2

The Contemporary Image of Professional Nursing

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Each nurse forms the image of nursing every day.

People are always blaming their circumstances for what they are. I don't believe in circumstances. The people who get on in this world are the people who get up and look for the circumstances they want, and if they can't find them, make them.

GEORGE BERNARD SHAW

Vignette

Mary is a senior nursing student who asks a faculty member, "Why can't we wear different scrubs and jewelry to clinical? Have you seen what nurses wear? I don't know what difference it makes anyway. Patients don't care what we're wearing. They care that we know how to take care of them. You know, 2 months after we graduate, we'll be wearing what everyone else does. Yes, I know we look better than everyone else does. But why?"

Questions to consider while reading this chapter

1. How does the image of a nurse differ from that of a physician?
2. Why shouldn't nurses wear jewelry?
3. How does the nurse's appearance affect the patient's opinion of the quality of care the nurse provides?

What is image problem
what is it?
has it Δ'd
how are nurses portrayed
what do they think about what nurses look like

How important it is to know image prob. of nurs...
what is image problem

Goals for nursing
How does it impact on practice?
Why do we care?
How credible you are
Engage students ~~@~~ exercises - break in groups of 4?
think of responses
Videos DVD's use as stimulus
Jackie campbell

Closing activity
case study
How can they work to Δ the image?

Closing question re how does image affect shortage in November.

Plug Kalisch articles
Who's had corporate job? How important is image
start off ~~c~~ clip. Reat from blockbaster
handouts - Linda will make - + also objectives

Learning Outcomes

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

1. Explain the contributing factors to the nursing shortage.
2. Describe the image of nursing in art, media, literature, and architecture over time.
3. Identify nursing actions that convey a negative image of nursing.
4. Suggest strategies that would enhance the image of nursing.
5. Create an individualized plan to promote a positive image of nursing in practice.

Key Terms

Architecture The art of building.

Art Any branch of creative work, especially painting and drawing, that displays form, beauty, and any unusual perception.

Literature All writings in prose or verse.

Media All the means of communication such as newspapers, radio, and television.

Stereotype A fixed or conventional conception of a person or group held by a number of people that allows for no individuality.

CHAPTER OVERVIEW

This chapter describes how the image of nursing has been shaped and suggests strategies that nurses can use to forge a positive public and professional image of their practice. Because nurses have been the subjects of artists, sculptors, and writers for thousands of years, an historic perspective is used to illustrate the contextual background for the evolving image of this profession. Examples from nursing practice are used to illustrate how different approaches to the same situation continually shape the image of nursing.

IMAGES OF NURSING

When you imagine a nurse, what mental picture comes to mind? Do you think of *Life* Magazine's (1942) nurse in a starched white uniform with a cap; NBC's Emmy award-winning character, Carol Hathaway, RN, Head Nurse in *ER;* Universal Studio's Greg Focker, RN, in *Meet the Parents* (2000); or your colleagues with whom you practiced yesterday? The contemporary image of professional nursing in the United States is an ever-changing kaleidoscope created by the 2.2 million men and women of all ages, races, and religious beliefs who are registered nurses. Adding to this multifaceted collage are the numerous snapshots of nurses and nursing as portrayed in television commercials, bumper stickers, art, poetry, architecture, postage stamps, television dramas, television serials, movies, newspaper comic strips, stained glass windows, and statues. Second in size to the profession of teaching, nurses have been alternatively described as either saints or sinners, powerless or powerful, admired or ignored. Their practice has captured the attention of historians, economists, and sociologists who have studied this unusual group of people. Although nursing is the profession for which sentimental women need not apply, historians have described nurses as those who were ordered to care.

From these many perspectives of nursing, how and why has nursing been portrayed in art, literature, film, and the media? What does the public believe about nursing? How can professional nurses create a positive image?

Since Florence Nightingale reduced mortality rates from 42% to 2% in a Crimean hospital constructed over an open sewer, nurses have been reformers who are expected to use limited resources to address unlimited "wants" for health care. The request for Nightingale's nursing services in the Crimean was born out of newspaper reports about the devastating health care conditions in the Crimean War. Today the latest congressional report, ABC's *20/20* episode entitled Disappearing Nurses, and Gallup poll results indicate the value that the public places on nursing practice.

Although over the years at various times nurses have become concerned with their public image and media portrayal, the extensive work of Kalisch and Kalisch (1995) outlining the image of nursing in film and media over time permanently etched the image issue into the professional radar screen. Although image concerns may appear to be self-serving, the deepening national concern about the emerging nursing shortage of unprecedented magnitude is focusing considerable attention on the way that nursing is publicly imaged. Whether nursing shortages emerge from the public image of nursing or images of nursing emerge from nursing shortages, the two are inextricably related. Understanding the current shortage provides the fundamental basis for a discussion of the image of nurses.

THE NURSING SHORTAGE

This emerging nursing shortage that has already arrived in many areas of the United States has steep supply and demand side features. For example, the Georgia Hospital Association has reported a 13% statewide vacancy rate, increasing to 19% in metropolitan Atlanta (Crawshaw, 2000). How did this happen?

Consider the following data: the average age of a new nursing graduate is 33, and from a community college the average age of a registered nurse (RN) is 44, and the average age of nursing faculty is 50 (Buerhaus, Staiger, and Auerbach, 2000). By 2015 more than half of U.S. RNs are predicted to retire. The graying of American nurses is occurring because of two factors outside of nursing: (1) the declining birth rate of potential nurses every year following the boomer generation (1946-1960), and (2) the women's movement in the 1970s that opened new career opportunities for women (Buerhaus, Staiger, and Auerbach, 2000). However, the most serious concern is that since 1995, the overall number of students entering nursing has declined each successive year (AACN, 2000). The intertwining of the image of nursing and the nursing shortage is found in one succinct conclusion: nursing would be able to attract more young people if media images of nurses included more than "being on strike or laid off or involved in a mercy killing" (Jaklevic and Lovern, 2000).

An aging baby boomer generation and the increasing complexity of health care fuel the demand side of the shortage. By 2006 the U.S. Bureau of Labor Statistics predicts that job opportunities for RNs will have increased by 21% in comparison to a 14% job growth in all other occupations (AACN, 1998). By 2020 the need for hospital RNs alone will have increased by 36% (AACN, 1998), whereas the supply of full-time equivalent nurses will remain at year 2000 levels (Buerhaus, Staiger, and Auerbach, 2000). As noted by a public finance analyst with Moody's Investor's Service, since "hospitals are competing with medical groups, insurers, and dot-coms for a shrinking pool of qualified nurses" (Jaklevic and Lovern, 2000), the need to increase RNs by 36% is a conservative estimate addressing the needs of only one practice site.

NURSING IN ART, LITERATURE, AND ARCHITECTURE

Although the way that nursing has been portrayed in art, literature, and architecture over time may seem to be unrelated to the contemporary image of nursing, the mental image of contemporary nursing is enmeshed with these earliest images.

Art and literature have been the way in which people describe the human condition and cultural values of their time. Throughout history, new social and political institutions and rulers have made social and political statements of arrival through architecture, which "symbolizes the activity of the institution and tells us something about its importance within a culture" (Kingsley, 1988, p. 63); nursing has made similar statements. It has been suggested that it was through the architecture of hospital-based schools of nursing that nursing established both its self-image and public image as a profession in the United States (Kingsley, 1988).

