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# EDUCATION AND IMAGE: CRITICAL ISSUES CONFRONTING THE NURSING PROFESSION

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Nursing is facing a turning point; a turning point which could well affect precarious balances which currently exist in the health care delivery system. The essence of the problem is a dwindling number of nurses. This essay explores two critical and related issues, education and image, and further posits that resolution of these issues must occur if the nursing profession is to regain its balance.

The decrease in the number of nurses available today is largely due to the rekindling of the nursing shortage which existed most recently in the late 1970's and early 1980's.<sup>1</sup> At that time hospitals encountered increasing difficulty in recruiting and retaining nurses. Journals acknowledged the struggle to obtain nurses and hospitals reported the closing of beds and intense recruiting campaigns.<sup>2</sup>

At the same time federal budget cuts for nursing education were implemented.<sup>3</sup> While hospitals searched for ways to address the shortage, decreased funding drove many potential nurses away from nursing education. By early 1982 there were thirty-two states reporting shortages totaling approximately 100,000 registered nurse ("RN") vacancies nationally.<sup>4</sup>

With the nursing shortage in full swing, hospitals experienced a drastic change of events which began with the advent of the revised Medicare regu-

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1. Fagin, *The National Shortage of Nurses: A Nursing Perspective*, in *NURSING IN THE 1980'S-CRISIS, OPPORTUNITY CHALLENGES* 21 (L.H. Aiken & J.B. Lippencott eds. 1982).

2. J. GOLDSMITH, *CAN HOSPITALS SURVIVE? THE NEW COMPETITIVE HEALTH CARE MARKET* 184 (1981).

3. Keynote Address by Doris M. Armstrong at the Conference on A Center for Nursing Innovation (Mar. 17, 1982).

4. *Id.*

lations.<sup>5</sup> As Medicare began its prospective payment system, and as managed care systems gained prominence, hospitals experienced decreased admissions and shorter lengths of stay.<sup>6</sup> The resulting decreased patient volume lowered the demand for nurses to the point that numerous hospitals were forced to layoff nurses.

Although the change in the Medicare payment mechanism temporarily lessened the demand for nurses, it now appears that the shortage is once again at hand. As the dust settles in the mid-80's, it is evident that the shortage is picking up where it left off. Professional journals are again reflecting the difficulties experienced by hospitals in obtaining nurses to fill positions, and hospitals have again reinstated very active and costly recruitment campaigns.<sup>7</sup> Nursing leaders are becoming convinced that the shortage will escalate over the next several years.<sup>8</sup>

Changes within the health care delivery system itself are also contributing to the shortage. Alternative employment opportunities available to nurses pull them away from the traditional but increasingly frenetic hospital setting. As occupancy rates and lengths of stay have declined, new and innovative outpatient services have developed. Emphasis is placed on home health care programs, intermediate treatment centers and freestanding outpatient services. Alternative delivery systems are expanding as a replacement for, or an adjunct to, inpatient treatment and are literally taking nurses away from the traditional hospital settings.

Nurses who care for hospitalized patients represent a wide cross section of educational backgrounds. Statistics from 1974 show that nurses employed in hospitals were primarily diploma school graduates (75%) followed by Bachelor of Science in Nursing graduates ("BSN") (15%), Associate Diploma in Nursing graduates ("ADN") (6%), and Master of Science in Nursing graduates ("MSN") (3%).<sup>9</sup> By 1984 the percentage of diploma prepared nurses had decreased to forty-two percent while nurses prepared at the Baccalaureate level increased to twenty-four percent, ADN nurses increased to twenty-five percent, and MSN graduates reached four percent.<sup>10</sup> While the number of BSN graduates reflects an increase of nine percent, the expecta-

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5. Tax Equity and Fiscal Responsibility Act of 1982, Pub. L. No. 97-248, § 101-11, 96 Stat. 324 (codified at 42 U.S.C. § 1395 (1982)).

6. *Patient Census Seen Declining in Most States*, 84 AM. J. NURSING 1050 (1984).

7. *Demand for Critical Care Nurses Keeps Soaring: Crunch is Reaching Medical-Surgical Units Too*, 86 AM. J. NURSING 1052 (1986).

8. This position is derived from personal discussions with a number of peers in the nursing profession.

9. H. ROWLAND, *THE NURSE'S ALMANAC* 57 (1978).

10. *RN Ranks Grow to 2 Million Says HHS: New Survey Shows 20-Percent Employment Rise*, 86 AM. J. NURSING 603 (1986).

tion of baccalaureate preparation for management positions decreases the percentage of BSN graduates available for direct patient care. Further, the increase in the number of BSN graduates incorporates many diploma and ADN nurses who have returned to school to acquire a baccalaureate degree rather than an overall increase in the number of graduates from generic programs.<sup>11</sup> This essay will not explore the comparative merits of the 2+2 or the Diploma/BSN completion approach as contrasted with a generic BSN program, but it is an issue for future consideration.

