have completed the necessary educational preparation. The number of nurses seeking preparation and working in advanced nursing practice roles is increasing.

All health care professions are changing in response to public demand. Consumers are represented on licensing and accreditation boards, protocols exist for managing conditions and situations, and fees may be established by outside groups. Society is no longer willing to give any profession total autonomy.

A Code of Ethics

A critical standard established for professions is that there exists a **code of ethics**. The general standard for the professional behavior of nurses in the United States is the ANA Code for Nurses. This document was developed by the ANA and periodically is revised to address current issues in practice, the most recent revision occurring in 2001. Similarly, the International Council of Nurses, housed in Geneva, Switzerland, has developed a code for nurses that also addresses many of the issues outlined in the ANA code. The international code sets the standards for ethical practice by nurses throughout the world. Information on both codes and more discussion regarding the ethical conduct of nurses are found in Chapter 9.

Nursing as a Lifetime Commitment

Bixler and Bixler (1945) emphasized in their list of criteria for professions that a profession should attract people of certain intellectual and personal qualities, who exalt service above personal gain and who consider their chosen **occupation** to be their life work. Pavalko (1971) also identified as a significant criterion the **lifetime commitment** members have toward work, or at least a long-term pursuit rather than a stepping stone to another profession. Studies indicate that most people who prepare for a career in nursing remain in the profession. However, the "burnout" that occurs from stress (see Chapter 11) has become an increasing concern as nurses work long hours in understaffed situations and with team members who have less educational preparation.

Most individuals who have been nurses continue to identify themselves as nurses long after they retire. Today, there is a greater likelihood that individuals who enter the profession of nursing at one educational level will continue to advance in practice and education by pursuing additional degrees (and experience). The concept of "articulation" between variously positioned degree-granting institutions is in the forefront of nursing today, with the requirement that schools work together to develop such options sometimes legislated by the state governments. Articulation is the process of advancing from one level of nursing education to the next and receiving credit for previous learning; more discussion of articulation in nursing education is found in Chapter 6.

Service to the Public

Many theorists list altruism, **service to the public**, and dedication among criteria for professions. Some suggest that altruism, or the desire to provide for the good of society, must be the worker's motivating force. Nurses have long struggled with the ambiguity that can result from this concept. Possessing a history with a strong religious heritage, the giving of oneself at all costs helped frame the image of nursing and nurses. As nursing has come of age as a profession, we have recognized that "giving away" one's services should not be considered professional. Professions such as law, medicine, dentistry, and engineering have long required ample financial compensation for services provided. Because nurses expect appropriate remuneration for services rendered does not suggest that they are less than dedicated to the patients for whom they are caring. Providing service to the public should not mean sacrificing one's financial security. Collective bargaining, once viewed as antithetical to professionalism, is becoming an acceptable method of negotiating work-related issues and for assuring economic security for a wide variety of professions, including engineers, university professors, and even physicians who work for large organizations. Greater discussion of nurses and collective bargaining is included in Chapter 12.

Critical Thinking Activity

Select one of the characteristics of a profession that you believe nursing has difficulty meeting. Describe the actions that you believe should occur in the profession that would result in the profession fully meeting that criterion. How would you go about implementing those actions?

DIFFERENTIATING BETWEEN THE TERMS "PROFESSION" AND "PROFESSIONAL"

Nursing involves activities that may be performed by many different caregivers. These people include nursing assistants, practical (vocational) nurses, and RNs prepared for entry into nursing through any of several educational avenues (see Chapter 6). Each of these caregivers contributes to nursing as a profession. To meet the nursing needs of the public, it is essential that caregivers function at various levels of practice. This has led to confusion about the use of the terms **profession** and **professional.** Is there a difference between looking at the practice of nursing in its totality and the "professional" practice of nursing?

Legislated Definitions

In at least one instance, federal legislation has helped to establish a list of the characteristics of a professional. Public Law 93-360 (Labor Management Relations Act, 1947 [amended, 1959, 1974]), which governs collective bargaining activities, defines the professional employee as follows:

> (a) any employee engaged in work (i) predominantly intellectual and varied in character as opposed to routine mental, manual, mechanical, or physical work; (ii) involving the consistent exercise of discretion and judgment in its performance; (iii) of such a character that the output produced or the result accomplished cannot be standardized in relation to a given period of time; (iv) requiring knowledge of an advanced type in a field of science or learning customarily acquired by a prolonged course of specialized intellectual instruction and study in an institution of higher learning or a hospital, as distinguished from a general academic education or from an apprenticeship or from training in the performance of routine mental, manual, or physical processes; or
> (b) any employee, who (i) has completed the courses of specialized intellectual instruction and study described in clause (iv) of paragraph (a), and (ii) is performing related work under the supervision of a professional person to qualify himself to become a professional employee as defined in paragraph (a).

Based on this definition, all RNs are considered professionals.

Popular Views of a Professional

A popular view of a professional involves the approach a person has to the role that is required. Most professionals approach their activities earnestly, strive for excellence in performance, and demonstrate a sense of ethics and responsibility in relationship to their careers. Such people consider their work a lifelong endeavor rather than a stepping stone to another field of employment. They place a positive value on being termed professional, and perceive being termed nonprofessional or technical as an adverse reflection on their status, position, and motivation. Using this definition, we again find that it would apply to all RNs.

Certain people suggest that professionalism has a great deal to do with attitude, dress, conduct, and deportment. The attributes that are considered professional vary according to the personal values and stereotypes of the person doing the evaluating. For example, an early concept of the "truly professional" nurse was that of a person dressed in a starched white uniform and cap, whose hair was off her collar, and whose shoes were freshly polished. Some individuals would continue to support this concept of the "professional nurse." Others might perceive the "professional nurse" as one who consistently maintains appropriate boundaries with clients, who focuses on the needs of others, and who is tactful and skillful in interview techniques.

Other Definitions

The sociologic and legal definitions are much more restrictive than the popular concept associated with the term "professional." A communication block can result from people's using the term in different ways. When one person is using a restrictive, sociologic definition and the other person responds from a standpoint of personal belief and feeling, agreement is almost impossible. Styles offers a refreshing approach. She has used the word *professionhood* rather than professionalism and suggests that nurses would be better served by a set of internal beliefs about nursing (that force us to pay attention to our own image as the dominant figure) than by a set of external criteria about professions (Styles, 1982).

THE IMAGE OF NURSING TODAY

During the late 1970s and early 1980s, much time and energy were invested in studying the **image** of nursing, with much of this work done by Beatrice and Philip Kalisch, who have written prolifically about the topic. Their writing focuses on segments of an overall study of the image of the nurse in various forms of mass media, including radio, movies, television, newspapers, magazines, and novels. They believe that popular attitudes and assumptions about nurses and what nurses contribute to a patient's welfare can greatly influence the future of nursing. It is their contention that since the 1970s, the popular image of the nurse not only has failed to reflect changing professional conditions, but has been based on derogatory stereotypes that have undermined public confidence in and respect for the professional nurse. Nurses should be concerned about negative or incorrect images because such images can influence the attitudes of patients, policy-makers, and politicians (Fig. 5-2). Negative attitudes about nursing also may discourage many capable prospective nurses, who will choose another career that offers greater appeal in stature, status, and salary. This issue is of great concern today as the shortage of nurses promises to become severe (see discussion of the nursing shortage later).

Television and Motion Pictures

An important source of information in this country is television and motion pictures. From studying nurses on television, Kalisch and Kalisch found that nurses often had no substantive role in the television stories they investigated, with nursing being a part of the hospital background in programs that focused on physician characters. The role of the physician was viewed

as more important and physicians scored high on such attributes as ambition, intelligence, rationality, aggression, self-confidence, and altruism. When a nurse was the focus of a program, the story line involved the nurse's personal problems, rather than her role as a nurse. The nurse often was portrayed as the "handmaiden" to the physician, and scored high on such attributes as obedience, permissiveness, conformity, flexibility, and serenity. It is interesting to note that nurses ranked lower than physicians on such items as humanism, self-sacrifice, duty, and family concern, all of which are values traditionally ascribed to nurses (Kalisch & Kalisch, 1982a). This may be changing as a result of programs introduced in the 1990s such as "ER" and "Chicago Hope," which depict nurses as responsible decision-makers.

Kalisch and Kalisch found a rise and fall in the image of nurses in motion pictures, with the high point occurring during the war years of the 1940s and the low point occurring in the 1970s, when the nursing profession was denigrated and satirized in many films. Because the largest proportions of moviegoers each year are adolescents, the image of nurses in movies will have an impact on the attitudes of students who are prospective nurses. The earlier, positive images of nurses usually came from films that were biographies of outstanding nurses, such as Sister Kenny, who worked with polio patients, or Edith Cavell, a World War I heroine (who was discussed in Chapter 4). For a time, the nurse-detective was a popular character in films; such nurses were portrayed as intelligent, perceptive, confident, sophisticated, composed, tough, and assertive. During the 1970s, however, nurses often were portrayed as malevolent and sadistic (eg, the roles of Nurse Ratched in *One Flew Over the Cuckoo's Nest* and Nurse Diesel in *High Anxiety*). This was the lowest point for the image of

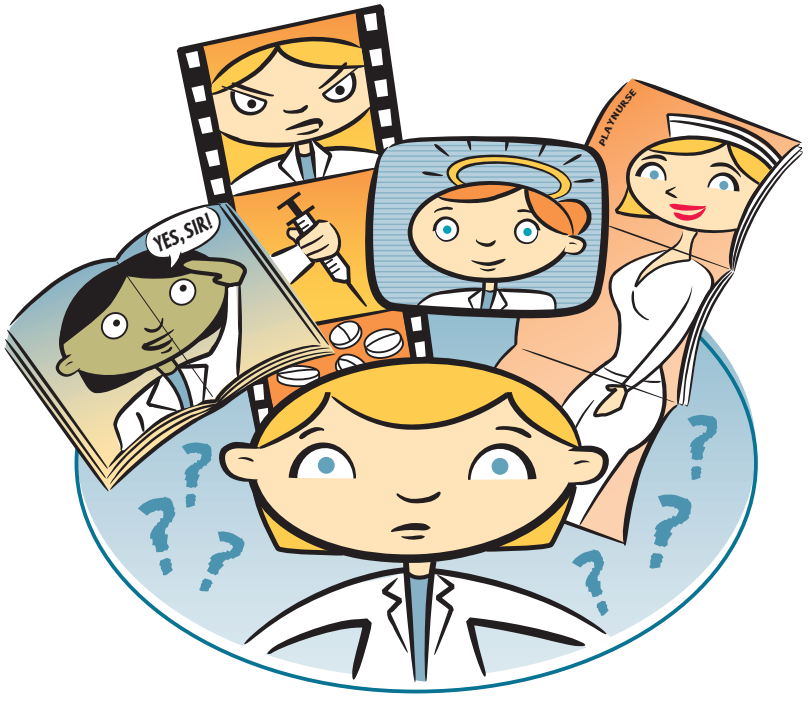

FIGURE 5-2 Nurses should be concerned about negative or incorrect images because these are sure to influence the attitudes of patients, policy makers, and politicians.

nurses in the history of film; nurses in film were lacking in such values as duty, self-sacrifice, achievement, integrity, virtue, intelligence, rationality, and kindness. Few films centered on the individual achievement or personal autonomy of the nurse. When compared with the physician's role, the nurse's role was portrayed as less important (Kalisch & Kalisch, 1982b). There is hope that this trend is reversing. The film *The English Patient*, which received the Oscar as Best Picture of the Year in 1997, added credibility to the role of the nurse by portraying the nurse character as caring, thinking, and involved.

