

# OHIO NURSE



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Registered Nurses & Licensed Practical Nurses in Ohio.

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## Professional Boundaries and Sexual Misconduct



**Developed by Jan Lanier, RN, JD. This study has been reviewed and updated by Kathleen Morris, MSA, BSN, RN, and R. Wynne Simpkins, MS, RN.**

This independent study has been developed for nurses who wish to learn more about professional boundaries and sexual misconduct relative to nursing practice. This study meets the OBN requirement for 1 contact hour in law and rules (Category A) governing nursing practice in Ohio required for renewal of an Ohio nursing license.

**1.16 contact hours** of Category A (Law and Rules) will be awarded for successful completion of this independent study.

The authors and planning committee members have declared no conflict of interest. This information is provided for educational purposes only. For legal questions, please consult appropriate legal counsel.

The Ohio Nurses Association (OBN-001-91) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

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### Objectives:

1. Define the terms related to professional boundary issues.
2. Discuss the various categories of offenders.
3. Identify what a nurse should do if a boundary crossing or violation has occurred.

### STUDY

Have you ever shared your personal problems with a patient (or client)? Given a patient a gift? Complained to a patient about a co-worker? Socialized, in person or via some form of social media, with a patient outside of your professional capacity? Accepted a gift of more than minimal value from a patient or family member? (National Council of State Boards of Nursing, 2011) If you answered yes to any of these questions you may have crossed a professional boundary. Crossing a professional boundary is a violation of the Ohio Nurse Practice Act (Section 4723.28 (B) (31) Ohio Revised Code [ORC]) and the rules adopted by the Ohio Board of Nursing (OBN) (4723-4-06 Ohio Administrative Code [OAC]). While most nurses recognize that engaging in sexual misconduct with a patient is wrong both legally and ethically--what actually constitutes that "misconduct" is often difficult to define. For example, many nurses ask, "Isn't it all right to date a former patient?" The relationship between boundary crossings and sexual misconduct is often poorly understood. Many nurses fail to recognize the inappropriateness of boundary crossings, believing that only sexual misconduct violates ethical or legal standards (NCSBN Discipline Resources Committee, 2009. pg 4-6).

Maintaining professional boundaries and avoiding inappropriate sexual involvement can pose dilemmas for nurses who frequently find themselves sharing in their patient's most intimate life events. The very essence of nursing can be a "slippery slope" for many well-intentioned but naive, uninformed nurses. Patients trust that nurses will work in the patients' best interest. When a nurse engages in a sexual relationship with a patient, or otherwise crosses a professional boundary, trust is violated (NCSBN, 2009 pg.10). The purpose of this independent study is to make nurses more aware of and sensitive to the importance of maintaining a professional nurse/patient relationship and to identify some of the negative consequences that can occur, both for the nurse and for the patient, when these boundaries are crossed.

"In NCSBN's analysis of 10 years of Nursys® data (NCSBN, 2009), 53,361 nurses were disciplined; of those, 636, or 0.57 percent, were included in the following categories: sexual misconduct, sex with client, sexual abuse, sexual language or sexual boundaries. Therefore, sexual misconduct is not a common complaint to a BON. The actual prevalence, however, is not known."(NCSBN, 2009 p 2. Citing Halter et al., 2007).

The OBN reported a steady increase in the number of complaints it received alleging sexual misconduct or boundary violations by its licensees between 2009 and 2011. But even at that, the numbers were not large with only 20, 47 and 50 cases reported in 2009, 2010, and 2011 respectively. (Ohio Board of Nursing, Annual Reports, 2009, 2010, 2011). This increase was likely the result of the changing face of the health care delivery system. Nursing care that previously would have been provided in an acute care setting now is being provided in patients' homes or community settings. Such settings are less public and less supervised than the traditional health care setting such as a hospital or nursing home. Working with patients where they live, often results in less formality and a loosening of the restraint that typically characterized the nurse/patient relationship in an acute care environment.

Advances in health care have increased the life expectancy of patients with chronic conditions, thereby allowing nurses to develop sustained relationships with patients and their families. Additionally, electronic media is widely used in health care and in the personal lives of nurses as well as the patients cared for by nurses (NCSBN, 2011, Social Media). Longer nurse/patient relationships often lead to a blurring of the lines between caring professional and personal friend. Then add in the social media and the lines blur even more. Regardless of the setting, the length of time a nurse provides care to the same patient, or the mode of communication used, the professionalism of the nurse/patient relationship must be maintained.

### Sexual Misconduct: What is it?

Sexual misconduct is about power. It is an extreme abuse of the nurse/patient relationship. It is exploitation. It is about impairment and irresponsibility (NCSBN, 2009 p.4 ) Engaging in sexual activity with a patient, as well as conduct that could reasonably be interpreted as sexual, is explicitly recognized as a violation of acceptable standards of safe nursing practice in Ohio. (Rule 4723-4-06 (M) OAC) Behavior, including verbal behavior, which is sexually demeaning, harassing, or seductive, is considered sexual misconduct by the Board of Nursing. Under Ohio law, a patient is always presumed incapable of giving free, full, or informed consent to these behaviors. (Rule 4723-4-06 (M) OAC).

In other words, the rules of the Ohio Board of Nursing clearly make the nurse responsible for assuring that sexual misconduct does not occur even with a seemingly willing patient. If the client consents, even if the client initiated the sexual contact, it is still considered sexual misconduct because it is an exploitation of the nurse/patient relationship (NCSBN, 2009).

The impact of sexual misconduct varies and can be complicated by the trauma of a failed personal relationship. Should sexual involvement cease, a patient's response may range from a sense of exploitation to embarrassment, humiliation, and ultimately severe depression. None of these reactions is conducive to the health and well-being of the patient, which ought to be the underlying goal of all nursing interventions (NCSBN, 2009).

### What about dating a "former" patient?

Personal relationships that begin after the nurse is no longer caring for the patient pose significant questions. The National Council of State Boards of Nursing (NCSBN) in 2009 published guidelines for use by the various state boards of nursing that state, "A health care provider shall not engage, or attempt to engage, in the activities ... with a former patient, client or key party within two years after the provider-patient/client relationship ends" (NCSBN, 2009. p.6). The American Nurses Association (ANA) Code of Ethics does not specifically address post-termination relationships but refers instead to private ethics. ANA has been encouraged to address this complex issue in the future (ANA, 2001). The rules of the Board of Nursing are also silent on this matter. In the absence of clear standards regarding post-termination relationships, in dealing with a case involving a post-termination situation, the Board of Nursing members would likely look to standards developed by other entities, such as the NCSBN to determine if the nurse's conduct violated the laws and rules regulating professional practice. They would consider the type of

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# SAVE THE DATE

**March 11, 2015**

**July 15, 2015**

**October 21, 2015**

Becoming An Approved Provider – 2015  
ONA Headquarters, Columbus, OH

**April 17, 2015**

10th Annual Nursing Professional  
Development Conference  
OCLC in Dublin, Ohio

**April 30, 2015**

Medical Heritage Tea – Friends of Nursing  
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Nursing in the American Red Cross  
4:00 pm Tea, 4:30-5:30 Lecture  
5th Floor, John Prior Medical Sciences Library,  
OSU  
Speaker: Sharon Stanley, PhD, RN, FAAN

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**June 16, 2015**

**July 22, 2015**

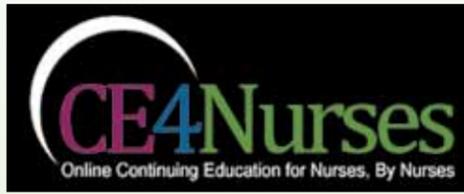
Summer Series

Speaker: Pam Dickerson  
ONA Headquarters, Columbus, OH

**October 8-11, 2015**

**ONA Convention**

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Interested in joining ONA? See page 3 for membership information and five reasons for joining the only professional organization in Ohio for registered nurses.



