

THE HISTORY BEHIND THE DEVELOPMENT OF PROFESSIONAL NURSING pdf

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Nursing may be the oldest known profession, as some nurses were paid for their services from the beginning. As caretakers of children, family and community, it was natural that women were the nurses, the caregivers, as human society evolved.

An Introduction to the Past American Nursing: An Introduction to the Past Professional nursing holds a unique place in the American health care system. Working independently and with other health care professionals, nurses promote the health of individuals, families, and communities. Millions of Americans turn to nurses for delivery of primary health care services, health care education. Nurses are critical links in maintaining a cutting-edge health care system. Nursing continues to be an indispensable service to the American public. While many may think of a nurse as someone who takes care of hospitalized patients, nurses also fill a wide variety of positions in health care in many varied settings, working both collaboratively and independently with other health care professionals. For example, most Americans are familiar with home care nurses who provide a plethora of nursing and health care services to patients in their homes. School nurses have a long history of providing health services to school children from kindergarten through high school. Nurses play a major role in delivering care to those residing in long-term-care facilities such as nursing homes. Workers with job-related health concerns often seek out nurses employed by business and industry. Many people visit a nurse practitioner as their primary caregiver. Expectant mothers often prefer nurse midwives as their health care providers during pregnancy and childbirth. And each day, in operating rooms across the country, nurse anesthetists insure that patients undergoing surgery receive safe anesthesia care. Today, schools of nursing compete for the brightest applicants, and nursing is highly regarded as an excellent career choice for both women and men.

Florence Nightingale Florence Nightingale Most people think of the nursing profession as beginning with the work of Florence Nightingale, an upper class British woman who captured the public imagination when she led a group of female nurses to the Crimea in October of to deliver nursing service to British soldiers. Upon her return to England, Nightingale successfully established nurse education programs in a number of British hospitals.

Nursing and Hospital Care in the United States The Philadelphia Almshouse, Throughout history most sick care took place in the home and was the responsibility of family, friends, and neighbors with knowledge of healing practices. In the United States, family-centered sickness care remained traditional until the nineteenth century. Sick care delivered by other than family and close acquaintances was generally limited to epidemics and plagues that periodically swept through towns and cities. By the beginning of the nineteenth century, however, urbanization and industrialization changed the way in which—and in many cases the place in which—sick individuals received care. Hospitals began to proliferate to serve those who were without the resources to provide their own care, and as hospitals increased in numbers so did the demand for caregivers who would be able to deliver thoughtful care to the patients in them. Early nineteenth-century hospitals were built mainly in more populated sections of the country, generally in large cities. Nursing care in these institutions differed enormously. In hospitals operated by religious nursing orders, patients received high quality care. But, in other institutions, nursing care was more variable, ranging from good in some hospitals, to haphazard and poor in others.

The Beginnings of Nurse Education Click on the image to read a pdf of the full text. An early nineteenth-century program, the Nurse Society of Philadelphia also referred to as the Nurse Charity of Philadelphia trained women in caring for mothers during childbirth and postpartum period. This publication, which each Nurse Society nurse received, represents an early example of a nursing practice text. Between and the Nurse Society employed about fifty nurses, establishing an early practice of engaging nurses for care of patients in the home. About 20, women and men served as nurses in both the North and the South. The commendable service rendered by Civil War nurses provided a rationale for future experiments in setting up training programs for nursing. Similar courses, such as that offered by the New England Hospital for Women and Children were begun in other locales. Chief Nurse Alice Fisher is

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fourth from the right, second row from the bottom. The year was a watershed year in American professional nursing history. These three programs, all based on ideas advanced by Florence Nightingale, are generally acknowledged to be the forerunners of organized, professional nurse education in the United States. By , somewhere between to schools of nursing were in operation in the country. These programs followed a fairly typical pattern. The school was either affiliated with or owned by a hospital that provided the students with the clinical experience considered necessary for the education of a nurse. Students received two to three years of training. While in the program students carried out the majority of patient care activities offered in the hospital, receiving only a modicum of classroom education in the form of lectures on patient care and related subjects. At the end of the educational program, students received a diploma and were eligible to seek work as a trained nurse. Two nurses in the J. William White private operating room, Hospital of the University of Pennsylvania, These early nurse education programs were, in reality, little more than apprenticeship programs that used student nurses for their labor. And, while many disparaged the exploitative nature of the nurse education system, the presence of trained nurses with their emphasis on cleanliness, orderliness and close observation of patients successfully transformed hospitals into scientific institutions of caring. Schools of nursing did improve over time. Better oversight of nursing educational programs by state licensing boards as well as the increasingly complex demands of patient care led the schools to increase the amount of theoretical instruction and decrease the amount of direct work performed by students. The Profession of Nursing Organizes As the number of nurses grew in the late nineteenth century, nursing took on the rudimentary characteristics of a profession. In the s, nurses organized two major professional associations: State nurses associations also organized and were instrumental in passing state nurse registration acts which regulated and provided a licensing system for nursing practice. The successful passage of nurse registration acts, considered a significant legislative accomplishment at a time when women held little political power, also provided nurses with their modern legal title, registered professional nurses RN. These changes improved and reformed many aspects of the nurse training system, but problems remained. Reflecting the social and legal status of African Americans at the time, American professional nursing maintained strict racial segregation until the mid-twentieth century. African American individuals wanting to become nurses had to train in a separate educational system and faced a divided employment field in which white and black nurses did not participate equally. Nursing also remained a predominantly female profession. While a few schools admitted men, most schools refused them admission. Challenges for Nursing Employment conditions for nurses also presented challenges. In the early part of the twentieth century, hospitals employed only a few graduate nurses, mainly in supervisory positions. They relied instead on student nurses for the majority of the bedside care provided to patients. Most nurses, once they graduated from their educational program, entered the field of private duty nursing. As institutions became the more normative site for delivery of sick care, private duty nurses moved with their patients into the hospital, delivering care to hospitalized individuals who could afford to pay for their own nurse. But for nurses, private duty often did not provide regular and dependable employment; nurses were hired on an ad hoc basis by patients and were oftentimes without a regular source of income. The cost of private duty was also quite high, limiting the number of patients employing private duty nurses. It was not until the mid-twentieth century that hospitals hired nurses as regular staff on a permanent basis, providing full professional nursing services to all hospitalized patients. Nursing Diversifies Despite the many difficulties within the profession, nursing continued to grow as an occupational field and became recognized as an essential health care service by the early twentieth century. Nurses fanned out into diverse fields delivering services to many people outside of hospitals. July 4, celebration in Paris. About 23, American nurses served in the military, delivering care to the armed forces both in the United States and at the war front,. The success of military nurses in providing essential care during the war insured their participation in succeeding conflicts. At home, nurses continued to provide essential service to the civilian population. The special skills possessed by nurses were easily transferred to different fields of health care. For example, nurses were educated to administer anesthesia during surgery, leading to the specialty field of nurse anesthetists. By the s, in some