The Image of the Nurse in Print

To study the image of nursing in novels, Kalisch and Kalisch analyzed 207 books. As with film and television, they found that the nurse in the novel was almost always female, single, childless, white, and younger than the age of 35. (The actual average age of nurses in the U.S. is 44.)

Because nurses almost always were depicted in novels as women, traditional female roles (ie, wife, mistress, mother) were emphasized. Three nurse stereotypes have resulted: the nurse as man's companion, the nurse as man's destroyer, and the nurse as man's mother or the mother of his children. The man in the novel is often a physician. Novelists of the 1970s and 1980s often maligned their nurse characters, ignoring the nurses' professional motivations and health care perspectives (Kalisch & Kalisch, 1982c).

Muff (1988) analyzed feminine myths and stereotypes and has elaborated on nursing stereotypes. After reading books about nurses written for school-aged children (eg, Cherry Ames, Sue Barton, Kathy Martin, and Penny Scott), she drew the following conclusions:

- Nursing is described as glamorous.
- Medicine and nursing are imbued with a sense of mystery and elitism.
- Nursing is simplistic.
- Nurses move from job to job.
- Nurses are subservient and deferential, following orders, and running errands.

All of the nurses in these books were educated in hospital-based diploma programs, earning the "RN" only after hours of hospital service, even though the Martin and Scott series were both written in the 1960s.

Muff (1988) also examined the role of the nurse as it is captured in the romance novel. In many instances, appearances (eg, the color and condition of the nurse's hair) were most important, and the nurse was portrayed as a "pure" girl, dressed in white, whose main aim was to get a man, usually a doctor. Women who were not looking for husbands were in nursing for altruistic reasons, and duty and self-sacrifice were glamorized. Muff also found that the image of the nurse in the novel usually could be placed into one of the following categories: ministering angels, handmaidens, battle-axes, fools, and whores. She stated that the stereotypes of nursing presented in television and film also usually fit one of these categories. When reviewing the nurse image on get-well cards, she had to add a new category, that of "token torturer."

Only newspapers and newsmagazines tended toward realism rather than fantasy. News articles examined the shortage of nurses, discussing reasons for it (such as working conditions, salaries, benefits, and hardships). Special feature articles also provided information about new or unique nursing roles, such as those of nurses in Vietnam. With the outbreak of war in the Middle East in 1991, nurses received positive recognition by the media. Nurses

serving in reserve status with branches of the military were among the first called up when the conflict began. As our society recognizes the need to honor women as well as men for their contributions, nurses are often singled out for special recognition—especially during wartime. (See Chapter 4 for discussion of recognition honoring nurses.) Nurses also received recognition for their efforts to assist the wounded during the September 11, 2001 attack on the twin towers of New York's World Trade Center.

As we moved into the 1990s, it was hoped that the image of nursing would improve; to some extent that has been true. Suzanne Gordon, a journalist who is not a nurse became interested in the profession and has written about nurses and nursing. In *Life Support: Three Nurses on the Front Lines*, she realistically captures the challenges to the profession and addresses concerns about the undermining of nursing and of patients' healing through a health care system that is replacing caring with profit margins. However, the books have received more attention from nurses than from the people who most need to read them. In 1999, *Wit*, a play written by first-time playwright Margaret Edson after leaving a unit clerk job in a cancer research hospital, opened on Broadway. In this play, the nurse is the hero (Gordon, 1999).

In 1997, the University of Rochester conducted a study of nurses in the media, titled the *Woodhull Study on Nursing and the Media: Health Care's Invisible Partner*. It was named for Nancy Woodhull, the founding editor of *USA Today*, who became concerned about the lack of media coverage of nurses when she received care for lung cancer, which claimed her life in 1997. Commissioned by Sigma Theta Tau International, the study analyzed health care media coverage occurring in a single month. It examined more than 20,000 articles for content, of which 2,500 health care-related articles were studied in depth. The study found that nurses are "virtually invisible in media coverage of health care." It further found that "The few references to nurses or nursing were mostly in passing, with no in-depth coverage" (Sieber et al, 1998).

Although some might argue that nurses have better things to do than to worry about how the nurse is portrayed in the media, a consistently misrepresented image can negatively affect how the public views nurses. Therefore, nurses have responded to television advertisements or programs that portray nurses and nursing in a negative light with letters and telephone calls. Boycotts on the purchase of products that present nurses poorly in advertisements have proved to be an effective way to bring about change. In addition, various nursing organizations have waged campaigns to enhance the image of nursing by emphasizing nursing as a prestigious, desirable, and respected career.

Following the Woodhull Study, the ANA initiated a program titled "RN = Real News," which was a media outreach program to showcase nurses as experts in the area of health care. This initiative included a media speaker program and a media-training tool to help nurses gain the basic skills and confidence necessary for dealing effectively with the media (Stewart, 1999).

NURSING'S IMAGE AND THE NURSING SHORTAGE

Currently we are experiencing a serious **nursing shortage** that promises to become much worse before it gets better. For example, in a survey of 715 hospitals conducted in spring 2001 by the American Hospital Association, there were as many as 126,000 unfilled registered nursing positions nationwide (Trossman, 2002). The shortage is expected to reach serious

proportions by 2010, when the gap will widen between the supply of and the requirement for registered nurses (Geolot, 2000). Authorities believe that the current shortage is not like previous shortages and that extraordinary means will need to be taken to reverse it.

A number of factors are suggested as contributing to the shortfall of registered nurses. First of all, nurses are getting older. In the United States, the average age of a nurse is 44, with many anticipating retirement within the next decade (Meade, 2002).

Another concern centers around the fact that members of the baby boom generation are beginning to enter their senior years, thus increasing the need for nurses in the health care system.

However, a factor that demands serious consideration relates to the fact that nursing has always been a female-dominated profession. Women today have more educational and occupational alternatives. Many other careers may seem more attractive than nursing in terms of the salary commanded, the working conditions, and the prestige given to the role. This has been realized by an overall dropping enrollment in nursing programs throughout the United States during the 1990s.

The shortage is of such import that various groups that command respect for their work have decided to study the issue or take action to try to encourage more individuals to study nursing. The Robert Wood Johnson Foundation funded a study with findings released in 2002. They recommended that a National Forum to Advance Nursing be created that would draw together a wide range of individuals affected by the shortage. The Forum would focus on helping nursing achieve higher standing as a profession. The Foundation has suggested that the Forum would focus efforts in several strategic areas that include:

- Creating new nursing models to address the shortage, study nursing's contribution to health care outcomes and create new models of health care provision.
- Reinventing nursing education and work environments to address the needs and values of and appeal to a younger generation of nurses.
- Establishing a national nursing workforce measurement-and-data collection system.
- Creating a clearing house of effective strategies to facilitate cultural change within the profession (Robert Wood Johnson Foundation, 2002).

In February 2002, Johnson & Johnson launched its "Campaign for Nursing's Future." In this program, they planned to spend $20 million during a 2-year period to attract more individuals to nursing. The campaign included television advertisements, a Web site (*http://discovernursing.com*), recruitment brochures, and posters and videos directed toward high-school-age individuals.

Health care organizations in collaboration with state nurses associations have created similar projects in local television markets. The sponsors of all these efforts hope that this will result in increased enrollment in nursing programs. In 2001, Nurses for a Healthier Tomorrow, a coalition of health care and nursing organizations, launched a new recruitment campaign to bring people into nursing. Their activities included a 30-second public service announcement, establishment of a Web site, and the development of posters and recruitment materials.

Another factor affecting the nursing supply is the limited number of spaces in nursing programs. As recently as 1993, a Pew report identified an excess of nurses and recommended that some nursing programs be closed (O'Neill, 1993). Because nursing education is costly, most educational institutions have not increased the size of their programs in the past

decade. As applications increase, further efforts will be needed to increase the number of individuals who can be admitted.

To provide advice and recommendations to the Secretary of Health and Human Services and Congress on policy matters relating to the nursing workforce, the National Advisory Council on Nurse Education and Practice (NACNEP) was established. In 2001, this group focused on the shortage of nurses in practice; at its spring 2002 meeting, NACNEP addressed the shortage of nursing faculty.

As all areas employing nurses feel the effect of the shortage, serious concern has been voiced by educational institutions and organizations supporting educational efforts, such as the National League for Nursing, regarding the supply of educationally prepared nursing faculty. Again, in conjunction with Johnson & Johnson, scholarships have been made available in some geographic areas to nurses who would consider faculty positions.

Another aspect of the nursing shortage is the retention of current nurses. Some states have identified that there are a large number of RNs not currently working in the profession. Many experts have pointed to working conditions such as mandatory overtime, heavy workloads, and lack of respect in the workplace as reasons for people leaving. The ANA is focusing on actions that will improve the work environment and thus increase retention as means of addressing the nursing shortage.

