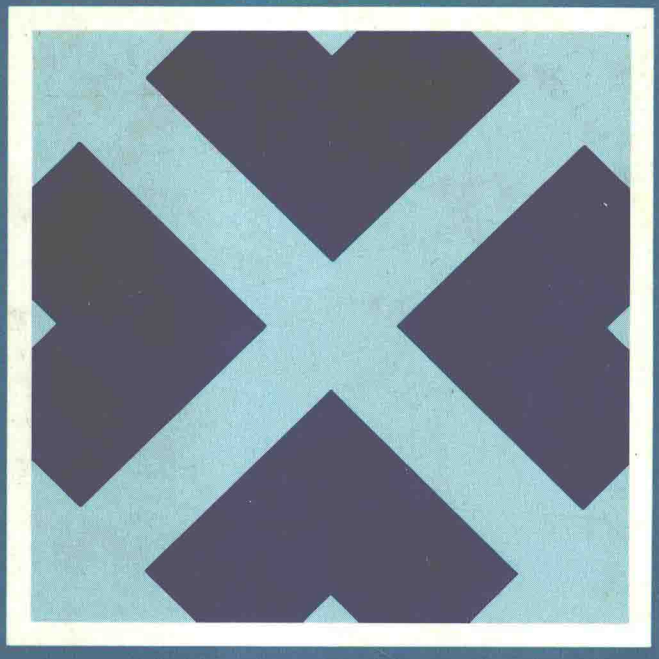
SIXTH EDITION

DIMENSIONS OF PROFESSIONAL NURSING



LUCIE YOUNG KELLY

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SIXTH EDITION

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R.N., Ph.D., F.A.A.N.

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Preface

DIMENSIONS OF PROFESSIONAL NURSING is what the late Cordelia Kelly, author of the first two editions, called, "an overview of the nonclinical aspects of nursing in sufficient detail to be adaptable for use at all stages in all types of preservice programs in professional nursing" and also, as I maintain, in the continuing education of all professional nurses. This book is directed particularly toward educational programs whose philosophy includes the belief that if nurses are to be professional practitioners, they must not only be knowledgeable and skilled in the clinical aspects of nursing, but also understand what the profession is and work toward making it what it could be. I believe that the new breed of students with degrees in other fields, considerable work background, and an intent to make nursing a career and RNs returning to school for a degree all will find this book particularly useful and interesting. In addition, many teachers have found that various sections can serve as a basic text for more than one course such as history, law, health care delivery, trends and issues in nursing, and career development, adding only the supplementary readings found in the references and bibliography.

Because *Dimensions of Professional Nursing* is intended for use by a diverse readership and for reference even after the end of a course, the references and bibliography are extensive. Thus students, RNs, and others can further research what is of interest and importance to them. References giving more than one point of view on a controversial issue are included wherever possible. Besides the standard nursing journals, references from other professional journals and books give a different flavor to familiar issues.

As might be expected, there are many revisions in this edition. Only the chapters on history are unchanged, although new readings are added. Among the topics receiving considerable attention are the nursing shortage, changes in the health care system, ethical and legal issues, particularly related to the right to die and access to care, and all the new studies on the nursing shortage. Chapter 20 compares and discusses the newest model practice acts and guidelines, and Chapter 21 discusses many new court cases in which nurses have been charged with neglect or malpractice. In Chapters 30 and 31, there is considerable additional help for students in their transition into practice, as some of the major problems and means of handling them are presented. Throughout this book, particular attention is given to the socioeconomic and other trends that will affect health care and nursing in the future (see especially Chapters 6, 7, 8, 10, 12, 15, 16, 20, and 22). Chapter 6 gives firm back-

ground for understanding these issues and trends.

In using the book, readers will find that cross-references are frequent. For instance, issues related to women (which, of course, include the majority of nurses) are found in Chapters 6, 16, 18, 19, and 22, encompassing general background, doctor-nurse relationships, laws affecting women, and women's rights. The cross-references are cited in the text, so that readers do not have to search through the index. The bibliography is almost totally new, even though many references and bibliography in the fifth edition are still pertinent. This is usually indicated, giving readers access to new citations to combine with those previously listed.

