Society's Needs Define Nursing's Role

All professions develop to meet "needs" recognized by the members of society. Some needs consumers identify for the healthcare profession are: a friendly and courteous staff, personalized and accessible care and the availability of technology, services and specialists. Nurses attempt to meet these needs as they are represented on staff, provide the care and manage the technology. In short, nurses exist because the public believes it needs them.

Historically, healthcare professionals have paid minimal attention to consumer satisfaction or expectations. Nurses define patients' needs as minimizing suffering, promoting health and preventing illness. Decisions are often made about how to achieve these goals without considering what patients believe they need.

Nurses design their services in relation to professional standards. The importance of standards of practice may not always be evident to consumers. Patients want a call bell answered instantly while spending time on teaching may be more important to nurses. The patient may feel tired and want to be "waited on" while the nurse pushes for self-care. With the "best interests" of the patient in mind, nurses may provide care that leaves patients less than fully satisfied. Patient satisfaction is related to how well treatment recommendations are accepted and adopted. We cannot ignore expectations and satisfaction while claiming the role of patient advocate.

Who will compromise and how much? As the caregivers in the forefront of patient care, nurses need to be aware of patients' expectations. Yet, meeting consumer expectations has become increasingly difficult. Patient care has become more intense with advancing technology. Changes in reimbursement have resulted in earlier discharges and shorter lengths of stay. Patients are older and often have multiple physical problems. The nursing shortage has created staffing problems. Patient care needs and consumer expectations must be met within the context of limited and shrinking resources.

Continued on page 6

Marcia Roman, R.N., chats with Mary Chuss, a patient in the Transitional Care Unit at TAH site.
Nurses Deserve Accurate Image

How will you respond to the eager and enthusiastic youngster who says, “Maybe I could be a nurse!” You may be surprised to discover a brand new interest and curiosity in our profession. Advertisements like this one show how a nurse, using her knowledge and quick action, saved someone’s life. The public will see this ad, and more, in an effort to portray a more accurate image of nursing.

You may not have heard of the Ad Council, but surely you recognize its work. It generates more than a billion dollars worth of media time and space each year for public service advertising in order to combat America’s problems. Since 1942, media support has given its campaigns more than $16 billion. They “Take A Bite Out Of Crime,” they teach our children to “Just Say No” for the National Institute on Drug Abuse, and that “Only You Can Prevent Forest Fires” for the U.S. Forest Service (Smoky the Bear is very pleased with America’s positive response). Now, with the cooperation of the National Commission on Nursing Implementation Project (NCNIP), it is launching a two-year campaign so that everyone will know “If Caring Were Enough, Anyone Could Be A Nurse.”

The nursing shortage is a national crisis and likely to grow worse. Even though we have more nurses educated and employed than ever before, the demand for nursing services exceeds the supply. One contributing factor (some say major factor) is our poor public image. The strategy of the Ad Council is to “correct and improve the public image of nursing with an outcome of improving recruitment and retention.”

Why is there a need for such action? Part of the reason lies in our image as presently portrayed on television and on the big screen. The traditional portrayal of nurses is unfair and dangerously far from the truth, bordering on the criminal in light of our current plight. We are viewed by millions as useful but hardly indispensable appendages to the heroic doctor attending the patient.

Prime time features doctors set in hospitals with virtually no nursing staff. Daytime soaps focus on fantasy social lives rather than patient care. At the movies, when we rarely play a leading role, we are Nurse Ratchet, calculatingly cold and uncaring.

More often we are given minor characters with little to say but lots of body. Or, when we do speak, as in the movie Dad when the family asks to stay overnight with its ailing father, the nurse denies the request as against hospital policy. Then the doctor comes to the rescue and gives permission, putting the unfeeling nurse in her place.

It’s no wonder why, that after a lengthy and honest report on the patient’s status that families are more satisfied after speaking with the doctor, even if given the same information. We are entitled to better media coverage and the public is in need of some reality.

In addition to the Ad Council, Nurses of America is hard at work doing good for our public image.

This national multi-media effort intends to portray “the real drama of nursing; the vital work that nurses do everyday that saves lives and exemplifies the very best of American ingenuity and caring.” It tackles a wide variety of media in an effort to “bring real nurses’ point of view to the public.”

In the real world, nurses are the interface between patients, their families, doctors and all healthcare professionals. Our advice is sought and respected. It’s time our public image reflected that.