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parts of the country, nurse-midwives delivered babies, in many cases to the most impoverished populations. Nurse examining chest tube drainage bottles, Hospital of the University of Pennsylvania, During the s and s, hospitals continued to expand adding more and more patient beds and delivering care that was rapidly becoming more complex. Nurses were the most essential ingredient in insuring that patients received competent care delivered in a safe manner. Hospitals continued to rely heavily on student nurses for patient care, but a trend emerged in which hospitals hired more nurses who had completed their education and graduated. About 78, nurses served in World War II, their contributions acknowledged as essential to victory. The post-World-War-II era posed new challenges for the profession. While the modern intensive health care system that emerged after the war demanded larger numbers of nurses to handle the increasingly complex and technical care needs of patients, there seemed to be fewer young women the major population from which nursing drew its recruits willing to choose nursing as a career. Nursing failed to keep up economically with other occupations. Severe shortages of nurses characterized the immediate post war period, threatening the delivery of health services to the public. At the same time, internal debates within the profession over the type of work in which nurses should engage and the proper way to educate a nurse divided nurses into different camps. Some educators and other health care Professional Adjustments class for senior students, Philadelphia General Hospital School of Nursing, analysts promoted removing nursing education from its base within hospital training schools and placing it in institutions of higher education. By , approximately college-based nursing education programs awarded Bachelors of Science in Nursing degrees. These experts believed baccalaureate educated nurses would be better prepared to care for the complex needs of late-twentieth-century patients and would be able to take on more advanced roles in the delivery of health care. Proponents of the traditional hospital-based diploma programs disagreed, arguing that nurses trained in hospital programs excelled at delivering bedside care, the major area in which nurses worked. Before the debate was settled one way or the other, a new nurse educational program centered in two-year community colleges emerged. Community-college-based programs also known as Associate Degree programs seemed to offer the best of both worlds. Education took place in institutions of higher education, and the demands of patient care did not intrude on the learning process as often occurred in diploma programs. Graduates of community college programs seemed well suited to assume employment as hospital bedside nurses. Further, the ability of community college programs to graduate large numbers of nurses offered potential respite from repeated nurse shortages. The community college movement achieved only partial success. Community college programs did graduate many new nurses and often at a lower cost than traditional diploma programs. But, as the needs of late-twentieth-century patients became increasingly more complex, research studies indicated that being treated by nurses prepared at the baccalaureate level improved patient outcomes. The Modern Practice of Nursing Nurse with an intensive care patient, Hospital of the University of Pennsylvania, Despite disagreements among nurses about the appropriate type and place of nursing educational programs, the profession itself flourished in the late twentieth century. In the mid-twentieth century nursing abandoned its objectionable system of racial and gender segregation, opening up equal educational, professional, and employment opportunities to all nurses. Beginning in the s, new types of nurses, who specialized in different hospital settings such as intensive care units, and nurse practitioners who were trained to deliver a variety of primary care services began to appear on the health care scene. Today, nurse practitioners, clinical nurse specialists, and other specialty-area nurses are well established and carry out a significant portion of health care activities Nursing education also thrived in the latter half of the twentieth century. Significant federal financial support for educating nurses, which became available beginning in the s, permitted the revamping and modernizing of many nursing educational programs.

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2: History of Nurse Practitioners in the United States [Slideshow] - Blog

nursing with an emphasis on nursing in the United States, describe the influence of societal trends on the development of nursing as a profession, and identify the contributions of selected leaders in U.S. nursing.

Sponsored Schools The History of Nursing In essence, the nursing profession has very much been around since the beginning of time, though has drastically evolved over the course of history. Today, nurses are one of the most important professions within the health care industry and are learned in a wide range of occupational duties that are utilized within a variety of settings throughout the world. **Beginnings of the Nursing Profession** It is believed that the first recorded aspects of nursing place the inception of the profession during the height of the Roman empire, around A. It was during this time that the Empire sought to place a hospital within every town under its rule. As the Roman empire became the Byzantine empire, they further innovated within the field by creating 2 fully-developed hospitals within the great city of Constantinople, which housed both male and female nurses. These nurses were known as hypourgoi and helped to push forward nursing on a more global scale. **Nursing in the Middle Ages** When taking a glimpse at nursing in the Middle Ages, there were a myriad of advancements and innovations that were implemented within the nursing industry during these years, helping to form some of the roots of modern nursing. During this period of time, the industry was still largely based on religion, with the vast majority of available nurses consisting of nuns and even monks. Hospitals functioned in a myriad of ways, housing lepers and refugees among the typical sick and injured patients. They were explicitly told to care for all of the sick, no matter their nation of origin or the religion they belonged to. The Emperor also demanded that hospitals should be attached to every cathedral and monastery within Europe, which helped to spur demand for even more nurses. It was during the dawn of the 10th and 11th centuries that nursing began to expand, due primarily to a number of different rulings within Europe. For one, monasteries started housing hospitals inside their premises, as well as a separate infirmary, though this was only to be used by those that identified as religious. Within these monasteries, nurses were made to provide patients with any type of service that they asked for or required, even outside of general health care services. This model of nursing became increasingly popular throughout many countries, primarily those of Germany and France, providing the general outline for how nurses are expected to treat their patients today. Nurses were often asked to provide assistance and care by traveling to neighboring areas in order to make house calls. Not only did many monasteries house hospitals, it was also around this time that each church was required to have a hospital contained within the structure. However, these churches were more difficult to maintain than their monastery counterparts, due in large part to the fact that monasteries existed within the countryside, while churches were often set in the city, meaning that more people would require the services of the nurses and doctors. As such, the priest within each church was required to assist with the hospital that resided within their church. This proved successful in both the short and long term and allowed Germany to craft well over hospitals between the years of and , expanding the role of nurses within Europe dramatically. This type of health care facility was different from those of churches and monasteries, due in large part to nurses providing certain richer customers with alms and other medicines. The alms, in particular, were utilized in burial preparations, thus becoming highly sought after. This style of aid was distinctly new from anything seen in the past and seemed to usher in a new era of nursing. Unfortunately, as Europe entered the beginning of the 17th century, nursing as a whole became exceedingly diminished for a wide variety of reasons. For one, most monasteries were shut down during the Protestant reformation, as well as the hospitals within them. The nuns that had been working as nurses were made leave the profession and stay at home. It was due to this that nursing largely stagnated between the 17th and 18th centuries in Europe, as there were simply not enough hospitals available. However, in the few areas of Europe in which the Protestant rule had not spread and Catholics still retained control, the role of nurses remained largely the same, diminished only in numbers. While staying at the estate, these nurses would often be required to perform the duties typically

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undertaken by apothecaries, physicians and surgeons. While nursing faced more tumultuous times during the years to come, nurses remained in demand more than ever and were often tasked with administering certain health care services to patients that might have been wary of the care provided by actual doctors. That being said, the roots of modern nursing began to take shape in the 18th and 19th centuries. During these years, Britain and North America were at the forefront of innovation within the industry, though with each introducing different forms of nursing to the market. Nurses were sent to attend to the sick and wounded soldiers in battle. During this time, deaths from injuries were commonplace, due to the lack of general hygiene and the huge amount of fatal infections that resulted from these wounds. Upon encountering this, Nightingale asked for and received aid from the British government that allowed for much better hygiene throughout the battlefield and nearby hospital. It was due to this that the rate of death from infections dropped drastically in but a short period of time. Throughout the rest of her life, Nightingale advocated for sanitary living conditions for patients, as well as providing similar designs to be implemented within hospitals, an ideal that has spread throughout the entirety of the nursing profession throughout the following years.

Modern Nursing Within Europe

It was because of the influence of Florence Nightingale that nursing as a profession became what it is today, though both Europe and the U. As for Europe, the nursing profession flourished when, in , Nightingale opened the very first nursing school in London, which was known as the Florence Nightingale School for Nurses. This helped to pave the way for more and more schools being founded and opened officially for prospective nurses to receive actual training and education for the field they were entering, thus providing roots for modern nursing. While Florence Nightingale is one of the most popular nurses in history, it is not to be believed that she was the only notable figure in the field of nursing. These women worked tirelessly to provide high quality health care to anyone that needed it, providing the model for nursing that still exists today. Within Europe, Germany, France and Britain were at the forefront of bringing nursing into the modern age. A deaconess is basically a nurse in charge of providing health care for other women in the area. Despite the fact that deaconesses had all but vanished for a few centuries before then, they were brought back by Theodor Fliedner in when he opened a deaconess motherhouse situated nearby the Rhine river. This move allowed for the floodgates to open in Germany, popularizing this form of nursing. By the dawn of the 20th century, there were reportedly well over 5, deaconesses in all of Europe, primarily Germany. In fact, deaconesses were even found to be located in other countries as well, such as the U. In France, nursing was still largely centered around religion. Within the nearly 1, hospitals located all throughout France, the nursing staff was comprised of well over 10, Catholic nuns in This number increased even moreso in the next 40 years to 15, However, at the dawn of the 20th century, the French government moved to create a system wherein hospitals were more heavily secularized, in order for hospitals to receive the proper support that they needed from outside of the church. This allowed for a better quality of care for all patients. The first World War gave a huge boom to nursing within the country. While many of the nurses that joined the ranks during this time were untrained and seemed to leave the profession not long after the war ended, it brought about a larger focus on nursing by France that was missing before then, which was further signified by the offering of a national diploma in nursing in the year This move was largely brought about because of the necessity for nursing within the Crimean War. These military hospitals were developed solely to provide care to soldiers and military patients. As such, many nurses throughout Europe started being appointed directly to these hospitals around that time. However, one thing that still stood out was that many of the available nurses at the time were simply untrained, in both the profession and in how to deal with the exceedingly adverse conditions brought about during the time of war. While the health care being administered was useful and still helped to save lives, it was becoming clear that nurses would need to undergo some sort of training to become better equipped to handle any type of condition.

