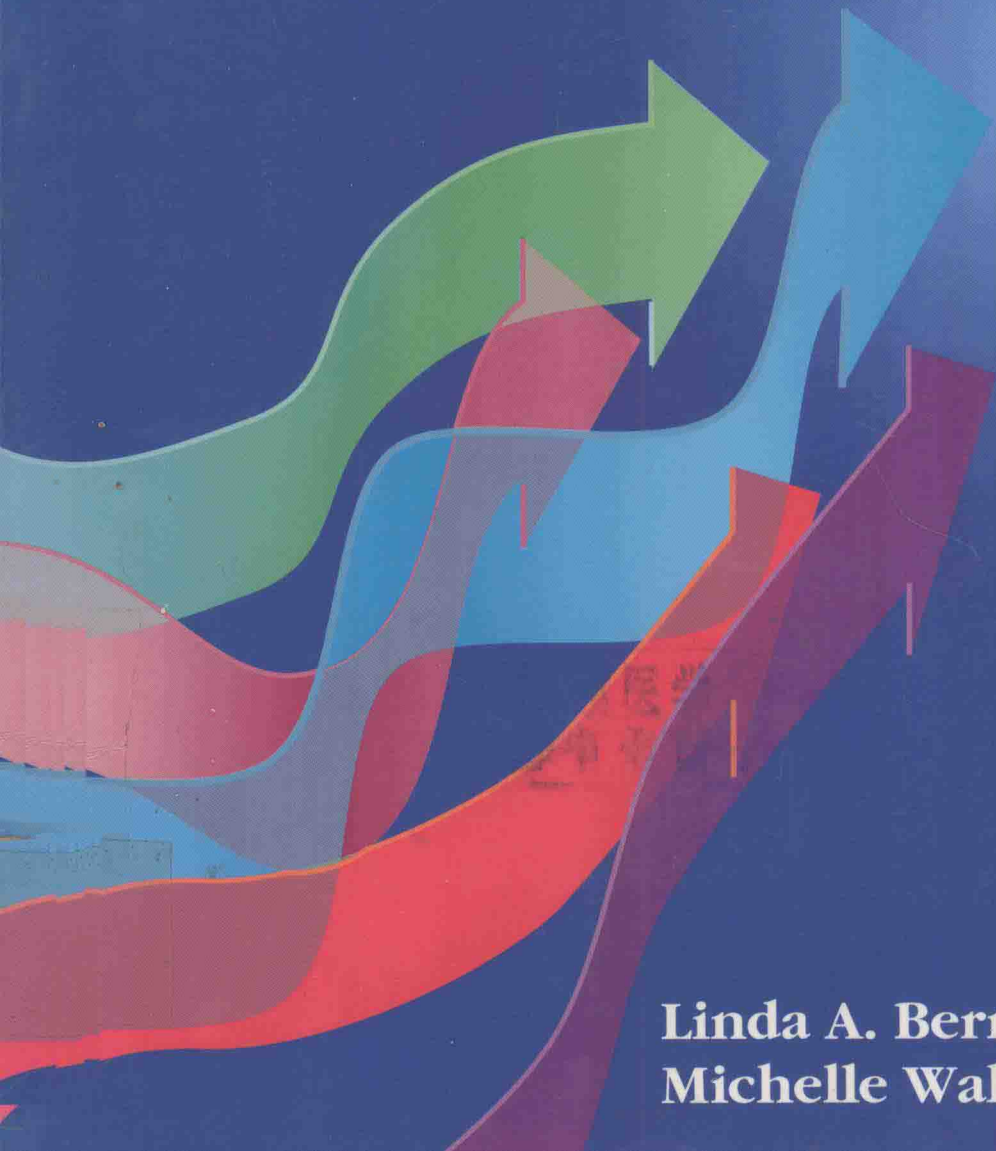


# LEADERSHIP

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## The Key to the Professionalization of Nursing

Third Edition



Linda A. Bernhard  
Michelle Walsh

# LEADERSHIP

The Key to the Professionalization of Nursing

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# LEADERSHIP

The Key to the Professionalization of Nursing



*For our students*

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## PREFACE

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Leadership in nursing has been a topic of concern among nursing educators and nursing service personnel for a long time. Recently, however, there has been a renewed interest in leadership and the importance of it for professional nursing practice. Nursing must have leaders to become professionalized.

Since leadership can be learned, we believe that nurses should be educated to become leaders. The purpose of this book, then, is to assist in teaching nurses to become leaders and to promote the professionalization of nursing.