Dimensions of Professional Nursing is intended for the professional nurse; no other text is as complete, detailed, and comprehensive. I believe that the kind of nurses who will strengthen the profession, change health care for the better, and take their places as influential health professionals and citizens need and want the kind of in-depth analysis as well as key information presented here. Based on feedback from users, I have retained the changes made in the fifth edition that were found most helpful as well as making the additions time makes necessary.

It is indeed an exciting time to be in nursing, a time of opportunity and challenge. We can seize these opportunities if we have the proper knowledge, the courage, the will, and the confidence. It is my hope that this book will help nurses to understand and care about the continually new dimensions of professional nursing.

LUCIE YOUNG KELLY

Acknowledgments

Dimensions of Professional Nursing is a book that has so many facets that, as in previous years, I have called on many of my colleagues for information that is not easily available, some special insight about nursing, or a particular in-depth view of some topic. I am deeply grateful to all of them. In some cases, these individuals have written sections of a chapter and I wish to acknowledge them first. Dr. Sally Kilby, whose Nursing Information Network makes available reference information services to nursing professionals wrote "Using Information Resources Effectively" in Chapter 29 and "Staying Up to Date" in Chapter 31. Dr. Carol Hudgings, director of the International Nursing Library of Sigma Theta Tau International wrote the section on the INL in Chapter 29. Dr. Josephine Ryan, Assistant Professor, University of Massachusetts at Amherst, updated the section on nursing theory in Chapter 9. Dr. Carrie Lenberg, former director, updated Regents College in Chapter 12.

As might be expected, the various nursing organizations all required some updating (sometimes a lot), and almost all those in Chapter 27 were reviewed and sometimes personally revised by the executive director or president. Because of an almost total reorganization of the National League for Nursing, Chapter 26 was revised and rewritten by Amy Stamp, Director of Membership (also a former student of mine), with the guidance of Dr. Patricia Moccia, Vice President, Division of Education and Accreditation, NLN. Linda Brimmer, Director of Development at Sigma Theta Tau International, revised the section on STTI. Linda Shinn, Deputy Director of ANA, made numerous helpful suggestions, as did Dr. Robert Piemonte, executive director of the National Student Nurses' Association, and Barbara Nichols, formerly on the board of the International Council of Nurses. Constance Holleran, ICN executive director, and Sarojini Patel, information officer, sent important updated material on ICN and answered many questions. Virginia Maroun, Executive Director, Commission on Graduates of Foreign Nursing Schools, and Dr. Jennifer Bosma, Executive Director of the National Council of State Boards of Nursing were both exceptionally helpful in providing information, materials or both, about their organizations and related activities. Dr. Nancy Macintyre, Nurse Consultant, was especially helpful in providing information on nurse practitioners. Perri Rosenfeld, Vice President for Research, NLN, and Dr. Shirley Fondiller were also very helpful.

In revising the section on careers, I am espe-

cially grateful to Dr. Bonnie Rogers, Assistant Professor of Nursing and Public Health and Director of the Occupational Health Nursing Program, University of North Carolina at Chapel Hill (occupational health); Dr. Dorothy Oda, Professor, University of San Francisco School of Nursing (school nursing); Ruth Knollmueller, then Chair, Public Health Nursing Section, APHA (community health nursing); Colonel William Wilder, Chief, Nurse Utilization, Air Force Nurse Corps; Captain Marjorie Swetonic, Deputy Director, U.S. Navy Nurse Corps; Major Jay Voetsch, Army Nurse Corps; Ms. Vernice Ferguson, Deputy Assistant Chief Medical Director, and her staff, Veterans Administration; Dr. O. Marie Henry, Deputy Surgeon General, USPHS; and Ms. Evelyn Moses, Division of Nursing, U.S. Public Health Service, DHHS.

My sincere thanks to all of them.

I also wish to recognize here a special person who was very involved in the writing of *Dimensions of Professional Nursing*, Sally Solomon Cohen, whom I have designated as contributing author. She has revised and updated Chapter 5; the section on the women's movement in Chapter 6 and that on nursing centers in Chapter 7; the tables in Chapter 8; Chapter 11; the section on nurse practitioners in Chapter 15; and Chapters 18, 19, and 27. We worked well together, and I appreciate her ideas and suggestions as well as her writing. With a deadline hanging over my head, she willingly completed two extra chapters and saved me!