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To help Ohio's nurses meet their obligation to stay current in their practice, three independent studies are published in this issue of the *Ohio Nurse*.

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3. Fill out the registration form indicating which studies you have completed, and return originals or copies of the registration form, post test, evaluation and payment (if applicable) to:  
Ohio Nurses Association, 4000 East Main Street, Columbus, OH 43213

**References**

References will be sent upon request.

**Questions**

Contact Sandy Swearingen (614-448-1030, [sswearingen@ohnurses.org](mailto:sswearingen@ohnurses.org)), or Zandra Ohri, MA, MS, RN, Director, Continuing Education (614-448-1027, [zohri@ohnurses.org](mailto:zohri@ohnurses.org)).

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**Professional Boundaries continued from page 1**

nursing care provided and the length and nature of that care to determine whether sexual misconduct occurred. Regardless of when a personal relationship is established with a former patient, the nurse/patient role must not be resumed should future ongoing health care needs arise (NCSBN, 2009, p. 6).

**A case study**

Nurse A is an independent home care provider for a pediatric patient. During the time that she is providing care to the patient, the nurse becomes sexually involved with the patient's father. The nurse permits the father to take sexually oriented photographs of her, and she engages in sexual activity with the father in the basement of the patient's home. The nurse also becomes aware of marital problems being experienced by the patient's parents. The patient's mother discovers the photographs and a videotape of the sexual activity between the nurse and the father.

Although the sexual misconduct did not involve the nurse's patient per se, the Board of Nursing found that her actions violated standards of safe care because the term "patient" includes not only the recipient of nursing care but also groups or communities. Although the nurse's actions did not overtly compromise the direct nursing care provided to the patient, the impact of her actions on the family unit (community) was extremely harmful and ultimately not in the best interest of the nurse's pediatric patient. The nurse's license was indefinitely suspended (Momentum, 2002). While sexual misconduct represents an extreme violation of the nurse/patient relationship, boundary crossings or violations can be equally devastating for both the patient and the nurse. Because boundary crossings are more subtle, they often go unnoticed and are often misunderstood. Nurses frequently believe they are helping their patients by becoming more friend than professional nurse. This is never acceptable behavior (National Council of State Boards of Nursing, 2011).

**What are professional boundaries and why are they important?**

Simply put, "professional boundaries are the spaces between the nurse's power and the patient's vulnerability" (National Council of State Boards of Nursing, 2011, p 4). These boundaries are not visible. Nonetheless they define the types of behaviors that are most likely to enable nurses to effectively meet the health care needs of their patients and their patients' families. The concept that there are "limits" to acceptable nursing behaviors within the nurse/patient relationship and the reason for those limits form the framework for an understanding of the intricacies of professional boundaries.

"Anything goes" cannot be the watchword to guide nursing behavior. Certain actions are not acceptable when a nurse is caring for a patient. Limits exist to help assure that a vulnerable patient is not exploited in any way even by a well-meaning nurse. "The power ... comes from the professional position of the nurse and the nurse's access to private knowledge about the patient" (National Council of State Boards of Nursing, 2011, p 4). Nurses' professional position affords them control over life-sustaining therapies and complex equipment through which they exert subtle but tremendous influence over their patients' behaviors. This power, which is an essential element in the nurse/patient relationship, enables the nurse to positively influence the patient's health status. However, "if the extent of that power is not limited through the establishment

of appropriate professional boundaries, the patient is subjected to unacceptable risks that could ultimately affect the patient's physical and emotional health." (Momentum, 2002)

The difficulty in defining and maintaining professional boundaries has long been recognized within the nursing profession. "Professional nursing is emotionally complicated. It requires an ability to be meaningfully related to a patient and family yet separate enough to distinguish one's own feelings and needs." (Crampton, 2001) The innate care-taking style that is a hallmark of the nursing profession increases nurses' susceptibility to being caught up into intense relationships. Further, boundaries and professionalism may be defined differently by members of the same staff (Crampton, 2001). Casual conversation for some may be excessive personal disclosure for others. "Joking and camaraderie may be seen as contributing to a pleasant atmosphere in some circumstances but may lead to boundary crossings in others, particularly if the jovial atmosphere is not counterbalanced by a solid understanding of professionalism." (Momentum, 2002, pg 1-2.)

**Boundary Crossings v. Boundary Violations**

"Boundary crossings are brief excursions across professional lines of behavior that may be inadvertent, thoughtless or even purposeful, while attempting to meet a special therapeutic need of the patient. Boundary crossings can result in a return to established boundaries, but should be evaluated by the nurse for potential patient consequences and implications. Repeated boundary crossings should be avoided.

Boundary violations can result when there is confusion between the needs of the nurse and those of the patient. Such violations are characterized by excessive personal disclosure by the nurse, secrecy or even a reversal of roles. Boundary violations can cause distress for the patient, which may not be recognized or felt by the patient until harmful consequences occur." (National Council of State Boards of Nursing, 2011, p 4).

**Case study**

A nurse is providing care to an elderly nursing home resident. The resident's family lives out-of-state and is not able to celebrate holidays or special occasions with her. The nurse begins to invite the resident home for the holidays, and the resident soon begins to count on these outings and looks forward to them. The nurse unexpectedly decides to leave employment at the long-term care facility and the social interactions with the resident suddenly cease. The resident does not understand what happened to her "friend" and feels a sense of personal rejection and desertion. What began as a well-meaning attempt to provide a positive experience for the resident ultimately had negative consequences for her.

Avoiding boundary violations does not mean nurses must sacrifice their helpful natures. Instead, helpfulness must be consciously centered along a continuum of professional behavior. The "zone of patient-centered care" is located in the center of the continuum and is the zone in which the majority of patient interactions should take place. On either side of the center of the continuum is under-involvement or over-involvement (National Council of State Boards of Nursing, 2011, p 5). When a nurse is under-involved with patients, distancing, disinterest, and neglect occur.

Conversely, when there is over-involvement, the risk of boundary crossings, boundary violations, and possibly sexual misconduct increases. There are no definite lines separating the zone of patient-centered care from the ends of the continuum, instead it is a gradual transition or melding (National Council of State Boards of Nursing, 2011, p 5). Nurses must be wary, however, when their interactions with patients border on the edges of the zone of patient-centered care. Often it is not the action itself but the motive behind the action that determines whether a boundary has been violated. The complexity of maintaining professional boundaries is demonstrated in the following case study.

**Case study**

"A nurse gives a young female patient a compact disc featuring a favorite pop singer. The music is intended to provide a welcome distraction during strenuous rehabilitation exercises. Conversely, a nurse gives the same patient the same gift, but does it secretly, indicating that the gift reflects how special the patient is to the nurse. One nurse has a therapeutic motive for the gift while the other is trying to be friends." (Momentum, 2002, pg 2.)