In these earliest descriptions of nurses and nursing are found the enduring fundamental and essential tensions that exist within the profession today. Also within the art, literature, and architecture of nursing is found the eternal question asked by those who know they will one day require nursing care: "Can I trust and entrust my life to this nurse?" Although people hope that nursing is a vocation, a "calling" that requires education, commitment, and dedication, they fear that it is only a job requiring minimal training that one endures for the lack of other opportunities or until something "better" is available.

Antiquity Image of Nursing

The earliest literary reference to nursing chronicles the actions of two nurse midwives in approximately 1900 BC in Exodus 1 of the Old Testament, which indicates that the practice of two midwives became the vehicle through which the Israelites, the Jewish race, and the resultant Judeo-Christian heritage survived.

Nurse midwives and baby nurses, who were untrained servants, have been portrayed in art since the sixth century BC (Kampen, 1988). Found in eleventh century AD art are the first male images of nurses. Notably the nursing order of the Knights Hospitallers of St. John of Jerusalem in their black robes with a white Maltese cross were artistically portrayed as soldiers, rather than providers of nursing care (Kalisch and Kalisch, 1995). The next artistic renderings of nursing care, provided by other than servants or family members, would occur as the result of the twelfth century AD Christian writings on the Seven Corporal Works of Mercy that were performed to achieve salvation in the next life (Kampen, 1988). In these paintings the nurse would be portrayed as a woman in a religious order or as a person of wealth performing nursing as an act of Christian mercy.

These meager artistic renderings of nurses convey four images that continue to be familiar to contemporary nurses. Nurses were advocates and protectors, untrained servants, soldiers, or well-respected caregivers. For more than 600 years nursing appeared infrequently in art or literature.

Victorian Image of Nursing

In 1844, when Nightingale was "called" to become a nurse, Charles Dickens immortalized a different kind of nurse through Sairy Gamp, the nurse for whom nursing was endured because of the lack of other opportunities. For Sairy Gamp, a drunken, physically unkempt, uncaring nurse in *Martin Chuzzlewit,* nursing provided a way to profit from the sick and dying.

Reflecting the concern of Victorian England for untrained caregivers, Dickens advised Sairy of the advantages of ". . . a little less liquor, and a little more humanity, and a little less regard for herself, and a little more regard for her patients, and perhaps a trifle of additional honesty" p. 894).

Fortunately Sairy's literary arrival was followed by Longfellow's portrayal of the heroic Nightingale in "Santa Filomena" (1857). As important as Nightingale was to the improved health care of British soldiers and to the development of modern nursing, the ever increasingly positive images of Nightingale occurred solely because she was able to succinctly demonstrate the aggregate outcomes of nursing practice. To do so, she became one of the earliest users of the emerging body of knowledge called statistics and developed the pie chart that continues to remain in common use. Notably, nursing emerged at a time of turbulent social change and reform in Great Britain. At that time women did not have the basic rights of citizenship.

Early Twentieth-Century Nursing

Toward the end of the Nightingale period at the turn of the century, nurses in war settings vividly capture the attention of artists. The most compelling image is Bellows' 1918 canvas, *Edith Cavell Directing the Escape of Soldiers from Prison Camp* (Donahue, 1985). World War I (WWI) Germany shocked the world with its 1915 firing squad execution of Edith Cavell, founder of the first nursing school in Belgium, who aided soldiers escaping prison camps. The art of heroic nursing expressed in several famous paintings reflected the reality of WWI nurses who were also the recipients of 3 Distinguished Service Crosses, 23 Distinguished Service Medals, 28 French Croix de Guerre's, 69 British Military Medals, and 4 U.S. Navy Crosses (Donahue, 1985). Notably American nurses who served in World War I were not commissioned in the military services.

The arrival of nursing as a profession and a "calling" and the central importance of nurses to hospitals was clearly evidenced in the architecture of grand and imposing nursing schools that were attached to hospitals. They were deliberately designed with impressive entrances and private rooms, as well as lobby and recreational areas of gymnasiums, swimming pools, and tennis courts to attract women who were, in the words of the Board of Governors of the New York Hospital Training School, "women of refinement" (Kingsley, 1988, p. 69). Hutchinson, who donated funding for the Charity Hospital School of Nursing in 1901, indicated that the care provided to nurses would be directly proportional to the quantity and quality of care provided to patients (Kingsley, 1988). The size of these residences is grandly reflected in the Cook County Hospital School of Nursing completed in 1935 that was 17 stories tall and occupied a complete city block (Kingsley, 1988).

The 1930s—Nursing As Angel of Mercy

The popular 1937 CBS radio series and later RKO movie serial, *Dr. Christian,* portrayed the all wise country doctor whose loyal nurse was a dedicated, intelligent, and caring professional in a traditional white uniform (Kalisch and Kalisch, 1995).

On a grander scale, Warner Brother's *The White Angel* (1936), chronicled the professional life of Florence Nightingale. Endorsed by the American Nurses' Association (ANA), *The White Angel* clearly portrayed Nightingale's persistence and head-to-head confrontation with medicine. Anticipating that the medical staff would deny her nurses rations, she brought provisions for them. When the medical staff locked her out of the hospital to which she had been

sent, Nightingale sat outside in the snow until patients and soldiers required physicians to admit these nurses. As Jones (1988) noted, *The White Angel* clearly conveyed to the public that nursing is a holy vocation, that nurses have professional credentials, but that the career choice is opposed because women belong at home. A subtle inference of the film is that Nightingale was smart enough to overcome the obstacles of medicine.

In 1938 Rich's tall and imposing white limestone statue, the *Spirit of Nursing,* was placed in Arlington National Cemetery to "honor the compassion and bravery of military nurses" (Donahue, 1985, p. 433). Similarly, Germany's 1936 stamp commemorated nursing as a symbol of community service with a larger-than-life nurse compassionately overlooking people (Donahue, 1985).

The 1940s—Nurse As Heroine

Considered to be the most positive movie about nursing, *So Proudly We Hail* is the 1942 story of nurses in Bataan and Corrigedor. The film, starring Claudette Colbert, portrayed a small group of nurses rerouted to the Philippines after the attack on Pearl Harbor. Soon cut off from supplies and replacements as the Japanese took over the Philippines, these nurses provided care with few supplies and no staff to the thousands of soldiers in the Philippines. Norman's *We band of angels: The story of American nurses trapped on Bataan by the Japanese* (1999) tells via their diaries and interviews the gritty, difficult, and heroic story of these nurses who served on Bataan.

Nursing was depicted on a 1940 Australian stamp as a larger-than-life figure looking over a soldier, a sailor, and an aviator; in Costa Rica's 1945 stamp of Florence Nightingale and Edith Cavell; and in the 1945 commissioning of the *USS Higbee,* a U.S. Navy destroyer named in honor of a Navy nurse (Donahue, 1985).

After nursing's glorious contributions to WWII, nurses returned home to find low salaries, long hours, too few staff, and too many patients. However, nursing continued to be glamorized through the *Cherry Ames* series, the *Sue Barton* series, and other romance novels.