An extra word of appreciation is due to Mary Casey, who was previously my administrative aide in the Columbia University School of Public Health, who capably typed this entire manuscript. Without her I could not have met my deadline. She not only typed throughout one entire holiday, but stayed six hours after work to complete the last section that was due immediately. She has my most sincere thanks.

Finally, I would once more like to thank the teachers, students, and colleagues who, over the years, have commented so helpfully on *Dimensions* and who, like me, think that nurses need to know as much as possible about their past and their present, so that they may influence the future.

Contents

PART

I

DEVELOPMENT OF MODERN NURSING

SECTION

1

EARLY HISTORICAL INFLUENCES

CHAPTER

1

Care of the Sick: A Historical Overview

The clinical practice of nursing is quite rightly the major focus of most of its practitioners and the prime concern of students. Therefore, there is a tendency to greet nursing history with a "What good is it to me?" attitude. Undoubtedly, nurses can give good nursing care even if they have never heard of Florence Nightingale, Isabel Hampton Robb, Lavinia Dock, or Lillian Wald. But one of the major differences between an occupation and a profession is its practitioners' long-term commitment to the profession, which includes working toward its development. To do so without some understanding of its past is possibly to repeat errors.

Nursing today was formed by its historical antecedents. Its development since ancient times, within the social contexts of those times, explains many things: its power or lack of power, its educational confusion, and the makeup of its practitioners. The changing relationships between nursing and other health care professions, nursing and other disciplines, and nursing and the public can be traced and better understood with the knowledge of past history. The impact of social and scientific changes on nursing and nursing's impact on society are ongoing processes that need to be studied; nursing does not exist in a vacuum. Sometimes there is a repetition of history, with the answer to the problems apparently not much clearer now than a hundred years ago. For instance, in 1893, Isabel Hampton told nurses

> . . . the idea still prevails in many minds that almost any kind of woman will do to nurse the sick, and that the woman who has made a failure of life in every other particular may as a last resource undertake this work."[1, p. 31]

In 1990, a noted economist who fancied himself an expert on nursing wrote:

> A career in nursing offers good prospects for young people from socially constrained environments. . . . They may not represent the best and the brightest, but they are capable of earning an AA degree and performing effectively as bedside nurses.[2, p. 204]

A hundred years ago, there was objection from within and without nursing to nurses having

more education; the scenario is repeated today. Seventy-five years ago, the question of nursing licensure was hotly debated; today, it is again a major concern. These issues affect the practice of every nurse; in some cases, they are a factor in determining whether the nurse even chooses to stay in the profession. An understanding of the past can bring additional clarity to the decisions that shape the future.

This chapter and those that follow in Part I are not intended in any way as a substitute for the many fine texts that are available on nursing history. Instead, they provide an overview to set the stage for the more detailed study of nursing history an individual may undertake for professional reasons or personal satisfaction. In this book's 4th edition, Appendix A presents vignettes of distinguished nurses of the past, which may also be a useful resource.

PRIMITIVE SOCIETIES

Although historians sometimes advance theories and cite an occasional archaeological discovery to prove that prehistoric civilization practiced crude medicine and nursing, the supporting evidence about nursing is somewhat inconclusive. It must be assumed, however, that in most tribes there were some individuals who were more adept than others at caring for the sick and injured and helping the medicine men or witch doctors. It seems reasonable to assume further that some of these men and women taught their sons and daughters and certain members of the tribes to give this care, for these people were able to communicate; they wanted to survive; they were human beings with some ability to think, to recall, and to teach by example, if not by coherent explanation.

Indirect evidence of some of the beliefs and practices of ancient humans concerning illness has evolved from recent studies of primitive cultures. Apparently, many concepts of health and illness were related to belief in the supernatural. Everything in nature was seen as being alive, with invisible forces and supernatural power. There were good spirits and evil spirits that must be placated. Primitive humans believed that a person became sick (1) when an evil spirit entered the body; (2) when a good spirit within the body that was ordinarily able to fend off diseases left, either because someone or something had taken it away or of its own accord; and (3) because witchcraft had been performed upon the affected part of the body, either directly or through some object that had been given to the person.

