

**EXPERIENTIAL HIGHER INSTITUTE OF SCIENCE AND
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SCHOOL OF HEALTH SCIENCES

One Year Conversion Nursing Degree Program

COURSR: Fundamentals of Nursing

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UNIT I: TRENDS AND PERSPECTIVES OF NURSING

INTRODUCTION

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

Nursing is one of the most exciting and challenging careers that an individual can enter.

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

NURSING AS A PROFESSION

Definition and Meaning of Nursing, Nursing Profession and Nursing Practice

Nursing

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

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

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

In 1933, nursing educator Bertha Harmer wrote that the "spirit, the art and the knowledge or science of nursing are the three essential elements of nursing. Harmer explained that the

application of the scientific method and scientific spirit was necessary if nursing was to be an applied science.

“Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles” (ICN 2002)

Nursing Profession

In 1937, the American Nurses Association (ANA) defined professional nursing and the professional nurse. In the ANA definition professional nursing was described as a blending of intellectual attainment, attitudes and mental skills based upon the scientific medicine, acquired by means of a prescribed course in a school of nursing, affiliated with a hospital, recognized for such purposes by the state and practice in conjunction with curative and preventive medicine by an individual licensed to do so by the state.

Professional Nurse:

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

The unique function of a nurse is to assist the individual (sick or well) in the performance of those activities contributing to health, or its recovery (or to a peaceful death) that he/she would perform unaided if they had the necessary strength, will or knowledge. It is likewise her function to help the individual gain independence as rapidly as possible. (Henderson 1962)

“A nurse is a person who has completed a program of basic, generalized nursing education and is authorized by the appropriate regulatory authority to practice nursing in his/her country. Basic nursing education is a formally recognized program of study providing a broad and sound foundation in the behavioral, life, and nursing sciences for the general practice of nursing, for a leadership role, and for post-basic education for specialty or advanced nursing practice. The nurse is prepared and authorized (1) to engage in the general scope of nursing practice, including the promotion of health, prevention of illness, and care of physically ill, mentally ill, and disabled people of all ages and in all health care and other community settings; (2) to carry out health care teaching; (3) to participate fully as a member of the health care team; (4) to supervise and train nursing and health care auxiliaries; and (5) to be involved in research”(ICN 1987)

Nursing Practice

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

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

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

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

Lydia Hall used her knowledge of psychiatry and nursing experiences in the Loeb Center to formulate her theory. Also known as “the Three Cs of Lydia Hall,” it contains three independent but interconnected circles: the core, the care, and the cure.

The core is the patient receiving nursing care. The core has goals set by him or herself rather than by any other person and behaves according to their feelings and values.

The cure is the attention given to patients by medical professionals. Hall explains in the model that the nurse shares the cure circle with other health professionals, such as physicians or physical therapists. These are the interventions or actions geared toward treating the patient for whatever illness or disease they are suffering from.

The care circle addresses the role of nurses and is focused on performing the task of nurturing patients. This means the “motherly” care provided by nurses, which may include comfort measures, patient instruction, and helping the patient meet his or her needs when help is needed.

Hall’s theory emphasizes the total patient rather than looking at just one part and depends on all three components of the theory working together.

PROFESSIONAL TRENDS

Trend means a change or movement in a particular direction. A trend in nursing profession is a change that is taking place in present days in any field of nursing, may it be in education or practice which affects the profession as a whole. For example, the present trend in nursing

education is towards a higher level of education in the basic preparation of the professional nurse both here and around the world.

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

History and Development of Nursing

It is difficult to trace the exact origin of the nursing profession. However, moral action is the historical basis for the creation, evolution and practice of nursing.

Period of Intuitive Nursing/Medieval Period

- Nursing was “untaught” and instinctive. It was performed out of compassion for others, out of the wish to help others.
- Nursing was a function that belonged to women. It was viewed as a natural nurturing job for women. She is expected to take good care of the children, the sick and the aged.
- No caregiving training is evident. It was based on experience and observation.
- Primitive men believed that illness was caused by the invasion of the victim’s body of evil spirits. They believed that the medicine man, Shaman or witch doctor had the power to heal by using white magic, hypnosis, charms, dances, incantation, purgatives, massage, fire, water and herbs as a mean of driving illness from the victim.
- Trephining – drilling a hole in the skull with a rock or stone without anesthesia was a last resort to drive evil spirits from the body of the afflicted.