Since the first and second editions of this book were written, many changes in health care have occurred. Health care reform is a concern for both providers and consumers. Health care encompasses both health and illness care—both of which occur in settings in addition to the hospital. Hospitals have become the locus of care during only the most acute aspects of an illness trajectory. Patients have shorter hospital stays thus their needs must be met more quickly. As costs of health care continue to escalate, both government and private funding sources limit the resources available for health and illness care. Nurses, too, are now cost conscious, yet remain concerned about maintaining quality of care with limited resources. These changes in the health care system require a greater number of nurses prepared as nurse-leaders.

Numerous changes were made for each edition of this book. In this edition, Chapter 1 was rewritten completely to reflect changes with regard to the professionalization of nursing. The analysis continues to show the need for nurse-leaders who will work for the professionalization of nursing.

Case management is considered as a nursing delivery system and is included in this edition. Leadership theory has been expanded to include more on management. In the strategy chapters (6 through 11) new content was added where appropriate. Of particular note is the new section on resource management. Examples were revised to reflect current nursing practice.

All references were updated, and new Additional Readings are included. Classic literature citations were retained. Chapter Objectives and Learning Activities assist the reader in further development as a nurse-leader.

The book is organized according to concepts essential to the practice of nursing leadership. Each chapter may be considered as a unit that encompasses the theoretical basis of the concept and its application to nursing. Thus the chapters could be read in any order. However, a conscious effort was made to put the chapters in an order that allows the reader to consider first the components of leadership and then the specific strategies used by nurse-leaders.

The organization of the book has not changed. Nursing leadership is a multidimensional process that depends on the relationship between the nurse-leader and a group, the setting or organization in which the interaction occurs, and the theory of leadership chosen by the nurse-leader. These three components are considered as separate entities in Chapters 2, 3, and 4.

Chapter 5 explores the three components as a unified whole that provides direction to the nurse-leader. The strategies used to enhance a nurse-leader's effectiveness—organizing, teaching-learning, decision making, changing, managing conflict, and evaluating—are discussed in Chapters 6 through 11.

The book was designed and continues to be primarily for use as a textbook in baccalaureate programs, for both generic and RN students. It may be used effectively by students in an RN to MS program. Educators and students in some associate degree, diploma, and master's degree programs in nursing have used the book. Staff development personnel can use the book for orienting new graduates to leadership roles within their institutions. Finally, the book can be used as a resource by all staff nurses who wish to function more effectively in their roles as nurse-leaders.

We would like to acknowledge our families, friends, and colleagues who continue to support us in this endeavor. We want to thank especially Jesse Hathaway, who sent us a copy of the poem from which the quote at the end of Chapter 10 is taken.

**Linda Anne Bernhard**  
**Michelle Walsh**

# LEADERSHIP

The Key to the Professionalization of Nursing





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# 1

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## THE PROFESSIONALIZATION OF NURSING

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### CHAPTER OBJECTIVES

*After reading this chapter, the reader should be able to:*

- Differentiate the concepts of profession and professionalization.
- Identify criteria used to determine a work group's status as a profession.
- Discuss the status of nursing with regard to professionalization.

The debate among nurses and nonnurses alike about whether or not nursing is a profession is still not resolved. Before this issue can be resolved conclusively, an acceptable definition of "profession" must be found.

Flexner's classic definition of profession, initiated with medicine, is often used. Flexner identified six criteria that a work group must possess to acquire professional status. These are: (1) the activities of the work group must be intellectual; (2) the activities, because they are based on knowledge, can be learned; (3) the work activities must be practical, as opposed to academic or theoretical; (4) the profession must have teachable techniques, which are the work of professional education; (5) there must be a strong internal organization of members of the work group; and (6) altruism, a desire to provide for the good of society, must be the workers' motivating force (Flexner, 1915).

Since Flexner composed these criteria, <sup>today</sup> numerous authors have attempted to rewrite, add to, or subtract from them. A composite list of criteria for today would include the existence of a body of knowledge unique to that work group that would be established through research and scientific analysis. In addition, an individual must be able to acquire that body of knowledge—usually though a long period of study—and he or she should be taught by existing members of the work group. Another criterion would be the presence of a committed group of members who have and enforce a code of ethics.

The criteria established to define a profession have been termed idealistic, even unrealistic. Since it is virtually impossible for every member of a profession to fulfill every criterion exactly, no work group could ever truly be a "profession" (Becker, 1962; Vollmer & Mills, 1966). However, most work groups, including nursing, strive to reach that ideal, largely because of the prestige and status that being a profession has brought to such groups as medicine and law and because of the desire to share in that status.

Consequently, the idea of professionalization has developed. *Professionalization* is a dynamic process through which occupations change certain crucial characteristics in the direction of a profession (Vollmer & Mills, 1966).