Issues related to entry level plague the profession. Over sixty years ago the Goldmark Report recommended the transition of nursing education from the hospital to institutions of higher education; a transition which has gradually occurred.<sup>12</sup> For a number of reasons ranging from persistent shortages of nurses to the role of women in society, the nursing profession has been unable to reconcile the lack of clarity within the educational systems. In fact, the situation has become more complex.

The concept of Associate Degree preparation for nursing emerged in 1952. In originating this concept, Mildred Montag expressed the premise that nursing care is "a continuum ranging from simple tasks to complex care."<sup>13</sup> Therefore, she contended, there is room for varying levels of education to care for varying patient needs.<sup>14</sup> It is distressing to note that although levels of competency vary with educational preparation, the nursing profession continues to license graduates of associate, diploma, and baccalaureate programs equally as RNs.

In efforts to differentiate performance expectations of nurses prepared at the ADN and BSN levels, studies have been conducted which explore the competencies of the graduates of these programs.<sup>15</sup> The ADN graduate is prepared to use basic communication skills and to coordinate and organize care. In contrast, the BSN graduate relies on complex skills in communication, decision-making, and collaboration in the practice environment. A significant difference in roles, however, is in the area of patient outcomes. While the ADN graduate provides care for patients who have common, well-defined nursing diagnoses, the BSN graduate cares for patients with multiple nursing diagnoses requiring coordination of complex situations.

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11. Rosenfeld, *Nursing Education: Statistics You Can Use*, 7 NURSING & HEALTH CARE 327-29 (1986).

12. E. ALEXANDER, NURSING ADMINISTRATION IN THE HOSPITAL HEALTH CARE SYSTEM 9-13 (2d ed. C.V. Mosby eds. 1978).

13. Pholman & Mosca, *Should Nursing Implement the 1985 Resolution?*, in CURRENT ISSUES IN NURSING 150-52 (J. McCloskey & H. Grace eds. 1981).

14. *Id.*

15. MIDWEST ALLIANCE IN NURSING WORKSHOP, ADN/BSN COMPETENCIES IN THE SERVICE/EDUCATION SETTING (Oct. 4, 1986).

Nurses prepared at the baccalaureate level have had the opportunity to develop the required knowledge and abilities to meet the holistic needs of all patients.<sup>16</sup> In addition to expertise in the performance of tasks and use of technical equipment, they are able to demonstrate competence in application of nursing knowledge, patient teaching, and managing the psychosocial aspects of illness.<sup>17</sup> Nurses prepared at the baccalaureate level should be adept at decision-making and able to plan, organize, set priorities, and evaluate their own performance. Hopefully, they possess a willingness to assume responsibility for their actions and the consequences of their decisions. In short, these nurses are outcome-oriented; they are able to identify the needs of the patient and take the necessary steps to achieve the desired goals.

Today, patients who are hospitalized are acutely ill,<sup>18</sup> requiring highly sophisticated nursing intervention. Consequently, patients require a nurse who is able to analyze, synthesize, and integrate the wide array of physical and emotional responses to illness. The nurse must collaborate with the patient, physician, and others in identifying and reaching desired outcomes to promote and maintain health and wellness.

While members of the nursing profession have always favored a registered nurse in the role of primary provider of bedside care, they could accept "assistants" caring for the less acutely ill patients who occupied their hospital beds ten years ago. However, the complexity of the care requirements of today's hospitalized patients forces the need for a registered nurse at the bedside, and in many instances, for a nurse who has been educationally prepared at the baccalaureate level.

A bright spot in the dilemma is that experienced diploma and ADN-prepared nurses have developed clinical knowledge beyond their basic educational preparation which enables them to skillfully care for the patient with complex needs. These nurses are to be commended for their insight and diligence. Relying on individual nurses to educate themselves is, however, a risky way to ensure that patients are receiving appropriate care.

The balance in nursing is becoming more precarious. Not only is there a decreasing number of registered nurses available today, but it is also distressing to note that the number of generic BSN graduates has not increased significantly since 1980. Hospitals, with a growing need for nurses prepared at the baccalaureate level, may be forced to place other nurses in positions

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16. AMERICAN NURSES' ASSOCIATION COMMISSION ON NURSING EDUCATION, A CASE FOR BACCALAUREATE PREPARATION IN NURSING (1979).