Period of Apprentice Nursing/Middle Ages

- Care was done by crusaders, prisoners, religious orders

- Nursing care was performed without any formal education and by people who were directed by more experienced nurses (on the job training). This kind of nursing was developed by religious orders of the Christian Church.
- Nursing went down to the lowest level
 - Wrath/anger of Protestantism confiscated properties of hospitals and schools connected with Roman Catholicism.
 - Nurses fled their lives; soon there was shortage of people to care for the sick
 - Hundreds of Hospitals closed; there was no provision for the sick, no one to care for the sick
 - Nursing became the work of the least desirable of women – prostitutes, alcoholics, prisoners
- Pastor Theodore Fliedner and his wife, Frederika established the Kaiserswerth Institute for the training of Deaconesses (the 1st formal training school for nurses) in Germany.
 - This was where Florence Nightingale received her 3-month course of study in nursing.

Period of Educated Nursing/Nightingale Era 19th-20th century

- The development of nursing during this period was strongly influenced by:
 1. trends resulting from wars – Crimean, civil war
 2. arousal of social consciousness
 3. Increased educational opportunities offered to women.
- Florence Nightingale was asked by Sir Sidney Herbert of the British War Department to recruit female nurses to provide care for the sick and injured in the Crimean War.
- In 1860, The Nightingale Training School of Nurses opened at St. Thomas Hospital in London.
 - The school served as a model for other training schools. Its graduates traveled to other countries to manage hospitals and institute nurse-training programs.
 - Nightingale focus vision of nursing Nightingale system was more on developing the profession within hospitals. Nurses should be taught in hospitals associated with medical schools and that the curriculum should include both theory and practice.

- It was the 1st school of nursing that provided both theory-based knowledge and clinical skill building.
- Nursing evolved as an art and science
- Formal nursing education and nursing service begun

Facts about Florence Nightingale

- Mother of modern nursing. Lady with the Lamp because of her achievements in improving the standards for the care of war casualties in the Crimean war.
- Born May 12, 1800 in Florence, Italy
- Raised in England in an atmosphere of culture and affluence
- Not contented with the social custom imposed upon her as a Victorian Lady, she developed her self-appointed goal: To change the profile of Nursing
- She compiled notes of her visits to hospitals and her observations of the sanitary facilities, social problems of the places she visited.
- Noted the need for preventive medicine and good nursing
- Advocated for care of those afflicted with diseases caused by lack of hygienic practice
- At age 31, she entered the Deaconesses School at Kaiserswerth in spite of her family's resistance to her ambitions. She became a nurse over the objections of society and her family.
- Worked as a superintendent for Gentlewomen Hospital, a charity hospital for ill governesses.
- Disapproved the restrictions on admission of patients and considered this unchristian and incompatible with health care
- Upgraded the practice of nursing and made nursing an honourable profession for women.
- Led nurses that took care of the wounded during the Crimean war
- Put down her ideas in 2 published books: Notes on Nursing, What It Is and What It Is Not and Notes on Hospitals.
- She revolutionized the public's perception of nursing (not the image of a doctor's handmaiden) and the method for educating nurses.

Period of Contemporary Nursing/20th Century

- Licensure of nurses started
- Specialization of Hospital and diagnosis
- Training of Nurses in diploma program
- Development of baccalaureate and advance degree programs
- Scientific and technological development as well as social changes marks this period.
 1. Health is perceived as a fundamental human right
 2. Nursing involvement in community health
 3. Technological advances – disposable supplies and equipment
 4. Expanded roles of nurses was developed
 5. WHO was established by the United Nations
 6. Aerospace Nursing was developed
 7. Use of atomic energies for medical diagnosis, treatment
 8. Computers were utilized-data collection, teaching, diagnosis, inventory, payrolls, record keeping, and billing.
 9. Use of sophisticated equipment for diagnosis and therapy

Development of the Profession in Cameroon (Assignment)

Factors Influencing Nursing Trends

Factors influencing nursing trends are not isolated changes. Each trend is related to changes in society, in other professions or in what is happening within the nursing profession itself.

Nursing as a whole has been greatly influenced by all of the following factors and many more.

