UNIT 1  NURSING PROFESSION AND ITS TRENDS

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1.0 OBJECTIVES

After studying this unit, you will be able to:

● define and explain the terms nursing, nursing profession and nursing practice;
● explain the meaning of philosophy and philosophy of nursing;
● state the objectives of nursing;
● explain the meaning of profession;
● describe the characteristics/criteria of:
   — Profession
   — Nursing as a profession;
● describe the roles and functions of a professional nurse
   — development of nursing as a profession
   — factors influencing nursing trends;
● explain the development of nursing education in terms of:
   — patterns of nursing education
— factors influencing nursing education
— scope of nursing education;

• describe professional organizations;
• discuss the expanded and extended role of nurses; and
• describe the characteristics of
  — nurse practitioner
  — nurse clinician
  — nurse specialist.

1.1 INTRODUCTION

Different people interpret nursing in different ways. It is still thought by many people that nursing is only taking care of the sick persons and helping the doctor in the treatment of the patients. But nursing is much more and different than this.

Nursing is one of the most exciting and challenging careers that an individual can enter. Today’s nurse receives a formal education in an institution with a set curriculum that has been approved by the state board of nursing. Upon completion of the program the graduate takes an examination to become licensed nurse. To understand where nursing profession and nursing education is today, the nurse must look at the history of nursing and nursing education. The present unit will highlight various aspects of Nursing profession, professional trends, expanded and extended role of nurses and nursing care concepts.

1.2 NURSING AS A PROFESSION

1.2.1 Definition and Meaning of Nursing, Nursing Profession and Nursing Practice

Nursing

The rich historical background in nursing has set the stage for changes in nursing. Definitions of nursing continue to evolve, and no one definition fits a comprehensive explanation of nursing. It is very difficult to define nursing in a few words.

Nightingale (1860) said that nursing “ought to signify the proper use of fresh air, light, warmth, cleanliness, quite and the proper selection and administration of diet”.

According to Clara Weeks (1899), nursing includes not only the “execution of the physician’s order”, but also the “administration of food and medicine, and the more personal care of the patient, attention to the condition of the sick-room, its warmth, cleanliness, and ventilation, the careful observation and reporting of symptoms and the prevention of contagion.”

In 1933, nursing educator Bertha Harmer wrote that the “spirit, the art and the knowledge or science of nursing are the three essential elements of nursing. Harmer explained that the application of the scientific method and scientific spirit was necessary if nursing was to be an applied science.

Harmer and nursing leader Virginia Henderson (Harmer & Henderson, 1939) wrote a more concise definition that included the idea of health promotion and disease prevention. Harmer and Henderson defined nursing as “that service to the individual that helps him to attain or maintain a healthy state of mind or body; or where a return to health is not possible, the relief of pain and discomfort”.

Based on various definitions, we can define it as comprehensively as possible that nursing is a process of recognizing, understanding, interpreting and meeting the health of any person or society. It has a base of body of ever changing scientific knowledge. In order to understand this, we must know what “health” means.

The World Health Organization has defined Health as follows; “Health is a state of physical, mental and social well-being and not merely the absence of disease or infirmity.
A truly healthy person also is a happy person. Nursing, therefore, is a process that serves in three directions. First, the process of recognizing, understanding and meeting the health needs in any of these areas. Second, the process of preventing these same health problems from occurring. Third, the process of promoting good health.

**Nursing Profession**

In 1937, the American Nurses Association (ANA) defined professional nursing and the professional nurse. In the ANA definition professional nursing was described as a blending of

> intellectual attainment, attitudes and mental skills based upon the scientific medicine, acquired by means of a prescribed course in a school of nursing, affiliated with a hospital, recognized for such purposes by the state and practiced in conjunction with curative and preventive medicine by an individual licensed to do so by the state.

A professional nurse was defined as “one who has met all legal requirements for registration in state and who practices or holds position by virtue of her professional knowledge and legal status”.

Harmer and Henderson (1962) continued to define nursing and the nurse’s unique function. The International Council of Nurses later adopted their definitions. In Harmer and Henderson’s later work (1962) the nurse’s role was described as being to

> assist the individual (sick or well) in the performance of those activities contributing to health, or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. It is likewise her function to help the individual gain independence as rapidly as possible.

**Nursing Practice**

Throughout the 20th century, the definitions of nursing changed as nurses and nursing moved toward increasing authority and independence. The need to control the regulatory laws of each state and to define the professional role within its professional nursing organization continued as the social, political, and economic world changed. By 1973, in New York State a definition emerged that described the independent role of the nurse. New York State law defined nursing practice as the “diagnosis and treatment of human responses to actual or potential health problems through such means as case finding, health teaching and counseling.”

In 1965, the ANA’s Committee on Education issued a position paper asserting and elaborated on care, cure and coordination as components of professional nursing practice. The 1965 position paper made the following statements about nursing:

It is helping profession and, as such, provides services, which contribute to the health and well being of people.

Nursing is a vital consequence to the individual receiving services; it fills needs, which the person, cannot meet, by the family, or by other persons in the community.

The essential components of professional nursing are care, cure, and coordination. The care aspect is more than “to take care of,” it is “caring for” and “caring about” as well. It is dealing with human beings under stress, frequently over long periods of time. It is providing comfort and support in times of anxiety, loneliness, and helplessness. It is listening, evaluating and intervening appropriately.

The promotion of health and healing is the cure aspect of professional nursing. It is assisting patients to understand their health problems and helping them to cope. It is the administration of medications and treatments. And it is the use of clinical nursing judgement in determining, on the basis of patients’ reactions, whether the plan for care needs to be maintained or changed. It is knowing when and how to use existing and potential resources to help patients toward recovery and adjustment by mobilizing their own resources.

Professional nursing practice is this and more. It is sharing responsibility for the health and
welfare of all those in the community, and participating in programs designed to prevent illness and maintain health. It is coordinating and synchronizing medical and other professional and technical services as these affect patients. It is supervising, teaching, and directing all those who give nursing care.

Check Your Progress 1

Check in the blanks:

1) Nursing is a process of ..................................., ........................................, ........................................... and .................................................. health needs of any person or society.

2) Definition of professional nurse is to assist the Individual ........................................ in performance of those activities contributing to ................................................. that s/he would perform unaided if s/he had necessary .........................................

3) Three essential components of professional nursing are .............................................

4) Nightingale (1860) said that nursing ought to signify the proper use of ................. ............................................ quite and proper selection and administration of diet.

5) ANA definition of professional nursing was described as a blending of ................................. ............................................ and ............................................ based upon the scientific medicine.

1.2.2 Philosophy and Objectives of Nursing

Philosophy of Nursing

The meaning of the word “philosophy” is love of wisdom. But the way in which we use this word today has a broader meaning. In actual practice, those who study philosophy try to answer questions such as; of what is this world made? Who made it? Why does this world exist? What am I? Why do I exist? From where did I come? Where am I going? What is the purpose of what I am doing?

These questions are very difficult to answer. But almost without our knowing it, we have already asked these questions. We have also found some answers we can accept and then believe. These answers make up our philosophy of life and will give us standards and ideals for what we do and why we do it.

Our philosophy of life, then, really decides our general behaviour and the important choices we make in life. There are many values and beliefs in our philosophy of life and each one guides our behaviour. The following statements are examples of philosophy followed by descriptions of how we would behave if this is what we believe.

1) I believe I am responsible to learn as much as I can.
   I will use library facilities and study time wisely. I will prepare well for class lectures and complete all assignments.

2) I believe I am responsible for my physical health.
   I will get enough rest, exercise regularly and eat properly. I will ask for help from proper authorities if I should become ill.

3) I believe I am responsible for my spiritual health.
   I will arrange my life so that I can continue important religious practices.

4) I accept responsibility for the welfare of my family.
   I will communicate regularly with my family and emotionally support them as much as I can.

5) I accept responsibility to add to the quality of life for others and myself in this institution.
   I will participate in social activities and recreation. I will work cooperatively with others to plan and carry out social and professional functions.

Just as each person has a philosophy of life, each professional nurse has a philosophy of nursing. It is very important for you to develop and to know your own personal philosophy of nursing. Think about such questions as:
What is nursing?
What do I believe the responsibilities of a professional nurse should be?
What should nursing do for society?
What kind of person should the nurse be?
How should the nurse behave? Are personal and professional moral principles different?
Should the nurse have special moral principles?
How does the nurse relate to other health care personnel?
Who should direct the nursing profession?
Who should decide the activities for which nurses are to be responsible?

Now think about your own philosophy of nursing and read the following statements as through they were your own. Is this similar to your own philosophy? Can you add other kinds of behaviour to each?

1) I believe the student Nurses’ Association is important.
   I will attend and actively participate in the meetings of the Student Nurses’ Association.

2) I accept responsibility for my accuracy and honesty in all nursing functions and procedures.
   I will accept my errors and remedy them as required. I will be open and honest in my relationships with others.

3) I believe an individual is a social being with social needs.
   I will allow members of the patient’s family and community to visit. I will inform family members of the patient’s condition and progress.

4) I believe the private and professional lives of a nurse cannot be completely separated because society, as a whole, sees the profession in the lives of its members.
   I will encourage good health practices in the community. I will try to live a private life above reproach from the public.