How this will all play out is yet to be seen. Certainly, at no time in recent history has the need for nurses been more critical and the supply so limited.

Critical Thinking Activity

Interview five of your friends who are not nurses. What is their image of nursing? What do they understand of the role of the nurse? Do they view nursing positively? What recurrent information is mentioned?

STUDIES FOR AND ABOUT NURSING

Early in the 20th century, the quality of many nursing schools and their graduates was poor; many of Florence Nightingale's admonitions regarding nursing education had been forgotten. Nurses, doctors, friends, and critics of nursing became concerned that the preparation being offered was inadequate. Before the problem could be corrected, it was necessary to learn more about the programs and how nurses were being used in the employment market. To accomplish this, **studies about nursing** and nurses were initiated.

We recognize that many students in nursing are not excited by studies, especially not by those conducted years ago. However, we hope that when you have finished reading this section of the textbook, you will have gained an appreciation of the enduring effort made by nurses and interested colleagues to gain a greater understanding of the profession, with the goal of improving the profession and thus the care provided to the public. As you read you will, no doubt, recognize some recurring themes with which we continue to grapple today. Our discussion is limited to those studies that looked at the profession as a whole and does not

include any of the myriad studies conducted each year, primarily clinical in focus, that form the basis for evidence-based practice and for the expansion of the body of nursing knowledge.

Although the first nursing studies were not begun until the early 1900s, the number of studies since the 1950s has been voluminous. It is impossible to look at any professional nursing publication and not find mention of some new study in progress. Efforts were made to classify and catalog references to these studies and to report them. One of the first was completed by Virginia Henderson, who prepared *A Nursing Studies Index*. In 1952, a group of nurses, under the sponsorship of the Association of Collegiate Schools of Nursing, launched a new journal called *Nursing Research*, which was designed to disseminate information about nursing research.

A single individual often conducted many of the early studies, with a particular purpose in mind. Through the years, studies often took the form of a "report" by a special group of individuals, often appointed by a governmental or professional agency. Although by no means inclusive of all studies and reports, Table 5-3 highlights some of the major significant studies of nursing that have provided benchmarks to the profession. Following is a discussion of some of the major studies and their impact on nursing.

Early Studies

One of the earliest nursing studies was carried out under the guidance of M. Adelaide Nutting in 1912. Published by the U.S. Bureau of Education, it was entitled *The Educational Status of Nursing*. The study investigated what and how nursing students were taught, and under what conditions students lived. Although it did not receive the attention it probably deserved, it began to establish nursing as a profession, suggesting that schools of nursing be independent from hospitals and leading the way to more studies.

The Winslow-Goldmark Report, sometimes called the Goldmark Report, followed in 1923. It was also referred to as *The Study of Nursing and Nursing Education in the United States* (Winslow-Goldmark Report, 1923) and was the work of a committee composed of physicians, nurses, and lay people. The report focused on the preparation of public health nurses, teachers, administrators, the clinical learning experiences of students, and on the financing of schools. Subsequently, the Yale University School of Nursing and the Vanderbilt University School of Nursing were established, funded by an endowment from the Rockefeller Foundation.

A three-part study, sponsored by the Committee on the Grading of Nursing Schools (a 21-member group of representatives from many nursing and medical professional organizations), was conducted between 1928 and 1934. The first part, which was socioeconomic in nature, was entitled *Nurses, Patients, and Pocketbooks*. It attempted to determine if there was a shortage of nurses in the United States. The second part, *An Activity Analysis of Nursing*, examined those nursing activities that could be used as a basis for improving the curricula in nursing schools. The third part, *Nursing Schools Today and Tomorrow*, described the schools of the period and made recommendations for professional schools.

In 1932, the National League for Nursing Education (later to become the National League for Nursing) conducted its first study, a comparative study of the bedside activities of graduate and student nurses. The study indicated that nursing care should be given by graduate nurses rather than students, and provided information about the number of tasks assigned to nursing students that had nothing to do with acquiring a nursing education.

TABLE 5-3. MAJOR STUDIES ABOUT NURSING

DATE	NAME OF STUDY	PRIMARY INVESTIGATOR/SPONSOR	FOCUS AND RECOMMENDATION
1912	*The Educational Status of Nursing*	M. Adelaide Nutting/U.S. Bureau of Education	What and how students were being taught and conditions under which they were living. Began to establish nursing as a profession.
1923	*Winslow-Goldmark Report on Nursing and Nursing Education in the United States*	Josephine Goldmark/ Rockefeller Foundation	The educational preparation of students including public health nurses, teachers, and supervisors. It pointed out fundamental faults in hospital training schools and resulted in the establishment of the Yale University School of Nursing.
	Committee on the Grading of Nursing Schools—a 3-part study	Francis Payne Bolton and contributions of thousands of nurses	
1928	*(1) Nurses, Patients, and Pocketbooks*	May Ayres Burgess/ statistician	An inquiry into the supply and demand for nurses. Demonstrated that there was an oversupply of nurses.
1934	*(2) An Activity Analysis of Nursing*	Ethel Johns and Blance Pfefferkorn	Looked at the activities that constitute nursing as a basis for improving curricula
1934	*(3) Nursing Schools Today & Tomorrow*	Ethel Johns	Described the nursing schools of the period and made recommendations about professional schools.
1937	*A Curriculum Guide for Schools of Nursing*—not truly a study of nursing, but often referred to as one because of its far reaching effects	National League for Nursing Education	A revision of a 1917 publication, it outlined the curricula for a 3-year course, emphasizing sound educational teaching procedures. Followed by many schools of the time.
1948	*Nursing for the Future*	Esther Lucille Brown/ Carnegie Foundation, the Russell Sage Foundation, and the National Nursing Council	Done to determine society's need for nursing. Described inadequacies in nursing schools. Resulted in recommendations that nursing education be placed in universities and colleges and encouraged recruitment of large numbers of men and members of minority groups into nursing schools.
1948	The Ginzberg Report or *A Program for the Nursing Profession*—a report of the discussions of the Committee on the Functions of Nursing	Eli Ginzberg/Columbia University	Reviewed problems centering around the shortage of nurses. Recommended that nursing teams consisting of variously educated nurses be developed.
1950	*Nursing Schools at the Mid-Century*	Margaret Bridgman/ National Committee for the Improvement of Nursing Services—Russell Sage Foundation	Studied the practices of more than 1000 nursing schools (including organization, costs, curriculum, clinical resources, and student health) and stimulated improvement in baccalaureate schools.

(*continued*)

TABLE 5-3. MAJOR STUDIES ABOUT NURSING (*Continued*)

DATE	NAME OF STUDY	PRIMARY INVESTIGATOR/SPONSOR	FOCUS AND RECOMMENDATION
1955	*Patterns of Patient Care*	Francis George and Ruth Perkins Kuehn/University of Pittsburgh	Assessed the amount of nursing service needed by a group of medical/surgical patients and determined how much of that care could be delegated to nursing aides and other nonprofessional people
1958	*Twenty Thousand Nurses Tell Their Story*	Everett C. Hughes/ANA and American Nurses Foundation	Looked at nurses, what they were doing, their attitudes toward their jobs, and job satisfaction. Formed basis for development of nursing functions, standards, and qualifications.
1959	*Community College Education for Nursing*	Mildred Montag/Institute of Research and Service in Nursing Education—Teachers College, Columbia University	Reported the findings of a 5-year study of eight 2-year nursing programs. Led to the establishment of more associate degree programs
1963	*Toward Quality in Nursing: Needs and Goals*	W. Allen Wallis—Consultant Group on Nursing—a panel of nurses in the health field/U.S. Public Health Service	A report requested by the U.S. Surgeon General to determine funding priorities. Advised on the need for nurses, recruitment concerns, need for nursing research, and improvement of nursing education.
1970	*An Abstract for Action* (a report of the National Commission on Nursing and Nursing Education)	Jerome Lysaught/ANA, ANF, NLN, Mellon and Kellogg Foundations	Looked at current practices and patterns of nursing. Suggested joint practice committees, master planning for nursing education, funding for nursing education and research.
1979	*The Study of Credentialing in Nursing*	Inez Hinsvark/ANA	A review of credentialing—especially of nursing. Resulted in the appointment of a Task Force. Supported a freestanding credentialing center for nursing.
1983	*National Institute of Medicine Study*	Katherine Bauer/DHHS	Required by the Nursing Training Act of 1979, determined the need for continued outlay of federal money for nursing education. Resulted in 21 specific recommendations. Found that the shortage of nurses of the 1960s and 1970s no longer existed, that federal support of nursing education should focus on graduate study, and that the federal government should discontinue efforts to increase ''generalist nurses.''
1988	*Secretary's Commission on Nursing*	Lillian Gibbons/DHHS	Responded to serious nursing shortage. Validated the shortage. Recommended increased financial support of education and improved status and working conditions for nurses.
1990	*Secretary's Commission on the National Nursing Shortage*	Caroline Burnett/DHHS	Appointed for 1 year to advise on implementation of 1988 report. Had three main foci: recruitment and retention, restructuring of nursing service, and use of nursing personnel and information systems.

TABLE 5-3. MAJOR STUDIES ABOUT NURSING (*Continued*)

DATE	NAME OF STUDY	PRIMARY INVESTIGATOR/SPONSOR	FOCUS AND RECOMMENDATION
1991	*Report of the National Commission of Nursing Implementation Project (NCNIP)*	Vivian De Back/ANA, NLN, AACN, AONE, Kellogg Foundation	Looked at nursing education, practice, management and research, and developed recommendations for the future of nursing
1993	*Health Professions Education for the Future*	E.H. O'Neill/Pew Health Professions Commission—Pew Charitable Trusts	Reinforced the belief that the education of health professions was not adequate to meet the health needs of America. Identified competencies for 2005 and emphasized the need for nurse-midwives, nurse practitioners, and the role of nurses in health promotion.
1995	*Reforming Health Care Workforce Regulation*	Pew Health Professions Commission	Had as its mission assisting schools preparing health professionals to understand the changing nature of health care, the needs for the future, and how to design and implement the programs preparing these workers. Recommended reform of the licensing process, specifically elimination of exclusive scopes of practice.