17. Houston & Cadenhead, *DRGs and BSNs: The Case for the Baccalaureate Nurse*, 17 *NURSING MGMT.* 35-36 (Feb. 1986).

18. *AJN Survey Shows A New RN Shortage Sprouting: Rising Acuity, Falling Enrollment Are Blamed*, 86 *AM. J. NURSING* 961 (1986).

for which they are not adequately prepared. If the nursing profession allows this mismatch to continue, it may compromise the level of care provided to patients.

A second issue which must be addressed is that of image and the underlying, but far more complex, issue of self-esteem. Declining interest in nursing as a career can be attributed to expanding opportunities for women in other professions. It is clear that women seeking career opportunities which foster autonomy and the opportunity for advancement are choosing professions other than nursing. The image of nursing held by potential applicants may well be a significant factor in their decision not to choose nursing as a career.

Much of what is known about the image of nursing comes from studies by Kalisch which describe society's impression of nursing as ranging from the "angel of mercy" at the turn of the century to "sex objects" since the late sixties.<sup>19</sup> Today the media image of nursing portrays a woman standing in the background awaiting the physician's order.<sup>20</sup> The nurse is seldom shown interacting with patients, physicians, or other health care professionals in any meaningful way.

It is proposed that the public forms its image of nursing not simply from media portrayals but also from personal contacts with nurses.<sup>21</sup> Unfortunately, many nurses do not have a strong sense of personal worth nor do they truly value nursing. The image nurses hold of themselves and convey to their families, friends, patients, and others, is of utmost importance. In this context nursing is ineffective in promoting itself as a profession which provides a meaningful service essential to society.<sup>22</sup>

As a group, nurses continue to struggle with who they are and what they do. Nurses must be able to define what they do beyond "baths and beds" and physician-driven tasks. Nurses must also take pride in nursing and exert dominance over their role. Nurses must treat one another as valued colleagues. But, most importantly, nurses must communicate the role and importance of nursing to persons within their reach.

In essence, the stability and future direction of the profession will be based on its image. Furthermore, the image of nursing is and will continue to be

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19. Kalisch, Kalisch & Clinton, *The World of Nursing on Prime Time Television, 1950-1980*, 31 NURSING RES. 358-63 (1982).

20. Andrew, *Image of Nursing: Public, Professional, and Personal Implications*, in CURRENT ISSUES IN NURSING 587 (J. McCloskey & H. Grace eds. 1981).

21. Blichfeldt, *What is Wrong with Nursing's Image?*, 11 FOCUS ON CRITICAL CARE 55-56 (1984).

22. Young, *Political Action for Professionalization*, in CURRENT ISSUES IN NURSING 610 (J. McCloskey & H. Grace eds. 1981).

built upon the individual nurse's sense of self-esteem. Herein lies the challenge.

Women are hindered in developing a positive self-esteem as a result of the social conditioning imposed on them during their formative years.<sup>23</sup> Women, especially nurses, tend to be so centered on others that they lose touch with themselves.<sup>24</sup> Women tend to look to others for self-definition and place too much emphasis on those opinions. Women also fear that if they express their true selves to others, they will be rejected.

To move past these obstacles, nurses must educate themselves regarding their social conditioning and begin to strengthen their self-esteem. Nurses must learn how to flourish with independence, autonomy, and self-sufficiency. "They must learn to savor the rewards of assertive professionalism: inner peace, satisfaction, and comfort; self-respect; honesty; self-control; independence; and decision-making power and ability."<sup>25</sup>

Until the self-esteem of individual nurses is improved, they will be unable to define and communicate their role, clarify the confusion in the educational system, and ensure adequate numbers of appropriately prepared nurses. As a result, desired patient outcomes may be compromised. Indeed, "self-image more than self-interest may well determine how nurses position themselves in the evolving health care constellation."<sup>26</sup>

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23. Lasky, *Self-esteem, Achievement, and the Female Experience*, in *SOCIALIZATION, SEXISM, AND STEREOTYPING* 48 (J. Muff & C. Mosby eds. 1982).

24. M. CHENEVERT, *STAT SPECIAL TECHNIQUES IN ASSERTIVENESS TRAINING FOR WOMEN IN THE HEALTH PROFESSIONS* 31-33 (2d ed. C.V. Mosby ed. 1983).

25. Kilkus, *Adding Assertiveness to the Nursing Profession*, 3 *NURSING SUCCESS TODAY* 19 (1986).

26. Donley, *A Social Mandate for Nursing: Prescription for the Future*, 1 *J. CONTEMP. HEALTH L. & POL'Y* 46 (1985).