

2 Beginning Your Nursing Career

LEARNING OBJECTIVES

1. Compare the education and level of practice between registered and practical nurses.
2. Explain the various types of educational programs that lead to licensure.
3. Identify the standards of the National Federation of Licensed Practical Nurses in relationship to each of the following: education, legal status, and practice.
4. Differentiate between permissive and mandatory licensure.
5. Discuss the reasons for a nurse to seek licensure.
6. Identify the importance of the nurse's pledge.
7. Explain the importance of nursing theory and how a theoretical framework helps nurses in their learning, understanding, and practice.
8. List the roles of today's nurse, briefly explaining each one.
9. Discuss the importance of nurses projecting a professional image.
10. Discuss the goals of at least three nursing organizations and state at least two reasons why a student or a licensed nurse should join a professional organization.

IMPORTANT TERMINOLOGY

accreditation

advanced practice nurse

approval

career ladder

endorsement

licensure
mandatory licensure
Nurse Practice Acts
permissive licensure
practical nurse
reciprocity
theoretical framework
vocational nurse

ACRONYMS

AJN
ANA
ANCC
CNS
HOSA
ICN
LPN
LVN
NAPNES
NCLEX
NFLPN
NLN
NP
RN

Nursing provides service to help people meet the daily needs of life when they have difficulty satisfying these needs on their own. As students, nurses bring certain knowledge, skills, attitudes, and abilities to their nursing program. They will develop skills and knowledge in school. Their ability to act independently will depend on their professional background, motivation, and work environment. Defining all the specific roles of a nurse is difficult because these roles constantly change. Factors that influence nursing activity include new discoveries in the biomedical field, development of new healthcare knowledge, changes in patterns of health services and payment, and the

relationships among healthcare team members.

This chapter discusses various programs for nursing education, approval and accreditation, licensure, the role and image of the nurse, and nursing organizations. Chapter 3 examines information about the healthcare system, and Chapter 6 discusses the concepts of health and wellness.

HEALTHCARE: A MULTIDISCIPLINARY APPROACH

The sophisticated healthcare system of the 21st century requires many trained individuals working together in a complex healthcare system (Box 2-1). Many contemporary healthcare positions originated as functions of either the physician or the nurse. For example, the duties of a hospital dietitian and the physical therapist started as functions of nursing. As knowledge of nursing and medicine grew, several segments of healthcare became their own professions. Healthcare has a tremendous variety of specialties and subspecialties. All healthcare positions have unique educational requirements.

To achieve licensure as a physician, an individual starts with a minimum of 4 years of undergraduate study and continues with 4 years of medical school, after which the graduate doctor must take a licensure examination before practicing. As a new doctor of medicine, the physician who wishes to specialize must continue his or her education as a resident, which requires another 2 to 6 years of study. These years can be followed by additional years of advanced study. The physician is responsible for diagnosing and treating clients. In this role, the physician often acts as a team leader (Fig. 2-1).

TYPES OF NURSING PROGRAMS

Nurses are an important part of the healthcare team. Four basic types of educational programs lead to a credential in nursing (Table 2-1). Three programs allow the graduate to take the licensure examination and to become a registered nurse (RN). The fourth, a practical or vocational

nursing program, allows the graduate to take the licensure examination and to become a licensed **practical nurse (LPN)** or a licensed **vocational nurse (LVN)**. California and Texas use the term vocational nurse instead of practical nurse. This text utilizes three different but interchangeable abbreviations: LPN, LVN, and LPN/LVN.

BOX 2-1 Allied Health Professionals

Chiropractor—Manipulates the musculoskeletal system and spine to relieve symptoms

Dental Hygienist—Trained and licensed to work with a dentist by providing preventive care

Dietitian—Trained nutritionist who addresses dietary needs associated with illness

Electrocardiograph Technician—Assists with the performance of diagnostic procedures for cardiac electrical activity

Electroencephalograph Technician—Assists with the diagnostic procedures for brain wave activity

Emergency Medical Technician—Trained in techniques of administering emergency care in route to trauma centers

Histologist—Studies cells and tissues for diagnosis

Infection Control Officer—Identifies situations at risk for transmission of infection and implements preventive measures

Laboratory Technician—Trained in performance of laboratory diagnostic procedures

Medical Assistant (Administrative or Clinical)—Assists the primary care provider in the front and/or back medical office, clinic, or other medical settings

Medical Secretary—Trained in secretarial sciences with an emphasis on medical applications

Medical Transcriptionist—Trained in secretarial sciences to make typed records of dictated medical information

Nuclear Medical Technician—Specializes in diagnostic procedures using nuclear devices

Occupational Therapist—Evaluates and plans programs to relieve disorders that interfere with activities

Paramedic—Trained in advanced rescue and emergency procedures

Pharmacist—Prepares and dispenses medications by the primary care provider's order

Phlebotomist—Trained to perform venipunctures

Physical Therapist—Plans and conducts rehabilitation procedures to relieve musculoskeletal disorders