The last of the early nursing studies that we mention was not really a study, but often is referred to as one because of its far-reaching impact. *A Curriculum Guide for Schools of Nursing*, published in 1937, was a revised version of a document published in 1917. It outlined the curricula for a 3-year course, emphasizing sound educational teaching procedures. It was read and followed by many schools that were operating programs at that time.

Midcentury Studies

By the 1950s, studies about nurses and nursing were numerous and dealt with many aspects of the profession. Only a few of the more significant studies are mentioned here.

Of particular significance was a study published in 1948 entitled *Nursing for the Future*. Conducted by Esther Lucille Brown, a social anthropologist, the study is also known as the Brown report. Funded by the Carnegie Foundation, the study was done to determine society's need for nursing and nurses, and recommended higher education for nurses. It prompted serious examination of professional education and pointed out weaknesses in the existing educational programs. The investigators recommended that basic schools of nursing be placed in universities and colleges, and encouraged the recruitment of large numbers of men and minorities into nursing schools. This report set the stage for studies of nursing education that followed in the 1950s and 1960s, and for recommendations that were to continue into the 21st century.

The Ginzberg report was published the same year. A report rather than a study, it reviewed problems centering on the current and prospective shortage of nurses. The conclusions and recommendations were published in the book entitled *A Program for the Nursing*

Profession. The report recommended that nursing teams consisting of 4-year professional nurses, 2-year registered nurses, and 1-year practical nurses be developed. This would ease the nursing shortage by enabling each member of the team to function in the role for which he or she was educationally prepared. Today we continue to struggle with the utilization of graduates according to their educational preparation.

In 1958, a study entitled *Twenty Thousand Nurses Tell Their Story* was published. It was part of a 5-year research project that was conceived by the ANA and financially supported by nurses throughout the country. The study looked at nurses, what they were doing, their attitudes toward their jobs, and their job satisfaction. As a result, nurses learned a great deal about themselves.

Another significant study was initiated by Mildred Montag and was published in 1959. This study on *Community College Education for Nursing* resulted in the establishment of associate degree nursing education (see Chapter 6).

Significant Studies of the 1960s and 1970s

In 1961, the Surgeon General of the U.S. Public Health Service appointed a 25-member panel called the Consultant Group of Nursing. This group was to advise him on nursing needs and identify the role of the federal government in assessing nursing services to the nation. In 1963, this group presented a report entitled *Toward Quality in Nursing*, which recommended a national investigation of nursing education that would place emphasis on the criteria for high-quality patient care.

After publication of *Toward Quality in Nursing*, the ANA and the NLN appropriated funds and established a joint committee to study ways to conduct and finance a national inquiry of nursing education. Later, the study was expanded to reflect on probable requirements in professional nursing that would occur over several decades to come, and to examine changing practices and educational patterns of the present time. Financing was obtained from the American Nurses Foundation, the Kellogg Foundation, the Avalon Foundation, and an anonymous benefactor. To conduct the study, the National Commission for the Study of Nursing and Nursing Education was set up as an independent agency and functioned as a self-directing group. The 12 commissioners were chosen for their broad knowledge of nursing, for their skills in related disciplines, or for their competencies in relevant fields, with no commissioner representing a particular interest group or position.

The study focused on the supply and demand for nurses, nursing roles and functions, nursing education, and nursing as a career. The commission found it necessary not only to examine these key concerns but also to relate these issues to the social system that provides care to the public.

The final report of the commission, *An Abstract for Action*, was published in 1970. It included 58 specific recommendations and concluded with four central recommendations. It also listed three basic priorities: (1) increased research on both the practice and education of nurses; (2) enhanced educational systems and curricula based on research; and (3) increased financial support for nurses and for nursing (National Commission, 1970).

In 1973, a progress report from the National Commission for the Study of Nursing and Nursing Education concerning the implementation of the recommendations of the original report was published under the title *From Abstract into Action*. The commission believed that

it was imperative that nursing achieve the goals established in the recommendations so that nursing could emerge as a full profession and could assist in providing optimal health care for this country.

Studies of the 1980s

One of the major studies of nursing conducted in the 1980s was that of the National Commission on Nursing. This group was composed of 30 commissioners from disciplines such as nursing, hospital management, business, government, education, and medicine—all of whom were concerned about the current nursing-related problems in the health care system, especially the apparent shortage of nurses. The American Hospital Association, Hospital Research and Educational Trust, and the American Hospital Supply Corporation sponsored the commission. The group began its work in September 1980 and focused on areas that dealt primarily with the environments in which nurses worked, the relationship between nursing education and nursing practice, nursing issues, and the status of nursing as a profession (National Commission on Nursing, 1981). After systematically examining and evaluating data from a wide variety of sources and holding open forums to gain input, the final recommendations were published in 1983. Although the findings and recommendations are too lengthy to be included in this chapter in their entirety, it is important to mention the five major categories of issues identified by the study (National Commission on Nursing, 1981, p. 5):

1. The status and image of nursing, which includes changes in the nursing role
2. The interface of nursing education and practice, including models of education for preparing to practice
3. The effective management of the nursing resource, including such factors as job satisfaction, recruitment, and retention
4. The relationship among nursing, medical staff, and hospital administration, including nursing's participation in decision-making
5. The maturing of nursing as a self-determining profession, including defining and determining the nature and scope of practice, the role of nursing leadership, increasing decision making in nursing practice, and the need for unity in the nursing profession.

Many of the commission's findings were not surprising to people who were involved with nursing. Included were findings indicating that physicians and health care administrators often did not understand the role of nurses in patient care, and that traditional and outdated images of nurses (including Victorian stereotypes and traditional male–female relationships) impeded acceptance of current roles. Some physicians and administrators thought that nurses were overeducated and did not support an increase in the nurse's authority to make decisions concerning health care.

The findings that individuals and nursing groups are not unified in defining fundamental, professional goals for nursing, and that nursing, as a profession, lacks cohesiveness and a clear understanding of its role and direction, were not a revelation to many seasoned nurses. These same nurses also were not astonished to learn of the numerous and diverse associations that represent nursing but lack a way to determine common goals for nursing education, practice, and credentialing. The disagreement and confusion about educational

preparation for nurses, and the controversy about entry into practice, were identified as further obstacles to the advancement of the profession (see Chapter 6). Clearly, there is a need for a system of nursing education that promotes realistic expectations, provides appropriate support for practice and advancement, and includes educational mobility in nursing. As we begin the 21st century, nursing continues to grapple with many of these issues. A number of the issues are ones with which nursing has struggled for years; most of them will not be completely resolved in the next decade. As a new graduate, you will have the opportunity to influence their outcome.

Following in the footsteps of the National Commission of Nursing was the National Commission on Nursing Implementation Project, which began in 1985. Funded for 3 years by the W. K. Kellogg Foundation, the project was cosponsored by the NLN, the ANA, the American Organization of Nurse Executives, and the American Association of Colleges of Nursing. Administered by the American Nurses' Foundation, its purpose was to provide leadership in seeking consensus about the appropriate education and credentialing for basic nursing practice, effective models for the delivery of nursing care, and the means for developing and testing nursing knowledge. The aim of this project was to lay the groundwork and take action wherever possible to support effective, high-quality nursing care delivery in the immediate and long-range future.

The results of another nursing study were released in January 1983. This 2-year study, mandated under the 1979 Nurse Training Amendments, was conducted by the Institute of Medicine Committee on Nursing and Nursing Education and was funded by the Department of Health and Human Services at a cost of $1.6 million. Basically, the study was to provide advice regarding federal support of nursing eduction, gain information about nurses and their employment, and make recommendations regarding measures to improve the supply and use of nurses. The study made 21 specific recommendations to Congress. Because the study found that the shortage of nurses in the 1960s and 1970s had largely disappeared, it was recommended that the federal government discontinue efforts to increase the supply of "generalist nurses." ("I.O.M. study . . . ", 1983).

The fallacies in these findings soon became apparent. Across the nation, nursing enrollments plummeted in the late 1980s. This drop in enrollment occurred at a time when nurses were assuming expanded roles and more nurses than ever were needed for the delivery of health care throughout the nation. The result was a serious national shortage of nurses, especially in certain settings and in specific areas of care, such as long-term care.

Studies of the 1990s

Responding to the need for more nurses, many studies of the early 1990s focused on the roles of nurses in the delivery of health care, on educational patterns that would encourage capable individuals to choose nursing as a career, and on programs that would facilitate educational mobility. Issues related to the nurse's image and the nursing shortage merged. A new Commission on the National Nursing Shortage replaced the Federal Commission on Nursing, and $275,000 was budgeted to assist in its function. This commission developed strategies to decrease the nursing shortage, which focused on recruitment, retention, restructuring of nursing services for the most effective use of nursing personnel, and gathering data about nursing and the information systems used in nursing.

Another group whose work has significantly affected nursing is that of the Pew Health Professions Commission (see Chapter 1). Although issued in the form of reports rather than a study, per se, the recommendations that have come from the Commission caused many nursing organizations to take a serious look at themselves and their activities. The reports of the Commission addressed issues related to nursing education, to credentialing, and to the supply of health care professionals. The recommendations in the first report regarding nursing education included the following:

- Recognizing the value of the multiple entry points to professional practice
- Consolidating professional nomenclature so that there is a single title for each level of nursing preparation and service
- Determining the practice responsibilities associated with different levels of nursing education
- Reducing the size and number of nursing education programs (with the suggestion that the reductions occur in associate degree and diploma programs)
- Expanding the number of masters-level nurse practitioner programs.

The second report dealt with credentialing issues and recommended that scopes of practice be eliminated and that unlicensed personnel be employed in health care (see Chapter 7 for more detail). It also addressed the need to ensure competence among today's licensed health care practitioners.

Studies of the 21st Century

As the nursing profession entered into the 21st century, it found itself perplexed with many of the concerns related to the impending nurse shortage. Various groups became involved in studying work force issues, with the primary research occurring on the state level, with individual states examining their current and potential workforce and establishing strategic plans to address the identified issues. An exception to the state studies is the one mentioned earlier in this chapter that was conducted by the Robert Wood Johnson Foundation and addressed the nursing shortage.