Nursing in the Anti-Establishment Era of the 1960s

In the 1960s the modern-day version of Sairy Gamp would be drawn by Ken Kesey (1962) through the character of Nurse Ratched in *One Flew Over the Cuckoo's Nest.* This best-selling novel later became a play and motion picture (1975) that won six Oscars, including Best Picture of the Year. Nurse Ratched or "Big Nurse" represented the "establishment" that insisted on conformity and stifled creativity. Entrusted with the care of the mentally ill, Nurse Ratched, a military nurse in a starched white uniform, was the ultimate power figure who cruelly punished patients to cure their psychosis through conformity to a "system" (Fiedler, 1988). As Dickens had done with Sairy Gamp, Kesey described Nurse Ratched from the perspective of a patient.

In this case, the fun-loving, mentally healthy McMurphy was a patient who went to a mental hospital as a way to shed other responsibilities. He challenged the routine of the ward. When Nurse Ratched's attempts to control the mentally healthy McMurphy via tranquilizers and shock treatments failed, she caused him to be lobotomized. Although Kesey's scathing portrayal of "Big Nurse" provided a somber reminder to the profession of patient rights, *One Flew Over the Cuckoo's Nest* also made a significant social statement about mental health care and the growing revolution of the 1960s. Notably, President Kennedy's movement of the mentally ill from institutionalization in large state hospitals to community-based mental health care found widespread public acceptance.

The reality of the turbulent period of the 1960s is that nurses were prominently in the forefront of public health initiatives that were President Johnson's first salvo in the War on Poverty. Nurses were also dramatically shaping the future course of health care through the development of coronary care units, intensive care units, hemodialysis, and Silver and Ford's first nurse practitioner program in Colorado. Advances in nursing knowledge in these areas were also fueled by two unrelated events: (1) the nation's experience with massive trauma in Vietnam, and (2) the monitoring techniques developed for the space program. A U.S. Bureau of Labor study indicated that salaries of nurses were woefully inadequate in comparison to other, far less trained American workers (Kalisch and Kalisch, 1995).

Nursing in the Sexual Revolution of the 1970s

Media images of the nurse in the 1970s were formed amidst a sexual revolution and a growing anti-military American culture. War would again provide the media backdrop. The 1976 stamp, *Clara Maas, She Gave Her Life,* commemorated the 100th birthday of Maas, a 25-year-old nurse who died after deliberately obtaining two carrier mosquito bites so that she could continue providing care to soldiers with yellow fever in the Spanish-American War (Donahue, 1985). Her modern day counterparts would be nurses in *M*A*S*H.*

The nursing profession viewed *M*A*S*H* (1972-1983) as professionally destructive through the negative portrayal of Hot Lips Hoolihan and the nurses of the 4077th Army MASH unit in Korea. The sexual exploits of nurses and physicians and the uncaring Margaret provided few positive images. However, for the American public who were receiving a daily dose of *M*A*S*H* in the news footage of Vietnam on nightly news, *M*A*S*H* presented a glimmer of reality. Continuous front-line exposure to the massive trauma of young men did not immunize these nurses from caring or from the horrors of what they were seeing. They coped with its horrors with a sense of humor and irreverence toward "the system." Nurses serving in Vietnam would later be imaged in the television series, *China Beach.*

Similarly, the less popular *M*A*S*H* spin-off series, *Trapper John, MD,* depicted a negative image of nursing while providing at least one strategically important image for the profession: the portrayal of the wise African-American nurse whose "take" on the situation was always accurate. At the time of the series, the profession had fewer than 5% African-American nurses. To place this in history, it was not until 1964 that the Louisiana State Nurses' Association became the last state to fully admit African-American nurses for membership from all districts of the state (Carnegie, 1995).

Nursing in the 1980s to 1990s

Portraying an actual event, the complexities of nursing are realistically described by the character of Nurse Rivers in *Miss Evers' Boys.* Through the character of Miss Evers, the play tells the true story of Nurse Rivers who was hired to recruit young African-American men into the infamous Tuskegee experiment designed to describe the long-term effects of syphilis. When her patients asked her to obtain the new treatment of penicillin for them and she sought to do so, the physician investigators required her to discourage them from treatment. Their reasoning, designed to exploit and manipulate her, presents her with several moral dilemmas that she had not been educated to manage. As the narrator of the story, Nurse Rivers introduces non-nurses to the dilemmas of nursing practice and the consequences of misplaced faith and trust in physicians.

In 1997 three films used war and nursing as a backdrop: *The English Patient, Love and War,* and *Paradise Road.* In *The English Patient,* the 1997 Best Picture of the Year, it is the RN who recognizes that the severely burned, dying patient in WWII, known as the English Patient, cannot continue to be transported to a safer area. She volunteers to stay behind in an abandoned building to care for him until he dies. As she creates an environment to care for him, his story is told. The nurse is a nonjudgmental caregiver whose care brings him peace before he dies.

In *Love and War,* the story of the young Hemingway in WWI and the nurse he loved is told. The nurse saved young Hemingway's leg from certain amputation by irrigating and debriding the wound with the newly discovered Dakin's solution. In this story the nurse, who is far more knowledgeable than the physician about how to save this leg, does so despite orders not to do so.

Paradise Road tells the true story of women in a Japanese prisoner-of-war camp. Although the nurse is not the central figure, it is she who leaves the camp to obtain quinine to treat an older woman who, in her last days, learns a human value system. For her efforts the nurse is physically tortured.

In contrast to these heroic media portrayals of nursing was the Nicole Miller advertisement in *Golf* (June, 1997) designed to sell golf clothes to men. Four practicing New York physicians were pictured on a golf green with the caption "Playing doctor." Draped around the physicians were young female models in white bikini bathing suits with nursing caps and tennis shoes. As a result of rapid written response from nurses and the American Organization of Nurse Executives (AONE), the company withdrew the advertisement and apologized to Nicole Miller customers and readers of *Golf* magazine (Wood, 1997).

Artistic views of nursing during this period focused on caring. In the Vietnam War Women's Memorial, the central figure is the nurse in battle fatigues cradling the head of a soldier for whom she is providing care. Evident in the bronze statue is the fatigue of the nurse and her care for this dying soldier.

Architecturally nursing in the 1980s continued to "arrive" through its buildings. The award-winning University of Oregon Center for the Health Sciences School of Nursing in Portland provides an excellent contemporary example of the current emphasis in American nursing education. Oriented with commanding views of the mountains, this building of glass and wood reflects the timber-based industry of Oregon and the inextricable linkage between nursing and its community. The nursing research level, with its many nursing research laboratories, reflects the primary mission of the school, which is to generate nursing knowledge. It also reflects the breadth of nursing research that is conducted. The importance of personal interaction in an Internet world is found throughout the building in conversational areas and in the widened hallways that encourage people to personally engage with one another.

The Image of Men

Notably absent in these media portrayals of nurses are the men who are entering nursing in increasing numbers. Perhaps one of the most positive film portrayals of men who are nurses occurs in *Meet the Parents,* a comedy released in December 2000. In this film the aspiring son-in-law is Greg Focker, RN, a wonderful character who humorously addresses and rises above the worst of all stereotypes that are endured by men in this profession. Men who are nurses are also interspersed throughout the fictional television series *ER* and the documentary series *Trauma: Life in the ER.*

IMAGEMAKERS OF NURSES

As noted in Box 2-1, during the 1980s and 1990s nurses moved into highly public national roles.