The second nurse in the above scenario crossed a professional boundary with the patient while the first nurse did not. The difference is the motivation behind the gift and the way in which the gift was presented. "When providing special privileges to a patient, one must always consider the motive behind the action. Was it done openly as encouragement or as a reward for efforts to comply with a care regimen; or was it done to gain approval and acceptance from the patient?" (Momentum, 2002, pg 2.)

**What does the law say about maintaining professional boundaries?**

Ohio law authorizes the Board of Nursing to take disciplinary action when a nurse fails to establish and maintain professional boundaries with a patient. (Section 4723.28 (B)(31) ORC). Nurses also risk disciplinary action if they obtain or attempt to obtain money or anything of value by intentional misrepresentation or material deception

in the course of practice. (Section 4723.28 (B)(13) ORC). Rules of the Board further define expectations with respect to boundary violations.

- \* Nurses are not to misappropriate a patient's property or engage in behavior to seek or obtain personal gain at the patient's expense.
- \* Nurses are not to engage in behavior that constitutes inappropriate involvement in a patient's personal relationships.
- \* Nurses are not to engage in any behavior that could reasonably be interpreted as inappropriate involvement.

(Rule 4723-4-06 OAC)

**Case studies**

A nurse has been caring for an elderly patient for several months. Recently the patient has given the nurse gifts that appear to be family heirlooms. Is this a violation of the Ohio Nurse Practice Act?

Many times grateful patients want to give gifts to their nurses. The law prohibits obtaining or attempting to obtain anything of value by intentional misrepresentation or material deception in the course of practice. Most gifts are not obtained by deception, so in deciding whether to accept a gift, one must first determine whether the agency policy permits gifts to be accepted. If so, the nurse must analyze the motives behind the gift. Often the decision about whether to accept a gift becomes an ethical rather than a legal dilemma. Gifts that are highly personal, overly sentimental, or represent a large investment of the patient's time, energy, or money should be graciously and sensitively declined. Gifts from psychotic, delusional, or delirious patients must be declined (Momentum, 2002, pg 6).

A nurse had been providing care to an elderly patient for many months. One day, the nurse happens to mention that she is having serious financial problems. The patient offers to loan the nurse \$5000. At first the nurse refuses but reconsiders as her financial situation worsens. The nurse agrees to repay the money on a set schedule. Initially, payments are made as promised, but once again financial problems arise that prevent the nurse from making payments. The patient's family members, upon learning of the arrangement, report the nurse to the Board of Nursing. Did this nurse violate the Ohio Nurse Practice Act?

While the money was not obtained by deception or misrepresentation, nonetheless a significant boundary violation occurred. The nurse received personal gain at the patient's expense. The nurse inappropriately shared her own personal problems with the patient – already a boundary crossing. Subsequently, a boundary violation resulted when the nurse accepted a loan from the patient. The loan arrangement significantly altered the nurse/patient relationship and potentially jeopardized the ability of the nurse to care for the patient on a strictly professional level. Boundary violations do not just happen. Often there are signals that indicate a nurse is at risk for crossing the line between appropriate and inappropriate behavior.

**Identifying Boundary Infringement**

**Excessive Self-Disclosure:** The nurse discusses personal problems, feelings of sexual attraction or aspects of his or her intimate life with the patient.

**Secretive Behavior:** The nurse keeps secrets with the patient and / or becomes guarded or defensive when someone questions their interaction.

**Super Nurse Behavior:** The nurse believes that he or she is immune from fostering a nontherapeutic relationship and that only he or she understands and can meet the patient's needs.

**Singled-Out Patient Treatment or Patient Attention to the Nurse:** The nurse spends inappropriate amounts of time with a particular patient, visits the patient when off-duty or trades assignments to be with the patient.

This form of treatment may also be reversed, with the patient paying special attention to the nurse, e.g., giving gifts to the nurse. If a nurse is receiving this type of attention from a patient it is advisable for the nurse to seek the guidance of his or her supervisor.

**Selective Communication:** The nurse fails to explain actions and aspects of care, reports only some aspects of the patient's behavior or gives double messages. In the reverse, the patient returns repeatedly to the nurse because other staff members are too busy.

**Flirtations:** The nurse communicates in a flirtatious manner, perhaps employing sexual innuendo, off-color jokes or offensive language.

**You and Me Against the World Behavior:** The nurse views the patient in a protective manner, tends not to accept the patient as merely a patient or sides with the patient's position regardless of the situation.

**Failure to Protect Patient:** If the nurse fails to recognize feelings of sexual attraction to the patient, consult a with supervisor or colleague, or transfer care of the patient when needed to support boundaries."

(National Council of State Boards of Nursing, 2011)

**Summary**

Nurses often need help understanding how to effectively balance professionalism with effective care-giving. In other words: how to stay within the "zone of patient-centered care." Administrators and managers as well as nursing colleagues can help nurses with this difficult matter by being sensitive to the challenges and alert to signs of boundary crossings.

*Professional Boundaries continued on page 5*

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Professional Boundaries continued from page 4

Nurses must be aware of the reporting requirements and grounds for discipline on their license by the Board of Nursing. Nurses must be aware of and practice within the law and rules, but also the standards of care for the patient in whatever setting the nurse is working. "Nurses also

need to be cognizant of the potential boundary issues that exist in using social media to discuss patients, their family or their treatment." (National Council of State Boards of Nursing, 2011, p 10) Awareness is the key to avoiding crossing the professional boundary. Being cognizant of one's own feelings and behaviors and observant of the behaviors of other nurses are important steps in finding

the middle ground on the professional continuum. Nurses must also be clear about their own needs and the needs of their patients. They need to separate the personal from the professional. Patients need professional health care from a nurse, not personal friendship.

## Professional Boundaries and Sexual Misconduct

### Post-Test and Evaluation

**DIRECTIONS:** Please complete the post-test and evaluation form. There is only one answer per question. The evaluation questions must be completed and returned with the post-test to receive a certificate.

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Final Score: \_\_\_\_\_

Please mark true or false to the following statements:

- \_\_\_\_ 1. Professional sexual misconduct is a breach of trust.
- \_\_\_\_ 2. It's okay to talk about one's personal problems or tell off-color jokes to a patient.
- \_\_\_\_ 3. Professional sexual misconduct involves power and putting the patient's needs first.
- \_\_\_\_ 4. It is always okay to accept gifts from a patient.
- \_\_\_\_ 5. It is always okay for a nurse to interfere with a patient's personal relationships when in the nurse's judgment the relationships may hinder the patient's recovery.
- \_\_\_\_ 6. Giving a patient a gift is okay if the gift is kept a secret so as not to make other patients feel bad.
- \_\_\_\_ 7. It is sometimes alright for a nurse to date a former patient if the nurse/patient relationship ended at least two years prior to the date.
- \_\_\_\_ 8. Only if a nurse engages in sexual misconduct with a patient has the nurse crossed the line into unacceptable professional behavior.
- \_\_\_\_ 9. While professional sexual misconduct may be wrong, the nurse can be excused if the conduct was initiated by the patient.
- \_\_\_\_ 10. The incidence of boundary violations, while relatively low, is increasing because nurses are more likely to provide care in less formal settings and over prolonged periods of time.
- \_\_\_\_ 11. Sexual misconduct only refers to actual sexual contact, intercourse, or rape.
- \_\_\_\_ 12. Any time a nurse could use knowledge of a patient to meet the nurse's needs a red flag should be raised by the power imbalance.
- \_\_\_\_ 13. Boundaries are the limits that allow for a safe connection with the patient based on the patient's needs.
- \_\_\_\_ 14. Joking and camaraderie may contribute to a pleasant work environment but could also lead to boundary crossings if not balanced by an understanding of professionalism.
- \_\_\_\_ 15. Regardless of the situation, nurses simply need to maintain professional standards of care.