Physician's Assistant (PA)—Trained academically and clinically to practice medicine under the supervision of a doctor of medicine or osteopathy

Psychologist—Trained in methods of psychological assessment and treatment

Radiographer—Works with a radiologist or primary care provider to operate radiologic equipment for diagnosis and treatment

Respiratory Therapist—Trained to preserve or improve respiratory function

Risk Manager—Identifies and corrects potential high-risk situations within the healthcare field

Social Worker—Trained to evaluate and correct social, emotional, and environmental problems associated with the medical profession

Speech Therapist—Treats and prevents speech and language disorders

Surgical Technician or Technologist—Assists primary care providers and nurses in the operating room
Unit Clerk—Performs the administrative duties in a hospital client care unit

Registered Nurses

Registered nurses spend from 2 to 4 years learning their profession. In addition, RNs may have special training that allows them to practice public health nursing or specialize in fields such as surgery. RNs are responsible for care of the acutely ill; teaching professional and practical nursing students; managing personnel; and taking charge in various healthcare settings. RNs also perform many duties that only physicians performed in the 20th century. For example, the RN may be first assistant in surgery. RNs may continue their education to become nurse anesthetists, nurse-midwives, or advanced practice nurses.

Basic Education

Three basic types of education lead to the RN license:

1. A student attends a 2-year program at a community or junior college and receives an associate's degree (AD) in nursing. This AD-RN is educated primarily as a bedside nurse and is sometimes called a *technical nurse*. In some states, some nursing groups are advocating different licensure for RNs who graduate from AD programs, as opposed to graduates of 4-year programs.

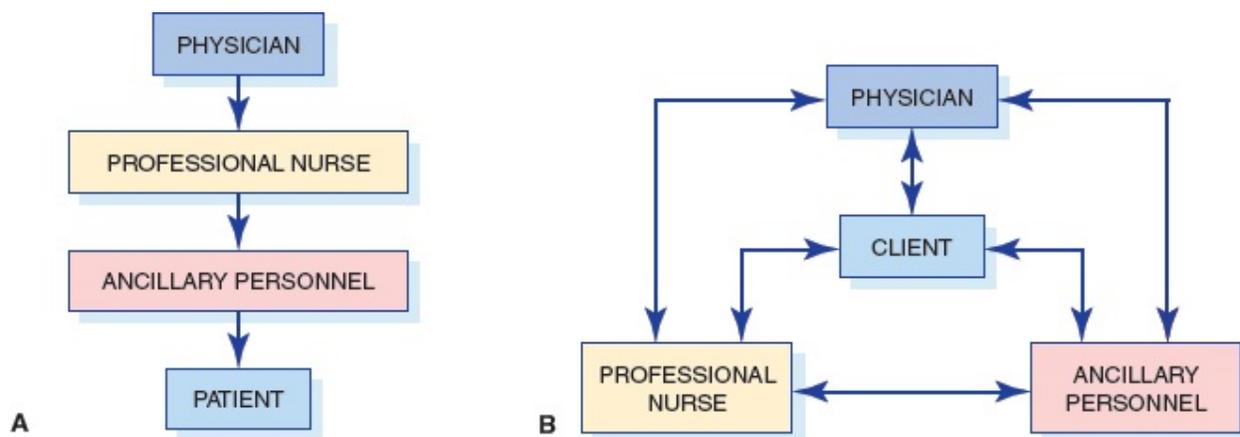


FIGURE 2-1 Traditional (A) and contemporary (B) views of healthcare practice.

TABLE 2-1 Nursing Practice and Educational Levels

CLASSIFICATION	FUNCTIONS AND ROLE	EDUCATIONAL REQUIREMENTS
(Certified) Nurses Aide (CNA), Unlicensed Assistive Personnel (UAP)	Provides basic nursing care for clients in a long-term care facility. Works under the supervision of an LVN, RN, or MD. In some facilities, the "aide" is referred to as Unlicensed Assistive Personnel	2 months to 6 months Educational requirements may differ between the CNA and the UAP
Licensed Practical/Vocational Nurse (LPN/LVN)	Provides nursing care in long-term and acute care facilities. May also work in primary care providers' offices and clinic settings. Works under the supervision of an RN or MD	1 to 2 years
Registered Nurse (RN)	Provides direct and indirect nursing care, supervision, and leadership in a wide variety of healthcare settings	2 to 4 years Associate's degree (AD) or bachelor's degree (BS or BA) or master's degree (MS or MA)
Advanced Practice Nurse or Nurse Practitioner (NP)	An RN who receives additional training in a specialized field, such as pediatrics, maternity, geriatrics, family practice, or mental health	RN with a master's degree plus additional and specific education and internship in the field of specialty

- The 3-year program was formerly sponsored by and based in a hospital. Most of today's 3-year programs, however, are affiliated with community and state colleges that grant college credits. Some states no longer have 3-year programs.
- The 4-year program in a college or university leads to a baccalaureate or bachelor's degree in nursing. The graduate of this program may enter graduate school to study for an advanced master's degree or doctorate. Most of these programs aim to prepare professional nurses who will be teachers or administrators or who will assume other leadership positions. Many bachelor's degree graduates become certified as public health nurses and work in community health.