- 1) International trends in the nursing profession.
- 2) Health needs of the society.
- 3) Awareness of health needs by society.
- 4) Economic conditions- if money is available to pay for nursing service.
- 5) New developments in medicine.
- 6) New knowledge and procedures developed through research in science.
- 7) Need for specialization in medicine and nursing.
- 8) Opportunities for service and education abroad
- 9) Changes in nursing education and the role of the nursing student

- 10) Increased industrialization.
- 11) Expansion of community health services.
- 12) Government support programmes
- 13) Increased number of private nursing homes, private hospitals.
- 14) Necessary military activities, and
- 15) Development of nursing research.

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

Development of Nursing Education in Cameroon

Graduate education in Cameroon has mostly remained inaccessible to the majority of diploma nurses. The University of Buea (Cameroon's first Anglo-Saxon state university) began a four-year training programme for the award of a Bachelor's degree in Nursing Science (BNS). The first batch of graduates left in 2001 and were mostly nurses who had previously held diplomas. It must be noted here that the duration of training was the same for both diploma holding nurses and candidates without any nursing background i.e. fresh from high school. The university conferred its first Masters degrees in Nursing Education in 2009, and does not offer any doctoral degrees. The University of Yaounde I which is the oldest in Cameroon also started a Master in Nursing Science degree in the late 2000s.

Entry into practice is still based on the three-year diploma which can now be obtained from both the ministries of Public Health and Higher Education. Preregistration diploma programmes also continue even as undergraduate programmes are now available. However, the pathway to upgrade preregistration and registration diplomas to bachelor degrees is murky.

Educational structure

The Ministry of Public Health was the first provider of nurse education in Cameroon before being joined by the Ministries of Higher Education and that of Employment & Vocational Training in the late-1990s and mid-2000s respectively. In the present dispensation the ministries of Public Health and Vocational Training can only issue diplomas by law while the ministry of higher education can issue both diplomas and degrees. This ministry of Higher Education is predicted to emerge as the key provider of nursing education in the future considering the movement towards the bachelor-master-PhD structure of higher education in

Cameroon. The current structure of nursing programmes is as follows:

Preregistration diplomas:

- o Assistant Nurses (1 year of studies) mostly run by the Ministry of Public Health with some under the Ministry of Employment and Vocational Training.
- o Enrolled Nurses (2 years of studies) previously their training was managed by the Ministry of Public Health which stopped running the programme in the early 2000s but now exists under the Ministry of Employment and Vocational Training.

Registration diplomas/degrees:

- o State Registered Nurses SRN (3years of studies) – Ministry of Public Health
- o Higher National Diploma nurses HND (3years of studies) – Ministry of Higher Education
- o Bachelor degree nurses (4years of studies) – Ministry of Higher Education

Post-registration diplomas/degrees:

- o State Certified Paediatric Nurses (2years of studies) – Ministry of Public Health
- o State Certified Nurse-Midwives (2years of studies) – Ministry of Public Health. Since 2011 the training of midwives began separately from nursing. Students no longer needed to complete the three-year diploma programme before going into midwifery for two-year post registration diploma.
- o State Certified Reproductive Health Nurses (2years of studies) and run by Ministry of Public Health
- o State Certified Mental Health Nurses, Nurse Anaesthetists and Nurse Ophthalmologists (2years of studies) – Ministry of Public Health
- o Geriatric Nurses (1year of study) – Ministry of Employment and Vocational Training. Ministry of Public Health launched its own training in 2015.
- o Masters in Nursing (2years of studies) – Ministry of Higher Education

The above structure may probably confound anybody coming from another country with fewer key players. It has also made it challenging for international credential evaluation agencies trying to evaluate nursing certificates from Cameroon. The mechanisms for cooperation and collaboration between these ministries (if it does exist) need to be examined and discussed because of the apparently complex picture the nurse education scenario seems to be. Studying the role and interactions of the different ministries is also important because as shown in above, a professional regulatory body does not exist thus raising the question of how nurse education is run and regulated in Cameroon.

SCOPE IN NURSING PROFESSION

In the past attempts were made to interpret the broad definition of scope of nursing practice by identifying tasks and interventions that nurses could perform. These lists became difficult to manage because they outdated quickly, were often incomplete and excluded interventions that were outside of the domain of clinical practice.

The boundaries of nursing practice cannot be determined by identifying tasks and procedures nurses can perform. Nursing practice is, in fact, far too complex to be reduced to lists of tasks and procedures. In contrast nursing practice must be considered in terms of **competencies**.