A specific sequence of steps in the professionalization process has been identified by Caplow (1954). First, a professional association with explicit membership criteria is formed. Next, the name of the work group is changed to reduce identification with the old occupation and to monopolize a new title and domain. Then a code of ethics is established. Finally political agitation takes place to establish legal codes for licensing and practice. Concurrent with these activities, educational facilities are developed, under the direct or indirect control of the professional association (Caplow, 1954).

## ■ THE OCCUPATION-PROFESSION CONTINUUM MODEL

It is helpful to conceptualize the progress of nursing toward professionalization as a continuum on which the left end is occupation, or nonprofession, and the right end is profession.

Occupation (O) \_\_\_\_\_ (P) Profession

Pavalko (1971), a sociologist, established a continuum model of professionalization that can be used by any prospective profession to determine how professionalized it is. Pavalko included eight categories, or criteria, and the work group is measured against each of them. Pavalko stated that any other criteria that an individual may consider more representative of professional status can be subsumed within the eight. Pavalko's criteria will be presented here and applied to the present situation of nursing.

### Theory

The first category is the presence of theory, or intellectual technique; the work group is judged on the extent to which its work is based on a systematic body of theory and abstract knowledge. The greater the body of knowledge, the more professional the group.

Systematic theory develops through research. Research in nursing is young and growing. Most initial "nursing research" centered around *nurses* and was conducted by social scientists as early as the 1930s. Today most nursing research is conducted by nurse-researchers, appropriately prepared at the doctoral level in nursing as well as in other disciplines. Most nursing research now focuses on the clinical practice of *nursing*; thus, scientific bases for nursing practice are being established.

Since 1970 the American Nurses' Association (ANA) has been involved in research through the Commission on Nursing Research, established to address the research concerns of the profession, and the Council of Nurse Researchers, formed to address the special concerns of nurse researchers. The Council of Nurse Researchers was reorganized and renamed in 1994. It is now the Council for Nursing Research, and any individual may belong. At the present time, more nurse researchers belong to the regional nursing research organizations, like the Midwest Nursing Research Society, than to the Council.

In 1985 congressional establishment of the National Center for Nursing Research (NCNR) announced to the public that nursing had a critical mass of individuals who conducted serious research and should be respected for doing so. In June 1993 the NCNR was reestablished as the National Institute of Nursing Research, demonstrating the impact of nurses on research and affirming nursing research as equal in importance to other fields of research.

*Nursing Research* journal was established in 1952 to inform members of the nursing profession and other professions about the results of scientific studies in nursing and to stimulate research in nursing. This publication was very successful in encouraging nurses to conduct and publish research. Nursing research is now published in numerous other nursing research journals, clinical nursing journals, and research journals in other fields, such as medicine, psychology, sociology, and women's studies.

In 1982, Harriet Werley began the *Annual Review of Nursing Research* to critically review extant nursing research and, by doing so, to foster the continuing development of a theoretical base for nursing. This journal demonstrates the continued development of nursing research and promotes the need for further research and research utilization.

Two directories of nurse researchers exist: The *Directory of Nurses with Doctoral Degrees* (ANA, 1984) and the Sigma Theta Tau *Directory of Nurse Researchers* (Watts, 1993). For a variety of reasons, however, many nurse researchers are not listed in these texts.

Sigma Theta Tau International, the honor society of nursing, has worked diligently on a campaign for excellence in nursing. Sigma Theta Tau's Center for Nursing Scholarship in Indianapolis, Indiana, is dedicated to scholarship and the development, dissemination, and utilization of knowledge. A new focus is the International Library, a state-of-the-art facility for information technology, and the *Journal of Knowledge Synthesis for Nursing*, only the second online journal in the health sciences.

Even with the increase in nursing research, little effort has been made to build research within broad areas so that a systematic *body* of knowledge develops. Rather, nurse researchers conduct research that interests them individually. Thus there is a great deal of breadth of research but depth in only a few areas. Many practices that are generally accepted as basic nursing care are not research-based.

There is still a lack of theory in nursing. Nursing has several individuals who have written about nursing and who have become recognized as nursing theorists. These include Dorothea Orem, Callista Roy, the late Martha Rogers, Imogene King, and Betty Neuman, among others. However, the "theory" that each of these

women has developed is more a conceptual model than a grand theory of nursing. Nursing practice will be better served by midrange theories more closely linked to practice.

Thus the scientific basis of nursing and the theory underlying the practice of nursing continue to develop. Progress has been made through research and theorizing by those who have created models of nursing and by other nurse scholars. With regard to theory, then, nursing is moving toward the right end of the occupation-profession continuum.