Some community colleges have programs that admit only LPNs, which, via a **career ladder** program, lead to an RN. The LPN is usually required to take general education courses before admission. Then, with approximately 1 additional year of education, an LPN becomes eligible to take the licensure examination and become an RN. This program leads to an AD.

Advanced Nursing Credentials

Several types of advanced certification are available to RNs. An **advanced practice nurse**, formerly called a nurse practitioner, is an RN, usually with a bachelor's and/or master's degree, who has specialized in

a particular field. A specific combination of classroom and clinical learning beyond that of a standard RN program plus the successful completion of an examination provided by a credentialing center are necessary for these credentials. The RN functions in a different role than does a nurse who does not have this type of specialization. The state issues a license to practice as an RN as provided by the state's Nurse Practice Act. Individual states define and grant authority to practice healthcare beyond that of the traditional RN. Advanced practice nurses assess clients, assist in the diagnosis and treatment of illness, and, in many states, are authorized to prescribe medications. The roles of nurses with other additional educational preparation, such as midwives and anesthetists, are described later in this book.

The American Nurses Credentialing Center (ANCC) of the American Nurses Association (ANA) grants numerous types of Nurse Practitioner (NP) Certifications and Clinical Nurse Specialist (CNS) certifications as well as 27 specialty certifications. Examples of the numerous NP certifications include Family NP, Acute Care NP, and Psychiatric Mental Health NP. CNS categories include Adult Health CNS, Advanced Diabetes Management CNS, and Child/Adolescent Psychiatric-Mental Health CNS.

Practical Nurses/Vocational Nurses

Practical or vocational nurses are licensed under specific state laws (**Nurse Practice Acts**) to care for clients in various settings in the same manner as is the RN. Generally, the LPN/LVN works under the direct or indirect supervision of an RN or physician. The functions and responsibilities of the LPN/LVN and the RN often coincide. Many LPN/LVNs supervise nursing assistants or aides.

Do not confuse the position of the individual who is called a nurse's aide, nursing assistant, certified nursing assistant (CNA), or unlicensed assistive personnel (UAP) with the LPN/LVN or RN. Although the aide may receive a certification by the state when completing a nurse aide training course, this individual is not licensed, and therefore not regulated by a state nurse practice act. A nursing assistant, aide, or UAP is a person who is taught via on-the-job training or in short-term programs to help clients and residents meet the needs of daily living,

such as hygiene and dressing.

Current functions of the LPN/LVN include providing bedside care, doing wound care, administering prescribed medications, monitoring client status, and reporting reactions to medications or treatments to the RN or physician. Individual states or healthcare agencies may limit the LPN/LVN's care of intravenous lines, complex treatment and medication regimens, and functions related to primary or complex healthcare assessment of clients.

Standards of nursing practice of LPN/LVNs are promoted by the National Association for Practical Nurse Education and Service, an association for the representation of LPN/LVNs. Another association, the National Federation of Licensed Practical Nurses, also promotes standards of practice for the practical/vocational nurse. These two major nursing organizations are discussed later in this chapter.

According to the Bureau of Labor Statistics *Occupational Outlook Handbook* (2014), most practical/vocational nurses work in long-term care facilities, acute care hospitals, physician offices/clinics, home healthcare services, outpatient care centers, and government agencies (e.g., correctional facilities or military reserve). Growth in employment opportunities for the LPN/LVN is projected to be constant, with continued employment needs for the future.

Practical/Vocational Nursing Education

Most practical/vocational nursing programs exist under the auspices of a high school, a vocational institute, a proprietary college, or a community college. Such diverse institutions as hospitals and universities administer some programs. The number of state-approved practical/vocational nursing programs has grown consistently in the 21st century. The growth of LPN/LVN programs is an indicator of the need for nurses, both LPN/LVNs and RNs. Because they depend on the availability of clinical sites, LPN/LVN and RN programs accept a limited number of students for each graduating class. In the late 20th century, some RN programs closed, as they were not cost-effective for the college or university. Some of these have reopened due to an ongoing nursing shortage and the federal and state availability of funds for nursing students and nursing programs. In addition to the nursing shortage, there is also a great shortage of nursing instructors in both LPN/LVN and RN programs. This

has led to an alternate route to the RN licensure, via a career ladder, also known as an LPN/LVN to RN program. This approach has the dual benefit of allowing graduate LPN/LVNs to work as licensed practical/vocational nurses while attending RN programs.