The Nursing Act defines competencies as the **knowledge, skills and judgement** required to practise safely and ethically. Competencies are more than simply a task, skill set or intervention. Rather they are an integration of three concepts, **knowledge, skills and judgement** into nursing practice.

Scope of Practice of the Nursing Profession

The Nursing Act is the foundation upon which entry-level competencies (ELCs) and standards of practice for nurses are developed. Additionally, the ELCs inform the curriculum for nursing education programs, assists employers as they develop care delivery models and helps the government with health care workforce planning. The nursing act provides the framework for nursing practice and must be considered when making decisions about introducing interventions not previously considered to be within the nursing scope of practice. The legislated scopes of practice for nurses are outlined in the nursing act. The legislation defines the professional scope of practice which encompasses the roles, functions and accountabilities that nurses are educated and authorized to perform. The professional scope of practice can only be changed by a change in the legislation.

RN Professional Scope of Practice

In the nursing act registered nursing practice is described as the application of specialized and evidence-based knowledge of nursing theory, health and human sciences, inclusive of principles of primary health care, in the provision of professional services to a broad array of clients ranging from stable or predictable to unstable or unpredictable...

The title '**RN**' is protected , therefore only registered nurses who demonstrate the competencies for RN practice and meet the regulatory requirements can be licensed as an RN and use this title.

Entry-level education for RNs is at the post secondary undergraduate level. This education is in-depth and comprehensive, studying both the expected and unexpected responses to wellness and illness. As a result, the professional scope of practice of the RN is broader than the LPN professional scope of practice and with more professional autonomy.

Registered Nurses are autonomous practitioners. Their level of autonomy authorizes them to provide nursing services independently in their practice context for individuals of all ages, groups (including families) and communities, in a variety of care settings. Registered Nurses make independent nursing care decisions regardless of the client's acuity or complexity.

Advanced practice roles currently exist within the RN professional scope of practice, these include clinical nurse specialist, nurse practitioners and registered nurse authorized to prescribe (RN-AP). Clinical nurse specialists (CNS) are RNs with advanced nursing knowledge and skills, advanced judgement and clinical experience within a focused area of care. Clinical nurse specialists do not have an expanded legislated scope of practice or different professional designation. Graduate education in nursing (e.g., a Masters or Doctorate degree) is the minimum educational preparation required for a CNS. The RN prescriber is a nurse with an expanded scope of practice that enables them to prescribe medications and devices and order relevant screening or diagnostic tests within their specific area of prescribing competence and practice. RN prescribers have completed additional education and met additional registration requirements.

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

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

a) Nursing Service: The function of the professional nurse in the hospital is more comprehensive. She will be actively involved in direct nursing care, health teaching, planning

for care in the home, rehabilitation and service to the outpatients. She may have to teach the students also. So a nurse after her qualification and registration a nurse can assume positions in nursing service as:

- 1) Staff Nurse
- 2) Ward sister or Charge nurse
- 3) Supervisor or Departmental sister
- 4) Assistant Nursing Superintendent or associate Director in Nursing
- 5) Nursing Superintendent
- 6) Director of Nursing
- 7) In Service Education Director
- 8) Clinical Nurse Specialist
- 9) Nurse Anaesthetist
- 10) Nurse-researcher
- 11) Private duty nurse

The function of the professional nurse in the hospital is usually broader than any other kind of nursing. The nurse in the hospital will be actively involved in many different ways of meeting all the needs of the patient, physically, emotionally, spiritually and socially. Functions performed by the professional nurse in the hospital have been changing very rapidly. For example, intensive care or the care of the acutely ill patient. New diagnostic tests are being developed constantly and many functions once routinely done by the physician are being done by the nurse. This may be a more gradual change in some areas but, nevertheless, it is a change and it is bringing about a need for greater specialisation in nursing activities.