5) I believe health professions other than nursing are needed to meet the health needs of the public.
   I will use the resources of other health professions to meet the needs of my patients. I will cooperate with members of other health professions in order to care for patients.

6) I believe the nursing profession should be self-governing and directed by nurses.
   I will participate in professional organizations and accept responsibilities and leadership roles when requested.

Your philosophy will direct you in the future as you study, learn and then work in the nursing profession. You will adjust much more easily and quickly in your studies.

Objectives of Nursing

The purpose of nursing education shall be to foster high standards of nursing practice, promote the professional and educational advancement of nurses to the end that all people may have better health care services. These purposes shall be unrestricted by considerations of age, colour, creed, disability, gender, health status, life style, nationality, race, religion, or sexual orientation.

The objectives of nursing shall include the following:

1) To establish and promote implementation of standards of nursing practice, nursing education, and nursing services as defined by statutory bodies.

2) To encourage members to adhere to the ethical obligations of nurses as patients’ advocates.

3) To promote and protect the economic and general welfare of nurses.
4) To continually review and clarify the role of the nurse in the delivery of health-care services.

5) To interpret the aims of the various educational programs and career opportunities in nursing to nurses, prospective nurses, and the public.

6) To identify the educational needs of practitioners and to work with appropriate groups to provide programs to ensure current Nursing practice.

7) To interpret to the members of the Trained Nurses Association and Student Nurses’ Association, the philosophy, objectives and activities of this association and to undertake collaborative activities with Association to promote the purposes of the profession.

8) To initiate legislation and proposals for governmental regulations and take stands supporting or opposing those which affect the health of the people of the state, nursing, or nurses.

9) To speak for the nursing profession in relationships with professional, community and governmental groups, and with the public.

10) To provide for representation of nursing interests statewide, nationally and internationally and to present nursing policies and positions on issues that may have statewide, nation wide or international implications.

Check Your Progress 2

1) Fill in the blanks:
   a) Meaning of the word “philosophy” is ............................................................
   b) Our philosophy of life decides our ......................................................... and the ......................................................... we make on life.
   c) I believe the nursing profession should be ................................................ and ................................................
   d) Your philosophy will direct you in the future as you ........................., .................... and ............................................. in the nursing profession.

2) State whether the following statements are True or False:
   a) Purpose of nursing education is to foster high standards of nursing practice. (T/F)
   b) The purposes of nursing shall be restricted by considerations of age, colour, creed, disability, etc. (T/F)
   c) One objective of nursing is to promote and protect the economic and general welfare of nurses. (T/F)
   e) Nursing objectives interpret to the members the philosophy, objectives and activities of TNAI/NNA. (T/F)

1.2.3 Concept of Nursing as a Profession

What is a Profession?

The dictionary meaning of profession is “vocation, calling, especially one which involves some branch of learning or service as the learned professions of divinity, law, medicine, nursing etc.”

One way of defining a profession is to state what it should be. When we state what something should be, we are giving the criteria. Criteria are standards of judging something. For example, when you were studying in high school, you had certain criteria for judging what a good student would be like. He would study regularly and well. He would be honest in his work and be punctual when coming to class. Perhaps he had a record of high marks. These are some of the criteria for a good student.

In this way, we have criteria for a profession. These are standards for what a profession should be. All types of work that we call professional may not meet every standard. But all true professions work towards meeting these criteria and we will use the words, profession and professional, in this sense.
Characteristics/Criteria of Nursing as a Profession

For nursing to be called a profession, it should be based on criteria. Nursing profession should keep to its standards and try to work in the direction of these criteria. Genvieve and Roy Bixler have given the following criteria.

A profession is one which:

1) Utilizes in its practice a well defined and well organized body of specialized knowledge, which is on the intellectual level of the higher learning.

2) Constantly enlarges the body of knowledge he uses and improves his techniques of education and service by the use of the scientific method.

3) Entrusts the education of the practitioners to institutions for higher education.

4) Applies the body of knowledge in practical services, which are vital to human and social welfare.

5) Functions autonomously in the formulation of professional policy and in the control of professional activity.

6) Attracts individuals of intellectual and personal qualities who exalt service above personal gain and who recognize their chosen occupation as a life work.

7) Strives to compensate its practitioners by providing freedom of action, opportunity for continuous professional growth and economic security.

It is important for you to remember these criteria so that you will always be able to judge and evaluate yourself and your profession and help to improve both if necessary.

We can summarise the above criteria in a few words. A profession should be (i) intellectual and (ii) scientific; it should (iii) require higher education; it should be (iv) essential, (v) self-governing and (vi) service-oriented; it should (vii) try to provide personal development and economic security for its members.

Intellectual: The professional person uses specialized knowledge in practice. This is knowledge neither available nor understood by the general public. It is clear and well organized. It should be on the intellectual level (the level of reasoning and understanding) of higher learning. Higher learning should be that which is above the level of matriculation.

Scientific: The education of a professional person is based upon a body of scientific knowledge. Scientific means orderly and exact. This knowledge is constantly growing because of research (systematic study). A true profession will not only continue research, but will also use the growing body of knowledge and the service of its practitioners.

Requires Higher Education: The professional person should be educated within an institution of higher education. These institutions would be like those of universities or colleges. Education above the level of high school and outside of these institutions would be more like that used for teaching a skill or trade.

Essential: The services of a profession should be definitely needed and vital to human and social welfare. Society would not be able to get along without these services. This is what sets a profession apart from a sport or a recreational service to the public. Sports and recreation enrich our lives and make them more pleasant but they are not absolutely necessary for our social welfare and survival.

Self-Governing: Most professions relate in some way to other professions. But a profession must also be independent. A new or developing profession very often begins as a type of work, which is controlled and governed by other more fully developed and recognised professions. A true profession will be able to provide leadership from among its own members. These will guide the setting of policies and the control of professional activities.

Service-oriented: The members of a profession should put service first. Their service will be one which they have chosen as a life work; one to which they expect to devote the major proportion of their energies for the rest of their lives. This does not mean that professional
Concepts in Nursing

personnel are not paid well for services. It does mean that salaries and benefits will be put second to service for society and humanity.

**Personal Development and Economic Security:** Although salary and personal benefits should be put second to service, a true profession tries to provide other very rich and satisfying benefits. One is that of freedom of action. Members of profession should be able to work with a sense of knowing they are free to make improvements in their work and apply new ideas and methods. They are free to question and evaluate what is being done. Because of this freedom, professional people have great possibilities of improving and developing their practice.

Another important benefit is that continuous professional growth. The profession should provide planned opportunities for its members to continue their professional development. Many kinds of programmes may be offered, both formal and informal. Examples are workshops, refresher courses. Participation in professional organizations, contributing to professional journals or educational programmes sponsored by institutions of higher learning.

Economic Security, or having enough money to pay for essentials of life, is of great importance to every human being. A profession tries to give its members this security. Reasonable salaries may be one way this is done, but economic security is just as important during the later years of retirement. Professional people cannot save money for the future unless they are paid enough while they are working. The profession tries to see that its practitioners are paid adequately so that they will have enough money while working and able to save for retirement to meet all material needs and the daily expenses of living at that time. Planning for retirement becomes even more important as our life spans gradually increase.

**Values of a Professional Nurse**

Values can be defined as deeply held beliefs that provide reference points as we make judgements and set priorities in daily life. Values give directions to people’s lives and shape practical decisions and actions that mark who each person is. They refer to the things people deem worthy, standards by which people judge the worth of things, as well as themselves and others. Because values guide us in deciding what is important, what is good, and what is right, our value system has significant moral implications.

Since nursing is a publicly recognized practice of care giving, its value system over time by public expectation and nursing’s own understanding of its social mission of care. The following are essential values of the profession of nursing.

**Caring:** Care is the essence of nursing and the distinct, dominant, central, and unifying focus of nursing (Leininger, 1991). Caring is viewed as both a content area and a process demonstrated by faculty and students alike. Caring is altruistic in nature and demonstrates a concern for the welfare and well being of others. Values about caring are shaped or constituted culturally and the professional nurse demonstrates and understanding of the universalities and differences in caring. A caring approach includes: knowledge, flexible approaches based on the care-recipient’s emic perspective, patience, honesty, trust, humility, hope and courage.

**Diversity:** Valuing diversity is a core paradigm for caring and leadership. Diversity requires that the individual affirm his or her own unique self while learning to respect and address the needs of others who may have different values. Transcultural nursing is characterized by valuing diversity and human dignity. Human dignity is respect for the inherent worth and uniqueness of populations. Valuing diversity incorporates both appreciation of differences and social justice issues within populations.

**Integrity:** The nurse recognizes integrity as the cornerstone for clinical practice and leadership, followership, and learning. Integrity encompasses a commitment to people (staff, student, family, community), consistency in word and action and adherence to the professional nursing code of ethics and professional nursing standards of practice.

**Scholarship:** The nurse acquires depth and breadth of knowledge for expert practice in professional nursing, transcultural nursing care and leadership. The scholarly practitioner
adopts a scientific rigor in approaching clinical practice and academic endeavours. Faculty serve as mentors to students in assisting them to bridge frame of practice. Knowledge is recognized not only as tested knowledge, but also, as intuitive inquiry with knowledge yet to be discovered. Life-long learning is a characteristic of the scholarly practitioner and the individual who is working toward a higher level of integration.