Modern Nursing in the U.

Nursing within the United States took a decidedly different path than in similar countries. Due to the absence of a stronghold of Catholicism within America, the nursing field was not comprised of nuns. However, many of the hospitals that were created in the ever-expanding United States throughout the next 2 centuries were largely derived because of the fear from

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local governments of diseases spreading to the more wealthy population. Therefore, they did not receive the proper funding that would have allowed for the training of nurses. It should also be noted that the only roles for a nurse within these hospitals during this period of time revolved primarily around tending to the elderly and those with sicknesses, such as the flu and the common cold. These almshouses were rarely equipped to deal with any actual illnesses that needed to be treated immediately. However, most nurses spent their time tending to soldiers wounds within the Civil War, as well as joining the American Red Cross soon after the war. There were a number of factors that contributed to the general rise in nursing. The first of these revolved around the state of the nursing schools that had already existed at this time. While these schools were somewhat useful at training nurses, they were solely controlled by nurses. Although this did have its advantages, they did not have enough resources to properly innovate and advance the overall profession. This was changed in when schools became controlled by hospitals instead, allowing for a more hands-on approach to training, which proved highly useful in giving prospective nurses the necessary tools to train efficiently. Before this, nurses-in-training would only learn through the medical books that they were taught with. At this time, most of these nurses were women. One of the more ambitious nursing programs brought to America was Frontier Nursing Service, which was founded by Mary Breckinridge. This organization was designed to provide nursing care to poor citizens living in the more rural areas of the U. Many of the modern advancements in nursing took place after WWI and into WWII, when technology was starting to take a bigger role in the world. Despite the low presence of nurses in Britain at this time, the war created a resurgence throughout the country. Within Britain, nurses involved in the QAIMNS service mentioned previously would travel with soldiers to the battlefield of every campaign Britain was involved in during the war. While nurses were not commissioned officers at the onset of the war, they were soon given the ability to gain rank, up to Brigadier, due to the fact that they largely faced the same horrific conditions as the soldiers themselves. The nursing profession within the United States became as popular as it is today due primarily to its huge focus within WWII. Many women from around the nation were desperate to give care to the soldiers that were fighting across the seas. As such, the entire prospect became an attractive one, as nurses were being called heroes more than ever during this period. This led to thousands upon thousands of women volunteering for the cause. Despite the fact that many nurses went in untrained, they received a wealth of specialty training while overseas by dealing firsthand with the atrocities they were presented with on the front. As such, they brought home a large tool-set of skills after the war that were valuable within the medical profession. The government took notice of this and placed millions of dollars into the ever-expanding healthcare industry, just at the moment when the technological age was beginning, allowing for an increase in medical innovations. The American Nurses Association also saw the publishing of an American Journal of Nursing, which allowed both nurses and doctors to stay up-to-date on the latest studies and research pertaining to the field. The 20th century also paved the way for a larger and more expanded role for nurses, introducing a number of distinct areas in which nurses could specialize in, including such specialty care as orthopedics, trauma, critical care, pediatrics and neonatal nursing. Throughout the years leading up to the current day, nursing also saw a shift away from the typical description of a doctors assistant to performing many of these duties themselves, including everything from performing procedures to prescribing medication. As nursing is generally all about the care of a person, a nurses duties can cover a large variety of different practices. This allows for a huge amount of diversity within the field of nursing that never use to be present before the last 50 or so years. For instance, in the U. Upon obtaining any one of these degree types, students will then have the opportunity of taking a licensure examination and becoming a registered nurse.

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3: The History of Nursing

Here's an in-depth history of nursing and how it's progressed to the state where it's at today. Beginnings of the Nursing Profession It is believed that the first recorded aspects of nursing place the inception of the profession during the height of the Roman empire, around A.D.

This article has been cited by other articles in PMC. Professionalism is an important feature of the professional jobs. Dynamic nature and the various interpretations of this term lead to multiple definitions of this concept. The aim of this paper is to identify the core attributes of the nursing professionalism. Texts published in scientific databases about nursing professionalism between and were assessed. After applying the selection criteria, the final sample consisting of 4 books and articles was selected, examined, and analyzed in depth. Two experts checked the process of analysis and monitored and reviewed them. The analysis showed that nursing professionalism is determined by three attributes of cognitive, attitudinal, and psychomotor. In addition, the most important antecedents concepts were demographic, experiential, educational, environmental, and attitudinal factors. Nursing professionalism is an inevitable, complex, varied, and dynamic process. In this study, the importance, scope, and concept of professionalism in nursing, the concept of a beginning for further research and development, and expanding the nursing knowledge are explained and clarified. Dynamic feature and multiple interpretations of professionalization result in numerous definitions with different functions and nature. Therefore, there are multiple definitions and characteristics for professionalization in nursing. Nursing profession status is an inter-profession and intra-profession challenge. Whether there is nursing professionalism or not is a challenge among the nurses, sociologists, and historians. Gradually, development of education standards and professional certificates led nursing move to professional status. Social understanding about nursing made the society consider nurses as cost-effective benefit health care providers and independent decision makers. Therefore, nurses could receive more funds and governmental financial aids. These changes also created new nursing environments that require professional nursing. Accordingly, nursing professionalization definition and its attributes need to be clarified and adapted with rapid changes. For this purpose, concept analysis is a suitable method. Concepts are the building blocks of theories. Concept analysis is one of the strategies in concept development. In this strategy, the basic elements of a concept for understanding its structure and function are assessed. During concept analysis process, a researcher, theorist, or clinician becomes familiar with different attributes and definitions of concept and its function. Evolutionary approach of Rodgers in concept analysis is based on contemporary philosophical thinking on concepts and their roles in knowledge development. In this approach, dynamic features of concepts over time and different social contexts are emphasized. Consequently, this process results in a form of cyclical concept development. With this approach, the final results are the starting point for more concept analysis. Since the contemporary nursing believed human and other nursing phenomena have constantly a changing and interrelated context, it seems that nursing professionalization is also better understood in the context. This perspective is congruent with evolutionary approach in concept analysis. Study process has a non-linear, rotational, and flexible nature. The six stages merely indicate activities that should take place during the study, and it should not be regarded as a continuous process. In this way, Rogers uses inductive approach and detailed analysis and focuses on the collection and analysis of raw data. In this approach, concepts in the specific social and cultural context of a given profession are studied. Next, to achieve more precise results, the inclusion criteria were identified. The main criterion for inclusion in the final analysis was the literature published in English from to in the context of nursing and health sciences. The exclusion criterion was non-English language articles. Preliminary results of the search gave articles meeting the inclusion criteria, and after deleting the duplicated items 14 items, the number decreased to about In addition, four books were used in the analysis process to cover the subjects. Books and papers were carefully reviewed and studied. For analyzing, thematic analysis and content analysis were used. All articles in the context of

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nursing were exactly read, and hints and useful features, antecedents, consequences, related concepts, surrogate terms, and definition of concept were extracted. Then, the data were reviewed several times to allow the researcher to be immersed in, and this enabled deriving key tags and notes to provide clear explanations about every aspect of the concept. Overall, inductive analysis of data was done and themes were identified. Information units consisted of the words and sentences related to the information or responses concerning the following questions: What are the specific characteristics of professional nursing? How do you define nursing professionalization? How do you pretend nursing professionalization? What factors are associated with the incidence of professional nursing? What are the consequences or outcomes of nursing professionalization? Papers based on conceptual analysis of studied information were grouped. In order to ensure impartiality, reliability, and bias reduction, the analysis process was checked by two nursing experts in concept analysis.