Curricula are designed to include classroom theory in the various aspects of nursing. The student then has an opportunity to practice clinical skills in a hospital, nursing home, community health agency, or other health-related facility. Classroom theory and clinical practice are correlated as closely as possible to ensure maximum retention of skills. Most practical nursing programs are the equivalent of 12 to 18 months of full-time study. Many LPN/LVN to RN career ladder programs generally accept the LPN/LVN curricula in place of the first year of RN curricula, which often means that the LPN/LVN may not need to take the fundamental and/or beginning level RN courses of an RN program. Both LPN/LVN and RN programs require additional general education or specific science-related classes that enhance the content of nursing courses. Each school will have educational counselors or advisors who will be able to provide unique advice to each student in his or her choice of general educational or nursing-related courses.

APPROVAL AND ACCREDITATION OF NURSING PROGRAMS

Approved Nursing Programs

Nursing programs are very different from general college courses, such as history, mathematics, or English. Nursing schools must maintain specific educational standards that are defined by legislating bodies. As such, nursing programs must have **approval** from a specific state agency or nursing authority, which is usually a state, provincial, or territorial Board of Nursing. The approval agency visits the school and determines whether the students are receiving an appropriate education. Reapproval of the nursing program may be required on a regular schedule as determined by the agency.

The purpose of approval of a school's educational criteria is to protect

the consumers of healthcare against unqualified nurses. A minimal standard of education is required. Approval is mandatory (required), meaning that a school must be approved or its graduates cannot be licensed.

The word *approved* tells you the following about a school:

- It teaches specific things a nurse must know.
- It has stated objectives and teaches to those objectives.
- It provides experience with the types of individuals the nurse will care for when practicing nursing.
- It employs qualified instructors to teach and to supervise the students' practice in the classroom and in the healthcare facility.
- It prepares graduates eligible for examination and licensure as LPNs, LVNs, or RNs.
- It has courses of the required minimum length.

Accredited Nursing Programs

Accreditation is voluntary and does not specifically concern licensure of graduates. A program can be approved without being accredited, but it cannot be accredited without first being approved by the state's Board of Nursing.

Accreditation is not a matter of law. The **accreditation** of a school means that an agency other than the state has reviewed the nursing program in detail. If a nursing program has been accredited, the program has met criteria established by that agency. Application for accreditation is voluntary on the part of the program; accreditation is not given to all programs. That a school is accredited gives further evidence of its excellence because the program must undergo a detailed evaluation to become accredited. A program need not be accredited for its graduates to become licensed. The National League for Nursing (NLN) has established standards of accreditation for nursing education for both RNs and LPNs.

As a nursing student, you must understand that a difference exists between *approval* and *accreditation* of a nursing program. Each state has a legislated Nurse Practice Act that defines the approval process. Nurse Practice Acts delineate the educational requirements, roles and

functions, and disciplinary actions of a nurse.

Many nursing programs have entrance requirements. Most programs require entrants to be high school graduates. Nursing programs may also require their entrants to have taken certain courses, such as anatomy, physiology, nutrition, or pharmacology. Nursing students may also be required to be immunized against several diseases, such as hepatitis B. Drug testing, alcohol testing, and criminal background checks also can be mandated. Requirements are established to maintain client safety and may be required by the educational program or the clinical facilities in which the training occurs. Programs must consider applicants for admission without regard to gender, age, marital status, sexual preference, race, or religion. To graduate from a nursing program, a student nurse must meet the minimal standards of the approved nursing program.

LICENSURE OF NURSES

Licensing laws, often referred to as Nurse Practice Acts, protect the public from unqualified workers and establish standards for the profession or occupation. Licensing laws establish a minimal level of requirements for competence and practice. Obtaining **licensure** helps the public determine the difference between a qualified and an unqualified worker.

NCLEX *Alert* PrepU

NCLEX clinical scenarios include situations that will need you to select the appropriate healthcare individual (MD, RN, LPN/LVN, or assistive personnel). For example, who is responsible for the care of the client during the time of the clinical scenario? You must know the major legal differences and responsibilities for the levels of healthcare personnel.

The first licensure laws for nursing were passed in 1903 in North Carolina, New York, Virginia, and New Jersey. The first LPN law was passed in Mississippi in 1914. In 1940, fewer than 10 states had LPN laws, but by 1955 all states had LPN laws. Every state and the District of Columbia, Puerto Rico, Guam, American Samoa, the Virgin Islands, the

Canadian provinces, and the North Mariana Islands now have licensing laws for both RNs and LPNs.

Any student who has graduated from an approved nursing program is eligible to take an examination provided by the National Council of State Boards of Nursing. The examination is called the National Council Licensure Examination (**NCLEX**). The NCLEX-RN is the licensing examination for registered nurses. The NCLEX-PN is for licensed practical/vocational nurses. After candidates have successfully completed the NCLEX and before they receive licenses, they may be required by the state Board of Nursing to pay licensing fees and submit fingerprints and documentation from nursing programs.

State licensing laws have individual variations, but all nurse practice laws state that it is illegal for any nurse to practice nursing for pay without a license. Practice acts differentiate between LPN/LVN and RN licenses. This regulation is called **mandatory licensure**. The mandatory law designates the functions, duties, and responsibilities of the nurse and use of the title “nurse.” Mandatory licensure requires that a nurse cannot perform the functions designated as exclusive to nursing without proper licensure in that state. Healthcare consumers are protected because minimal competence levels are established and enforced by regulatory state agencies (i.e., the State Board[s] of Nursing). Chapter 4 discusses additional aspects of licensure and the legal issues surrounding it. Practicing nursing without a license is called **permissive licensure**, but rarely occurs today.