**Advocacy:** Advocacy is an inherent element of nursing ethics and the legal definition of nursing practice. Advocacy arises from a meaningful and respectful relationship between the nurse and others. Advocacy requires that the nurse understands the emic perspective of the client and that strategies of care be adopted which are flexible and accommodate for variations in a range of socio-cultural factors. As an advocate, the nurse is responsible for safeguarding, promoting and supporting the client’s life ways, values, and decisions. Processes and skills needed to successfully advocate for clients include accountability, ethical analysis and decision making, awareness and adherence to clinical standards and legal definitions of nursing practice, health teaching, health counselling, leadership, collaboration, communication, and ability to implement change.

**Accountability:** Accountability is the hallmark of professional practice and requires that a proactive approach be adopted. Accountability occurs at four levels: performance-based accountability (accomplishing the expected goals, objectives, outcomes); process accountability (responsibility for relationships and working together with others); peer-support accountability (responsibility for supporting other and facilitating interdependency of work); and, personal accountability (responsibility to set personal standards for taking initiatives above and beyond the normal call of duty).

**Requisites of a Professional Nurse**

As health care shifts from hospital-centered, inpatient care to more primary and preventive care throughout the community, the health system requires registered nurses who not only can practice across multiple settings- both within and beyond hospitals-but can function with more independence in clinical decision making, case management, provision of direct bedside care, supervision of unlicensed aides and other support personnel, guiding patients through the maze of health care resources, and educating patients on treatment regimens and adoption of healthy lifestyles. In particular, preparation of the entry-level professional nurse requires a greater orientation to community-based primary health care, and an emphasis on health promotion, maintenance, and cost-effective coordinated care.

The government of India recognizes Diploma in Nursing and Midwifery as the minimum educational requirement for professional nursing practice.

The following requisite are necessary for a professional nurse:

- Professional nurse should be a registered nurse who can function with more independence in clinical decision making and case management, performing the traditional role of clinical caregiver, and teaching patients how to comply with treatment regimens and maintain good health.
- Registered nurse not only must communicate effectively with patients and other health care professionals, but also must have broad competency as a provider, designer, manager and coordinator of care.
- Registered nurse at the entry-level of professional practice should possess minimum educational preparation provided by the legislature body, nursing council either a three-year General Nursing and Midwifery or a four-year Bachelor of Science degree programme in nursing.
- Professional nurse should be prepared to practice in all health care settings- critical care, out patient care, public health, and mental health.
- Registered nurse should possess skills essential for professional nurse who must make quick, sometimes life-and-death decisions; design and manage a comprehensive plan of nursing care; understand a patient’s treatment, symptoms, and danger signs; supervise other nursing personnel and support staff; master advanced technology; guide patients through and educate patients on health care options and how to adopt healathy lifestyles.
Check Your Progress 3

1) Fill in the blanks:
   a) The meaning of profession is ................................... and ...................................
   b) Criteria are .......................................................... something
   c) Individual practitioners are characterized by strong ................................... and ................................... to competence.
   d) A profession utilizes ................................... and ................................... body of specialized knowledge, which is on the ....................................... level of the higher learning.

2) List any four criteria of nursing profession.
   a) ............................................................................................................................. ........
   b) ............................................................................................................................. ........
   c) ............................................................................................................................. ........
   d) ............................................................................................................................. ........

3) List any three values of a professional nurse.
   a) ............................................................................................................................. ........
   b) ............................................................................................................................. ........
   c) ............................................................................................................................. ........

1.2.4 Roles and Functions of Professional Nurse

Role Statement

The professional nurse occupying the position of registered nurse accepts responsibility and accountability in:

1) Providing quality nursing to the clients in their care, placing emphasis on the medical/psychosocial/spiritual needs of the clients and to be mindful of the needs of the relatives and/or carers;
2) Co-operating with the Nursing Units and all other Departments within the Hospital;
3) Understanding all activities in relation to patient care and other assigned duties;
4) Actively participating in the Nursing Team;
5) Actively pursuing continuing self-education; and
6) Actively providing appropriate health education to the individuals, families, groups and community at large in various settings.

Functions and Responsibilities

1) Client Care

Providing safe, effective nursing care within a designated unit/hospital/community setting by:

i) Participating in the delivery of nursing care based on the best practice principles, outlined by the statutory body.
ii) Maintaining nursing standards and patient/client services to a level which ensures patient safety and quality of care and keeping with the philosophy and mission statement of the employing facility.
iii) Observing and participating in quality improvement programmes and activities relating to the designated priorities of the hospital or community setting.
iv) Fostering congeniality between all members of the health care team.
v) Assisting with cost containment by utilizing resources effectively.
vi) Participating in appropriate meetings / committees.
vii) Providing a customer focus in the delivery of care to members of the public through clinical practice (i.e. an individual approach / person centered).

viii) Participating in educational programmes and other duties deemed appropriate by nursing management.

2) **Professional Practice**

i) Maintaining confidentiality and exercising discretion in relation to all health units/hospital matters.

ii) Taking reasonable care in respect of the health and safety of persons who are at your place of work and who may be affected by your acts or omissions at work.

iii) Being fully aware and familiar with the unit/hospital/setting, fire, disaster and other emergency procedures.

iv) Adhering to all Infection control policies and safety rules concerning the wearing of protective clothing / equipment and clinical practices in the work place.

v) Co-operating with the management by complying with any requirement imposed in the interests of health, safety and welfare.

vi) Adhering to all unit / hospital / setting statutory policies, procedures and guidelines.

vii) Actively seeking knowledge of any medications administered.

viii) Actively seeking information if unfamiliar with patient diagnosis or any aspect of patient care.

ix) Actively participating as an “enthusiastic” member of a multi-disciplinary team.

x) Complying with the professional code of ethics.

xi) Demonstrating accountability and responsibility for your own actions.

xii) Practicing within the limits of own abilities and qualifications.

xiii) Initiating and maintaining effective communication with others.

**Roles and Functions** of Professional Nurse can be classified based on the Nursing process:

1) **Management Role: Planning**

i) Describe the planning process in the assigned clinical area.

ii) Assess clients, needs, work environment and available resources.

iii) Set appropriate priorities for day’s work.

iv) Anticipates and plans for potential problems/disruptions in routine.

2) **Management Role: Organizing**

i) Organize work activities, incorporating details critical to client care and management of personnel.

ii) Delegate tasks and/or share responsibility based on needs of client and capability of personnel.

iii) Adhere to organizational policies and procedures.

iv) Describe instances of the incorporation of risk management concepts in the assigned clinical setting.

v) Check for safe and efficient use of equipment.

3) **Management Role: Implementation**

i) Perform nursing procedures safely, accurately and with a sound theoretical base.

ii) Describe and evaluate how one nurse manager, or nurse responsible for care, delegates tasks or decisions.

iii) Describe the decision making process making process in your assigned area.
iv) Describe the relationship of the decision making process used to the organizational structure.

v) Recognize when intervention by other disciplines is necessary.

vi) Assure continuity of care via written plan, documentation, reports and records.

vii) Communicate effectively with patients, families and other health team members.

viii) Show sensitivity to human needs and psychological components of care.

ix) Describe one example of an area of conflict and how it was managed.

x) Describe one example of the use of the change process, including barriers to change and factors facilitating change (or) describe an issue/behaviour needing change in your clinical area and how you would approach it (or) discuss a recent change made in your clinical area and evaluate it with a nurse leader/manager.

4) **Management Role as Evaluation may be Done by**

i) analyzing the flow of communication in the unit and within the organization (or) evaluating the communication observed within your clinical area (including type, direction, effectiveness, and suggestions).

ii) describing the nurse manager’s role as evaluator of personnel performance.

iii) assessing patient care evaluation activities that are done in one clinical setting.

**Check Your Progress 4**

1) State the following statements are True or False:

   a) Registered nurse accepts responsibility and accountability in understanding all activities in relation to patient care and other assigned duties. (T/F)

   b) In professional practice registered nurse can not adhere to all infection control policies and safety rules concerning the wearing of protective clothing/ equipment. (T/F)

   c) Registered nurse fosters collegiality between all members of health care team. (T/F)

   d) Registered nurse need not comply with the professional code of ethics. (T/F)

2) List role and functions of professional nurse classified based on the nursing process.

   a) ............................................................................................................................

   b) ............................................................................................................................

   c) ............................................................................................................................

   d) ............................................................................................................................

1.3 **PROFESSIONAL TRENDS**

Trend means a change or movement in a particular direction. A trend in nursing profession is a change that is taking place in present days in any field of nursing, may it be in education or practice which affects the profession as a whole. For example, the present trend in nursing education is towards a higher level of education in the basic preparation of the professional nurse both here and around the world.

Trends in nursing are not isolated changes. Each trend is related to changes in society, in other professions or in what is happening within the nursing profession itself. Because nursing serves to meet the needs of society, and major change in society will bring about a new trend in nursing. Because nursing is closely related to the medical profession and other health professions, any major changes in these professions may bring about a new trend in nursing. Because nursing leaders are always working towards meeting the criteria of a profession, actions of the leadership within the profession will bring about some trends. Because of improved communications and international contacts, major changes in the nursing profession in other countries may bring about a new trend in the nursing profession in India.
1.3.1 Development of Nursing as a Profession

You have entered a College of Nursing with one goal in mind to become a “Registered Professional Nurse”. Have you ever wondered how and when nursing began?