Thus, although it was probably recognized how heat, cold, certain foods, wounds, and strains were related to health and empirical treatments developed for them, serious illness called for the services of a medicine man (witch doctor, shaman, root doctor). This mysterious figure, sometimes a woman but usually a man, functioned through a ritualistic mystique, frequently a shock or fright technique that was intended to induce evil spirits to leave the body. Included were the use of frightening masks and noises, incantations, vile odors, charms, spells, sacrifices, and fetishes. In a primitive version of modern trephining, the medicine man cut a hole in the skull to let the evil spirit out. Purgatives, emetics, deodorants, applied hot and cold substances, cauterization, massage, cupping, and blistering were frequently used.

A woman in abnormal labor was treated by similarly drastic measures, such as placing a lighted fire between her outstretched legs to hasten delivery. Needless to say, patients did not always survive this treatment, and if they did, there is no evidence that any daily ongoing care was given by the shaman. Probably a relative gave this "nursing" care. Women generally assisted other women in childbearing. But whether treatment of illness and injury by use of herbs and other "natural" means was carried out by all men and/or women, or by specially designated individuals, is not known.

EARLY CIVILIZATIONS

In the written records of the early civilizations (5000 B.C. to A.D. 476), there is very little reference to nursing as such. However, if there

is evidence of a high standard of living, a good sanitation system, architectural achievement, interest in education and culture and scientific medicine, or even two or three of these, it is reasonably certain that the health of the inhabitants was of paramount importance and that nurses were not only present but were trained in some fashion to prepare them for the work they did.

The Babylonians

Babylonia was the center of ancient Mesopotamian culture, which was in ruins by the time the Christian era began. Located between the eastern Mediterranean Sea and the Persian Gulf and nourished by the Tigris and Euphrates rivers, this land was very fertile, offering a good life to its settlers. Coveted by many people, it was for thousands of years first under the rule of one master and then another who took possession by force. Each influenced the others' development intellectually, socially, and scientifically. Their many wars brought misery and suffering, and, even in that abundant country, there must have been many illnesses and injuries in the normal course of life.

There is evidence that a legalized medical service was instituted and that some type of lay nurse cared for patients. They may have been men, but if they were women, their status was probably quite low, and they must have been subservient to physicians because the women of Babylonia were dominated by men who controlled their every action.

Herodotus, a Greek historian called the "Father of History," recorded that it was customary in Babylon for the sick to go to the marketplace where passersby could see them and stop to inquire into the "nature of their distemper." Those who had knowledge of how to treat a condition (knowledge acquired principally through experience) advised the ill on therapy that had helped them. This was hardly a scientific method of treatment, but it no doubt was effective in many instances.

Excavations made in 1849 of 700 medical tablets show that the Babylonian physician-priest allowed his patients to choose whether they wanted to be treated with medicine or charms. If they selected medicine, the physician had many vegetable and mineral preparations to employ. If they selected charms, the doctor told them which ones to wear for their particular illness and probably uttered a few incantations to accompany them, for they still believed that disease was caused by sin and displeasure of the gods.

However, some of the treatments indicate a realistic attitude toward illness, for they included diet, rest, enemas, bandaging, and massaging, plus emphasis on the importance of good personal hygiene. This care might be given by family or a "nurse."

The first Babylonian Empire was founded by King Hammurabi, who developed a code of laws for the whole empire. The code is engraved on a huge stone, unearthed in 1902, and shows Hammurabi worshipping a sun god from whom he is receiving instructions about the laws. Included are laws concerned with the fees that a physician was allowed to charge for his services and also punishment for the physician who committed "malpractice." Payments were to be made in *shekels* of silver—usually two, five, or ten, depending upon whether the patient was a master or a slave. Punishment for causing a patient to lose his life or an eye was to "cut off the physician's hands if the patient was a nobleman." (This kind of punishment was reserved for surgeons, not physician-priests.) Wet nurses were also regulated as to remuneration and responsibility.

The Ancient Hebrews

Much of the story of the ancient Hebrews is told in the Talmud and the Old Testament. The Hebrews, alone of their contemporaries, believed in one God, Yahweh, not many.

Their misfortunes and illnesses they attributed to God's wrath, and they depended upon Him more than on fellow humans to restore them to health when they were sick. One facet of their religion was that it was their duty to be hospitable to strangers as well as to their own people, and they were obliged to give a tithe to augment their personal service in visiting the sick and needy.