Susan Busits O’Neill, R.N.
STU (LVHC site)
The time when a patient was expected to play a passive role in his hospitalization is over. Consumers know they have a right to ask questions and be knowledgeable about every aspect of their medical care.

Charles Inlander is accustomed to the challenges of forwarding the interest of the consumer. Once an advocate for the handicapped rights movement in Washington, D.C., he is currently president of the People's Medical Society (PMS).

The PMS is a consumer group with two basic goals: to get information to the public describing strengths and weaknesses in the healthcare system, and to improve the system to be more focused upon the consumers. The group sees its ultimate outcome to be better healthcare.

Inlander believes nurses are invaluable to the consumer and the delivery of his care. "The consumer's perception of nurses is high and always has been. They know they are there with them 24 hours a day. Polls have shown nurses are held in the highest esteem. The public associates the nurse's role with compassion," Inlander points out.

Not all of Inlander's views regarding present day nursing care are positive. "The negative side, of course, is the shortage of nurses. Consumers feel it. They can tell when a nurse is frustrated and short for time," he comments. "Nurses are not being used correctly. They are compartmentalized into specialties and do not work in the generalized areas as in the past. There aren't fewer nurses graduating from nursing school or enrolling; the demand for nurses is greater," he asserts.

"PMS supports and believes in nurse practitioners and nurses functioning at an independent level. They deliver appropriate care at the appropriate level at a lower cost," Inlander reports.

The unique rapport between nurses and their patients automatically places nurses in the position of advocate. Inlander claims, "Nurses are one key to customer satisfaction and can be the best source of advocacy." The more active nurses become in this role, the more closely aligned with the consumer they become.

Being politically active, Inlander expresses special interest in nurses reaching their potential in nationwide politics as well as in their own institution. "Nurses don't view themselves as powerful entities. They don't realize the power they have; they have the power of numbers. One in every 11 women in this country is a nurse. Nursing efforts are in their infancy. Nursing organizations need a strong core of leaders. They have to work with other groups. Consumers won't fight nurses' battles, but we will back you," he claims.

At the PMS, Inlander receives mail from nurses all over the country. Many seek his help and advice. "The main complaint I read in these letters is nurses feelings of frustration. With this type of frustration and stress, there's a temptation to see the patients as the problem. Nurses are the heart of the hospital. They should seize the opportunities to make changes and work on the positives as a unified group. Most things change from the inside and everyone wins," Inlander claims.

Inlander has specific hopes for the future. "In the future, disclosure of what is essential information to the consumer should be standard: mortality and morbidity rates, drug error rates, professionals who've been suspended, and infection problems, for example. Also, that there be changes in control of the system, such as consumers on the licensing boards. We as consumers should be able to decide what we will and will not accept as recipients of healthcare. And lastly," he concludes, "not to forget the patient is the most important entity."

Rose Nourse, R.N.
Psychiatry
Survey Reveals Incomplete Nursing Image

To get a sense of our local public's expectations and image of nursing, Nursing Voice conducted an informal opinion survey. Three brief questionnaires were distributed, each targeting a specific age group. School-aged children were asked to draw a nurse, to describe what a nurse does and to indicate which of six career options they would like to pursue. Adolescents were asked to describe what a nurse does, what are the requirements to be a nurse, and what they would expect from their nurse if they were hospitalized. They also rated the importance of eight professions and indicated if they would consider a career in nursing. Adults were asked the same questions, but the career choice item focused on whether respondents would encourage others to become nurses rather than probing their own career choice.

Formal research procedures were not followed in the construction and implementation of our survey. As a result, our ability to generalize results is limited. Many of the comments are interesting and are consistent with much of the literature on nursing's image and consumer expectations. Dominant themes can be identified within each respondent group.

Among the school-age children (N = 44), the role of the nurse is seen to be helping people get better. Only six of the children described the nurse as assisting the doctor; 19 of the children described specific tasks nurses perform, including taking temperatures and blood pressures, giving shots and bringing patients food; and 15 of the children's drawings included identifiable tools: syringes, thermometers, stethoscopes, medicine bottles and nurses' bags. The vast majority (39) depicted nurses wearing caps, many of which had red crosses on them.

The children were also asked to indicate what they wanted to be when they grew up from a listing of six jobs, nursing being one of those choices. A "computer person" was the most frequent response, followed by teacher, actress/actor, pilot, nurse and fireman.