Select the one correct answer

- 16. If a nurse feels sexually attracted to a patient, the nurse should:
  - a. Discuss the feelings with a colleague
  - b. Tell the patient
  - c. Act on those feelings
- 17. If a patient demonstrates interest in developing a sexual relationship with the nurse, the nurse should:
  - a. Encourage the patient
  - b. Feel sexually attractive
  - c. Transfer the patient's care to another nurse
- 18. Which of the following is (are) a danger signal(s) regarding nurse/patient relationships:
  - a. Stopping to see the patient on your day off
  - b. Swapping assignments so you can take care of this patient
  - c. Feeling that you are the only one who truly understands the patient
  - d. All of the above
  - e. None of the above
- 19. You have identified that a particular nurse colleague seems to be attracted to a patient. You should:
  - a. Ignore the situation
  - b. Alert the patient to the attraction
  - c. Discuss the matter with your roommate

Suggest to the nurse that she think carefully about her involvement with the patient and consider alerting the nurse manager if the problematic behavior continues.
- 20. A nurse risks disciplinary action by the Board of Nursing for failure to establish and maintain professional boundaries if the nurse:
  - a. Uses a patient's credit card with the patient's permission
  - b. Begins to see the patient socially while continuing to provide nursing care
  - c. Accepts a diamond bracelet from a grateful patient
  - d. All of the above
  - e. b and c only

Match the boundary infringement with the definitions:

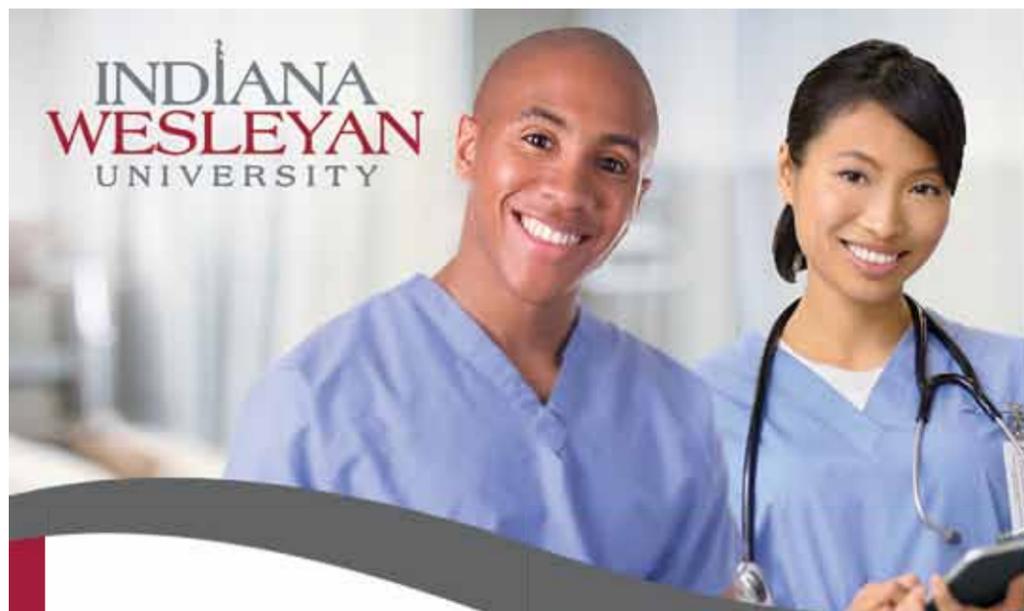
- 21. \_\_\_\_ Excessive Self-disclosure
- 22. \_\_\_\_ Secretive Behavior
- 23. \_\_\_\_ Flirtations

- 24. \_\_\_\_ Failure to Protect Patient
- 25. \_\_\_\_ Selective Communication

Definitions

- a. Nurse keeps secrets with the patient.
- b. Nurse reports only some aspects of the patient's behavior or gives double messages
- c. Nurse discusses personal problems, feelings of sexual attraction with the patient
- d. Nurse fails to transfer care of the patient when needed to support boundaries.
- e. Nurse communicates in a flirtatious manner, uses off-color jokes.

Evaluation		
1. Were you able to achieve the following objectives?	<b>YES</b>	<b>NO</b>
a. Define the terms related to professional boundary issues.	__ Yes	__ No
b. Discuss the various categories of offenders.	__ Yes	__ No
c. Identify what a nurse should do if a boundary crossing or violation has occurred.	__ Yes	__ No
2. Was this independent study an effective method of learning?	__ Yes	__ No
If no, please comment:		
3. How long did it take you to complete the study, the post-test, and the evaluation form? _____		
4. What other topics would you like to see addressed in an independent study?		



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# Changing Views: Influencing How the Public Sees Nursing



**Developed by Pam Dickerson,  
PhD, RN-BC, FAAN**

This independent study has been developed for enhance the nurse's knowledge of the public's perception of nursing. **1.5 contact hours** will be awarded for successful completion of this independent study.

The authors and planning committee members have declared no conflict of interest. This information is provided for educational purposes only. For legal questions, please consult appropriate legal counsel.

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## OBJECTIVES

1. Define the way people currently perceive nurses and nursing.
2. Describe strategies to positively influence others' views of nursing practice.

## Introduction

Do any of the following sound familiar to you?

- \* From your next door neighbor: "Susie fell on the playground. The teacher says she hit her head. What should I do?"
- \* From your grandson: "Grandma's a nurse – she can fix it!"
- \* From your mother: "Well, I know you're a nurse, honey, but my doctor told me to..."
- \* From a friend: "Ugh, I don't think I could be a nurse – all the blood and guts!"
- \* From an acquaintance at a party: "Met any handsome doctors lately?"
- \* From your non-nurse employer: "I have a study here that says the average time to change a dressing is five minutes. Why did it take you 25?"

The public has extremely varied, and sometimes very distorted, images of nurses and nursing. It is important to help people understand who nurses are and what nurses do. Why does that matter?

1. There are currently approximately 2.8 million registered nurses in the United States (HRSA, 2013). Approximately 55% of them hold a minimum of a baccalaureate degree in nursing, and about 61% work in a hospital setting. The demand for registered nurses is expected to grow 26% between 2010 and 2020 (ANA, 2014). This is due to a number of factors, including the aging population of nurses who will be retiring soon, the aging population of our citizens who will require more nursing care, and the increasing focus on community-based care and population health. Even though there has recently been an increase in the number of applicants for nursing education programs, there is still greater need than projected resources available in the future. People need a clear view of nursing in order to decide if they would like to consider a career in this field.
2. Even with recent increases in enrollment in nursing education programs, many programs have a fairly lengthy waiting list for new students. This is due to a number of factors, including but not limited to shortage in the number of faculty, lack of clinical resources available for student experiences, and lack of financial support from academic institutions to operate a comparatively expensive nursing program. Without a clear understanding of the severity of the nursing shortage, recognition of the critical need for nurses in the future, a value for the educational curriculum in preparation of qualified nurses to help shape the future of our nation's health care, and adequate financial compensation for nursing faculty, our current academic structure will not be able to meet the need for nurse preparation.
3. Legislators write laws that influence nursing and health care. If they don't understand what nurses do, they won't support legislation strengthening nursing practice. In addition to general legislation, our state senators and representatives have the power (and are the only people who do have power) to change the law regulating the practice of nursing in each state – the nurse practice acts. Do you know who your senator and representative are? Have you talked with them about issues of importance to nursing?
4. Employers hire nurses and others to provide patient care. Our ability to define nursing and to demonstrate how nursing care improves patient outcomes will influence employers' choices about who to hire. If the focus is only on the tasks that nurses perform, there is an argument that non-licensed personnel could be

hired and "trained" to perform tasks. How do you speak up for the roles of critical thinking, clinical judgment, decision-making, and patient outcomes that are so important in nursing practice?