Nurses of America Campaign

In 1990 the Tri-Council of Nursing with funding from the Pew Foundation implemented the Nurses of America (NOA) media campaign. NOA was designed to convey to the public that nurses are expert clinicians who are able to interpret technical data in usable ways, as well as coordinate and negotiate health care. In collaboration with the American Advertising Council, several television and print advertisements of nursing, such as "Anyone can care, but not everyone can be a nurse," or "By 10:00 AM, Susan Smith, RN had saved a life," began to appear. As a part of the NOA campaign, Suzanne Gordon, a journalist with the *Boston Globe,* and Bernice Buresch, a journalist with *U.S. News and World Report,* "media" trained many nursing leaders across the United States.

A strategically important part of the NOA campaign was raising the consciousness among nurses of the invisibility of nursing in the news media. For example, a story that captured the news media of that time was that of a New York jogger who had sustained life-threatening head injuries as a result of being severely beaten while jogging in Central Park. Although her recovery was predominantly the result of the excellent intensive care nursing that she received, nursing was never mentioned in the news coverage. Similarly, a study of sources quoted by journalists in health coverage in *The New York Times, LA Times,* and the *Boston Globe* indicated

BOX 2-1 Imagemakers of Nursing

Dr. Carolyne K. Davis, RN
Director of Health Care Finance Administration (HCFA) during the Reagan Administration. Implemented the Medicare capitated reimbursement system based on diagnosis-related groups (DRGs)

Sheila Burke, MPH, RN
Chief of Staff, Senate Majority Leader, Bob Dole. Senior political advisor during Dole presidential campaign

Dr. Shirley Chater, RN
Director of the Social Security Administration during the first Clinton Administration

Dr. Ada Sue Hinshaw, RN
Director of the first National Center of Nursing Research, now the National Institute of Nursing Research (NINR), National Institute of Health

Dr. Beverly Malone, RN, ANA president (1996-2000)
Deputy Assistant Secretary for Health, United States Department of Health and Human Services (DHHS); member of the US delegation to the World Health Assembly

Dr. Beverly Malone, RN (2001-present)
General Secretary, Royal College of Nursing, London

that nurses accounted for 10 of more than 900 citations (Buresch, Gordon, and Bell, 1991). In fact, nurses ranked last after patients. Sigma Theta Tau International's Woodhull study of 20,000 articles published in 16 newspapers, magazines, and other health care publications (1998) indicated that nurses were cited only 4% of the time in the more than 2000 articles about health care.

THE ENDURING PUBLIC CONCERN WITH NURSING

The effects of the emerging nursing shortage were chronicled in the *20/20* episode, "Disappearing Nurses," which aired on ABC on November 26, 1999. This episode accurately described that staffing shortages can mean too few RNs, inadequately trained RNs, or the inappropriate use of unlicensed personnel.

Against this backdrop of nursing images that extend from antiquity to the latest CNN broadcast is the question of the image that will be created by nurses today. Although attention and concern about the professional image of nursing might superficially seem to be a self-serving exercise, the many historical images of nursing indicate otherwise.

The literary and media images of nursing from saint to sinner are not conflicting views. They represent the eternal question asked by people since the beginning of time, "Can I trust and entrust my life to this nurse?" The first lessons learned in life are that pain hurts. People have quickly understood that health is essential to the enjoyment of life. Illness is to be avoided. Illness and death are certainties of life that require care. As a consequence of living, people know their own contemporary version of the Biblical story of Job. Serious and debilitating illnesses more often lead to a loss of social support from friends than a rallying of support.

People want to believe that, when they need health care, their nurse will be a knowledgeable, caring, committed, and dedicated person. They want to believe that the nurse will, as Virginia Henderson indicated, perform nursing care that does for them what they would otherwise do if they had the necessary strength, ability, and knowledge. Perhaps as fearful as entrusting their lives to someone else is the fear of entrusting knowledge of their most intimate selves to someone who may not treat them kindly. To be sick is to entrust the most intimate physical functions, fears, and concerns to a nurse (Fagin and Diers, 1983). People know that whatever public facades about their real relationships to "kith and kin" they can maintain when healthy will be immediately stripped bare during illness. They also know that a stranger, the nurse, will soon know their most intimate secrets of "personhood at its worst" when they are ill . They hope for a Nightingale who will overcome all obstacles to reduce their mortality from 42% to 2%, but they fear a Sairy Gamp or a Nurse Ratched who will neglect or control them in harmful ways. Because they have chosen not to be a nurse, they wonder how anyone else can.

From a sociologic perspective the conflicting metaphors of nurse as ministering angel, battle-ax, physician's handmaiden, and naughty nurse have not served the profession well (Kitson, 1997; Cunningham, 1999). As Cunningham (1999) and others have noted, the angel image also carries with it the belief that pay is not relevant compared with the privilege of doing good. Moreover, any suffering that can be experienced by nurses will only add to their virtue. Cunningham (1999) and others have further suggested that in a patriarchal society men who are ill ridicule nurses as battleaxes or sexually provocative people as a way to reverse the power relationship they felt when under the care of nurses. None of these stereotypes have served the profession well.

What the Public Believes About Nursing

Two recent Gallup polls illustrate what the public believes about nursing. For the second consecutive year nurses were ranked highest among all professions for having the highest professional standards of honesty and ethics, with more than 79% of the American public indicating that nurses have very high or high standards. In this poll pharmacists rated second at 67%, and physicians were at 63% (The Gallup Organization, 2000a). In a second Gallup poll (The Gallup Organization, 2000b) concerning health care, 86% were generally satisfied with the nurses and doctors with whom they had contact, and 85% would be pleased if their son or daughter became an RN (Woody, 2000).

From a somewhat different perspective, Floyd (2000) reported that a Harris poll conducted for Sigma Theta Tau found that the public sought nursing advice in four areas: (1) self-care or immediate postoperative care of someone else, (2) over-the-counter health care products, (3) administration and side effects of prescription medications, and (4) interpreting physician-provided information.

Recognizing the influence that high school guidance counselors and nonnursing university professors have on nursing and prenursing students, Lippman and Ponton (1989; 1993) tested the opinions that these two important groups held about nursing. Their randomly selected samples of nonnursing university professors (n = 539 across 19 campuses) and high school guidance counselors (n = 313) characterized nurses as knowledgeable, essential health care providers who were not perceived to be physician handmaidens. (Lippman and Ponton, 1989, 1993). Interestingly, both groups strongly favored university nursing education over hospital-based and associate degree programs and strongly indicated their belief that baccalaureate preparation of nurses was essential to quality health care. They both strongly disagreed with or left blank items related to nursing as a sex object or to statements that "Nurses do 'it' better." A professor summarized the beliefs of many with the comment that the sexually related questions were "dumb questions."

A high school guidance counselor provided a revealing comment that "There seems to be a problem with large numbers of disgruntled nurses in the population—usually nonpracticing—who have been very influential with my students. They tend to be mothers, aunts, sisters, and friends" (Lippman and Ponton, 1993, p. 133). When nurses wonder why they are not more highly regarded by young people, they may want to consider how they are portraying their profession in casual conversation with others.