RESULTS Identification of the characteristics of the concept is the first stage of the analysis that leads to the actual definition of the concept. Cognitive dimension of nursing professionalization Nursing education should be able to develop professional knowledge. It seems that getting all the essential aspects of professional knowledge in all phases of professionalization must be considered and principles of professionalization must be combined at different levels of professional education. Professional training in formal programs can be provided with specific workshops and courses of training development modules,[27] working in small groups on problem-solving, use of role play, simulated patients,[28] or clinical courses. Although professionalization is a category related to culture, some of its properties are mentioned as to be autonomous, cooperative, retained jurisdiction, membership in professional organizations and professional development, community service and social services, compliance with codes of nursing, conduct and evaluation of nursing theory. Professional identity is a secret knowledge that shows the continuation of a profession. Professional nursing is characterized by clinical working. This view has led to the expansion of the nursing role, so that they allowed getting involved in the therapeutic activities based on their personal qualifications and are actively involved in patient care. It is also for those who are self-learning and self-controlled. Barber defined four properties for a professional manner: High degree of systematic and public knowledge, awareness about the interests of society rather than the personal interests, a high degree of self-control in behavior through moral codes, and existence of a reward system as a sign for success. Focus in this view is on marketing and customer orientation. He indicates that we can be sure about a professional service when the presented service is market-oriented. Thus, creating an environment where the focus is on value and satisfaction of the customer is important. Antecedents are the events that happened before the concept occurrence and consequences can occur as a result of them. Antecedents of nursing professionalization are identified and classified in the following five groups: Demographic factors, factors related to the experience, training-related factors, factors related to the position, and value factors. Demographic factors Age is one of the effective factors on nursing professionalization, identified in the studies. It can be said that maturity in professional experiences has a large impact on professional attitude. Factors related to the education Degree,[22 , 72 , 79 , 80 , 81] membership in professional organizations,[1 , 4 , 15 , 81 , 82] having specialized certification,[1 , 15 , 78 , 81] the place where the last degree was issued,[1] political awareness,[83] educational readiness,[78] training and socialization,[72] teachers of nursing,[84 , 85] and length of the course,[1 , 86] all have been shown to have a significant relationship with professionalization in academic studies. Factors related to the position Position of nurse practitioners,[58 , 79] type of organization,[87 , 88 , 89] organizational culture,[69 , 90 , 91] the appearance of nurses in the workplace,[92 , 93 , 94 , 95 , 96] caregiver employment status,[1] work place,[1] existence of a reward system,[81 , 97] lack of staffs,[98] increasing the number of patients,[98] the existence of standards of activity,[99] lack of time, having stress and fatigue,[41] patients, clinicians, managers, and co-workers,[84 , 85] the gap between education and clinical practice,[22] and expectations of health care organizations,[22] all have been mentioned as precursors to professionalization in the reviewed studies. Value factors Professional satisfaction and organizational commitment,[4] professional freedom and independence and motivational factors,[78] belonging, knowing, and acknowledging,[] support and

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guidance, acceptance, willingness, responsibility, and trust,[, ,] altruism,[, , ,] and professional identity[93] have shown a significant relationship with professionalization. Studies showed belonging to a team, answering the questions of the patients and their families, and valuing the work do affect the understanding and meaning of students from professionalization. Consequences of nursing professionalization Consequences of nursing professionalization consist of two components: Enhancement of patient care quality and improvement of the outcomes of care,[3 , , ,] satisfaction of staffs, customers, clients, and agencies,[83 , 91 , ,] enhancement of the professional authority and the power to make decisions,[58] development of training programs to improve educational efficiency,[69] reduction of accidents and mistakes and risk management,[] non-occurrence of burnout,[] creating employment standards,[91] socialization, professional development, self-concept development, business retention,[, ,] and increased recognition of patients[] are the compatible consequences that have been discussed in several studies. Although professionalization can be very positive for professional practice, it can create blind spots in organization and stop vital information flow in uncertain conditions. This is because professional groups form their own subculture, especially in their language and communication habits. Therefore, they tend to be separated, even if they are working with other groups in an organization. On the other hand, as the professional members of the profession must accept responsibility, self-regulation, and control of the market for their services, the foundation of professionalization is based on the competition over resources and power that are divided between the characters and organizations. The meaning of their root is claimed or confessed. Many authors have searched for the profession and its indicators. Aydellotle defined a profession as an organized and sophisticated job through which the clinicians obtain their exclusive knowledge in a protracted course for providing an exclusive, essential, or favorite service. He indicates that the essential features of a profession include having extensive and systematic knowledge, focusing on society interests, controlling the behavior through codes of ethics, having relationships with other professions, and existence of a professional reward system. The articles defining the characteristics of the nursing profession list them as: Strong commitment, long-term and regular education, special body of knowledge and skills, ethics, autonomy, power for standard service, valuing and existence of professional associations. Qualified, trained, skilled, white-collar professional people like doctors and engineers, expert, experienced, finished, skilled, masterly, efficient, etc. Sacrifice, altruism, accountability, self-regulation, self-determination, and independence are features of the professional values. In fact, professional employees are different. Their activities are associated with their attitudes and social behaviors. Rogers states that providing an example is essential to clarify a practical implementation of the concept related to the context. This can be considered as a study limitation. Interpretation and implications of the concept analysis The aim of the present study was to assess nursing professionalization in relevant literatures to identify attributes, antecedents, and consequences of the concept. The results showed that nursing professionalization has cognitive, attitudinal, and psychomotor dimensions. Antecedents of nursing professionalization included demographic factors, factors related to education, factors related to experience, factors related to the position, and value factors. Consequences of nursing professionalization included two components of compatible and incompatible mechanisms. Results of the analysis are important because although a lot of literature is available about the nursing professionalization, there is little integration and inference about the concept.

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4: History of Nursing | NurseGroups

The Crimean War was a significant development in nursing history when English nurse Florence Nightingale laid the foundations of professional nursing with the principles summarised in the book Notes on Nursing.

Ancient history[edit] The early history of nurses suffers from a lack of source material, but nursing in general has long been an extension of the wet-nurse function of women. Ashoka erected a series of pillars , which included an edict ordering hospitals to be built along the routes of travelers, and that they be "well provided with instruments and medicine, consisting of mineral and vegetable drugs, with roots and fruits"; "Whenever there is no provision of drugs, medical roots, and herbs, they are to be supplied, and skilful physicians appointed at the expense of the state to administer them. The first known Christian nurse, Phoebe , is mentioned in Romans During the early years of the Christian Church ca. Paul sent a deaconess named Phoebe to Rome as the first visiting nurse. Priests were often also physicians. According to the historian Geoffrey Blainey , while pagan religions seldom offered help to the infirm, the early Christians were willing to nurse the sick and take food to them, notably during the smallpox epidemic of AD and the measles outbreak of around AD ; "In nursing the sick and dying, regardless of religion, the Christians won friends and sympathisers". Among the earliest were those built ca. Christian emphasis on practical charity gave rise to the development of systematic nursing and hospitals after the end of the persecution of the early church. Benedict of Nursia emphasized medicine as an aid to the provision of hospitality. Thus in-patient medical care in the sense of what we today consider a hospital, was an invention driven by Christian mercy and Byzantine innovation. By the twelfth century, Constantinople had two well-organized hospitals, staffed by doctors who were both male and female. Facilities included systematic treatment procedures and specialized wards for various diseases. A contemporary of Muhammad, she hailed from the Bani Aslam tribe in Medina and learned her medical skills from her father, a traditional healer. After she had lead a group of women to treat injured fighters on the battlefield, Muhammad gave her permission to set up a tent near the Medina mosque to provide treatment and care for the ill and the needy. They were religious communities, with care provided by monks and nuns. Some hospitals were multi-functional while others were founded for specific purposes such as leper hospitals, or as refuges for the poor, or for pilgrims: From the account given by Paul the Deacon we learn that this hospital was supplied with physicians and nurses, whose mission included the care the sick wherever they were found, "slave or free, Christian or Jew. The famous Benedictine Abbey of Cluny, founded in , set the example which was widely imitated throughout France and Germany. Besides its infirmary for the religious, each monastery had a hospital in which externs were cared for. These were in charge of the eleemosynarius, whose duties, carefully prescribed by the rule, included every sort of service that the visitor or patient could require. As the eleemosynarius was obliged to seek out the sick and needy in the neighborhood, each monastery became a center for the relief of suffering. No less efficient was the work done by the diocesan clergy in accordance with the disciplinary enactments of the councils of Aachen , , which prescribed that a hospital should be maintained in connection with each collegiate church. The canons were obliged to contribute towards the support of the hospital, and one of their number had charge of the inmates. As these hospitals were located in cities, more numerous demands were made upon them than upon those attached to the monasteries. In this movement the bishop naturally took the lead, hence the hospitals founded by Heribert died in Cologne, Godard died in Hildesheim, Conrad died in Constance, and Ulrich died in Augsburg. But similar provision was made by the other churches; thus at Trier the hospitals of St. James took their names from the churches to which they were attached. During the period "no less than hospitals were founded in Germany. Big House , in Milan , northern Italy, was constructed to house one of the first community hospitals, the largest such undertaking of the fifteenth century. Commissioned by Francesco Sforza in and designed by Antonio Filarete it is among the first examples of Renaissance architecture in Lombardy. The Normans brought their hospital system along when they conquered England in By merging with traditional land-tenure