Often nurses move from one state to another. Regulations provide for the licensed nurse to continue his or her nursing practice in a new state without retaking the licensing examination. **Endorsement** is a form of agreement between states, particularly state licensing agencies. One state recognizes or endorses the qualifications of another state. However, each state Board of Nursing has its fees the individual pays for a license in that state. For example, an LVN in California can practice nursing in Minnesota as an LPN without retaking the NCLEX-PN, but the individual will have to apply and pay for the new Minnesota license. **Reciprocity** is another type of recognition of previous education and experience.

Key Concept

Licensure establishes a minimal level of competence for nursing. It ensures that a licensed nurse meets a basic level of excellence in practice and knowledge.

The Nurse's Pledge

All nurses are expected to practice ethically and conduct themselves appropriately as members of a specific group. As a nurse, you also accept responsibilities within the role delineated by licensure. Chapter 4 is devoted to a discussion of the legal and ethical aspects of nursing.

Many ethical principles are reflected in the Nurse's Pledge, which many students recite at graduation. Even if the pledge is not part of your graduation ceremony, it should serve as a guide for nursing practice. RNs recite the Florence Nightingale Pledge, and LPNs recite the Practical Nurse's Pledge (Box 2-2). The basic philosophy of nursing care espoused in both pledges is the same. Notice the similarity between them.

THEORIES OF NURSING

As a science, nursing is based on the theory of what nursing is, what nurses do, and why. Nursing is a unique discipline and is separate from medicine. It has its own body of knowledge on which delivery of care is based.

Nursing programs usually base their curricula on one or more nursing theories. Such theories provide a skeleton on which to hang knowledge. This theoretical framework gives you and other students a basis for forming a personal philosophy of nursing. It also helps you to develop problem-solving skills systematically. A **theoretical framework** provides a reason and a purpose for nursing actions. Other factors also involved in nursing actions include ethics, safety, confidentiality, and culture. The theoretical framework on which this book is based is that of meeting basic human needs.

Throughout this book, you will learn ways to perform nursing procedures. You will also be presented with *rationales*, or reasons for these actions. These rationales are based on nursing's knowledge base. After you graduate and become more experienced, you will realize that more than one correct way exists to perform particular procedures. You

must always follow the nursing protocols of the healthcare facility in which you are employed.

BOX 2-2 Nursing Pledges

FLORENCE NIGHTINGALE PLEDGE

I solemnly pledge myself before God and in the presence of this assembly: To pass my life in purity and to practice my profession faithfully.

I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug.

I will do all in my power to maintain and elevate the standards of my profession, and will hold in confidence all personal matters committed to my keeping, and all family affairs coming to my knowledge in the practice of my profession.

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

THE PRACTICAL NURSE'S PLEDGE

Before God and those assembled here, I solemnly pledge:

To adhere to the code of ethics of the nursing profession.

To cooperate faithfully with the other members of the nursing team and to carry out faithfully and to the best of my ability the instructions of the physician or the nurse who may be assigned to supervise my work.

I will not do anything evil or malicious and I will not knowingly give any harmful drug or assist in malpractice.

I will not reveal any confidential information that may come to my knowledge in the course of my work.

And I pledge myself to do all in my power to raise the standards and the prestige of practical nursing.

May my life be devoted to service, and to the high ideals of the nursing profession.

Nursing theories are often expressed in relationship to factors such as mind, body, spirit, and emotions. Most theories also include a definition of health. Be sure to consider all these factors when delivering nursing care so that you provide holistic care—care of the whole person. Among the many nursing theories are those of Florence Nightingale, Virginia Henderson, Dorothea Orem, Sister Callista Roy, and Betty Neuman. Table 2-2 outlines the general concepts related to these theories.

ROLES AND RESPONSIBILITIES OF THE NURSE

Today's nurse functions in a number of roles. As a nurse, you have a responsibility to maintain your own health. You also will need to project a professional image to your clients, their families, and the general public. Doing so will help others have confidence in your nursing abilities.

Contemporary Nursing Roles

Nurses are respected as a healthcare resource in the community. Examine the following roles of the nurse (Fig. 2-2). As you progress through your nursing program, you may be able to think of other roles that nurses assume in their practice. For example:

The nurse is a care provider. Nurses help each person achieve the maximum level of wellness possible. In some cases, clients will achieve total wellness; in others, compromises must be made.