Five years later Huffstutler and colleagues' secondary analysis of responses from nonnursing university professors, students, and others (1998) indicated that these respondents most closely associated nursing with caring, although they differed in the ways that they described caring. This finding reflects the nursing-sponsored image-building campaigns of the early 1990s that imaged nurses as caring.

All of these findings indicate that nurses are well regarded and trusted by the public. Perhaps, more important, they pose the interesting question for nurses about why they deride their profession to others and wear tee shirts and other apparel with derisive comments about nursing, such as "Nurses do IT better," "Nurses get to the POINT," and "run a Code naked?"

What Nurses Believe About Nursing

A most telling study about the public image of nursing compared the beliefs of nurses (n = 173) with other health professionals (n = 520) (physicians, administrators, and others in a Veterans Administration hospital). In this study nurses were rated most highly as careerists

who do what needs to be done and are self-sacrificing, moral, and noble. However, nurses significantly differed from their counterparts by rating themselves higher on doing what needs to be done and higher as a sex object (Schweitzer et al., 1994).

THE REALITY OF THE CONTEMPORARY STAFF NURSE

> The reason for the existence of the modern health care institution—the hospital, the nursing home, the mental hospital, the home care agency—is to deliver nursing. If surgery could be done safely and economically on the kitchen table, and if people could survive it, it would be. If diagnosis and management of serious medical illness could be done in office practices in 8.5-minute visits, it would be. If the chronically mentally ill could be taken care of at home, and protected from the world and from themselves, they would be. If the demented, the frail, the paralyzed, the very old could be cared for at home, they would be and it would be a whole lot cheaper because public policy would not contemplate channeling the money to family caregivers: they're supposed to want to do it anyway (Diers, 1988, pp. VIII-2 and VIII-3).

Logically it could be inferred that nurses would be highly valued since their practice settings exist to deliver their services and new practice settings are emerging daily. The public highly values their profession. Nursing's heroic and noble public image has been etched in stone and in stained-glass windows in larger-than-life proportions. However, Shindul-Rothchild, Berry, and Long-Middleton's survey (1996) indicated that almost one in four nurses planned to leave the profession. Forty percent of nurses would not recommend their practice setting for the care of a family member. Why?

Clash Between Beliefs and Reality

Mills and Blaesing (2000) found that nurses who were more likely to be satisfied with their career over time held three values: (1) the sense of professional status, (2) the belief that they made a difference (patient care rewards), and (3) pride in their profession. Those belief systems soon clashed with the health care reform that occurred during the 1990s.

Health care changes in the 1990s shifted practice boundaries with the widespread marginalization of professional nursing care. Multiskilled unidentifiable workers replaced 20% to 50% of RNs in downsizing and rightsizing efforts that left nurses doing more and supervising the unskilled with 20% fewer staff than other industrialized nations (Brannon, 1996; Gordon, 1997; Kitson, 1997). Although these changes were attributed to managed care and the Budget Reconciliation Act of 1997, Grando's historical research (1998) indicates that these same events occurred in the 20-year post WWII period. During this nursing shortage administrators tested the elasticity of nursing with unlicensed persons as a deliberate strategy to avoid increasing salaries.

The mega corporate environments that emerged in the 1990s diminished nursing staffs to increase the margin, while increasing administrative staffs to consume 25% of the hospital dollar. Far outstripping physician income, Gordon (1997) cites a 1995 survey that indicated the average compensation for chief executive officers of small hospitals to be $188,500; in larger hospitals, $280,900; and in the nation's seven largest for-profit health maintenance organizations (HMOs), $7 million.

Although they experienced significant downsizing, nurses and their employers conveyed and continue to convey to patients that hospitals and other health care settings provide caring, individualized, holistic care. Home health care agencies marketed nursing as "a part of your family," although Coffman's study (1997) indicated that families perceive the home health nurse to be a "stranger in the family."

Ironically, although nursing beliefs about the care they would provide were highly congruent with the marketing claims of the nurse's employer, these claims placed the nurse in direct conflict with a system internally determined to provide essential rather than "nice to have" care. Nurses, expecting to have adequate, competent staff and to be rewarded for providing caring, individualized, holistic care, instead faced a quite different reality. The employer asked only one question: How much was provided for how little to ensure that customers were delighted rather than satisfied, healthy, or healthier?

When patients realize that their expectations are not being met, they are rightfully angry. Even when it may be possible for them to understand that the system will only provide minimal care, there remains one additional thorny problem. If the nurse were their advocate, as nursing has so claimed, why didn't the nurse or nursing *fix* the system to provide all that was promised (Kelly, 1989)? Patients who believed that their care would be caring, sensitive, and individualized are stunned by what occurs and angry when they are discharged home requiring skilled nursing care that they must now provide for themselves (Barnum, 1991; Kelly, 1989).

Second, in terms of nursing practice, there was a significant mismatch about the claims of managed care and what actually occurred. Productivity and work redesign literature centered on accountability and identification of core processes. Achieving cost savings through the elimination of nonvalue-adding activities such as supervision of recurring tasks underscores a principle that has been advanced by nurses during most of the twentieth century. Since managed care focused on outcomes, the nursing care that prevents hypostatic pneumonia, decubitus ulcers, fractured hips from falls, overmedication of the elderly, and undermedication of pain would be recognized. The nursing care that promotes wound healing, early treatment of dysrhythmias, immediate treatment of chemotherapy reactions, and faster recovery through critical pathways would at last be recognized and rewarded. Since patients would be discharged earlier, patient and family teaching would become central rather than peripheral to nursing practice. However, the outcomes of health care changes that occurred during the 1990s are well documented in the Institute of Medicine study on the costs and extent of health care errors.

That nurses would be dissatisfied with their practice arena is not surprising. The changing health care system has dramatically increased their workload, devalued their practice, dramatically reduced the margins of error, and resulted in harm to the patient.

WHY IS THIS HAPPENING?

Kersbergen (2000) has conceptually characterized these changes as the shift of health care from an altruistic to a business model. The enduring mismatch between the way in which nursing care is marketed and the way in which it is provided makes it centrally important for nurses to understand how reimbursement shifts changed historical relationships. This reimbursement climate inverts the physical/financial proximity relationship between nurses and patients (Patterson, 1992). As indicated in Fig. 2-1, nurses who are in closest proximity to patients are the most distant provider from the actual purchaser of care who determines what the care will be.

Although patients may want nursing care, the amount and type of care they will receive is negotiated through multiple parties (hospital financial officers, insurers, and employers) whose concerns are solely economic. At the same time, nurses and patients believe that nurses buffer patients from these same parties. Notably, the least knowledgeable persons, the purchasers of care (employer, insurance company) who will never be affected by the care, are the persons who determine care.

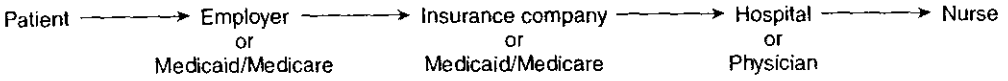

FIG. 2-1 Purchasing relationship between patient and nurse.