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and customs, the new charitable houses became popular and were distinct from both English monasteries and French hospitals. They dispensed alms and some medicine, and were generously endowed by the nobility and gentry who counted on them for spiritual rewards after death. It supplied food to the population during famine and distributed food to the poor. This welfare system the church funded through collecting taxes on a large scale and possessing large farmlands and estates. Nursing was a religious role for the nurse, and there was little call for science. Arab ideas were later influential in Europe. The famous Knights Hospitaller arose as a group of individuals associated with an Amalfitan hospital in Jerusalem, which was built to provide care for poor, sick or injured Christian pilgrims to the Holy Land. Following the capture of the city by Crusaders, the order became a military as well as infirmarian order. The French Sisters of Mercy of St. Borromeo arriving on the battle field to succor the wounded. Catholic Church and health care The Catholic elites provided hospital services because of their theology of salvation that good works were the route to heaven. The same theology holds strong into the 21st century. In Catholic areas, the tradition of nursing sisters continued uninterrupted. Several orders of nuns provided nursing services in hospitals. For example, in rural Brittany in France, the Daughters of the Holy Spirit, created in 1633, played a central role. New opportunity for nuns as charitable practitioners were created by devout nobles on their own estates. During the French Revolution, most of the orders of nurses were shut down and there was no organized nursing care to replace them. They were tolerated by officials because they had widespread support and were the link between elite physicians and distrustful peasants who needed help. They also rejected the Catholic idea that the poor patients earned grace and salvation through their suffering. They were employed by parishes and hospitals, as well as by private families, and provided nursing care as well as some medical, pharmaceutical, and surgical services. Those nuns who had been serving as nurses were given pensions or told to get married and stay home. The weakened public role of women left female practitioners restricted to assisting neighbors and family in an unpaid and unrecognized capacity. Deaconess Phoebe, the nurse mentioned in the New Testament, was a deaconess. The diaconate was soon brought to England and Scandinavia, Kaiserswerth model. The women obligated themselves for 5 years of service, receiving room, board, uniforms, pocket money, and lifelong care. The uniform was the usual dress of the married woman. There were variations, such as an emphasis on preparing women for marriage through training in nursing, child care, social work and housework. In the Anglican Church, the diaconate was an auxiliary to the pastorate, and there were no mother houses. By 1800 there were over 5,000 deaconesses in Protestant Europe, chiefly Germany Scandinavia and England. In World War II, diaconates in war zones sustained heavy damage. As eastern Europe fell to communism, most diaconates were shut down, and deaconesses became refugees in West Germany. By 1950, in Germany there were 46,000 deaconesses and 10,000 associates. Other countries reported a total of 14,000 deaconesses, most of them Lutherans. They worked at the Pittsburgh Infirmary now Passavant Hospital. However recruiting became increasingly difficult after as women preferred graduate nursing schools or the social work curriculum offered by state universities. History of Nursing in the United Kingdom The Crimean War was a significant development in nursing history when English nurse Florence Nightingale laid the foundations of professional nursing with the principles summarised in the book Notes on Nursing. Queen Victoria in 1861 ordered a hospital to be built to train Army nurses and surgeons, the Royal Victoria Hospital. The hospital opened in 1863 in Netley and admitted and cared for military patients. Beginning in 1863, nurses were formally appointed to Military General Hospitals. These military nurses were sent overseas beginning with the First Boer War often called Zulu War from 1879 to 1881. Almost all nurses served during the second Boer War, the Anglo-Boer War of 1900 to 1902, alongside nurses who were part of the colonial armies of Australia, Canada and New Zealand. They served in tented field hospitals. It was here in New Zealand that Ellen Dougherty became the first registered nurse. Canadian nursing dates all the way back to 1664 in Quebec with the Augustine nuns. These nuns were trying to open up a mission that cared for the spiritual and physical needs of patients. The establishment of this mission created the first nursing apprenticeship training in North America. These women had only an occasional consultations with a physician. Towards the end of the nineteenth century hospital care and medical services had been improved and expanded. Much of

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this was due to the Nightingale model, which prevailed in English Canada. In the first formal nursing training program was started at the General and Marine Hospital in St. Graduates and teachers from these programs began to fight for licensing legislation, nursing journals, university training for nurses, and for professional organizations for nurses. The first instance of Canadian nurses and the military was in with the Northwest Rebellion. Some nurses came out to aid the wounded. MacDonald were the first nurses officially recognized as military nurses. In the late nineteenth and early twentieth centuries women made inroads into various professions including teaching, journalism, social work, and public health. As physicians became better organized, they successfully had laws passed to control the practice of medicine and pharmacy and banning marginal and traditional practitioners. Midwiferyâ€”practiced along traditional lines by womenâ€”was restricted and practically died out by Poverty and geographic isolation empowered women to learn and practice medical care with the herbs, roots, and berries that worked for their mothers. They prayed for divine intervention but also practiced supernatural magic that provided as much psychological as physical relief. The reliance on homeopathic remedies continued as trained nurses and doctors and how-to manuals slowly reached the homesteaders in the early 20th century. A former nurse, Robinson was elected as president of the Lethbridge Relief Society and began district nursing services aimed at poor women and children. The mission was governed by a volunteer board of women directors and began by raising money for its first year of service through charitable donations and payments from the Metropolitan Life Insurance Company. The mission also blended social work with nursing, becoming the dispenser of unemployment relief. The AAGN leadership opposed midwife certification, arguing that nursing curricula left no room for midwife study, and thus nurses were not qualified to participate in home births. Founded in to meet maternal and emergency medical needs by the United Farm Women UFWA , the Nursing Service treated prairie settlers living in primitive areas lacking doctors and hospitals. Nurses provided prenatal care, worked as midwives, performed minor surgery, conducted medical inspections of schoolchildren, and sponsored immunization programs. The post-Second World War discovery of large oil and gas reserves resulted in economic prosperity and the expansion of local medical services.

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5: Gerontological nursing history, education, and roles | Nurse Key

FLORENCE NIGHTINGALE Nightingale Training School at www.enganchecubano.com of Nursing Thomas' Hospital In , Nightingale laid the foundation of professional nursing when the first school of nursing was established.