**Historical Perspective**

Nursing history provides the basis for understanding the nursing profession today. Nursing’s problems, assets, limitations and opportunities are based on its past.

The trend or general direction that nursing has taken, is a graphic picture of the status of women throughout the ages. As we take a look at history, we find that each generation, each change of the social and economic climate, brought forth a leader or a reformer. The credit cannot be given to a single person, race or creed. The modern nursing as we know it now has begun in the middle of 19th century. The progress of modern nursing has aimed its goal various periods.

During the later part of 18th century was the beginning of the initial period. The features of this period were:

1) There was no special training or education for nursing but was intuitive.
2) The requirement is the pressing need of the patient.
3) A feeling of compassion and desire to do service especially during Christian Era (1-1500 AD) e.g. Roman matrons and Deaconesses. The second period started from the later part of 18th century to the establishment of School of Nursing at St. Thomas Hospital, England in 1860 AD. Actual training and systematic education was given in hospital as well as home visiting by various people like:
   a) St. Vincent de Paul formed sisters of charity in 1633 AD.
   b) Pastor Fliedner and his wife Fredrika started a nursing school at Kaiserwerth in 1836 AD.
   c) Catholic and Protestant orders have started several but they were not having organized training.
   d) In 1860 AD the scientific method of training was started at St. Thomas Hospital, England by the direction of Miss Florence Nightingale.

Later Period al Dak Started from 1860 AD. It included:

a) Development of nursing characterized by the establishment of schools of graduate and undergraduate nursing.
b) Emphasis given on specialization in nursing and nurse.
c) Study and research.
d) Legislation affecting nursing and nurses.
e) Forming International and National Organizations.

1.3.2 Development of Nursing as a Profession in India

a) **Before Independence**

During this period 1679 to 1688, a hospital was built for civilians in Madras, but the same staff of the military hospital took care of both hospitals. In 1797, another hospital was built for the poor people of Madras named as Lying in Hospital. In this hospital, the Government had first started a training school for midwives in 1854. In 1871, a training school for nurses started in the Government institution with six students. To start this school, one lady superintendent and four trained nurses came from England. Here students were to undergo nursing first and then the midwifery. The staff was changing frequently as the living conditions were not satisfactory. The Government Hospital of women and children at Egmore is one of the chief midwifery training schools in Madras.

At Bombay in 1676, a hospital was started with a nurse from England and a few Anglo-Indians. In 1784, three hospitals were built for the Europeans, for the Sepoys and the third one was for convalescents. In 1809, hospitals for Indians opened and later several other
hospitals were opened. In 1943, ‘ Jamsetjee Jeebhoy Hospital’ (J.J. Hospital) was made with the joint expense of East India Company and Sir Jamsetjee Jeebhoy. In 1866, Sir Cowasji Jehangir Ophthalmic hospital and the ‘Pestanji Hormusji Cama Hospital were started. Nurses from England came to work in both hospitals. Later students for nursing were taken in the J.J. Hospital and Miss T.K. Adranvala was an outstanding graduate there. Later several hospitals came up with advanced study in nursing.

In 1708, a hospital in Fort William for the soldiers and seamen was started. In 1769, another hospital was established for all people. In 1792, an Indian hospital was opened. In 1838, the first Medical College Hospital in Calcutta was started with 30 beds and outpatient departments.

‘Lady Hardinge Medical College Hospital’ was established in 1911. Later in 1915, the training school for nurses was started. In 1935, the Irwin Hospital was started. During the world War II in 1939, Safdar Jung Hospital was started for military soldiers but later it was handed over to the Government for general use.

The Medical College of Patna was founded in 1925, where nurses were also being trained. Later Mission Hospitals were also started in various states to cater the need of the public and to educate the nurses.

During the later part of 19th century, missionary nurses who came to India from England, Australia, France and the United States worked hard to establish missionary centre which in many cases served as health clinics for treating and teaching the public.

In India, Mission Hospitals were the first to begin the training of nurses. There was lot of prejudice about sending decent educated girls for nursing. Hinduism and Muslim religions prevented girls joining nursing. Hence, Christian girls alone could be trained at first. The years between 1890-1900, many schools of nursing were started either by Americans or Britisher. At first the training began with one year course but in 1905, it had been extended to 3 years course.

b) After Independence

The years 1943-1950 marked an awakening that had great influence on the practice of nursing in India with World War II at its height freedom within sight. The realization came for the preparation of Indian nurses for administration and teaching posts, which were carried on by the English nurses so far.

The Indian Military Nursing Service, persuaded the government to make provision for preparation of Indian nurses and to start the first Post Certificate School of Administration in Delhi. Gradually, the Civil nursing Service instituted a course for nurses who were interested in teaching. Scholarships for both courses were made available through Government Agencies, the Indian Red Cross and the Minto Nursing Association.

During 1943, the appointment of the ‘Health Survey and Development Committee’ was another important landmark. The report of the Committee was another important landmark. The report of the committee known as the Bhore Committee report was published in 1946. The report described nursing conditions as deplorable and stressed the importance of having educated Indian women join the profession to raise the standards.

Check Your Progress 5

Fill in the blanks:

1) Miss T.K. Adranvale was an outstanding graduate from ......................... Hospital.
2) The Indian Military Nursing Service persuaded the government to make provision for preparation of .........................
3) Health Survey and Development Committee known as ......................... stressed the importance of having educated Indian women join the profession to raise the standards.
1.3.3 Factors Influencing Nursing Trends

Factors influencing nursing trends are not isolated changes. Each trend is related to changes in society, in other professions or in what is happening within the nursing profession itself. Nursing as a whole has been greatly influenced by all of the following factors and many more.

1) International trends in the nursing profession.
2) Health needs of the society.
3) Awareness of health needs by society.
4) Economic conditions- if money is available to pay for nursing service.
5) New developments in medicine.
6) New knowledge and procedures developed through research in science.
7) Need for specialization in medicine and nursing.
8) Opportunities for service and education abroad
9) Changes in nursing education and the role of the nursing student
10) Increased industrialization.
11) Expansion of community health services.
12) Government support programmes
13) Increased number of private nursing homes, private hospitals.
14) Necessary military activities, and
15) Development of nursing research.

All of the above have influenced nursing by increasing the need for more nurses and a greater variety of service.

1.3.4 Development of Nursing Education in India

In India, nursing education began with short period of training as mentioned earlier. Training for orderlies and midwives were given for a period of six months with close supervision of their practical experience. And a certificate was given to them after the training. In 1871, this system was changed and included in to general nursing for a period of three years and midwifery for a period of nine months along with it. Later, some changes were introduced and at present the diploma programme is planned for three years including midwifery, community health and general nursing.

The leaders in nursing realized the need for well prepared nurses for the purpose of administration, supervision and teaching. So, post certificate courses for diploma holders were offered at College of Nursing, Delhi; College of Nursing, Vellore and the Government General Hospital, Madras. The experienced nursed were selected for this course.

The first four year basic Bachelor Degree programmes in Nursing were established in 1946 at the College of Nursing, Delhi and C.M.C. Hospital, Vellore. This programme is now offered at a number of other colleges in different states of India also.

In 1963, the School of nursing at Trivandrum instituted the first two year post certificate Bachelor Degree Programme. Other schools also have begun this later.

Examinations and Certificates

In the beginning, there was no uniformity of courses or educational requirements. During 1907-1910 the North Indian United Board of Examiners for Mission Hospitals was organized and set up rules for admissions and standards of training and conducted a public examination. Certificates were given for successful candidates. A few years later the Mid-India and South India Boards of Nurse’s Examiners were set up. These are Examining Boards of the Nurse’s League of the Christian Medical Association of India. Certificates
were being registered by the Madras Nurse’s and Midwives Council, which was set up in 1926. Later State Registration Councils are set up in other parts of India to facilitate the students being registered in their own states.

Current Aims in Nursing Education
Nursing education in India is going through a major transitional period, which the aims of leaders in the nursing profession are far ahead of what is actually taking place. This gap is a serious problem which will only be solved when nursing authorities such as the Indian Nursing Council and the State Registration Councils are given the power they need to enforce rules and regulations in both nursing education and practice. Because of this gap, we will discuss the long-range aims in nursing education and then what is actually taking place today.

The aims in nursing education are:
1) That there be two levels of basic general nursing education: one level will be the B.Sc./diploma and the other the ANM Course.
2) All schools of nursing now attached to a medical college should be upgraded to the B.Sc. level.
3) All present ANM schools of nursing be attached to district hospitals.
4) Nursing personnel must have authority in the selection of students.
5) Selection of students should be based upon aptitude tests.
6) Nursing schools should have independent budgets and teaching facilities.
7) Continuing education programmes must be provided for nursing staff on a regular basis.
8) Recommendations from the INC should be enforced.

Check Your Progress 6
1) List any 4 factors influencing nursing trends:
   a) ......................................................................................................................
   b) ......................................................................................................................
   c) ......................................................................................................................
   d) ......................................................................................................................
2) Fill in the blanks:
   a) Leaders in nursing realized the need for well prepared nurses for the purpose of ....................................., ..................................... and .....................................
   b) The North India United Board of Examinations for mission hospitals was organized and set up rules for ..................................... and ..................................... and conducted .....................................
3) List two aims of Nursing Education:
   a) ......................................................................................................................
   b) ......................................................................................................................