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

Auxiliary nurse-midwife/health workers are commonly employed in the primary health centre to give maternal and child care. Professional nurses serve in these units as staff nurses and supervisors. Their responsibilities here may include both administration and education when nursing students are also present.

c) Teaching in Nursing: Professional nurses who are interested in teaching have a broad scope from which to choose. Teachers in nursing are needed in all areas of clinical practice and theory. The major areas of clinical practice are those of midwifery, community health, paediatric, medical and surgical nursing. Other less common but developing areas are those of intensive coronary care, ophthalmic, neurology, nephrology, and psychiatric nursing. The functions and responsibilities of the teacher in nursing will vary with the institution. All teachers will have responsibility for planning, teaching and supervising learning experiences for the student; acting as adviser to the student; and keeping up to date with what must be taught. Qualification for teaching will depend upon the type of educational programme in which one will be working. A graduate of DNEA course may be qualified to teach students in an ANM/HW programme. Advanced study however, is necessary to qualify to teach in a diploma programme and a Bachelor's degree programme in nursing. Nurses with a master's degree qualify to teach students in the master's degree nursing programme. Certain teaching on the master's degree level requires education to the level of the doctorate degree. The professional nurse who teaches will find the work stimulating and satisfying.

REGULATION OF NURSING

When Southern Cameroons was colonised by Britain it was administered as part of Eastern Nigeria. Most Southern Cameroonians were educated in Nigerian colonial institutions and our politicians were represented in the Nigerian eastern regional house of assembly. When the region got its independence by reunification with East Cameroon in 1961, the West Cameroon Nursing and Midwifery Council was created. This body was responsible for the recruitment of candidates into nursing schools; supervised nursing programmes and examinations; vetted the end of course certificates; and issued authorisations to practice. Sadly, when the Federal State of Cameroon was dissolved in 1972 in favour of a unitary state, the role of this body was put in jeopardy. While there are still a few nurses with diplomas bearing the seal of the defunct council, it is extremely difficult to find documents and position papers issued by the council during its existence. This period was the only time in the history of nursing in Cameroon that there was visible professional body regulating the practice of nursing.

The National Order of Nurses Midwives and Health Technicians of Cameroon created by law number 84-010 of 5th December 1984 is umbrella organization for the professions mentioned. Its

mission is four fold: to defend the honour, ethics, probity and independence of the professions; the registration of members of the various professions on the national register of

the order; hold regular meetings; and collect registration fees into the order as well as annual dues (Constitution of National Order of Nurses Midwives and Health Technicians of Cameroon). This organization

registers only nurses with the three-year state diploma in nursing from the Ministry of Public Health and those with four year degree from a state university.

There also exists, the Cameroon Nursing Society a non-governmental organisation that received official authorization on the 7th of January 1992. Since its creation, it has been struggling to gain admission to the International Council of Nurses and currently has an observer status in the said Council. This association registers all nurses but places those with preregistration diplomas in the category of “associate members”. A similar association in terms of membership structure is the Cameroon Nursing Association. More recently, there is The Cameroon Association of Registered Nurses and Midwives (CARNM). These three associations periodically organise conferences for nurses during which professional issues are discussed and resolutions taken.

The existence of these associations gives a semblance of autonomy for the nursing profession but a crucial weakness is the fact that none of them has the authority to regulate nursing in Cameroon. A typical regulatory body sets and supervises the application of standards from student recruitment through training and entry into practice right through to demonstration of continuing competence of its members. According to Higher Education Better Regulation Group (2011) a regulatory body is one that sets the benchmark standards of entry, and is authorised to accredit programmes leading to professional qualifications in a particular profession. Such bodies play three roles: they safeguard the public interest which gives them their legitimacy; represent the interest of practitioners (acting as trade unions or as a learned group advancing continuing professional development); and maintaining their privileged and powerful position as a controlling body (Harvey, Mason, and Ward, 1995). None of these groups have attained such a role in Cameroon especially when it comes to regulating and controlling nurse education and practice.

There also exists a national syndicate for nurses which operates as a trade union and lobbies for the interest of nurses. There are equally many other professional nursing associations for different professional levels (e.g. Association of Nurse Educators Cameroon, and many Nursing Alumni Associations) with different goals and objectives.

Professional Organizations

The professional nurse must know what different professional organizations are there in the country and abroad so that s/he can participate in the activities of the nursing professional

organizations. The professional nursing organizations provide a means through which your own professional development can be channelled with authority because of its representative character. It also provides you with opportunities for expression of your viewpoints, development of your leadership qualities and abilities and keeping you well informed of professional news and trends. Registration is important to you as a professional nurse.

1) National Professional Organizations

- a. Cameroon Nurses Association (CNA)
- b. Cameroon Nursing Society (CNS)
- c. Cameroon Association of Registered Nurses and Midwives (CARNM)
- d. Ideal Nurses Association (INA)
- e. Cameroon Association of Critical Care Nurses (CACCNURSES)

International Nurses Organisations

- 1. International Council of Nurses
- 2. The Commonwealth Nurse's Federation

CONCEPT OF NURSING AS A PROFESSION

What is a Profession?