How far back does the History of Nursing Education date? The History of Nursing Education dates back to the early 18th century. Where can I find about the history of Nursing? You may find more about the history of Nursing on our website. What was the first school in the history of education of nursing? While reading about the history of nursing and nursing education, I came across the Skill Related Fitness course. Can you tell me more about this program? It has also been sometimes called the Body Mechanics course. It revolves around making nurses test for skill related fitness, sports, wellness and maintenance of a static posture. It analyzes the key reasons behind back aches and neck aches and how lifting or carrying something can affect the body mechanics. What is the history of practical nursing? Nursing is a field as old as the 18th century. For a long time nursing was not considered a full-fledge profession and hence there was no proper education for nurses. Those who wanted to be nurses had to pursue on job trainings and apprenticeship programs. However, with time as the profession evolved, nursing education started to formalize and eventually a standardized nursing curriculum was designed to make sure students get the appropriate skills and knowledge. And to be sure only those with formal education were entering the profession, practical nursing certifications and exams were initiated. These steps reduced the chances of under trained nurses risking human lives. What is nursing education? Nursing education is the theoretical and practical knowledge provided to students who wish to become nurses. They are taught various nursing skills and patient care skills needed in the professional field. To become a qualified nurse, students must acquire higher education in this field. Students can pick various areas of nursing to specialize in such as pediatric nursing, family nursing, neonatal nursing, and many more. How far back does online nursing history go? While nursing itself has been recognized as a fully fledged field of education and training since the 18th century, online education in nursing is a recent addition to history. What are the benefits of opting for the history of online nursing education? The History of Nursing Education online programs offer students a number of advantages over the campus-based degrees. Online programs allow students to make their own schedule and complete the degree at a pace they see fit. Students can take their classes from anywhere in the world and at any time they want with a single internet connection. Online education also allow students to get full-time or part-time jobs alongside completing their education. It is also considered comparatively cheaper. What are the areas discussed in this course? This course is basically a continuation of the basic education of Anatomy and Physiology. Students get to explore in more detail all of the understanding of the senses, heart, blood, as well as the circulatory, endocrine, lymphatic, urinary, reproductive and the digestive systems. My search on history on nursing education mentioned brown nurses. Why were they recruited? Reading about the history of nursing education would mention brown nurses. Brown nurses are referred to the nurses who were employed by the national socialist party during Second World War. These nurses were in direct competition with other nursing organizations working in hospitals during the war. While going through the history of online education in nursing, I came across the course named Community and Psychiatric Mental Health Nursing. What is it about? The course of Community and Psychiatric Mental Health Nursing has a great importance in the history of Online education in nursing. It is a vast subject including a variety of things. The course introduces the individuals to the bio-psychosocial factors that affect such as aggregates within communities and families. Individuals are taught nursing skills such a therapeutic communication skills. Is it important to study about the dark ages to find the origins of nurse education? Prisoner serving time also delved in this profession with little or no knowledge of the concepts. What can you tell me about education of nursing history? The history of nursing education is an area of specialization focusing on the background framework of the nursing education. Its lays emphasis on the theoretical and practical applications and implications of nursing education, alongside preparing course

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curriculum and medium of instruction. It educates students how the education of nursing evolved over time and its significance in the world today. Why is Florence Nightingale such a significant part of nursing education program history? Florence Nightingale played an essential role in nursing education program history. This was one of the first nursing schools in the United States which was founded in Florence Nightingale also served as inspiration in the establishment of schools, organizations and training centers for nurses around the world. Can you tell me a bit about nursing education history? Nursing education has seen tremendous changes in the last century. It has evolved to become one of the most important sectors in healthcare. Its history dates back to the , when the first formal nursing school was established in the United States. Prior to this, all nursing programs were apprenticeship based. Now we can see a large variety of nursing programs being offered at many schools across the states. What kind of things will I learn in the history of nursing education in the US course? You will be taught about the importance of nursing in medicine and the role of nursing throughout the history of the US in, predominantly, the 20th Century. Advances in nursing have often followed advances in medicine so you will see how medicine has advanced. It is considered to be a very important as part of your education. For my LPN program, I understand that I will probably have to study history of nursing education timeline. What is the importance of this? The history of nursing helps reinforce in nursing students their importance in medicine and why this sector is growing in demand. If you consider until the Crimean War in the 19th Century, there was no concept of academically qualified nursing. Following the war, nursing schools were established and the first curriculum began to take shape. Advances in medicine are mirrored with advances in nursing. Can you tell me about the history of nursing education in Europe, with regard to Florence Nightingale? Florence Nightingale is a popular personality, even today and is associated with bringing about formal nursing education. She became a worldwide symbol for her invaluable services to nursing. She made a great effort to devise the complete curriculum on nursing practices and nursing education was formally introduced. You can conduct a simple search online and find information regarding the timeline of nursing education. Many websites and nursing schools offer information relevant to this field, covering the historical development of nursing and why has this become an important sector of the healthcare industry. Many students learn about the academic field they wish to pursue, understanding what factors are vital to its development. What is the history of nursing practice? History of nursing goes back to the 18th century but the first training nursing school was set by Florence Nightingale. Throughout the years nursing has seen both males and females. With time the importance of these medical experts has been realized and it has become a major profession that lures many students. What is the history of nursing education? The history of nursing education is connected with religion and military. These two fields are majorly responsible for the development of nursing field as a full fledged profession. In old times, nuns and religious figures used to help the sick, particularly in wars and epidemic outbreaks. Eventually there was a need of experts in the field, and then the focus turned to nursing as a proper career. While looking for history of nurses, I came across accredited nursing courses. Accredited nursing courses are those programs which meet the specifications of relevant accrediting agencies, and therefore are much more likely to provide quality education. Accredited programs do not just provide quality education, they also enhance career opportunities. Employers prefer graduates from accredited programs, as they see a connection between quality education and better performance. As I was reading about nurse education history, I came across the benefits of being a nurse nowadays. Can you tell me more? According to US News, nursing occupations have been ranked among the fastest growing healthcare fields. The demand for nurses is expected to grow in the coming years. This career can be rewarding in many ways. Not only do nurses make a handsome annual income, but also spend their day helping the sick and the injured. As I was reading about nursing in the late s, I found out that this field will experience a shortage? Yes, according to research, the nursing field will experience a shortage in the coming few years. The demand for nursing professionals is high, and makes up the largest sector in the healthcare industry.

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6: The Practicality of Nursing Theory in the Future - www.enganchecubano.com www.enganchecubano.co

- *National Association for Practical Nurse Education and Service (NAPNES) along with professional nursing organizations and the U.S. Department of Education created Vocational Nursing standards for education and the LPN / LVN level of nursing was created in the United States.*

Doris Weatherford June 16, As caretakers of children, family and community, it was natural that women were the nurses, the caregivers, as human society evolved. Nursing may be the oldest known profession, as some nurses were paid for their services from the beginning. This was especially true of wet nurses, who nursed a baby when the mother died or could not nurse her child. A woman whose infant did not survive birth, or who was ready to wean her child, or who was capable of nursing more than one baby, would accept employment as a wet nurse, usually going to live in the home of her employer. The home, in fact, was the center of health care, and for the first two centuries after European exploration of North America, all nursing was home nursing. The Civil War gave enormous impetus to the building of hospitals and to the development of nursing as a credentialed profession. Some women had the courage and common sense to defy decorum, though, especially in the North, where the US Sanitary Commission became the forerunner to the Red Cross. The best known of these women, of course, is Clara Barton –but her genius was in supply distribution and in development of systems for the missing and dead, not in nursing. Barton herself acknowledged that she actually nursed for only about six months of the four-year war and that other women did much more. A middle-aged widow, her accidental career began when she delivered money raised by local charities to the giant, if temporary, hospitals that the Union built at the junction of the Mississippi and Ohio rivers. After witnessing suffering soldiers who had literally no one to care for them, she went on to be the only woman that General William T. Sherman allowed with his army. At the Tennessee battle of Lookout Mountain, she was the sole nurse for some two thousand men. Tompkins was commissioned as an officer in the Confederate army so that she could have the power to commandeer supplies. She converted her Richmond mansion into Robertson Hospital and established a reputation for extraordinary quality: Her staff of six –four of whom were black women still in slavery –treated more than 1, patients and lost only 73, an uncommonly low number in an era before germ theory was understood. Phoebe Levy Pember c. On an average day, Pember supervised the treatment of 15, patients, most of them cared for by nearly slave women. The war thus led to greater respect for nurses, something that Congress acknowledged in , when it belatedly passed a bill providing pensions to Civil War nurses. More important, the war served as the beginning of moving the profession from the home to the hospital and clinic. The result was an explosion of nursing schools in the late nineteenth century. Usually these schools were closely associated with a hospital, and nurses –all of whom were assumed to be female –lived and worked at the hospital. Student nurses were not paid at all, and because too many hospitals valued this free labor over classroom and laboratory time, many spent their days scrubbing floors, doing laundry, and other menial tasks. Curricula improved, however, in part because of the development of a tradition with caps: There were more female physicians and hospital administrators during the 19th century than most people realize today –and some of these female physicians recognized the need for nurses and worked to professionalize the occupation. Like most educational institutions at the time, these schools did not admit African Americans, and the informally trained black women who nursed during the Civil War seldom were able to obtain credentials. The first credentialed black nurse was Mary Mahoney, who graduated in from Dr. As segregation remained the rule far into the 20th century, Mahoney led the National Association of Colored Graduate Nurses, which began in During the four decades between the Civil War and the beginning of the twentieth century, the image of nurses moved from being viewed as somewhat less than honorable to a respected profession. The next century would bring still more changes, and nurses of the 19th century would scarcely recognize the occupation as it is in the 21st century. They would, however, agree that a world of difference has occurred in the care of patients, and that has been an unmitigated good –achieved