1.3.5 Patterns of Nursing Education
Prior to independence, nursing in India was rather an on-the-job training in hospitals and clinics, without any prescribed curriculum being strictly followed by the trainers. In 1947, the Indian Nursing Council (INC) Act was enacted to constitute a Nurses Council at the Centre in order to establish a uniform standard of education for nurses, midwives and health visitors. Nursing education in India is slowly changing to meet the nursing educational aims. As the aims in nursing education are gradually met you will find greater opportunities for continuing your education through degree and advanced courses. The following pattern of nursing education is available in India now.
Check Your Progress 7

List four post-certificate courses:

1) .................................................................................................................................................. 
2) .................................................................................................................................................. 
3) .................................................................................................................................................. 
4) ..................................................................................................................................................

1.3.6 Factors Influencing Nursing Education

Nursing as a profession owes its existence and evolution to the need of the society, because nursing profession is dedicated to the promotion of health of entire mankind. 

The rising needs of the community, the raised standard of living, the change in socio-economic background, the demographic changes with increased hospital and health facilities, identified the need for qualified nurses who can be trained only through standard nursing education. The major influencing factors are as under.

1) As W.H.O pointed out that the dearth of nursing services hinder all health programs there is lot of attention being given to nursing education. 
2) The advent of more complicated equipment for modern diagnostic and therapeutic procedures affected the nursing education too.
3) The emphasis of Primary Health Care from cure to care model changes the total concept of nursing education, i.e. from illness to wellness care, individual to family and community approach. 
4) Change in the outlook of public towards nursing education. 
5) Demand for continuing education and inservice education due to specialization in nursing and medicine.
6) Change influenced by the learners, teachers, the society, the institution and the statutory body on nursing education affected nursing education as a whole.

7) Changes in education policy, health policy and influence of national health programmes influenced changes in nursing education.

8) Concept of research, professional education, and career ladder concept affected nursing education.

9) Cost effective care, quality care concept affected the standard of nursing education.

10) Accreditation and accountability by the nurses influenced the autonomy of nursing educational institutions and nursing profession as a whole.

11) Nursing education was brought to the streamline with general education.

Check Your Progress 8

List three factors influencing nursing education:

1) ............................................................................................................................. ............

2) ............................................................................................................................. ............

3) ............................................................................................................................. ............

1.3.7 Scope in Nursing Profession

Scope within nursing practice has changed greatly in recent years with regard to the kinds of career opportunities available to professional nurses. Not only is there a greater variety of nursing service, but there are also many different ways in which a nurse can practice within a given area of nursing.

There was a time when professional nurses had very little choice of service because most nursing was centered in the hospital and beside nursing. Many nurses served as staff nurses only with little chance of change or promotion. The working situation for nurses is very different today. Whether unmarried or married, male or female, graduate of a certificate/diploma or a degree programme, there are wide opportunities for service. Opportunity avenues available for a nurse in the field of nursing service, nursing education and Community nursing are:

a) **Nursing Service**: The function of the professional nurse in the hospital is more comprehensive. She will be actively involved in direct nursing care, health teaching, planning for care in the home, rehabilitation and service to the outpatients. She may have to teach the students also.

So a nurse after her qualification and registration as nurse can assume positions in nursing service as:

1) Staff Nurse
2) Ward sister or Charge nurse
3) Supervisor or Departmental sister
4) Assistant Nursing Superintendent or associate Director in Nursing
5) Nursing Superintendent
6) Director of Nursing
7) In Service Education Director
8) Clinical Nurse specialist
9) Nurse Anaesthetist
10) Nurse-researcher
11) Private duty nurse
The function of the professional nurse in the hospital is usually broader than any other kind of nursing. The nurse in the hospital will be actively involved in many different ways of meeting all the needs of the patient, physically, emotionally, spiritually and socially. Functions performed by the professional nurse in the hospital have been changing very rapidly. For example, intensive care or the care of the acutely ill patient. New diagnostic tests are being developed constantly and many functions once routinely done by the physician are being done by the nurse. This may be a more gradual change in some areas but, nevertheless, it is a change and it is bringing about a need for greater specialisation in nursing activities.

b) **Community Health Nursing:** Community health nursing is a part of the services offered by the general hospital in addition to the primary health centres. This has resulted from the criteria for recognition of nursing educational programmes, which include experience in community health nursing. Many hospitals have a basic training in both community health nursing and family planning. The very obvious needs of the public and the need for community health nursing are challenges to the professional nurse. Services given are antenatal clinics, maternal and child health clinics, family welfare, immunizations and health teaching regarding sanitation, prevention of disease and promotion of health.

Auxiliary nurse-midwife/health workers are commonly employed in the primary health centre to give maternal and child care. Professional nurses serve in these units as staff nurses and supervisors. Their responsibilities here may include both administration and education when nursing students are also present. The Government encourages advanced study in public health nursing and recommends any professional nurse in community health nursing have no less than a B.Sc., in nursing or at least a 10 months diploma in community health nursing after a General Nursing and Midwifery programme.

c) **Teaching in Nursing:** Professional nurses who are interested in teaching have a broad scope from which to choose. Teachers in nursing are needed in all areas of clinical practice and theory. The major areas of clinical practice are those of midwifery, community health, paediatric, medical and surgical nursing. Other less common but developing areas are those of intensive coronary care, ophthalmic, neurology, nephrology, and psychiatric nursing.

The functions and responsibilities of the teacher in nursing will vary with the institution. All teachers will have responsibility for planning, teaching and supervising learning experiences for the student; acting as adviser to the student; and keeping up to date with what must be taught. Qualification for teaching will depend upon the type of educational programme in which one will be working. A graduate of DNEA course may be qualified to teach students in an ANM/HW programme. Advanced study however, is necessary to qualify to teach in a diploma programme and a Bachelor’s degree programme in nursing. Nurses with a master’s degree qualify to teach students in the master’s degree nursing programme. Certain teaching on the master’s degree level requires education to the level of the doctorate degree.

The professional nurse who teaches will find the work stimulating and satisfying.
Check Your Progress 9

List opportunity avenues available for a nurse:
1) ........................................................................................................................................
2) ........................................................................................................................................
3) ........................................................................................................................................

1.3.8 Professional Organizations

The professional nurse must know what different professional organizations are there in the country and abroad so that s/he can participate in the activities of the nursing professional organizations. The professional nursing organizations provide a means through which your own professional development can be channelled with authority because of its representative character. It also provides you with opportunities for expression of your viewpoints, development of your leadership qualities and abilities and keeping you well informed of professional news and trends. Registration is important to you as a professional nurse.

1) National Professional Organizations

a) The Trained Nurses Association of India (T.N.A.I.)

The T.N.A.I. is the national professional association of nurses. The T.N.A.I. had its beginning in the Association of nursing superintendents founded at Lucknow in 1905, first of its President was Miss Allen Martin and the first secretary was Miss Burn.

Objectives

1) Upholding the dignity and honour of the nursing profession.
2) Promoting a sense of esprit de corps among all nurses, and
3) Enabling members to take counsel together on matters relating to their profession.

At the beginning the name of the organization was Association of nursing superintendents. A decision was made to establish a trained nursing association in 1908 in Bombay and accordingly the Association came together and merged and it was decided to establish only one organization as T.N.A.I.

The organization of the T.N.A.I. makes it possible for all nurses to participate at all levels. Beginning with the local units, which are usually made up of personnel in specific institutions as city branches of T.N.A.I. The level of organization moves to the District, state, and National levels. Members of the T.N.A.I. are usually most active on the level of these units i.e. city branches and state level branches.

The governing body of the T.N.A.I. is the council assisted by standing Committees for economic welfare of the members, nursing research and making available the finance for higher studies abroad.

The aims of T.N.A.I. centre around needs of the individual members and problems in the nursing profession as a whole. They are:

1) Upgrading, developing and standardization of nursing education.
2) Improvement of living working conditions and educational conditions for nurses and improve economic status of nurses in the country. In every state T.N.A.I has recommended the State Government to appoint a nurse as a Nursing Director.

The first handbook of T.N.A.I. was published in 1913. The Association has several professional books and other very informative publications to its credit.

The Nursing journal of India is the official publication of the T.N.A.I. and is published monthly.

The policy of T.N.A.I. is to work with the Government and other authorities and guard against the tendency of adopting unethical and unprofessional means to mitigate grievances.
b) The Student Nurses’ Association (S.N.A.)

The Student Nurses can obtain membership in student Nurses’ Association during their training period and can take membership in T.N.A.I. after completion of basic education by obtaining a certificate from the institutions in which they have studied within 6 months after completion of studies.

Their membership in T.N.A.I. gives them a sense of belonging and security helps them to keep abreast of changes in Nursing, share and solve professional problems and develop leadership qualities.

The objectives of the S.N.A. are:

1) To help students to uphold the dignity and ideals of the profession for which they are qualifying.
2) To promote a corporate spirit among students for the common good.
3) To furnish nurses in training with advice in their courses of study leading to professional qualifications.
4) To encourage leadership ability and help students to gain a wide knowledge of the nursing profession in all its different branches and aspects.
5) To help the students to increase their social contacts and general knowledge in order to assist them to take their place in the world when they have finished their training.
6) To encourage both professional, social and recreational developments and arrange meetings, games and sports.
7) To provide a special section in ‘The Nursing Journal of India’ for the benefit of students.
8) To encourage students to compare for prizes in the Student Nurses Exhibition and to attend national and regional conferences. The whole organization of S.N.A. is similar to that of T.N.A.I. Local units are established in the institutions. S.N.A. secretary keeps the diary of various events. The diaries from all the units are presented at the time of national conferences. The S.N.A. unit later on moves to the national levels as T.N.A.I.