5. Consumers of health care depend on their caregivers to provide care that helps them get better, supports them in maintaining health, or assists them in achieving a peaceful death experience. If they recognize the role of the nurse in providing patient care and contributing to quality outcomes, they will be more likely to request and receive appropriate care.
6. Hospitals are now required to evaluate patients' perceptions of their experience of care. This process, known as HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems), collects data from patients for several purposes: to provide objective and meaningful data to compare hospitals, to improve quality of care, and to increase accountability of facility use of public dollars (Centers for Medicare and Medicaid Services, 2014). How patients respond on questions related to communication with nurses and their overall experience of care is greatly influenced by their images of who nurses are, what they do, and how they carry out their roles.
7. Neighbors and family members are often in need of health advice or assistance. Understanding your knowledge and abilities will help them respect ways you can appropriately be of assistance to them.

## Current View

The public gets its impression of nurses and nursing in several ways. Television shows and movies often portray nurses as flippant, flighty, and/or sexy. Greeting cards may show a slim but full-bosomed female in a white uniform, cap, and high heels. Often she is carrying a bedpan, an enema bag, or a syringe with a v-e-r-y long needle. While we may laugh at these images, they are very dangerous to a public sensitive to media influence. What they see may well be what they believe. What kind of perception are they going to have of the nurse in the employer's occupational health office or the nurse in the emergency room caring for their loved ones after an auto accident? How will those media images impact their perceptions of what nurses can do?

The media image can also have a powerful influence over employers, particularly in non-hospital settings. If the employer's perspective of a nurse is the flirtatious socialite and what they want is someone to do tasks or procedures, they are more likely to hire a technician than a nurse. Think about clinics, occupational health, prisons, and other non-health care facilities that hire health care workers.

Misunderstanding of nursing and the roles of various healthcare providers can lead to ineffective legislation, too. Legislators are influenced by a variety of groups in determining their positions on pending legislation. If nursing's voice is not heard in the halls of the legislature, other voices will carry more weight. Legislators' lack of knowledge of the realities of nursing practice can result in legislation that does not support nursing or actually undermines nursing practice.

Family and friends may form their perception of nurses and nursing from past experience, from the media, and from your own behaviors and comments. As students and new graduates, we are proud of our new knowledge and eager to share. It's easy to give advice and to become known as the neighborhood resource for health information. Parents, however, often still see their nurse family member as child first – and how could my child give me credible health advice? Neighbors and family members come to expect that the "nurse" can be the source of all information and may not realize that nurses cannot independently diagnose or prescribe (except for advanced practice registered nurses with specific credentials). We can appropriately help them get connected with the right resources in the healthcare system, provide health teaching, facilitate health promotion behaviors, and help to sort out information people receive when they visit a myriad of healthcare providers.

If someone has formed an impression of a nurse from a previous hospitalization, what does that person think? Some see the nurse as "the person in charge," some see the nurse as "the girl who hung my IV," and some see the nurse as "the one who followed the doctor's orders." There are people who remember the nurse as "the one who held mom's hand as she was dying" or "the one who taught me how to breastfeed my baby."

Unfortunately, our physical portrayal often does not support our desire to be recognized as a professional practice. You may work in a practice area where scrubs are the appropriate attire – but take a look at yourself. Are your scrubs clean? Do they look like you've slept in them for the last two nights? Are your shoes clean or are they

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*Changing Views continued on page 7*

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This video has been developed to give nurses a better understanding of how to handle disaster situations in both the nurse's personal, as well as professional life.

This video has been developed by: Daniel Kirkpatrick, MSN, RN. The author and planning committee members have declared no conflict of interest. This information is provided for educational purposes only. For legal questions, please consult appropriate legal counsel. For medical questions or personal health questions, please consult an appropriate health care professional.

1.0 contact hour will be awarded for successful completion of this video, post-test and evaluation.

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**OBJECTIVE**

1. Describe steps nurses can take to be better prepared both personally and professionally for a disaster.

*Changing Views continued from page 6*

wearing what was spilled when you were in a previous patient's room? What about your hair, your fingernails, your jewelry, your body art? Everything about us speaks volumes to people we see. In an article discussing the image of nursing, Cohen (2007) asks, "What other professions that serve the public have cartoon characters on their uniforms?" Remember that the public may not have a clear idea about who a nurse is and what a nurse does – they will form that opinion partly based on what they see in you. The tightening of expectations of employers regarding attire and appearance of nurses is not an accident.

Often people who visit doctors' offices or clinics perceive that anyone who works there who isn't the doctor is the "nurse." What those people do and how they behave influences consumers' perspectives of nurses and nursing. If you find yourself in that situation, clarify that you are the nurse, and describe the role of the other person.

People's experiences and perceptions of nurses and nursing are not often realistic or positive. It becomes critical for each of us to be an advocate for nursing, to speak up and speak out, to let people know who we are and what we do.

**Your View**

Take a moment to reflect on how you define nursing. To you, today, based on your education and experiences, what would you say is "nursing?"

Now think about how you carry out your work as a nurse. What does the public see when they look at you? Think about your patients, their families, or your employer. Think about visitors to your facility or the staff from other units you see in the cafeteria. If your practice setting is not in a traditional health care facility like a hospital, clinic, or nursing home, think about the image you portray in your area of practice. In any practice setting, attire, body language, cleanliness, and language convey volumes about how we see ourselves. Do you picture yourself as a professional? Do you feel good about what you see when you look in the mirror? (Don't count the wrinkles on your face; look at the general image!) What about your attire – does it demonstrate respect for yourself and your profession? What about your behavior – are you conscientious in how you act? Do you role model healthy behaviors in what you eat and how you exercise? Will patients, families, and employers feel comfortable entrusting people to your care?

What do you do that enhances the way the public perceives nursing? Make a list. Then make a list of things you do that might have a negative impact on how people view nursing. You won't be asked to submit your lists, so be honest! Spend some time reflecting on how you can change your behaviors or attitudes, or reinforce what you're doing already, to give people a more positive view of nursing.

**Opportunities to Change Views: Nursing and the Public Image**

Consider the following information regarding nurses and nursing. Think about how you can use this information to let people know about the positives in nursing practice.

*Nursing as a Profession:* As healthcare professionals, nurses are accountable to uphold the values and principles espoused by the profession itself. These include adherence to the Scope and Standards of Practice (ANA, 2010), and the Code of Ethics (ANA, 2010).