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primarily by women. You Might Also Like.

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7: Timeline of nursing history - Wikipedia

History of nursing Although the origins of nursing predate the mid-th century, the history of professional nursing traditionally begins with Florence Nightingale. Nightingale, the well-educated daughter of wealthy British parents, defied social conventions and decided to become a nurse.

The world population is aging. By 2050, one in five Americans will be over 65 years of age, with those over 85 showing the greatest increase in numbers. The number of people living to 90 years of age is projected to grow at more than 20 times the rate of the total population by 2050. Older people today are healthier, better educated, and expect a much higher quality of life as they age than did their elders. Healthy aging is now an achievable goal for many and it is essential that we have the knowledge and skills to help people of all ages, races, and cultures achieve this goal. The developmental period of elderhood is an essential part of a healthy society and as important as childhood or adulthood. Thomas, et al. (2008) We can expect to spend 40 or more years as older adults and our preparation for this time in our lives certainly demands attention as well as expert care from nurses. How does one maximize the experience of aging and enrich the years of elderhood despite the physical and psychological changes that may occur? Most nurses care for older people during the course of their careers. In addition, the public looks to nurses to have knowledge and skills to assist people to age in health. Every older person should expect to receive care provided by nurses with competence in gerontological nursing. Gerontological nursing is not only for a specialty group of nurses. Knowledge of aging and gerontological nursing is core knowledge for the profession of nursing. Young, et al. (2008) Eldercare is projected to be the fastest growing employment sector in the health care industry. Older adults are the core consumers of health care, with higher rates of outpatient provider visits, hospitalizations, home care, and long-term care service use than other age groups. Despite demand, the number of health care workers who are interested in and prepared to care for older people remains low. Geriatric medicine faces similar challenges with just 7, geriatricians, one for every 2, older Americans. By 2020, it is estimated that this number will increase to only 7, one for every 4, older Americans, far short of the predicted need for 36, geriatricians Institute of Medicine, (2008) Other professions such as social work have similar shortages. These issues are critical not only in the United States but across the globe. Healthy People includes goals related to geriatric education see the Healthy People box. Enhancing interest, recruitment, and preparation of students and practicing nurses in care of older adults across the continuum is essential. Positive role models, a deep commitment to caring, and an appreciation of the significant contribution of a nursing model of care to the well-being of older people, are often the motivating factors that draw nurses to the specialty. Box presents the views of some of the geriatric nursing pioneers, as well as current leaders, on the practice of gerontological nursing and what draws them to care of older adults.

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8: Nursing, History, and Health Care – Penn Nursing

Professional nursing holds a unique place in the American health care system. As members of the largest health care profession, the nation's million nurses work in diverse settings and fields and are frontline providers of health care services.

Models are representations of the interaction among and between the concepts showing patterns. In nursing, models are often designed by theory authors to depict the beliefs in their theory Lancaster and Lancaster They provide an overview of the thinking behind the theory and may demonstrate how theory can be introduced into practice, for example, through specific methods of assessment. Models are useful as they allow the concepts in nursing theory to be successfully applied to nursing practice Lancaster and Lancaster Their main limitation is that they are only as accurate or useful as the underlying theory. Propositions - are statements that explain the relationship between the concepts. Process - it is a series of actions, changes or functions intended to bring about a desired result. A conceptual framework - directs how these actions are carried out. Importance of nursing theories Nursing theory aims to describe, predict and explain the phenomenon of nursing Chinn and Jacobs It should provide the foundations of nursing practice, help to generate further knowledge and indicate in which direction nursing should develop in the future Brown Theory is important because it helps us to decide what we know and what we need to know Parsons It helps to distinguish what should form the basis of practice by explicitly describing nursing. The benefits of having a defined body of theory in nursing include better patient care, enhanced professional status for nurses, improved communication between nurses, and guidance for research and education Nolan The main exponent of nursing – “caring –” cannot be measured, it is vital to have the theory to analyze and explain what nurses do. As medicine tries to make a move towards adopting a more multidisciplinary approach to health care, nursing continues to strive to establish a unique body of knowledge. This can be seen as an attempt by the nursing profession to maintain its professional boundaries. The characteristics of theories Theories are: Following theories are basic to many nursing concepts. These concepts may be applied to different kinds of systems, e. Human adaptation occurs on three levels: The internal self 3. Of the four concepts, the most important is that of the person. The focus of nursing, regardless of definition or theory, is the person. Historical perspectives and key concepts Nightingale Nursing is; therapeutic interpersonal process. The nursing theory developed by Faye Abdellah et al emphasizes delivering nursing care for the whole person to meet the physical, emotional, intellectual, social, and spiritual needs of the client and family. To Ida Orlando , the client is an individual; with a need; that, when met, diminishes distress, increases adequacy, or enhances well-being. The goal of nursing to reduce stress so that; the client can move more easily through recovery. This is self-care deficit theory. Nursing care becomes necessary when client is unable to fulfill biological, psychological, developmental, or social needs. To use communication to help client reestablish positive adaptation to environment. Stress reduction is goal of system model of nursing practice. This adaptation model is based on the physiological, psychological, sociological and dependence-independence adaptive modes. Classification of nursing theories A. Depending on the Generalisability of their principles Metatheory: Identifies specific phenomena through abstract concepts. Principles of the discipline can be identified. It identifies explicit goals and details how these goals will be achieved.

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9: History of Nursing Education, History of Nursing Education in the US

The benefits of having a defined body of theory in nursing include better patient care, enhanced professional status for nurses, improved communication between nurses, and guidance for research and education (Nolan).