Critical Thinking Activity

Identify at least three areas in nursing that you believe need further study, and describe how you would begin to conduct those studies. Whom would you involve?

DEFINING A LANGUAGE FOR NURSING

For many, the development of a special language for nursing is a fairly new development. It began as an effort to develop a language that would describe the clinical judgments made by nurses that are not in medical language systems. However, as early as 1909, nurses with a

strong eye to the future and professionalism recognized that nursing would someday need a language of its own. Ninety years ago, Isabel Hampton Robb wrote the following after attending a meeting of the newly formed International Council of Nurses.

> While attending a special meeting of the ICN in Paris, I was naturally at once struck by the fact that the methods and the ways of regarding nursing problems were . . . as foreign to the various delegations as were the actual languages, and the thought occurred to me that . . . sooner or later we must put ourselves upon a common basis and work out what may be termed a "nursing esperanto" which would in the course of time give us a universal nursing language (Hampton-Robb, 1909).

Defining a language for nursing primarily involves the development and refinement of **nursing nomenclatures** and **classification systems** that communicate information and guide data collection about nursing activities. The term "nursing nomenclature" refers to the words by which we name or describe phenomena in nursing. A "classification" is the systematic arrangement or a structural framework of these phenomena. As we move toward an international network of health care, the development of a language unique to nursing is viewed as critical to communication and decision making. Proponents of a specialized language for nursing emphasize the need for objective, science-based information to use in decision making. These data also provide the basis for accountability and the documentation supporting processes and outcomes of care. The data can be used further to answer research questions about nursing and nursing actions. In the age of information technology, uniform, accurate, and automated patient care data are required to conduct analyses that will result in improving the quality of care and costing out that care (Display 5-1). At present, the language of nursing primarily addresses nursing diagnoses, implementation activities, and nursing outcomes. Some would suggest that the existing systems are not adequate to reflect the entire scope of nursing practice and urge further development. We discuss the four systems that are currently most popular and summarize others that have gained attention (Table 5-4).

North American Nursing Diagnosis Association

The first steps toward a common language for nursing started in 1973 when Kristine Gebbie and Mary Ann Lavin of St. Louis University called the First National Conference on Classification of Nursing Diagnosis. National Conferences have been held regularly since then. The National

Display 5-1 RATIONALE FOR THE DEVELOPMENT OF A CLASSIFICATION FOR NURSING

- Permits recognition and communication with others by giving a name to the things nurses do
- Provides a uniform legal record of care
- Supports clinical decision making
- Lays the groundwork for nursing research
- Captures the cost of nursing services for billing and accounting purposes
- Generates a structured retrieval data base for quality assurance

TABLE 5-4. MAJOR CLASSIFICATIONS FOR NURSING CARE RECOGNIZED BY THE AMERICAN NURSES ASSOCIATION

TITLE	WHAT IT IS	CHARACTERISTICS
North American Nursing Diagnosis Association (NANDA)	A clinical judgment about an individual, family, or community response to actual or potential health problems that provides a basis for selecting a nursing intervention	Currently contains 71 conceptual areas and 143 terms
Nursing Intervention Classification (NIC)	A comprehensive standardized language, describing treatments that nurses perform in all settings and in all specialties	Includes 433 interventions, each with a definition and a detailed set of activities, organized in 27 classes and 6 domains
Nursing Outcomes Classification (NOC)	A variable concept that represents a patient or family caregiver state, behavior, or perception that is measurable along a continuum and responsive to nursing interventions	Contains 218 outcomes, each of which has a list of indicators in the evaluation of patient status, a measurement scale, and a short list of references
Home Health Care Classification	Adapted, revised, and expanded NANDA to include additional home health care nursing diagnostic conditions	Consists of 145 home health care nursing diagnoses, 50 of which were major nursing diagnostic categories and 95 subcategories. Designed for use in the home health care setting.
The Omaha System	A system of client problems, interventions, and client outcomes, referred to as the Problem Classification Scheme, the Intervention Scheme, and the Problem Rating Scale for Outcomes	Includes domains, problems, modifiers, and signs/symptoms; intervention categories, targets, and client-specific information; and outcome rating scales for knowledge, behavior, and status
Nursing Management Minimum Data Set	Establishes a standardized language to identify and collect those factors needed to manage nursing care across care settings	Defines 17 management variables that enable economic analyses and comparisons. Focuses on unit level data aggregation (Delaney & Huber, 1996)
Patient Care Data Set (PCDS)	Codifies patient problems and actions delivered by all caregivers during a hospital stay	Information gathered from hundreds of terms in patient records
Perioperative Nursing Data Set	Standardized language for documenting and evaluating perioperative nursing care	Designed for use in the perioperative nursing area
Systematized Nomenclature of Medicine (SNOMED)	Comprehensive system for indexing the entire medical record, including signs and symptoms, diagnoses and procedures	Allows full integration of all medical information in electronic medical record into a single data source

Group for the Classification of Nursing Diagnosis became a formal organization after the fifth conference and was renamed the **North American Nursing Diagnosis Association (NANDA)** in 1982. The Association has two main purposes: to develop a diagnostic classification system (also known as a **taxonomy**) and to identify and approve nursing diagnoses. The list of nursing diagnoses (concepts that are given word labels) continues to grow as nurses encounter diagnoses in clinical practice that have not been included and submit these to NANDA for consideration. As

a student, you have some familiarity with nursing diagnoses from the nursing care plans you develop for patient care and in the case studies you discuss in your classes.

McCormick and Jones (1998) point out that a taxonomy refers to a hierarchical system that includes vocabulary and terms. After the first meeting of the 100 participants, 29 conceptual areas were identified, with approximately 100 terms. The current classification system contains 71 conceptual areas and 143 terms (Gordon, 1998).

The following is the definition of a nursing diagnosis accepted by NANDA:

> Nursing diagnosis is a clinical judgment about individual, family, or community response to actual or potential health problems/life processes. Nursing diagnoses provide the basis for selection of nursing interventions to achieve outcomes for which the nurse is accountable (North American Nursing Diagnosis Association, 1997).

Nursing Interventions Classifications

In 1996, work done at the University of Iowa on the classification of nursing interventions received attention. The **Nursing Interventions Classification (NIC)** is a comprehensive, standardized language describing actions that nurses perform in all settings and in all specialties, and includes both physiologic and psychosocial interventions. The interventions are numbered to facilitate computerization. There are 433 interventions, each of which contains a definition and a set of detailed activities that describe what a nurse does. The interventions are organized into 27 classes and 6 domains. They have been linked with NANDA and are in the process of being linked with the Nursing Outcomes Classification (University of Iowa, 1999a).

Nursing Outcomes Classification

Also developed at the University of Iowa, the **Nursing Outcomes Classification (NOC)** was published in 1997. Listed in alphabetical order, the classification includes 218 outcomes, 27 of which were developed after publication of the book. An outcome is defined as a variable concept representing a patient or family caregiver state, behavior, or perception that is measurable along a continuum and responsive to nursing interventions. Project developers believed that stating the outcomes as variable concepts rather than goals would allow the identification of positive or negative changes (or no changes at all) in the patient's status. Each outcome has a definition and a list of indicators that assist in evaluation of patient status. Outcomes thus far developed are at the individual patient or family caregiver level; outcomes for families and communities are beginning to be developed.

The outcomes are organized into 24 categories, called classes. Classes are grouped in six domains. The domains are Functional Health, Physiologic Health, Psychosocial Health, Health Knowledge and Behavior, Perceived Health, and Family. Because the work on outcomes is relatively new, you can anticipate that it will experience additions, refinements, and revisions (University of Iowa, 1999b).

The Omaha System

The **Omaha System**, another example of early classification efforts, is based on federally funded research conducted by the Visiting Nurse Association of Omaha from 1975 to 1993 (Martin & Scheet, 1992). It was designed as a three-part, comprehensive yet brief approach

to documentation and information management for multidisciplinary health care professionals who practice in community settings. It offers terms and codes to classify the client's health-related concerns or problems, the interventions that nurses and other health care professionals use, and the client's outcomes (Zielstorff, 1998). Client problems can be identified for individuals, families, and groups. The interventions describe both plans and interventions for specific client concerns. The outcome scales evaluate a client's health-related changes through the use of problem-specific knowledge, behavior, and status ratings. The Omaha System is recognized by the ANA and has been translated into numerous languages. Automation and technology advances and health care delivery changes have markedly expanded its use nationally and internationally (Martin, 1999).

Other Classification Systems

Several other classification systems have emerged. In some instances, they were developed for a particular specialty.

THE NURSING MINIMUM DATA SET

In 1988, a Nursing Minimum Data Set (NMDS) was developed by Werley and Lang. It identified the four nursing elements of nursing diagnosis, nursing interventions, nursing outcomes, and nursing intensity (Clark, 1998). These elements have set the stage for classification activities by many other groups.

THE PATIENT CARE DATA SET

The Patient Care Data Set was developed at the University of Virginia in 1994 in work done by Ozbolt, Fruchtnicht, and Hayden. They gathered hundreds of terms from patient's records, from which they developed the Patient Care Data Set. It codifies patient problems and the actions of all caregivers during a patient's hospital stay (Zielstorff, 1998).

THE HOME HEALTH CARE CLASSIFICATION OF NURSING DIAGNOSES AND INTERVENTIONS

The Home Health Care Classification (HHCC) of Nursing Diagnoses and Interventions evolved from the work of Virginia K. Saba and associates at Georgetown University School of Nursing. It was developed to provide a structure for coding and categorizing home health care nursing services. It identifies 20 Home Health Care Nursing Components to classify. Working with NANDA Nursing Diagnoses, a list of 104 diagnoses were adapted, revised, and expanded to include additional home health care nursing diagnostic conditions. In its final format, it includes 145 diagnoses—50 major nursing diagnostic categories and 95 subcategories. The diagnosis statements also collected the actual outcome for each nursing diagnosis, which were used to measure the outcome of home health care (Saba, 1996).