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

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

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

Characteristics/Criteria of Nursing as a Profession

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

A profession is one which:

- 1) Utilizes in its practice a well-defined and well organized body of specialized knowledge, which is on the intellectual level of the higher learning.
- 2) Constantly enlarges the body of knowledge he uses and improves his techniques of education and service by the use of the scientific method.
- 3) Entrusts the education of the practitioners to institutions for higher education.
- 4) Applies the body of knowledge in practical services, which are vital to human and social welfare.
- 5) Functions autonomously in the formulation of professional policy and in the control of professional activity.
- 6) Attracts individuals of intellectual and personal qualities who exalt service above personal gain and who recognize their chosen occupation as a life work.
- 7) Strives to compensate its practitioners by providing freedom of action, opportunity for continuous professional growth and economic security.

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

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

Socialization in Nursing

The Nurse student internalize, or take in, the knowledge, skills, attitudes beliefs, norms culture, values and ethical standards of nursing and make them a part of their own self-image and behavior. **The process of internalization and development of an occupation identity is known as professional socialization.** Socialization is a process by which a person learns the way of a group or society in order to become a functioning participant. Socialization is a reciprocal learning process that occurs through interaction with other people. Professional socialization in nursing is believed to occur largely, but not entirely, during the periods students are in basic nursing programs. It continues after graduation when they enter nursing practice. Learning any new role is derived from a mixture of formal and informal

socialization E.g. Little boys learn how to assume the father role by what their own fathers purposely teach them (formal socialization) and how they observe their own and other fathers behaving (informal socialization). In Nursing, formal socialization includes lessons the faculty intends to teach- such as how to plan nursing care, how to perform a physical examination on healthy child, or how to communicate with psychiatric patient.

Informal socialization includes lessons that occur incidentally such as over hearing a nurse teach a young mother how to care for her premature infant, participating in the students nurse association or sitting in on nursing ethics committee meeting part of professional socialization in simply absorbing the culture of nursing that is the rites, rituals, and valued behaviour of the profession.

This requires that students spend enough time with nurses in working setting for adequate exposure to the nursing culture to occur. Most nurses agree that informal socialization is often more power full and memorable than formal socialization.

Learning any new role creates some degree of anxiety.

Disappointment and frustration sometimes occurs when student's learning expectations come in to conflict with educational realities. Students' ideas of what they need to learn, when they need to learn may differ from what actually occurs. They sometimes become disillusioned when they observe nurses behaving in ways that differ from their ideas about how nurses should behave. Knowing in Advance that these things may happen can help students accurately assess the sources of their anxiety and manage it more effectively.

Socialization is much more than the transmission of knowledge and skills. It serves to develop a common nursing consciousness and is the key to keeping the profession vital and dynamic. It is not surprising there for that a good deal of attention has been paid to this important process. During socialization the nurse should:

- Value her/his own beliefs and practice while respecting the belief and practice of others.
- Respect the culture and religious beliefs of individuals.
- Become aware of the client's culture as described by the client and know client's cultural values, beliefs, and behavior.
- Know what is right or wrong

The socialization process therefore involves changes in perception, knowledge, skill, attitudes, and values. There are five levels of proficiency the nurse passes as the nurse progress and acquires the knowledge, skill, attitudes, and values of nursing.

These levels of proficiency are novice, advanced beginner, competent, proficient and expert.

Stage 1 Novice: A novice may be a nursing student/any nurse entering a clinical setting where that person has no experience and governed by structured rules and protocols.

Stage 2 Advanced beginner: can demonstrate marginally accepted performance. The beginner has had experience with enough real situations to be aware of meaningful aspect of situation.

Stage 3 Competent: the nurse who has been on the job in similar situation for 2 or 3 years manifests Competence. Competence develops when the nurse consciously and deliberately plans nursing care and coordinates multiple complex care demands. Nursing competence provide a broad specification of nursing to cover the physical, psychological and spiritual care fields and serves as a basis for considering the objectives of training. The major components of competency include observation, interpretation, planning, action and evaluation.