Membership fees in S.N.A. are nominal and easily met by the nursing students. It is possible to transfer membership to T.N.A.I.

Nursing students who participate in the student Nurses Association have a valuable opportunity to begin to develop leadership abilities, social poise, competitive skills and an interest in the profession as a whole.

2) The International Council of Nurses

The International Council of Nurses, founded in 1899 by Mrs. Bedford Fenwick, is a federation of national nurses associations. The headquarters are in Geneva, Switzerland. The main purpose of the ICN is to provide a means through which the national associations can share their interests in the promotion of health and care of the sick. I.C.N. accepts the membership of one association of nurses per country. There are 15 countries national organizations in membership.

The main objectives are to:

1) promote the development of strong national nurses’ association.
2) assist at national level to improve standards of nursing. The International nursing review is a journal published quarterly by the ICN. The ‘Newsletter’, published ten times a year, gives news of the ICN and national member Associations.
3) assist national nurses’ Associations to improve the status of nurses in their own countries.
4) take up nursing matters and serve as authoritative voice for nurses internationally.

3) **The Indian Nursing Council**

T.N.A.I. members felt that there should be a body to guide and protect the nurses in their profession. I.N.C. was founded with this idea. The Indian Nursing Council, constituted in 1949, was established for the purpose of providing uniform standards in nursing education and reciprocity in nursing registration throughout the country. Before this time, nurses registered in one state were not necessarily recognised for registration in another state. The condition of mutual recognition by the state nurses Registration Councils, called reciprocity, was possible only if uniform standards of nursing education were maintained. Therefore, the I.N.C. was given authority to prescribe curricula for nursing education in all states. At the same time, it was given authority to recognize programmes of nursing education or refuse recognition to the schools and colleges of nursing.

Indian Nursing Council Act was passed in 1947. I.N.C. has prescribed various courses of study of professional nurses. It also sees whether these educational institutions are functioning properly or not. I.N.C. has wide range of rights. It can derecognize the institution if the standards of education are not maintained.

The council is composed of representatives of State Registration Councils, central and State Health Departments, Military Nursing Services, Indian Red Cross Society, University Schools of Nursing Health Schools and Post Certificate Schools, T.N.A.I., Medical Council of India, Indian Medical Association and Three members of Parliament. The Indian Nursing Council maintains a register of all nurses in the country.

4) **Other Nursing Organizations**

Other nursing organizations are active in various ways to meet the needs of specific groups of nurses, they are:

- a) The Commonwealth Nurse’s Federation
- b) The Nurses League of the CMAI
- c) The Evangelical Nurses’ Fellowship of India.
- d) The Government Nurses’ Association

In some states nurses have come together for getting their professional rights established that lead to professional growth.

5) **State Nursing Council and Registration**

Registration in state nursing Council is very necessary for every nurse. It is necessary to be registered in order to function officially as a professional nurse. Registration councils are functioning in all the states of India and they are affiliated to I.N.C.

Each state nurse Registration Council maintains a register of names of professional nurses. These names are also put into the Indian Nurses’ Register maintained by the Indian Nursing Council. Nurses, Midwives, auxiliary nurse midwives and health visitors are registered. All degree holding nurses also have to get the registration in state council.

The present functions of the state Nurses Registration Council are:

1) Recognize officially (Accredit) and inspect schools of nursing in their states.
2) Conduct examinations
3) Prescribe rules of Conduct; take disciplinary actions, etc.
4) Maintain registers of diploma, nurses, graduate nurses, midwives, revised auxiliary nurse midwives or multi-purpose workers and health visitors.

The above institution (S.N.C) is independent and recognised as a body who can make statutes and prescribe By Laws for trained nurses and nurses who are undergoing various courses of studies.

Though the state nursing council functions independently; it has to obtain approval from state government for all the By-laws passed by it and decision taken.
Registration

Each state nurses’ registration council maintains a register of names of professional nurses. All the nurses who have undergone a degree or diploma courses and certificate course have to register themselves in the state registration council.

The registration is very important as regards to its purpose. Every nurse who has completed recognized programme of nursing education and who meets the requirements of competence and character, only can get registration in state nursing council. Registration system helps to maintain the high standard amongst the professional nurses.

Registration serves as legal protection to the nurse and also to public as it prevents unqualified and incompetent persons practicing nursing.

The state nursing council can exert official control of standards of nursing practice through the registration system.

Check Your Progress 10

List various professional organizations:

1) ............................................................................................................................. ............
2) ............................................................................................................................. ............
3) ............................................................................................................................. ............
4) ............................................................................................................................. ............
5) ............................................................................................................................. ............

1.4 EXPANDED AND EXTENDED ROLE OF NURSES

The expanded and extended role of nurses can be described as a role, which goes beyond the traditional nursing role to encompass or include additional responsibilities and a wide range of functions in community and clinical care settings. In traditional role qualified nurses were concentrated in curative sector of the health care system providing general nursing services. In an expanded role, trained nurses are urged to move to the community and extend their services to the people. In institutional settings the new role will enable trained nurses with clinical expertise to retain the clinical role for direct nursing care in general units and expand their functions to meet the needs for specialized nursing care and skills in speciality units. This implies continued education and advanced nursing education of nurses in various fields of nursing.

There is now a worldwide trend to expand the scope of nursing practice. Nursing functions are being expanded in both developed and developing countries. Two major directions are indicated for expansion of nursing role:

- **Outward**, in order to extend nursing services to the community in support of primary health care.

- **Upward**, to enable nursing experts to utilize their expertise for direct care of client; the client may be an individual, the family, a group, or a community seeking health care.

The first outward direction indicated for the expended role which is meant to encourage trained nurses to move out from the curative sector into the community in support of Primary Health Care.

The second upward direction which is indicated for the expansion of nursing role is to enable nursing experts fulfil their potential in the hospital and in the community. In the Hospital nurses work is general care units and retain clinical role and provide promotive care within the clinical area and also work in speciality units of the hospital and assume additional responsibilities to meet the needs for specialized nursing care and skills.

In the community nurses have opportunity to meet the health care needs of specific groups e.g. school health nursing services for school children, maternal and child health nursing services for mothers and children, home-based gerontological nursing services for the
elderly population, and also function in an area of specialization for enhancing quality of care e.g. epidemiology, disaster relief.

Factors Influencing Expanded Nursing Roles

You have learnt about two major directions for change in the nursing role. Now we will try to describe other factors which have created a pressing need for expansion of nursing role.

i) Health is now recognized and proclaimed as a fundamental right of the citizen. Promotion of primary health care to achieve the goal of ‘Health For All’ is a priority of the health care system. To provide the population with broad access to basic health services, nurses have to carry out a wide range of functions especially in underserved areas like the rural sector, remote regions and urban slums. Health for all can become a reality at a faster pace if nurses can expand their functions and perform essential tasks in primary health care such as Maternal and child health care, including family planning, Immunization against common communicable diseases, Health education, Promotion of proper nutrition, and Management and treatment of minor ailments, common diseases, and injuries.

ii) The transition of the health care system from a disease-oriented model to a health-oriented model is an emerging trend. This trend is based on a broad concept of health with governments assuming more responsibilities now than was the case in the past, for health maintenance, disease prevention, and early detection of illness.

Traditionally, the scope of nursing was restricted to bedside care. Nursing and bedside care were closely linked together. The vast majority of well-qualified trained nurses were concentrated in the curative sector of the health care system. Even the concept of patient as used in the past is no longer suitable as it was associated with illness and hospitalization. The new health care consumer is a client, who may seek health care at home, at place of work, or in any type of health care agency.

iii) Specialization is another development, which has major implications for nursing practice. Specialization is gaining momentum in health and medical sciences. Sophisticated diagnostic, medical and rehabilitative technologies are leading to the expansion of speciality units in several branches of medicine and health care. Expansion of scientific knowledge, and application of this knowledge to diagnosis and treatment, has led to much advancement. Patients can live a fairly productive life with artificial pacemakers, organ transplants, and radiotherapy. Specialization in medical and health sciences had led to the expansion of speciality hospitals, institutions and speciality departments within a general hospital.

iv) The need for nursing experts to utilize their expertise for care of the client. Under traditional system of nursing, skilled nurses with expertise in clinical nursing or community nursing had no opportunity for advancement within the practice area; highly talented nurses were removed from direct patient care by promotion to an administrative position. Hence there were no experts to address the more complex issues in patient care. Advancement within the clinical or community nursing area would help nurses with expertise closer to the patient or client and foster greater role satisfaction. Both clinical nursing and community nursing were structured in such a way that senior nurses with expertise were utilized for administration and management duties.

This does help in the indirect patient care area, but clients do not get the benefit of the best nurse under this system of nursing care.

To meet the changing health care needs of the people, three categories of nurses are defined for the expanded role-nurse practitioner, nurse clinician, and nurse specialist. You will learn more about the characteristics of these new roles in the next section.