See Article History Nursing, profession that assumes responsibility for the continuous care of the sick, the injured, the disabled, and the dying. Nursing is also responsible for encouraging the health of individuals, families, and communities in medical and community settings. Nurses are actively involved in health care research, management, policy deliberations, and patient advocacy. Nurses with postbaccalaureate preparation assume independent responsibility for providing primary health care and specialty services to individuals, families, and communities. Professional nurses work both independently and in collaboration with other health care professionals such as physicians. Professional nurses supervise the work of nurses who have limited licenses, such as licensed practical nurses LPNs in the United States and enrolled nurses ENs in Australia. Professional nurses also oversee the work of nursing assistants in various settings. Nursing is the largest, the most diverse, and one of the most respected of all the health care professions. There are more than 2. While true demographic representation remains an elusive goal, nursing does have a higher proportional representation of racial and ethnic minorities than other health care professions. In some countries, however, men still remain significantly underrepresented. The demand for nursing remains high, and projections suggest that such demand will substantively increase. Advances in health care technology, rising expectations of people seeking care, and reorganization of health care systems require a greater number of highly educated professionals. Demographic changes, such as large aging populations in many countries of the world, also fuel this demand. History of nursing Although the origins of nursing predate the mid-19th century, the history of professional nursing traditionally begins with Florence Nightingale. Nightingale, the well-educated daughter of wealthy British parents, defied social conventions and decided to become a nurse. The nursing of strangers, either in hospitals or in their homes, was not then seen as a respectable career for well-bred ladies, who, if they wished to nurse, were expected to do so only for sick family and intimate friends. In a radical departure from these views, Nightingale believed that well-educated women, using scientific principles and informed education about healthy lifestyles, could dramatically improve the care of sick patients. Moreover, she believed that nursing provided an ideal independent calling full of intellectual and social freedom for women, who at that time had few other career options. Newspaper stories reporting that sick and wounded Russian soldiers nursed by religious orders fared much better than British soldiers inflamed public opinion. Within days of their arrival, Nightingale and her nurses had reorganized the barracks hospital in accordance with 19th-century science: Within weeks death rates plummeted, and soldiers were no longer sickened by infectious diseases arising from poor sanitary conditions. For centuries, most nursing of the sick had taken place at home and had been the responsibility of families, friends, and respected community members with reputations as effective healers. During epidemics, such as cholera, typhus, and smallpox, men took on active nursing roles. For example, Stephen Girard, a wealthy French-born banker, won the hearts of citizens of his adopted city of Philadelphia for his courageous and compassionate nursing of the victims of the yellow fever epidemic. Stephen Girard, lithograph by A. Newsam after a portrait by B. As urbanization and industrialization spread, those without families to care for them found themselves in hospitals where the quality of nursing care varied enormously. Some patients received excellent care. Women from religious nursing orders were particularly known for the quality of the nursing care they provided in the hospitals they established. Other hospitals depended on recovering patients or hired men and women for the nursing care of patients. Sometimes this care was excellent; other times it was deplorable, and the unreliability of hospital-based nursing care became a particular problem by the late 19th century, when changes in medical practices and treatments required competent nurses. Hospitals established their own training schools for nurses. In exchange for lectures and clinical instructions, students provided the hospital with two or three years of skilled free nursing care. This

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hospital-based educational model had significant long-term implications. It bound the education of nurses to hospitals rather than colleges, a tie that was not definitively broken until the latter half of the 20th century. The hospital-based training model also reinforced segregation in society and in the health care system. For instance, African American student nurses were barred from almost all American hospitals and training schools. They could seek training only in schools established by African American hospitals. Still, nurses transformed hospitals. In addition to the skilled, compassionate care they gave to patients, they established an orderly, routine, and systemized environment within which patients healed. They administered increasingly complicated treatments and medication regimens. They maintained the aseptic and infection-control protocols that allowed more complex and invasive surgeries to proceed. In addition, they experimented with different models of nursing interventions that humanized increasingly technical and impersonal medical procedures. Outside hospitals, trained nurses quickly became critical in the fight against infectious diseases. Teaching methods of preventing the spread of diseases, such as tuberculosis, pneumonia, and influenza, became the domain of the visiting nurses in the United States and the district nurses in the United Kingdom and Europe. They were particularly committed to working with poor and immigrant communities, which often had little access to other health care services. The work of these nurses contributed to a dramatic decline in the mortality and morbidity rates from infectious diseases for children and adults. A child receiving a tuberculosis vaccine at school in Bulacan province, Philippines, c. 1900. Very soon, the supply of private-duty nurses was greater than the demand from families. At the turn of the 20th century, nurses in industrialized countries began to establish professional associations to set standards that differentiated the work of trained nurses from both assistive-nursing personnel and untrained nurses. More important, they successfully sought licensing protection for the practice of registered nursing. By the mid-20th century, the increasing technological and clinical demands of patient care, the escalating needs of patients for intensive nursing, and the resulting movement of such care out of homes and into hospitals demanded hospital staffs of trained rather than student nurses. By the mid-20th century, hospitals were the largest single employer of registered nurses. This trend continues, although as changes in health care systems have reemphasized care at home, a proportionately greater number of nurses work in outpatient clinics, home care, public health, and other community-based health care organizations. Other important changes in nursing occurred during the latter half of the 20th century. The profession grew more diverse. The American Nurses Association (ANA) desegregated in 1968, one of the first national professional associations to do so. But by the late 1960s some African American nurses felt that the ANA had neither the time nor the resources to adequately address all their concerns. All women can help learn how you can aid in army hospitals. Dependence on hospital-based training schools declined, and those schools were replaced with collegiate programs either in community or technical colleges or in universities. In addition, more systematic and widespread programs of graduate education began to emerge. These programs prepare nurses not only for roles in management and education but also for roles as clinical specialists and nurse practitioners. Nurses no longer had to seek doctoral degrees in fields other than nursing. By the 1970s nurses were establishing their own doctoral programs, emphasizing the nursing knowledge and science and research needed to address pressing nursing care and care-delivery issues. During the second half of the 20th century, nurses responded to rising numbers of sick patients with innovative reorganizations of their patterns of care. For example, critical care units in hospitals began when nurses started grouping their most critically ill patients together to provide more effective use of modern technology. The nursing profession also has been strengthened by its increasing emphasis on national and international work in developing countries and by its advocacy of healthy and safe environments. The international scope of nursing is supported by the World Health Organization (WHO), which recognizes nursing as the backbone of most health care systems around the world. National and state agencies also regulate the scope of nursing practice. Together, these bodies set forth legal parameters and guidelines for the practice of nurses as clinicians, educators, administrators, or researchers. Education for nursing practice Nurses enter practice as generalists. They care for individuals and families of all ages in homes, hospitals, schools, long-term-care facilities, outpatient clinics, and medical offices. Many countries

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require three to four years of education at the university level for generalist practice, although variations exist. For example, in the United States, nurses can enter generalist practice through a two-year program in a community college or a four-year program in a college or university. Research preparation in nursing takes place at the doctoral level. Coursework emphasizes nursing knowledge and science and research methods. An original and substantive research study is required for completion of the doctoral degree. Forms of general nursing practice

Hospital -based nursing practice Hospital nursing is perhaps the most familiar of all forms of nursing practice. Within hospitals, however, there are many different types of practices. Some nurses care for patients with illnesses such as diabetes or heart failure , whereas others care for patients before, during, and after surgery or in pediatric, psychiatric, or childbirth units. Nurses work in technologically sophisticated critical care units, such as intensive care or cardiac care units. They work in emergency departments, operating rooms, and recovery rooms, as well as in outpatient clinics. The skilled care and comfort nurses provide patients and families are only a part of their work. They are also responsible for teaching individuals and families ways to manage illnesses or injuries during recovery at home. When necessary, they teach patients ways to cope with chronic conditions. Most hospital-based nurses are generalists. Those with advanced nursing degrees provide clinical oversight and consultation, work in management, and conduct patient-care research. Over the past centuries and in different parts of the world, community health nurses were called district nurses, visiting nurses, public health nurses, home-care nurses, and community health nurses. Today community health nursing and public health nursing are the most common titles used by nurses whose practices focus on promoting and protecting the health of populations. Knowledge from nursing, social, and public health sciences informs community health nursing practices. In many countries, ensuring that needed health services are provided to the most vulnerable and disadvantaged groups is central to community health nursing practice. In the United States, community health nurses work in a variety of settings, including state and local health departments, school health programs, migrant health clinics, neighbourhood health centres, senior centres, occupational health programs, nursing centres, and home care programs. Care at home is often seen as a preferred alternative for caring for the sick. Globally, home care is being examined as a solution to the needs of the growing numbers of elderly requiring care.

Mental health nursing practice Mental health or psychiatric nursing practice concentrates on the care of those with emotional or stress-related concerns. Nurses practice in inpatient units of hospitals or in outpatient mental health clinics, and they work with individuals, groups, and families. Advanced-practice mental health nurses also provide psychotherapy to individuals, groups, and families in private practice, consult with community organizations to provide mental health support, and work with other nurses in both inpatient and outpatient settings to meet the emotional needs of patients and families struggling with physical illnesses or injuries. The care of children The care of children, often referred to as pediatric nursing, focuses on the care of infants, children, and adolescents.

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