Second, in a competitive marketplace, two fundamental economic assumptions are operative: (1) scarce resources and (2) unlimited wants. Since buyers will always seek alternative ways to purchase goods or services at a lower cost, substitutes are used. Predictably, downward substitution rapidly occurred in health care (Patterson, 1992). These two economic principles predict that the extent of downward substitution will always be directly related to how knowledgeable the buyer (hospital, insurer, employer) is about nursing care.

Numbers—the Only Language in a Business Model

Nightingale was influential because she reduced mortality rates by 40%. She counted and made the data known. When numbers talk, nursing is reduced to a whisper when there are no data (Hadley, 1996). Historically nursing has justified patient care on a case-by-case basis rather than on aggregate data about populations of patients. Regrettably this language does not provide the cost-benefit data that are now required to justify cost. What is the medication error rate by nursing unit, by nurse, by type of nurse, or by skill mix? How many infection-free catheter days are normative for Foley catheters inserted by RNs vs. unlicensed persons? What is the fall rate for high-risk patients? What is the postoperative infection rate by procedure by unit? What happens to any of the above when the skill mix is changed?

Quantifying problems is not only essential for purchasers of care, who are nonproviders, but is equally essential and effective within hospitals. For example, take the common problem of a varying census on different nursing units that is experienced by all hospitals. In one hospital with this long-standing problem, a new nursing service administrator decided to define the problem, not in terms of percentages of occupancy as it is traditionally defined, but in terms of outcomes. Using an average month, the number of personnel moves to staff 100 beds was actually counted and found to be 400. When the hospital administrator was asked if he knew that it took 400 personnel moves to staff 100 beds in an average month, the problem became quickly definable in one sound byte. A consultant was immediately engaged for assistance.

Managed care manages health care services from a cost/benefit rather than altruistic perspective. Effectively providing care in this climate requires demonstrating the economic value of services. Clearly, the profession was not well positioned to thrive in this climate. However, historically the profession has not always considered the downstream effect of its actions.

Nursing's Contribution

Nursing literature indicates that the profession has been plagued by a number of problems. It is female dominated by people who are socialized to be anti-intellectuals as evidenced by the marginal percentage of nurses with advanced degrees. Further, the way in which nursing students are taught implies that for nurses knowledge is burdensome. Nursing professors admonish students to learn so that patients will be not be harmed or killed, while their medical counterparts teach their students that knowledge enables them to do something and subsequently, that knowledge is power (Christman, 1991; Barnum, 1991). Multiple education entry points blur the substantive difference in roles, creating confusion not only with the public, but also within the profession (Christman, 1991; Christman, 1998).

From a different perspective, Aaronson (1989) has contended that nursing fails to understand the basic premise of social exchange theory: societal rewards are in direct relationship to the scarcity of the service provided. By contrast, medicine understands it well. Following the release of the Flexner report (1910), which recommended the closure of 400 medical schools and the retention of only 35 high-quality university-based schools, medicine immediately closed these schools. Within 15 years of making that decision, medicine became the most highly valued occupation in the United States (Christman, 1998). Since that time, medicine has controlled the numbers of physicians and secured a legal monopoly as the sole gatekeeper to health care.

The response to the Flexner report is instructive because in 1910 medicine had a questionable knowledge base at best. On the other hand, in 1910 nursing was the one service that substantially reduced hospital mortality rates. Although nursing was far more powerful because of its demonstrated results, it was unwilling to use this influence. Nursing did not respond to similar reports and recommendations. Medicine is only one example; teachers are another. As Christman (1998) noted, nurses have been "studied more and have responded less" than other professional groups (p. 211).

Ninety-one years later nursing continues to exert no control over enrollments or length of the educational experience. Indeed, nurses continue to allow nonnurses to practice nursing. Although Bowman (1993) has rightfully indicated that individual nurses are not to "blame" for all of the image issues confronting the profession, individual nurses have made and continue to make contributions to the negative image of nursing.

Changing Physicians' Image of Nursing

An enduring mystery and common experience for nurses is how to address a medical problem with the primary customer of the hospital, the physician. Unlike the nurse who is an employee, the physician is an independent contractor who brings revenue in the form of patients to the employer of the nurse. Although physicians are revenue generators for health care agencies, in exchange for hospital privileges physicians agree to be self-governing and to abide by a set of medical staff bylaws. All medical staff bylaws include a disciplinary process that begins with the section chief who is required to address documented patient care problems.

Consider the following actual clinical situation.

A nephrologist complains in a meeting with a nursing service administrator, the Chief of Medical Staff, and the physician liaison that he is not being notified by nursing about his patients and that nurses do not know how to take care of his dialysis patients.

RESPONSE 1	ANALYSIS
Nurse 1 tells the nephrologist how well prepared the nursing staff are; this is the first complaint of this type that has been received.	Denies the problem
However, nursing is short-staffed, and there are a lot of agency nurses.	Excuses 1 and 2
She will investigate.	First positive response
However, without a specific incident and patient, she may not be able to directly address the problem.	Excuse 3, which clearly conveys that nursing is not accountable and that the problem will continue

RESPONSE 2	ANALYSIS
Nurse 2 carefully takes notes and limits her comments to clarifying comments while the physician becomes increasingly more derogatory. She concludes with the need to investigate and indicates that a written report will be sent to all parties. The physician is thanked for bringing this to her attention.	Positive action
The investigation indicates that multiple nurses over time and in different units have all phoned the nephrologist, who loudly announces that they have awakened his baby and abruptly hangs up the phone. Second, this is a difficult physician who never has time to discuss his patients when making rounds. Specific examples of unanswered questions are obtained.	
The written findings are prepared, and nurse 2 poses only one question, "Since the physician is not able to 'take calls' after 5:30 PM, the patient care issue that concerns nursing is the question of who will be covering his patients."	
Outcome: Within 2 weeks his hospital privileges were quietly rescinded.	

All too often, when nurses practice with a physician whose practice is substandard or who is highly volatile, they believe that this behavior is a nursing problem. Rather it is a medical problem that must be addressed by medicine via their staff bylaws. Only when nurses disengage, factually document the problem in patient care terms rather than in personality issues, and forward this in writing to a nurse manager *and* the appropriate section chief, can the problem be resolved.

Just as nursing's involvement with medical problems is confined to appropriate notification, so should medicine's involvement with nursing be. When a physician notifies and informs a nurse about a nursing problem, a more positive answer is, "Thank you. Let me investigate the problem and get back to you." Lengthy detailed discussions are seldom useful. When the nurse makes an error, a simple apology and sincere statement of corrective action is sufficient.

Second, ongoing problems between nurses and physicians are communication and time. Consider how often a physician is paged for a problem and phones the unit but no one knows the problem or who paged the physician. There may be a need for a change in orders, but the nurse who requested the order is away from the unit or engaged with another patient when the physician makes rounds. A simple note, such as a post-it note, works.

Effect of Communication Patterns on Image

In observing nurses, Buresch and Gordon (1996) have noted the ongoing subtle self-sabotage of nurses in multiple ways. Nurses refer to nurses by first name, whereas physicians are Dr. Last Name. During teaching rounds in hospitals noted for high nurse-physician collaboration, nurses frequently position themselves behind residents and interns, contributing little. Similarly, nurses and physicians differ in the way they approach each other. For example, when a nurse sought a physician to inquire about a patient issue and found her in discussion with another physician, the nurse left. However, minutes later, the same physician interrupted the nurse who was in conference with other nurses, who all allowed the interruption.