Nursing's Social Policy Statement (ANA, 2010, p. 3) defines nursing as "the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and

*Changing Views continued on page 8*

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Changing Views continued from page 7

advocacy in the care of individuals, families, communities, and populations.” Is this how you see nursing? Does your current practice arena support this view of nursing? Is the culture one of innovation, creativity, and support for nurses to carry out these roles? What can you do, both personally and in the context of your employment setting, to support this professional image of the nurse?

The Scope and Standards of Practice for Nursing (ANA, 2010) includes standards for both practice and professional performance. Standards of practice relate to assessment, analysis of data, outcomes identification, planning, implementation, and evaluation. Standards of professional performance address ethics, education, evidence-based practice and research, quality of practice, communication, leadership, collaboration, professional practice evaluation, resource utilization, and environmental health. Think about your own practice in relation to these performance and professional parameters. How do you carry out these expectations? Are you a positive role model? How do your behaviors reflect the profession’s standards related to the image of nursing?

The Code of Ethics for Nurses (ANA, 2010), similarly emphasizes the accountability of the nurse in upholding ethical standards related to patients and recipients of care, self and others, and the profession as a whole. How do you demonstrate ethical behavior in your practice environment? Do you portray a professional image in the way you interact with others, collaborate with other members of the healthcare team, and work to promote a healthy work environment? Do you help or hinder the public’s image of nursing by your words and actions?

*Nursing as a Career:* Most nurses like nursing and say that they would support people choosing nursing as a career. When asked about their choice of nursing as a career, the majority of nurses who participate in satisfaction surveys indicate that they value being a nurse and would choose nursing as a career if they were making a decision today. In a major national study of nurses, (AMN Healthcare, 2013), nurses of all ages expressed satisfaction with their career choice, although responses of younger and older nurses reflected unique perspectives of the profession. While expressing overall satisfaction with nursing as a

career choice, a number of nurses surveyed expressed that they would likely change jobs in the near future. There was a strong correlation between advanced nursing education and certification, and nearly 60% of nurses between the ages of 19 and 39 have plans to pursue baccalaureate and/or master’s degrees in nursing.

*Nursing and Technology:* Technology is a part of our lives, and it is also an important part of nursing practice. Nurses who are not “native” to technology use in daily life were initially reluctant to learn how to do computerized documentation, use computers to order medications or supplies, or program machines to help in their work. However, we live in an era where technology is used in all aspects of our lives. It is important that we become comfortable using computers and other technological resources in our practice. Look at technology as a tool to help you learn and grow! After all, consumers of health care spend hours on the internet researching their diagnoses, treatment plans, and medications. It is not unusual for them to come to their doctors’ offices, clinics, or managed care providers clutching printouts and asking to be given certain tests or put on certain medications. How does it look to the consumer if the nurse doesn’t have a clue about where this information came from or how to interpret the data? Patients frequently want to know things about which web sites are best to provide them information, how they can determine the validity of information they find on the internet, and how the information they’ve obtained fits in with their established plan of care. Whether we are networking with these people over the phone or via direct personal contact, we must be knowledgeable resources to help them make use of technological information.

The “triple aim” for healthcare improvement, being conducted under the auspices of the US Institute for Healthcare Improvement (IHI), seeks to improve the patient experience, improve the health of populations, and reduce the cost of patient care (IHI, 2014). The first of these, improving the patient experience, has led to rethinking of the traditional approach of separation of knowledge and information between provider and patient. For example, electronic medical records now include patient portals where patients and providers can share information and work more collaboratively together.

This will ultimately support both improving patients’ experiences and reducing costs, as patients contribute information that will result in avoiding duplicate testing or unnecessary procedures. How familiar are you with how these portals work and how patients can and should contribute to their plans of care?

Additionally, much information related to increasing patient safety and reducing errors in practice relates to appropriate use of technology, like bar coding on patient ID bands and medications. It is imperative that nurses understand and embrace technology that supports and enhances our practice. Nurses are challenged to think about future uses of technology, including robotics, genetics and genomics, 3-D printing, and electronic communication as tools for the future, in an article titled “The Impact of Emerging Technology on Nursing Care: Warp Speed Ahead” (Huston, 2013). It will be interesting to review articles such as this in 2023 to see what changes have come to fruition in the 10 years since this article was published. Are you prepared to use new and emerging “tools of the trade” as technological advances occur? How will we balance our commitment to the art of nursing and the humanness of our role with use of new technology? How will our image change, or will it?

*Nursing and the Media:* What’s happening in the world today in regard to nursing and health care? Who is doing what? We don’t have time to read everything that appears in all the major media every day. Do you know, though, that the information is as close as your fingertips (and your trusty computer or smart device)? The Ohio Nurses Association web site ([www.ohnurses.org](http://www.ohnurses.org)) has a link to daily news releases that affect nursing, health care, and related legislative initiatives. Other state nurses associations also have this type of information.

*Nursing and the Law:* Have you ever attended a Board of Nursing meeting? As a state government agency, the board is required to hold open meetings. Items of importance to nursing practice are decided here – you have a right to be present. Rules hearings are held by the Board of Nursing prior to implementation of proposed rules. Participating

Changing Views continued on page 9



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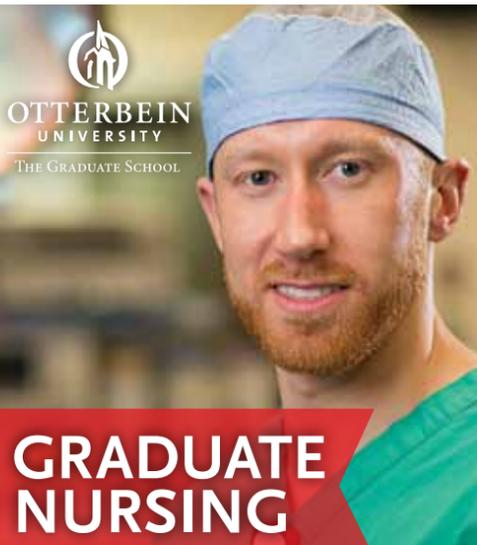
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**QUESTIONS? CONTACT:**  
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[www.otterbein.edu/graduatenuresing](http://www.otterbein.edu/graduatenuresing)

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in Ohio Board of Nursing advisory groups, speaking up at rules hearings, and providing feedback to the board via phone, email, or letters gives you a way to have your voice heard. The Ohio Board of Nursing web site contains valuable information, including copies of the current versions of the law and rules regarding practice of nursing in Ohio. Have you visited the web site at [www.nursing.ohio.gov](http://www.nursing.ohio.gov)? (Similar information or processes are available at other boards of nursing).

Do you know the name of the senator or representative from your district? Have you ever talked with that person about health care issues and his/her perspectives on particular legislation affecting nursing practice? Do you vote? Legislators are eager to please their constituents – they want to be re-elected! Most are willing to talk with you about topics of importance to you. You can contact them by phone, email, or regular postal service. Many also have social media sites to link with the public, and are especially sensitive to the voices of their constituents. Be informed about legislation related to your profession, and exercise your right to vote!