Check Your Progress 11

State whether the following statements are True or False:

1) The expanded role goes beyond the traditional role to include additional responsibilities and functions. (T/F)

2) There is no place for traditional nursing functions under the expanded role. (T/F)
3) Expanded role is primarily designed to help the nurse practice as a doctor. (T/F)
4) The government–sponsored health care system is meant to support the idea that health is for the privileged few. (T/F)
5) Expanded role can provide opportunity for nursing experts to advance within the clinical area. (T/F)
6) Under health-oriented system of care, the focus is on curative services. (T/F)
7) Specialization in intensive cardiac nursing is an example of role expansion in outward direction. (T/F)

1.4.1 Nurse Practitioner

Now you will learn about the characteristics of the Nurse Practitioner Role.

The Nurse Practitioner is a primary health care provider who assumes responsibilities of the expanded role to meet the health care needs of a group in the community. She is meant to provide first contact primary care to clients. In India, nursing personnel are often the only category of health workers accessible to a community, hence the assumption of the nurse practitioner role would enable nurses to make a larger contribution within our health care system.

All registered nurses are authorized to practice nursing. In this sense, all registered nurses can be called nurse practitioners, but currently the term ‘Nurse Practitioner’ is used for those assuming responsibilities of the expanded role whose work reflects the kind of nursing practice which encompasses additional functions and activities beyond the scope of traditional nursing practice.

The goal of Health For All through Primary Health Care poses a challenge to the health care system in each country which has adopted this strategy. Nurses are being called upon to expand the scope of their practice to help achieve the goal of Health For All.

Once purpose of the Nurse Practitioner role is to extend the delivery of health care services to the neglected, remote or under-served areas.

Under expanded role, the Nurse Practitioner assumes delegated medical responsibilities such as diagnosis and treatment of minor ailments through standing orders in addition to traditional nursing responsibilities. She provides a package of preventive, curative and rehabilitative services for promotion, maintenance, and restoration of health of clients. Her clients are generally in the ambulatory care category. Ambulatory care refers to the type of care that can be provided without admission to in-patient or acute care units of a hospital or health care facility. Clients in this category can be treated at home, in the clinic, or in an outpatient department.

The Nurse Practitioner acquires additional skills and professional expertise to make a health assessment, and to identify and manage health-illness problems in primary health care settings. She may function in the community, homes, clinics, health centres, dispensaries, outpatient departments, schools and factories.

Depending on the situation prevailing in a country, the nurse practitioner can be authorized to perform the following expanded role-related functions:

a) make a health assessment
b) order laboratory tests
c) identify health problems
d) diagnose minor ailments and common diseases of a recurrent type
e) initiate, continue or discontinue treatments, or refer clients of a secondary level of health care
f) prescribe medicines (which may have to be authorized within a framework of standing orders approved by the health authorizes on essential drugs)
g) manage the care of patients
h) maintain appropriate records.
With adequate and appropriate educational and administrative support, the Nurse Practitioner can be utilized for extending the delivery of preventive, curative and rehabilitative services in a country.

The Nurse practitioner may provide general or delimit her services to a specific area. In other words, as this role evolves, she may function as a generalist or as a specialist nurse practitioner. (See Fig 1.2)

<table>
<thead>
<tr>
<th>Category</th>
<th>Type of Practitioner</th>
<th>Practice Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Generalist Nurse Practitioner</td>
<td>• Nurse-midwife Practitioner</td>
<td>General Nursing and Midwifery in Hospitals, and Community – Rural and Urban</td>
</tr>
<tr>
<td></td>
<td>• School health Nurse Practitioner</td>
<td>School health</td>
</tr>
<tr>
<td></td>
<td>• Maternal and child health Nurse Practitioner</td>
<td>Maternal and child health</td>
</tr>
<tr>
<td></td>
<td>• Geriatric Nurse Practitioner</td>
<td>Geriatric health</td>
</tr>
<tr>
<td></td>
<td>• Family Health Nurse Practitioner</td>
<td>Family and home health care</td>
</tr>
<tr>
<td></td>
<td>• Mental Health Nurse Practitioner</td>
<td>Mental health</td>
</tr>
<tr>
<td></td>
<td>• Occupational health Nurse Practitioner</td>
<td>Occupational health</td>
</tr>
</tbody>
</table>

Fig. 1.2: Example of Generalist and Specialist Nurse Practitioner

The practice settings of the Nurse practitioner will vary according to the type of services she is equipped to provide. As a specialist, she may provide a package of preventive, therapeutic and rehabilitative services to a defined population or client group e.g. school children, mothers, infants, the elderly, factory workers and miners.

1.4.2 Nurse Clinician

You have already learnt about the Nurse Practitioner. Now let us see how the Nurse Clinician can carry out expanded role of the nurse.

The Nurse Clinician role was proposed when there was a need for senior nurse with experience and expertise to retain their role as they moved up the career ladder into supervisory and administrative positions. The traditional career structure in nursing failed to reward clinical skills of nursing staff. Advancement opportunities were available primarily for those who gave up patient care responsibilities. Senior nurses could progress up the ladder by moving into administrative or teaching positions. There was no structure for advancement within the clinical nursing area. The special concern of the nursing profession was that nurses were neglecting care as they became more experienced.

The Nurse Clinician would be equally concerned about care and cure, unlike the traditional nurse who allowed care-functions to recede to the background of her daily work schedule with high priority accorded to cure-functions. As nurses became involved in carrying out delegated medical tasks associated with diagnosis and treatments, daily nursing care for the patient was neglected. This situation led to poor nursing care, and a dehumanized setting with emphasis on routines, procedures, techniques and tasks. Patient care comfort and safety received less attention. The Nurse Clinician role evolved to reinforce the role of caring, supporting and helping patients meetings their basic needs with due attention paid to curative care aspects.

The term Nurse Clinician was first coined by Reiter in the 1960s. She described the Nurse Clinician as a master practitioner who was:

- competent in care, and possess adequate knowledge regarding care.

This type of nurse would be perceptive about human behaviour and motivation, and she would be committed to providing nursing care of the highest quality.
The Nurse Clinician was expected to be clinically competent in carrying out:

- Care functions,
- Cure functions, and
- Counselling functions.

Care functions include basic and technical nursing care based on the needs of the patient. These functions would encompass palliative care, physical care and protective care.

Cure functions include those activities directly related to medical care, therapeutic regimen and overall clinical nursing management of patients.

Counselling functions include psychological care, teaching patients and families, providing guidance in matters related to health and working with families for restoration and maintenance of health.

The Nurse clinician would also be competent to provide a broad range of services which would include:

- Coordination of patient care, therapeutic regimen and professional services,
- Collaboration with other members of the medical team, and
- Continuity of care.

The Nurse Clinician would thus be a clinical nursing expert with a depth of understanding of nursing in her clinical area who would be recognized for her clinical expertise in working with a defined group of patients. During her professional period she should continue education to update skills in clinical teaching, clinical administration and clinical research.

1.4.3 Nurse Specialist

The need for maintaining high standards of nursing care in specialized units is a major responsibility of the nursing profession.

The Nurse specialist role evolved in response to the need for nursing experts, with appropriate educational preparation and experience, who could deliver high quality nursing care in a defined area of specialization. It was recognized that, in addition to basic nursing functions, there were some areas where nurses had to acquire additional knowledge and specialized skills for high quality care.

The Nurse Specialist is an expert practitioner in a specific branch of nursing with advanced knowledge, high degree of skill and extensive experience in the care of clients or patients in the speciality concerned.

In clinical nursing practice, the Nurse Specialist is master clinician with high level of knowledge, skills and competence in a specialized area of nursing like Cardiac Nursing, Cancer Nursing etc. In community nursing practice, the nurse specialist has comparable level of knowledge, skills and competence in a branch of community with focus on protective and preventive aspects of nursing care e.g. School Health Nursing, Occupational Health Nursing. Initially, the Nurse Specialist may find more opportunities for specialty nursing practice in the hospitals, but with shift towards community-oriented health care, it is possible that nurse specialists in branches of community nursing can also be utilized.

Nurse Specialists are expected to gradually gain support and recognition when it is realised that it is impossible for the generalist nurse to acquire all the knowledge and skills for nursing practice at a high level in all branches of nursing.

Some health care facilities like hospitals, medical institutes and speciality centres are established for exclusive purpose of dealing with problems related to a specific area e.g. Heart Institutes, Neurological Institutes, Ophthalmic Centres, Cancer Hospitals. The quality of care in these costly health care facilities is unlikely to be a satisfactory level generalist nurses are expected to provide specialised care without further advanced education in that particular speciality.
Specialization can also develop according to societal support for innovative and creative ways of dealing with specific health problems, diseases, or health care needs. In this sense, specialization can vary according to various factors, e.g. knowledge expansion, technological changes, complexity of health problems, or priorities of the health care system. Speciality nursing can thus develop along a variety of lines according to different approaches (see Fig 1.3).