For the adolescents, the predominant theme was: the nurse helps the doctor (80 of 120 respondents) — 57 described the nurse doing tasks, primarily giving shots, medications and delivering food; 47 stressed the caring aspect of nursing, describing nurses as pleasant, friendly, kind and patient. Only nine identified the nurse as being involved in patient education.

There were 42 adolescents who believed nursing requires a college degree.

This sketch, which illustrates the child's view of nursing, shows the nurse as kind, patient and comforting.

Most children's sketches depicted nurses wearing caps, often with red crosses on them. This nurse administers medication with a teaspoon, just like mom.
Chart 1

What A Nurse Does

A Nurse...

Adolescents
Is a doctor’s second hand woman/man
Does not only help the doctor; some nurses actually take care of the patient
Does the same or more work that a doctor does and for less
Helps people who have illnesses mentally and physically by supporting them when they are down and by trying their best to make them better.
Can work in hospitals, nursing homes or even a patient’s own home
Has a job equally as important as a doctor
Is an essential part of the hospital
Does the dirty work of the medical profession
Does small jobs doctors don’t have time to do
Provides physical, mental and emotional care of patients and their families
Can usually deal with patients on more of a personal level than most doctors can

Adults
Takes care of people
Administers medication, gives shots, draws blood
Makes sure patients are kept comfortable.
Carries out the orders of the doctor
Works with the doctor to give patient quality care
Assists doctors in treatment and care of the sick and injured

Some of the more interesting comments from the adolescent and adult surveys are highlighted in Charts 1 and 2. The first chart contains descriptions of what the respondents felt a nurse does, and the second chart contains what their expectations would be as a hospitalized patient.

Although this was only an informal survey, our respondents clearly did not describe the varied and vital contribution nurses make. This survey did not attempt to address why these incomplete images of nursing persist. Our challenge as nurses is to identify ways to help people of all ages understand the multifaceted dimensions of nursing and its central role in the delivery of healthcare.

Debra Marie Bubba, R.N.
Nursing Modular Unit
Elisabeth Williamson, R.N.
Nursing Administration

This sketch, which also showed a building labelled “hospital”, was explained by the student as expressing the view that “a nurse helps people get well.”
Trauma Patients' Families Need Care, Too

Although health professionals generally share a common concern for families, no single discipline recognizes the family as its responsibility. Nursing is in the best position to help family members meet their needs and develop coping mechanisms to deal with crises.

The sudden, unexpected hospitalization into a critical care unit is a stressful event. Families may not have the resources available to successfully cope with this crisis. They experience varying levels of stress.

Studies have shown that the family's response to an illness and its ability to support the patient significantly affects the outcome of the sick family member.

Recognizing this unique need of family members of critically ill patients, the Shock Trauma Unit and Pastoral Care have formed a Trauma Family Support Group (TFSG). The group is especially geared towards meeting the needs and concerns of family members of trauma victims. Nursing staff involved with the group have learned a great deal. The success of the group has been both inspiring and rewarding.

TFSG recognizes the needs of the victim's family and meets them through the use of a specialty unit-based support group. The outcome has been promising and the group is currently creating an evaluation tool to measure its effectiveness. In this way, nursing has taken responsibility for meeting the needs of this unique population.

Society's Needs, Nursing's Role

Continued from page 1

Where do these conflicts leave the nursing profession? Nurses face a dual professional responsibility. Standards and practice must be defined within the professional context. Nurses feel increasing pressure to redefine professional standards and roles. Changes in the practice environment prompt reexamination and restructuring of care delivery methods. Greater emphasis on cost and quality outcomes supports the development of professional practice models of various types.

However, if the services of the profession fail to meet the public's needs, the public will look elsewhere for satisfaction. Modern hospitals bear little resemblance to their predecessors. Much of healthcare is delivered in alternative settings and by different healthcare professionals. Nurses' responsibilities to patients dictate that efforts be directed toward bridging the gap between consumer expectations and experiences. Who better than nurses to fill this role? Nursing's ethic of caring and unique professional focus provides an unparalleled perspective on patient experience. From this vantage point, nurses must incorporate patients' needs and desires into definitions of professional practice. At the same time, nurses must help patients modify expectations to meet current realities. The future of the profession depends upon success in fulfilling this obligation to our patients and, ultimately, ourselves.