TABLE 2-2 Theories of Nursing

THEORIST	MODEL	CONCEPTS
Florence Nightingale (1859)	Natural-Healing	Nature alone cures. Nursing assists the person to an improved condition for nature to take its course. Health is "freedom from disease."
Virginia Henderson (1955)	Independent-Functioning	Mind and body are one. Nursing's role is to assist clients to perform functions they would perform unaided if they had the necessary strength, will, or knowledge. Functions vital to health are the ability to breathe normally, eat/drink adequately, eliminate wastes, move/position oneself, sleep, dress, maintain body temperature, maintain hygiene, and keep the skin intact. Safety, communication, worship, work, recreation, and learning are individualized. Health is the ability to function independently.
Dorothea Orem (1958)	Self-Care	Building on Maslow's "Hierarchy of Human Needs" (see Chapter 5), nursing assists clients to meet self-care needs necessary to maintain life, health, and well-being. Health is the ability to meet self-care needs, which are physiologic, psychological, and sociologic.
Sister Callista Roy (1964)	Adaptation	An individual's state of health/illness moves back and forth on a continuum (see Chapter 6). Nursing focuses on the body, mind, spirit, and emotions and emphasis is on holistic healing, rather than curing. Each person's health status fluctuates because humans are constantly interacting in a dynamic (changing) environment.
Betty Neuman (1972)	Systems	Humans deal with forces in both internal and external environments. The goal of the whole person is stability and harmony. Health is "relative" in terms of psychological, sociocultural, developmental, and physiologic factors.

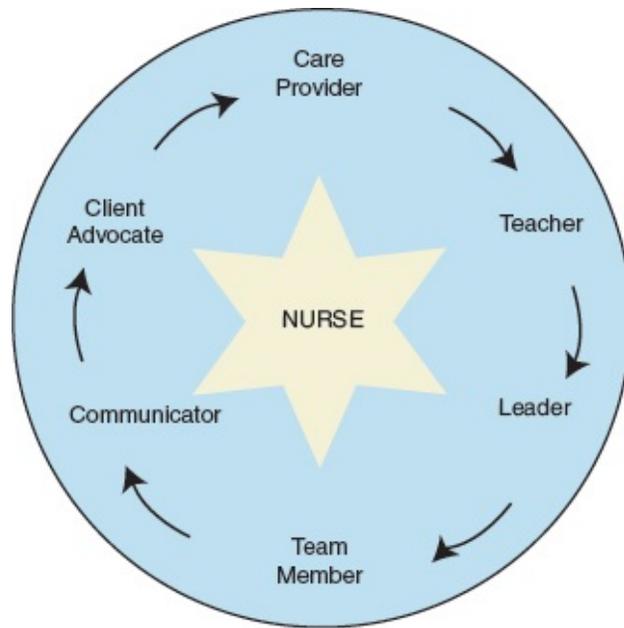


FIGURE 2-2 The roles of the nurse include, but are not limited to, care provider, communicator, teacher, advocate, leader, and team member.

The nurse is an advocate. Nurses serve this important role by ensuring that clients receive necessary care, and by intervening when necessary. Nurses help clients understand their rights and responsibilities. They explain details about procedures, so clients are able to give informed consent.

The nurse is a communicator. The nurse documents client care and the client's response. Professional nurses write care plans with input from other healthcare staff members—much of the staff uses this important plan. Nurses record information in daily flow sheets or nursing notes, record medications and treatments, and communicate with other healthcare team members in daily reports and team meetings to maintain continuity of care.

The nurse is a team member. Nurses work cooperatively with other healthcare professionals to provide the best care possible.

The nurse is a teacher. Professional nurses write teaching plans and assist people in preventing illness and injury before they occur. Other members of the healthcare team assist with teaching as well. Together, the healthcare team teaches clients and families about illness, surgical procedures, performed tests, and home care. Clients learn about medications, when and how to take them, expected side effects, and

possible adverse reactions. Many nurses teach prenatal classes and assist with labor and delivery, providing encouragement and support during childbirth. Later, they often teach new mothers important self-care as well as care measures for the baby.

The nurse is a leader. Nurses must work with clients to motivate them to achieve important goals. Leadership is power, and nurses can use their skills to direct that power for improvement, not only in their clients' health, but also in the facilities in which they work, the community, and for the entire healthcare system.

Key Concept

Always practice nursing ethically. When you recite your pledge at graduation, you are promising to abide by this code.

The Nurse's Image

Today's society is filled with information about leading a healthier lifestyle. Many people are working to change their behaviors to restore or maintain good health.

As a nursing student and as a nurse, you need to project a professional image. Remember that you represent not only yourself to the public, but also your school, the healthcare facility for which you work, and the entire healthcare system.

Your nursing program will give you specific guidelines to follow regarding style of dress and grooming when you conduct clinical nursing practice. Box 2-3 identifies some general considerations to help you project the image of the nurse. Remember that many of the measures listed in Box 2-3 are important not only to project a professional image, but also to maintain maximal levels of safety, hygiene, and protection for you and your clients.