Stage 4 proficient: The proficient nurse perceives a situation as a whole rather than just its individual aspects. The nurse focuses on long-term goals and is oriented toward managing the nursing care of a client rather than performing specific task.

Stage 5 Expert : The expert nurse not only relies on rules, guidelines, or maxims but also uses her/his understanding of situation to an appropriate action

LEGAL CONCEPTS IN NURSING

General Legal Concepts: Law can be defined as those rules made by humans who regulated social conduct in a formally prescribed and legally binding manner. Laws are based upon concerns for fairness and justice.

1. Public Law: refers to the body of law that deals with relationships between individuals and governmental agencies. An important segment of public law is criminal law which deals with actions against the safety and welfare of public. Example, theft, homicide.

2. Private Law or Criminal: is the body of law that deals with relationships, between individuals. It is categorized as contract law and tort law.

Contract Law: involves the enforcement of agreements among private individuals or the payment of compensation for failure to fulfil the agreements.

Tort Law: the word tort means 'wrong ' or "bad" in Latin. It defines and enforces duties and rights among private individuals that are not based on contractual agreements. Example of Tort law applicable to nursing

1. Negligence and malpractice

2. Invasion of privacy and assault.

Kinds of Legal Actions

There are two kinds of legal actions:

1. Civil or private action.

2. Criminal action

1. Civil actions: Deals with the relationships between individuals in a society. Example, a man may file a suit against a person who he believes cheated him.

2. Criminal actions: Deals with disputes between an individual and the society as a whole. Example if a man shoots a person, society brings him to trial.

Legal issues in nursing

Nursing Practice Act: Nursing practice act or act for professional Nursing practice regulate the practice of nursing. Legally define and describe the scope of nursing practice, which the law seeks to regulate, thereby protecting the public as well. It protects the use's professional capacity. Each country may have different acts but they all have common purpose: to protect the public. It grants the public a mechanism to ensure minimum standards for entry in to the profession and to distinguish the unqualified.

Standard of Practice: A standard of practice is a means which attempts to ensure that its practitioners are competent and safe to practice through the establishment of standard practice. Establishing and implementing standards of practice are major functions of a professional organization. The profession's responsibilities inherent in establishing and implementing standards of practice include:

1. To establish, maintain, and improve standards
2. To hold members accountable for using standards.
3. To educate the public to appreciate the standard
4. To protect the public from individual who have not attended the standards or will fully do not follow them and
5. To safeguard individual members of the profession.

Standard of nursing practice requires:

- The helping relationship be the nature of client nurse interaction
- Nurse to fulfil professional responsibilities
- Effective use of nursing process

Standards of nursing practice are to describe the responsibilities for which nurses are accountable. The standards:

- i. Reflect the values and practices of the nursing profession
- ii. Provide direction for professional nursing practice.
- iii. Provide a frame work for the evaluation of nursing practice
- iv. Defines the profession's accountability to the public and the client outcomes for which nurses are responsible.

Nursing standard clearly reflect the specific functions and activities that nurses provide, as opposed to the functions of other health workers.

When standards of professional practice are implemented, they serve as yardsticks for the measurements used in licensure, certification, accreditations, quality assurance, peer review, and public policy. The profession maintains standards in practice in part through appropriate entry.

Credentialing: Credentialing is the process of determining and maintaining competence-nursing practice. Credentials includes:

- a. Licensure
- b. Registration
- c. Certification
- d. Accreditation

Licensure: It is legal permit a government agency grants to individuals to engage in the practice of a profession and to use particular title. It generally meets three criteria:

- There is a need to protect the public's safety or welfare.
- The occupation is clearly delineated with a separate, distinct area of work
- There is a proper authority to assume the obligation of the licensing process.

Registration: Is listing of an individual's name and other information on the official roster of a governmental agency. Nurses who are registered are permitted to use the title "Registered Nurses"

Certification: is the voluntary practice of validating that an individual nurse meet minimum standards of nursing competence in specialty areas such as pediatrics, mental health, gerontology and school health Nursing.

Accreditation: is a process by which a voluntary organization or governmental agency appraises and grants accredited status to institutions and/or programs.

The purpose of accreditation of programs in nursing is:

- To foster the continuous development and improvement in quality of education in nursing

- To evaluate nursing programs in relation to the stated physiology and outcomes and to the established criteria for accreditation.
- To bring together practitioners, administrators, faculty, and students in an activity directed towards improving educational preparation for nursing practice.
- To provide an external peer review process.