Elisabeth Williamson, R.N. Nursing Administration

Nursing Voice Welcomes Letters

Nursing Voice, in its present format, begins its second year of publication with this issue. Our objectives remain: 1. To convey a professional image, recognize exemplary achievements and summarize issues for TAH-LVHC Department of Nursing; 2. To share research findings and advancements in practice for the department's clinical staff, and 3. To support the unified Department of Nursing. As a well-known former mayor of New York City was fond of saying, "How are we doing?"

Signed letters to the editors, commenting on articles or offering ideas and suggestions for future publications are welcome.

Susan Busits O'Neill R.N. (STU)
Carole Moretz R.N. (6T)
Television Images: How You Can Help

Few nurses appear as major characters on evening television shows. The majority of nurse characters that do exist are on daytime soap operas. On these and other shows, the characters and plots fail to present accurate portrayals of nurses' contributions to healthcare.

Nurses of America (NOA) is asking our assistance with monitoring the media. This TV program surveillance form is to be used to provide input to NOA. Additional copies can be obtained from NOA.

Although all media portrayals are of concern, NOA is particularly interested in the nurse characters on the daytime soaps. The current major nurse characters are: Ruth Martin, "All My Children"; Lyla Peretti, "As the World Turns"; Kayla Johnson, "Days of Our Lives"; Audrey Hardy, Bobbie Meyer, Amy Vining, Jessie Brewer and Melissa, "General Hospital"; Lillian Raines, "Guiding Light"; Brenda McGillis and Vera Williams, "One Life to Live".

You can help NOA survey the entertainment media by filling in this form. Highlight one character and one episode per form. Please mail the completed form to: Nurses of America, 350 Hudson Street, New York NY 10014.

Your Name ____________________________________________
Street ____________________________________________
City ____________________________________________ State ______ Zip ______
Daytime Telephone ___________________________ Evening Telephone ___________________________

Name of program you are watching ____________________________
How long have you watched this program? ____________________________ Date, time of episode evaluated ____________________________
Character you are evaluating: ____________________________
(Please use a separate sheet for each character)
Network it appears on ____ ABC ____ NBC ____ CBS ________ Other (please specify)

Character Age (estimate if not known) ________ Occupation ____________________________
Health Condition (Describe all known ailments or health-related episodes you know of, past or present): ____________________________

Is this character a generally "positive" or "villanous" character? (Please explain reasons for your answer):

________________________
________________________
________________________

Please give a biography of the character as you know it: ____________________________
Character's involvement in major plotlines: ____________________________

If the episode you are watching involves a health topic, and/or if a nurse appears in a scene, please describe where the nurse is, what she is doing (especially job related), and what she is saying. Please be as specific as possible.

If your character is a doctor or a nurse, please rate him/her on a scale of 1 to 4, as follows: 1 — Not at All; 2 — Not Very; 3 — Somewhat; 4 — Very

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PROMOTIONS
Senior Staff Nurse
Mary Ann Embly (6C)
Eileen Keeney (4B)
Jill Korn (6C)
Kathie McGonigal (6C)
Susan Michaels (SCU)
Wendy Robb (STU)
Ann Schlear (Dialysis)
Mary Jane Spotts (BC)

Nurse Clinician
Cathryn Knudsen (ACU)

CERTIFICATIONS
CCRN Certification
Joseph Ferreira
Tracy Gallagher
Mae Ann Hranchock
Diane McEver
Scott Paul
Polly Preston
Lesly Schmidt

IAET Board Certification
Carol Balcavage, RN, CETN and Margaret Crane, CETN, received word in December they passed the IAET Board Certification exam in Enterostomal Therapy. To remain certified in Enterostomal Therapy Nursing, an ET nurse must successfully pass the 250-question written exam every five years. This is the second time they have each taken the exam.

OCN Certification (1/90)
Jill Korn
Mary Lenahan-Durnin
Donna Petras
Lori Barrell
Jacaline Wolf
Irene Ehr cott

CPN — Certified Pediatric Nurse Exam by National Association of Pediatric Nurse Practitioners and Associates
Mary Ellen Bennicoff (Peds)
Pamela Deysher Blacker (Peds)
Susan Dorosh (Peds)

Nursing Voice is published quarterly by the Department of Nursing, The Allentown Hospital — Lehigh Valley Hospital Center. For additional information, call 778-7914.

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