The Look of Nursing

In the 1970s nurses successfully shed the uniform of "authority in gleaming white" nursing cap, uniform, sensible shoes, and white hose that, according to Curtin (1994a), required pupil accommodation to adjust from the glare. Today nursing expresses its professional autonomy by dressing for success in the corporate boardrooms with business attire (Andrica, 1995).

Meanwhile, as one Emergency Department staff nurse wrote, staff nurses are in "T-shirts with Mickey Mouse logos, 'Run a Code Naked' and the name of a local bar; college sweatshirts, stretch pants, mismatched jogging suits . . . stained and wrinkled clothes (Zimmerman, 1996, p. 267), and tennis shoes. Although Zimmerman humorously notes that these nurses appeared to be dressed for a "come as you are party," they were in fact practicing in an Emergency Department. The clear message nurses are conveying is that the nurse should not be taken seriously and has little regard for the seriousness of the situations to be encountered.

And the Public Says . . .

Multiple studies indicate that consumers prefer the traditional white nursing uniform (Mangum et al., 1991; Kucera and Nieswiadomy, 1991). However, younger students and faculty are less conservative in their thinking than older students and faculty who prefer white uniforms (Newton and Chaney, 1996). Lehna and colleagues' study of nursing attire as an indicator of professionalism (1999) indicated that the 12 RNs and a layperson could not answer whether the changing dress of nurses projected a negative image nor could they describe professional dress other than as a total package that "they knew when they saw it." Nonetheless, few professionals wear pink, purple, and blue flowered shirts outside of a clinical area. Few adults wear wrinkled, faded, pajama-styled, drawstring clothing outside of their homes. In an Emergency Department where the normative attire of "scrubs" resulted in increasingly "sloppy," mismatched scrubs, a patient told a 28-year-old nurse dressed in a T-shirt and jogging pants that "you're just a kid out of high school telling me what to do" (Zimmerman, 1996).

Molloy (1996) indicated that airlines changed the attire for flight attendants when it was noticed that persons dressed in "cute" designer uniforms could not command the attention of passengers in an emergency. When attire was changed to a more business-like suit, flight attendants were better able to direct passengers and command attention in emergency situations. The current array of nursing attire projects an image statement that could not be occurring at a less opportune time. Although it is unlikely that nurses would return to gleaming "whites," conservatively colored "scrubs" with a white laboratory coat monogrammed with John Smith, RN, present a far more professional appearance than is currently found in many clinical settings. Notably, when professional nursing is being marginalized, the loss of a uniform appearance has resulted in the inability of patients and families to distinguish between the nurse and the housekeeper (Carpenito, 1995).

BELIEVE IN NURSING

Creating a different image and a different reality requires one simple action. Nurses have to believe in nursing, in who nurses are, and in what nurses do. This requires valuing nursing; valuing the name of nursing; and reclaiming the name, the birthright, and the practice.

Valuing Nursing

Everyone employed in a nursing department is not a nurse. Although this may seem to be an obvious observation, nurses *behave* as if it were true. Consider how often nursing staff meetings

include all staff nurses, assistants, ward clerks, and so on. Nurses need to be the first people to ask why. Discussions of unit problems or directions for the future need to be held first and separately with professional nurses. The dialog would be considerably different and far more useful. Including everyone in a staff meeting indicates to assistive staff that they are expected to offer opinions about professional nursing practice.

Although the initial response to separate staff meetings may be that it would be too time-consuming, the alternative is far more likely. The time would be spent far more productively for nurses and other staff. Although nurse managers periodically meet with other hospital managers, they more frequently have nurse manager meetings to discuss care issues that involve nursing.

The devaluing of nursing occurs daily in discussions with patients, families, and physicians. Ninety-nine percent of the time when an intervention occurs with a patient in a hospital or home health care agency, it is the nurse who recognized the problem (Reichstein, 1991; Gordon, 1997).

Reclaiming the Name of Nurse

As the International Congress of Nursing (ICN) determined in 1985, the term "nurse" is reserved for an RN (Holleran, 1991). Referring to anyone else or allowing anyone else to use this title undermines the profession. Nurses should not introduce an aide, a multiskilled worker, or a licensed practical/vocational nurse (LPN or LVN) to a patient, family, physician, or anyone else, as Mr. Smith's nurse. The only person with the legal scope of practice in all 50 states to be anyone's NURSE is an RN. The LPN is a valuable assistant created to do the "practical" tasks, hence the name. However, all nursing practice acts require nursing care to be planned and directed by an RN. Introducing anyone else in the role of THE NURSE is misleading. A patient care assistant is identified to others as the nurses' assistant. Similarly, health teaching, advice, direction, and progress reports to patients, physicians, or others comes only from THE NURSE. When nurses meet patients, they advise them that their questions should be directed to THE NURSE, not the assistant.

In more and more settings nurses are encountering employers who refer to all employees, including professional nursing staff, as associates. In some settings nurses are being prohibited from including the designation *RN* on their nametags. Monogrammed scrubs and laboratory coats with first initial, last name, RN, avoids this discussion.

On a daily basis news stories identify many people as nurses who are not RNs. When this occurs, the public believes that a nurse did whatever is being reported. The image of nursing will improve when all nurses correct inaccurate labeling of nurses and false assumptions.

Reclaiming Personal Identity

Gordon (1994), a journalist intrigued by the image of nursing, made two significant observations about the way in which nurses refer to themselves and to other nurses. The first is the increasingly common use of first names, which is deadly for the profession since "nonpersons have only first names." However, nurses often introduce themselves as "Hi, I'm Susie and I'm your nurse." As Curtin (1994b) humorously noted, "The mind boggles at the thought of a physician introducing himself in like manner: 'Hi! I'm Dick, I'm your doctor,' or a lawyer greeting a client with 'Hi! I'm Larry the lawyer' " (p. 10). Second, the method used to dehumanize people to encourage their conformity is to remove their name. For this reason, prisoners are not referred to by their name. The use of first names, no names, and referral to everyone as the

nurse has led to professional concerns that patients have no idea who the nurse is (Letters, 1996). More important, the information they may receive from the nursing assistant may well be believed to be from the RN.

Although some nurses have claimed that the use of a last name may place them in danger, this is a difficult claim to support. However, prominently wearing a hospital identification badge with full name, social security number, and other identifiers may. Nurses who are proud of their profession and take pride in their accountability are proud to use their last name in a professional setting.

In a Southern California Kaiser hospital, RNs began using business cards when a nurse manager noticed that, after an Emergency Department nurse instructed a patient to phone if there were any problems, the patient asked for her name and number, which the nurse had to sheepishly write on a scrap piece of paper (Bream and Poblador, 1995). To implement this change, nurses first had to become comfortable giving patients, families, or unfamiliar physicians their business card.

Initially nursing resistance occurred because they did not believe "it" was important. "It" was their personal identification as a nurse. Second, some were concerned that if they had no credentials after their name other than RN, they would appear less knowledgeable. Third and most important, some preferred anonymity because they were concerned about being too identifiable and therefore accountable. Ironically, after a year of use, business cards made it possible for patients to proclaim to others the excellence of the nurse's practice.