THE PERIOPERATIVE NURSING DATA SET

Another recently developed nursing classification is the Perioperative Nursing Data Set (PNDS). It was developed by the Association of Operating Room Nurses to provide perioperative nurses with standardized language they could use for documenting and evaluating the care they provide. It was their intent to develop a unified language that would allow nursing care to be systematically quantified, coded, and captured in a computerized format

in the perioperative setting. It consists of nursing diagnoses, nursing interventions, and patient outcomes related to delivery of nursing care in the perioperative setting (AORN Online, 1999).

THE SYSTEMATIZED NOMENCLATURE OF MEDICINE-REFERENCE TERMINOLOGY

The Systematized Nomenclature of Medicine-Reference Terminology (SNOMED-RT) represents an additional classification of terms. Although SNOMED-RT was developed in 1998, its development started as early as 1965 with the development of a Systematized Nomenclature of Pathology (SNOP). In 1976, the Systematized Nomenclature of Medicine (SNOMED) listed 44,587 terms, and in 1993, SNOMED International expanded to 130,580 terms (SNOMED, 1999). Although focusing primarily on medicine, SNOMED-RT is recognized by the ANA (SNOMED, 1999).

THE MINIMUM DATA SET FOR NURSING HOME RESIDENT ASSESSMENT AND CARE SCREENING

Although not referred to in terms of nursing language, the Minimum Data Set for Nursing Home Resident Assessment and Care Screening (MDS) bears some mention here. When the Omnibus Budget Reconciliation Act (OBRA) was passed in 1991, it required assessment of long-term care facility residents. This assessment, done on admission and every 3 months thereafter, must be standardized, comprehensive, accurate, and reproducible. It must be transmitted electronically to data centers in each state. Whenever problems are identified during the assessment, Resident Assessment Protocols (RAPs) must be instituted. The RAPs lists factors that might be associated with the problem, clarifying information to be considered in making a diagnosis, and describing the environment that will help reduce the symptoms. Complete documentation of the situation, including nature of the problem, complications, risk factors, referrals, and rationale for action is required of nurses (Eliopoulos, 1997). The MDS is used as the basis for determining payment to long-term care facilities. The implementation of the MDS nationwide has resulted in a significant collection of data that can be used as a basis for improving the care of the elderly.

The National Information and Data Set Evaluation Center

The National Information and Data Set Evaluation Center (NIDSEC) was established in 1995 by the ANA to review, evaluate against defined criteria, and recognize nursing information systems. Their mission is to "develop and disseminate standards pertaining to information systems that support the documentation of nursing practice, and evaluate voluntarily submitted information systems against these standards" (NIDSEC, 1999, p. 1). Within the framework of the NIDSEC, four dimensions of nursing data sets and systems are evaluated:

- Nomenclature (terms used)
- Clinical Content (the linkages among terms)
- Clinical Data Repository (how the data are stored and made accessible for retrieval)
- General System Characteristics (such as performance and attention to security and confidentiality)

Groups or vendors wishing to be recognized by ANA submit materials to a five-member review panel, who, after examining the application, submit a recommendation to the NIDSEC Committee. If accepted by the Committee, the recognition extends for 3 years, after which a new application must be submitted. At this writing, nine groups are recognized by NIDSEC.

The International Classification for Nursing Practice Project

The International Classification for Nursing Practice Project (ICNPP) is an effort of the International Council of Nurses (ICN). The goal of the Project is to provide "a unifying framework for existing systems and a system which can be used in countries which have none" (Clark, 1998). Now referred to as the ICNP, it is a classification of nursing phenomena, nursing actions, and nursing outcomes.

Although the United States has been involved in the development of classification and information systems for some time, the need for a unified language is now recognized internationally. Because cultural and language differences exist, many of the classification systems currently employed in the United States are not useful in other countries. For example, the concept of self-care reflects the cultural values and norms of American society but may be perceived quite differently in other cultures. In 1989, the ICN was asked to encourage member National Nurses Associations (NNA) to become involved in developing information and classification systems and nursing data sets that could be used by nurses in all countries to identify and describe nursing. The project began a year later. In 1996, an alpha version of the Classification of Nursing Phenomenon and Nursing Interventions was field tested, and a beta version was launched June 1999 at ICN's Centennial Conference. The objectives were reviewed and revised in 2000. The ICNP Programme has established formal evaluation and review process to advance the project and plans to release ICNP® Version 1 in 2005. The student wishing to learn more about this project is encouraged to research the topic by clicking on the ICNP link at *http://www.icn.ch*.

Critical Thinking Activity

Analyze the history of the development of a classification and nomenclature specific to nursing. Describe possible future developments, and provide a rationale for your answer. What do you see as major impediments and why? What do you believe will be the long-term benefits and why?

TRADITIONS IN NURSING

Because of its history, nursing has developed many **traditions**. Some of them are being questioned or eliminated, primarily because they are not practical in today's workplace (eg, the wearing of a nursing cap). It is worthwhile, however, to reflect just a little on the development

of these traditions and to discuss their relationship to nursing. Earle P. Scarlett (1991, p. 6), a Canadian physician, writer, and medical historian, would support such discussion. He wrote:

> The truth of the matter is that any profession worthy of the name must forever be strengthening and re-creating its traditions. A profession is a sensitive organic growing thing, not a static order. And it is particularly important that we should remember this at the present time.

The Nursing Pin

The nursing pin may date back to the time of the Crusades, when Crusaders marched to Jerusalem to recover the Holy Land. Among the Crusaders were the Knights Hospitallers of St. John of Jerusalem. Their uniform, introduced by a man named Gerard, included a black robe with a white Maltese cross. The Maltese cross became a familiar sight on the battlefields of the Holy Land. Following the capture of Jerusalem in 1099, some of the Crusaders noted the excellent nursing care provided by the Hospital of St. John and decided to join the nursing group. The Maltese cross is an eight-pointed cross formed by four arrowheads joining at their points. The eight points of the cross signified the eight beatitudes that knights were expected to exemplify in their works of charity. When the Knights Templars and the Knights of the Teutonic Order were formed in 1118 and 1190, respectively, this symbol was carried forward. The Maltese cross later became a symbol of many groups who cared for the sick, including the United States Cadet Nurse Corps.

The actual symbolism of the pin relates to customs established in the 16th century, when the privilege of wearing a coat of arms was limited to noblemen who served their kings with distinction. As centuries passed, the privilege was extended to schools and to craft guilds, and the symbols of wisdom, strength, courage, and faith appeared on buttons, badges, and shields. It was probably this spirit that Florence Nightingale attempted to capture when she chose the Maltese cross as a symbol for the badge worn by the graduates of her first nursing school.

As nursing developed as a profession, each school chose a unique pin, awarded on completion of the program, as a public symbol of work well done. Many of the early schools, particularly those associated with hospitals supported by religious groups, incorporated the cross into their pin. The first Nightingale School of Nursing in the United States was at Bellevue Hospital and is credited with developing the first school badge or pin, which was presented to the class of 1880 (Kalisch & Kalisch, 1995, p. 82). A crane in the center symbolized the nurse's vigilance, an inner circle of blue suggested constancy, and an outer circle of poppy capsules symbolized mercy and the relief of suffering. The nursing journal *RN* has collected nursing pins from across the United States and has occasionally created a cover display of pins from that collection.

The Nursing Cap

The history of the nursing cap is less certain. Several explanations of the origin of the cap have been suggested. It probably evolved during the period of time when nursing was greatly influenced by religion. It may have originated in the habit worn by the Sisters of Charity of St. Vincent de Paul, who established the first modern school of nursing in Paris in 1864. Another opinion suggests that the cap was influenced by the Institute of Protestant Deaconesses, founded by Pastor Theodore Fleidner at Kaiserwerth in Germany, and the institution

where Florence Nightingale studied. The white cap of the deaconesses of the early Christian era and the nun's veil of the Middle Ages have been said to be the forerunners of the nursing cap as we know it today (Mangum, 1994). The veil was modified to become a cap and was associated with service to others. We need to remember, also, that in Florence Nightingale's day, every lady wore a cap indoors. If you look at pictures of Queen Victoria, you notice the cap of plain white stiffened muslin framing her face. It was considered proper for women to keep their heads covered; thus, the cap would be viewed as the proper dress for a young woman of the day. The cap worn by students at Kaiserwerth when Florence Nightingale was a student was hood shaped, had a ruffle around the face, and tied under the chin. A final conjecture is that the cap originally was designed to cover and help to control the long hair that was fashionable in the late 19th century, when short haircuts were not acceptable for women.

In the United States and Canada, the head covering became smaller and lost its scarf or veil as women's hair styles changed and hair was worn shorter. (The hair-covering aspect remained a part of the cap in many areas of Europe.) As nursing education programs developed in hospitals, they each created their own cap and nursing pin as a symbol of that particular hospital and nursing school. Some of these were rather "frilly" and were fashioned after the cloth cone through which ether was dropped. Again, as hairstyles changed, the size of the cap also changed, until it became one of individual taste or preference. A "capping" ceremony was part of the ritual of the nursing student and is discussed later.

As the role of nurses changed and as high technology became a significant part of the hospital work environment, nurses found that caps were bothersome as they tried to carry out their duties. They were knocked askew by curtains, equipment, and tubing. By the 1980s, many hospitals no longer required the cap as a part of the uniform. Nursing programs responded by dropping the cap as a required article of dress. If students wished to have a cap, it was purchased from a local uniform store and had no particular identification with the program (Fig. 5-3).