Today's Nursing Student

Many of today's nursing students are returning to school after several years outside education. You may be one of these adult learners, who

has entered a nursing program with the additional responsibilities of a home, family, and outside job. Adult learners may need to master new skills in addition to learning their nursing skills. For example, some adult learners have not worked much with computers, email, or the Internet. All students, and especially those with multiple responsibilities, must plan a schedule that provides ample time for classes, household duties, studying, work, family, and personal time. Managing all of these responsibilities will be a challenge, but the rewards can be great.

BOX 2-3 Projecting the Image of a Nurse

- Show respect for others, including your clients, your instructors, and the staff at your clinical sites.
- Follow general practices of good grooming and hygiene: bathe/shower daily, use deodorant, brush teeth, avoid bad breath (especially if you smoke).
- Keep hair clean, pulled away from the face, and off the neck.
- Wear a minimum of jewelry—it can harbor microorganisms and could injure a client.
- Clients may act out—protect yourself by keeping your hair short or pinned up, and avoiding large earrings, neckties, and necklaces.
- Keep moustaches and beards neatly trimmed.
- Avoid aftershave, cologne, and perfume. Clients may be allergic to them.
- Use a minimum of makeup. Artificial nails may not be permitted (Centers for Disease Control and Prevention [CDC] recommendation).
- Wash hands often. Make sure fingernails are short and clean. Clip hangnails. Nail polish is not recommended.
- Cover cuts or open wounds for your protection.
- Wear washable clothes/uniforms and sweaters.
- Wear pants long enough to reach your shoe tops.
- Keep skirts long and loose enough so you can bend and lift without embarrassment.
- Wear safe and comfortable shoes. Most facilities do not allow sandals or clogs.

- Always wear your nametag—it is part of your uniform.
- Follow guidelines in Chapter 6 for maintaining optimal health.
- Follow any additional guidelines specified by your school or clinical facility.

NURSING ORGANIZATIONS

Nursing organizations provide professional forums for students, licensed nurses, and nursing faculty. Most organizations offer continuing education opportunities, publications, certifications in such areas as pharmacology or long-term care nursing, and monitoring of national and state legislation relating to healthcare. State and national conferences that are presented or supported by nursing organizations are productive ways to network with peers, discuss concerns, and advocate for changes in all aspects of nursing. Continuing education seminars generally are part of the organizations' conferences. Nursing organizations can have major impacts on healthcare, nursing, and public policy legislation. Most professional organizations offer student members discounted membership fees, opportunities for scholarships, and discussion opportunities with peers on state and national levels. By being a member of nursing organizations, you can keep informed of healthcare trends, learn of legislation that will affect you as a nurse and receiver of healthcare, and provide opportunities for growth, development, and change in your field.

National Organizations

National Association for Practical Nurse Education and Service

Organized in 1941, the National Association for Practical Nurse Education and Service (NAPNES) was the first national nursing organization to delineate goals for the development and improvement of practical nursing education. The organization's focus is on the professional practice, licensure, and education of LPNs/LVNs.

National Federation of Licensed Practical Nurses, Inc.

Started in 1949 in New York State, the National Federation of Licensed Practical Nurses (NFLPN) is a professional organization providing standards of nursing care and promoting competence through continued postlicensure education and certification. The NFLPN supports legislation for the LPN/LVN and assists in the interpretation of the role and function of the LVN/LPN as a member of the healthcare team.

National League for Nursing

The designated purpose of the National League for Nursing (NLN) is “to advance excellence in nursing education that prepares the nursing workforce to meet the needs of diverse populations in an ever-changing healthcare environment.” The NLN has been a leader in the profession of nursing education since 1893. A major focus is providing accreditation to RN and LPN/LVN schools. The organization assesses, establishes goals, implements plans, and sets standards for

- Nursing education
- Faculty development
- Research in nursing education
- Nursing needs in the work arena and education setting
- Services to the nursing community
- Public policy related to lifelong education

HOSA

Organized in 1976, **HOSA**, formerly known as Health Occupations Students of America, is a vocational organization specifically designed for students in secondary and postsecondary/collegiate health occupational programs, including nursing. HOSA’s mission is “to provide career opportunities in the healthcare industry and to enhance the delivery of quality healthcare to all people.” Students in the field of health science technology are motivated to deliver compassionate, quality healthcare while providing opportunities for learning concepts of the healthcare profession, including recognition and leadership.

American Nurses Association

The **ANA** is an organization whose membership is composed of RNs.

ANA often sponsors workshops for nurses. It publishes several periodicals and a great deal of literature. ANA's most widely circulated journal is the *American Journal of Nursing (AJN)*. ANA considers itself the official voice of professional nursing in the United States. It assists with collective bargaining in many states.

State Affiliates of National Organizations

The national nursing associations usually have state affiliates and sometimes local chapters. This gives all nurses the opportunity to attend meetings and become active in the nursing organization of their choice. Most national organizations also have student affiliates, so you can begin your professional membership as a student.

State organizations often publish newsletters of local interest. Sometimes scholarships, continuing education, and other services are available to members.

Key Concept

All nursing students and graduates should belong to an organization, so they will have a voice in the future of the profession.