Ethical issues related to patients' rights.

1. Right to truth: The right of patients to know the truth about their condition, prognosis, and treatment is an issue between the physician and the patient. The current trend is toward more frankness on the part of physicians. In the past, the moral obligation to disclose the truth-because the patient has the right to know and adjust to was often overcome by the professional need to protect the patient from potential physical or emotional harm that could be caused by knowledge of a critical or terminal condition.

Because of their extended contacts with patients, nurses often find it difficult to accept a physician's decision not to tell a patient the truth about his or her condition.

Because of the conflict between physicians' decisions and nurses' personal feelings, it may be advisable for the health care team to meet in order to resolve the problem and to devise a consistent approach to the patient.

2. Right to refuse treatment: For reasons that are sometimes known only to themselves patient may refuse treatment even though lack of treatment may result in their death. The question of refusal of treatment may have to be decided in court. Many times, the courts rule that patents cannot be forced to accept treatment. In the case of minor child, however, the courts are likely to rule that parents cannot withhold treatment from a child for any reason. The child is usually made a temporary ward of the court and treatment is allowed to begin. A patient's decision to die rather than to accept treatment may be difficult for a nurse to understand. Nurses must recognize a patients' right to individual and personal attitudes and beliefs, however, and must not allow personal feelings to interfere with patient care. If nurses cannot reconcile their ethical values with those of patients, they should ask to be taken off the case in the interest of the patient.

3. Informed consent: The issue of informed consent applies to many health care institutions in both legal and ethical ways. Patients have the right to be given accurate and sufficient information about procedures, both major and minor, so that their consent to undergo those procedures is based on realistic expectations. The responsibility for imparting information about major surgery or complicated medical procedures lies with medical professionals. Nurses should inform their patients; in terms the patients can understand, about even simple

nursing procedures before the procedures are started. This includes answering questions that patients may have. Failure to obtain informed, written consent to perform a procedure could involve nurses and other health care professional in legal action or subject to disciplinary action by state regulatory agencies.

Because nurses spend considerable periods of time with patients, they are likely to be most aware of their patients' questions and concerns. Many times, these concerns should be brought to the attention of attending physicians who, because they see the patients' less frequently, may be unaware of the problems.

4. Human experimentation: Research and human experimentation are primarily concerns of the scientific and medical professionals. However, if nursing care is required for the subjects involved for such experimental projects, then nurses become involved. In these cases, nurses' responsibilities and ethical decisions are related to making sure that informed consent is given for participation in the research experiments and that the safety of their patients is protected.

The nurses' role, along considered to be that of patient advocate, may, in these situations, place them in direct conflict with research staffs and sponsoring agencies as well as human subjects research committees.

5. Behavior control

The issue of informed consent is critical question in any form of behavioral control; the use of drugs or psychosurgery further complicates a highly complex topic.

Controversy persists over the rights of society to decide what is or is not desirable or acceptable behavior. The issue involves both personal and public behavior. Moreover, it also concerns whether individuals have the right to decide for themselves what suitable personal behavior is, or whether others can decide for them based on some other concept of suitable personal behavior. In this regard, one of the ethical questions that may be confronted by nurses involves informed consent for treatments that are intended to control behavior. Nurses may question whether involves who are candidates for drug therapy or psychotherapy are able and competent to give informed consent, and whether these patients, too, have the right to refuse treatment

The Nightingale Pledge

The Nightingale Pledge is a modified version of the Hippocratic oath specifically for nurses. It was created by nursing pioneer Lysa Greter and a Committee for the Farrand Training School for Nurses in Detroit in 1893. According to the American Nurses Association, the

pledge was named after Florence Nightingale, who is considered the founder of modern nursing.

In the pledge, nurses promise to uphold the Hippocratic oath, do no harm, practice discretion and be dedicated to their work as a nurse. Three versions of the pledge have been used by nurses:

Modern Practical Nurse Pledge:

While the pledge hasn't drastically changed, many nursing schools that still use the Nightingale Pledge have made updates to the earlier versions. One change was made specifically to remove the phrase, "loyal to physicians" to promote more independence in the nursing profession.

"Before God and those assembled here, I solemnly pledge; To adhere to the code of ethics of the nursing profession; To co-operate 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 prestige of practical nursing; May my life be devoted to service and to the high ideals of the nursing profession".