**Nurturing Colleagues:** Nursing practice today is challenging because of the nursing shortage, the aging of the nursing workforce, the acuity of patients, and the multiple demands on nurses in both their work and personal roles. However, frustration, anxiety, and anger are not new phenomena among nurses. There have been numerous studies over the years looking at “horizontal” or “lateral” violence as an issue within nursing. Many nurses continue to feel relatively oppressed and powerless, particularly in traditional practice venues. There are, however, opportunities for nurses to learn and practice skills to increase assertiveness, build self-esteem, and develop strategies for effective participation as full-fledged members of the health care delivery team. The American Nurses Association (2014) identifies a healthy work environment as “one that is safe, empowering, and satisfying” and asserts that each of us has accountability for contributing to that type of environment as we practice caring for each other as well as for our patients. How have you advocated for a safe work environment? How do you encourage your colleagues to speak up and speak out to advocate for nursing? How do you nurture and support your colleagues?

**Nursing’s Contribution to Quality Care:** Traditionally, the focus of nursing practice has been on the process of providing care. Today, however, the focus is on

outcomes. How do we validate that we make a difference? Institute of Medicine (IOM) reports over the past 15 years have validated the importance of the registered nurse in protecting patients from medical errors and in contributing to effective care.

The seminal Institute of Medicine report on the Future of Nursing (2010), clearly identifies four key messages related to nursing’s role in 21st century US health care.

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States
4. Effective workforce planning and policy making require better data collection and an improved information infrastructure.

The fundamental statement in the *Future of Nursing* report is that change in the healthcare system is critically dependent on nursing. Writing in the Academic Exchange (2011), Howett and Evans state that “To attract the type of individual who will contribute to such a transformation, the profession needs new images of nursing. As we reflect on the opportunities ahead of us, educators, practitioners, and administrators must all embrace developing and sustaining a positive image for nurses and nursing.

Despite overwhelming evidence in the *Future of Nursing* report, many nurses do not perceive themselves as being or having the potential to be leaders of change. They see themselves as overworked and de-valued in the healthcare system. This is reflected in data discussed earlier in the AMN study that many currently employed nurses are looking at a job change in the near future. One wonders – how much of that is a reflection of the culture of the system in which that nurse is employed, and how much is a self-fulfilling prophecy that “I can’t do anything to change the situation”? How do we look at the opportunities ahead of us to be agents of change instead of maintainers of the status quo? How are we developing our skills in leadership, change agency, technology, and interprofessional collaboration to help guide the transformation of health care? How are we continuing our own journeys in life-long learning?

Evidence-based practice is critical to delivery of safe, outcomes-based nursing care. This concept embraces several key aspects: clinical data and research, best

practices documented from other providers, your own previous experiences in similar situations, and the current patient situation and concerns (Melnik, et al, 2009). No longer is it acceptable to do something “the way we’ve always done it” or “because the policy and procedure says so.” You need to approach every clinical situation with a questioning approach and good critical thinking and clinical judgment skills. Why is this particular activity appropriate for this patient at this time? What is the best

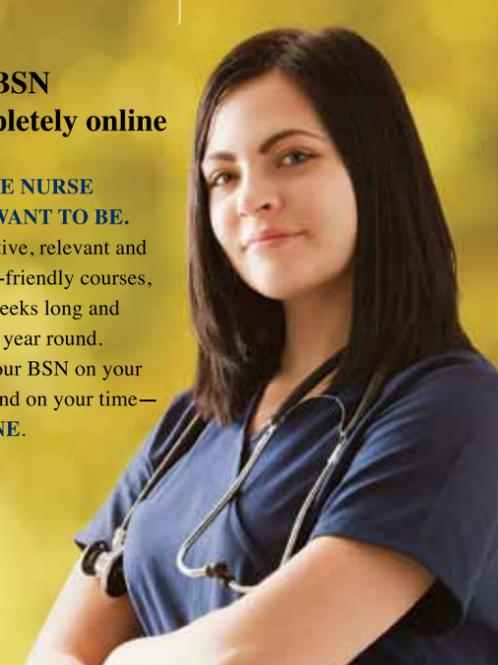
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available evidence that supports the plan of care? What have I learned from previous experiences that can help me in this situation? What unique concerns and issues is this patient experiencing right now that influence how and when I provide care? Who else on the healthcare team is integral to this patient's needs?

Despite the evidence, sometimes we get "stuck" in continuing outdated practices that do not add value, cause potential harm, and/or increase costs. Examples are cited in an article by Makic and others (2013), who emphasize that nurses have the ability to change these practices and thereby contribute to better outcomes. What kind of image are you conveying to patients and families when you base your practice and your care on tradition rather than evidence? How will they look at you, and at nursing, if they believe you are impeding care and/or costing them money?

There are a number of quality data sources for evidence-based practice. Learn how to read and analyze research studies relevant to your area of nursing practice. Use resources such as the Agency for Healthcare Research and Quality ([www.ahrq.gov](http://www.ahrq.gov)) or the Institute for Healthcare Improvement ([www.ihi.org](http://www.ihi.org)) for evidence-based practice standards in many clinical situations, as well as specific sites for unique needs (for example: [www.ons.org](http://www.ons.org) – the web site for the Oncology Nursing Society if your need is specific to information related to cancer care). Do share your findings and your rationale for practice interventions with your patients and their families. This is how they continue to maintain trust in you and in nursing – knowing that you have a solid, evidence-based foundation for your decision and your actions speaks volumes!

**Opportunities to Change Views: Caring for Ourselves**

The Guide to the Code of Ethics for Nurses, published by the American Nurses Association, (ANA, 2010) addresses the importance of self-care, indicating that nurses have a responsibility to care for themselves as they care for others. This includes personal care, continuing one's education, and maintaining professional competence. What have you done for yourself? Are you conveying the value of professional growth to your patients, their families, and your colleagues?

**Opportunities to Change Views: Reaching Out to Others**

How the public perceives nursing depends to a great extent on the visibility (or invisibility) we have in the public eye. How many health articles in lay publications are written by nurses, have input by nurses, or recognize the contributions of nursing to health care? Have you submitted a letter to the editor of your local paper regarding an issue of importance to you? Have you volunteered to write an article, serve as a resource for a community organization, or speak on radio or television about a health issue?

Students in elementary, middle, and high schools explore a variety of options as they consider possible careers. Youth groups often look for speakers to talk about careers. Have you volunteered to share information about nursing?

**Opportunities to Change Views: Our Organizations and Employers**

Within healthcare practice settings, there are numerous individual and organizational opportunities to impact public perceptions of nursing. As noted earlier, many nurses, especially younger nurses, are looking for opportunities to become certified in their practice areas and to advance to higher levels of academic achievement. Organizationally, healthcare facilities may look toward Magnet® or Pathway to Excellence® recognition or applying for the Baldrige Award or other evidence of excellence in quality and outcomes. These awards become very public evidence of the commitment of the organization and its employees and carry significant weight in the eyes of the public.