Reclaiming the Birthright

Before anyone else believed that a nurse extender could replace nurses, nurses gave away their role to others through patient assignments. Curtin (1994a) astutely indicated that the place of the nursing assistant, LPN/LVN, multiskilled worker, or whoever else may be invented is *not* at the bedside. His or her place is at the side of nurses. These roles were designed to extend, not replace.

Changing the Song

As Mattera (1999) notes, turning to Landers, a syndicated columnist, is probably not the best approach to solving the problem. In her January 27, 1999 syndicated column, Ann Landers wrote: "I've had a ton of letters with a litany of complaints (from nurses). The profession is clearly in a state of jeopardy. And now I would like some suggestions on how to fix it." Mattera's frustrated response indicated that "two million creative problem solvers ought to be able to fix the things that are bothering nurses without jeopardizing the hospital bottom line. Because if you can't accept the reality that hospitals need to exist at a certain profit level, and figure that into your problem-solving, then you'll have designed a perfect nursing environment that no one will put into practice" (p. 7).

On a More Positive Note

Notice how often nurses, who are widely accepting of patients from different backgrounds, different cultures, and different perspectives, are unable to think positively about others in health care. For nursing to be valued, medical care cannot be valued. For health promotion to be valued, illness care cannot be valued. Valuing critical care practice requires devaluing wellness care. For associate degree education to be valued, baccalaureate education is not. For baccalaureate education to be valued, graduate education is not. For graduate education to be

positive, doctoral education is not. For female nurses to be valued, male nurses are not. For day nurses to be good at what they do, night nurses are not. For collective bargaining to be useful, those who do not bargain collectively do not care. For staff nurses to be positive, nurse managers must be negative. For nurse managers to be positive, nursing administrators must be negative. In short, for any nurse who perceives any other nurse to be different in any way requires that one or the other must be negatively viewed.

The context for nursing has not changed since Nightingale sat in the snow waiting to be allowed to enter the hospital at Scutari. Instead of collectively going head to head with those who oppose nursing practice, contemporary nurses have gone head to head with each other as they epitomized the sociologic concept of "like against like," termed *horizontal violence,* that is highly indicative of oppressed group behavior (Roberts, 2000).

For far too long, many nurses consider any professional issue in terms of a personal involvement. If it does not affect me, it is somebody else's problem. Nurses who disagree with some minor component disagree with the entirety in public and in private. Imagine the difference if nurses told everyone what nurses do well and confined the disagreements in-house. What if nurses thought carefully before disagreeing with each other about minor issues to thoughtfully conserve energy for important issues? What if nurses looked to each other rather than everyone else for consultation and assistance.

Valuing the Future of the Profession

In 1875 Dr. Howard, a Montreal medical professor, suggested that the new nursing profession should require the same preliminary education as the medical profession requires, with the exceptions that natural science should have a higher place than the classics and professional education should extend over 3 years. Howard was quickly drowned out by numerous medical papers in the late 1800s and early 1900s that argued to "attempt to give nurses instruction as to the reason why . . . would be, in the majority of instances, to inflict a heavy task upon them and to lift them more or less out of their proper sphere . . . to give them more than an insight into it is to demand for them complete education as medical practitioners. . . ." Similarly, Aaronson (1989) cites the president of the Pennsylvania State Board of Medical Examiners who said in 1909 that "The instruction commonly prevalent in hospital training schools is not only absurdly too comprehensive, but dangerous. It is sufficient to almost entirely result in nurses assuming the right to usurp the functions of physicians."

As health care becomes increasingly more complex, nursing remains the only health profession that vehemently claims to require less education. Christman (1998) rightfully notes that "knowledge not possessed" cannot be used by even the most highly motivated of nurses. With the expansion of science doubling exponentially every 2 years, the nursing educational issue becomes less understandable (Christman, 1998).

While nurses were debating the "issue" for 30 years, physical therapy moved from baccalaureate to graduate education, and pharmacists moved from a baccalaureate to a doctoral program while obtaining excellent physical assessment skills and the right to administer medications. The interesting question posed by Christman (1991) is how nursing could justify the "ethics of deliberately and willfully withholding the benefits of science from patients by preserving mediocre preparation" (p. 212).

The irony is the 1965 entry into practice issue would have benefited all nurses since all RNs would retain their licenses. Notably, changing the educational requirements for nursing education has never required "opening" any nursing practice act for legislative approval.

Changing the rules and regulations for education is within the purview of the state Boards of Nursing comprised of nurses. Entry into practice is an issue that affects the future, not the present. Imagine how different history would be today if a different path had been chosen. Notably, in Australia diploma nurses were the strongest supporters of baccalaureate entry into practice. Following minimal discussion, baccalaureate education is their national requirement.

CREATING A NEW IMAGE

Envision a new world where nurses value nursing, and image it daily. Nurses take themselves seriously and dress the part. Nurses are highly visible to patients, families, and physicians because they have reclaimed their birthright and their practice. Since nurses are clear about the role boundaries between themselves and those who extend their practice, others are also. Nurses are "stuck like glue" together. Negative comments about a colleague are made to the colleague and to no one else. Professional nurses recognize that their greatest benefit—and one of the most efficient and powerful uses for their money—is the less than 1% of their salary that they spend for membership in the American Nurses Association, the National League for Nursing, Sigma Theta Tau International, and their specialty organization. They look forward to annual meetings because they provide an excellent opportunity to meet colleagues and discuss issues and practice innovations.

Since all nursing is valued, nurses recognize the value of caring, health promotion, and health teaching, as well as the value of illness care. They celebrate that nurses save lives everyday. In the modern medical climate, nurses supervise assistive personnel and use their authority to ensure that patient care delivery is excellent. Nurses value nursing's metaphor as mothering, class struggle, equality, and conscience for medicine (Fagin and Diers, 1983) because it is worn with style. To this legacy they add astute businessperson, researcher, caregiver for the family, and entrepreneur.

In this new world nurses believe in nursing, in self, and in their colleagues. It is significant to the future of nursing that nurses safeguard nursing's public image in local newspapers, television and media dramas, and daily practice (Box 2-2). However, nurses must realize that they themselves play a part in forming the image of nursing on a daily basis.

BOX 2-2

American Nurses' Association Press Releases
www.nursingworld.org/pressrel/2001/index.htm

American Association of Colleges of Nursing Press Releases
www.aacn.nche.edu/Media/NewsReleases/newslist.htm

National League for Nursing Press Releases
www.nln.org/pressreleases/index.htm

Sigma Theta Tau International Nursing Honor Society-Media
www.nursingsociety.org/

Critical Thinking Activities

1. The earliest Western image of nursing is that of patient advocate in 1900 BC. Four thousand years later, what is nursing's highest priority advocacy role in contemporary society?
2. Recent studies have indicated that nurses are the most highly trusted health professional group. What component of nursing's contemporary image places nurses in this position of trust? What threatens this position?
3. You are a trauma nurse who takes care of a U.S. Senator following a life-threatening car accident. He credits you with saving his life. When he becomes president, he invites you to the White House and asks you to tell him the most important thing he can do to reform the health care system. In one sentence, what would you say?
4. In an ideal health care setting, what would be the most important image of nursing?
5. If you wanted to artistically portray a twenty-first century nurse, what would the nurse be wearing?

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