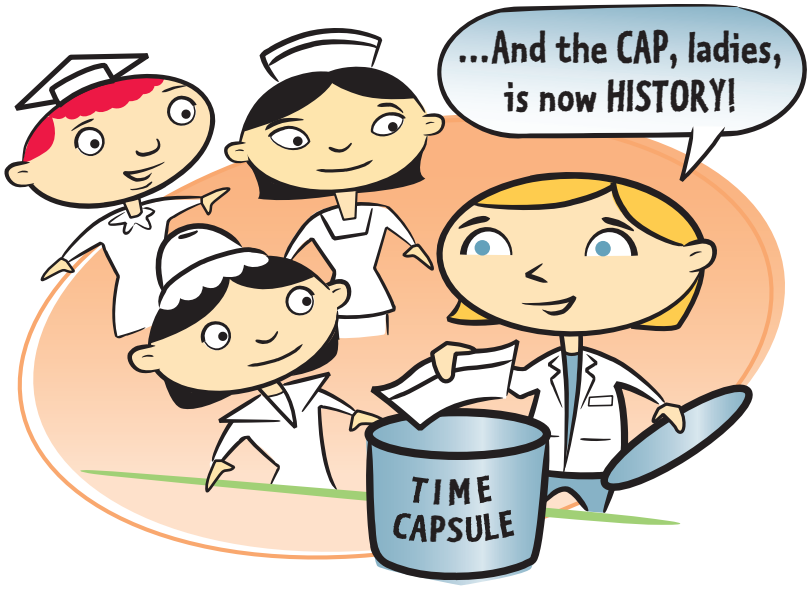

FIGURE 5-3 By the 1980s, many nurses were no longer wearing the cap as part of the nursing uniform.

The Nursing Uniform

Like the nursing cap, which is actually a part of the early nursing uniform, the requirement for special dress came from the religious and military history of nursing and has always been significant in nursing. This is due to the fact that dress provides a strong nonverbal message about one's image. The nurse attired in a white uniform, at least in the 1950s and 1960s, communicated an impression of confidence, competence, professionalism, authority, role identity, and accountability. As nurses have adopted more casual dress, some of this identity has been lost, and hospital committees, nursing programs, and nurses have spent considerable time discussing appropriate attire.

Early uniforms were long, usually stiffly starched, and had detachable collars and cuffs. A full uniform often included a long cape that would cover the uniform. Kalisch and Kalisch (1995, pp. 80–81) credit the New York Training School for Nurses at Bellevue Hospital with being the first school to adopt a standard uniform for student nurses, in 1876. The uniform consisted of a gingham apron worn in the morning and a white apron worn in the afternoon over a dark woolen dress. A well-bred young woman, Euphemia Van Rensselaer, is credited with updating the basic uniform, which students were opposed to wearing. Given 2 days' leave of absence to have a uniform made for herself, she created a tailored uniform consisting of a long gray dress for winter and a calico version for summer, both worn with a white apron and cap. The attractiveness of her appearance resulted in other students accepting the uniform as standard dress. Later, a more easily laundered dress that could be worn throughout the year replaced the gray dress for winter.

A regulation uniform became a distinguishing mark of each nursing school by the end of the 19th century. Typically, the uniform consisted of a bodice and skirt of white material, adjustable white cuffs, a stiff white collar, and a white cap. To maintain the feminine hourglass image popular at the time, a tightly laced corset was worn beneath the uniform and ankles were hidden from view. Some suggest that the adoption of a distinctive and attractive uniform played a significant role in developing a professional image for nursing, giving it status, respect, and authority.

By the 1900s, the uniform became more functional and the hemline was raised. By the mid-1960s, pantsuits became accepted and nurses in certain settings, particularly psychiatric and pediatric units, were challenging the appropriateness of uniforms, especially white uniforms. By 1970, significant changes were occurring in uniforms, with the acceptance of styles that were designed to "make the nurse more approachable." In psychiatric settings, "no uniform" became the standard of the day. Today, athletic shoes are acceptable in many institutions, and "scrubs" have become so accepted that they are featured in pamphlets advertising uniforms. In 1987, the Springhouse Corporation conducted a survey of nurses throughout the United States and found that most nurses prefer scrubs or lab coats worn over street clothes. The result of this change has been that nurses today are no longer identifiable by uniform. The stethoscope worn around the neck gives the consumer some clue to a person's position (ie, that the person is a health care worker rather than a maintenance person), and hospital identification badges provide further information, but sometimes do not include the person's full name.

There is still controversy over the appropriate attire for nurses. Mangum, Garrison, Lind, Thackeray and Wyatt (1991) recommended that nurses wear clothing that clearly distinguishes them as professional nurses. Although they did not suggest that nurses wear a cap, they

advocated the more traditional white dress or pantsuit. Others have argued that what nurses wear matters less than what they know.

Ceremonies Associated With Nursing Programs

Long-standing traditions embraced by nursing include the ceremonies that mark various points along the educational paths of nursing students. Primary among these are the "capping" and the "pinning" ceremonies.

Capping ceremonies are not as common today as pinnings, probably because most nurses and nursing students no longer wear caps. Traditionally, the cap was awarded to students after they completed a certain part of the program. In hospital schools, it was awarded on completion of the probationary period, but more often it was given after the completion of the first year. Often held in a nearby church, a special ceremony was planned, to which students invited family and others who were interested in their progress. The director of the school, assisted by other school dignitaries and faculty, solemnly placed the cap on the head of each student. Students proudly wore the cap throughout the remainder of the program. Often a stripe was added to one corner of the cap to signify completion of the second year of study, and a black band was added at the time of graduation. Many colleges included these ceremonies when nursing education moved into those settings.

The second traditional ceremony in nursing, the pinning, was of even greater significance, and is continued by many schools today. The pinning heralded the completion of the program. Amid much pomp and circumstance, family and friends gathered to watch as the nursing director ceremoniously pinned the school pin on each new graduate. Graduates often recited, in unison, the Nightingale Pledge (Display 5-2), written in 1893 by Lystra E. Gretter, superintendent of Harper Hospital School in Detroit (Calhoun, 1993). This tradition is often repeated in nursing schools today, although the original pledge in some cases is modified. Some schools include additional tradition through the "passing of the lamp." A representative of the graduating class hands a lamp (symbolizing the lamp carried by Florence Nightingale) to a representative of the next graduating class, thus reinforcing the concept of the continual caring represented in nursing.

Display 5-2 **THE NIGHTINGALE PLEDGE**

I solemnly pledge myself before God and in the presence of this assembly:

To pass my life in purity and to practice my profession faithfully;

I will abstain from whatever is deleterious and mischievous and will not take or knowingly administer any harmful drug; I will do all in my power to maintain and elevate the standard of the profession, and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling;

With loyalty will I endeavor to aid the physician in his work, and devote myself to the welfare of those committed to my care.

Gretter, 1893

As nursing education moved into institutions of higher education, some of the traditional ceremonies were discontinued. Some argue that the ceremony recognizing program completion in the collegiate environment is the college commencement, and that "special" celebrations for students of particular areas of study are not appropriate. However, in many large universities, the various disciplines now have separate ceremonies or an additional ceremony for their members. In other cases, the tradition is continued, although there is some tendency for graduates not to purchase a pin.

Critical Thinking Activity

Review the traditions established in nursing. Which is the most meaningful to you, and why? Which is the least meaningful to you, and why? Do you believe traditions should be continued in nursing? Provide a rationale for your answer.

KEY CONCEPTS

- In its development as a profession, nursing has struggled with its definition, its image, and its role in the health care delivery system. This is due in part to its history and the fact it has both theoretic and practical aspects. The role of the nurse in the health care delivery system has probably never been more important than it is today.
- Nursing is distinct from medicine. Medicine deals with diagnosis and treatment of disease and nursing is concerned with caring for the person.
- The position nursing occupies as a profession is often judged against sociologically developed characteristics of a profession. Not everyone agrees that nursing meets those standards.
- The standards of a profession typically include seven requirements: (1) possess a well-defined and well-organized body of knowledge; (2) enlarge a systematic body of knowledge and improve education; (3) educate its practitioners in institutions of higher learning; (4) function autonomously in the formulation of policy; (5) develop a code of ethics; (6) attract professionals who will be committed to the profession for a lifetime; and (7) compensate practitioners by providing autonomy, continuous professional development, and economic security.
- Nursing also has struggled with the terms "profession" and "professional." At times, the characteristics of the "professional" become confused with the formal concept of a profession.
- Nursing has struggled with its image. Various groups have waged campaigns to improve the image of nursing and thus make it a more attractive profession. A number of groups have launched campaigns to address this issue.
- The image of nursing today is viewed as a critical issue because of the nurse shortage. A positive image is needed to attract qualified individuals into the profession.
- Since the beginning of the 20th century, nursing has been a much-studied profession. Early studies dealt with nursing education; later studies dealt with the image of nursing, nurses themselves, and with nursing's role in health care delivery.

- As nursing has developed as a profession, more attention has been directed to establishing a unique classification and nomenclature for nursing. Efforts are being made to do this on an international basis.
- Nursing as a profession has many traditions, some of which are being challenged today. Among the traditions are the pin, the cap, the uniform, and nursing ceremonies.

RELEVANT WEB SITES

International Council of Nurses: *http://www.icn.ch/*
Nursing Classifications: *http://www.nursingworld.org* and type "Nursing Classifications" into the Search box
Nursing Shortage:
American Organization of Nurse Executives: *http://www.aone.org*
American Association of Colleges of Nursing: *http://www.aacn.nche.edu*
Bureau of Labor Statistics: *http://www.bls.gov*
Johnson & Johnson Nursing Campaign: *http://www.discovernursing.com*
Nurses for a Healthier Tomorrow: *http://www.nursesource.org*
The Forum on Health Care Leadership: *http://www.healthcareforum.org*
Nursing Theory Page: *http://www.ualberta.ca/~jrnorris/nt/theory.html*

REFERENCES

Abdellah, F. G. (1960). *Patient-centered approaches to nursing*. New York: Macmillan.

American Nurses Association. (1980). *Nursing: A social policy statement*. Kansas City, MO: American Journal of Nursing Co.

American Nurses Association. First Position on Education for Nursing. (1965). *American Journal of Nursing, 65*(12):106–111.

AORN Online: Research. Perioperative Nursing Data Set. (1999). [On-line.] Available at: *http://aorn.org/research/ pnds.htm*. Accessed November 1, 1999.

Benner, P. & Wrubel, J. (1989). *The primacy of caring*. Menlo Park, CA: Addison-Wesley.

Benner, P. (1984). *From novice to expert*. Menlo Park, CA: Addison-Wesley.

Bevis, E. O. & Watson, J. (1989). *Toward a caring curriculum: A new pedagogy for nursing*. New York: National League for Nursing.

Bixler, G. K. & Bixler, R. W. (1945). The professional status of nursing. *American Journal of Nursing 45*(9):730.