**Summary**

In summary, there are a number of critical ways in which nurses can influence the public's perception of nursing. Some of these relate directly to our own actions,

some relate to how we interact with patients and colleagues, and some relate to how we participate as members of our communities. Specific suggestions include:

- \* Assess your views of nursing today and what you value about your profession. Reflect on your definition of nursing and how you convey your perspective to the public. Consider how you can change your behaviors or attitudes to give people a more positive view of nursing.
- \* Learn technology. Become familiar with technological resources that currently exist and be on the lookout for emerging technology that will require new knowledge and skills. Keep current!
- \* Be assertive and positive about nursing. Look at current challenges as opportunities to help yourself and your colleagues develop new strategies and resources to provide better patient care. Instead of being the "whiner," become the "squeaker" – the squeaky wheel gets the grease! You will be paid attention to if you act assertively, with a strong knowledge framework, and with the conviction of your beliefs and values about what nursing is and does.
- \* Support your colleagues. Rather than looking at what doesn't get done or what people find to argue and complain about, be positive. Speak up for nursing with other nurses. Advocate for recognition of men and minorities in the profession. Give a sincere "thank you" to those who have helped you or contributed to your unit's ability to provide quality patient care.
- \* Focus on outcomes. Participate in research and performance improvement opportunities in your place of employment. Establish the value of nursing actions that contribute to patient goal achievement. Become familiar with research findings such as the IOM reports that address the value and importance of nursing.
- \* Take care of yourself. Giving and giving to others until your own cup runs dry is not an effective caregiving strategy. If we don't nourish and care for ourselves, we soon lose the energy and ability to care for others.
- \* Become visible! Speak up, write, or do whatever feels comfortable to you to let your patients, their families, your employer, your family, and your friends know what you value most about nursing. Let them know what you've done as a nurse and how that has made a difference. Let the public know what you know in relation to health promotion, disease prevention, and the role of nursing in public health.
- \* Be active in your practice setting. Be a member of a self-governance team, be a Magnet champion, become certified, serve on a practice improvement team, or find other ways to make your (and nursing's) voice heard in the employment setting.
- \* Be a leader. Consistent with the IOM Future of Nursing report (2010), remember that leadership is critical at all levels of practice – from the bedside to the boardroom. Leadership exists when we have a vision of what can be, and we inspire others to engage with us in the journey toward goal achievement. Everyone can and should be a leader!
- \* Become involved. Become a member of your professional association, talk with legislators, and/or attend a meeting of your board of nursing. Learn what is happening in the world of nursing to prepare yourself to speak accurately and assertively about nursing. Be an active member of professional associations that help our voice be heard in the public venue as well as supporting us as individual nurses.
- \* Remember that you are seen as a nurse 24/7/365. No matter whether you're "on duty" or "off," people in your neighborhood, your community, your faith community, and your social settings know you are a nurse. They look at what you do and easily generalize behaviors they see in one person to the professional as a whole. Are you a good "every day" role model for our profession?
- \* Above all, acknowledge the excellent work you do every day as a nurse. You are a valuable person making a valuable contribution to health care. Let's make sure the public sees and values who nurses are and what nurses do.

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# Changing Views: Influencing How the Public Sees Nursing

## Post-Test and Evaluation

**DIRECTIONS:** Please complete the post-test and evaluation form. There is only one answer per question. The evaluation questions must be completed and returned with the post-test to receive a certificate.

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Final Score: \_\_\_\_\_

Please circle one answer.

- Laws regulating nursing and health care are made by:
  - Boards of nursing
  - Legislators
  - National League for Nursing
  - State nurses associations
- Most nurses surveyed state that they would not choose nursing as a career if they were making the choice today.
  - True
  - False
- About \_\_\_\_ percent of nurses today work in hospitals.
  - 90
  - 75
  - 61
  - 50
- The demand for nurses is expected to grow by \_\_\_\_ percent by 2020.
  - 8
  - 15
  - 20
  - 26
- The focus of nursing is changing from:
  - Employees to employers
  - Nurses to technicians
  - Process to outcomes
  - Research to publication
- HCAHPS scoring relates to:
  - Patient's perceptions of their experience of care
  - Providers' evaluation of quality of care
  - Facility use of public dollars
  - Analysis of research data
- The Code of Ethics for Nurses includes a focus on nurses caring for:
  - Employers
  - Their families
  - Themselves
  - Several patients at a time
- Media portrayals often give the public an erroneous sense of who nurses are and what they do.
  - True
  - False

- Institute of Medicine reports highlight:
  - Activities of the medical profession
  - Information about becoming a physician
  - Quality of care issues
  - Research data regarding advanced practice nurses
- Board of Nursing meetings are:
  - Closed to the public, including nurses
  - Closed to the public but open to nurses
  - Open to nurses but not to the general public
  - Open to the public, including nurses
- Nursing's Social Policy Statement includes:
  - A definition of nursing
  - Expectations for how nurses should act
  - Evidence based practice references
  - Standards for using the nursing process
- Evidence-based practice includes:
  - Your previous knowledge and experiences
  - Research data
  - Information from the patient
  - All of the above
- Nursing's Scope and Standards of Practice document relates to:
  - Ethical behaviors
  - Practice and professional performance
  - Policies and procedures
  - Protecting patient safety
- By the year 2020, there is expected to be:
  - A surplus of over 200,000 nurses
  - A shortage of nurses
  - A shortage of advanced practice nurses
  - An unknown quantity of nurses in the US
- Part of the difficulty in getting into nursing education programs is related to:
  - Adequacy of curricula
  - Lack of interest of potential students
  - Perception that nursing is a menial job
  - Shortage of qualified faculty
- The Code of Ethics for Nurses is published by:
  - The American Nurses Association
  - The American Academy of Nursing
  - The Ohio Board of Nursing
  - The Ohio Nurses Association
- The Triple Aim for healthcare improvement includes:
  - Attracting more people into nursing
  - Establishing standards for hospitals
  - Improving the patient experience
  - Setting national healthcare goals

- Membership in a professional association:
  - Comes automatically when you renew your nursing license
  - Is a voluntary activity on the part of an individual nurse
  - Is automatically provided by your employer
  - Is not of value to nurses
- The 2010 IOM report on the Future of Nursing emphasizes that:
  - Nurses are critical to the success of a changing healthcare system
  - All nurses should have master's or doctoral degrees
  - Nursing will continue to be primarily hospital-based
  - Nurses are adept at using healthcare technology
- A key opportunity for the nurse to improve how the public sees nursing is to remember that he/she is seen as a nurse every day, in all settings.
  - True
  - False

Evaluation		
1. Were you able to achieve the following objectives?	<b>YES</b>	<b>NO</b>
a. Define the way people currently perceive nurses and nursing.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Describe strategies to positively influence others' views of nursing practice.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Was this independent study an effective method of learning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please comment:		
3. How long did it take you to complete the study, the post-test, and the evaluation form? _____		
4. What other topics would you like to see addressed in an independent study?		

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### How is the program structured?

The post-master's certificate is designed to augment a master's degree with an additional nursing specialty area. Coursework is completed online with a two-day, on-campus component. In addition, students complete three internships after the first semester.

The program can be completed in four semesters.

Students must possess an MSN degree from a regionally and nursing accredited program. There is an option to apply previously taken courses to the certificate curriculum.

### Admission Guidelines

Before applying, students should have taken courses and be proficient in concepts relating to advanced physiology, health assessment and pharmacology. It is also recommended that students have received a grade of a B or higher in courses that deliver content relating to health promotion/maintenance, differential diagnosis and disease management practices.

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### Application Deadlines

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Fall 2015: June 26, 2015

### Contact Us

**Diana McIntosh, PhD, APRN, PMHCNS-BC**  
Associate Professor  
513-558-5207  
[diana.mcintosh@uc.edu](mailto:diana.mcintosh@uc.edu)

**Tiffany Cooper**  
Program Coordinator  
513-558-5130  
[tiffany.cooper@uc.edu](mailto:tiffany.cooper@uc.edu)

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