International Council of Nursing

Started in 1899, the International Council of Nursing (ICN), based in Geneva, Switzerland, is the major international organization of nurses. The ICN has three key program areas listed as crucial to nursing:

1. Professional nursing practice with a focus on an International Classification for Nursing Practice (ICNP), advanced nursing practice, and specific health issues, such as human immunodeficiency virus/acquired immunodeficiency syndrome, tuberculosis, malaria, women's health, family health, and safe water.
2. Regulation of the standards of nursing, including aspects related to credentialing, standards of competencies, and a code of ethics.
3. Socioeconomic welfare for nurses, which includes areas such as occupational health and safety, human resource planning and policies,

remuneration, and career development.

This agency often works in concert with other organizations, such as the ANA or the Canadian Nurses Association (Association des Infirmières et Infirmiers du Canada).

STUDENT SYNTHESIS

KEY POINTS

- Differences exist in the education and level of nursing practice between RNs and LPNs/LVNs.
- Several types of nursing education lead to licensure as a registered nurse or as a practical/vocational nurse.
- Only graduates of state-, commonwealth-, territory-, or province-approved schools of nursing are eligible to take the licensure examination.
- All states have mandatory licensure laws for nurses. Nurse licensure is available in all states, territories, and Canadian provinces.
- Nurses promise to practice ethically when they recite pledges at graduation.
- Many nursing programs base their curricula on nursing theories. These theoretical frameworks provide reasons and purposes for nursing actions.
- The nurse assumes many roles. Many responsibilities accompany the title of “nurse.”
- Projecting a professional image is important. Such an image helps nurses properly represent their school, place of employment, and the healthcare industry. Moreover, it serves to protect and maintain safety for clients and for nurses themselves.
- Nursing organizations set standards of practice for RNs and LPNs. A primary nursing responsibility is to be familiar with these standards.
- Nursing organizations assist in continuing education and collective bargaining. Additionally, they offer a forum for discussion of nursing issues with peers.

CRITICAL THINKING EXERCISES

1. Discuss the difference in the roles, practices, and functions of the physician, the LPN, and the RN. If you started your nursing career as a nurse's aide, describe your experiences working with nurses.
2. Interview class members and have them relate an experience in healthcare. What events are significant in the individual's medical history and how did the members of the healthcare team affect the individual's perspective of the experience?
3. A nursing student in your group tells you that she cheated on an examination yesterday. What would you do and why? How does your response relate to nursing practice?
4. Ask your instructor for a copy of your program's "Philosophy and Objectives." Compare and contrast them with your own personal standards and philosophy of nursing. Do you find similarities? Differences?

NCLEX-STYLE REVIEW QUESTIONS

1. A high school student interested in becoming a nurse asks the nursing instructor what the role of the LPN/LVN is. What is the **best** response by the instructor? Select all that apply.
 - a. The LPN/LVN provides bedside care.
 - b. The LPN/LVN develops the plan of care for clients.
 - c. The LPN/LVN performs wound care.
 - d. The LPN/LVN supervises registered nurses (RNs).
 - e. The LPN/LVN administers prescribed medications to clients.
2. The LPN/LVN is supervising a nursing assistant working in a long-term care facility. What task may be assigned to the nursing assistant by the LPN/LVN?
 - a. Administer prescribed medication to a client
 - b. Change a sterile dressing
 - c. Assist with feeding a client
 - d. Insert a nasogastric tube in a client
3. The student nurse in a practical nursing program asks the instructor what a registered nurse does. What is the **best** response by the

- instructor? Select all that apply.
- a. The RN performs surgical procedures.
 - b. The RN cares for acutely ill clients.
 - c. The RN teaches professional and practical nursing students.
 - d. The RN takes charge in various healthcare settings.
 - e. The RN manages personnel.
4. The new RN graduate from a 4-year baccalaureate program would like to obtain an advanced practice degree as a family nurse practitioner. What would this mean to the nurse after completing the program? Select all that apply.
- a. The nurse practitioner would be responsible for performing advanced assessment techniques.
 - b. The nurse practitioner would be able to perform surgical procedures without assistance from the surgeon.
 - c. The nurse practitioner would assist in diagnosis and treatment of illness.
 - d. The nurse practitioner would be able to prescribe medication in some states.
 - e. The nurse practitioner would be able to practice independently without a physician in all states.
5. An LPN/LVN is moving to another state to practice nursing. Prior to beginning practice, what is important that the LPN do?
- a. Determine what the standards of practice are in that state.
 - b. Take another NCLEX exam for that state.
 - c. Sign up at the local community college to take review classes.
 - d. Call the state Board of Nursing to let them know the nurse is going to practice in that state.

CHAPTER RESOURCES

Explore these additional resources to enhance learning for this chapter.

- NCLEX-Style Questions, Web Resources with direct links to organizations talked about in this chapter, as well as other Student Resources on **thePoint** <http://thePoint.lww.com/Rosdahl11e>
- Chapter 2 in *Workbook for Textbook of Basic Nursing, 11e*

- prepU