Calhoun, J. (1993). The Nightingale Pledge: A commitment that survives the passage of time. *Nursing & Health Care 14*(3):130–136.

Carper, B. A. (1979). The Ethics of Caring. *Advances in Nursing Science 3*:11–19, March.

Chitty, K. K. (1997). *Professional nursing concepts and challenges* (2nd ed.). Philadelphia: W. B. Saunders.

Clark, J. (1998 [Sept. 30]). The International Classification for Nursing Practice Project. 1998 Online Journal of Issues in Nursing. [On-line.] Available: *http://www.nursingworld.org/ojin/tpc7tpc7_3.htm*. Accessed October 31, 1999.

Delaney, C. & Huber, D. (1996). A Nursing Management Minimum Data Set (NMMDS): A report of an invitational conference. Chicago, IL: American Organization of Nurse Executives.

Donahue, M. P. (1996). *Nursing: The finest art* (2nd ed.). St. Louis: CV Mosby.

Eliopoulos, C. (1997). *Gerontological nursing* (4th ed.). Philadelphia: Lippincott-Raven.

Flexner, A. (1981). In Bernard, L. A. & Walsh, M.: *Leadership: The key to professionalism of nursing*. New York: John Wiley & Sons.

Geolot, D. (2000). *Resources and funding*. Paper presented at the Nurse Staffing summit (May, 2000) of the American Nurses Association, Washington, D.C.

Gordon, M. (1998 [Sept. 30]). *Nursing nomenclature and classification system development*. Online Journal of Issues in Nursing. [On-line.] Available: *http://www.nursingworld.org/ojin/tpc7/tpc7_1.htm*. Accessed October 4, 1999.

Gordon, S. (1999). Viewpoint: Nursing and wit. *American Journal of Nursing 99*(5):9.

Hampton-Robb, I. (1909). *Report of the third regular meeting of the International Council of Nurses*. Geneva: ICN.

Henderson, V. (1966). *The nature of a science of nursing*. New York: Macmillan.

"I.O.M. study sees need for funds in graduate, specialty areas." (1983). *American Journal of Nursing 83*(3):343, 344, 454.

Johnson, D. (1980). The behavioral system model for nursing. In Riehl, J.P. & Roy, C: *Conceptual models for nursing practice* (2nd ed., pp. 207–216) East Norwalk, CT: Appleton-Century-Crofts.

Kalisch, P. A., & Kalisch, B. J. (1995). *The advance of American nursing*. Philadelphia: J. B. Lippincott Co.

Kalisch, P. A. & Kalisch, B. J. (1982a). Nurses on prime-time television. *American Journal of Nursing 82*(2):264.

Kalisch, P. A. & Kalisch, B. J. (1982b). The image of the nurse in motion pictures. *American Journal of Nursing, 82*(4):605.

Kalisch, P. A. & Kalisch, B. J. (1982c). The image of nurses in novels. *American Journal of Nursing, 82*(8):1220.

King, I. M. (1981). *A theory for nursing: Systems, concepts, process.* New York: John Wiley & Sons.

Kolcaba, K. Y. (1992). Holistic comfort: Operationalizing the construct as a nurse-sensitive outcome. *Advances in Nursing Science,* 1, 1–10.

Labor Management Relations Act (1947) as amended by Public Laws 86-257 (1959) and 93-360 (1974), Section 2. [On-line]. Available: *http://www.nlrb.gov/publications/nlrb4.pdf*

LeMaire, B. (2002). Jean Watson, on her theory of caring. *Nurse Week (Mountain West Edition)* (3)40; 7.

Levine, M. E. (1969). *Introduction to clinical nursing*. Philadelphia: F.A. Davis.

Mangum, S. (1994). Uniforms and caps: Do we need them? In Strickland, O.L. & Fishman, D. J. *Nursing issues in the 1990s* (pp. 46–66) Albany, NY: Delmar Publishers.

Mangum, S., Garrison, C., Lind, C., Thackeray, R., & Wyatt, M. (1991). Perception of nurses' uniforms. *Image: The Journal of Nursing Scholarship* 23:127–130.

Martin, K. S. (1999). The Omaha System: Past, present and future. On-line Journal of Nursing Informatics, Volume 3(1). [Online] Available: *http://cac.psu.edu/~dxm12/art1v3n1art.html.* Accessed November 22, 1999.

Martin, K. S. & Scheet, N. J. (1992). *The Omaha system: Application for community health nursing*. Philadelphia: W. B. Saunders.

McCormick, K. A. & Jones, C. B. (Sept. 30, 1998). Is one taxonomy needed for health care vocabularies and classifications? Online Journal of Issues in Nursing. [Online] Available: *http://www.nursingworld.org/ojin/tpc7/tpc7_2.htm*. Accessed October 4, 1999.

Meade, J. (2002). *Health care's human crisis: The American nursing shortage.* Retrieved May 21, 2002 from the World Wide Web: *http://www.rwjf.org/newsEvents/nursing.jhtml*

Muff, J. (1988). Handmaiden, battle ax, whore. In Muff, J.: *Socialization, sexism and stereotyping*. (pp. 113–156) Prospect Heights, IL: Waveland Press, Inc.

National Commission for the Study of Nursing and Nursing Education: Summary, Report and Recommendations. (1970). *American Journal of Nursing, 70*(2):279.

National Commission on Nursing. (1981). *Initial report and preliminary recommendations*. Chicago: Hospital Research and Educational Trust.

National Council of State Boards of Nursing, Inc. (1994). *Model Practice Act*. Chicago, Il: The Council.

National Information and Data Set Evaluation Center. (1999). NIDSEC 3-year recognition. [On-line.] Available: *http://www.nursingworld.org/nidsec/index.htm.* Accessed November 1, 1999.

Neuman, B. (1982). *The Neuman System Model: Application to nursing education and practice*. East Norwalk, CT: Appleton-Century-Crofts.

Newman, M. A. (1990). Professionalism: Myth or reality. In Chaska, N.L.: *The Nursing profession: Turning points* (pp. 49–52). St. Louis: C.V. Mosby.

Nightingale, F. (1954). *Notes on nursing: What it is, and what it is not*. (An unabridged republication of the first American edition, as published by D. Appleton and Company in 1860.) New York: Dover Publications.

North American Nursing Diagnosis Association. (1997). *1997–1998. NANDA nursing diagnoses: Definitions and classification*. Philadelphia: Author.

Nursing World NIDSEC: home page. [On-line.] Available: *http://www.nursingworld.org/nidsec/index.htm*. Accessed November 1, 1999.

O'Neil, E. H. (1993). *Health professions education for the future: Schools in service to the nation*. San Francisco: Pew Health Professions Commission.

Orem, D. (1980). *Nursing: Concepts of Practice* (2nd ed.). New York: McGraw-Hill.

Orlando, I. J. (1972). *The discipline and teaching of nursing process*. New York: G.P. Putnam's Sons.

Parse, R. R. (1981). *Man-living-health: A theory of nursing*. New York: Wiley.

Pavalko, R. M. (1971). *Sociology of occupations and professions*. Itasca, IL: Peacock Publishers.

Peplau, H. E. (1952). *Interpersonal relations in nursing*. New York: G.P. Putnam's Sons.

Robert Wood Johnson Foundation. (2002). *The American nursing shortage: Strategies and recommendations for action.* Retrieved May 21, 2002, from the World Wide Web *http://www.rwjf.org/newsEvents/nursingStrategies.jhtml.*

Rogers, M. E. (1984 [May]). *Science of Unitary Human Beings: A Paradigm for Nursing*. Paper presented before the International Nurse Theorist Conference, Edmonton, Alberta.

Roy, C. (1984). *Introduction to nursing: An adaptation model* (2nd ed.). Englewood Cliffs, NJ: Prentice-Hall.

Saba, V. (1996). 4 Home Health Care Classification (HHCC): Nursing Diagnoses and Nursing Interventions. [On-line.] Available: *http://www.dml.georgetown,edu/research/hhcc*. Accessed October 31, 1999.

Scarlett, E. P. (1991). In M.M. Styles & P. Moccia. (Editors and Authors) *On nursing: A literary celebration.* (pp. 6–7) New York: National League for Nursing, Publication No. 14-2513.

Schlotfeldt, R. M. (1987). Resolution of issues: An imperative for creating nursing's future. *Journal of Professional Nursing*, 3:136–142.

Sieber, J. R., Powers, C. A., Baggs, J. R., Knapp, J. M., & Sileo, C. M. (1998). Missing in action: Nursing in the media. *American Journal of Nursing, 98*(12):55–56.

SNOMED. (1999). The History of SNOMED. Available: *http://www.snomed.org/what/sld005.htm.* Accessed November 1, 1999.

Stewart, M. (1999). Issues update: ANA puts nursing in media spotlight. *American Journal of Nursing, 99*(5):56–59.

Strauss, A. (1966). The structure and ideology of American nursing: An interpretation. In Davis, J.: *The Nursing Profession* (pp. 60–108) New York: John Wiley & Sons.

Styles, M. (1982). *On nursing: Toward a new endowment*. St. Louis: CV Mosby.

Trossman, S. (2002). The global reach of the nursing shortage. *American Journal of Nursing, 102(3)*:85,87,89.

University of Iowa. (1999a). Nursing Interventions Classification (NIC): Overview. [On-line.] Available: *http://www.nursing.uiowa.edu/nic/overview.htm.* Accessed October 21, 1999.

University of Iowa. (1999b). Nursing Outcomes Classification (NOC): Overview. [On-line.] Available: *http://www.nursing.uiowa.edu/noc/overview.htm.* Accessed October 21, 1999.

Watson, J. (1979). *Nursing the philosophy and science of caring*. Boston: Little, Brown.

Wiedenbach, E. (1964). *Clinical nursing: A helping art*. New York: Springer Publishing Co.

Winslow-Goldmark Report. (1923). *The study of nursing and nursing education in the United States*. New York: Macmillan, 1923.

Zielstorff, R. D. (1998 [Sept. 30]). Characteristics of a good nursing nomenclature from an informatics perspective. *Online Journal of Issues in Nursing*. [On-line.] Available at: *http://www.nursingworld.org/ojin/tpc7/tpc7_4.htm.* Accessed October 4, 1999.