<table>
<thead>
<tr>
<th>Approach</th>
<th>Speciality Nursing Area</th>
</tr>
</thead>
</table>
| Disorders affecting Organs, body systems | — Cardiac Nursing  
— Neurological Nursing  
— Ophthalmological Nursing  
— Orthopaedic nursing  |
| Age of Client | — Neonatal Nursing  
— Child Nursing  
— Adult Nursing  
— Geriatric Nursing  |
| Health Service priorities or Health care needs | — Maternal and Child Health Nursing  
— Public Health Nursing  
— Family Health Nursing  |
| Professional Nursing Goals | — Holistic Health Nursing  
— Wellness-oriented Nursing  
— Palliative Nursing  
— Rehabilitative Nursing  |
| Tasks, Functions | — Infection Control Nursing  
— Stoma Care Nursing  |
| Health Care Setting | — Community Nursing  
— Hospital Nursing  |
| Length or Severity of Illness | — Intensive Care Nursing  
— Critical Care Nursing  
— Chronic Illness Nursing  
— Acute Illness Nursing  |
| Medical Interventions or therapy | — Medical Nursing  
— Surgical Nursing  
— Plastic Surgery Nursing  |

Fig. 1.3: Approaches to Speciality Nursing Practice

The Nurse Specialist has a multi-faceted role which encompasses the following sub-roles:

**Practitioner:** The nurse Specialist is an expert practitioner who maintains direct contact with client; the client may be an individual, a group, or a community with specific health-illness problems.

**Educator:** The Nurse Specialist teachers and guides nursing staff and students. She assumes major responsibilities for staff development and inservice education of nursing personnel. She organizes clinical meetings, seminars and conferences relevant to her speciality area for ongoing education of staff.

**Change Agent:** The Nurse Specialist initiates change necessary for improvement of nursing care. She is an innovator, and with her expertise and leadership skills, she has the ability to stimulate staff and students to try out new methods and techniques for improving efficiency and effectiveness of nursing care.

**Consultant:** The Nurse Specialist coordinates patient or client care to avoid fragmentation of care, a problem often associated with technological advancements in health care. She maintains links with other health professionals in the health team and collaborates with them for proper articulation of nursing services with other services for the patient or client.

**The administrative role of the Nurse Specialist** is an optional one which may have to be
assumed in certain circumstances for improving overall management of patient care in specialty areas. Even if she does not take up the administrative role, she is expected to contribute ideas and proposals for improving organizational structure and arrangements for supporting high quality nursing practice in a specialty area.

The Nurse Specialist has formal academic preparation at a post-graduate level in a university and adequate experience for specialty nursing practice. Postgraduate study in institutions of higher education, with focus on preparation for advanced nursing practice in a branch of nursing is considered to be the minimum qualification for a Nurse Specialist.

The Nurse Clinician and Nurse Specialist have some common elements but the differences need to be understood. These are presented below:

<table>
<thead>
<tr>
<th>Nurse Clinician</th>
<th>Nurse Specialist</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Functions in a clinical setting</td>
<td>1) May function in a clinical or community setting</td>
</tr>
<tr>
<td>2) Broad practice base</td>
<td>2) Narrow practice base in a branch of nursing.</td>
</tr>
<tr>
<td>3) May have appropriate continued educational preparation after basic level of professional nursing education</td>
<td>3) Must have formal academic preparation at post-graduate level in a University</td>
</tr>
<tr>
<td>4) Flexible regulations for practice as a nurse Clinician</td>
<td>4) Strict regulations for practice as a Nurse Specialist</td>
</tr>
</tbody>
</table>

Check Your Progress 12

1) State whether the following statements are True or False:
   a) One of the additional functions performed by nurse practitioners is the prescription of medicines for minor ailments. (T/F)
   b) The term ‘Nurse Practitioner’ is currently used to refer to all registered Nurses. (T/F)
   c) The Nurse Practitioner role was specifically designed to help a nurse become a Medical Practitioner. (T/F)

2) List six sub-roles of the Nurse Clinician.
   a) ............................................................................................................................. ......
   b) ............................................................................................................................. ......
   c) ............................................................................................................................. ......
   d) ............................................................................................................................. ......
   e) ............................................................................................................................. ......
   f) ............................................................................................................................. ......

3) Specify your speciality nursing areas if age of client is used as an approach to specialization.
   a) ............................................................................................................................. ......
   b) ............................................................................................................................. ......
   c) ............................................................................................................................. ......
   d) ............................................................................................................................. ......

4) Select the best answer.
   a) To achieve Health for All, the following type of nurse would be most useful:
      i) Nurse Clinician
      ii) Nurse Practitioner
      iii) Nurse Specialist
   b) A patient has a complicated fracture of upper and lower limits, with multiple injuries. Who can contribute best during acute injury stage?
      i) Nurse Clinician
1.5 CONCEPTS OF NURSING CARE

In this section you will learn about Concepts of Nursing care that can be applied in nursing practice. Modern nursing began in the middle of the 19th century under the leadership and direction of Florence Nightingale. The aim of nursing in the context of those times was to put the patient in the best condition for nature to act upon and provide an environment that would help the recuperative process. From the earliest ages to the present, nurturance of human beings has been the central of nursing. The word now denotes this concept is care, which provides the central focus of nursing activities. Nursing is a caring profession.

There are variety of Nursing care models/systems which have been developed and implemented to provide quality nursing care to the individual, family, groups and community at large. These are as under:

1) Basic Nursing Care
2) Case Method
3) Functional Nursing
4) Team Nursing
5) Total Patient Care
6) Care Management
7) Progressive Patient Care
8) Primary Nursing
9) Self Care
10) Palliative Care.

These nursing models/concepts have been discussed in detail in unit 4 of Block 2 on Quality Nursing Practice.

1.6 LET US SUM UP

In this unit we have tried to help you learn about the nursing profession and trends in nursing profession, so that you can understand the importance of nursing as a profession and recognize responsibilities of a professional nurse.

The terms and meaning of nursing, nursing profession and nursing practice have been defined and explained.

Philosophy and objectives of nursing and concept of nursing including professional trends, Expanded and extended role of nurses and various concepts of nursing such as Basic Nursing concept, P.P.C etc. have been explained.

1.7 KEY WORDS

<table>
<thead>
<tr>
<th>Character</th>
<th>: Collective qualities that distinguish a person or a thing.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinician</td>
<td>: One who is qualified to provide care and treatment to the sick in hospitals.</td>
</tr>
<tr>
<td>Objective</td>
<td>: Something sought or aimed at which it is actually existing.</td>
</tr>
</tbody>
</table>
Philosophy : Use of reason and argument in seeking truth and knowledge of reality and principles governing existence/love of wisdom.

Practitioner : One who is qualified to work and practice as professional in her field.

Requisites : Required and necessary to success or needed for some purpose.

Scope : Range or opportunity

Self care : The practice of activities that individuals personally initiated and perform on their own behalf to maintain life, health, and well being.

Specialist : A person who is a recognized expert in a specific occupation or branch of learning.

1.8 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1
1) recognizing, understanding, interpreting, meeting
2) sick or well, health or its recovery or to peaceful death, strength, will or knowledge
3) Care, Cure, Coordination
4) fresh air, light, warmth, cleanliness
5) Intellectual attainment, Attitudes, Mental skills

Check Your Progress 2
1) a) love of wisdom
   b) general behaviour, important choices
   c) Self-governing, directed by nurses
   d) study, learn, work
2) a) T
   b) F
   c) T
   d) T

Check Your Progress 3
1) a) vocation, calling
   b) standards of judging
   c) service motivation, life time
   d) well defined, well organized, intellectual
2) a) Intellectual
   b) Scientific
   c) Requires higher education
   d) Self-governing
3) a) Caring
   b) Diversity
   c) Advocacy

Check Your Progress 4
1) a) T
   b) F
   c) T
   d) F
2) a) Management role: Planning
   b) Management role: Organizing
c) Management role: Implementing  
d) Management role: Evaluating

**Check Your Progress 5**
1) Jamsetjee Jeebhoy  
2) Indian nurses  
3) Bhore Committee

**Check Your Progress 6**
1) a) Health needs of the society  
b) New developments in medicine  
c) Expansion of community health services  
d) Development of nursing research
2) a) administration, supervision, teaching  
b) admissions, standards of training, public examination.
3) a) Nursing schools should have independent budget and teaching facilities  
b) Recommendations from the INC should be enforced

**Check Your Progress 7**
1) Psychiatric nursing  
2) Public health nursing  
3) Coronary care nursing  
4) Operation technique nursing

**Check Your Progress 8**
1) a) Advent of modern diagnostic and therapeutic nursing education  
b) Change in the outlook of public towards nursing education  
c) Cost effective care and quality care concepts affected the standard of nursing education

**Check Your Progress 9**
1) Nursing service  
2) Nursing education  
3) Community health

**Check Your Progress 10**
1) T.N.A.I.  
2) S.N.A.  
3) I.C.N.  
4) Indian Nursing Council  
5) State Nursing Council

**Check Your Progress 11**
1) T  
2) F  
3) F  
4) F  
5) T  
6) F  
7) F
Check Your Progress 12

1) a) T  
b) F  
c) F  
2) a) Clinician  
b) Leader  
c) Coordinator  
d) Teacher  
e) Role model  
f) Researcher  
3) a) Neonatal nursing  
b) Child nursing  
c) Adult nursing  
d) Geriatric nursing  
4) a) ii  
b) iii  
c) iii  

1.9 FURTHER READINGS

Abdellah, Faye G. et al. (1960), Patient Centred Approaches to Nursing, Macmillan Company, New York, pp. 16-17.