Criterion 1: O \_\_\_\_\_●\_\_\_\_\_ P

### Relevance to Basic Social Values

Pavalko's second category is the relevance of the work performed to basic social values. This suggests that the professions tend to justify their existence by identifying themselves with abstract values on which there is general societal consensus (e.g., life, liberty, and the pursuit of happiness). Occupations do not need such a justification to exist and they may or may not be relevant to social values. This category could also be called "application to crucial problems of society" or "matters of great urgency and significance" (McGlothlin, 1964).

Nursing, like medicine, fulfills this criterion because of its concern for the well-being of individuals. Nursing deals with people at all levels of health, from conception through death. Nursing is defined as the diagnosis and treatment of human responses to actual and potential health problems (ANA, 1980).

However, a major difficulty for nursing continues to be the fact that society does not seem to recognize that nursing performs a necessary and unique service. Much of society holds nurses in high esteem, but it is for their caring and nurturance rather than for any acknowledged service. Society values *cure*, which is provided by physicians; since nurses emphasize *care*, society does not acknowledge nursing's unique value (Gunning, 1983). Nurses must convince the public that nursing offers a vital service of benefit to society (Sleicher, 1981).

In our view, nursing fully meets this criterion because of its obvious relationship to many social values and concerns, so it may be placed at the right end of the continuum. However, we recognize that members of society may not have the same view.

Criterion 2: O \_\_\_\_\_●\_\_\_\_\_ P

### Training or Educational Period

The training (or educational) period, Pavalko's third category, has four subdimensions: amount or length of education, degree of specialization involved, use of symbolic and ideational processes, and content. In general, the professional end of the continuum is characterized by a long period of education, a high degree of specialization, and a strong emphasis on the ability to manipulate ideas and symbols as well as things.

In addition to the knowledge and skills necessary for the profession, the content of professional education includes a specific set of values, norms, and roles that each member of the profession is expected to develop. These values, norms, and roles



characterize the “professional subculture” of the unique qualities that distinguish that group of workers from all other groups.

For each subdimension the position on the occupational end of the continuum may vary. For example, occupational education usually takes a short time—from a few weeks to a few months—in the case of a nursing assistant. It may, however, take two or more years, as in the case of a respiratory therapist, or there may be no educational requirement, as in the case of a dietary assistant.

Florence Nightingale, the founder of modern nursing, envisioned an education for nurses that included both theory and practice (Nutting & Dock, 1907). Unfortunately, because nursing schools in the United States developed in hospitals and because the need for nurses was so great, nursing education became limited to the teaching of specific techniques with little theory presented.

Over the years, some nurses have worked to make nursing education conform more closely to Florence Nightingale’s ideal—that is, to include both theory and practice. Although progress has been slow, nursing education is moving out of service institutions (hospitals) and into educational institutions (colleges and universities).

In 1965 the ANA published a position paper that stated that nursing education should take place in institutions of higher education and that the baccalaureate degree should be the minimum preparation for professional nursing. In 1987 the National League for Nursing also adopted that position.

“Entry into professional practice” is still an emotional issue for many nurses and an area of internal conflict for nursing. In 1975, the New York State Nurses’ Association was the first state nurses’ association to vote to recommend legislation requiring the baccalaureate degree for licensure as a professional nurse. They sought to make the recommendation law by 1985, twenty years after the ANA position paper, but received much negative reaction and have not yet succeeded. Many states debated the issue, but North Dakota, in 1986, was the first state to have legislation passed that incorporated the 1965 ANA position into their state licensing requirements.

The most accurate statement that can be made about nursing education is that there is no consensus among nurses about what nursing education should be. The length of education for the registered nurse varies greatly, from two years for the associate degree to four or five years for the baccalaureate degree.

Initial degrees in nursing are also awarded at the master’s level. Some of these are referred to as “generic master’s” degrees; others are called “second degree programs.” Typically, these programs award a master’s degree in nursing, after two or three years of study, to persons who enter with a baccalaureate degree in another field.

The nursing doctorate (ND) has also been a first degree in nursing. The ND was initiated at the Francis Payne Bolton School of Nursing, Case Western Reserve University, in 1979. A student entered the program with a baccalaureate degree in nursing and after three years was awarded the ND. Although the program was started to “advance the professionalism and effectiveness of nursing” (Fitzpatrick, Boyle, & Anderson, 1986), there is little evidence to support that claim.

In a published evaluation of the ND program, the authors asserted that ND graduates differed from BSN graduates from their school. ND graduates seemed to be pro-